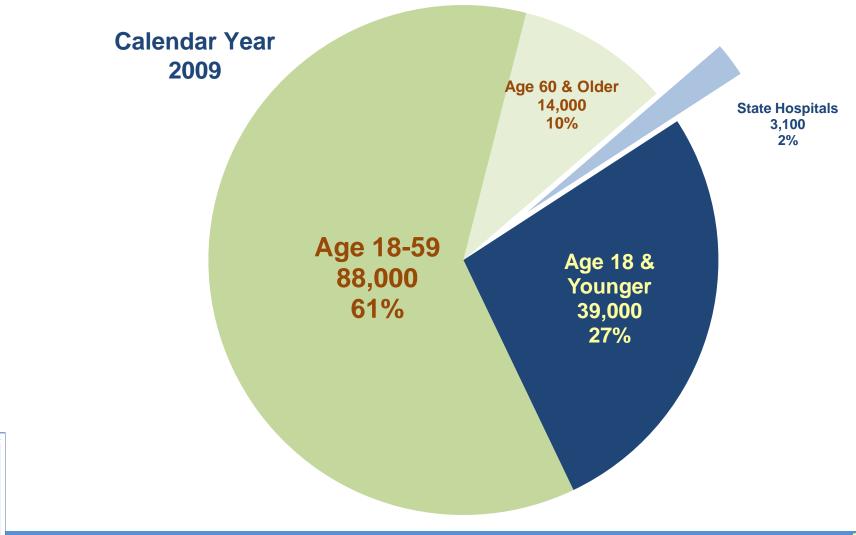
Washington's State-Funded Mental Health Services

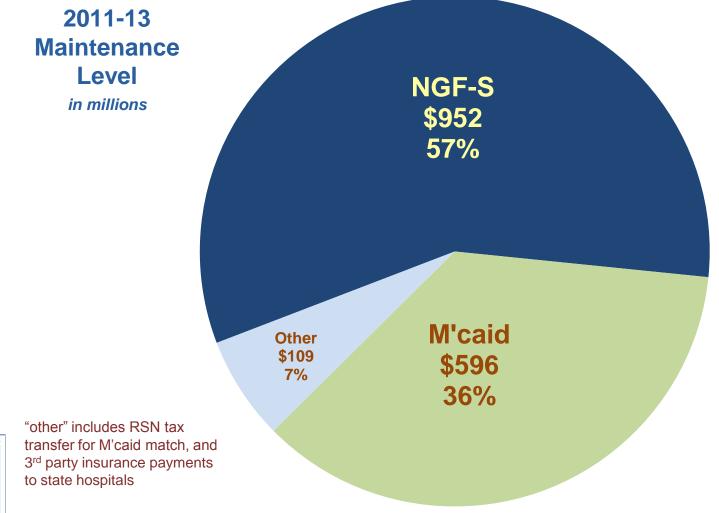
Staff Overview Briefing for the Senate Ways & Means Committee January 31, 2011



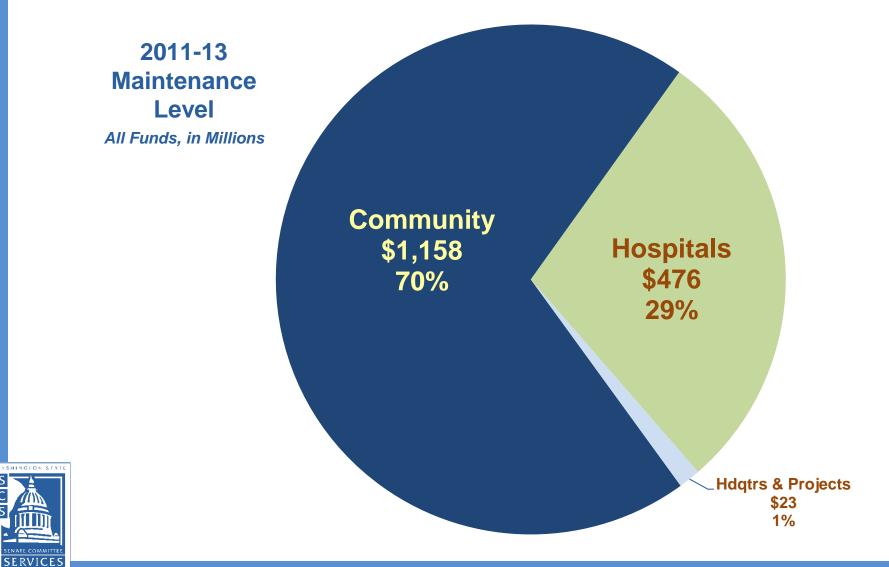
In 2009, Washington's public mental health system served 144,000 children and adults – about 2% of the population



The Legislature would need to appropriate \$1.7 billion to continue current public mental health programs & policies next biennium



Washington's public mental health system has two primary components



State-Operated Psychiatric Facilities



CSTC, Eastern, and Western State Hospitals serve the state's most severely psychologically-impaired residents

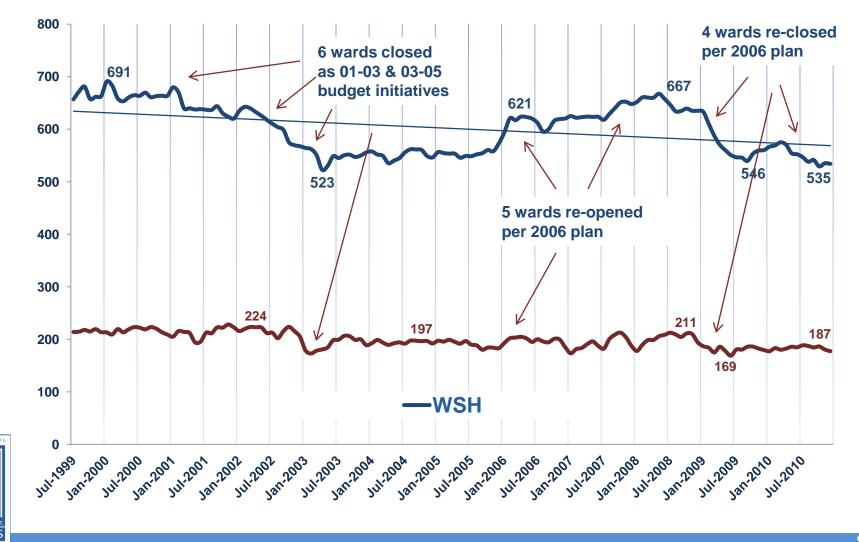
					Budgeted Cost per Bed per Day	
FY 10 Expenditures	Bed Capacity	Total Budget (in milions)	FTE Staffing	Staff per Bed	State Cost	All Funds
Child Study & Treatment Center (CSTC)	45	\$10.6	133	3.0	\$286	\$646
Eastern State Hospital (ESH)	287	\$54.9	705	2.5	\$329	\$524
Western State Hospital (WSH)	857	\$156.0	1,843	2.15	\$279	\$499
Total Adult Capacity (ESH & WSH)	1,144	\$210.9	2,548	2.2	\$259	\$505



The in-residence census of forensic patients at the state hospitals has held steady at ~420 per day over the past decade



There has been a 15% decrease in the number of "civil" patients treated at the state hospitals over the past decade



The Governor's plan for balancing the 3year deficit includes \$20 million of reductions to the state psychiatric hospitals

		FY 11 State		2011-13 State	
		FTE's	Funds (in millions)	FTE's	Funds (in millions)
	Close 30 beds at Western State Hospital (WSH)	-29	-\$2.5	-49	-\$6.6
	Reduce WSH Staffing an additional 2%	-24	-\$2.0	-30	-\$4.2
	Reduce ESH Staffing & Operating Costs ~4%	-1	-\$0.3	-26	-\$2.9
	Reduce CSTC Administration ~60%	-5	-\$0.35	-9	-\$1.1
E		-59	-\$5.2	-114	-\$14.8



Community Mental Health Services



State-funded community mental health services are managed by 13 Regional Support Networks (RSNs)

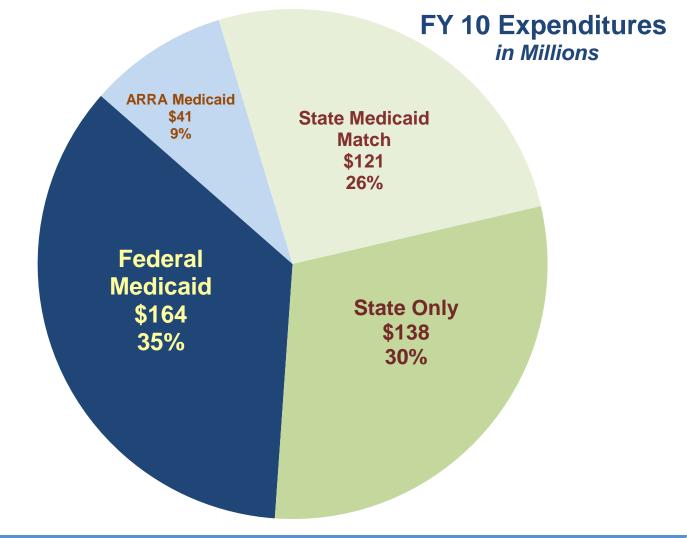
- 12 of the 13 RSNs are individual counties, or consortia of counties
 - In Pierce County, the RSN is Optum, a private behavioral health management firm
- RSNs typically contract for delivery of services
 - some directly employ staff to perform the designated mental health profession (DMP) function
 - ~130 non-profit and for-profit organizations, firms, and individuals contract to deliver direct services

RSNs function as managed care companies

- receive monthly payment for each M'caid eligible person in region to provide all necessary mental health services
- RSN bears risk if cost of care exceeds monthly payments, and if state hospital use exceeds allotted bed days



State appropriations for community mental health services totaled \$465 million last year



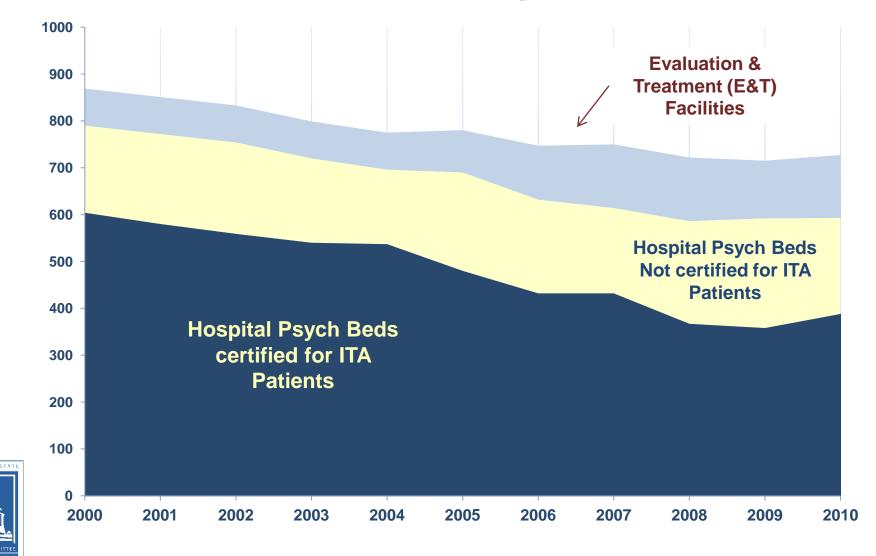


The community mental health delivery system has struggled with two main fiscal challenges over the past decade

- Steadily growing shortage of inpatient beds for persons involuntarily committed for 3-17 days
- Limited "state-only" funds for services and people Medicaid doesn't cover



The number of beds available for patients in need of short-term hospitalization has decreased 16% over the past decade

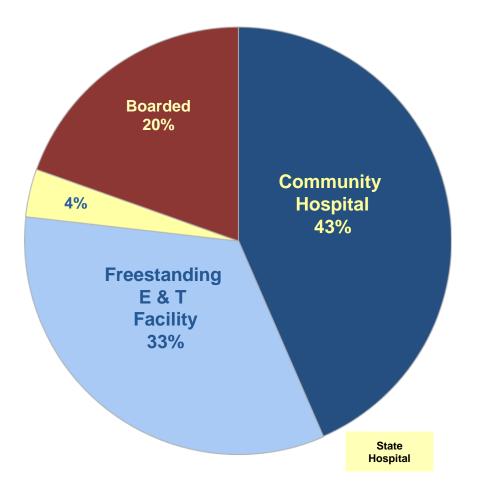


In 2009, 20% of all 3-17 day commitments were "boarded" in hospital emergency rooms or non-psych beds

Additional conclusions from new WSIPP report

 To operate with 30% available capacity, would need 258 additional beds (35% more)

 Jan 2012 implementation of HB 3076 likely to increase need for beds by 10-20%



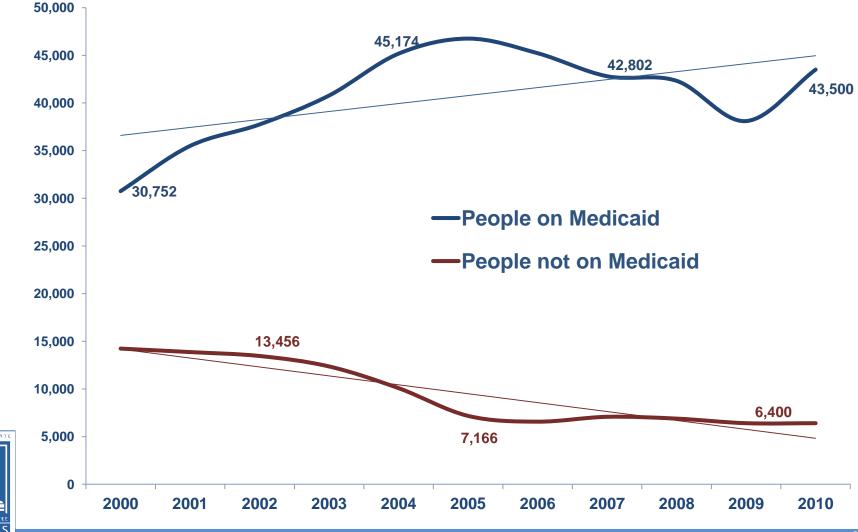


The RSN delivery system's 2nd fiscal challenge has been limited "state-only" funding for persons & services not eligible for Medicaid

- Services Medicaid doesn't cover
 - ITA assessment, detention, & commitment costs
 - Basic residential care & supervision
 - Inpatient and outpatient care for persons not on Medicaid
- Why might someone have very low income and a serious mental illness, and not be eligible for Medicaid?
 - A Childless or non-custodial parent in early acute phases of schizophrenia, bipolar disorder, etc
 - → Fails to seek or maintain Medicaid enrollment because of illness
 - → Immigration status

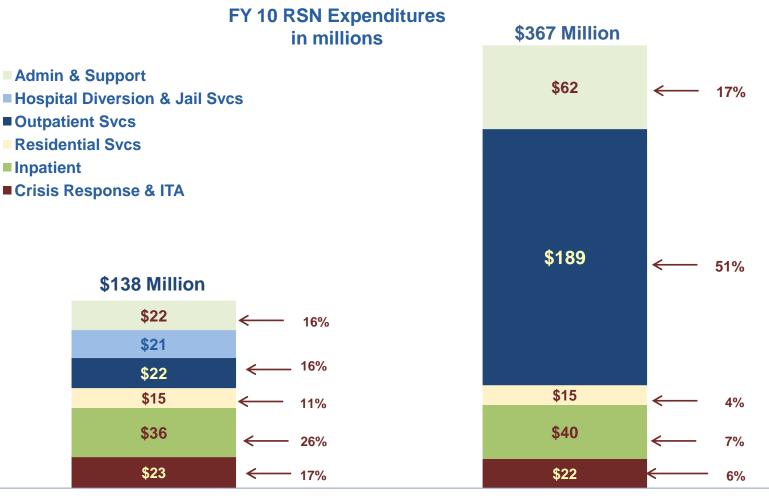


The number of persons not on Medicaid receiving outpatient mental health services has dropped 50% over the past decade



17

Over half the non-Medicaid budget pays for crisis response, hospitalization, and residential care





Non-Medicaid

Medicaid

The Governor's plan for balancing the 3year deficit includes \$38 million of reductions to the community mental health system

	State Funds (in millions)			
	FY 11	11-13		
Reduce non-Medicaid Funding	-\$17.7	-\$17.4		
Reduce Hospital Diversion Services PACT, PALS, ECS	-\$1.3	\$0		
Reduce Spokane Diversions Services	-\$0.4	-\$1.5		
TOTAL	-\$19.4	-\$18.9		

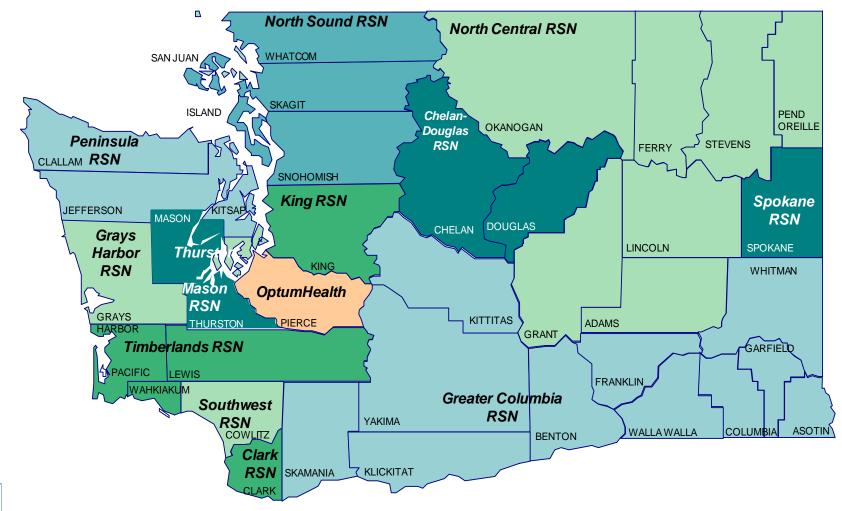




REGIONAL SUPPORT NETWORK MAP



Washington's Regional Support Networks (RSNs)





Updated July 1, 2009