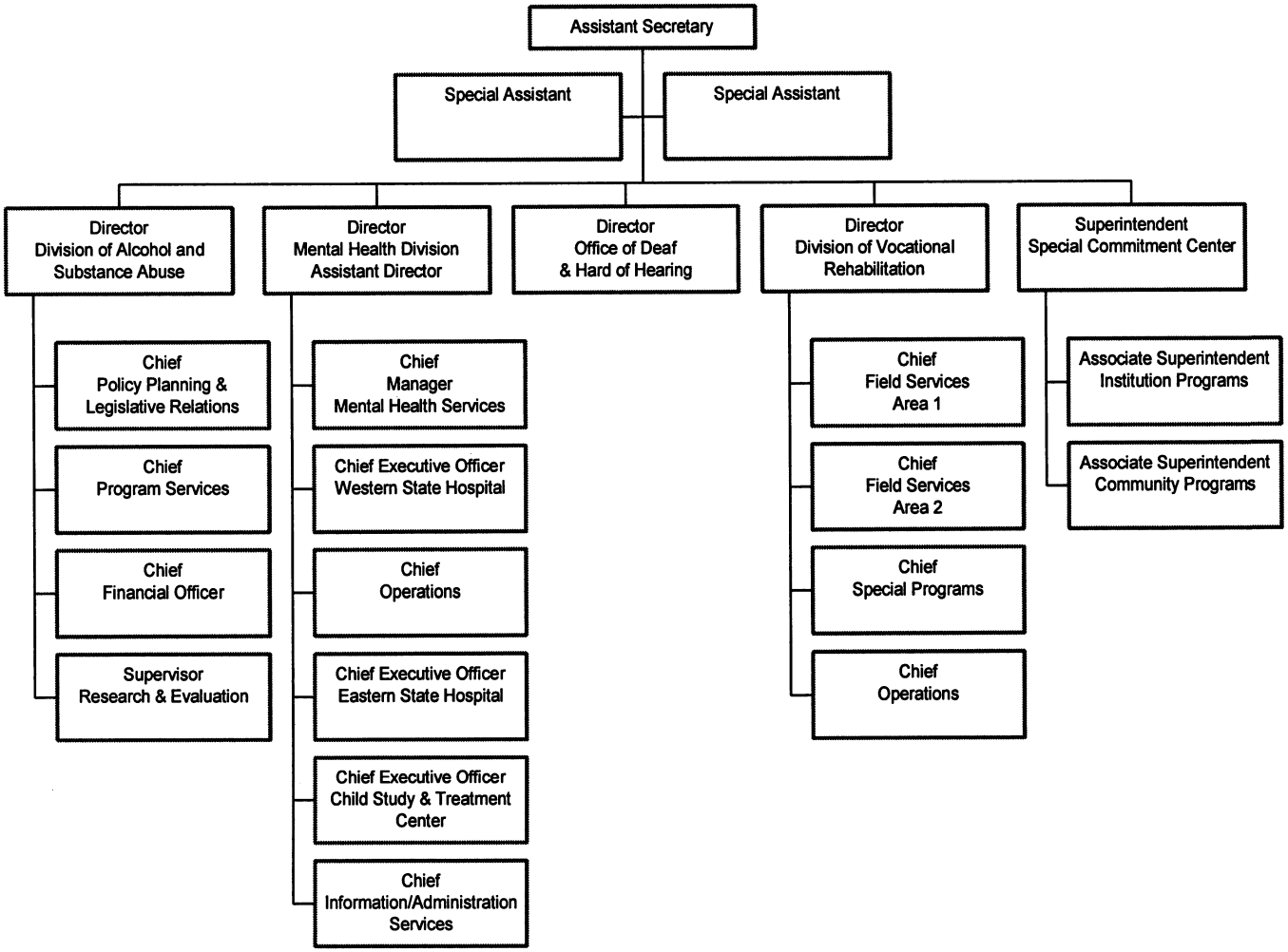
Section 1
Organization Chart

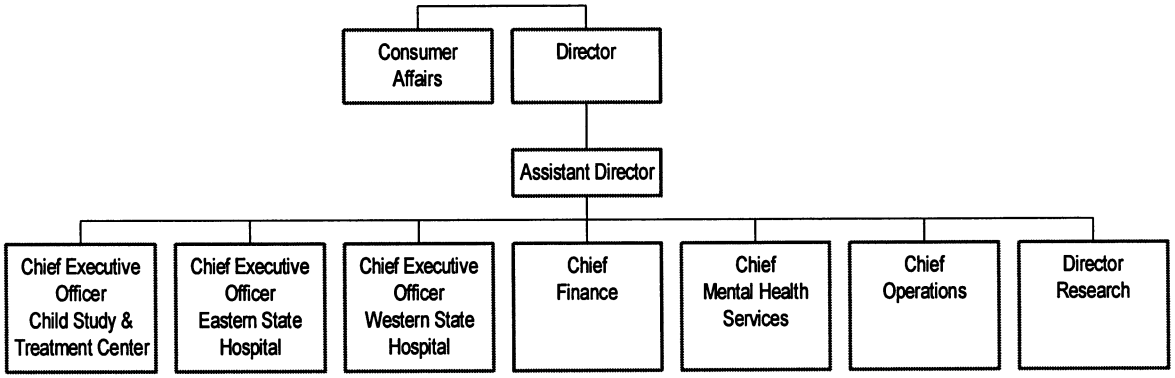
	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM		Health and Rehabilitative Services Administration
SUBPROGRAM		

HEALTH AND REHABILITATIVE SERVICES ADMINISTRATION



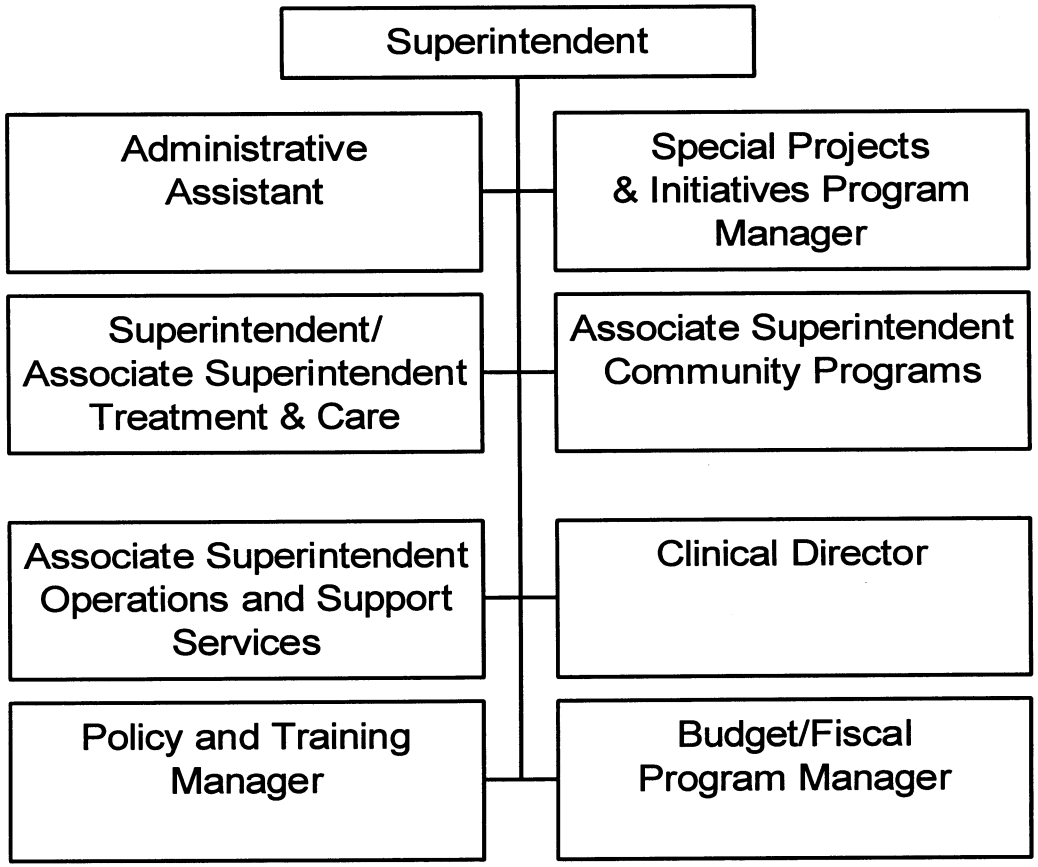
	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	030	Mental Health Division
SUBPROGRAM		

MENTAL HEALTH DIVISION



	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	030	Mental Health Division
SUBPROGRAM	4000	Special Commitment Center

SPECIAL COMMITMENT CENTER



Section 2
Activity Inventory Report

Fund and FTE Detail by Fiscal Year

Budget Period: 2005-07
Agency: Dept of Social and Health Services
Version: 11
Budget Level: PL
Sorted by: Decision Package Code
Show Locked Only: No
Include RecSum Text: No

Element	Selection	Grp
Agy-Activity:	(All)	2
Program:	030	1
Sub-Program	(None)	
Activity:	(None)	
Sub-Activity:	(None)	
Task:	(None)	

Element	Selection	Grp
Division:	(None)	
Branch:	(None)	
Section:	(None)	
Unit:	(None)	
Cost Center:	(None)	

Element	Selection	Grp
Project:	(None)	
Sub-Project:	(None)	
Phase:	(None)	
Budget Unit:	(None)	

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Program - 030 - Mental Health								
Agency Activity - C013 - Civil Commitment Less Restrictive Altern								
Pgm:030								
Total Current Biennium		**26.8**	**43.0**	**34.9**	**2,779,000**	**4,708,000**	**7,487,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				2,779,000	4,708,000	7,487,000	100.00%
996-Z	Estimated All Other-Other	26.8	43.0	34.9				
00	**Carry Forward Adjustments**	**16.2**		**8.1**	**1,696,000**	**(413,000)**	**1,283,000**	
001-1	General Fund-State				1,696,000	(413,000)	1,283,000	100.00%
996-Z	Estimated All Other-Other	16.2		8.1				
Total Carry Forward Level		**43.0**	**43.0**	**43.0**	**4,475,000**	**4,295,000**	**8,770,000**	
% Change from Current Biennium		60.4%		23.2%	61.0%	(8.8)%	17.1%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				4,475,000	4,295,000	8,770,000	100.00%
996-Z	Estimated All Other-Other	43.0	43.0	43.0				
CK	**SCTF Workload Adjustments**	**13.2**	**19.5**	16.4	**1,059,000**	**1,668,000**	**2,727,000**	
001-1	General Fund-State				1,059,000	1,668,000	2,727,000	100.00%
996-Z	Estimated All Other-Other	13.2	19.5	16.4				
Total Maintenance Level		**56.2**	**62.5**	**59.4**	**5,534,000**	**5,963,000**	**11,497,000**	
% Change from Current Biennium		109.7%	45.3%	70.1%	99.1%	26.7%	53.6%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				5,534,000	5,963,000	11,497,000	100.00%
996-Z	Estimated All Other-Other	56.2	62.5	59.4				
Total Agency Activity - C013								
Pgm:030								
2003-05 Current Biennium		**26.8**	**43.0**	**34.9**	**2,779,000**	**4,708,000**	**7,487,000**	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level	**43.0**	**43.0**	**43.0**	**4,475,000**	**4,295,000**	**8,770,000**	
% Change from Current Biennium	60.4%		23.2%	61.0%	(8.8)%	17.1%	
Carry Forward Plus Workload Changes	**43.0**	**43.0**	**43.0**	**4,475,000**	**4,295,000**	**8,770,000**	
% Change from Current Biennium	60.4%		23.2%	61.0%	(8.8)%	17.1%	
Total Maintenance Level	**56.2**	**62.5**	**59.4**	**5,534,000**	**5,963,000**	**11,497,000**	
% Change from Current Biennium	109.7%	45.3%	70.1%	99.1%	26.7%	53.6%	
2005-07 Total Proposed Budget	**56.2**	**62.5**	**59.4**	**5,534,000**	**5,963,000**	**11,497,000**	
% Change from Current Biennium	109.7%	45.3%	70.1%	99.1%	26.7%	53.6%	

Agency Activity - C014 - Civil Commitment-Sexual Predators

Pgm:030

Total Current Biennium		**263.9**	**356.0**	**310.0**	**26,515,000**	**30,228,000**	**56,743,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				26,515,000	30,228,000	56,743,000	100.00%
996-Z	Estimated All Other-Other	263.9	356.0	310.0				
00	**Carry Forward Adjustments**	**92.1**		**46.1**	**3,678,000**	**(18,000)**	**3,660,000**	
001-1	General Fund-State				3,678,000	(18,000)	3,660,000	100.00%
996-Z	Estimated All Other-Other	92.1		46.1				
Total Carry Forward Level		**356.0**	**356.0**	**356.0**	**30,193,000**	**30,210,000**	**60,403,000**	
% Change from Current Biennium		34.9%		14.9%	13.9%	(0.1)%	6.5%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				30,193,000	30,210,000	60,403,000	100.00%
996-Z	Estimated All Other-Other	356.0	356.0	356.0				
8L	**Lease Rate Adjustments**				**9,000**	**11,000**	**20,000**	
001-1	General Fund-State				9,000	11,000	20,000	0.12%
9S	**Equipment Replacement Costs**				**57,000**		**57,000**	
001-1	General Fund-State				57,000		57,000	0.35%
CJ	**SCC Workload Adjustments**	**55.5**	**74.7**	65.1	**6,924,000**	**9,252,000**	**16,176,000**	
001-1	General Fund-State				6,924,000	9,252,000	16,176,000	99.11%
996-Z	Estimated All Other-Other	55.5	74.7	65.1				
FD	**Wide Area Network (WAN) Usage**				**41,000**	**27,000**	**68,000**	
001-1	General Fund-State				41,000	27,000	68,000	0.42%
Total Maintenance Level		**411.5**	**430.7**	**421.1**	**37,224,000**	**39,500,000**	**76,724,000**	
% Change from Current Biennium		55.9%	21.0%	35.9%	40.4%	30.7%	35.2%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				37,224,000	39,500,000	76,724,000	100.00%
996-Z	Estimated All Other-Other	411.5	430.7	421.1				
9G	**FTE Staff Adjustment**	**(0.1)**	**(0.1)**	(0.1)				

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
996-Z	Estimated All Other-Other	(0.1)	(0.1)	(0.1)				
PA	**Electronic Intrusion Prevention**				**9,000**	**1,000**	**10,000**	
001-1	General Fund-State				9,000	1,000	10,000	100.00%
2005-07 Total Proposed Budget		**411.4**	**430.6**	**421.0**	**37,233,000**	**39,501,000**	**76,734,000**	
% Change from Current Biennium		55.9%	21.0%	35.8%	40.4%	30.7%	35.2%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				37,233,000	39,501,000	76,734,000	100.00%
996-Z	Estimated All Other-Other	411.4	430.6	421.0				

Total Agency Activity - C014

Pgm:030

2003-05 Current Biennium	**263.9**	**356.0**	**310.0**	**26,515,000**	**30,228,000**	**56,743,000**	
Total Carry Forward Level	**356.0**	**356.0**	**356.0**	**30,193,000**	**30,210,000**	**60,403,000**	
% Change from Current Biennium	34.9%		14.9%	13.9%	(0.1)%	6.5%	
Carry Forward Plus Workload Changes	**356.0**	**356.0**	**356.0**	**30,193,000**	**30,210,000**	**60,403,000**	
% Change from Current Biennium	34.9%		14.9%	13.9%	(0.1)%	6.5%	
Total Maintenance Level	**411.5**	**430.7**	**421.1**	**37,224,000**	**39,500,000**	**76,724,000**	
% Change from Current Biennium	55.9%	21.0%	35.9%	40.4%	30.7%	35.2%	
2005-07 Total Proposed Budget	**411.4**	**430.6**	**421.0**	**37,233,000**	**39,501,000**	**76,734,000**	
% Change from Current Biennium	55.9%	21.0%	35.8%	40.4%	30.7%	35.2%	

Agency Activity - C017 - Community Mental Health Prepaid Health S

Pgm:030

Total Current Biennium				**376,774,000**	**386,176,000**	**762,950,000**	
Current Biennium Fund Totals							
001-1	General Fund-State			189,436,000	202,756,000	392,192,000	51.40%
001-2	General Fund-Federal			1,144,000	1,727,000	2,871,000	0.38%
001-C	General Fund-DSHS Medicaid Federa			186,194,000	181,693,000	367,887,000	48.22%
00	**Carry Forward Adjustments**			**9,402,000**		**9,402,000**	
001-1	General Fund-State			14,685,000	1,365,000	16,050,000	170.71%
001-2	General Fund-Federal			583,000		583,000	6.20%
001-C	General Fund-DSHS Medicaid Federa			(5,866,000)	(1,365,000)	(7,231,000)	(76.91)%
Total Carry Forward Level				**386,176,000**	**386,176,000**	**772,352,000**	
% Change from Current Biennium				2.5%		1.2%	
Total Carry Forward Level Fund Totals							
001-1	General Fund-State			204,121,000	204,121,000	408,242,000	52.86%
001-2	General Fund-Federal			1,727,000	1,727,000	3,454,000	0.45%
001-C	General Fund-DSHS Medicaid Federa			180,328,000	180,328,000	360,656,000	46.70%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
93	**Mandatory Caseload Adjustments**				**6,654,000**	**18,282,000**	**24,936,000**	
001-1	General Fund-State				3,327,000	9,141,000	12,468,000	50.00%
001-C	General Fund-DSHS Medicaid Federa				3,327,000	9,141,000	12,468,000	50.00%
Carry Forward Plus Workload Changes					**392,830,000**	**404,458,000**	**797,288,000**	
% Change from Current Biennium					4.3%	4.7%	4.5%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				224,390,000	232,558,000	456,948,000	53.34%
001-2	General Fund-Federal				1,727,000	1,727,000	3,454,000	0.40%
001-C	General Fund-DSHS Medicaid Federa				194,230,000	202,012,000	396,242,000	46.26%
996-Z	Estimated All Other-Other	17.0	17.0	17.0				
9M	**Medical Inflation**				**193,000**	**398,000**	**591,000**	
001-1	General Fund-State				125,000	259,000	384,000	0.65%
001-C	General Fund-DSHS Medicaid Federa				68,000	139,000	207,000	0.35%
9Z	**Recast to Activity**	**17.0**	**17.0**	17.0				
996-Z	Estimated All Other-Other	17.0	17.0	17.0				
CB	**CLIP Rate Adjustment**				**1,349,000**	**1,349,000**	**2,698,000**	
001-1	General Fund-State				675,000	675,000	1,350,000	2.27%
001-C	General Fund-DSHS Medicaid Federa				674,000	674,000	1,348,000	2.27%
CC	**Community Psych. Hospital Rate Adj**				**8,111,000**	**8,111,000**	**16,222,000**	
001-1	General Fund-State				4,595,000	4,595,000	9,190,000	15.48%
001-C	General Fund-DSHS Medicaid Federa				3,516,000	3,516,000	7,032,000	11.85%
CY	**Community Inpatient Med. Inflation**				**17,864,000**	**21,981,000**	**39,845,000**	
001-1	General Fund-State				11,547,000	13,767,000	25,314,000	42.65%
001-C	General Fund-DSHS Medicaid Federa				6,317,000	8,214,000	14,531,000	24.48%
Total Maintenance Level		**17.0**	**17.0**	**17.0**	**420,347,000**	**436,297,000**	**856,644,000**	
% Change from Current Biennium					11.6%	13.0%	12.3%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				224,390,000	232,558,000	456,948,000	53.34%
001-2	General Fund-Federal				1,727,000	1,727,000	3,454,000	0.40%
001-C	General Fund-DSHS Medicaid Federa				194,230,000	202,012,000	396,242,000	46.26%
996-Z	Estimated All Other-Other	17.0	17.0	17.0				
CN	**Non-Medicaid Services-Community**				**40,000,000**	**40,000,000**	**80,000,000**	
001-1	General Fund-State				40,000,000	40,000,000	80,000,000	99.38%
DB	**Children Aging Out of Other Svcs**				**18,000**	**57,000**	**75,000**	
001-1	General Fund-State				9,000	29,000	38,000	0.05%
001-C	General Fund-DSHS Medicaid Federa				9,000	28,000	37,000	0.05%
HV	**Medical Eligibility Review Cycle**					**421,000**	**421,000**	
001-1	General Fund-State					211,000	211,000	0.26%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-C	General Fund-DSHS Medicaid Federa					210,000	210,000	0.26%
2005-07 Total Proposed Budget		**17.0**	**17.0**	**17.0**	**460,365,000**	**476,775,000**	**937,140,000**	
% Change from Current Biennium					22.2%	23.5%	22.8%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				264,399,000	272,798,000	537,197,000	57.32%
001-2	General Fund-Federal				1,727,000	1,727,000	3,454,000	0.37%
001-C	General Fund-DSHS Medicaid Federa				194,239,000	202,250,000	396,489,000	42.31%
996-Z	Estimated All Other-Other	17.0	17.0	17.0				

Total Agency Activity - C017

Pgm:030

2003-05 Current Biennium				**376,774,000**	**386,176,000**	**762,950,000**	
Total Carry Forward Level				**386,176,000**	**386,176,000**	**772,352,000**	
% Change from Current Biennium				2.5%		1.2%	
Carry Forward Plus Workload Changes				**392,830,000**	**404,458,000**	**797,288,000**	
% Change from Current Biennium				4.3%	4.7%	4.5%	
Total Maintenance Level		**17.0**	**17.0**	**17.0**	**420,347,000**	**436,297,000**	**856,644,000**	
% Change from Current Biennium					11.6%	13.0%	12.3%	
2005-07 Total Proposed Budget		**17.0**	**17.0**	**17.0**	**460,365,000**	**476,775,000**	**937,140,000**	
% Change from Current Biennium					22.2%	23.5%	22.8%	

Agency Activity - C063 - Mental Health Facilities Services

Pgm:030

Total Current Biennium		**2,649.8**	**2,638.8**	**2,644.3**	**176,107,000**	**178,868,000**	**354,975,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				87,480,000	90,975,000	178,455,000	50.27%
001-2	General Fund-Federal				50,000	166,000	216,000	0.06%
001-7	General Fund-Private/Local				14,497,000	14,566,000	29,063,000	8.19%
001-C	General Fund-DSHS Medicaid Federa				74,080,000	73,161,000	147,241,000	41.48%
996-Z	Estimated All Other-Other	2,649.8	2,638.8	2,644.3				
00	**Carry Forward Adjustments**	**(11.0)**		**(5.5)**	**2,706,000**	**(55,000)**	**2,651,000**	
001-1	General Fund-State				3,454,000	(41,000)	3,413,000	128.74%
001-2	General Fund-Federal				116,000		116,000	4.38%
001-7	General Fund-Private/Local				63,000	(6,000)	57,000	2.15%
001-C	General Fund-DSHS Medicaid Federa				(927,000)	(8,000)	(935,000)	(35.27)%
996-Z	Estimated All Other-Other	(11.0)		(5.5)				
Total Carry Forward Level		**2,638.8**	**2,638.8**	**2,638.8**	**178,813,000**	**178,813,000**	**357,626,000**	
% Change from Current Biennium		(0.4)%		(0.2)%	1.5%	0.0%	0.7%	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				90,934,000	90,934,000	181,868,000	50.85%
001-2	General Fund-Federal				166,000	166,000	332,000	0.09%
001-7	General Fund-Private/Local				14,560,000	14,560,000	29,120,000	8.14%
001-C	General Fund-DSHS Medicaid Federa				73,153,000	73,153,000	146,306,000	40.91%
996-Z	Estimated All Other-Other	2,638.8	2,638.8	2,638.8				
94	**Mandatory Workload Adjustments**	**52.0**	**52.0**	52.0	**3,585,000**	**3,496,000**	**7,081,000**	
001-1	General Fund-State				2,666,000	2,602,000	5,268,000	74.40%
001-7	General Fund-Private/Local				453,000	445,000	898,000	12.68%
001-C	General Fund-DSHS Medicaid Federa				466,000	449,000	915,000	12.92%
996-Z	Estimated All Other-Other	52.0	52.0	52.0				
Carry Forward Plus Workload Changes		**2,690.8**	**2,690.8**	**2,690.8**	**182,398,000**	**182,309,000**	**364,707,000**	
% Change from Current Biennium		1.5%	2.0%	1.8%	3.6%	1.9%	2.7%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				97,781,000	98,529,000	196,310,000	52.26%
001-2	General Fund-Federal							
001-7	General Fund-Private/Local				13,818,000	13,921,000	27,739,000	7.38%
001-C	General Fund-DSHS Medicaid Federa				75,719,000	75,855,000	151,574,000	40.35%
996-Z	Estimated All Other-Other	2,694.8	2,694.8	2,694.8				
9M	**Medical Inflation**				**1,030,000**	**2,149,000**	**3,179,000**	
001-1	General Fund-State				775,000	1,620,000	2,395,000	21.94%
001-7	General Fund-Private/Local				113,000	234,000	347,000	3.18%
001-C	General Fund-DSHS Medicaid Federa				142,000	295,000	437,000	4.00%
9S	**Equipment Replacement Costs**				**3,205,000**	**3,204,000**	**6,409,000**	
001-1	General Fund-State				2,484,000	2,483,000	4,967,000	45.50%
001-7	General Fund-Private/Local				344,000	344,000	688,000	6.30%
001-C	General Fund-DSHS Medicaid Federa				377,000	377,000	754,000	6.91%
9Z	**Recast to Activity**	**4.0**	**4.0**	4.0	**(1,000)**	**(1,000)**	**(2,000)**	
001-1	General Fund-State				(1,000)	(1,000)	(2,000)	(0.02)%
001-2	General Fund-Federal				(166,000)	(166,000)	(332,000)	(3.04)%
001-C	General Fund-DSHS Medicaid Federa				166,000	166,000	332,000	3.04%
996-Z	Estimated All Other-Other	4.0	4.0	4.0				
CA	**Patient/Ward Revenue Adjustment**							
001-1	General Fund-State				419,000	419,000	838,000	7.68%
001-7	General Fund-Private/Local				(1,720,000)	(1,720,000)	(3,440,000)	(31.51)%
001-C	General Fund-DSHS Medicaid Federa				1,301,000	1,301,000	2,602,000	23.84%
CE	**Pxyis Maintenance Cost**				**131,000**	**131,000**	**262,000**	
001-1	General Fund-State				99,000	99,000	198,000	1.81%
001-7	General Fund-Private/Local				15,000	15,000	30,000	0.27%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-C	General Fund-DSHS Medicaid Federa				17,000	17,000	34,000	0.31%
CF	**Mandated County/City Service Adjust**				**214,000**	**295,000**	**509,000**	
001-1	General Fund-State				169,000	233,000	402,000	3.68%
001-7	General Fund-Private/Local				24,000	30,000	54,000	0.49%
001-C	General Fund-DSHS Medicaid Federa				21,000	32,000	53,000	0.49%
CG	**Staff Development**				**70,000**		**70,000**	
001-1	General Fund-State				53,000		53,000	0.49%
001-7	General Fund-Private/Local				10,000		10,000	0.09%
001-C	General Fund-DSHS Medicaid Federa				7,000		7,000	0.06%
CH	**CSTC UW Child Psych Contract**				**107,000**	**111,000**	**218,000**	
001-1	General Fund-State				54,000	56,000	110,000	1.01%
001-7	General Fund-Private/Local				2,000	2,000	4,000	0.04%
001-C	General Fund-DSHS Medicaid Federa				51,000	53,000	104,000	0.95%
FD	**Wide Area Network (WAN) Usage**				**164,000**	**107,000**	**271,000**	
001-1	General Fund-State				129,000	84,000	213,000	1.95%
001-7	General Fund-Private/Local				17,000	11,000	28,000	0.26%
001-C	General Fund-DSHS Medicaid Federa				18,000	12,000	30,000	0.27%
Total Maintenance Level		**2,694.8**	**2,694.8**	**2,694.8**	**187,318,000**	**188,305,000**	**375,623,000**	
% Change from Current Biennium		1.7%	2.1%	1.9%	6.4%	5.3%	5.8%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				97,781,000	98,529,000	196,310,000	52.26%
001-2	General Fund-Federal							
001-7	General Fund-Private/Local				13,818,000	13,921,000	27,739,000	7.38%
001-C	General Fund-DSHS Medicaid Federa				75,719,000	75,855,000	151,574,000	40.35%
996-Z	Estimated All Other-Other	2,694.8	2,694.8	2,694.8				
9G	**FTE Staff Adjustment**	**(0.1)**	**(0.1)**	(0.1)				
996-Z	Estimated All Other-Other	(0.1)	(0.1)	(0.1)				
CP	**Hospital Information System**				**5,492,000**	**2,195,000**	**7,687,000**	
001-1	General Fund-State				4,270,000	1,707,000	5,977,000	103.48%
001-7	General Fund-Private/Local				632,000	252,000	884,000	15.30%
001-C	General Fund-DSHS Medicaid Federa				590,000	236,000	826,000	14.30%
CQ	**CSCI CGS - Active TX and ECS**	**(27.4)**	**(61.8)**	(44.6)	**(2,120,000)**	**(4,874,000)**	**(6,994,000)**	
001-1	General Fund-State				(1,170,000)	(2,992,000)	(4,162,000)	(72.06)%
001-7	General Fund-Private/Local				(376,000)	(769,000)	(1,145,000)	(19.82)%
001-C	General Fund-DSHS Medicaid Federa				(574,000)	(1,113,000)	(1,687,000)	(29.21)%
996-Z	Estimated All Other-Other	(27.4)	(61.8)	(44.6)				
CR	**State Hospital Forensic Services**	**70.4**	**70.4**	70.4	**5,180,000**	**5,011,000**	**10,191,000**	
001-1	General Fund-State				4,064,000	3,931,000	7,995,000	138.42%
001-7	General Fund-Private/Local				552,000	534,000	1,086,000	18.80%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-C	General Fund-DSHS Medicaid Federa				564,000	546,000	1,110,000	19.22%
996-Z	Estimated All Other-Other	70.4	70.4	70.4				
CS	**Pharmacy Staffing**	**4.0**	**4.0**	4.0	**504,000**	**480,000**	**984,000**	
001-1	General Fund-State				385,000	368,000	753,000	13.04%
001-7	General Fund-Private/Local				66,000	62,000	128,000	2.22%
001-C	General Fund-DSHS Medicaid Federa				53,000	50,000	103,000	1.78%
996-Z	Estimated All Other-Other	4.0	4.0	4.0				
CT	**Police Protection at Institutions**				**242,000**	**242,000**	**484,000**	
001-1	General Fund-State				190,000	190,000	380,000	6.58%
001-7	General Fund-Private/Local				25,000	25,000	50,000	0.87%
001-C	General Fund-DSHS Medicaid Federa				27,000	27,000	54,000	0.93%
CX	**CSCI - Community Based Care**	**(29.5)**	**(70.8)**	(50.2)	**(2,114,000)**	**(5,073,000)**	**(7,187,000)**	
001-1	General Fund-State				(2,114,000)	(5,073,000)	(7,187,000)	(124.43)%
996-Z	Estimated All Other-Other	(29.5)	(70.8)	(50.2)				
CZ	**CSCI - Community Diversion Resourc**	**3.0**	**3.0**	3.0	**291,000**	**276,000**	**567,000**	
001-1	General Fund-State				230,000	218,000	448,000	7.76%
001-7	General Fund-Private/Local				29,000	28,000	57,000	0.99%
001-C	General Fund-DSHS Medicaid Federa				32,000	30,000	62,000	1.07%
996-Z	Estimated All Other-Other	3.0	3.0	3.0				
PA	**Electronic Intrusion Prevention**				**41,000**	**3,000**	**44,000**	
001-1	General Fund-State				32,000	2,000	34,000	0.59%
001-7	General Fund-Private/Local				4,000		4,000	0.07%
001-C	General Fund-DSHS Medicaid Federa				5,000	1,000	6,000	0.10%
2005-07 Total Proposed Budget		**2,715.2**	**2,639.5**	**2,677.4**	**194,834,000**	**186,565,000**	**381,399,000**	
% Change from Current Biennium		2.5%	0.0%	1.2%	10.6%	4.3%	7.4%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				103,668,000	96,880,000	200,548,000	52.58%
001-2	General Fund-Federal							
001-7	General Fund-Private/Local				14,750,000	14,053,000	28,803,000	7.55%
001-C	General Fund-DSHS Medicaid Federa				76,416,000	75,632,000	152,048,000	39.87%
996-Z	Estimated All Other-Other	2,715.2	2,639.5	2,677.4				

Total Agency Activity - C063

Pgm:030

2003-05 Current Biennium	**2,649.8**	**2,638.8**	**2,644.3**	**176,107,000**	**178,868,000**	**354,975,000**
Total Carry Forward Level	**2,638.8**	**2,638.8**	**2,638.8**	**178,813,000**	**178,813,000**	**357,626,000**
% Change from Current Biennium	(0.4)%		(0.2)%	1.5%	0.0%	0.7%
Carry Forward Plus Workload Changes	**2,690.8**	**2,690.8**	**2,690.8**	**182,398,000**	**182,309,000**	**364,707,000**
% Change from Current Biennium	1.5%	2.0%	1.8%	3.6%	1.9%	2.7%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Maintenance Level		**2,694.8**	**2,694.8**	**2,694.8**	**187,318,000**	**188,305,000**	**375,623,000**	
% Change from Current Biennium		1.7%	2.1%	1.9%	6.4%	5.3%	5.8%	
2005-07 Total Proposed Budget		**2,715.2**	**2,639.5**	**2,677.4**	**194,834,000**	**186,565,000**	**381,399,000**	
% Change from Current Biennium		2.5%	0.0%	1.2%	10.6%	4.3%	7.4%	

Agency Activity - C069 - Other Community Mental Health Services

Pgm:030

Total Current Biennium					**31,217,000**	**31,217,000**	**62,434,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				11,710,000	12,149,000	23,859,000	38.21%
001-2	General Fund-Federal				8,860,000	8,860,000	17,720,000	28.38%
001-7	General Fund-Private/Local				985,000	985,000	1,970,000	3.16%
001-C	General Fund-DSHS Medicaid Federa				9,662,000	9,223,000	18,885,000	30.25%
00	**Carry Forward Adjustments**							
001-1	General Fund-State				439,000		439,000	
001-C	General Fund-DSHS Medicaid Federa				(439,000)		(439,000)	
Total Carry Forward Level					**31,217,000**	**31,217,000**	**62,434,000**	
% Change from Current Biennium								
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				12,149,000	12,149,000	24,298,000	38.92%
001-2	General Fund-Federal				8,860,000	8,860,000	17,720,000	28.38%
001-7	General Fund-Private/Local				985,000	985,000	1,970,000	3.16%
001-C	General Fund-DSHS Medicaid Federa				9,223,000	9,223,000	18,446,000	29.54%
9Z	**Recast to Activity**	**10.0**	**10.0**	10.0				
996-Z	Estimated All Other-Other	10.0	10.0	10.0				
Total Maintenance Level		**10.0**	**10.0**	**10.0**	**31,217,000**	**31,217,000**	**62,434,000**	
% Change from Current Biennium								
Total Maintenance Level Fund Totals								
001-1	General Fund-State				12,149,000	12,149,000	24,298,000	38.92%
001-2	General Fund-Federal				8,860,000	8,860,000	17,720,000	28.38%
001-7	General Fund-Private/Local				985,000	985,000	1,970,000	3.16%
001-C	General Fund-DSHS Medicaid Federa				9,223,000	9,223,000	18,446,000	29.54%
996-Z	Estimated All Other-Other	10.0	10.0	10.0				
CM	**Transition Treatment for Children**	**1.0**	**1.0**	1.0	**626,000**	**1,251,000**	**1,877,000**	
001-1	General Fund-State				469,000	938,000	1,407,000	5.30%
001-C	General Fund-DSHS Medicaid Federa				157,000	313,000	470,000	1.77%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
CQ	**CSCI CGS - Active TX and ECS**				**2,234,000**	**5,883,000**	**8,117,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-1	General Fund-State				1,117,000	2,942,000	4,059,000	15.28%
001-C	General Fund-DSHS Medicaid Federa				1,117,000	2,941,000	4,058,000	15.28%
CV	**CSCI - Initial Crisis Response**				**487,000**	**617,000**	**1,104,000**	
001-1	General Fund-State				487,000	617,000	1,104,000	4.16%
CW	**CSCI - Crisis Plan**				**370,000**	**350,000**	**720,000**	
001-1	General Fund-State				370,000	350,000	720,000	2.71%
CX	**CSCI - Community Based Care**				**2,114,000**	**5,073,000**	**7,187,000**	
001-1	General Fund-State				2,114,000	5,073,000	7,187,000	27.05%
CZ	**CSCI - Community Diversion Resourc**				**2,077,000**	**4,984,000**	**7,061,000**	
001-1	General Fund-State				1,038,000	2,492,000	3,530,000	13.29%
001-C	General Fund-DSHS Medicaid Federa				1,039,000	2,492,000	3,531,000	13.29%
LF	**CSCI - Training & Consultation**				**250,000**	**250,000**	**500,000**	
001-1	General Fund-State				250,000	250,000	500,000	1.88%
2005-07 Total Proposed Budget		**11.0**	**11.0**	**11.0**	**39,375,000**	**49,625,000**	**89,000,000**	
% Change from Current Biennium					26.1%	59.0%	42.6%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				17,994,000	24,811,000	42,805,000	48.10%
001-2	General Fund-Federal				8,860,000	8,860,000	17,720,000	19.91%
001-7	General Fund-Private/Local				985,000	985,000	1,970,000	2.21%
001-C	General Fund-DSHS Medicaid Federa				11,536,000	14,969,000	26,505,000	29.78%
996-Z	Estimated All Other-Other	11.0	11.0	11.0				

Total Agency Activity - C069

Pgm:030

2003-05 Current Biennium				**31,217,000**	**31,217,000**	**62,434,000**
Total Carry Forward Level				**31,217,000**	**31,217,000**	**62,434,000**
% Change from Current Biennium						
Carry Forward Plus Workload Changes				**31,217,000**	**31,217,000**	**62,434,000**
% Change from Current Biennium						
Total Maintenance Level	**10.0**	**10.0**	**10.0**	**31,217,000**	**31,217,000**	**62,434,000**
% Change from Current Biennium						
2005-07 Total Proposed Budget	**11.0**	**11.0**	**11.0**	**39,375,000**	**49,625,000**	**89,000,000**
% Change from Current Biennium				26.1%	59.0%	42.6%

Agency Activity - C093 - Special Projects - Mental Health

Pgm:030

Total Current Biennium	**5.7**	**5.7**	**5.7**	**1,041,000**	**1,050,000**	**2,091,000**

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Current Biennium Fund Totals								
001-1	General Fund-State					9,000	9,000	0.43%
001-2	General Fund-Federal				1,041,000	1,041,000	2,082,000	99.57%
996-Z	Estimated All Other-Other	5.7	5.7	5.7				
00	**Carry Forward Adjustments**				**9,000**		**9,000**	
001-1	General Fund-State				9,000		9,000	100.00%
Total Carry Forward Level		**5.7**	**5.7**	**5.7**	**1,050,000**	**1,050,000**	**2,100,000**	
% Change from Current Biennium					0.9%		0.4%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				9,000	9,000	18,000	0.86%
001-2	General Fund-Federal				1,041,000	1,041,000	2,082,000	99.14%
996-Z	Estimated All Other-Other	5.7	5.7	5.7				
9Z	**Recast to Activity**				**(9,000)**	**(9,000)**	**(18,000)**	
001-1	General Fund-State				(9,000)	(9,000)	(18,000)	(11.18)%
CD	**Emerg MH Preparedness & Response**	**1.0**	**1.0**	1.0	**92,000**	**87,000**	**179,000**	
001-1	General Fund-State				50,000	47,000	97,000	60.25%
001-C	General Fund-DSHS Medicaid Federa				42,000	40,000	82,000	50.93%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
Total Maintenance Level		**6.7**	**6.7**	**6.7**	**1,133,000**	**1,128,000**	**2,261,000**	
% Change from Current Biennium		17.5%	17.5%	17.5%	8.8%	7.4%	8.1%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				50,000	47,000	97,000	4.29%
001-2	General Fund-Federal				1,041,000	1,041,000	2,082,000	92.08%
001-C	General Fund-DSHS Medicaid Federa				42,000	40,000	82,000	3.63%
996-Z	Estimated All Other-Other	6.7	6.7	6.7				

Total Agency Activity - C093

Pgm:030

2003-05 Current Biennium	**5.7**	**5.7**	**5.7**	**1,041,000**	**1,050,000**	**2,091,000**
Total Carry Forward Level	**5.7**	**5.7**	**5.7**	**1,050,000**	**1,050,000**	**2,100,000**
% Change from Current Biennium				0.9%		0.4%
Carry Forward Plus Workload Changes	**5.7**	**5.7**	**5.7**	**1,050,000**	**1,050,000**	**2,100,000**
% Change from Current Biennium				0.9%		0.4%
Total Maintenance Level	**6.7**	**6.7**	**6.7**	**1,133,000**	**1,128,000**	**2,261,000**
% Change from Current Biennium	17.5%	17.5%	17.5%	8.8%	7.4%	8.1%
2005-07 Total Proposed Budget	**6.7**	**6.7**	**6.7**	**1,133,000**	**1,128,000**	**2,261,000**
% Change from Current Biennium	17.5%	17.5%	17.5%	8.8%	7.4%	8.1%

Fund and FTE Detail by Fiscal Year

Agency Activity - C900 - Program Support - Mental Health

Pgm:030

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Current Biennium		**57.1**	**55.4**	**56.3**	**3,937,000**	**4,211,000**	**8,148,000**	
Current Biennium Fund Totals								
001-0	General Fund-DSHS Social Serv Fed				287,000	287,000	574,000	7.04%
001-1	General Fund-State				2,096,000	2,226,000	4,322,000	53.04%
001-C	General Fund-DSHS Medicaid Federa				1,554,000	1,698,000	3,252,000	39.91%
996-Z	Estimated All Other-Other	57.1	55.4	56.3				
00	**Carry Forward Adjustments**	**(1.7)**		**(0.9)**	**134,000**	**(140,000)**	**(6,000)**	
001-1	General Fund-State				37,000	(93,000)	(56,000)	933.33%
001-C	General Fund-DSHS Medicaid Federa				97,000	(47,000)	50,000	(833.33)%
996-Z	Estimated All Other-Other	(1.7)		(0.9)				
Total Carry Forward Level		**55.4**	**55.4**	**55.4**	**4,071,000**	**4,071,000**	**8,142,000**	
% Change from Current Biennium		(3.0)%		(1.5)%	3.4%	(3.3)%	(0.1)%	
Total Carry Forward Level Fund Totals								
001-0	General Fund-DSHS Social Serv Fed				287,000	287,000	574,000	7.05%
001-1	General Fund-State				2,133,000	2,133,000	4,266,000	52.39%
001-C	General Fund-DSHS Medicaid Federa				1,651,000	1,651,000	3,302,000	40.56%
996-Z	Estimated All Other-Other	55.4	55.4	55.4				
94	**Mandatory Workload Adjustments**	**11.0**	**11.0**	11.0	**991,000**	**928,000**	**1,919,000**	
001-1	General Fund-State				535,000	501,000	1,036,000	53.99%
001-C	General Fund-DSHS Medicaid Federa				456,000	427,000	883,000	46.01%
996-Z	Estimated All Other-Other	11.0	11.0	11.0				
Carry Forward Plus Workload Changes		**66.4**	**66.4**	**66.4**	**5,062,000**	**4,999,000**	**10,061,000**	
% Change from Current Biennium		16.3%	19.9%	18.0%	28.6%	18.7%	23.5%	
Carry Forward Plus Workload Changes Fund Totals								
001-0	General Fund-DSHS Social Serv Fed				287,000	287,000	574,000	5.44%
001-1	General Fund-State				2,802,000	2,767,000	5,569,000	52.81%
001-C	General Fund-DSHS Medicaid Federa				2,216,000	2,187,000	4,403,000	41.75%
996-Z	Estimated All Other-Other	35.4	35.4	35.4				
9S	**Equipment Replacement Costs**				**106,000**	**106,000**	**212,000**	
001-1	General Fund-State				55,000	55,000	110,000	22.68%
001-C	General Fund-DSHS Medicaid Federa				51,000	51,000	102,000	21.03%
9Z	**Recast to Activity**	**(31.0)**	**(31.0)**	(31.0)	**9,000**	**9,000**	**18,000**	
001-1	General Fund-State				9,000	9,000	18,000	3.71%
996-Z	Estimated All Other-Other	(31.0)	(31.0)	(31.0)				
CL	**MH Consumer Outcomes**				**125,000**	**125,000**	**250,000**	
001-1	General Fund-State				68,000	68,000	136,000	28.04%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-C	General Fund-DSHS Medicaid Federa				57,000	57,000	114,000	23.51%
FD	**Wide Area Network (WAN) Usage**				**3,000**	**2,000**	**5,000**	
001-1	General Fund-State				2,000	1,000	3,000	0.62%
001-C	General Fund-DSHS Medicaid Federa				1,000	1,000	2,000	0.41%
Total Maintenance Level		**35.4**	**35.4**	**35.4**	**5,305,000**	**5,241,000**	**10,546,000**	
% Change from Current Biennium		(38.0)%	(36.1)%	(37.1)%	34.7%	24.5%	29.4%	
Total Maintenance Level Fund Totals								
001-0	General Fund-DSHS Social Serv Fed				287,000	287,000	574,000	5.44%
001-1	General Fund-State				2,802,000	2,767,000	5,569,000	52.81%
001-C	General Fund-DSHS Medicaid Federa				2,216,000	2,187,000	4,403,000	41.75%
996-Z	Estimated All Other-Other	35.4	35.4	35.4				
9T	**Transfers**	**(0.1)**	**(0.1)**	(0.1)	**(4,000)**	**(4,000)**	**(8,000)**	
001-1	General Fund-State				(2,000)	(2,000)	(4,000)	(0.52)%
001-C	General Fund-DSHS Medicaid Federa				(2,000)	(2,000)	(4,000)	(0.52)%
996-Z	Estimated All Other-Other	(0.1)	(0.1)	(0.1)				
CQ	**CSCI CGS - Active TX and ECS**	**1.0**	**1.0**	1.0	**97,000**	**92,000**	**189,000**	
001-1	General Fund-State				53,000	50,000	103,000	13.46%
001-C	General Fund-DSHS Medicaid Federa				44,000	42,000	86,000	11.24%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
CX	**CSCI - Community Based Care**	**1.0**	**1.0**	1.0	**97,000**	**92,000**	**189,000**	
001-1	General Fund-State				97,000	92,000	189,000	24.71%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
CZ	**CSCI - Community Diversion Resourc**	**1.0**	**1.0**	1.0	**297,000**	**92,000**	**389,000**	
001-1	General Fund-State				160,000	50,000	210,000	27.45%
001-C	General Fund-DSHS Medicaid Federa				137,000	42,000	179,000	23.40%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
PA	**Electronic Intrusion Prevention**				**4,000**	**2,000**	**6,000**	
001-1	General Fund-State				2,000	1,000	3,000	0.39%
001-C	General Fund-DSHS Medicaid Federa				2,000	1,000	3,000	0.39%
2005-07 Total Proposed Budget		**38.3**	**38.3**	**38.3**	**5,796,000**	**5,515,000**	**11,311,000**	
% Change from Current Biennium		(32.9)%	(30.9)%	(31.9)%	47.2%	31.0%	38.8%	
2005-07 Budget Fund Summary Totals								
001-0	General Fund-DSHS Social Serv Fed				287,000	287,000	574,000	5.07%
001-1	General Fund-State				3,112,000	2,958,000	6,070,000	53.66%
001-C	General Fund-DSHS Medicaid Federa				2,397,000	2,270,000	4,667,000	41.26%
996-Z	Estimated All Other-Other	38.3	38.3	38.3				

Total Agency Activity - C900

Pgm:030

2003-05 Current Biennium	**57.1**	**55.4**	**56.3**	**3,937,000**	**4,211,000**	**8,148,000**

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level	**55.4**	**55.4**	**55.4**	**4,071,000**	**4,071,000**	**8,142,000**	
% Change from Current Biennium	(3.0)%		(1.5)%	3.4%	(3.3)%	(0.1)%	
Carry Forward Plus Workload Changes	**66.4**	**66.4**	**66.4**	**5,062,000**	**4,999,000**	**10,061,000**	
% Change from Current Biennium	16.3%	19.9%	18.0%	28.6%	18.7%	23.5%	
Total Maintenance Level	**35.4**	**35.4**	**35.4**	**5,305,000**	**5,241,000**	**10,546,000**	
% Change from Current Biennium	(38.0)%	(36.1)%	(37.1)%	34.7%	24.5%	29.4%	
2005-07 Total Proposed Budget	**38.3**	**38.3**	**38.3**	**5,796,000**	**5,515,000**	**11,311,000**	
% Change from Current Biennium	(32.9)%	(30.9)%	(31.9)%	47.2%	31.0%	38.8%	

Total Program - 030

2003-05 Current Biennium	**3,003.3**	**3,098.9**	**3,051.1**	**618,370,000**	**636,458,000**	**1,254,828,000**	
Total Carry Forward Level	**3,098.9**	**3,098.9**	**3,098.9**	**635,995,000**	**635,832,000**	**1,271,827,000**	
% Change from Current Biennium	3.2%		1.6%	2.9%	(0.1)%	1.4%	
Carry Forward Plus Workload Changes	**3,161.9**	**3,161.9**	**3,161.9**	**647,225,000**	**658,538,000**	**1,305,763,000**	
% Change from Current Biennium	5.3%	2.0%	3.6%	4.7%	3.5%	3.6%	
Total Maintenance Level	**3,231.6**	**3,257.1**	**3,244.4**	**688,078,000**	**707,651,000**	**1,395,729,000**	
% Change from Current Biennium	7.6%	5.1%	6.3%	11.3%	11.2%	11.2%	
2005-07 Total Proposed Budget	**3,255.8**	**3,205.6**	**3,230.7**	**744,270,000**	**765,072,000**	**1,509,342,000**	
% Change from Current Biennium	8.4%	3.4%	5.9%	20.4%	20.2%	20.3%	

Section 3
Performance Measures

State of Washington

Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services — Budget Period: 2005-07

Activity: C013 Civil Commitment Less Restrictive Alternatives

030	M2	CK	SCTF Workload Adjustments	No measures linked to decision package

Activity: C014 Civil Commitment-Sexual Predators

030	M2	8L	Lease Rate Adjustments	No measures linked to decision package
030	M2	9S	Equipment Replacement Costs	No measures linked to decision package
030	M2	CJ	SCC Workload Adjustments	No measures linked to decision package
030	PL	9G	FTE Staff Adjustment	No measures linked to decision package
030	PL	PA	Electronic Intrusion Prevention	No measures linked to decision package

Activity: C017 Community Mental Health Prepaid Health Services

030	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
030	M2	9M	Medical Inflation	No measures linked to decision package
030	M2	CC	Community Psych. Hospital Rate Adj	No measures linked to decision package
030	M2	CY	Community Inpatient Med. Inflation	No measures linked to decision package

Output Measures **9c40** **Total number of persons served in community mental health services.**

				FY 2006	FY 2007
030	PL	CN	Non-Medicaid Services-Community	0.00	0.00
030	PL	DB	Children Aging Out of Other Svcs	0.00	0.00
030	PL	HV	Medical Eligibility Review Cycle	0.00	0.00

Agency: 300 Dept of Social and Health Services — Budget Period: 2005-07

Activity: C063 Mental Health Facilities Services

030	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
030	M2	9M	Medical Inflation	No measures linked to decision package
030	M2	9S	Equipment Replacement Costs	No measures linked to decision package
030	M2	CA	Patient/Ward Revenue Adjustment	No measures linked to decision package
030	M2	CE	Pxyis Maintenance Cost	No measures linked to decision package
030	M2	CF	Mandated County/City Service Adjust	No measures linked to decision package
030	M2	CG	Staff Development	No measures linked to decision package
030	M2	CH	CSTC UW Child Psych Contract	No measures linked to decision package
030	M2	FD	Wide Area Network (WAN) Usage	No measures linked to decision package
030	PL	9G	FTE Staff Adjustment	No measures linked to decision package
030	PL	PA	Electronic Intrusion Prevention	No measures linked to decision package

Output Measures **3CA0** **Monthly average of daily census for state hospitals**

				FY 2006	FY 2007
030	PL	CP	Hospital Information System	0.00	0.00
030	PL	CQ	CSCI CGS - Active TX and ECS	0.00	0.00
030	PL	CR	State Hospital Forensic Services	0.00	0.00
030	PL	CS	Pharmacy Staffing	0.00	0.00
030	PL	CT	Police Protection at Institutions	0.00	0.00
030	PL	CX	CSCI - Community Based Care	0.00	0.00
030	PL	CZ	CSCI - Community Diversion Resource	0.00	0.00

Activity: C069 Other Community Mental Health Services

030	M2	CB	CLIP Rate Adjustment	No measures linked to decision package

Output Measures **9c40** **Total number of persons served in community mental health services.**

				FY 2006	FY 2007
030	PL	CM	Transition Treatment for Children	0.00	0.00
030	PL	CQ	CSCI CGS - Active TX and ECS	0.00	0.00
030	PL	CV	CSCI - Initial Crisis Response	0.00	0.00
030	PL	CW	CSCI - Crisis Plan	0.00	0.00
030	PL	CX	CSCI - Community Based Care	0.00	0.00
030	PL	CZ	CSCI - Community Diversion Resource	0.00	0.00
030	PL	LF	CSCI - Training & Consultation	0.00	0.00

State of Washington

Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services — Budget Period: 2005-07

Activity: C093 Special Projects - Mental Health

030	M2	CD	Emerg MH Preparedness & Response	No measures linked to activity
030	M2	CD	Emerg MH Preparedness & Response	No measures linked to decision package

Activity: C900 Program Support - Mental Health

030	M1	94	Mandatory Workload Adjustments	No measures linked to activity
030	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
030	M2	9S	Equipment Replacement Costs	No measures linked to activity
030	M2	9S	Equipment Replacement Costs	No measures linked to decision package
030	M2	CL	MH Consumer Outcomes	No measures linked to activity
030	M2	CL	MH Consumer Outcomes	No measures linked to decision package
030	M2	FD	Wide Area Network (WAN) Usage	No measures linked to activity
030	M2	FD	Wide Area Network (WAN) Usage	No measures linked to decision package
030	PL	9T	Transfers	No measures linked to activity
030	PL	9T	Transfers	No measures linked to decision package
030	PL	CQ	CSCI CGS - Active TX and ECS	No measures linked to activity
030	PL	CZ	CSCI - Community Diversion Resource	No measures linked to activity
030	PL	PA	Electronic Intrusion Prevention	No measures linked to activity
030	PL	PA	Electronic Intrusion Prevention	No measures linked to decision package

Activity: P001 Information Systems Services

030	PL	PA	Electronic Intrusion Prevention	No measures linked to activity
030	PL	PA	Electronic Intrusion Prevention	No measures linked to decision package

Section 4
Cost Allocation

Activity Inventory Indirect Cost Allocation Approach

Agency DSHS - Mental Health Division
Date 8/25/2004

Allocation Method Description:

The indirect methodology is based on allocation from the MHD Headquarters of program and fiscal staff who provide direct support to a variety of areas within MHD.

	% Allocation Received	Dollars Allocated FY1	Dollars Allocated FY2	Total Allocated
C017		1,220,000	1,220,000	2,440,000
C069		582,000	582,000	1,164,000
C013		2,779,000	4,708,000	7,487,000
C014		26,515,000	30,228,000	56,743,000
C063		291,000	291,000	582,000
TOTAL		**31,387,000**	**37,029,000**	**68,416,000**

Expenditure Detail By Program

Budget Recommendation Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
CB - Current Biennium					
ZA Current Biennium Base	0	3,051.1	663,067	591,761	1,254,828
SubTotal CB		**3,051.1**	**663,067**	**591,761**	**1,254,828**
Cumulative Total Thru CB		**3,051.1**	**663,067**	**591,761**	**1,254,828**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	47.8	24,798	(7,799)	16,999
SubTotal CL		**47.8**	**24,798**	**(7,799)**	**16,999**
Cumulative Total Thru CL		**3,098.9**	**687,865**	**583,962**	**1,271,827**
M1 - Mandatory Caseload and Enrollment Changes					
93 Mandatory Caseload Adjustments	0	0.0	12,468	12,468	24,936
94 Mandatory Workload Adjustments	0	63.0	6,304	2,696	9,000
SubTotal M1		**63.0**	**18,772**	**15,164**	**33,936**
Cumulative Total Thru M1		**3,161.9**	**706,637**	**599,126**	**1,305,763**
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	20	0	20
9M Medical Inflation	0	0.0	2,779	991	3,770
9S Equipment Replacement Costs	0	0.0	5,134	1,544	6,678
9Z Recast to Activity	0	0.0	(2)	0	(2)
CA Patient/Ward Revenue Adjustment	0	0.0	838	(838)	0
CB CLIP Rate Adjustment	0	0.0	1,350	1,348	2,698
CC Community Psych. Hospital Rate Adj	0	0.0	9,190	7,032	16,222
CD Emerg MH Preparedness & Response	0	1.0	97	82	179
CE Pxyis Maintenance Cost	0	0.0	198	64	262
CF Mandated County/City Service Adjust	0	0.0	402	107	509
CG Staff Development	0	0.0	53	17	70
CH CSTC UW Child Psych Contract	0	0.0	110	108	218
CJ SCC Workload Adjustments	0	65.1	16,176	0	16,176
CK SCTF Workload Adjustments	0	16.4	2,727	0	2,727
CL MH Consumer Outcomes	0	0.0	136	114	250
CY Community Inpatient Med. Inflation	0	0.0	25,314	14,531	39,845
FD Wide Area Network (WAN) Usage	0	0.0	284	60	344
SubTotal M2		**82.5**	**64,806**	**25,160**	**89,966**
Cumulative Total Thru M2		**3,244.4**	**771,443**	**624,286**	**1,395,729**
PL - Performance Level					
9G FTE Staff Adjustment	0	(0.2)	0	0	0
9T Transfers	0	(0.1)	(4)	(4)	(8)
CM Transition Treatment for Children	0	1.0	1,407	470	1,877
CN Non-Medicaid Services-Community	0	0.0	80,000	0	80,000
CP Hospital Information System	0	0.0	5,977	1,710	7,687
CQ CSCI CGS - Active TX and ECS	0	(43.6)	0	1,312	1,312
CR State Hospital Forensic Services	0	70.4	7,995	2,196	10,191
CS Pharmacy Staffing	0	4.0	753	231	984
CT Police Protection at Institutions	0	0.0	380	104	484
CV CSCI - Initial Crisis Response	0	0.0	1,104	0	1,104

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
PL - Performance Level					
CW CSCI - Crisis Plan	0	0.0	720	0	720
CX CSCI - Community Based Care	0	(49.2)	189	0	189
CZ CSCI - Community Diversion Resource	0	4.0	4,188	3,829	8,017
DB Children Aging Out of Other Svcs	0	0.0	38	37	75
HV Medical Eligibility Review Cycle	0	0.0	211	210	421
LF CSCI - Training & Consultation	0	0.0	500	0	500
PA Electronic Intrusion Prevention	0	0.0	47	13	60
SubTotal PL		**(13.7)**	**103,505**	**10,108**	**113,613**
Cumulative Total Thru PL		**3,230.7**	**874,948**	**634,394**	**1,509,342**
Total Proposed Budget for Program 030 - Mental Health		**3,230.7**	**874,948**	**634,394**	**1,509,342**

Recommendation Summary Text

8L - Lease Rate Adjustments

(M2) Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

93 - Mandatory Caseload Adjustments

(M1) This decision package reflects the impact of changes in the Medicaid Caseload Forecast for Fiscal Years 2006 and 2007. The number of Medicaid eligibles is the basis for funding levels to the Regional Support Networks (RSNs).

94 - Mandatory Workload Adjustments

(M1) This decision package requests funding for workload increases in the Mental Health Division (MHD).

9G - FTE Staff Adjustment

(PL) This decision package centralizes the Department of Social and Health Services (DSHS) background check Full-Time Equivalents (FTEs) in the Background Checks Central Unit (BCCU).

9M - Medical Inflation

(M2) This item funds inflation applicable to professional medical services and supplies purchased by the Department of Social and Health Services (DSHS) programs as an integral component of services provided to agency clients.

9S - Equipment Replacement Costs

(M2) This proposal is to fund the replacement of essential equipment that is nearing the end of its useful life or is obsolete. Requested equipment items are critical to ensure the health, safety, and security of clients, and staff productivity.

9T - Transfers

(PL) This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

CA - Patient/Ward Revenue Adjustment

(M2) On an annual basis, roughly 60 patients committed to Western State Hospital (WSH) will no longer qualify for Inpatient Psychiatric Health Care benefits. General Fund-State (GF-S) is requested to replace the revenue loss from federal and commercial health plans project to be $1.9 million.

CB - CLIP Rate Adjustment

(M2) The Children's Long-Term Inpatient Program (CLIP) provides critical inpatient services to children under 18 years of age with severe psychiatric impairment warranting intensive services in a restrictive setting. The children cannot be served in any other less restrictive setting because of the severity of their illness. The Mental Health CLIP Facilities have been working in a deficit situation for a number of years without a rate increase. The situation is critical now as one of the facilities has closed down placing a burden on other facilities and the Child Study Treatment Center. Based on on actual cost reports it is necessary to increase the bed day rate in order to maintain this necessary service. Without this increase the remaining residential facilities are also at risk for closure.

CC - Community Psych. Hospital Rate Adj

(M2) This decision package would increase rates for community psychiatric hospitals to ensure no more loss in beds available to serve those clients in need of hospitalization. Although the system would like to avoid this level of care, this is a necessary service within the continuum of care to ensure the safety of both the individual and the community.

CD - Emerg MH Preparedness & Response

(M2) This decision package seeks funding and one Full Time Equivalent (FTE) to support the completion of the required Emergency Mental Health Preparedness and Response plan known as the All Hazard Disaster plan mandated by Title II of the Federal Stafford Act.

CE - Pxyis Maintenance Cost

(M2) This request is for funding to cover the cost of annual maintenance for the Pyxis automated medication distribution equipment for the state mental hospitals.

CF - Mandated County/City Service Adjust

(M2) This package funds the increased cost of emergency medical services and fire protection for Western State Hospital (WSH), as well as obligations to a city of Lakewood local improvement district related to the construction of the new Center for Forensic Services.

CG - Staff Development

(M2) This decision package requests funding to provide nonviolent communication training to the state mental hospitals within the Mental Health Division (MHD).

CH - CSTC UW Child Psych Contract

(M2) Funding is requested for the increase in overhead costs for the University of Washington's (UW) Child Psychiatry contract at the Child Study and Treatment Center (CSTC).

CJ - SCC Workload Adjustments

(M2) This request is to fund projected census increases in the Special Commitment Center's (SCC) population operational costs to support SCC's new stand-alone facility on McNeil Island, and administrative overhead associated with two Human Resources

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

CJ - SCC Workload Adjustments

Staff.

CK - SCTF Workload Adjustments

(M2) This request is to fund the cost of housing and providing medical and support services for residents conditionally released to the Secure Community Transition Facilities (SCTFs) located in King and Pierce Counties and the medical and support services costs of conditionally released residents living in other less restrictive alternative (LRA) community settings.

CL - MH Consumer Outcomes

(M2) This decision package requests ongoing funding for an Adult and Child Outcomes Tracking system. The Mental Health Division (MHD) is requesting ongoing funding to support Joint Legislative Audit and Review Committee (JLARC) recommendations and legislative mandates to track consumer Mental Health outcomes. The outcomes will be used to provide direct clinician feedback, and to manage the Mental Health system.

CM - Transition Treatment for Children

(PL) This decision package seeks funding to support the development and implementation of an Evidence-Based Practice (EBP) model. This model would target children with mental health issues and in need of intensive therapeutic interventions, in order to allow them to remain in the community or to successfully transition back to their natural parents or other permanent placement. This will allow communities with few or no options to be able to divert children from the more expensive Children's Long-Term Inpatient Program (CLIP) and/or placements in community hospitals.

CN - Non-Medicaid Services-Community

(PL) This decision package seeks additional state funding to support the 14 Regional Support Networks (RSNs) in administering the public Mental Health system. System administration includes functioning as the Pre-Paid Inpatient Health Plan (PIHP), providing crisis services, and administering the requirements pertaining to the state's Involuntary Treatment Act. The request is intended to reduce the financial loss and negative impact to citizens in need of public Mental Health services based on recent changes in the federal administration and approval of the state's Mental Health Medicaid Waiver program.

CP - Hospital Information System

(PL) Funding is requested to purchase an integrated Hospital Patient Information and Billing systems for the three state psychiatric hospitals.

CQ - CSCI CGS - Active TX and ECS

(PL) Requests funding for the Center for Geriatric Services (CGS) at Western State Hospital (WSH), which requires additional staff in order to maintain Centers for Medicare and Medicaid Services (CMS) certification and the ability to bill Medicare and Medicaid for services provided to 142 geriatric patients. For the Expanded Community Services (ECS) program, the Department of Social and Health Services (DSHS) will add approximately 120 beds to community placement, resulting in capacity to serve individuals who will be transitioned from WSH and others who are at risk of hospitalization. Funding for ECS will come from the closure of 60 WSH beds, and the funding will be moved to the Mental Health Division (MHD) community services.

CR - State Hospital Forensic Services

(PL) Funding is requested for an additional Forensic Ward at Western State Hospital (WSH) and additional staff at Eastern State Hospital (ESH) and WSH for off-site forensic evaluations. This will meet the increasing demand for Forensic Inpatient Psychiatric Hospital services and to reduce unnecessary admissions. Funding will allow the state psychiatric hospitals to keep

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

CR - State Hospital Forensic Services

up with court ordered evaluations and felony competency restorations and eliminate waiting lists for inpatient admissions and off-site jail evaluations.

CS - Pharmacy Staffing

(PL) This decision package requests funds to provide expanded pharmacy hours for the state psychiatric hospitals.

CT - Police Protection at Institutions

(PL) This decision package requests funding for police protection in the communities with state psychiatric hospitals, residential habilitation centers (RHCs) and juvenile rehabilitation institutions to provide the same level of community police protection given to all of the municipality's residents.

CV - CSCI - Initial Crisis Response

(PL) Funding is requested to support one of the recommendations of the Cross System Crisis Response (CSCR) project by providing a combined Mental Health and Chemical Dependency Crisis Response program. This includes a detention pilot project with the Division of Alcohol and Substance Abuse (DASA), additional contracted staff, training for currently contracted staff, and for a study to evaluate the effectiveness, including cost effectiveness, of this approach.

CW - CSCI - Crisis Plan

(PL) Funding is requested to support one of the recommendations of the Cross System Crisis Response (CSCR) project by providing a single site cross-system planning pilot project. The pilot will be computer based and focus on adults identified as being high risk and are being served by the public Mental Health, the Developmental Disability, Aging, or Chemical Dependency systems, or being served by one or more of these systems and are under the authority of the state Department of Corrections (DOC).

CX - CSCI - Community Based Care

(PL) The Mental Health Division (MHD) requests authority to implement a plan to increase community resources with the goal of decreasing dependence on state hospital care. This can be accomplished by utilizing state dollars from closing the Program for Adaptive Living Services (PALS) wards, approximately 95 beds. The funding request is for a project Full-Time Equivalent to coordinate and monitor this activity for two years.

CY - Community Inpatient Med. Inflation

(M2) This decision package would fund the Regional Support Networks (RSNs) at an appropriate level to pay for the increasing costs for community inpatient services and alleviate the continued pressures on the funds available for outpatient services intended to keep clients out of costly hospitalizations. Hospitals have received increases historically, while the RSNs have not received a corresponding increase to their budget.

CZ - CSCI - Community Diversion Resource

(PL) Funding is requested to implement a plan to increase community resources with the goal of decreasing dependence on state psychiatric hospital care. Included in this plan are the operation of two free standing Evaluation and Treatment (E&T) facilities, Western State Hospital (WSH) staff to consult with long-term care providers, Mental Health Division (MHD) headquarters staff to provide consultation, training and oversight to mental health and developmental disability treatment providers to divert persons with developmental disabilities from long-term stays at the state psychiatric hospitals, and resources for completion of the Residential Bed Capacity study for special populations, as required by SB 6358, (2004) Section 22.

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

DB - Children Aging Out of Other Svcs

(PL) Provide medical benefits as defined in Title XIX of the Social Security Act for youth ages 18 through 20, if they are in foster care on their 18th birthday or later.

FD - Wide Area Network (WAN) Usage

(M2) The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

HV - Medical Eligibility Review Cycle

(PL) This is to stabilize the children's caseload and reduce administrative burden on DSHS Community Services Offices (CSO), Children's Medical review cycle would be changed back to a 12-month review cycle.

LF - CSCI - Training & Consultation

(PL) Funding is requested for the Mental Health Division (MHD) to provide training for caregivers in long-term care settings to reduce the dependence on state hospitals for adults with dementia, traumatic brain injuries, and other medical and behavioral issues.

PA - Electronic Intrusion Prevention

(PL) Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

Expenditure Detail By Program

Agency Budget Levels Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget

Program: 030 - Mental Health

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
FTEs								
996-Z FTEs (EAOF-Other)	3,003.3	3,098.9	3,098.9	3,098.9	3,231.6	3,257.1	3,255.8	3,205.6
996-Z FTEs - Annual Average		3,051.1		3,098.9		3,244.4		3,230.7
Objects of Expenditure								
A Salaries And Wages	126,463,006	129,171,757	129,624,213	129,171,757	136,308,055	137,154,584	138,034,055	135,841,584
B Employee Benefits	35,494,677	39,554,019	39,491,299	39,473,019	41,219,981	41,774,998	41,485,981	41,162,998
C Personal Serv Contr	4,338,000	4,112,000	4,338,000	4,088,000	4,363,000	4,213,000	6,549,000	6,429,000
E Goods And Services	34,593,163	35,388,722	34,392,008	35,028,396	37,713,190	39,652,857	38,274,190	39,286,857
ED Rentals and Leases	72,000	72,000	72,000	72,000	81,000	83,000	81,000	83,000
EL Data Processing Serv	7,000	11,000	7,000	11,000	7,000	11,000	7,000	11,000
EN Personnel Services	0	0	0	0	64,000	64,000	64,000	64,000
Subtotal for Object E	**34,672,163**	**35,471,722**	**34,471,008**	**35,111,396**	**37,865,190**	**39,810,857**	**38,426,190**	**39,444,857**
G Travel	301,000	302,500	302,500	300,500	364,500	364,500	418,500	412,500
J Capital Outlays	1,126,000	1,202,000	1,120,000	1,044,000	5,310,511	4,596,111	9,438,511	4,871,111
N Grants, Benfts Servs	414,345,567	424,879,755	424,878,755	424,879,755	460,479,902	477,647,741	505,125,902	528,599,741
P Debt Service	1,527,341	1,667,247	1,667,247	1,667,247	1,677,013	1,677,013	1,677,013	1,677,013
S Interagency Reimburs	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)
T Intra-Agency Reimbur	0	0	0	0	0	0	2,234,000	5,883,000
TZ Unidentified	468,246	463,000	467,978	462,326	855,848	778,196	1,246,848	1,116,196
Subtotal for Object T	**468,246**	**463,000**	**467,978**	**462,326**	**855,848**	**778,196**	**3,480,848**	**6,999,196**
Total Objects of Expenditure	**618,370,000**	**636,458,000**	**635,995,000**	**635,832,000**	**688,078,000**	**707,651,000**	**744,270,000**	**765,072,000**
Source of Funds								
DSHS Sources for 001-0								
001-0 667B SSBG (100%)	287,000	287,000	287,000	287,000	287,000	287,000	287,000	287,000
Total for: 001-0, Gnrl Fnd-DSHS SS	**287,000**	**287,000**	**287,000**	**287,000**	**287,000**	**287,000**	**287,000**	**287,000**
DSHS Sources for 001-1								
001-1 0011 GF- State	320,016,000	343,051,000	344,014,000	343,851,000	379,930,000	391,513,000	431,990,000	442,958,000
Total for: 001-1, Gnrl Fnd-State	**320,016,000**	**343,051,000**	**344,014,000**	**343,851,000**	**379,930,000**	**391,513,000**	**431,990,000**	**442,958,000**
DSHS Sources for 001-2								
001-2 125B MH Pln/Dem(100%)	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000
001-2 767H CHIP (CHIP)	1,194,000	1,893,000	1,893,000	1,893,000	1,727,000	1,727,000	1,727,000	1,727,000
001-2 958B Com MH BG (100%)	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000
Total for: 001-2, Gnrl Fnd-Federal	**11,095,000**	**11,794,000**	**11,794,000**	**11,794,000**	**11,628,000**	**11,628,000**	**11,628,000**	**11,628,000**

DSHS BDS Reporting
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State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget

Program: 030 - Mental Health

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Source of Funds								
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	15,482,000	15,551,000	15,545,000	15,545,000	14,803,000	14,906,000	15,735,000	15,038,000
Total for: 001-7, Gnrl Fnd-Priv-Loc	**15,482,000**	**15,551,000**	**15,545,000**	**15,545,000**	**14,803,000**	**14,906,000**	**15,735,000**	**15,038,000**
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	269,217,000	263,649,000	261,958,000	262,232,000	278,168,000	286,083,000	281,368,000	291,928,000
001-C 19UB T19 Admin (100%)	0	0	0	0	555,000	524,000	555,000	524,000
001-C 19UL T19 Admin (50%)	2,273,000	2,126,000	2,397,000	2,123,000	2,707,000	2,710,000	2,707,000	2,709,000
Total for: 001-C, Gnrl Fnd-DSHS Med	**271,490,000**	**265,775,000**	**264,355,000**	**264,355,000**	**281,430,000**	**289,317,000**	**284,630,000**	**295,161,000**
Total Source of Funds	**618,370,000**	**636,458,000**	**635,995,000**	**635,832,000**	**688,078,000**	**707,651,000**	**744,270,000**	**765,072,000**
Total Objects - Program: 030	**618,370,000**	**636,458,000**	**635,995,000**	**635,832,000**	**688,078,000**	**707,651,000**	**744,270,000**	**765,072,000**
Biennial Total Objects - Program: 030		**1,254,828,000**		**1,271,827,000**		**1,395,729,000**		**1,509,342,000**
Total Funds - Program: 030	**618,370,000**	**636,458,000**	**635,995,000**	**635,832,000**	**688,078,000**	**707,651,000**	**744,270,000**	**765,072,000**
Biennial Total Funds - Program: 030		**1,254,828,000**		**1,271,827,000**		**1,395,729,000**		**1,509,342,000**

DSHS BDS Reporting
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State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Overall Total Objects	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Overall Total Objects		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000
Overall Total Funds	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Overall Total Funds		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000

Section 6
Expenditure Detail by Category

Expenditure Detail By Category

Budget Recommendation Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram 1000 - Community Services					
CB - Current Biennium					
ZA Current Biennium Base	0	0.0	414,261	407,519	821,780
SubTotal CB		**0.0**	**414,261**	**407,519**	**821,780**
Cumulative Total Thru CB		**0.0**	**414,261**	**407,519**	**821,780**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	0.0	16,489	(7,087)	9,402
SubTotal CL		**0.0**	**16,489**	**(7,087)**	**9,402**
Cumulative Total Thru CL		**0.0**	**430,750**	**400,432**	**831,182**
M1 - Mandatory Caseload and Enrollment Changes					
93 Mandatory Caseload Adjustments	0	0.0	12,468	12,468	24,936
SubTotal M1		**0.0**	**12,468**	**12,468**	**24,936**
Cumulative Total Thru M1		**0.0**	**443,218**	**412,900**	**856,118**
M2 - Inflation and Other Rate Changes					
9M Medical Inflation	0	0.0	384	207	591
9Z Recast to Activity	0	0.0	0	0	0
CB CLIP Rate Adjustment	0	0.0	1,350	1,348	2,698
CC Community Psych. Hospital Rate Adj	0	0.0	9,190	7,032	16,222
CY Community Inpatient Med. Inflation	0	0.0	25,314	14,531	39,845
SubTotal M2		**0.0**	**36,238**	**23,118**	**59,356**
Cumulative Total Thru M2		**0.0**	**479,456**	**436,018**	**915,474**
PL - Performance Level					
CM Transition Treatment for Children	0	1.0	1,407	470	1,877
CN Non-Medicaid Services-Community	0	0.0	80,000	0	80,000
CQ CSCI CGS - Active TX and ECS	0	0.0	4,059	4,058	8,117
CV CSCI - Initial Crisis Response	0	0.0	1,104	0	1,104
CW CSCI - Crisis Plan	0	0.0	720	0	720
CX CSCI - Community Based Care	0	0.0	7,187	0	7,187
CZ CSCI - Community Diversion Resource	0	0.0	3,530	3,531	7,061
DB Children Aging Out of Other Svcs	0	0.0	38	37	75
HV Medical Eligibility Review Cycle	0	0.0	211	210	421
LF CSCI - Training & Consultation	0	0.0	500	0	500
SubTotal PL		**1.0**	**98,756**	**8,306**	**107,062**
Cumulative Total Thru PL		**1.0**	**578,212**	**444,324**	**1,022,536**
Total Proposed Budget for SubProgram 1000 - Community Services		**1.0**	**578,212**	**444,324**	**1,022,536**

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram 2000 - State Facilities Services					
CB - Current Biennium					
ZA Current Biennium Base	0	2,644.3	178,169	176,224	354,393
SubTotal CB		**2,644.3**	**178,169**	**176,224**	**354,393**
Cumulative Total Thru CB		**2,644.3**	**178,169**	**176,224**	**354,393**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	(5.5)	3,413	(762)	2,651
SubTotal CL		**(5.5)**	**3,413**	**(762)**	**2,651**
Cumulative Total Thru CL		**2,638.8**	**181,582**	**175,462**	**357,044**
M1 - Mandatory Caseload and Enrollment Changes					
94 Mandatory Workload Adjustments	0	52.0	5,268	1,813	7,081
SubTotal M1		**52.0**	**5,268**	**1,813**	**7,081**
Cumulative Total Thru M1		**2,690.8**	**186,850**	**177,275**	**364,125**
M2 - Inflation and Other Rate Changes					
9M Medical Inflation	0	0.0	2,395	784	3,179
9S Equipment Replacement Costs	0	0.0	4,967	1,442	6,409
9Z Recast to Activity	0	0.0	(2)	0	(2)
CA Patient/Ward Revenue Adjustment	0	0.0	838	(838)	0
CE Pxyis Maintenance Cost	0	0.0	198	64	262
CF Mandated County/City Service Adjust	0	0.0	402	107	509
CG Staff Development	0	0.0	53	17	70
CH CSTC UW Child Psych Contract	0	0.0	110	108	218
FD Wide Area Network (WAN) Usage	0	0.0	213	58	271
SubTotal M2		**0.0**	**9,174**	**1,742**	**10,916**
Cumulative Total Thru M2		**2,690.8**	**196,024**	**179,017**	**375,041**
PL - Performance Level					
9G FTE Staff Adjustment	0	(0.1)	0	0	0
CP Hospital Information System	0	0.0	5,977	1,710	7,687
CQ CSCI CGS - Active TX and ECS	0	(44.6)	(4,162)	(2,832)	(6,994)
CR State Hospital Forensic Services	0	70.4	7,995	2,196	10,191
CS Pharmacy Staffing	0	4.0	753	231	984
CT Police Protection at Institutions	0	0.0	380	104	484
CV CSCI - Initial Crisis Response	0	0.0	0	0	0
CX CSCI - Community Based Care	0	(50.2)	(7,187)	0	(7,187)
CZ CSCI - Community Diversion Resource	0	3.0	448	119	567
PA Electronic Intrusion Prevention	0	0.0	34	10	44
SubTotal PL		**(17.5)**	**4,238**	**1,538**	**5,776**
Cumulative Total Thru PL		**2,673.4**	**200,262**	**180,555**	**380,817**
Total Proposed Budget for SubProgram 2000 - State Facilities Services		**2,673.4**	**200,262**	**180,555**	**380,817**

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram 4000 - Special Commitment Center					
CB - Current Biennium					
ZA Current Biennium Base	0	344.9	64,230	0	64,230
SubTotal CB		**344.9**	**64,230**	**0**	**64,230**
Cumulative Total Thru CB		**344.9**	**64,230**	**0**	**64,230**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	54.2	4,943	0	4,943
SubTotal CL		**54.2**	**4,943**	**0**	**4,943**
Cumulative Total Thru CL		**399.0**	**69,173**	**0**	**69,173**
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	20	0	20
9S Equipment Replacement Costs	0	0.0	57	0	57
9Z Recast to Activity	0	0.0	0	0	0
CJ SCC Workload Adjustments	0	65.1	16,176	0	16,176
CK SCTF Workload Adjustments	0	16.4	2,727	0	2,727
FD Wide Area Network (WAN) Usage	0	0.0	68	0	68
SubTotal M2		**81.5**	**19,048**	**0**	**19,048**
Cumulative Total Thru M2		**480.5**	**88,221**	**0**	**88,221**
PL - Performance Level					
9G FTE Staff Adjustment	0	(0.1)	0	0	0
PA Electronic Intrusion Prevention	0	0.0	10	0	10
SubTotal PL		**(0.1)**	**10**	**0**	**10**
Cumulative Total Thru PL		**480.4**	**88,231**	**0**	**88,231**
Total Proposed Budget for SubProgram 4000 - Special Commitment Center		**480.4**	**88,231**	**0**	**88,231**

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram 8000 - Special Projects & Grants					
CB - Current Biennium					
ZA Current Biennium Base	0	5.7	9	2,082	2,091
SubTotal CB		**5.7**	**9**	**2,082**	**2,091**
Cumulative Total Thru CB		**5.7**	**9**	**2,082**	**2,091**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	0.0	9	0	9
SubTotal CL		**0.0**	**9**	**0**	**9**
Cumulative Total Thru CL		**5.7**	**18**	**2,082**	**2,100**
M2 - Inflation and Other Rate Changes					
9Z Recast to Activity	0	0.0	(18)	0	(18)
CD Emerg MH Preparedness & Response	0	1.0	97	82	179
SubTotal M2		**1.0**	**79**	**82**	**161**
Cumulative Total Thru M2		**6.7**	**97**	**2,164**	**2,261**
Total Proposed Budget for SubProgram 8000 - Special Projects & Grants		**6.7**	**97**	**2,164**	**2,261**

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram 9000 - Headquarters Prog Support					
CB - Current Biennium					
ZA Current Biennium Base	0	56.3	6,398	5,936	12,334
SubTotal CB		**56.3**	**6,398**	**5,936**	**12,334**
Cumulative Total Thru CB		**56.3**	**6,398**	**5,936**	**12,334**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	(0.9)	(56)	50	(6)
SubTotal CL		**(0.9)**	**(56)**	**50**	**(6)**
Cumulative Total Thru CL		**55.4**	**6,342**	**5,986**	**12,328**
M1 - Mandatory Caseload and Enrollment Changes					
94 Mandatory Workload Adjustments	0	11.0	1,036	883	1,919
SubTotal M1		**11.0**	**1,036**	**883**	**1,919**
Cumulative Total Thru M1		**66.4**	**7,378**	**6,869**	**14,247**
M2 - Inflation and Other Rate Changes					
9S Equipment Replacement Costs	0	0.0	110	102	212
9Z Recast to Activity	0	0.0	18	0	18
CL MH Consumer Outcomes	0	0.0	136	114	250
FD Wide Area Network (WAN) Usage	0	0.0	3	2	5
SubTotal M2		**0.0**	**267**	**218**	**485**
Cumulative Total Thru M2		**66.4**	**7,645**	**7,087**	**14,732**
PL - Performance Level					
9T Transfers	0	(0.1)	(4)	(4)	(8)
CQ CSCI CGS - Active TX and ECS	0	1.0	103	86	189
CX CSCI - Community Based Care	0	1.0	189	0	189
CZ CSCI - Community Diversion Resource	0	1.0	210	179	389
PA Electronic Intrusion Prevention	0	0.0	3	3	6
SubTotal PL		**2.9**	**501**	**264**	**765**
Cumulative Total Thru PL		**69.3**	**8,146**	**7,351**	**15,497**
Total Proposed Budget for SubProgram 9000 - Headquarters Prog Support		**69.3**	**8,146**	**7,351**	**15,497**

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
Total Proposed Budget for Program 030 - Mental Health		**3,230.7**	**874,948**	**634,394**	**1,509,342**

Expenditure Detail By Category

Program Expenditure Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium Year 1	Current Biennium Year 2	Carry Forward Level Year 1	Carry Forward Level Year 2	Maintenance Level Year 1	Maintenance Level Year 2	Performance Level Year 1	Performance Level Year 2
Program: 030 - Mental Health								
SubProgram: 1000 - Community Services								
FTEs								
996-Z FTEs (EAOF-Other)	.0	.0	.0	.0	.0	.0	1.0	1.0
996-Z FTEs - Annual Average		.0		.0		.0		1.0
Objects of Expenditure								
A Salaries And Wages	0	0	0	0	0	0	55,000	55,000
B Employee Benefits	0	0	0	0	0	0	14,000	14,000
C Personal Serv Contr	2,233,000	2,233,000	2,233,000	2,233,000	2,233,000	2,233,000	2,653,000	2,883,000
E Goods And Services	0	0	0	0	0	0	807,000	1,332,000
G Travel	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
N Grants, Benfts Servs	403,951,000	413,353,000	413,353,000	413,353,000	447,524,000	463,474,000	492,170,000	514,426,000
T Intra-Agency Reimbur	0	0	0	0	0	0	2,234,000	5,883,000
Total Objects of Expenditure	**406,189,000**	**415,591,000**	**415,591,000**	**415,591,000**	**449,762,000**	**465,712,000**	**497,938,000**	**524,598,000**
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	200,251,000	214,010,000	215,375,000	215,375,000	235,644,000	243,812,000	281,498,000	296,714,000
Total for: 001-1, Gnrl Fnd-State	**200,251,000**	**214,010,000**	**215,375,000**	**215,375,000**	**235,644,000**	**243,812,000**	**281,498,000**	**296,714,000**
DSHS Sources for 001-2								
001-2 767H CHIP (CHIP)	1,144,000	1,727,000	1,727,000	1,727,000	1,727,000	1,727,000	1,727,000	1,727,000
001-2 958B Com MH BG (100%)	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000
Total for: 001-2, Gnrl Fnd-Federal	**10,004,000**	**10,587,000**	**10,587,000**	**10,587,000**	**10,587,000**	**10,587,000**	**10,587,000**	**10,587,000**
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	985,000	985,000	985,000	985,000	985,000	985,000	985,000	985,000
Total for: 001-7, Gnrl Fnd-Priv-Loc	**985,000**	**985,000**	**985,000**	**985,000**	**985,000**	**985,000**	**985,000**	**985,000**
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	194,949,000	190,009,000	188,644,000	188,644,000	202,546,000	210,328,000	204,868,000	216,312,000
Total for: 001-C, Gnrl Fnd-DSHS Med	**194,949,000**	**190,009,000**	**188,644,000**	**188,644,000**	**202,546,000**	**210,328,000**	**204,868,000**	**216,312,000**
Total Source of Funds	**406,189,000**	**415,591,000**	**415,591,000**	**415,591,000**	**449,762,000**	**465,712,000**	**497,938,000**	**524,598,000**
Total Objects - SubProgram: 1000	**406,189,000**	**415,591,000**	**415,591,000**	**415,591,000**	**449,762,000**	**465,712,000**	**497,938,000**	**524,598,000**
Biennial Total Objects - SubProgram: 1000		**821,780,000**		**831,182,000**		**915,474,000**		**1,022,536,000**

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium Year 1	Current Biennium Year 2	Carry Forward Level Year 1	Carry Forward Level Year 2	Maintenance Level Year 1	Maintenance Level Year 2	Performance Level Year 1	Performance Level Year 2
Program: 030 - Mental Health								
Total Funds - SubProgram: 1000	**406,189,000**	**415,591,000**	**415,591,000**	**415,591,000**	**449,762,000**	**465,712,000**	**497,938,000**	**524,598,000**
Biennial Total Funds - SubProgram: 1000		**821,780,000**		**831,182,000**		**915,474,000**		**1,022,536,000**
SubProgram: 2000 - State Facilities Services								
FTEs								
996-Z FTEs (EAOF-Other)	**2,649.8**	**2,638.8**	**2,638.8**	**2,638.8**	**2,690.8**	**2,690.8**	**2,711.2**	**2,635.5**
996-Z FTEs - Annual Average		**2,644.3**		**2,638.8**		**2,690.8**		**2,673.4**
Objects of Expenditure								
A Salaries And Wages	111,847,680	111,418,224	111,847,680	111,418,224	114,331,680	113,902,224	115,810,680	112,342,224
B Employee Benefits	31,654,906	34,489,126	34,334,906	34,415,126	35,038,906	35,172,126	35,249,906	34,502,126
C Personal Serv Contr	915,000	765,000	915,000	765,000	915,000	765,000	2,481,000	2,331,000
E Goods And Services	29,043,353	29,627,720	29,069,353	29,646,720	30,684,353	32,375,720	30,417,353	30,656,720
EL Data Processing Serv	7,000	11,000	7,000	11,000	7,000	11,000	7,000	11,000
EN Personnel Services	0	0	0	0	52,000	52,000	52,000	52,000
Subtotal for Object E	**29,050,353**	**29,638,720**	**29,076,353**	**29,657,720**	**30,743,353**	**32,438,720**	**30,476,353**	**30,719,720**
G Travel	140,500	140,500	140,500	140,500	166,500	166,500	214,500	208,500
J Capital Outlays	929,000	853,000	929,000	853,000	4,318,000	4,099,000	8,422,000	4,368,000
N Grants, Benfts Servs	128,000	128,000	128,000	128,000	147,000	167,000	147,000	167,000
P Debt Service	1,397,200	1,397,200	1,397,200	1,397,200	1,397,200	1,397,200	1,397,200	1,397,200
S Interagency Reimburs	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)	(366,000)
TZ Unidentified	119,361	113,230	119,361	113,230	335,361	272,230	710,361	604,230
Total Objects of Expenditure	**175,816,000**	**178,577,000**	**178,522,000**	**178,522,000**	**187,027,000**	**188,014,000**	**194,543,000**	**186,274,000**
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	87,337,000	90,832,000	90,791,000	90,791,000	97,638,000	98,386,000	103,525,000	96,737,000
Total for: 001-1, Gnrl Fnd-State	**87,337,000**	**90,832,000**	**90,791,000**	**90,791,000**	**97,638,000**	**98,386,000**	**103,525,000**	**96,737,000**
DSHS Sources for 001-2								
001-2 767H CHIP (CHIP)	50,000	166,000	166,000	166,000	0	0	0	0
Total for: 001-2, Gnrl Fnd-Federal	**50,000**	**166,000**	**166,000**	**166,000**	**0**	**0**	**0**	**0**
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	14,497,000	14,566,000	14,560,000	14,560,000	13,818,000	13,921,000	14,750,000	14,053,000
Total for: 001-7, Gnrl Fnd-Priv-Loc	**14,497,000**	**14,566,000**	**14,560,000**	**14,560,000**	**13,818,000**	**13,921,000**	**14,750,000**	**14,053,000**

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Program: 030 - Mental Health								
SubProgram: 2000 - State Facilities Services								
Source of Funds								
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	73,932,000	73,067,000	73,005,000	73,059,000	75,571,000	75,704,000	76,268,000	75,481,000
001-C 19UL T19 Admin (50%)	0	(54,000)	0	(54,000)	0	3,000	0	3,000
Total for: 001-C, Gnrl Fnd-DSHS Med	**73,932,000**	**73,013,000**	**73,005,000**	**73,005,000**	**75,571,000**	**75,707,000**	**76,268,000**	**75,484,000**
Total Source of Funds	**175,816,000**	**178,577,000**	**178,522,000**	**178,522,000**	**187,027,000**	**188,014,000**	**194,543,000**	**186,274,000**
Total Objects - SubProgram: 2000	**175,816,000**	**178,577,000**	**178,522,000**	**178,522,000**	**187,027,000**	**188,014,000**	**194,543,000**	**186,274,000**
Biennial Total Objects - SubProgram: 2000		**354,393,000**		**357,044,000**		**375,041,000**		**380,817,000**
Total Funds - SubProgram: 2000	**175,816,000**	**178,577,000**	**178,522,000**	**178,522,000**	**187,027,000**	**188,014,000**	**194,543,000**	**186,274,000**
Biennial Total Funds - SubProgram: 2000		**354,393,000**		**357,044,000**		**375,041,000**		**380,817,000**
SubProgram: 4000 - Special Commitment Center								
FTEs								
996-Z FTEs (EAOF-Other)	**290.7**	**399.0**	**399.0**	**399.0**	**467.7**	**493.2**	**467.6**	**493.1**
996-Z FTEs - Annual Average		**344.9**		**399.0**		**480.5**		**480.4**
Objects of Expenditure								
A Salaries And Wages	11,589,326	14,799,533	14,799,533	14,799,533	18,286,375	19,562,360	18,286,375	19,562,360
B Employee Benefits	3,104,771	4,267,893	4,230,893	4,264,893	5,228,075	5,637,872	5,228,075	5,637,872
E Goods And Services	4,662,541	4,507,712	4,435,386	4,238,386	5,852,068	6,100,847	5,852,068	6,100,847
ED Rentals and Leases	72,000	72,000	72,000	72,000	81,000	83,000	81,000	83,000
Subtotal for Object E	**4,734,541**	**4,579,712**	**4,507,386**	**4,310,386**	**5,933,068**	**6,183,847**	**5,933,068**	**6,183,847**
G Travel	22,000	22,000	22,000	22,000	35,000	35,000	35,000	35,000
J Capital Outlays	116,000	268,000	110,000	110,000	701,511	286,111	701,511	286,111
N Grants, Benfts Servs	9,542,567	10,673,755	10,673,755	10,673,755	12,083,902	13,281,741	12,083,902	13,281,741
P Debt Service	130,141	270,047	270,047	270,047	279,813	279,813	279,813	279,813
TZ Unidentified	54,654	55,060	54,386	54,386	210,256	196,256	219,256	197,256
Total Objects of Expenditure	**29,294,000**	**34,936,000**	**34,668,000**	**34,505,000**	**42,758,000**	**45,463,000**	**42,767,000**	**45,464,000**
Source of Funds								

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium Year 1	Current Biennium Year 2	Carry Forward Level Year 1	Carry Forward Level Year 2	Maintenance Level Year 1	Maintenance Level Year 2	Performance Level Year 1	Performance Level Year 2
Program: 030 - Mental Health								
SubProgram: 4000 - Special Commitment Center								
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	29,294,000	34,936,000	34,668,000	34,505,000	42,758,000	45,463,000	42,767,000	45,464,000
Total for: 001-1, Gnrl Fnd-State	29,294,000	34,936,000	34,668,000	34,505,000	42,758,000	45,463,000	42,767,000	45,464,000
Total Source of Funds	29,294,000	34,936,000	34,668,000	34,505,000	42,758,000	45,463,000	42,767,000	45,464,000
Total Objects - SubProgram: 4000	29,294,000	34,936,000	34,668,000	34,505,000	42,758,000	45,463,000	42,767,000	45,464,000
Biennial Total Objects - SubProgram: 4000		64,230,000		69,173,000		88,221,000		88,231,000
Total Funds - SubProgram: 4000	29,294,000	34,936,000	34,668,000	34,505,000	42,758,000	45,463,000	42,767,000	45,464,000
Biennial Total Funds - SubProgram: 4000		64,230,000		69,173,000		88,221,000		88,231,000
SubProgram: 8000 - Special Projects & Grants								
FTEs								
996-Z FTEs (EAOF-Other)	5.7	5.7	5.7	5.7	6.7	6.7	6.7	6.7
996-Z FTEs - Annual Average		5.7		5.7		6.7		6.7
Objects of Expenditure								
A Salaries And Wages	7,000	7,000	7,000	7,000	68,000	68,000	68,000	68,000
B Employee Benefits	1,000	9,000	8,500	9,000	12,000	13,000	12,000	13,000
C Personal Serv Contr	288,000	288,000	288,000	288,000	288,000	288,000	288,000	288,000
E Goods And Services	15,000	15,000	15,000	15,000	20,000	20,000	20,000	20,000
G Travel	12,000	12,000	13,500	12,000	17,000	17,000	17,000	17,000
J Capital Outlays	0	0	0	0	8,000	2,000	8,000	2,000
N Grants, Benfts Servs	718,000	719,000	718,000	719,000	719,000	719,000	719,000	719,000
TZ Unidentified	0	0	0	0	1,000	1,000	1,000	1,000
Total Objects of Expenditure	1,041,000	1,050,000	1,050,000	1,050,000	1,133,000	1,128,000	1,133,000	1,128,000
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	0	9,000	9,000	9,000	50,000	47,000	50,000	47,000
Total for: 001-1, Gnrl Fnd-State	0	9,000	9,000	9,000	50,000	47,000	50,000	47,000

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
2005-07 Agency Request Budget	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Program: 030 - Mental Health								
SubProgram: 8000 - Special Projects & Grants								
Source of Funds								
DSHS Sources for 001-2								
001-2 125B MH Pln/Dem(100%)	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000
Total for: 001-2, Gnrl Fnd-Federal	**1,041,000**	**1,041,000**	**1,041,000**	**1,041,000**	**1,041,000**	**1,041,000**	**1,041,000**	**1,041,000**
DSHS Sources for 001-C								
001-C 19UB T19 Admin (100%)	0	0	0	0	42,000	40,000	42,000	40,000
Total for: 001-C, Gnrl Fnd-DSHS Med	**0**	**0**	**0**	**0**	**42,000**	**40,000**	**42,000**	**40,000**
Total Source of Funds	**1,041,000**	**1,050,000**	**1,050,000**	**1,050,000**	**1,133,000**	**1,128,000**	**1,133,000**	**1,128,000**
Total Objects - SubProgram: 8000	**1,041,000**	**1,050,000**	**1,050,000**	**1,050,000**	**1,133,000**	**1,128,000**	**1,133,000**	**1,128,000**
Biennial Total Objects - SubProgram: 8000		**2,091,000**		**2,100,000**		**2,261,000**		**2,261,000**
Total Funds - SubProgram: 8000	**1,041,000**	**1,050,000**	**1,050,000**	**1,050,000**	**1,133,000**	**1,128,000**	**1,133,000**	**1,128,000**
Biennial Total Funds - SubProgram: 8000		**2,091,000**		**2,100,000**		**2,261,000**		**2,261,000**
SubProgram: 9000 - Headquarters Prog Support								
FTEs								
996-Z FTEs (EAOF-Other)	**57.1**	**55.4**	**55.4**	**55.4**	**66.4**	**66.4**	**69.3**	**69.3**
996-Z FTEs - Annual Average		**56.3**		**55.4**		**66.4**		**69.3**
Objects of Expenditure								
A Salaries And Wages	3,019,000	2,947,000	2,970,000	2,947,000	3,622,000	3,622,000	3,814,000	3,814,000
B Employee Benefits	734,000	788,000	917,000	784,000	941,000	952,000	982,000	996,000
C Personal Serv Contr	902,000	826,000	902,000	802,000	927,000	927,000	1,127,000	927,000
E Goods And Services	872,269	1,238,290	872,269	1,128,290	1,156,769	1,156,290	1,177,769	1,177,290
EN Personnel Services	0	0	0	0	12,000	12,000	12,000	12,000
Subtotal for Object E	**872,269**	**1,238,290**	**872,269**	**1,128,290**	**1,168,769**	**1,168,290**	**1,189,769**	**1,189,290**
G Travel	121,500	123,000	121,500	121,000	141,000	141,000	147,000	147,000
J Capital Outlays	81,000	81,000	81,000	81,000	283,000	209,000	307,000	215,000
N Grants, Benfts Servs	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
TZ Unidentified	294,231	294,710	294,231	294,710	309,231	308,710	316,231	313,710
Total Objects of Expenditure	**6,030,000**	**6,304,000**	**6,164,000**	**6,164,000**	**7,398,000**	**7,334,000**	**7,889,000**	**7,608,000**

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium Year 1	Current Biennium Year 2	Carry Forward Level Year 1	Carry Forward Level Year 2	Maintenance Level Year 1	Maintenance Level Year 2	Performance Level Year 1	Performance Level Year 2
Program: 030 - Mental Health								
SubProgram: 9000 - Headquarters Prog Support								
Source of Funds								
DSHS Sources for 001-0								
001-0 667B SSBG (100%)	287,000	287,000	287,000	287,000	287,000	287,000	287,000	287,000
Total for: 001-0, Gnrl Fnd-DSHS SS	287,000	287,000	287,000	287,000	287,000	287,000	287,000	287,000
DSHS Sources for 001-1								
001-1 0011 GF- State	3,134,000	3,264,000	3,171,000	3,171,000	3,840,000	3,805,000	4,150,000	3,996,000
Total for: 001-1, Gnrl Fnd-State	3,134,000	3,264,000	3,171,000	3,171,000	3,840,000	3,805,000	4,150,000	3,996,000
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	336,000	573,000	309,000	529,000	51,000	51,000	232,000	135,000
001-C 19UB T19 Admin (100%)	0	0	0	0	513,000	484,000	513,000	484,000
001-C 19UL T19 Admin (50%)	2,273,000	2,180,000	2,397,000	2,177,000	2,707,000	2,707,000	2,707,000	2,706,000
Total for: 001-C, Gnrl Fnd-DSHS Med	2,609,000	2,753,000	2,706,000	2,706,000	3,271,000	3,242,000	3,452,000	3,325,000
Total Source of Funds	6,030,000	6,304,000	6,164,000	6,164,000	7,398,000	7,334,000	7,889,000	7,608,000
Total Objects - SubProgram: 9000	6,030,000	6,304,000	6,164,000	6,164,000	7,398,000	7,334,000	7,889,000	7,608,000
Biennial Total Objects - SubProgram: 9000		12,334,000		12,328,000		14,732,000		15,497,000
Total Funds - SubProgram: 9000	6,030,000	6,304,000	6,164,000	6,164,000	7,398,000	7,334,000	7,889,000	7,608,000
Biennial Total Funds - SubProgram: 9000		12,334,000		12,328,000		14,732,000		15,497,000
Total Objects - Program: 030	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Total Objects - Program: 030		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000
Total Funds - Program: 030	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Total Funds - Program: 030		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000

DSHS BDS Reporting
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State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program/SubProgram (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Overall Total Objects	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Overall Total Objects		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000
Overall Total Funds	618,370,000	636,458,000	635,995,000	635,832,000	688,078,000	707,651,000	744,270,000	765,072,000
Biennial Overall Total Funds		1,254,828,000		1,271,827,000		1,395,729,000		1,509,342,000

Section 7
Maintenance Level

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07

Version: 11 - 2005-07 Agency Request Budget

Budget Level Criteria: M1+M2

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
M1 - Mandatory Caseload and Enrollment Changes					
93 Mandatory Caseload Adjustments	0	0.0	12,468	12,468	24,936
94 Mandatory Workload Adjustments	0	63.0	6,304	2,696	9,000
	SubTotal M1	**63.0**	**18,772**	**15,164**	**33,936**
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	20	0	20
9M Medical Inflation	0	0.0	2,779	991	3,770
9S Equipment Replacement Costs	0	0.0	5,134	1,544	6,678
9Z Recast to Activity	0	0.0	(2)	0	(2)
CA Patient/Ward Revenue Adjustment	0	0.0	838	(838)	0
CB CLIP Rate Adjustment	0	0.0	1,350	1,348	2,698
CC Community Psych. Hospital Rate Adj	0	0.0	9,190	7,032	16,222
CD Emerg MH Preparedness & Response	0	1.0	97	82	179
CE Pxyis Maintenance Cost	0	0.0	198	64	262
CF Mandated County/City Service Adjust	0	0.0	402	107	509
CG Staff Development	0	0.0	53	17	70
CH CSTC UW Child Psych Contract	0	0.0	110	108	218
CJ SCC Workload Adjustments	0	65.1	16,176	0	16,176
CK SCTF Workload Adjustments	0	16.4	2,727	0	2,727
CL MH Consumer Outcomes	0	0.0	136	114	250
CY Community Inpatient Med. Inflation	0	0.0	25,314	14,531	39,845
FD Wide Area Network (WAN) Usage	0	0.0	284	60	344
	SubTotal M2	**82.5**	**64,806**	**25,160**	**89,966**
Total Proposed M1+M2 Budget for Program 030 - Mental Health		**145.5**	**83,578**	**40,324**	**123,902**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package reflects the impact of changes in the Medicaid Caseload Forecast for Fiscal Years 2006 and 2007. The number of Medicaid eligibles is the basis for funding levels to the Regional Support Networks (RSNs).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	3,327,000	9,141,000	12,468,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	3,327,000	9,141,000	12,468,000
Total Cost	**6,654,000**	**18,282,000**	**24,936,000**

Staffing

Package Description:

Funding for Mental Health services for low-income individuals is allocated through a per capita payment from the state to the RSNs. Adjustment to the caseload forecast for Medicaid eligibles results in changes to the level of funding provided for the Community Mental Health programs administered by the RSNs. This item requests funding related to the change in forecasted Medicaid eligibles for Fiscal Years 2006 and 2007.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

This change funds RSNs according to the authorized model. As the number of eligible changes, funding levels change accordingly.

Impact on clients and services:

This funding will allow the RSNs to continue providing the current level of services.

Impact on other state programs:

None

Relationship to capital budget:

None

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Required changes to existing RCW, WAC, contract, or plan:

No revisions are needed if funding is approved. It is likely that numerous Revised Codes of Washington, Washington Administrative Codes, and state plan revisions would be required if funding for this step is not approved.

Alternatives explored by agency:

None

Budget impacts in future biennia:

Costs associated with the caseload in future biennia will be determined by future caseload forecasts.

Distinction between one-time and ongoing costs:

Costs in this package are ongoing.

Effects of non-funding:

If this item is not funded, there may be adverse affects to mentally ill clients who do not receive the services they need. Some impacts could include more costly consequences such as expensive state hospital services, court ordered treatments and increased demand on the Department of Corrections system.

Expenditure Calculations and Assumptions:

See attachment - MHD M1-93 Mandatory Caseload Adjustments.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	6,654,000	18,282,000	24,936,000

DSHS Source Code Detail	FY 1	FY 2	Total
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	3,327,000	9,141,000	12,468,000
Total for Fund 001-1	**3,327,000**	**9,141,000**	**12,468,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	3,327,000	9,141,000	12,468,000
Total for Fund 001-C	**3,327,000**	**9,141,000**	**12,468,000**
Total Overall Funding	**6,654,000**	**18,282,000**	**24,936,000**

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

Comparison of Model Funding to Current Appropriation

Includes Medicaid Funding ONLY

	Funding Model		CFL-2004 session		Caseload/ Budget Changes Amounts	
	FY 06	FY 07	FY 06	FY 07	FY 06	FY 07
Total Funding Per Formula:						
Federal	172,017,000	177,831,000	168,690,000	168,690,000	3,327,000	9,141,000
State	172,017,000	177,831,000	168,690,000	168,690,000	3,327,000	9,141,000
Total	344,034,000	355,662,000	337,380,000	337,380,000	6,654,000	18,282,000

					(LMO Adjustment)	
Local Match Option Funding:						
Federal	14,368,000	11,002,000	0	0	14,368,000	11,002,000
Local	12,716,000	11,002,000	0	0	12,716,000	11,002,000
Total	27,084,000	22,004,000	0	0	27,084,000	22,004,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funding for workload increases in the Mental Health Division (MHD).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	3,201,000	3,103,000	6,304,000
001-7 General Fund - Basic Account-Private/Local	453,000	445,000	898,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	922,000	876,000	1,798,000
Total Cost	**4,576,000**	**4,424,000**	**9,000,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**63.0**	**63.0**	**63.0**

Package Description:

This requests funds workload increases for the Central Office, Child Study and Treatment Center (CSTC), Western State Hospital (WSH) and Eastern State Hospital (ESH). These staff are needed to meet the needs of increased activity related to the 1997 Balanced Budget Act implementation, Community Mental system transitioning resulting from the MHD waver renewal terms and conditions required by the Center for Medicare and Medicaid Services (CMS), Community Residential Needs assessments and capital studies for the community resources, increased Joint Commission on Accreditation of Healthcare Organizations (JCAHO) monitoring, coordination's of discharges and admissions to CSTC, increased forensic demand, and increase documentation required by JCAHO and CMS at the state hospitals.

Mental Health Central Office: Funding request for 11.0 FTEs
With the changing environment of Mental Health and given the higher scrutiny by CMS in the management of our Community Services waiver, External Quality Reporting and other Balance Budget Act requirements on top of all our current workload, additional resources are needed. This request would fund the need of 11.0 staff to be familiar with federal law, Revised Code of Washington (RCW), Washington Administrative Code (WAC) and other requirements to maintain regular communications with CMS, but familiar with clinical issues and program administrations. To deal with higher levels of fiscal matters such as actuary studies, cost effectiveness projections, funding formulas and RSN contracts. To track the Community Reinvestment Fund and to deal with the Office of Financial Management (OFM), CMS, legislative and Regional Support Network (RSN) staff. Funding is necessary to fund staff to support the Peer Support modality of the state plan that CMS approved retroactive to January of 2003. To meet the definition in the state plan, a MHD certified Peer Counselor must provide the peer support by or under the supervision, facilitation or consultation of a Mental Health professional. Funding is necessary for staff to understand data MHD collects such as services, hours, persons served geographic differences, etc. It is necessary to be able to tie the service data to the management of Community Mental Health. It is also necessary to manage the Management Information systems group and oversee Information Technology and network standards division-wide. Funding to support Community Based Care plan (CBC) and Expanded Community Services (ECS) would provide for future improvements in Community Treatment services. These services provide for the placement of long-term patients with significant barriers in appropriate community settings. Funding is necessary to fund staff to administer the Dangerous Mentally Ill Offender (DMIO) program pursuant to RCW 71.24.470 as it pertains to offenders identified under RCW 72.09.370.

CSTC: Funding request for 3.0 FTEs
Two separate JCAHO program/accreditation standards have to be met at CSTC, Hospital and Behaviors Health. The recent major re-write of the JCAHO process of constant monitoring, continuous reporting and feedback with unannounced on-site inspections, CSTC is in need of professional staff support in this area. This position is responsible for the coordination of

discharges and admissions for the campus due to the continued focus on decreasing length of stay for patients.

Evaluation referrals have continued to steadily increase and are now regularly occurring at rates that cannot be effectively managed by a single examiner. During the quarter ended March 2004, CSTC received 34 referrals for Forensic Evaluations compared to 22 in the same quarter of the previous year. This need has driven an increase in the use of the compensation paid to contracted evaluators. It has also become common for CSTC to have two or more children committed for competency restoration during the same time period, this requires ongoing services from the Forensic Services and added coordination with cottage staff. There have been increasing administrative demands upon the Director of Forensic Services, including statewide efforts to coordinate and improve Forensic Services and national efforts to develop Juvenile Forensic Services in other jurisdictions, which reduces availability to meet evaluation demands. Recent changes in legislation that went into effect in June 2004 requires a more rapid turnaround time on evaluation reports ie. 15-days from the day the order is received versus current turnaround is 30- to 40-days following and may increasingly require the evaluator to travel to detention centers statewide to conduct evaluations rather than having juveniles transported to CSTC by the detention centers. The funding of this position will allow CSTC to meet the increasing demands for Forensic Evaluations as mandated by the Department of Social and Health Services (DSHS) and legislative actions.

Funding is necessary for a parent advocate to actively engage parents in their child's treatment plan. Responsibilities include contacting parents at time of admission, strategizing with staff and treatment teams as to means to engaging parents in therapeutic treatment, planning a delivery, facilitating parent connections with community resources, and providing an informed and empathetic contract for parents. The parent advocate is a consistent member of the treatment teams at the three cottages and Pre-Adolescent Day Treatment program. This position provides quarterly parent forums, participate in family functions and be better able to establish conduits for parents to community services.

Eastern State Hospital (ESH): Funding request for 25.0 FTEs

The ESH Forensic Services Unit (FSU) is experiencing an increasing demand for inpatient services due to the increasing number of court-ordered referrals for evaluation and the proportionate increase in the number of competency restoration orders. In 2004, three bills were passed by the Washington State Legislature that affect Forensic Services. Several recent court decisions also affect evaluations and admissions for Forensic Services.

ESH is currently funded for 83 forensic beds. However, the FSU census has actually been 95 to 100 patients since 2000, creating an over expenditure of funds and FTEs. Despite the increased census, delays continue due to the lack of adequate resources for competency evaluations and restorations to proceed efficiently. This biennial request will provide the funding needed to staff the additional census safely, plus allow professional resources for providing evaluation and treatment services more effectively.

It is important to note that the service components on the FSU are inter-dependent. Off-site evaluation rates affect both the waiting list for initial evaluations and the admission rate for competency restoration services. The resources for initial evaluations have an impact on the rate of admission to FSU. Admissions for competency restoration are prioritized per a ruling by the Federal Court, further impacting the potential rate of admission for initial evaluations. Competency restoration resources need to be enhanced to make more efficient use of bed space. Once treatment has allowed competency to be restored, sanity commission resources are needed to re-evaluate competency and then address issues of sanity and diminished capacity. For individuals who do not become competent, evaluations must be completed to facilitate transition to civil ITA (Inpatient Treatment Act) authority.

The hospital's waiting list for admission for Inpatient Competency evaluation currently stands at 25. Within the past 12-months, that number has reached a high in excess of 45. The average number of days a person remains on the waiting list averages 38-days with the longest wait of 85-days in October 2003. In addition, the waiting list for evaluations conducted in jail has averaged 12 patients in 2003. As competency restoration orders increase, additional staff are required to provide treatment to this population specifically addressing the goal of restoring competency. A Chemical dependency Counselor is required to provide additional programming for patients admitted with a chemical dependency diagnosis. ESH has

experienced an increase in the number of developmentally disabled patients who are ordered for competency restoration. If the Habilitative Mental Health (HMH) unit is at maximum capacity, these patients must be committed to the FSU for competency restoration. These patients must also receive active Habilitative Mental Health treatment in addition to the competency restoration treatment.

The impact of previous legislation (6214) is now becoming evident in the increased referrals.

In an attempt to meet demand for inpatient evaluation, the hospital has transferred acutely mentally ill patients committed for competency restoration from the forensic admitting ward to the long-term FSUs. These transfers result in a mix of stable and unstable patients, putting patient and staff safety at risk.

Eastern State Hospital's Medical staff have been ordered to court to testify as to the delay in transferring persons from jails to the hospital for inpatient evaluation. Washington Protection and Advocacy Systems (WPAS) have identified patient rights violations when persons in jail are not timely transferred for inpatient evaluation.

In order to comply with the 9th Circuit Court decision, which requires that persons committed for competency restoration be admitted for inpatient services within seven days, patients ordered for competency restoration are given priority admission status, increasing the length of time a person waits for an initial competency evaluation in the jails.

Efforts made to reduce the waiting list for inpatient evaluation have included:
· Encouraging court systems to utilize the off-site Competency Evaluation program,
· Meeting with county personnel to resolve transportation issues, and
· Additional programming for patients ordered for competency restoration to reduce the amount of time the patient is hospitalized.

These and other efforts have not been successful in reducing the inpatient waiting list. Funding for an additional 17 beds would allow an increased number of admissions for competency evaluation.

Western State Hospital (WSH): Funding Request for 24.0 FTEs

The maintenance of adequate critical and essential security services and functions requires five additional positions. These positions are integral to the effective operation of WSH where they are crucial to compliance with statutory requirements, court decisions, JCAHO/CMS standards and related administrative regulations.

Funding of FTEs is requested to support one-to-one staffing to patient situations, preventing restraints/seclusions, relieving staff for scheduled training in best practice interventions. Violent acts within the state hospital in the form of assaults on patients by patients, assaults on staff by patients, physical restraint of patients due to behavior related to psychiatric illness occur. Current best practices in psychiatric hospitals is zero restraint of patients (chemical, physical, manual). While Labor and Industries (L&I) Assault data demonstrate a decrease in the number of assaults on staff the severity of the injuries has increased.

Funding to support compliance issues on an ongoing basis as it relates to utilization review, performance improvement activities, safety and health regulations/practices and JCAHO/CMS standards and regulations.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Providing adequate staffing contributes to the goal of ensuring quality cost effective medical and clinical care. This promotes the health and safety of both clients and staff.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00
Activity: C900 Program Support - Mental Health		
No measures linked to package	0.00	0.00

Reason for change:

The reason for the request is to be in compliance with federal and state law and to provide a safe, healthy environment for clients and staff.

Impact on clients and services:

Funding to support additional staff is necessary to protect our federal revenue (approximately $283 million per fiscal year), which supports the Mental Health program. With out the federal revenue, the Mental Health program will need to rely and be funded with state dollars. The additional staffing is necessary to ensure compliance with JACHO/CMS, safety and health regulation and staff/patient safety.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The division has reviewed current staffing and workload to see if there are any possibilities to shifting, eliminating etc. The state hospitals have specific compliance issues that relate to patient/staff ratios and issues relating to care and safety. The headquarters office has an increased workload with requirements related to the BBA, the Medicaid Waiver, the state plan, the Actuary reporting and the Cost Effectiveness reporting. The areas of Non-Medicaid support, documentation, data collection and accountability has greatly increased.

Budget impacts in future biennia:

FTEs, salaries, benefits, goods and services, travel and the Information System Services Division support are ongoing costs.

Distinction between one-time and ongoing costs:

Workstation establishment for adds to staffing levels are a one-time cost.

Effects of non-funding:

Non funding of this request would result in being out of compliance with JAHCO/CMS at the state hospital beds, large waiting lists would result and revenue would be lost. Stakeholders in the community would have a loss of revenue due to

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 030 Mental Health

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non-compliance with CMS. The risk for the state hospitals and the community would be that services could not be provided to Mental Health patients. Another risk is that the department/state of Washington would be sued for non-support of statutory requirements.

Expenditure Calculations and Assumptions:

See attachment - MH M1-94 Mandatory Workload Adjustments.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	3,159,000	3,159,000	6,318,000
B	Employee Benefits	852,000	916,000	1,768,000
E	Goods And Services	175,000	175,000	350,000
G	Travel	46,000	46,000	92,000
J	Capital Outlays	280,000	64,000	344,000
T	Intra-Agency Reimbursements	64,000	64,000	128,000
	Total Objects	**4,576,000**	**4,424,000**	**9,000,000**

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	3,201,000	3,103,000	6,304,000
	Total for Fund 001-1	**3,201,000**	**3,103,000**	**6,304,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
Sources	**Title**			
5417	Contributions & Grants	453,000	445,000	898,000
	Total for Fund 001-7	**453,000**	**445,000**	**898,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19TA	Title XIX Assistance (FMAP)	466,000	449,000	915,000
19UB	Title XIX Admin (100%)	456,000	427,000	883,000
	Total for Fund 001-C	**922,000**	**876,000**	**1,798,000**
	Total Overall Funding	**4,576,000**	**4,424,000**	**9,000,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

Staffing Summary

	BU	Activity	Category	Source		FY 2006	FY 2007	FTEs
HQ	G70	C900	9000	State	001-1	535,000	501,000	
				Federal	19UL	456,000	427,000	
				TOTAL		991,000	928,000	11.0
ESH	G91	C063	2000	State	001-1	1,417,000	1,379,000	
				Federal	19TA	192,000	186,000	
				Local	5417	306,000	299,000	
				TOTAL		1,915,000	1,864,000	25.0
WSH	G92	C063	2000	State	001-1	1,127,000	1,109,000	
				Federal	19TA	157,000	154,000	
				Local	5417	143,000	141,000	
				TOTAL		1,427,000	1,404,000	24.0
CSTC	G94	C063	2000	State	001-1	122,000	114,000	
				Federal	19TA	117,000	109,000	
				Local	5417	4,000	5,000	
				TOTAL		243,000	228,000	3.0
				State	001-1	3,201,000	3,103,000	
				Federal	19TA	466,000	449,000	
				Federal	19UL	456,000	427,000	
				Local	5417	453,000	445,000	
				TOTAL		4,576,000	4,424,000	63.0

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

MHD HQ Staffing

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
WMS Program Managers	2.0	132,000	28,000	2,000	2,000	2,000	2,000	16,000	0	184,000
WMS Fiscal Analyst	1.0	65,000	14,000	1,000	1,000	2,000	1,000	8,000	0	92,000
WMS Research Analyst	1.0	65,000	14,000	1,000	1,000	2,000	1,000	8,000	0	92,000
WMS IT Manager	1.0	71,000	14,000	1,000	1,000	2,000	1,000	8,000	0	98,000
WMS QM Oversight Mgr	1.0	66,000	14,000	17,000	1,000	2,000	1,000	8,000	0	109,000
WMS Peer Support	1.0	49,000	12,000	1,000	1,000	2,000	1,000	8,000	0	74,000
Peer Support Sec. Admin.	0.5	18,000	5,000	1,000	1,000	2,000	1,000	8,000	0	36,000
WMS - CBC	1.0	65,000	14,000	1,000	1,000	2,000	1,000	8,000	0	92,000
WMS ECS	1.0	65,000	14,000	1,000	1,000	2,000	1,000	8,000	0	92,000
WMS DMIO	1.0	59,000	13,000	1,000	1,000	2,000	1,000	8,000	0	85,000
Contract Specialist 1	0.5	20,000	6,000	1,000	1,000	0	1,000	8,000	0	37,000
FY06 TOTAL	**11.0**	**675,000**	**148,000**	**28,000**	**12,000**	**20,000**	**12,000**	**96,000**	**0**	**991,000**
									State 54%	**535,000**
									Federal 46%	**456,000**
FY07										
WMS Program Managers	2.0	132,000	30,000	2,000	2,000	2,000	2,000	0	2,000	172,000
WMS Fiscal Analyst	1.0	65,000	15,000	1,000	1,000	2,000	1,000	0	2,000	87,000
WMS Research Analyst	1.0	65,000	15,000	1,000	1,000	2,000	1,000	0	2,000	87,000
WMS IT Manager	1.0	71,000	15,000	1,000	1,000	2,000	1,000	0	2,000	93,000
WMS QM Oversight Mgr	1.0	66,000	15,000	17,000	1,000	2,000	1,000	0	2,000	104,000
WMS Peer Support	1.0	49,000	13,000	1,000	1,000	2,000	1,000	0	2,000	69,000
Peer Support Sec. Admin.	0.5	18,000	6,000	1,000	1,000	2,000	1,000	0	2,000	31,000
WMS - CBC	1.0	65,000	15,000	1,000	1,000	2,000	1,000	0	2,000	87,000
WMS ECS	1.0	65,000	15,000	1,000	1,000	2,000	1,000	0	2,000	87,000
WMS DMIO	1.0	59,000	14,000	1,000	1,000	2,000	1,000	0	2,000	80,000
Contract Specialist 1	0.5	20,000	6,000	1,000	1,000	0	1,000	0	2,000	31,000
FY07 TOTAL	**11.0**	**675,000**	**159,000**	**28,000**	**12,000**	**20,000**	**12,000**	**0**	**22,000**	**928,000**
									State 54%	**501,000**
									Federal 46%	**427,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

ESH Staffing

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
Registered Nurse 2	6	$366,000	102,000	6,000	6,000	0	6,000	16,000	0	502,000
Psychiatric Security Attendant	7	$212,000	59,000	7,000	7,000	0	7,000	0	0	292,000
Psychiatrist 2	1	$143,000	40,000	1,000	1,000	0	1,000	8,000	0	194,000
Physician 3	1	$114,000	32,000	1,000	1,000	2,000	1,000	8,000	0	159,000
Psychologist 5	2	$143,000	40,000	2,000	2,000	2,000	2,000	8,000	0	199,000
Psychiatric Social Worker 3	3	$128,000	36,000	3,000	3,000	2,000	3,000	16,000	0	191,000
Recreation Specialist 4	1	$42,000	12,000	1,000	1,000	2,000	1,000	8,000	0	67,000
Occupational Therapist 2	1	$47,000	13,000	1,000	1,000	2,000	1,000	8,000	0	73,000
HMH program Adm	1	$51,000	14,000	1,000	1,000	2,000	1,000	8,000	0	78,000
Chemical Dependency Counselor	1	$52,000	15,000	1,000	1,000	2,000	1,000	8,000	0	80,000
Psychologist 3	1	$52,000	15,000	1,000	1,000	2,000	1,000	8,000	0	80,000
FY06 TOTAL	**25.0**	**1,350,000**	**378,000**	**25,000**	**25,000**	**16,000**	**25,000**	**96,000**	**0**	**1,915,000**
									State 74%	**1,417,000**
									Federal 10%	**192,000**
									Local 16%	**306,000**
FY07										
Registered Nurse 2	6	$366,000	108,000	6,000	6,000	0	6,000	0	0	492,000
Psychiatric Security Attendant	7	$212,000	66,000	7,000	7,000	0	7,000	0	0	299,000
Psychiatrist 2	1	$143,000	41,000	1,000	1,000	0	1,000	0	2,000	189,000
Physician 3	1	$114,000	33,000	1,000	1,000	2,000	1,000	0	2,000	154,000
Psychologist 5	2	$143,000	42,000	2,000	2,000	2,000	2,000	0	2,000	195,000
Psychiatric Social Worker 3	3	$128,000	39,000	3,000	3,000	2,000	3,000	0	4,000	182,000
Recreation Specialist 4	1	$42,000	13,000	1,000	1,000	2,000	1,000	0	2,000	62,000
Occupational Therapist 2	1	$47,000	14,000	1,000	1,000	2,000	1,000	0	2,000	68,000
HMH program Adm	1	$51,000	15,000	1,000	1,000	2,000	1,000	0	2,000	73,000
Chemical Dependency Counselor	1	$52,000	16,000	1,000	1,000	2,000	1,000	0	2,000	75,000
Psychologist 3	1	$52,000	16,000	1,000	1,000	2,000	1,000	0	2,000	75,000
FY07 TOTAL	**25.0**	**1,350,000**	**403,000**	**25,000**	**25,000**	**16,000**	**25,000**	**0**	**20,000**	**1,864,000**
									State 74%	**1,379,000**
									Federal 10%	**186,000**
									Local 16%	**299,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

WSH Security Staffing

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
Security Guard 1	2.0	50,000	19,000	10,000	2,000	0	2,000	0	0	83,000
Security Guard 2	2.0	53,000	19,000	10,000	2,000	0	2,000	0	0	86,000
Security Guard 3	1.0	28,000	10,000	5,000	1,000	0	1,000	0	0	45,000
FY06 TOTAL	**5.0**	**131,000**	**48,000**	**25,000**	**5,000**	**0**	**5,000**	**0**	**0**	**214,000**
									State 79%	**169,000**
									Federal 11%	**24,000**
									Local 10%	**21,000**
FY07										
Security Guard 1	2.0	50,000	21,000	10,000	2,000	0	2,000	0	0	85,000
Security Guard 2	2.0	53,000	22,000	10,000	2,000	0	2,000	0	0	89,000
Security Guard 3	1.0	28,000	11,000	5,000	1,000	0	1,000	0	0	46,000
FY07 TOTAL	**5.0**	**131,000**	**54,000**	**25,000**	**5,000**	**0**	**5,000**	**0**	**0**	**220,000**
									State 79%	**174,000**
									Federal 11%	**24,000**
									Local 10%	**22,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

WSH Nursing Staff

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
MHT 1	5.0	150,000	30,000	42,000	5,000	5,000	0	5,000	0	0 207,000
LPN 3	3.0	114,000	38,000	32,000	3,000	3,000	0	3,000	0	0 155,000
RN 2	3.0	147,000	49,000	41,000	3,000	3,000	0	3,000	8,000	0 205,000
Clinical Nurse Specialist	1.0	71,000	71,000	20,000	1,000	1,000	0	1,000	8,000	0 102,000
MHT 5	2.0	84,000	42,000	24,000	2,000	2,000	0	2,000	8,000	0 122,000
RN 4	1.0	65,000	65,000	18,000	1,000	1,000	0	1,000	8,000	0 94,000
FY06 TOTAL	**15.0**	**631,000**		**177,000**	**15,000**	**15,000**	**0**	**15,000**	**32,000**	**0 885,000**
									State 79%	**699,000**
									Federal 11%	**97,000**
									Local 10%	**89,000**
FY07										
MHT 1	5.0	150,000	30,000	47,000	5,000	5,000	0	5,000	0	0 212,000
LPN 3	3.0	114,000	38,000	35,000	3,000	3,000	0	3,000	0	0 158,000
RN 2	3.0	147,000	49,000	44,000	3,000	3,000	0	3,000	0	2,000 202,000
Clinical Nurse Specialist	1.0	71,000	71,000	21,000	1,000	1,000	0	1,000	0	2,000 97,000
MHT 5	2.0	84,000	42,000	26,000	2,000	2,000	0	2,000	0	2,000 118,000
RN 4	1.0	65,000	65,000	19,000	1,000	1,000	0	1,000	0	2,000 89,000
FY07 TOTAL	**15.0**	**631,000**		**192,000**	**15,000**	**15,000**	**0**	**15,000**	**0**	**8,000 876,000**
									State 79%	**692,000**
									Federal 11%	**96,000**
									Local 10%	**88,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

Organizational Performance & Rehab - WSH

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
Utilization Review Manager	1.0	63,000	18,000	1,000	1,000	2,000	1,000	8,000	0	94,000
Quality Manager	1.0	60,000	17,000	1,000	1,000	2,000	1,000	8,000	0	90,000
Safety Officer	1.0	42,000	12,000	1,000	1,000	0	1,000	8,000	0	65,000
Physical Therapist 3	1.0	53,000	15,000	1,000	1,000	0	1,000	8,000	0	79,000
FY06 TOTAL	**4.0**	**218,000**	**62,000**	**4,000**	**4,000**	**4,000**	**4,000**	**32,000**	**0**	**328,000**
									State 79%	**259,000**
									Federal 11%	**36,000**
									Local 10%	**33,000**
FY07										
Utilization Review Manager	1.0	63,000	19,000	1,000	1,000	2,000	1,000	0	2,000	89,000
Quality Manager	1.0	60,000	18,000	1,000	1,000	2,000	1,000	0	2,000	85,000
Safety Officer	1.0	42,000	13,000	1,000	1,000	0	1,000	0	2,000	60,000
Physical Therapist 3	1.0	53,000	16,000	1,000	1,000	0	1,000	0	2,000	74,000
FY07 TOTAL	**4.0**	**218,000**	**66,000**	**4,000**	**4,000**	**4,000**	**4,000**	**0**	**8,000**	**308,000**
									State 79%	**243,000**
									Federal 11%	**34,000**
									Local 10%	**31,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

CSTC Staffing

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		A	B	E	EN	G	TZ	J	J	
FY06										
Social Worker 3	1.0	42,000	13,000	5,000	1,000	0	1,000	8,000	0	70,000
Comm. Resource Pgm Mgr	1.0	41,000	10,000	4,000	1,000	2,000	1,000	8,000	0	67,000
Psychologist 5	1.0	71,000	16,000	5,000	1,000	4,000	1,000	8,000		106,000
										0
FY06 TOTAL	**3.0**	**154,000**	**39,000**	**14,000**	**3,000**	**6,000**	**3,000**	**24,000**	**0**	**243,000**
									State 50%	**122,000**
									Federal 48%	**117,000**
									Local 2%	**4,000**
FY07										
Social Worker 3	1.0	42,000	14,000	5,000	1,000	0	1,000	0	2,000	65,000
Comm. Resource Pgm Mgr	1.0	41,000	11,000	4,000	1,000	2,000	1,000	0	2,000	62,000
Psychologist 5	1.0	71,000	17,000	5,000	1,000	4,000	1,000	0	2,000	101,000
										0
FY07 TOTAL	**3.0**	**154,000**	**42,000**	**14,000**	**3,000**	**6,000**	**3,000**	**0**	**6,000**	**228,000**
									State 50%	**114,000**
									Federal 48%	**109,000**
									Local 2%	**5,000**

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	9,000	11,000	20,000
Total Cost	**9,000**	**11,000**	**20,000**

Staffing

Package Description:

Most DSHS staff work in facilities leased from public or private entities. Many of these facilities house field service staff, which provide services to over 1.3 million persons each year. To accommodate clients and provide ready access to services, the department currently leases over 3.5 million square feet of office space at over 200 locations throughout the state. To the greatest extent possible, the department requires the various programs to co-locate their offices.

Leases typically run five-years or longer, and are generally renewed unless space or physical conditions require relocation. Most leases increase at the time of renewal. This request for additional funds results from mandatory lease renewals anticipated during the 2005-07 Biennium.

The Department of General Administration (GA) has indicated an across the board use of an average rate of 3 percent per-year for five-years (15 percent) to calculate for leases anticipated to expire during the 2005-07 Biennium.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Funding is requested for the incremental cost of lease renewals on site in DSHS offices and client service centers statewide.

Performance Measure Detail

Agency Level

Activity: C014 Civil Commitment-Sexual Predators	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

Approximately 60 leases will expire during the 2005-07 Biennium. With the assistance of GA, the department negotiates the most cost-effective lease rates possible for the necessary space needed. In addition, the department is occasionally required to relocate by the landlord or from other circumstances, such as the closure of a building. In general, landlords increase lease rates at the time of renewal. The estimated percent of increases for leases that are expected to expire in the 2005-07 Biennium is 15 percent.

Impact on clients and services:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

To meet the needs of the clients served by DSHS, offices are placed in locations that are safe and convenient to access. In addition, field staff who meet and visit clients in locations other than their office are located in buildings that are close to the clients they serve in order to save travel and employee time costs. Funding the lease costs will allow this practice to continue at the current level of service.

Impact on other state programs:

All programs within DSHS are affected. Because some DSHS offices are co-located with other state agencies, the lease expiration and renewal may effect other state programs.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In order to take advantage of lease rates that are significantly below market, DSHS signs contracts with building owners, which obligate DSHS to pay agreed-upon, and legally binding rates for specific periods. The department has no alternative to payment of lease obligations.

Budget impacts in future biennia:

Lease costs will continue into future biennia. A bow wave step will be necessary to carry forward funding at the Fiscal Year 2007 level. The DSHS bow wave will be approximately $1,305,000 GF-S in Fiscal Year 2008 and $463,000 in Fiscal Year 2009.

Distinction between one-time and ongoing costs:

This increase is an ongoing cost.

Effects of non-funding:

Leased facilities are necessary to house field staff in client-convenient locations to provide the required assistance. The department has a legal obligation to pay lease expenses. Non-funding of lease adjustments would require the department to cut other vital services to clients.

Expenditure Calculations and Assumptions:

DSHS has an updated lease base to reflect the monthly lease expenditures in 2003-07 and includes the leases that expire in the 2005-07 Biennium. The ML step consists of working from the Fiscal Year 2005 base and increasing the lease costs by 15 percent beginning on the lease expiration date for each individual lease that expires in Fiscal Year 2006 and Fiscal Year 2007, with the assumption for ML purposes that all leases will be renewed on site. Any exceptions made are noted.

See attachment - AW M2-8L Attachment 1.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Object Detail

	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	9,000	11,000	20,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	9,000	11,000	20,000
Total for Fund 001-1	**9,000**	**11,000**	**20,000**
Total Overall Funding	**9,000**	**11,000**	**20,000**

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
010														
	Aberdeen	514	01/01/98	03/31/03	14.01	10,326	144,640	144,636	(4)	144,636	0	144,636	0	
	Arlington	728	05/01/01	04/30/11	20.38	17,581	358,258	358,260	2	358,972	712	362,532	4,272	Lease Step 5/1/06
	Bellevue	632	03/01/96	02/28/06	21.70	19,506	423,245	423,240	(5)	444,404	21,164	486,732	63,492	
	Bellingham	565	10/10/99	09/30/04	15.50	15,840	245,520	273,141	27,621	282,348	9,207	282,348	9,207	
	Centralia	800	04/01/01	03/31/11	19.36	19,292	373,405	383,581	10,176	414,111	30,531	414,111	30,531	Lease Step 4/1/05
	Clarkston	575	02/01/00	01/31/05	15.21	3,878	58,986	62,677	3,691	67,836	5,159	67,836	5,159	
	Colfax	618	11/01/96	10/31/06	14.78	3,321	49,091	49,092	1	49,092	0	54,004	4,912	
	Colfax Addl Request				14.78	3,898	57,612	57,612	0	57,612	0	63,372	5,760	
	Colville	119	02/01/00	01/31/05	15.19	5,315	80,737	85,781	5,044	92,844	7,063	92,844	7,063	
	Ellensburg	122	05/01/01	04/30/06	17.84	3,960	70,637	70,632	(5)	72,398	1,766	81,228	10,596	
	Everett	127	07/01/02	06/30/10	21.00	29,023	609,506	609,504	(2)	676,809	67,305	676,809	67,305	Lease Step 7/1/05
	Forks	135	01/01/97	05/31/04	12.98	2,278	29,573	34,008	4,435	34,008	0	34,008	0	
	Friday Harbor	398	03/01/01	02/28/06	22.84	1,230	28,099	28,104	5	29,508	1,404	32,316	4,212	
	Goldendale	454	12/01/01	11/30/06	15.45	1,998	30,866	30,864	(2)	30,864	0	33,566	2,702	
	Kelso	563	11/01/00	12/31/15	14.93	14,188	211,796	216,850	5,054	221,900	5,050	221,900	5,050	Lease Step 1/1/05
	Kent	450	12/01/01	11/30/06	20.05	35,379	709,343	709,344	1	709,344	0	771,413	62,069	
	Lacey - Martin Way	Unkn	09/01/04	unkn	15.58	15,087	235,016	235,020	4	235,020	0	235,020	0	ONE TIME START UP COSTS $239,750
	Long Beach	854	12/31/00	11/30/10	18.96	3,824	72,520	72,516	(4)	72,516	0	72,516	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	14,637	303,408	303,408	0	303,408	0	303,408	0	
	Monroe	861	05/01/03	04/30/13	24.77	9,566	236,910	236,916	6	236,916	0	236,916	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	7,466	103,043	103,044	1	117,212	14,168	118,500	15,456	
	Mount Vernon	655	01/01/98	11/30/07	15.69	15,041	235,987	235,992	5	235,992	0	235,992	0	
	Newport	603	09/01/95	08/31/05	16.76	2,093	35,086	35,088	2	39,478	4,390	40,356	5,268	
	Newport Addl Request				16.76	2,812	47,129	47,124	(5)	53,014	5,890	54,192	7,068	
	Oak Harbor	487	05/01/93	04/30/08	17.93	6,105	109,489	109,488	(1)	109,488	0	109,488	0	
	Omak	385	05/01/01	04/30/06	16.76	4,879	81,750	81,756	6	83,800	2,044	94,020	12,264	
	Port Angeles	693	09/01/99	08/31/04	20.56	12,837	263,962	296,964	33,002	303,564	6,600	303,564	6,600	
	Port Townsend	181	10/01/98	03/31/04	17.19	2,592	44,556	44,556	(0)	44,556	0	44,556	0	Changed to reflect lease value
	Republic	642	08/01/03	07/31/08	16.33	484	7,904	7,908	4	7,908	0	7,908	0	
	Richland	729	12/01/98	11/30/08	15.48	15,938	246,720	246,720	0	246,720	0	246,720	0	
	Seattle	403	03/01/02	02/28/07	19.05	15,496	295,197	295,200	3	295,200	0	309,960	14,760	
	Seattle	610	06/01/98	09/30/05	18.18	3,750	68,192	68,196	4	75,864	7,668	78,420	10,224	
	Seattle	610	06/01/98	09/30/05	18.18	9,277	168,685	168,684	(1)	187,665	18,981	193,992	25,308	
	Seattle Space Addit	610	08/01/04	09/30/05	20.00	20,949	418,979	418,979	0	508,485	89,506	525,624	106,645	
	Seattle	201	03/03/03	06/30/04				0	0	0	0	0	0	This lease has expired.
	Graham St Lease		07/01/04	06/30/14	20.00	41,320	826,407	826,404	(3)	826,404	0	826,404	0	Replaces Lane Bldg Lease
	Seattle	918	07/01/03	06/30/13	26.71	44,310	1,183,369	1,183,368	(1)	1,183,368	0	1,183,368	0	
	Shelton	637	09/01/97	09/30/07	17.82	9,138	162,857	162,852	(5)	162,852	0	162,852	0	
	South Bend	666	11/01/99	10/31/09	17.14	4,316	73,975	76,998	3,023	78,506	1,509	78,506	1,509	Lease Step 11/1/04
	Spokane	654	10/01/03	09/30/08	18.53	59,121	1,095,587	1,095,588	1	1,095,588	0	1,095,588	0	
	Stevenson	617	05/01/97	04/30/12	16.16	3,035	49,045	49,044	(1)	49,044	0	49,044	0	
	Sunnyside	616	08/01/02	07/31/07	13.98	5,581	78,021	78,024	3	78,024	0	78,024	0	
	Tacoma	233	02/01/87	01/31/13	20.61	58,877	1,213,239	1,249,632	36,393	1,287,120	37,488	1,287,120	37,488	Lease Step 7/1/04 & 7/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	7,963	218,787	218,784	(3)	218,784	0	218,784	0	
	Tacoma	912	09/01/02	08/31/07	6.80	4,320	29,358	29,364	6	29,364	0	29,364	0	
	Toppenish	798	01/01/00	12/31/09	17.10	10,164	173,818	173,820	2	173,820	0	173,820	0	
	Tumwater	851	01/01/02	12/31/11	20.13	37,758	760,002	760,008	6	760,008	0	785,587	25,579	Lease Step 1/1/07
	Vancouver	260	08/01/03	07/31/13	18.69	33,034	617,412	617,412	0	617,412	0	617,412	0	
	Walla Walla	274	01/01/04	12/31/08	14.58	10,702	156,048	156,048	(0)	156,048	0	156,048	0	Changed to reflect lease value

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Wenatchee	277	11/01/03	10/31/08	17.19	9,934	170,766	170,772	6	170,772	0	170,772	0	Changed to reflect lease value
	White Salmon	278	01/01/03	12/31/08	14.03	1,291	18,109	18,108	(1)	18,108	0	18,108	0	
	Yakima	282	05/27/99	06/30/19	13.99	25,461	356,100	366,780	10,680	377,784	11,004	389,112	22,332	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	731	01/01/04	12/31/08	16.19	7,959	128,856	128,856	(0)	128,856	0	128,856	0	Changed to reflect lease value
	Month Total				19.01	724,130	13,767,605	13,906,747	139,141	14,255,355	348,609	14,479,578	572,831	
	Increase/Annual Total					Fastrack:	13,182,395			Rounded:	349,000	Rounded:	573,000	
020														
	Bremerton	765	03/01/04	02/28/09	16.01	2,300	36,814	36,816	2	36,816	0	36,816	0	
	Everett	132	05/01/99	06/30/04	16.39	18,000	294,944	339,192	44,248	339,192	0	339,192	0	
	Kelso	563	11/01/00	12/31/15	14.93	2,240	33,441	34,240	799	35,037	796	35,037	796	Lease Step 1/1/05
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,724	27,056	27,060	4	27,060	0	27,060	0	
	Olympia	622	01/01/04	12/31/08	18.72	7,614	142,562	142,560	(2)	142,560	0	142,560	0	Combined OJJ and Region 6
	Seattle	505	11/01/02	10/31/12	25.04	22,213	556,119	556,116	(3)	556,116	0	556,116	0	
	Spokane	801	09/01/00	08/30/10	16.74	6,226	104,219	104,218	(1)	113,705	9,487	115,602	11,385	Lease Step 9/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	9,088	249,703	249,708	5	249,708	0	249,708	0	
	Vancouver	775	09/01/00	08/31/05	19.86	2,854	56,685	56,688	3	63,778	7,090	65,196	8,508	
	Wenatchee	277	11/01/03	10/31/08	17.18	284	4,879	4,884	5	4,884	0	4,884	0	Changed to reflect lease value
	Yakima	283	11/01/03	10/31/04	11.29	14,280	161,221	177,340	16,119	185,400	8,060	185,400	8,060	Changed to reflect lease value
	Month Total				19.21	86,823	1,667,643	1,728,822	61,179	1,754,256	25,434	1,757,571	28,749	
	Increase/Annual Total					Fastrack:	1,671,517			Rounded:	25,000	Rounded:	29,000	
030														
	Seattle (SCTF)	929	11/01/03	10/31/13	12.18	14,960	182,162	149,400	(32,762)	149,400	0	149,400	0	
	Steilacoom	890	09/01/03	08/31/05	18.54	4,000	74,160	74,160	0	83,430	9,270	85,284	11,124	
	Total					18,960	256,322	223,560	(32,762)	232,830	9,270	234,684	11,124	
	Increase/Annual Total					Fastrack:	189,286			Rounded:	9,000	Rounded:	11,000	
040	From 040 Tab													
	Total				16.91	143,888	2,432,780	2,492,844	60,064	2,553,397	60,552	2,623,639	130,795	
	Increase/Annual Total					Fastrack:	2,274,901			Rounded:	61,000	Rounded:	131,000	
050														
	Aberdeen	680	12/01/02	11/30/07	13.81	5,121	70,721	70,716	(5)	70,716	0	70,716	0	
	Arlington	728	05/01/01	04/30/11	20.38	6,907	140,744	140,748	4	141,027	279	142,423	1,675	Lease Step 5/1/06
	Arlington	728	05/01/01	04/30/11	20.38	6,279	127,949	127,944	(5)	128,199	255	129,476	1,532	Lease Step 5/1/06
	Bellingham	723	03/01/03	02/29/08	16.95	6,778	114,887	114,888	1	114,888	0	114,888	0	
	Bremerton	430	06/01/91	05/31/09	18.86	5,791	109,221	109,224	3	109,224	0	109,224	0	
	Chehalis	799	11/01/03	10/31/05	11.50	3,602	41,424	41,424	0	45,568	4,144	47,640	6,216	
	Clarkston	575	02/01/00	01/31/05	15.21	1,406	21,388	22,719	1,331	24,588	1,869	24,588	1,869	
	Colfax	618	11/01/96	10/31/06	14.79	578	8,548	8,544	(4)	8,544	0	9,400	856	
	Colville	119	02/01/00	01/31/05	15.19	2,372	36,034	38,286	2,252	41,436	3,150	41,436	3,150	
	Ellensburg	122	05/01/01	04/30/06	17.84	602	10,737	10,740	3	11,008	268	12,348	1,608	
	Everett	127	07/01/02	06/30/10	21.00	6,521	136,946	136,944	(2)	152,068	15,124	152,068	15,124	Lease Step 7/1/05
	Friday Harbor	398	03/01/01	02/28/06	22.83	362	8,264	8,268	4	8,680	412	9,504	1,236	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Goldendale	454	12/01/01	11/30/06	15.49	123	1,905	1,908	3	1,908	0	2,076	168	
	Grandview (West)	627	07/01/97	06/30/07	16.22	506	8,208	8,208	0	8,208	0	8,208	0	
	Kelso	563	11/01/00	12/31/15	14.93	560	8,360	8,562	202	8,759	198	8,759	198	Lease Step 1/1/05
	Kelso	563	11/01/00	12/31/15	14.92	2,194	32,745	33,527	782	34,307	779	34,307	779	Lease Step 1/1/05
	Lacey-hqt	651	05/01/00	04/01/10	16.92	57,059	965,549	965,544	(5)	968,291	2,747	968,291	2,747	Lease Step 7/1/05
	Lacey-hqt	651	05/01/00	04/01/10	16.92	4,032	68,229	68,232	3	68,423	191	68,423	191	Lease Step 7/1/05
	Long Beach	854	12/31/00	11/30/10	18.99	267	5,069	5,064	(5)	5,064	0	5,064	0	
	Lynnwood	485	12/01/02	11/30/07	19.08	3,824	72,956	72,960	4	72,960	0	72,960	0	
	Lynnwood	485	12/01/02	11/30/07	19.08	3,129	59,692	59,688	(4)	59,688	0	59,688	0	
	Monroe	516	07/01/98	06/30/08	21.01	984	20,677	20,676	(1)	20,676	0	20,676	0	
	Moses Lake	154	08/01/95	07/31/05	13.79	785	10,828	10,824	(4)	12,309	1,485	12,444	1,620	
	Mount Vernon	655	01/01/98	11/30/07	15.69	5,461	85,677	85,680	3	85,680	0	85,680	0	
	Newport	603	09/01/95	08/31/05	16.77	310	5,198	5,196	(2)	5,846	650	5,976	780	
	Oak Harbor	566	08/01/01	07/31/06	16.36	722	11,811	11,808	(3)	11,808	0	13,436	1,628	
	Omak	385	05/01/01	04/30/06	16.75	1,361	22,799	22,800	1	23,370	570	26,220	3,420	
	Pasco	175	10/01/98	11/30/04	14.15	174	2,462	2,677	215	2,832	155	2,832	155	
	Pasco	175	10/01/98	11/30/04	14.14	2,613	36,936	40,170	3,234	42,480	2,310	42,480	2,310	
	Port Angeles	613	06/01/96	05/31/05	19.62	211	4,140	4,192	52	4,764	572	4,764	572	
	Port Angeles	613	06/01/96	05/31/05	19.62	5,065	99,357	100,602	1,245	114,264	13,662	114,264	13,662	
	Port Townsend	181	10/01/98	03/31/04	17.19	80	1,375	1,584	209	1,584	0	1,584	0	Changed to reflect lease value
	Port Townsend	864	08/01/02	05/31/06	14.67	592	8,684	8,688	4	8,797	109	9,996	1,308	
	Republic	642	08/01/03	07/31/08	14.95	484	7,234	7,236	2	7,236	0	7,236	0	
	Seattle	348	08/01/99	07/31/09	17.79	12,725	226,411	242,537	16,126	244,003	1,466	244,003	1,466	Lease Step 8/1/04
	Seattle	348	08/01/99	07/31/09	17.79	39,281	698,921	748,700	49,779	753,226	4,526	753,226	4,526	Lease Step 8/1/04
	Shelton	637	09/01/97	09/30/07	17.82	391	6,969	6,972	3	6,972	0	6,972	0	
	South Bend	666	11/01/99	10/31/09	17.13	703	12,042	12,536	494	12,780	244	12,780	244	Lease Step 11/1/04
	Spokane	290	04/01/04	03/31/09	16.00	17,874	285,984	285,984	0	285,984	0	285,984	0	
	Spokane	387	09/01/00	08/31/05	16.50	8,538	140,877	140,880	3	140,880	0	158,490	17,610	
	Stevenson	617	05/01/97	04/30/12	16.15	253	4,087	4,092	5	4,092	0	4,092	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	1,554	19,717	19,716	(1)	19,716	0	19,716	0	
	Tacoma	233	02/01/87	01/31/13	20.60	306	6,303	6,492	189	6,684	192	6,684	192	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	3,670	75,631	77,904	2,273	80,244	2,340	80,244	2,340	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	19,116	393,909	405,732	11,823	417,900	12,168	417,900	12,168	Lease Step 7/1/04 & 7/1/05
	Tacoma	752	02/01/00	01/31/05	18.72	7,374	138,075	146,702	8,627	158,784	12,082	158,784	12,082	
	Tumwater-hqt	701	03/01/99	02/28/09	18.54	12,496	231,676	231,672	(4)	231,672	0	231,672	0	
	Vancouver	696	07/01/03	06/30/08	15.30	3,609	55,216	55,212	(4)	55,212	0	55,212	0	
	Vancouver	696	07/01/03	06/30/08	15.30	8,341	127,619	127,620	1	127,620	0	127,620	0	
	Walla Walla	274	01/01/04	12/31/08	7.25	3,018	21,887	21,888	1	21,888	0	21,888	0	
	Wapato	523	09/01/03	08/31/08	12.41	2,392	29,680	29,676	(4)	29,676	0	29,676	0	
	Wenatchee	913	07/01/03	06/30/08	15.56	378	5,880	5,880	0	5,880	0	5,880	0	
	Wenatchee	913	07/01/03	06/30/08	15.56	3,402	52,920	52,920	0	52,920	0	52,920	0	
	White Salmon	278	01/01/03	12/31/08	14.02	525	7,359	7,356	(3)	7,356	0	7,356	0	
	Yakima	282	05/27/99	06/30/19	13.54	99	1,340	1,380	40	1,416	36	1,464	84	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	7,920	107,217	110,436	3,219	113,748	3,312	117,156	6,720	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	835	01/01/00	12/31/04	15.94	4,973	79,273	85,218	5,945	91,164	5,946	91,164	5,946	
	Total				17.23	295,793	5,095,747	5,203,776	108,029	5,295,017	91,241	5,329,958	126,182	
	Increase/Annual Total					Fastrack:	5,098,636			Rounded:	91,000	Rounded:	126,000	

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AW M2-8L Lease Rate Adjustments.xls

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Aberdeen	101	01/01/98	03/31/03	14.01	15,510	217,249	217,248	(1)	217,248	0	217,248	0	Add
	Aberdeen	514	01/01/98	03/31/03	14.01	4,643	65,040	65,040	0	65,040	0	65,040	0	Add
	Arlington	495	02/01/03	01/31/08	18.68	18,836	351,856	351,852	(4)	351,852	0	351,852	0	
	Arlington	728	05/01/01	04/30/11	20.37	314	6,397	6,396	(1)	6,409	13	6,474	78	Lease Step 5/1/06
	Arlington	728	05/01/01	04/30/11	20.37	314	6,397	6,396	(1)	6,409	13	6,474	78	Lease Step 5/1/06
	Arlington	848	08/01/00	07/31/10	20.99	12,102	254,029	254,028	(1)	267,890	13,862	269,150	15,122	Lease Step 8/1/05
	Bellevue	632	03/01/96	02/28/06	21.70	26,885	583,362	583,368	6	612,536	29,168	670,872	87,504	
	Bellevue	632	03/01/96	02/28/06	21.70	2,270	49,267	49,272	5	51,736	2,464	56,664	7,392	
	Bellingham	106	07/01/03	06/30/13	18.81	1,293	24,324	24,324	0	24,324	0	24,324	0	
	Bellingham	106	07/01/03	06/30/13	18.81	22,923	431,201	431,196	(5)	431,196	0	431,196	0	
	Bellingham	106	07/01/03	06/30/13	18.81	1,411	26,535	26,532	(3)	26,532	0	26,532	0	
	Bremerton	430	06/01/91	05/31/09	18.87	606	11,437	11,436	(1)	11,436	0	11,436	0	
	Bremerton	430	06/01/91	05/31/09	18.86	23,922	451,178	451,176	(2)	451,176	0	451,176	0	
	Burien	111	11/01/93	07/01/04	15.58	30,255	471,348	536,160	64,812	542,052	5,892	542,052	5,892	
	Chehalis	921	07/01/98	12/31/04	28.00	12,650	354,200	277,276	(76,924)	200,349	(76,928)	200,349	(76,928)	Due to Leaseholdover Landlord is Charging Double Rent. Lease rate is expected to decrease in Jan 05
	Clarkston	575	02/01/00	01/31/05	15.21	8,066	122,700	130,370	7,670	141,108	10,738	141,108	10,738	
	Colfax	618	11/01/96	10/31/06	14.78	4,164	61,547	61,548	1	61,548	0	67,700	6,152	
	Colville	119	02/01/00	01/31/05	15.19	9,560	145,218	154,299	9,081	167,004	12,705	167,004	12,705	
	Davenport	120	12/01/99	11/30/04	10.82	2,919	31,574	34,337	2,763	36,312	1,975	36,312	1,975	
	Ellensburg	122	05/01/01	04/30/06	17.84	4,995	89,097	89,100	3	89,100	0	102,468	13,368	
	Everett	127	07/01/02	06/30/10	21.00	4,317	90,654	90,660	6	100,665	10,005	100,665	10,005	Lease Step 7/1/05
	Everett	127	07/01/02	06/30/10	21.00	31,227	655,798	655,800	2	728,213	72,413	728,213	72,413	Lease Step 7/1/05
	Everett	127	07/01/02	06/30/10	21.00	3,123	65,580	65,580	0	72,821	7,241	72,821	7,241	Lease Step 7/1/05
	Everett	449	11/01/01	11/30/06	18.20	47,662	867,462	867,468	6	867,468	0	943,369	75,901	
	Federal Way	756	10/01/00	09/30/10	23.92	22,590	540,377	540,372	(5)	540,372	0	540,372	0	
	Fife	884	10/01/01	09/30/11	22.47	27,856	625,996	625,992	(4)	625,992	0	631,579	5,587	Lease Step 10/1/06
	Forks	135	01/01/97	05/31/04	13.04	5,048	65,838	75,720	9,882	75,720	0	75,720	0	
	Friday Harbor	398	03/01/01	02/28/06	22.83	364	8,309	8,304	(5)	8,720	416	9,552	1,248	
	Goldendale	454	12/01/01	11/30/06	15.45	4,045	62,494	62,496	2	62,496	0	67,963	5,467	
	Grandview (West)	627	07/01/97	06/30/07	16.22	1,090	17,678	17,676	(2)	17,676	0	17,676	0	
	Grandview (West)	627	07/01/97	06/30/07	16.22	11,278	182,888	182,892	4	182,892	0	182,892	0	
	Kelso	563	11/01/00	12/31/15	14.93	25,249	376,913	385,901	8,988	394,895	8,993	394,895	8,993	Lease Step 1/1/05
	Kelso	563	11/01/00	12/31/15	14.93	560	8,360	8,562	202	8,759	198	8,759	198	Lease Step 1/1/05
	Kennewick	548	12/01/03	11/30/08	15.19	392	5,956	5,952	(4)	5,952	0	5,952	0	Changed to reflect lease value
	Kennewick	548	12/01/03	11/30/08	15.19	21,060	319,904	319,908	4	319,908	0	319,908	0	Changed to reflect lease value
	Kennewick	548	12/01/03	11/30/08	15.19	1,407	21,374	21,372	(2)	21,372	0	21,372	0	Changed to reflect lease value
	Kennewick	764	10/01/99	09/30/04	15.61	15,606	243,627	271,029	27,402	280,164	9,135	280,164	9,135	
	Kent	148	12/01/00	11/30/04	27.86	25,200	701,953	763,370	61,417	807,240	43,870	807,240	43,870	
	Kent	450	12/01/01	11/30/06	20.05	1,628	32,648	32,652	4	32,652	0	35,508	2,856	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	46,455	813,969	813,972	3	813,972	0	864,847	50,875	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	6,210	108,808	108,804	(4)	108,804	0	115,604	6,800	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	6,508	114,039	114,036	(3)	114,036	0	121,161	7,125	
	Long Beach	854	12/31/00	11/30/10	18.96	6,004	113,848	113,844	(4)	113,844	0	113,844	0	
	Lynnwood	643	07/01/99	06/30/09	20.72	610	12,642	12,648	6	12,648	0	12,648	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	28,148	583,477	583,476	(1)	583,476	0	583,476	0	
	Lynnwood	814	02/01/00	01/31/05	22.42	12,867	288,421	306,445	18,024	331,680	25,235	331,680	25,235	
	Marysville	891	08/01/01	07/31/06	12.20	3,016	36,797	36,792	(5)	36,792	0	41,852	5,060	
	Mattawa	853	03/01/02	02/28/07	15.44	1,268	19,577	19,572	(5)	19,572	0	20,552	980	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Monroe	516	07/01/98	06/30/08	21.02	16,871	354,629	354,624	(5)	354,624	0	354,624	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	15,184	209,579	209,580	1	238,400	28,820	241,020	31,440	
	Moses Lake	154	08/01/95	07/31/05	13.83	202	2,794	2,796	2	3,181	385	3,216	420	
	Mount Vernon	655	01/01/98	11/30/07	15.69	19,064	299,117	299,112	(5)	299,112	0	299,112	0	
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,581	24,801	24,804	3	24,804	0	24,804	0	
	Newport	603	09/01/95	08/31/05	16.76	5,194	87,066	87,072	6	97,952	10,880	100,128	13,056	
	Oak Harbor	566	08/01/01	07/31/06	16.35	7,571	123,775	123,780	5	123,780	0	140,797	17,017	
	Olympia	470	05/01/02	04/30/07	15.61	27,000	421,440	421,440	0	421,440	0	431,976	10,536	
	Olympia-hqt	294	06/01/99	05/31/09	18.22	70,000	1,275,252	1,275,252	0	1,275,252	0	1,275,252	0	
	Olympia-hqt	602	07/01/00	06/30/05	19.00	27,297	518,751	518,748	(3)	518,748	0	596,556	77,808	
	Omak	385	05/01/01	04/30/06	16.75	12,422	208,120	208,116	(4)	213,318	5,202	239,328	31,212	
	Omak	385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492	
	Othello	558	05/01/01	04/30/06	14.18	3,645	51,688	51,684	(4)	52,976	1,292	59,436	7,752	
	Pasco	175	10/01/98	11/30/04	14.14	17,050	241,004	262,099	21,095	277,164	15,065	277,164	15,065	
	Pasco	175	10/01/98	11/30/04	14.14	1,807	25,547	27,781	2,234	29,376	1,595	29,376	1,595	
	Port Angeles	693	09/01/99	08/31/04	20.56	14,567	299,540	336,984	37,444	344,472	7,488	344,472	7,488	
	Port Angeles	693	09/01/99	08/31/04	20.58	502	10,329	11,622	1,293	11,880	258	11,880	258	
	Port Townsend	181	10/01/98	03/31/04	17.19	5,248	90,213	103,752	13,539	103,752	0	103,752	0	Changed to reflect lease value
	Port Townsend	864	08/01/02	05/31/06	14.67	6,505	95,398	95,400	2	96,593	1,193	109,716	14,316	
	Puyallup	183	01/01/98	03/31/05	19.19	18,750	359,790	373,287	13,497	413,760	40,473	413,760	40,473	
	Renton	722	06/01/99	05/31/09	23.23	18,431	428,152	428,148	(4)	428,148	0	428,148	0	
	Republic	642	08/01/03	07/31/08	16.31	1,935	31,564	31,560	(4)	31,560	0	31,560	0	
	Seattle	192	10/01/03	09/30/06	20.23	18,750	379,313	379,308	(5)	379,308	0	421,977	42,669	
	Seattle	194	05/01/97	04/30/07	18.36	40,530	744,242	744,240	(2)	744,240	0	762,846	18,606	
	Seattle	195	03/01/03	02/29/08	25.40	16,955	430,657	430,656	(1)	430,656	0	430,656	0	
	Seattle	201	03/03/03	06/30/04	14.19	2,498	35,440	40,752	5,312	40,752	0	40,752	0	
	Seattle	202	12/01/98	04/30/14	19.20	2,941	56,459	56,460	1	56,460	0	56,460	0	
	Seattle	202	12/01/98	04/30/14	19.21	610	11,718	11,724	6	11,724	0	11,724	0	
	Seattle	202	12/01/98	04/30/14	19.20	17,646	338,753	338,748	(5)	338,748	0	338,748	0	
	Seattle	202	12/01/98	04/30/14	19.20	1,498	28,762	28,764	2	28,764	0	28,764	0	
	Seattle	348	08/01/99	07/31/09	17.79	3,320	59,064	63,270	4,206	63,653	382	63,653	382	Lease Step 8/1/04
	Seattle	394	12/01/00	11/30/05	26.76	13,672	365,800	365,796	(4)	397,800	32,004	420,660	54,864	
	Seattle	402	02/01/04	08/31/04	25.06	24,925	624,639	702,716	78,077	718,332	15,616	718,332	15,616	Changed to reflect lease value
	Seattle	403	03/01/02	02/28/07	19.05	66,061	1,258,471	1,258,476	5	1,258,476	0	1,321,400	62,924	
	Seattle	610	06/01/98	09/30/05	18.18	26,448	480,933	480,936	3	535,044	54,108	553,080	72,144	
	Shelton	637	09/01/97	09/30/07	17.82	9,920	176,795	176,796	1	176,796	0	176,796	0	
	South Bend	666	11/01/99	10/31/09	17.14	4,015	68,814	71,626	2,812	73,029	1,403	73,029	1,403	Lease Step 11/1/04
	Spokane	326	08/01/99	07/31/04	13.95	31,069	433,413	493,014	59,601	498,432	5,418	498,432	5,418	
	Spokane	379	07/01/00	06/30/05	14.25	1,468	20,917	20,916	(1)	20,916	0	24,048	3,132	
	Spokane	443	10/01/01	09/30/06	16.88	35,000	590,697	590,700	3	590,700	0	657,156	66,456	
	Spokane	468	05/01/03	04/30/08	16.10	28,209	454,165	454,164	(1)	454,164	0	454,164	0	
	Spokane	654	10/01/03	09/30/08	18.50	3,917	72,463	72,468	5	72,468	0	72,468	0	Changed to reflect lease value
	Spokane	801	09/01/00	08/30/10	16.74	7,965	133,339	133,344	5	145,477	12,133	147,903	14,559	Lease Step 9/1/05
	Spokane	801	09/01/00	08/30/10	16.74	31,586	528,758	528,756	(2)	576,886	48,130	586,512	57,756	Lease Step 9/1/05
	Spokane	978	10/01/03	09/30/08	8.14	4,365	35,510	35,508	(2)	35,508	0	35,508	0	Changed to reflect lease value
	Stevenson	617	05/01/97	04/30/12	16.16	2,782	44,958	44,964	6	44,964	0	44,964	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	17,071	216,637	216,636	(1)	216,636	0	216,636	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	1,195	15,167	15,168	1	15,168	0	15,168	0	
	Tacoma	233	02/01/87	01/31/13	20.61	27,985	576,683	593,988	17,305	611,808	17,820	611,808	17,820	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	31,197	642,859	662,148	19,289	682,008	19,860	682,008	19,860	Lease Step 7/1/04 & 7/1/05

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Tacoma	233	02/01/87	01/31/13	20.61	3,517	72,479	74,652	2,173	76,896	2,244	76,896	2,244	Lease Step 7/1/04 & 7/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	44,227	1,215,219	1,215,216	(3)	1,215,216	0	1,215,216	0	
	Tacoma	532	06/01/93	05/31/13	27.48	2,856	78,478	78,480	2	78,480	0	78,480	0	
	Tacoma	532	06/01/93	05/31/13	27.48	19,647	539,833	539,832	(1)	539,832	0	539,832	0	
	Tacoma	562	08/01/02	07/30/12	18.69	30,000	560,700	628,200	67,500	650,700	22,500	650,700	22,500	Lease Step 10/1/04
	Tumwater	851	01/01/02	12/31/11	20.13	30,109	606,024	606,024	0	606,024	0	626,423	20,399	Lease Step 1/1/07
	Tumwater	851	01/01/02	12/31/11	20.13	1,123	22,602	22,608	6	22,608	0	23,366	758	Lease Step 1/1/07
	Tumwater	851	01/01/02	12/31/11	20.13	1,193	24,015	24,012	(3)	24,012	0	24,822	810	Lease Step 1/1/07
	Vancouver	260	08/01/03	07/31/13	18.69	1,739	32,495	32,496	1	32,496	0	32,496	0	Changed to reflect lease value
	Vancouver	570	08/01/01	07/31/11	16.98	33,983	577,031	577,032	1	577,032	0	608,183	31,151	Lease Step 8/1/06
	Vancouver	889	04/01/02	04/30/12	20.94	34,688	726,528	726,528	0	726,528	0	723,910	(2,618)	Lease Adjustment 5/1/07
	Walla Walla	486	04/01/04	03/31/09	14.59	15,070	219,817	219,816	(1)	219,816	0	219,816	0	Changed to reflect lease value
	Wapato	523	09/01/03	08/31/08	14.94	16,105	240,605	240,600	(5)	240,600	0	240,600	0	Changed to reflect lease value
	Wenatchee	277	11/01/03	10/31/08	17.19	15,611	268,347	268,344	(3)	268,344	0	268,344	0	
	Wenatchee	277	11/01/03	10/31/08	17.19	1,703	29,274	29,280	6	29,280	0	29,280	0	Changed to reflect lease value
	Wenatchee	615	09/01/96	08/31/06	16.12	12,870	207,464	207,468	4	207,468	0	233,398	25,930	
	White Salmon	278	01/01/03	12/31/08	14.03	2,550	35,770	35,772	2	35,772	0	35,772	0	
	Yakima	282	05/27/99	06/30/19	13.54	15,246	206,392	212,580	6,188	218,952	6,372	225,516	12,936	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	1,782	24,124	24,840	716	25,584	744	26,352	1,512	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	8,712	117,938	121,476	3,538	125,124	3,648	128,880	7,404	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	1,980	26,804	27,612	808	28,440	828	29,292	1,680	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	13,860	187,629	193,260	5,631	199,056	5,796	205,032	11,772	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	19,998	270,722	278,844	8,122	287,208	8,364	295,824	16,980	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	891	12,062	12,420	358	12,792	372	13,176	756	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				18.71	1,658,504	31,028,927	31,532,977	504,050	32,080,860	547,883	32,832,793	1,299,817	
	Increase/Annual Total					Fastrack:	32,097,784			Rounded:	548,000	Rounded:	1,300,000	
070														
	Arlington	848	08/01/00	07/31/10	21.00	896	18,817	18,816	(1)	19,844	1,028	19,937	1,121	Lease Step 8/1/05
	Lacey-hqt	460	03/01/02	02/28/07	16.19	23,926	387,356	387,360	4	387,360	0	406,728	19,368	
	Spokane	839	04/01/00	03/31/05	14.36	773	11,100	11,517	417	12,768	1,251	12,768	1,251	
	Tacoma	532	06/01/93	05/31/13	27.44	260	7,134	7,140	6	7,140	0	7,140	0	
	Yakima	282	05/27/99	06/30/19	13.54	396	5,361	5,520	159	5,688	168	5,856	336	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				16.37	26,251	429,768	430,353	585	432,800	2,447	452,429	22,076	
	Increase/Annual Total					Fastrack:	335,762			Rounded:	2,000	Rounded:	22,000	
080														
	Lacey-hqt	892	09/01/01	08/31/06	16.84	20,644	347,583	347,580	(3)	347,580	0	391,030	43,450	
	Monroe	516	07/01/98	06/30/08	21.03	705	14,825	14,820	(5)	14,820	0	14,820	0	
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,437	22,547	22,548	1	22,548	0	22,548	0	
	Olympia-hqt	164	01/01/96	12/31/05	14.51	80,100	1,162,209	1,162,212	3	1,249,380	87,168	1,336,548	174,336	
	Olympia-hqt	515	07/01/02	06/30/07	17.09	25,304	432,445	432,444	(1)	432,444	0	432,444	0	
	Olympia-hqt	600	04/01/02	03/31/07	16.01	33,688	539,345	539,340	(5)	539,340	0	559,566	20,226	
	Olympia-hqt	682	04/01/02	03/31/07	16.01	9,403	150,542	150,540	(2)	150,540	0	156,186	5,646	
	Seattle	904	12/01/01	06/30/11	29.58	17,972	531,612	531,612	0	531,612	0	601,343	69,731	Lease Step 7/1/06
	Spokane	726	10/01/02	09/30/07	18.50	15,962	295,297	295,296	(1)	295,296	0	295,296	0	
	Tacoma	532	06/01/93	05/31/13	27.49	173	4,756	4,752	(4)	4,752	0	4,752	0	
	Tumwater-hqt	701	03/01/99	02/28/09	14.95	37,488	560,446	612,924	52,478	612,924	0	612,924	0	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Yakima	282	05/27/99	06/30/19	13.54	198	2,680	2,760	80	2,844	84	2,928	168	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				16.72	243,074	4,064,287	4,116,828	52,541	4,204,080	87,252	4,430,385	313,557	
	Increase/Annual Total					Fastrack:	4,615,765			Rounded:	87,000	Rounded:	314,000	
100														
	Aberdeen	514	01/01/98	03/31/03	14.01	1,126	15,775	15,780	5	15,780	0	15,780	0	
	Arlington	848	08/01/00	07/31/10	20.99	1,942	40,770	40,776	6	42,995	2,219	43,197	2,421	Lease Step 8/1/05
	Bellevue	632	03/01/96	02/28/06	21.70	2,941	63,823	63,828	5	67,020	3,192	73,404	9,576	
	Bellingham	106	07/01/03	06/30/13	18.81	3,527	66,339	66,336	(3)	66,336	0	66,336	0	
	Bremerton	678	09/01/99	08/31/04	15.25	6,500	99,125	111,510	12,385	113,988	2,478	113,988	2,478	
	Centralia	689	06/01/03	05/31/08	15.00	2,377	35,651	35,652	1	35,652	0	35,652	0	
	Clarkston	575	02/01/00	01/31/05	15.20	459	6,979	7,419	440	8,028	609	8,028	609	
	Colville	685	04/01/03	03/31/08	15.83	1,339	21,196	21,192	(4)	21,192	0	21,192	0	
	Ellensburg	122	05/01/01	04/30/06	17.85	401	7,158	7,164	6	7,344	180	8,244	1,080	
	Everett	127	07/01/02	06/30/10	21.00	6,888	144,661	144,660	(1)	160,635	15,975	160,635	15,975	Lease Step 7/1/05
	Grandview (West)	627	07/01/97	06/30/07	16.19	104	1,684	1,680	(4)	1,680	0	1,680	0	
	Kelso	563	11/01/00	12/31/15	14.93	840	12,541	12,839	298	13,139	299	13,139	299	Lease Step 1/1/05
	Kennewick	724	10/01/99	09/30/04	14.64	4,437	64,958	72,264	7,306	74,700	2,436	74,700	2,436	
	Kent	831	06/01/00	05/31/05	30.86	4,676	144,306	146,116	1,810	165,960	19,844	165,960	19,844	
	Lacey	509	10/01/02	09/30/07	16.19	7,070	114,463	114,468	5	114,468	0	114,468	0	
	Lacey-hqt	455	03/01/02	01/01/07	17.51	239	4,185	4,188	3	4,188	0	4,448	260	
	Lacey-hqt	455	03/01/02	01/01/07	17.49	299	5,231	5,232	1	5,232	0	5,557	325	
	Lacey-hqt	460	03/01/02	02/28/07	16.19	9,524	154,190	154,188	(2)	154,188	0	161,896	7,708	
	Long Beach	854	12/31/00	11/30/10	18.87	93	1,755	1,752	(3)	1,752	0	1,752	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	3,519	72,935	72,936	1	72,936	0	72,936	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	1,038	14,321	14,316	(5)	16,285	1,969	16,464	2,148	
	Mount Vernon	687	03/01/03	01/31/05	18.72	2,660	49,795	52,915	3,120	57,276	4,361	57,276	4,361	
	Newport	603	09/01/95	08/31/05	16.65	78	1,299	1,296	(3)	1,456	160	1,488	192	
	Oak Harbor	566	08/01/01	07/31/06	16.35	472	7,716	7,716	0	7,716	0	8,772	1,056	
	Port Angeles	838	05/01/00	04/30/05	14.79	1,411	20,869	21,390	521	24,000	2,610	24,000	2,610	
	Port Townsend	181	10/01/98	03/31/04	17.19	80	1,375	1,584	209	1,584	0	1,584	0	
	Port Townsend	864	08/01/02	05/31/06	14.66	887	13,005	13,008	3	13,171	163	14,964	1,956	
	Pullman	870	07/01/02	06/30/07	15.54	1,521	23,636	23,640	4	23,640	0	23,640	0	
	Puyallup	554	12/01/99	11/30/04	17.99	3,768	67,794	73,736	5,942	77,976	4,240	77,976	4,240	
	Republic	642	08/01/03	07/31/08	14.89	123	1,832	1,836	4	1,836	0	1,836	0	
	Seatac	857	04/01/00	03/31/05	0.43	4,622	2,002	2,079	77	2,304	225	2,304	225	
	Seattle	202	12/01/98	04/30/14	19.20	4,439	85,221	85,224	3	85,224	0	85,224	0	
	Seattle	482	06/01/00	05/31/05	23.22	5,348	124,200	125,753	1,553	142,836	17,083	142,836	17,083	
	Seattle	763	09/01/98	08/31/03	18.24	6,891	125,683	125,688	5	125,688	0	125,688	0	
	Seattle	763	09/01/98	08/31/03	18.25	235	4,289	4,284	(5)	4,284	0	4,284	0	
	Seattle	915	07/01/03	06/30/08	23.48	919	21,578	21,576	(2)	21,576	0	21,576	0	
	Seattle	916	07/01/03	06/30/08	22.19	4,168	92,480	92,484	4	92,484	0	92,484	0	
	Shelton	637	09/01/97	09/30/07	17.83	535	9,537	9,540	3	9,540	0	9,540	0	
	Shelton	914	12/01/02	11/30/07	17.19	2,263	38,901	38,904	3	38,904	0	38,904	0	
	South Bend	666	11/01/99	10/31/09	17.15	301	5,161	5,371	210	5,477	106	5,477	106	Lease Step 11/1/04
	Spokane	790	04/01/04	03/31/09	18.40	10,240	188,416	188,412	(4)	188,412	0	188,412	0	Changed to reflect lease value
	Tacoma	187	07/01/00	06/30/05	18.54	2,697	50,002	50,004	2	57,504	7,500	57,504	7,500	
	Tacoma	233	02/01/87	01/31/13	20.61	8,258	170,169	175,272	5,103	180,528	5,256	180,528	5,256	Lease Step 7/1/04 & 7/1/05
	Vancouver	734	08/01/03	07/31/13	18.19	6,486	117,980	117,984	4	117,984	0	117,984	0	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Walla Walla	486	04/01/04	03/31/09	14.59	2,989	43,595	43,596	1	43,596	0	43,596	0	Changed to reflect lease value
	Wapato	523	09/01/03	08/31/08	14.94	2,027	30,288	30,288	(0)	30,288	0	30,288	0	Changed to reflect lease value
	Wenatchee	473	04/01/02	03/31/07	16.64	2,358	39,243	39,240	(3)	39,240	0	40,713	1,473	
	Yakima	282	05/27/99	06/30/19	13.54	4,554	61,650	63,504	1,854	65,412	1,908	67,380	3,876	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				17.83	139,669	2,489,762	2,530,621	40,859	2,623,434	92,814	2,645,714	115,093	
	Increase/Annual Total					Fastrack:	2,571,278			Rounded:	93,000	Rounded:	115,000	
110														
	Bellingham	106	07/01/03	06/30/13	18.82	235	4,423	4,428	5	4,428	0	4,428	0	
	Everett	127	07/01/02	06/30/10	21.01	1,561	32,790	32,796	6	36,411	3,615	36,411	3,615	Lease Step 7/1/05
	Kelso	563	11/01/00	12/31/15	14.93	280	4,180	4,278	98	4,380	102	4,380	102	Lease Step 1/1/05
	Kennewick	548	12/01/03	11/30/08	8.82	208	1,835	1,836	1	1,836	0	1,836	0	
	Lacey-hqt	460	03/01/02	02/28/07	16.19	6,338	102,615	102,612	(3)	102,612	0	107,744	5,132	
	Lacey-hqt	460	03/01/02	02/28/07	16.21	232	3,761	3,756	(5)	3,756	0	3,944	188	
	Lacey-hqt	759	04/01/99	03/31/09	18.24	54,788	999,333	999,336	3	999,336	0	999,336	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lakewood	852	08/01/00	07/31/05	16.19	3,863	62,542	62,544	2	71,146	8,602	71,928	9,384	
	Mount Vernon	655	01/01/98	11/30/07	15.66	144	2,255	2,256	1	2,256	0	2,256	0	
	Olympia-hqt	459	01/01/01	12/31/05	14.86	4,192	62,293	62,292	(1)	66,966	4,674	71,640	9,348	
	Omak	385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492	
	Pasco	175	10/01/98	11/30/04	14.10	131	1,847	2,009	162	2,124	115	2,124	115	
	Seattle	202	12/01/98	04/30/14	19.19	666	12,783	12,780	(3)	12,780	0	12,780	0	
	Seattle	409	12/01/03	11/30/06	17.53	2,400	42,080	42,084	4	42,084	0	45,766	3,682	
	Shelton	637	09/01/97	09/30/07	17.83	144	2,568	2,568	0	2,568	0	2,568	0	
	Spokane	379	07/01/00	06/30/05	14.25	2,678	38,160	38,160	0	43,884	5,724	43,884	5,724	
	Spokane	833	02/01/00	01/31/05	16.50	680	11,220	11,920	700	12,900	980	12,900	980	
	Spokane	887	05/01/01	04/30/06	16.00	2,510	40,160	40,164	4	41,168	1,004	46,188	6,024	
	Sunnyside	688	05/01/98	04/30/08	12.64	100	1,264	1,260	(4)	1,260	0	1,260	0	
	Tacoma	228	10/01/00	09/30/05	12.24	12,760	156,182	156,180	(2)	173,748	17,568	179,604	23,424	
	Tacoma	532	06/01/93	05/31/13	27.46	433	11,891	11,892	1	11,892	0	11,892	0	
	Tacoma	532	06/01/93	05/31/13	27.48	1,731	47,562	47,568	6	47,568	0	47,568	0	
	Tumwater	347	06/01/03	05/31/08	5.03	60,000	301,608	301,608	0	301,608	0	301,608	0	
	Wapato	523	09/01/03	08/31/08	14.94	205	3,063	3,060	(3)	3,060	0	3,060	0	
	Wapato	523	09/01/03	08/31/08	12.39	114	1,413	1,416	3	1,416	0	1,416	0	
	Yakima	282	05/27/99	06/30/19	13.54	594	8,041	8,280	239	8,532	252	8,784	504	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	816	07/01/00	06/30/05	18.69	2,050	38,315	38,316	1	44,064	5,748	44,064	5,748	
	Total				14.00	214,019	2,996,775	2,997,987	1,212	3,046,452	48,465	3,072,448	74,461	
	Increase/Annual Total					Fastrack	2,997,014			Rounded:	49,000	Rounded:	74,000	
	DSHS Total			345.00	18.09	3,551,112	64,229,617	65,164,515	934,897	66,478,482	1,313,967	67,859,200	2,694,685	
	Increase/Annual Total			349.96	18.35	3,551,112	65,164,515			Rounded:	1,314,000	Rounded:	2,695,000	
				0.00	-	3,551,112	0							
				#DIV/0!	-	3,551,112	0			68,618,301		68,618,301		
						Fastrack:	65,034,338			Bow Wave @ 61% State		Bow Wave @ 61% State		

AW M2-8L Lease Rate Adjustments.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9M Medical Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This item funds inflation applicable to professional medical services and supplies purchased by the Department of Social and Health Services (DSHS) programs as an integral component of services provided to agency clients.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	900,000	1,879,000	2,779,000
001-7 General Fund - Basic Account-Private/Local	113,000	234,000	347,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	210,000	434,000	644,000
Total Cost	**1,223,000**	**2,547,000**	**3,770,000**

Staffing

Package Description:

The inflation rate for medical services is estimated to average 7.3 percent annually over the 2005-07 Biennium. This estimate represents a composite rate comprised of changes in costs for a number of medical services and supplies. In this request DSHS is making a distinction between the component or components of medical care (i.e. physicians, hospitals, drugs) and has applied corresponding estimated inflation rates for these services. The medical care services/goods and corresponding rates by program are as follows:

Medical Care Inflation - Composite Rate = 7.3 percent

Physician Services = 5.2 percent

Inpatient Hospital Services = 6.5 percent

Outpatient Hospital Services = 11.0 percent

Drugs = 9.3 percent

(July 02, 2004 Milliman Letter to Health Care Authority - "Trend Estimates for Calendar Years 2006 and 2007")

This step requests an inflation increase of 8.4 percent for state hospital general medical costs, 9.3 percent for state hospital pharmacy costs, and 6.5 percent for community inpatient costs.

This request is not duplicative of costs in the vendor rate base, nor does it include amounts for medical inflation related to forecasted programs.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Recognition of these medical inflation costs will facilitate the department's ability to continue providing clients with current levels of service.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9M Medical Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C017 Community Mental Health Prepaid Health Services		
No measures linked to package	0.00	0.00
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00

Reason for change:

Recognition of medical inflation costs are essential to the department's ability to continue providing clients at current levels of service, improving the health of Washington citizens.

Impact on clients and services:

Recognition of medical inflation costs are essential to the department's ability to continue providing clients at current levels of service, improving the health of Washington citizens.

Impact on other state programs:

All DSHS programs that provide medical services would be impacted.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

No alternatives are proposed. The services involved require the expertise of qualified medical providers at specific costs. Generally, costs are related to medical examinations, lab tests, radiology, and other ancillary services.

Budget impacts in future biennia:

General medical inflation is currently projected at a per annum rate of 7.3 percent, with higher rates for other components such as hospital and prescription drug services.

Distinction between one-time and ongoing costs:

These are all ongoing costs.

Effects of non-funding:

Medical service providers may choose not to renew contracts with DSHS, charge higher rates for services to other populations of DSHS clients, and/or reduce the number of services they are willing to provide in an attempt to balance costs with available reimbursement. These actions could impact client access to care and the quality of the care received. Programs may attempt to cut costs/services in other areas in order to fund medical inflation-related incremental costs.

Expenditure Calculations and Assumptions:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9M Medical Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

This step requests an inflation increase of 8.4 percent for state hospital general medical costs, 9.3 percent for state hospital pharmacy costs, and 6.5 percent for community inpatient costs.

This request is not duplicative of costs in the vendor rate base, nor does it include amounts for medical inflation related to forecasted programs.

See attachment - MHD M2-9M Medical Inflation.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
E	Goods And Services	1,011,000	2,110,000	3,121,000
N	Grants, Benefits & Client Services	212,000	437,000	649,000
	Total Objects	**1,223,000**	**2,547,000**	**3,770,000**

DSHS Source Code Detail

Sources	Title	FY 1	FY 2	Total
Overall Funding				
Fund 001-1, General Fund - Basic Account-State				
0011	General Fund State	900,000	1,879,000	2,779,000
	Total for Fund 001-1	**900,000**	**1,879,000**	**2,779,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
5417	Contributions & Grants	113,000	234,000	347,000
	Total for Fund 001-7	**113,000**	**234,000**	**347,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
19TA	Title XIX Assistance (FMAP)	210,000	434,000	644,000
	Total for Fund 001-C	**210,000**	**434,000**	**644,000**
	Total Overall Funding	**1,223,000**	**2,547,000**	**3,770,000**

2005-07 Biennium
M2-9M Medical Inflation

Item		Hospital					
Code	Description	ESH	WSH	CSTC	Hospital Total	ITA Ancillary	MHD Total
	Budget Unit	G91	G92	G94		G75	
EA 1310	Laboratory	92,786	71,127	0	163,914		163,914
EA 1315	Bloodborne Pathogen Supp	0	0	126	211		211
EA 1316	Special Dietary Products	0	73,389	32	73,421		73,421
EA 1320	Medical Supplies	75,312	376,102	7,823	459,237		459,237
EA 1330	Medications-Non-Pres	30,046	56	58	30,160		30,160
EA 1340	Medications-Prescription	2,032,867	5,986,698	157,037	8,176,602		8,176,602
EA 1350	Controlled Substances	63,421	0	0	63,421		63,421
EA 1360	Prosthetics/Ortho Devices	0	0	0	0		0
EA 1380	Dental Supplies	19,335	19,198	107	38,639		38,639
ER 9101	Medical/Health Services (UW)	0	5,244	0	5,244		5,244
ER 9430	Resident Health Care	147,267	414,611	0	561,910		561,910
ER 9431	Laboratory Fees	77,923	142,883	40,345	264,009		264,009
ER 9432	Optometry Services	11,859	13,574	792	26,224		26,224
ER 9433	Radiology Services	39,940	9,199	33,616	82,755		82,755
ER 9560	Physician Services	19,428	49,101	0	70,329		70,329
ER 9561	Psychiatric Services	269,071	106	842,168	1,111,345		1,111,345
ER 9562	Pediatric Neurologist	0	0	0	0		0
ER 9563	Pharmacy	73,834	0	16,932	90,766		90,766
ER 9564	Dietician	0	0	5,292	5,292		5,292
ER 9565	Occupational Therapy	0	0	0	0		0
ER 9566	Physical Therapy	0	0	20,015	20,015		20,015
ER 9567	Dental Hygenist	0	0	0	0		0
ER 9568	Dental	8,121	5,331	36,399	49,851		49,851
ER 9569	Medical Records	0	0	0	0		0
ER 9727	Harborview Med Center	0	60,370	0	60,370		60,370
NB 3021	General - Optometry		177		177		177
NB 3021	General - Physician		1,500		1,500		1,500
NB 3021	General - Psychology		35,700		35,700		35,700
NB 3021	General - Radiology/MRI		104,602		104,602		104,602
NB M310	Physician Services		8,558		8,558		8,558
NB M710	Optom,Optic,Eyeglasses		21,722		21,722		21,722

2005-07 Biennium
M2-9M Medical Inflation

Item		Hospital					
Code	Description	ESH	WSH	CSTC	Hospital Total	ITA Ancillary	MHD Total
	Budget Unit	G91	G92	G94		G75	
NB M790	Other Practitioners		33,375		33,375		33,375
NB XXXX	ITA Ancillary	0	0	0	0	2,836,000	2,836,000
	TOTALS	2,961,211	7,432,622	1,160,743	11,559,351	2,836,000	14,395,351

	Pharmaceutical Costs	2,200,168	5,986,754	174,028			
	Inpatient Hospital Costs						
	General Medical Costs	761,042	1,445,868	986,715		2,836,000	

FY05:	**Based on FY04 growth:**	**4.5%**					
FY05	Pharmaceutical Costs	2,299,176	6,256,158	181,859			
	Inpatient Hospital Costs						
	General Medical Costs	795,289	1,510,932	1,031,118		2,963,620	

2005-07	**General Medical Inflation Rate**	**6.5%**					
	Pharmaceuticals	**9.3%**					
	Managed Care Hospital Rate	**6.5%**					
	General Medical Care Inflation						
	FY 06	52,000	98,000	67,000	217,000	193,000	410,000
	FY 07	107,000	203,000	138,000	448,000	398,000	846,000
	05-07 Biennium Total	159,000	301,000	205,000	665,000	591,000	1,256,000
	Pharmaceuticals						
	FY 06	214,000	582,000	17,000	813,000		813,000
	FY 07	448,000	1,218,000	35,000	1,701,000		1,701,000
	05-07 Biennium Total	662,000	1,800,000	52,000	2,514,000	0	2,514,000
	Inpatient Hospital Rate						
	FY 06				0	-	0
	FY 07				0	-	0
	05-07 Biennium Total				0	-	0
	Total Medical Inflation						
	FY 06	**266,000**	**680,000**	**84,000**	**1,030,000**	**193,000**	**1,223,000**
	FY 07	**555,000**	**1,421,000**	**173,000**	**2,149,000**	**398,000**	**2,547,000**
	05-07 Biennium Total	**821,000**	**2,101,000**	**257,000**	**3,179,000**	**591,000**	**3,770,000**

MHD M2-9M Medical Inflation.xls

2005-07 Biennium
M2-9M Medical Inflation

Item		Hospital					
Code	Description	ESH	WSH	CSTC	Hospital Total	ITA Ancillary	MHD Total
	Budget Unit	G91	G92	G94		G75	
	Amounts by Fund Source:						
FY 06	State	196,000	537,000	42,000	775,000	125,000	900,000
	Federal	27,000	75,000	40,000	142,000	68,000	210,000
	Local	43,000	68,000	2,000	113,000	0	113,000
	Total	266,000	680,000	84,000	1,030,000	193,000	1,223,000
	Object:						
	E	266,000	661,000	84,000			1,011,000
	N		19,000			193,000	212,000
	Total	266,000	680,000	84,000		193,000	1,223,000
FY 07	State	410,000	1,123,000	87,000	1,620,000	259,000	1,879,000
	Federal	56,000	156,000	83,000	295,000	139,000	434,000
	Local	89,000	142,000	3,000	234,000	0	234,000
	Total	555,000	1,421,000	173,000	2,149,000	398,000	2,547,000
	Object:						
	E	555,000	1,382,000	173,000			2,110,000
	N		39,000			398,000	437,000
	Total	555,000	1,421,000	173,000		398,000	2,547,000
Total	State	606,000	1,660,000	129,000	2,395,000	384,000	2,779,000
	Federal	83,000	231,000	123,000	437,000	207,000	644,000
	Local	132,000	210,000	5,000	347,000	0	347,000
		821,000	2,101,000	257,000	3,179,000	591,000	3,770,000
	Revenue %						
	State	74%	79%	50%		65%	
	Federal	10%	11%	48%		35%	
	Local	16%	10%	2%			

MHD M2-9M Medical Inflation.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9S Equipment Replacement Costs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal is to fund the replacement of essential equipment that is nearing the end of its useful life or is obsolete. Requested equipment items are critical to ensure the health, safety, and security of clients, and staff productivity.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	2,596,000	2,538,000	5,134,000
001-7 General Fund - Basic Account-Private/Local	344,000	344,000	688,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	428,000	428,000	856,000
Total Cost	**3,368,000**	**3,310,000**	**6,678,000**

Staffing

Package Description:

This proposal is to fund the replacement of necessary equipment that is nearing the end of its useful life or is obsolete. Requested equipment items are critical to ensure the health, safety, and security of clients, and staff productivity.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This budget request facilitates the division's goal of optimizing services within resources and is intended to improve accountability and public stewardship.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C014 Civil Commitment-Sexual Predators		
No measures linked to package	0.00	0.00
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00
Activity: C900 Program Support - Mental Health		
No measures linked to package	0.00	0.00

Reason for change:

Equipment requested will replace obsolete and worn equipment that is often not repairable. Funding this proposal ensures the long-term health, safety, and security of clients, as well as the increased productivity of staff.

Impact on clients and services:

Reliable and up-to-date equipment is critical in maintaining staff efficiency and meeting anticipated budget challenges in the ensuing biennium.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9S Equipment Replacement Costs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Administrative staff request the necessary tools to help them maintain current and anticipated workloads in an environment where health, safety, and security needs are met. Working with obsolete or worn equipment is not a cost effective means to distribute services to the agency's diverse clientele.

Budget impacts in future biennia:

This funding would carry forward into the 2007-09 Biennium at the second year level (Fiscal Year 2007).

Distinction between one-time and ongoing costs:

Purchases are one-time expenses for replacement of obsolete/worn-out equipment used to carry out routine and required duties.

Effects of non-funding:

Non-funding of this proposal may negatively impact the health, safety and security of clients, as well as the productivity of staff.

Expenditure Calculations and Assumptions:

See attachment - MH M2-9S Equipment Replacement Costs.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
J Capital Outlays	3,368,000	3,310,000	6,678,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9S Equipment Replacement Costs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	2,596,000	2,538,000	5,134,000
Total for Fund 001-1	**2,596,000**	**2,538,000**	**5,134,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	344,000	344,000	688,000
Total for Fund 001-7	**344,000**	**344,000**	**688,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	428,000	428,000	856,000
Total for Fund 001-C	**428,000**	**428,000**	**856,000**
Total Overall Funding	**3,368,000**	**3,310,000**	**6,678,000**

2005-07 Biennium
M2-9S Equipment Replacement Costs

Mental Health Division
Equipment Replacement Costs

	Total Cost of Equipment Needing Replaced	CFL FY06	CFL FY07	Balance Needed	FY06	GF-S	Fed	Local	FY07	GF-S	Fed	Local
Headquarters	374,000	81,000	81,000	212,000	106,000	55,000	51,000	-	106,000	55,000	51,000	-
Eastern State Hospital	1,280,000	125,000	125,000	1,030,000	515,000	381,000	52,000	82,000	515,000	381,000	52,000	82,000
Western State Hospital	6,602,000	691,000	691,000	5,220,000	2,610,000	2,062,000	287,000	261,000	2,610,000	2,062,000	287,000	261,000
Child Study & Treatment Center	242,000	42,000	42,000	158,000	79,000	40,000	38,000	1,000	79,000	40,000	38,000	1,000
								-				
GRAND TOTAL	$ 8,498,000	$ 939,000	$ 939,000	$ 6,620,000	$ 3,310,000	$ 2,538,000	$ 428,000	$ 344,000	$ 3,310,000	$ 2,538,000	$ 428,000	$ 344,000

NOTE: Consolidated Support Service's equipment list is included with the DDD budget request. Detailed backup available upon request..

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CA Patient/Ward Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

On an annual basis, roughly 60 patients committed to Western State Hospital (WSH) will no longer qualify for Inpatient Psychiatric Health Care benefits. General Fund-State (GF-S) is requested to replace the revenue loss from federal and commercial health plans project to be $1.9 million.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	419,000	419,000	838,000
001-7 General Fund - Basic Account-Private/Local	(1,720,000)	(1,720,000)	(3,440,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	1,301,000	1,301,000	2,602,000
Total Cost	**0**	**0**	**0**

Staffing

Package Description:

The Center for Medicaid and Medicare Services (CMS) requires Inpatient Psychiatric Services to be reasonably expected to improve the patient's condition or for the purpose of diagnosis at a level of intensity that cannot be provided on an outpatient basis (CMS Publication 10, Medicare Hospital Manual, Section 212.1). If these criteria are not met, federal and commercial health insurance programs cannot pay for services rendered in the state psychiatric hospitals. The annual average number of patients at WSH is projected to be 55 to 60 who do not meet the required criteria. The projected revenue loss from these patients is $1.9 million. These patients remain committed, however, to WSH and continue to require services not covered by Inpatient Psychiatric benefits. GF-S is requested in place of lost coverage and revenue to continue serving these patients.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Even though these patients no longer qualify for Inpatient Psychiatric Health Care benefits, they remain committed to WSH and are receiving appropriate services according to Revised Codes of Washington (RCW) 10.77 and 71.05.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

CMS compliance issues were identified with the utilization review program at WSH and corrective action was implemented during Fiscal Year 2004. Utilization review criteria and implementation for psychiatric hospitals is prescribed by CMS in order for WSH to participate as a provider in Medicare, Medicaid and commercial Inpatient Psychiatric Health Benefit programs. The result of achieving compliance with CMS regulations is a number of patients remain committed to WSH, but do not meet criteria for Inpatient Psychiatric benefits. The hospital is allowed to continue to bill for covered physician and certain ancillary services.

Impact on clients and services:

DP Code/Title: M2-CA Patient/Ward Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Generally, patients will continue to be responsible for the cost of their care according to 43.20(B) RCW. However, most patients have very little means to pay their own way and are essentially uninsured. Patient care will continue and the state will have to cover the uninsured cost of care for these patients.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In anticipation of the increased population of decertified patients, the department has been working on developing more community placement opportunities. This is a longer-term solution however.

Budget impacts in future biennia:

If community placements that can provide specialized outpatient care (skilled nursing facilities) are not developed, the number of patients could grow.

The impact on GF-S may be offset to the extent patients admitted to the hospital have health care insurance.

Distinction between one-time and ongoing costs:

The cost to the state is ongoing to the extent the decertified population exists. It is difficult to project the future size of the population.

Effects of non-funding:

Current service levels will not be funded. The projected full year impact is greater then the hospital can absorb. Pressure will increase to place patients into community programs that do not currently exist.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CA Patient/Ward Revenue Adjustment.xls

Object Detail	FY 1	FY 2	Total
Program Totals			

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CA Patient/Ward Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	419,000	419,000	838,000
Total for Fund 001-1	**419,000**	**419,000**	**838,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	(1,720,000)	(1,720,000)	(3,440,000)
Total for Fund 001-7	**(1,720,000)**	**(1,720,000)**	**(3,440,000)**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	1,301,000	1,301,000	2,602,000
Total for Fund 001-C	**1,301,000**	**1,301,000**	**2,602,000**
Total Overall Funding	**0**	**0**	**0**

2005-07 Biennium
M2-CA Patient/Ward Revenue Adjustment

WSH Revenue Impact from Decertifications

	FY 06	FY 07		
Revenue Lost From S-3 Decertification	$ (83,127)	$ (83,127)	Local	4%
UR Decertified Days	$ (1,636,800)	$ (1,636,800)	local	85%
DSH - S-3 & UR Decertified Days	$ (1,698,936)	$ (1,698,936)	Medicaid	
ESH DSH Capacity	$ 1,500,000	$ 1,500,000		
net DSH impact	$ (198,936)	$ (198,936)		10%
WSH Revenue loss - GF-S Request	$ (1,918,863)	$ (1,918,863)		
ESH G91				
State	$ (1,500,000)	$ (1,500,000)		
Federal	$ 1,500,000	$ 1,500,000		
Local	$ -	$ -		
	$ -	$ -		
WSH G92				
State	$ 1,919,000	$ 1,919,000		
Federal	$ (199,000)	$ (199,000)		
Local	$ (1,720,000)	$ (1,720,000)		
	$ -	$ -		

MHD M2-CA Patient-Ward Revenue Adjustment.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CB CLIP Rate Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Children's Long-Term Inpatient Program (CLIP) provides critical inpatient services to children under 18 years of age with severe psychiatric impairment warranting intensive services in a restrictive setting. The children cannot be served in any other less restrictive setting because of the severity of their illness. The Mental Health CLIP Facilities have been working in a deficit situation for a number of years without a rate increase. The situation is critical now as one of the facilities has closed down placing a burden on other facilities and the Child Study Treatment Center. Based on on actual cost reports it is necessary to increase the bed day rate in order to maintain this necessary service. Without this increase the remaining residential facilities are also at risk for closure.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	675,000	675,000	1,350,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	674,000	674,000	1,348,000
Total Cost	**1,349,000**	**1,349,000**	**2,698,000**

Staffing

Package Description:

Until recently there have been 49 beds located regionally in four privately operated Residential Treatment Facilities (RTFs) on contract with the Mental Health Division (MHD). The average length of stay is about six-months.

MHD has supported efforts to obtain rate increases for the past three biennial budget cycles and in the most recent supplemental budget cycle. Those efforts have been unsuccessful. The RTFs have struggled to remain in business while waiting for financial relief. For Catholic Community Services, the financial burden has become to great to continue to operate the Martin Center. The reimbursement rate is insufficient to cover operational costs. Therefore, the Martin Center was forced to terminate their contract effective June 30, 2004. The intent to distribute CLIP beds geographically in order to assure broad availability of the resource and to encourage family participation and access to treatment is lost with the closure of Martin Center.

The three remaining facilities picked up seven of the 12 beds from Martin Center. The remaining contracted beds are as follows:

· McGraw Center, Seattle (19 beds)
· Pearl Street, Tacoma (12 beds)
· Tamarack Center, Spokane (13 beds)

The facilities operate at capacity while children who are certified for admission are placed on the statewide waiting list. Children must be treated and kept safe in other settings while waiting for admission. This can include extended voluntary community hospital stays, intensive outpatient services or twenty-four hour supervision, protection and intensive supports in a community setting.

MHD and the organizations administering the RTFs acknowledge the need for rates to more accurately reflect the cost of providing this intensive, specialized level of care for children with severe psychiatric impairment. Without a substantial rate increase, it is likely that the three remaining RTFs will face similar business decisions and fates as Martin Center.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CB CLIP Rate Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Narrative Justification and Impact Statement

How contributes to strategic plan:

MHD seeks to use reliable data to drive decision-making. Any reduction in the availability of the services along the current continuum of care should be deliberate, precise and based on the specific needs of a defined population. Because the need for this level of care is unknown, utilization rates of the current system must provide information.

The CLIP system operates at capacity and includes a statewide waiting list that is accessed across a wide referral network. MHD is seeking to maintain this current level of resources while determining the appropriate need through an independent study. Alternative treatment models that may be able to replace or augment the current continuum of care will also be evaluated. The independent study will allow for a careful evaluation and a deliberate plan of implementation.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	FY 2
Activity: C069 Other Community Mental Health Services		
No measures linked to package	0.00	0.00

Reason for change:

The three remaining contracted CLIP Residential Facilities provide critical inpatient services to children in need of longer-term care. These facilities consistently operate at capacity with other children on a waiting list. The children on the waiting list often reside in community hospitals for extended periods. CLIP facilities have not had a rate increase since July 2001 and are currently funded at a level well below their costs. Without a substantial rate increase more facilities will close.

Impact on clients and services:

This proposal will provide additional funding to maintain the remaining CLIP residential capacity.

Stakeholders will likely support this effort including the remaining three RTFs, their corporate entities, the Department of Social and Health Services (DSHS)-Children's Administration (CA), community hospitals, community mental health agencies, Regional Support Networks, parent organizations and other providers of social services to children.

Impact on other state programs:

The CLIP facilities operation has significant impact on DSHS CA, community hospitals and other providers of community services to children.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

There is currently a study being conducted to evaluate the availability of resources or the building of additional resources in the community.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CB CLIP Rate Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Budget impacts in future biennia:

Ongoing costs to support the cost of doing business.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

If additional funding is not authorized one or more of these CLIP facilities will close and replacing the capacity lost will be extremely difficult. Children with extremely high need will either remain in community hospitals for extended periods or will receive a lower level of care than will meet their need.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CB CLIP Rate Adjustment.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	1,349,000	1,349,000	2,698,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	675,000	675,000	1,350,000
Total for Fund 001-1	**675,000**	**675,000**	**1,350,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	674,000	674,000	1,348,000
Total for Fund 001-C	**674,000**	**674,000**	**1,348,000**
Total Overall Funding	**1,349,000**	**1,349,000**	**2,698,000**

2005-07 Biennium
M2-CB CLIP Rate Adjustment

Fiscal Year	Contracted Beds	Estimated Patient Days	Current Daily Rate	Daily Rate per Cost Report	Estimated Expenditure at Current Rate	Estimated Expenditure at New Rate	Increase	GF-S	GF-F	TOTAL
FY 2006	44	16,060	339	423	5,444,340	6,793,380	1,349,040	675,000	674,000	1,349,000
FY 2007	44	16,060	339	423	5,444,340	6,793,380	1,349,040	675,000	674,000	1,349,000

MHD M2-CB CLIP Rate Adjustment.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CC Community Psych. Hospital Rate Adj
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package would increase rates for community psychiatric hospitals to ensure no more loss in beds available to serve those clients in need of hospitalization. Although the system would like to avoid this level of care, this is a necessary service within the continuum of care to ensure the safety of both the individual and the community.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	4,595,000	4,595,000	9,190,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	3,516,000	3,516,000	7,032,000
Total Cost	**8,111,000**	**8,111,000**	**16,222,000**

Staffing

Package Description:

While claims data illustrates that the cost of community psychiatric hospital stays reimbursed with the Regional Support Network funds has increased significantly over the past few years, the rate increases are not enough to keep community hospitals interested in keeping their doors open for public assistance clients. Many hospitals have expressed their concerns over the low reimbursement rates paid by the state for mentally ill Medicaid and other public assistance individuals. For most hospitals their psychiatric wards have never been profitable ventures, however, for some their medical/surgical units could cover the shortfalls. Unfortunately, the growing cost of medical care has made this situation even worse. Many hospitals are cutting beds and are threatening to close their doors unless a more appropriate reimbursement rate is given.

Community inpatient psychiatric care is an essential part of the continuum of care necessary for mentally ill individuals. Although hospitalization is hoped and intended to be the last resort of service, there are times when this level of service is absolutely necessary to keep the individual, as well as the community safe. Without the capacity available in the community hospitals, the need for state hospital beds would increase. There may also be other alternatives in the community such as free standing Evaluation and Treatment facilities, however, this is a resource that would need to be extensively developed and would require not only operating, but capital funding as well.

As medical costs continue to increase so must the reimbursement to those that provide these necessary services. Without such increases the Mental Health system will find itself without the necessary capacity to serve individuals at all levels of need.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The Mental Health Division is responsible for providing community outpatient and inpatient services. These services are necessary in the continuum of care for mentally ill individuals. In order to continue to assure bed availability when necessary, the rates for community psychiatric inpatient stays must be increased.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CC Community Psych. Hospital Rate Adj
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Reason for change:

The cost of medical care continues to rise, however, the rate increase the community psychiatric hospitals have seen is not enough to keep them in business. In order to assure that the Mental Health system is able to provide appropriate levels of care, funding must be provided to increase rates paid to the community psychiatric hospitals.

Impact on clients and services:

If the Mental Health system lost the capacity to serve mentally ill individuals in community psychiatric inpatient settings, it would strain the state hospital system resulting in a need for more state hospital beds, which is contrary to our policy and direction. Community inpatient care is a necessary part of the continuum of care for mentally ill individuals. The Mental Health system is not prepared and/or able to provide the services necessary if community inpatient psychiatric settings decide to close their doors.

Impact on other state programs:

Without the necessary funding to pay for community psychiatric inpatient hospitalizations, the Mental Health system will be strained. The system is not equipped and/or funded to develop alternative resources at this time and cannot afford to lose community psychiatric inpatient bed capacity. This would leave the jail system to try to at least keep the individual and the community safe, however, this is not an appropriate setting for someone in need of psychiatric care.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

An alternative would be to build additional capacity through evaluation and treatment facilities and other more acute settings. However, this would require both operating and capital funding.

Budget impacts in future biennia:

It is expected that medical costs will continue to grow and therefore, increases will be necessary in the future.

Distinction between one-time and ongoing costs:

The cost to keep community psychiatric facilities in business is an ongoing cost.

Effects of non-funding:

Not funding this request will result in community hospitals closing their doors and/or limiting access to psychiatric individuals. This will strain other systems, such as the state hospitals and/or jails.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CC Community Psych. Hospital Rate Adj.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CC Community Psych. Hospital Rate Adj
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Object Detail

	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	8,111,000	8,111,000	16,222,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	4,595,000	4,595,000	9,190,000
Total for Fund 001-1	**4,595,000**	**4,595,000**	**9,190,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	3,516,000	3,516,000	7,032,000
Total for Fund 001-C	**3,516,000**	**3,516,000**	**7,032,000**
Total Overall Funding	**8,111,000**	**8,111,000**	**16,222,000**

2005-07 Biennium
M2-CC Community Psych. Hospital Rate Adj

Calculation of increase to community hospital rates
Based on FY02 Data (FY03 not yet complete)

	Avg bed day cost	20% increase	Bed Day Usage
Medicaid (Statewide)	710.28	852.34	49,495
Non-Medicaid (Statewide)	267.56	321.08	20,188

	FY2002 Cost	20% increase
Medicaid (Statewide)	35,155,515	42,186,618
Non-Medicaid (Statewide)	5,401,568	6,481,882
	40,557,083	48,668,500

Additional Funding to increase rates	
Medicaid (Statewide)	7,031,103
Non-Medicaid (Statewide)	1,080,314
	8,111,417

	FY2006	**FY2007**	
GF-S	$ 4,595,000	$ 4,595,000	$ 9,190,000
GF-F	$ 3,516,000	$ 3,516,000	$ 7,032,000
TOTAL	$ 8,111,000	$ 8,111,000	$ 16,222,000

2005-07 Biennium
M2-CC Community Psych. Hospital Rate Adj

HOSPITAL SECTION:	Total Bed Day FY 2001	FY 2002	% change	Payment per Bed Day FY 2001	FY 2002	% change	Total Allowable Charge FY 2001	FY 2002	% change
Medicaid (Statewide)	49,419	49,495	0.15%	653.90	710.28	7.94%	32,315,259	35,155,515	8.08%
Non-Medicaid (Statewide)	18,305	20,188	9.33%	255.32	267.56	4.58%	4,673,625	5,401,568	13.48%
TOTAL	67,724	69,683	0	909.22	977.85		36,988,884	40,557,083	

RSN SECTION: Increase to RSN needs to be:	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	
Anticipated Medicaid bed usage**	49,495	49,569	49,569	49,569	49,569	49,569	49,569
Anticipated Non-Medicaid bed usage**	20,188	22,071	22,071	22,071	22,071	22,071	22,071
Medicaid (Statewide) bed day cost	710.28	766.66	827.52	893.21	964.11		1,041.00
Non-Medicaid (Statewide) bed day cost	267.56	279.81	292.61	306.00	320.00		335.00
Medicaid (Statewide) anticipated cost	35,155,515	38,002,993	41,019,579	44,275,614	47,790,105	-	51,583,567
Non-Medicaid (Statewide) anticipated cost	5,401,568	6,175,622	6,458,219	6,753,748	7,062,800	-	7,385,995
TOTAL	40,557,083	44,178,615	47,477,798	51,029,362	54,852,905	-	58,969,562
Cumulative Difference	3,568,200	7,189,731	10,488,914	14,040,478	17,864,021		21,980,678

*This is the hospital shortage
between actual costs and allowable charges

Based on using bed day % change	GF-S	11,547,000	13,767,000
between FY2002 and FY2001	GF-F	6,317,000	8,214,000
Bed Day usage capped at projected FY2003 amounts		17,864,000	21,981,000

Data Source:
MHD Community Hospital Database
Report as of February 2004
** Note FY 2003 data not complete

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CD Emerg MH Preparedness & Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package seeks funding and one Full Time Equivalent (FTE) to support the completion of the required Emergency Mental Health Preparedness and Response plan known as the All Hazard Disaster plan mandated by Title II of the Federal Stafford Act.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	50,000	47,000	97,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	42,000	40,000	82,000
Total Cost	**92,000**	**87,000**	**179,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**1.0**	**1.0**	**1.0**

Package Description:

Current Activities and Plan

The state Mental Health Authority is obligated to fulfill the role of Disaster Management Health Coordinator (DMHC) as mandated in Title II of the Federal Stafford Emergency Act. Following a presidential declaration of disaster, the state may apply to the Federal Emergency Management Administration (FEMA) for funds to support an immediate services program to provide crisis counseling to the general population. When the state accepts the funds, the state agrees to develop a Mental Health Preparedness and Response plan within the state's emergency planning activities. The Mental Health Division (MHD) is obligated to complete this task.

There is no current equivalent to the administration of this program. The state of Washington signed an agreement when accepting a FEMA grant award in November of 2003 stating that Mental Health needs in an emergency would be part of the emergency planning process at the state level. This will meet that obligation.

This decision package seeks funding for 1.0 FTE for the 2005-07 Biennium to support the completion of the required Emergency Mental Health Preparedness and Response plan known as the All Hazard Disaster plan mandated by Title II of the Federal Stafford Act. Other essential job duties will include stakeholder participation to ensure coordination of regional and local Emergency Management plans with the state plan; fulfillment of the MHD responsibility on behalf of the Department of Social and Health Services (DSHS) in the support role to the Department of Health (DOH) as outlined in the Comprehensive Emergency Management Plan (CEMP) for the state of Washington in Essential Function-8, item (j); development of a plan to ensure effective response and initiation of the DSHS Action plan for Objective 6.3.3 in the Homeland Security Strategic plan in the event of a terrorist action.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This position directly supports the state CEMP, the DSHS plan for emergency response, the Homeland Security Strategic plan and the federal mandate in the Stafford Act. The Regional Support Networks are mandated by the Revised Codes of Washington (RCW) to respond in a declaration of disaster and this funding will allow MHD to support that obligation. MHD mission includes the provision of furthering community safety, which this specifically supports too.

DP Code/Title: M2-CD Emerg MH Preparedness & Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: C093 Special Projects - Mental Health	**Incremental Changes FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

The current climate in the United States post 9/11 is one that is requiring a larger dedication of resources to the task of planning for the next terrorist event. Despite the federal mandate for MHD to complete the All Hazard plan, staff resources to support the task have been lacking. The responsibilities and tasks associated with disaster and emergency response have increased. As the state Mental Health Authority, MHD has a vital role to plan in ensuring provision of Mental Health services to all citizens impacted by such an event. Expectations have increased, the scope of the plan that is expected has increased and new tasks and work groups have been formed (Homeland Security Strategic plan, Washington State Repatriation plan). MHD has a role to plan in these efforts.

Impact on clients and services:

Existing services will not be altered. Additional resources will be able to address the increased workload and will enhance the MHD's ability to successfully manage the state Mental Health Authority's mandates. There are many stakeholders impacted by this decision package and all would be in support of this allocation. Stakeholders impacted include all of the state agencies responsible for responding to an "event," regional and local governments who are trying to secure Mental Health response in the event of an emergency, FEMA, Department of Homeland Security, Team Washington - the Homeland Security Strategic plan development team, Regional Support Networks (RSNs) responsible by contract to work with MHD in an emergency and finally, all citizens of Washington are impacted. In the event of a declaration of disaster, the state Mental Health Authority is responsible for working with the Emergency Management Department at Camp Murray to ensure there is a coordinated response to provide crisis counseling to all citizens impacted by the disaster, including the responders themselves.

Impact on other state programs:

The position will work in concert with DOH to meet the Center for Disease Control grant objectives that DOH is obligated to address.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

MHD has struggled to meet the obligations described for the past few years without much success. The Nisqually Earthquake in 2001 is a good example of a time when the state Mental Health Authority did not have a Mental Health Response plan in place to support crisis counseling following the event. FEMA grant dollars for crisis counseling were not applied for.

Budget impacts in future biennia:

The need remains constant over the next biennium.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CD Emerg MH Preparedness & Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Distinction between one-time and ongoing costs:

Costs to support this program will be ongoing.

Effects of non-funding:

Not funding the decision package leaves MHD unable to fulfill the Federal Statutory mandates. MHD will not be in a favorable position to apply for grant funds through the Substance Abuse and Mental Health Services Administration for capacity expansion to support Emergency Mental Health response. FEMA could deny future funds if the state is not in compliance.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CD Emerg MH Preparedness & Response.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	61,000	61,000	122,000
B	Employee Benefits	12,000	13,000	25,000
E	Goods And Services	5,000	5,000	10,000
G	Travel	5,000	5,000	10,000
J	Capital Outlays	8,000	2,000	10,000
T	Intra-Agency Reimbursements	1,000	1,000	2,000
	Total Objects	**92,000**	**87,000**	**179,000**

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	50,000	47,000	97,000
	Total for Fund 001-1	**50,000**	**47,000**	**97,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UB	Title XIX Admin (100%)	42,000	40,000	82,000
	Total for Fund 001-C	**42,000**	**40,000**	**82,000**
	Total Overall Funding	**92,000**	**87,000**	**179,000**

2005-07 Biennium
M2-CD Emerg MH Preparedness Response

Emergency Mental Health Preparedness & Response

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Personnel Services	Travel	ISSD	Equipment One Time Only	Equipment (on-going)	Total
Object		**A**	**B**	**E**	**EN**	**G**	**TZ**	**J**	**J**	
FY06										
WMS 3	1.0	61,000	12,000	4,000	1,000	5,000	1,000	8,000	0	92,000
FY06 TOTAL	**1.0**	**61,000**	**12,000**	**4,000**	**1,000**	**5,000**	**1,000**	**8,000**	**0**	**92,000**
									State 54%	**50,000**
									Federal 46%	**42,000**
FY07										
WMS 3	1.0	61,000	13,000	4,000	1,000	5,000	1,000	0	2,000	87,000
FY07 TOTAL	**1.0**	**61,000**	**13,000**	**4,000**	**1,000**	**5,000**	**1,000**	**0**	**2,000**	**87,000**
									State 54%	**47,000**
									Federal 46%	**40,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CE Pxyis Maintenance Cost
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This request is for funding to cover the cost of annual maintenance for the Pyxis automated medication distribution equipment for the state mental hospitals.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	99,000	99,000	198,000
001-7 General Fund - Basic Account-Private/Local	15,000	15,000	30,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	17,000	17,000	34,000
Total Cost	**131,000**	**131,000**	**262,000**

Staffing

Package Description:

In Fiscal Year 2004, the state mental hospitals lease/purchased and installed Pyxis automated medication distribution equipment to comply with directives from the State Auditor's Office and the State Board of Pharmacy. Funding was appropriated by the state Legislature for annual debt service payments for this purpose for Fiscal Years 2004 through 2007. Annual maintenance costs for this equipment were unknown at the time the initial request for funding was made. Additionally, annual maintenance is not an allowable expense to be included in the Lease/Purchase program through the Office of the State Treasurer.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This increases patient safety by reducing medication errors and adverse drug interactions, as well as much increased accountability.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

Annual maintenance costs for the state hospitals' Pyxis equipment were not known, nor were they allowable through the Lease/Purchase program by the Office of the State Treasurer. The annual maintenance agreement ensures that all Pyxis equipment and software remains operationally sound with a minimum of down time.

Impact on clients and services:

Additional funding will ensure that the Pyxis equipment is routinely maintained by equipment experts for peak performance and efficiency. Down time on the Medication Distribution equipment causes an additional workload on nursing and pharmacy staff because medications are not available when needed. The maintenance fees include software upgrades that continuously improve nursing efficiency and patient safety.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CE Pxyis Maintenance Cost
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The Pyxis Medication Distribution system was the advised corrective action taken to resolve an audit finding by the Office of the State Auditor and the State Board of Pharmacy. This finding was due to the lack of secure storage and accounting of medications. Without prompt attention to equipment failures, nursing and pharmacy staff would be required to dispense and document medications manually and risk costly medication errors and/or put patients at risk.

Budget impacts in future biennia:

The cost of annual maintenance for this equipment is expected to continue into future biennia.

Distinction between one-time and ongoing costs:

This cost is ongoing and includes the annual maintenance charges for all three state psychiatric hospitals.

Effects of non-funding:

Without prompt attention to equipment failures, nursing and pharmacy staff would be required to dispense and document medications manually and risk costly medication errors and/or put patients at risk. Not funding would more than likely require the state hospitals to reduce other direct services to their clients in order to pay for the cost of this necessary maintenance.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CE Pxyis Maintenance Cost.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	131,000	131,000	262,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CE Pxyis Maintenance Cost
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	99,000	99,000	198,000
Total for Fund 001-1	**99,000**	**99,000**	**198,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	15,000	15,000	30,000
Total for Fund 001-7	**15,000**	**15,000**	**30,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	17,000	17,000	34,000
Total for Fund 001-C	**17,000**	**17,000**	**34,000**
Total Overall Funding	**131,000**	**131,000**	**262,000**

2005-07 Biennium
M2-CE Pyxis Maintenance Cost
Annual Support Costs for Pharmacy Equipment & Software

	ESH	CSTC	WSH	TOTALS
Pyxis Machine Annual Support				
Monthly Cost	$ 1,513	$ 637	$ 3,842	
Annual Cost with Sales Tax	$ 19,754	$ 8,317	$ 50,161	$ 78,232
MediMAR Annual Support	$ 9,064	$ -	$ 36,257	
Annual Cost with Sales Tax	$ 9,862	$ -	$ 39,448	$ 49,309
Pyxis/Worx Interface Annual Support	$ 2,700	$ -	$ -	
Annual Cost with Sales Tax	$ 2,938	$ -	$ -	$ 2,938
Total Annual Support Costs	**$ 33,000**	**$ 8,000**	**$ 90,000**	**$ 131,000**
State	$ 24,000	$ 4,000	$ 71,000	$ 99,000
Federal	$ 3,000	$ 4,000	$ 10,000	$ 17,000
Local	$ 6,000	$ -	$ 9,000	$ 15,000
	$ 33,000	$ 8,000	$ 90,000	$ 131,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CF Mandated County/City Service Adjust
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This package funds the increased cost of emergency medical services and fire protection for Western State Hospital (WSH), as well as obligations to a city of Lakewood local improvement district related to the construction of the new Center for Forensic Services.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	169,000	233,000	402,000
001-7 General Fund - Basic Account-Private/Local	24,000	30,000	54,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	21,000	32,000	53,000
Total Cost	**214,000**	**295,000**	**509,000**

Staffing

Package Description:

Funding is requested for increased costs for local fire protection and a local improvement district assessment for WSH.

WSH and the other state agencies on the grounds of WSH receive fire protection from Pierce County Fire District Number-2 (PCFD #2). Costs to provide services have increased based on assessed book value of WSH facilities.

In addition to increased fire protection costs, WSH is part of a local improvement district (LID) and is obligated to pay its share of costs for work related to the construction of the new Center for Forensic Services. The city of Lakewood required the state to provide five conditions of mitigation. In agreement with the city, three of the conditions were mitigated as part of the actual construction and two conditions were deferred to a local improvement district bond. The remaining two conditions were:

1. To install street lighting along 87th Avenue SW and along Steilacoom Boulevard from Farwest Drive to 87th Avenue SW.

2. To construct curbs, gutters, and sidewalks along Sentinel Street, (from Steilacoom Boulevard to the entrance gate) and along 87th Avenue SW (from Steilacoom Boulevard to the golf course entrance).

In the process of the LID, the city of Lakewood identified numerous diseased or dead trees in close proximity to the LID work. The removal and replacement of these trees was identified as necessary for public safety.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This package contributes to the Department of Social and Health Services Strategic plan by providing facilities, which are safe for clients, staff, and visitors by protecting assets and providing emergency medical services to all on the grounds of WSH and fulfilling the state's obligation to local governments.

Performance Measure Detail

Agency Level

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CF Mandated County/City Service Adjust
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

	Incremental Changes FY 1	FY 2
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00

Reason for change:

The increase in fire protection costs is based on a recent assessment of the net book value of the facilities.

Funding the LID payments allows for the completion of work agreed upon by the state and the city of Lakewood as part of the construction of the Center for Forensic Services. Billing is anticipated to commence in January of 2006 and continuing for the next ten years to provide the funds for these two elements.

Impact on clients and services:

This will provide for continued emergency medical services and fire protection, plus the completion of numerous projects that will provide additional safety for the patients and staff on the grounds of WSH.

Impact on other state programs:

None

Relationship to capital budget:

The fire protection contract is tied to the net book value of the assets on the grounds of WSH. The LID assessments are related to the past capital construction of the Center for Forensic Services at WSH.

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Three alternatives for fire service were explored: Contract with PCFD #2 based on net book value and levy/tax rate; contract with PCFD #2 on a per-call basis; contract with city of Steilacoom. As the city of Steilacoom would have to build up its department to provide the same level of services being provided (time and expense) and per-call method provided neither party with a workable plan, the agreement based on net book values and levy/tax was chosen.

Originally two alternatives were looked at in order to meet the LID mitigation required by the city of Lakewood for the construction of the Center for Forensic Services. The first was to do all of the mitigation out of the existing construction budget for the project. The second was to do all but two of the mitigation projects, delaying these two mitigation projects and entering into an agreement to fund these projects through a LID. As there was not sufficient funding to do all of the mitigation projects and the construction of the Center for Forensic Services and the need for this building to be built for the community's public safety, the second alternative was chosen.

Budget impacts in future biennia:

Fire protection is a five-year agreement and ongoing funding is required.

The LID is an ongoing cost for the life of the bond, 10-years.

Distinction between one-time and ongoing costs:

There are no one-time costs. There will be ongoing costs based on the current recorded net book value that the Lakewood

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CF Mandated County/City Service Adjust
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Fire District is currently using and yearly levy and tax rate for PCFD #2 as agreed in the current agreement.

Effects of non-funding:

Local fire protection is a required and expected service to the clients, staff and visitors on the WSH campus. The LID bond was agreed to as part of the construction of the Center for Forensic Services. If these issues are not funded, WSH's operating budget will be required to absorb the additional costs. This will force a reduction of services provided to WSH's clients.

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CF Mandated County/City Service Adjust.xls

Object Detail

	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	214,000	295,000	509,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	169,000	233,000	402,000
Total for Fund 001-1	**169,000**	**233,000**	**402,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	24,000	30,000	54,000
Total for Fund 001-7	**24,000**	**30,000**	**54,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	21,000	32,000	53,000
Total for Fund 001-C	**21,000**	**32,000**	**53,000**
Total Overall Funding	**214,000**	**295,000**	**509,000**

2005-07 Biennium
M2-CF Mandated County/City Service Adjust

WSH City/County Funding Requirements

	FY 2006	FY 2007	TOTAL
Pierce County Fire District (PCFD)	$ 133,000	$ 133,000	$ 266,000
Local Improvement District (LID)	$ 80,938	$ 161,876	$ 242,814
Total for Object E	$ 213,938	$ 294,876	$ 508,814
Total Rounded	$ 214,000	$ 295,000	$ 509,000

SOURCE OF FUNDS:

GF-S	$ 169,000	$ 233,000	$ 402,000
GF-F	$ 24,000	$ 32,000	$ 56,000
Local	$ 21,000	$ 30,000	$ 51,000
TOTAL	$ 214,000	$ 295,000	$ 509,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CG Staff Development
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funding to provide nonviolent communication training to the state mental hospitals within the Mental Health Division (MHD).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	53,000	0	53,000
001-7 General Fund - Basic Account-Private/Local	10,000	0	10,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	7,000	0	7,000
Total Cost	**70,000**	**0**	**70,000**

Staffing

Package Description:

The state mental hospitals are in the process of a culture change to improve the environment for the patients and staff. Nonviolent Communication training is a means of effecting a kinder environment by improving the quality of professional interaction between patients and staff and among staff members. The staff training will enhance the institution's efforts to reduce the use of restraints and seclusion for patients. It will be one element among several that will satisfy the Labor and Industries requirement for annual updates in the management of aggressive behavior. The training will be introduced to large groups, then focused on staff interested in becoming trainers who can continue teaching and practicing this effective way of communicating. It has broad application, and could be adapted to patient education as well.

Nonviolent Communication is a unique and respectful method of talking with and listening to people in such as a way as to establish rapport, avoid a defensive response, convey empathy, and satisfy the legitimate needs of both parties. It is taught by Marshall Rosenburg, Ph.D., author of several books on the subject, including Nonviolent Communication, a Language of Compassion. There are several qualified instructors who could give instruction at the state mental hospitals. It is possible to have Marshall Ronseburg hold the workshops.

Successful communication with patients at the state mental hospitals requires skills many of the line staff do not possess. Habits of a lifetime are hard to break unless new skills are presented that can take the place of old habits. Improved communication would greatly enhance the work the state mental hospitals do with people with mental illness. Modeling a better kind of communication would be therapeutic in itself. If consistently used, nonviolent communication would reduce violent behavior on the part of patients, and reduce the need for restrictive measures such as seclusion and restraint.

Training will begin as soon as possible, with outside trainers offering classes to large numbers of staff to determine which are the most interested. Prospective in-house trainers will be identified, and training will then be done in smaller groups in three-hour sessions once a week for six-months. Staff completing this training will then become trainers themselves, and will give training and do mentoring on the wards. The mentoring is important to help staff remember to use new skills and not slip back into old communication patterns. It is also the most effective way to get training to staff on evening and night shifts. Nonviolent Communication uses a kind of formula. Small, laminated cards will be provided for staff to wear behind their identification badges, to refer to if they can't remember what they are still learning. In addition, there are videos that can be shown to groups of staff, and several books on the subject already in the hospital library for staff to check out. More could be added. Part of the appeal of learning this form of communication is that it has application for staff in all settings, personal and professional, in all interactions with other people. This appeal provides good motivation to learn.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CG Staff Development
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Narrative Justification and Impact Statement

How contributes to strategic plan:

The state mental hospitals are focused on eliminating the use of restrictive measures (seclusion or restraint) in patient care. Episodes of restraint and seclusion are themselves a measure of effectiveness of treatment, and also of the efficacy of training programs such as the one proposed.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

The problem to be addressed by this training program is less than effective communications styles of staff toward patients and each other. Other training programs have been used and will continue to be used. Examples include training in the therapeutic relationship, Professional Assault Response Training, Positive Behavioral Support, and the Fresh Ideas Start Here approach to boosting staff morale and improving results. The proposed training is an addition, another approach. As therapists use a variety of treatment modalities and embrace a number of theories in treating patients, so trainers try various approaches to satisfy as many learning styles as possible.

Impact on clients and services:

Supported by hospital management, this training has the potential, properly presented and with long-term follow-up by in-house trainers, to enhance the services provided by the state mental hospitals. Effective communication with patients greatly increases safety for patients and staff. Patient response to less than effective communication with staff ranges from dissatisfaction with services to physical violence. Improved communication between staff will boost morale and has the potential of increasing the efficiency of treatment teams by reducing miscommunications and crossed agendas. This could be expected to impact patient satisfaction with treatment, and increase positive patient outcomes. Another expected impact would be greater job satisfaction for staff.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

As described under "Reason for Change," other training programs have been used. Nonviolent Communication is a new addition to a variety of approaches that address the same need to improve interpersonal communication skills. Each has brought about some improvement for some staff. Every method provided presents a learning opportunity to different staff, since no one method is going to work for all staff.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CG Staff Development
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Budget impacts in future biennia:

This is anticipated to be a one-time cost. Any minimal related cost would involve teaching material, such as additional copies of books and videos for the library.

Distinction between one-time and ongoing costs:

Two workshops, one at Eastern State Hospital and one at Western State Hospital (to include Child Study and Treatment Center) plus training materials and videos will cost approximately $70,000.

Effects of non-funding:

The consequences of ineffectual communication with staff to our clients range from dissatisfaction with services to physically violent reactions that often result in injury to staff or patient, and impede patients' chances for placement in the community. Effective communication with patients would make the state mental hospitals safer places for staff and patients, and do much to increase job satisfaction for staff. Improved communication between staff would also improve morale.

Expenditure Calculations and Assumptions:

Object Detail

	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	70,000	0	70,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	53,000	0	53,000
Total for Fund 001-1	**53,000**	**0**	**53,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	10,000	0	10,000
Total for Fund 001-7	**10,000**	**0**	**10,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	7,000	0	7,000
Total for Fund 001-C	**7,000**	**0**	**7,000**
Total Overall Funding	**70,000**	**0**	**70,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CH CSTC UW Child Psych Contract
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for the increase in overhead costs for the University of Washington's (UW) Child Psychiatry contract at the Child Study and Treatment Center (CSTC).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	54,000	56,000	110,000
001-7 General Fund - Basic Account-Private/Local	2,000	2,000	4,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	51,000	53,000	104,000
Total Cost	**107,000**	**111,000**	**218,000**

Staffing

Package Description:

CSTC maintains a contract with the UW to provide intense child psychiatry and clinical direction to hospital staff. The hospital is accredited by the Joint Commission on Accreditation of Hospitals Organizations (JCAHO). Rigorous standards are regularly met because of the level of care this contract provides. In Fiscal Year 2004, the UW increased its overhead percentage from 10 percent to 26 percent, causing an over-expenditure of $103,000 to CSTC's 2004 budget.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The UW Child Psychiatry contract contributes to agency goals of providing quality psychiatric services to CSTC patients, meeting JCAHO standards.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

The UW increased its indirect overhead percentage from 10 percent to 26 percent starting in Fiscal Year 2004.

Impact on clients and services:

The program under the direction of UW clinicians had attained a national reputation for helping children with mental illness. If not fully funded, some aspect of this successful program would have to suffer.

Impact on other state programs:

None

Relationship to capital budget:

DP Code/Title: M2-CH CSTC UW Child Psych Contract
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The UW Child Psychiatry contract is the alternative to having a Medical Director and other child psychiatry experts on staff. The contract allows for varying levels of expertise at a lower cost than full- or part-time staff. It would be very difficult to recruit and retain staff with the appropriate credentials for less than full-time. Without the UW contract, appropriate treatment for CSTC patients would be difficult to achieve.

Budget impacts in future biennia:

The 16 percent increase in overhead costs is expected to continue into future biennia.

Distinction between one-time and ongoing costs:

These costs are ongoing.

Effects of non-funding:

The contract at the increased cost to CSTC is still more cost effective than hiring permanent, qualified staff. Non-funding will require a reduction of other necessary services to CSTC clients putting the hospital at risk of non-compliance with the Joint Commission.

Expenditure Calculations and Assumptions:

Object Detail	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	107,000	111,000	218,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CH CSTC UW Child Psych Contract
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	54,000	56,000	110,000
Total for Fund 001-1	**54,000**	**56,000**	**110,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	2,000	2,000	4,000
Total for Fund 001-7	**2,000**	**2,000**	**4,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	51,000	53,000	104,000
Total for Fund 001-C	**51,000**	**53,000**	**104,000**
Total Overall Funding	**107,000**	**111,000**	**218,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CL MH Consumer Outcomes
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests ongoing funding for an Adult and Child Outcomes Tracking system. The Mental Health Division (MHD) is requesting ongoing funding to support Joint Legislative Audit and Review Committee (JLARC) recommendations and legislative mandates to track consumer Mental Health outcomes. The outcomes will be used to provide direct clinician feedback, and to manage the Mental Health system.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	68,000	68,000	136,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	57,000	57,000	114,000
Total Cost	**125,000**	**125,000**	**250,000**

Staffing

Package Description:

This decision package requests ongoing funding for the Mental Health Consumer Outcomes system. The system allows the MHD to track outcomes on both adult and child service recipients over time. The system also provides real-time reports to clinicians to allow them to use the data for service planning and outcomes monitoring. MHD has developed performance measures using adult and child outcomes that will be used to monitor the Mental Health system and improve the quality of service delivery across the state. The plan to track both adult and child outcomes ensures that all mental health consumer groups are included in quality improvement efforts.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package allows MHD to meet its strategic goal of managing and improving the Mental Health system through contracts and quality improvement efforts. It will provide MHD, the Regional Support Networks (RSNs), provider agencies and clinicians with outcome data that can be used for local quality improvement. It also provides the MHD with measures that will be used to monitor RSN performance and improve system quality and accountability.

Performance Measure Detail

Agency Level

Activity: C900 Program Support - Mental Health	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

Without ongoing funding MHD will be unable to continue the outcome system beyond State Fiscal Year 2004.

Impact on clients and services:

Clients will benefit through having a greater voice in service delivery and quality improvement. This decision package will provide the MHD and RSNs with direct feedback from Mental Health consumers. Changes in the Mental Health system can be directed based on consumer feedback, and the overall quality and effectiveness of Mental Health services across the state

will be improved.

Impact on other state programs:

No impact on other programs.

Relationship to capital budget:

There is no relationship to the capital budget.

Required changes to existing RCW, WAC, contract, or plan:

No revisions are required.

Alternatives explored by agency:

When MHD was given funding to develop the Outcome system, several options were discussed. A stakeholder group was formed to discuss options, and provide system specifications. The group felt strongly, as did JLARC, that the system needed to provide immediate feedback to clinicians. MHD did not have the expertise, nor the hardware or software in-house to develop such a system. Therefore, an request for proposal was let for a contract to build and operate the system. The MHD is requesting funds to continue support for the vendor collecting the outcome information, housing and storing the data, and providing feedback to clinicians.

Budget impacts in future biennia:

Request is for ongoing funding in future biennia.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

If this budget decision is not funded, MHD will not be able to continue the Consumer Outcome system that has been developed during the last biennium. The Department of Social and Health Services will not be in compliance with the two bills in the 2001 Session requiring implementation of the JLARC recommendations (SB5583 and HB 1650).

Expenditure Calculations and Assumptions:

The contractor will maintain the Outcome Collection and Reporting system, to include maintaining the server that collects telephone, web, and fax survey data; calculates and generates reports, which are e-mailed to clinicians; providing consumer outcomes to MHD, RSNs and providers; maintain training and communication web site where providers can access reports, training manuals, outcome tools, and reminders of which consumers need follow-up assessments.

Object Detail	FY 1	FY 2	Total
Overall Funding			
C Personal Service Contracts	125,000	125,000	250,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CL MH Consumer Outcomes
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	68,000	68,000	136,000
	Total for Fund 001-1	**68,000**	**68,000**	**136,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UB	Title XIX Admin (100%)	57,000	57,000	114,000
	Total for Fund 001-C	**57,000**	**57,000**	**114,000**
	Total Overall Funding	**125,000**	**125,000**	**250,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CY Community Inpatient Med. Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package would fund the Regional Support Networks (RSNs) at an appropriate level to pay for the increasing costs for community inpatient services and alleviate the continued pressures on the funds available for outpatient services intended to keep clients out of costly hospitalizations. Hospitals have received increases historically, while the RSNs have not received a corresponding increase to their budget.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	11,547,000	13,767,000	25,314,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	6,317,000	8,214,000	14,531,000
Total Cost	**17,864,000**	**21,981,000**	**39,845,000**

Staffing

Package Description:

Claims data illustrates that the cost of a community psychiatric hospital stay reimbursed with RSN funds has increased significantly over the past few years, although during the same time period RSNs have not received a corresponding increase to their funding rate. In fact, in the 2002 Supplemental RSNs received a 15 percent decrease to Inpatient Capitated rates, which translated into a $9.2 million cut. Since the RSNs operate an integrated Inpatient and Outpatient system, rising costs of inpatient hospitalizations and funding cuts to rates RSNs receive for these services result in higher cuts to outpatient programs. Consequently, RSN funding originally targeted to support outpatient programs ends up having to fund the rising costs associated with community psychiatric hospital inpatient stays. These are the very same outpatient programs that are intended either directly or indirectly to keep clients stable in the community for the purpose of avoiding hospitalization. Some may argue that total funding (outpatient + inpatient) allocated to RSNs has increased from fiscal year to fiscal year, however funding increases have been due to growth in Medicaid enrollment (number of Medicaid enrolled x RSN capitated rate). In other words the RSN Capitated Funding rate has remained unadjusted for the rising costs of a psychiatric hospital stay.

A more resounding statistic than the increase in RSN claims reimbursed from fiscal year to fiscal year is the much smaller percentage increase (2.8 percent) in total RSN community psychiatric hospital days from fiscal year to fiscal year. RSNs and their provider networks have done exceptional work in managing community hospital utilization during a time when the number of clients accessing Mental Health services through RSNs continues to increase every year. The slight jump in the projected increase in total community hospital days from Fiscal Year 2002 to Fiscal Year 2003 (76,719 to 81,000) is most likely the result of more clients with higher acuity levels and less state hospital beds available.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The Mental Health Division is responsible for providing community outpatient and inpatient services. These services are necessary in the continuum of care for mentally ill individuals. In order to continue to provide appropriate outpatient services to help prevent costly hospitalizations, the RSNs must be wholly funded on the inpatient side to avoid moving funds from outpatient services to cover inpatient costs.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CY Community Inpatient Med. Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

The cost of medical care continues to rise; however, the RSN system has not seen corresponding increases through the years. It has come to the point where funds needed to avoid costly inpatient hospitalizations must be diverted to pay for these same services. In order for the RSNs to keep clients out of more acute level settings, they must have the appropriate level of funds to pay for these costly services to avoid transferring funds from the very services that help avoid an inpatient hospital stay.

Impact on clients and services:

This proposal will provide additional funding to the RSNs to ensure they have appropriate funds to pay for the increasing costs of inpatient services and will stop the RSNs spending necessary outpatient funds intended to avoid these costly services.

Impact on other state programs:

Without the necessary funding for the RSNs to pay inpatient hospitalizations, the RSNs will continue to be forced to use their outpatient funding. As this vicious cycle continues mentally ill individuals will become more and more acute because they will not be able to get lower level services that could avoid hospitalization. This in turn will make Mental Health services more costly since all funds will have to be diverted to the expensive inpatient hospitalizations.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

As medical costs continue to climb there are no alternatives, but to pay these higher costs or not provide the care. The RSNs have tried to absorb these costs; however, as they continue to divert outpatient funding to the costly inpatient settings, the system will continue to break down and in the long run become much more expensive and less effective in treating mentally ill individuals.

Budget impacts in future biennia:

It is expected that medical costs will continue to grow and therefore, increases will be necessary in the future.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

Not funding this request will result in further breakdown of the RSNs ability to effectively serve mentally ill individuals at appropriate levels of care because they will have to divert funding for lower level services to more costly inpatient services.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CY Community Inpatient Med. Inflation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Expenditure Calculations and Assumptions:

See attachment - MHD M2-CY Community Inpatient Med. Inflation.xls

Object Detail

	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	17,864,000	21,981,000	39,845,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	11,547,000	13,767,000	25,314,000
Total for Fund 001-1	**11,547,000**	**13,767,000**	**25,314,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	6,317,000	8,214,000	14,531,000
Total for Fund 001-C	**6,317,000**	**8,214,000**	**14,531,000**
Total Overall Funding	**17,864,000**	**21,981,000**	**39,845,000**

2005-07 Biennium
M2-CY Community Inpatient Med. Inflation

	Total Allowabled Charge					Total Bed Day					Payment per Bed Day				
	FY 2001	FY 2002	% change	FY 2003	% change	FY 2001	FY 2002	% change	FY 2003	% change	FY 2001	FY 2002	% change	FY 2003	% change
Medicaid (Statewide)	32,315,259	35,155,515	8.08%	33,239,020	-5.77%	49,419	49,495	0.15%	45,995	-7.61%	654	710	7.94%	723	1.71%
Non-Medicaid (Statewide)	4,673,625	5,401,568	13.48%	5,081,041	-6.31%	18,305	20,188	9.33%	18,110	-11.47%	255	268	4.58%	281	4.63%
	36,988,884	40,557,083		38,320,061		67,724	69,683	2.81%	64,105		909	978		1,003	0.06

Data Source: MHD Community Hospital Database
Report as of February 2004** Note FY 2003 data not complete

	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	
Increase to RSN needs to be:							
Anticipated Medicaid bed usage**	49,495	49,569	49,569	49,569	49,569	49,569	49,569
Anticipated Non-Medicaid bed usage**	20,188	22,071	22,071	22,071	22,071	22,071	22,071
Medicaid (Statewide) bed day cost	710.28	766.66	827.52	893	964		1,041
Non-Medicaid (Statewide) bed day cost	267.56	279.81	292.61	306	320		335
Medicaid (Statewide) anticipated cost	35,155,515	38,002,993	41,019,579	44,275,614	47,790,105	-	51,583,567
Non-Medicaid (Statewide) anticipated c	5,401,568	6,175,622	6,458,219	6,753,748	7,062,800	-	7,385,995
	40,557,083	44,178,615	47,477,798	51,029,362	54,852,905	-	58,969,562
Cumulative Difference	3,568,200	7,189,731	10,488,914	14,040,478	17,864,021		21,980,679

Based on using bed day % change between FY2002 and FY2001
Bed Day usage capped at projected FY2003 amounts

GF-S	11,547,000	13,767,000
GF-F	6,317,000	8,214,000
	17,864,000	21,981,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	172,000	112,000	284,000
001-7 General Fund - Basic Account-Private/Local	17,000	11,000	28,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	19,000	13,000	32,000
Total Cost	**208,000**	**136,000**	**344,000**

Staffing

Package Description:

DSHS is requesting upgrades to the WAN core infrastructure to accommodate increased growth of network traffic. This increase in traffic is being created by additional applications using the WAN to provide direct client services.

Many of these heavy network demands are related to the availability and distribution of new Web centric technology. As these new or updated applications are implemented, available bandwidth on the network has become saturated and performance has degraded. Delays and bottlenecks occur, resulting in increased processing time for client services and longer outages. This item replaces equipment and bandwidth that was designed and/or implemented approximately nine years ago. Most of the affected equipment has a projected industry life cycle of three years.

The network structure originating from 250 DSHS offices to the core shared bandwidth is currently oversubscribed by an average ratio of 6:1. This oversubscription is causing major delays, hours of troubleshooting and lost productivity. Newer high speed bandwidth options will help reduce the oversubscription more efficiently than using a "band aid" approach with older technology.

This upgrade will give DSHS the capability to serve clients and constituents in a more efficient manner. Replacing this equipment now will avoid outages and costly repairs due to outdated equipment. Additionally, from a resource perspective, it will become more cumbersome and expensive to add to our outdated network as compared to available newer offerings.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Agency Strategic Plan Goal C: Improve accessibility and service integration.

Agency Strategic Plan Goal D: Improve customer services.

This infrastructure upgrade will allow DSHS to cost effectively implement the required core shared infrastructure and bandwidth to support the direction from both the Governor's Office to streamline government through the use of technology and the Washington State Digital plan.

This infrastructure upgrade supports the DSHS program areas and allows the Information System Services Division (ISSD) to

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

meet the core values of its strategic plan as follows:

- Ensures ISSD information technology direction is aligned with the department's overall plan,
- Allows delivery of efficient and cost effective information technology solutions that will allow DSHS staff to effectively deliver services to clients,
- Improves network capacity while ensuring accurate communications of information, and
- Upgrades the network infrastructure to keep pace with new and rapidly changing applications.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00
Activity: C900 Program Support - Mental Health		
No measures linked to package	0.00	0.00

Reason for change:

Technology has changed and the demand for more networking capacity has increased as DSHS program areas are using new tools to improve and deliver client services more efficiently. The infrastructure currently in place has been used for at least nine years and is not current with newer technology capabilities requirements. There is a high risk of increased and longer duration outages.

Upgrading the infrastructure will allow DSHS to cost effectively increase WAN capacity to meet the emerging business requirements of the agency. More importantly, this upgrade will give DSHS the flexibility and growth driven by new technology and business requirements to meet the agency's business goals.

This infrastructure upgrade also allows DSHS program areas to implement new applications and upgrade older Legacy systems such as but not limited to:

- Customer call centers for faster and more efficient customer service,
- Interactive Voice Response systems so clients can get their client and eligibility information 24-hours a day using their telephone,
- Interactive and static Internet Web pages that provide 24-hour service and save clients from traveling to a Community Service Office (CSO),
- Video services for client interviews at DSHS CSO outstations that do not have the staff to perform these functions at their small facilities,
- Digital sharing and storing of documents, reducing time and costs associated with paper documents, and
- Upgrade legacy batch and mainframe screen systems to Web centric solutions.

Impact on clients and services:

Upgrading the WAN infrastructure will allow all program areas within DSHS to implement applications that improve service delivery to clients. All program areas within DSHS are currently either working on initiatives and/or plans that will improve service delivery to customers that use newer technology. Examples of these initiatives within DSHS that demand additional WAN capacity are:

Economic Service Administration (ESA)
Customer Call Centers that will use the DSHS WAN for both voice and video to allow clients access to their information and a caseworker from their telephone and to receive services without traveling to a DSHS office.

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ESA, Division of Child Support (DCS), Social Services Payment System (SSPS)
Interactive Voice Response systems (IVR) that connect the client to their information using their telephone without staff intervention. This allows 24-hour access to client information.

Children's Administration, Division of Developmental Disabilities, ESA/DCS, Financial Services Administration
Interactive and static Web pages that allow clients and providers to conduct business with DSHS and receive information on services available and how to receive those services.

Office of Deaf & Hard of Hearing, ESA/DCS
Implement video conferencing to deliver client services, reduces the need for translators in the field for clients and reduces the need to staff small outstations with additional staff.

Impact on other state programs:

This upgrade will assist all program areas within DSHS to implement their initiatives using a shared network which is the most cost effective method to deliver these diverse client services. This infrastructure upgrade allows ISSD to support the network with current staff and does not require additional staff in the program areas. Additionally, this upgrade will allow DSHS additional room for growth.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The two available options are: 1) To continue with the current infrastructure, and 2) Implement the upgrade. If DSHS continues with the current infrastructure, it will be unable to meet the agency's business requirements as more demands and requirements are expected of the network.

If the network infrastructure is upgraded, the current network platform would be combined with newer technology provided through the Department of Information Services (DIS). This would leverage current investment and allow use of an installed Frame Relay network consolidating the network hubs together with network offerings including fiber optics, Asyncronous Transfer Mode (ATM), and Digital Subscriber Lines (DSL). In this manner, our shared bandwidth would be consolidated into a more cost effective, expandable resource for all program areas statewide within DSHS. This option allows DSHS to scale the network to fit current demands and allows for cost effective growth as required.

Budget impacts in future biennia:

Increased costs for WAN will continue into future biennia.

Distinction between one-time and ongoing costs:

This request is for one-time costs of $2,155, 000 and ongoing costs of $2,135,000 for implementing new equipment, circuits, and high speed network offerings. The result of installing this upgrade will allow DSHS to manage and maintain a robust network that can support varied and complex applications instead of the current aging infrastructure

Effects of non-funding:

The effects of non-funding will affect all program areas and their clients within DSHS and the state of Washington. Many

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

new applications are being implemented that degrade the existing infrastructure. Increased use of staff resources for trouble shooting, slow response times and application timeouts are common due to the non-performance of the current network platform.

Additionally, client services and staff support will be negatively impacted if the upgrade is not deployed. Activities such as determining a client's eligibility, insuring the safety of a child, collecting child support and making timely payments to DSHS contracted providers could be delayed or not successfully completed as required by law, resulting in possible litigation and/or loss of funding.

Expenditure Calculations and Assumptions:

See attachment - AW M2-FD Wide Area Network (WAN) Usage.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
T Intra-Agency Reimbursements	208,000	136,000	344,000

DSHS Source Code Detail	FY 1	FY 2	Total
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	172,000	112,000	284,000
Total for Fund 001-1	**172,000**	**112,000**	**284,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	17,000	11,000	28,000
Total for Fund 001-7	**17,000**	**11,000**	**28,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	18,000	12,000	30,000
19UL Title XIX Admin (50%)	1,000	1,000	2,000
Total for Fund 001-C	**19,000**	**13,000**	**32,000**
Total Overall Funding	**208,000**	**136,000**	**344,000**

2005-07 Biennium
ML-FD Wide Area Network (WAN) Usage

		Device Count	Percent	Distribution	Rounded (to $1000)
	Fiscal Year 2006				
010	Children and Family Services	3,697	16.02%	$ 527,113	$ 527,000
020	Juvenile Rehabilitation	798	3.46%	113,778	114,000
030	Mental Health	1,174	5.09%	167,387	167,000
030	MHD SCC	289	1.25%	41,205	41,000
040	Developmental Disabilities	1,705	7.39%	243,096	243,000
050	Aging and Adult Services	2,255	9.77%	321,515	322,000
060	Economic Services	10,184	44.13%	1,452,020	1,453,000
070	Alcohol and Substance Abuse	114	0.49%	16,254	16,000
080	Medical Assistance	1,005	4.36%	143,291	143,000
100	Vocational Rehabilitation	858	3.72%	122,332	122,000
110	Administration and Supporting Services	996	4.32%	142,008	142,000
	Total	23,075	100.00%	$ 3,290,000	$ 3,290,000
	Fiscal Year 2007				
010	Children and Family Services	3697	16.02%	$ 342,063	$ 342,000
020	Juvenile Rehabilitation	798	3.46%	$ 73,834	74,000
030	Mental Health	1174	5.09%	$ 108,624	109,000
030	MHD SCC	289	1.25%	$ 26,740	27,000
040	Developmental Disabilities	1705	7.39%	$ 157,754	158,000
050	Aging and Adult Services	2255	9.77%	$ 208,642	209,000
060	Economic Services	10184	44.13%	$ 942,268	941,000
070	Alcohol and Substance Abuse	114	0.49%	$ 10,548	11,000
080	Medical Assistance	1005	4.36%	$ 92,987	93,000
100	Vocational Rehabilitation	858	3.72%	$ 79,386	79,000
110	Administration and Supporting Services	996	4.32%	$ 92,154	92,000
	Total	23075	100.00%	$ 2,135,000	$ 2,135,000

AW M2-FD Wide Area Network (WAN) Usage.xls

2005-07 Biennium
M2-FD Wide Area Network (WAN) Usage

	One Time Costs	Recurring Year 1	Recurring Year 2	Recurring/ On going
Wide Area Network Equipment (WAN)				
Routers (approximately 80)	$700,000	$10,000	$10,000	$10,000
Switches (approsimately 50)	$300,000	$10,000	$10,000	$10,000
WAN Circuit upgrades				
Additional circuits (Permanent Virtual Circuits)	$125,000	$75,000	$75,000	$75,000
Increased network capacity	$400,000	$1,000,000	$2,000,000	$2,000,000
Core Equipment upgrade & management tools				
Routers, Switches, Uninterrupted Power Supplies, misc. items as needed	$450,000	$10,000	$10,000	$10,000
Metropolitan Area Network (MAN)				
Upgrade & expand high speed services	$180,000	$30,000	$30,000	$30,000
Totals:	**$2,155,000**	**$1,135,000**	**$2,135,000**	**$2,135,000**

$2.155 million ~ One Time Costs
$1.135 million ~ Recurring Costs ~ Year 1
$2.135 million ~ Recurring Costs ~ Year 2

WAN: References remote sites within DSHS ie: Spokane CSO, Everett DCFS, etc.

MAN: References Lacey, Olympia, Tumwater Headquarters ie: Lacey Government Center, MAA, etc.

Core: References OB2 network equipment providing WAN & MAN termination points

Circuits/Bandwidth: Provided by DIS, Qwest, Comcast, & 3rd party vendors which allows data communication statewide.

AW M2-FD Wide Area Network (WAN) Usage.xls

Maintenance Level

Special Commitment Center

DSHS Budget Division

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CJ SCC Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This request is to fund projected census increases in the Special Commitment Center's (SCC) population operational costs to support SCC's new stand-alone facility on McNeil Island, and administrative overhead associated with two Human Resources Staff.

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		6,924,000	9,252,000	16,176,000
	Total Cost	**6,924,000**	**9,252,000**	**16,176,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**55.5**	**74.7**	**65.1**

Package Description:

This request is for funds for the new facility's total confinement program on McNeil Island. The request covers the operational costs associated with the program's forecasted average annual population of 241 residents in Fiscal Year 2006 and 268 residents in Fiscal Year 2007. SCC moved into the new total confinement facility in June 2004. Because the facility is located on McNeil Island, SCC remains dependent on the Department of Corrections' (DOC) McNeil Island Corrections Center (MICC) for several supporting services. Working on a secure island that is accessible only by a restricted passenger ferry is a factor that causes extraordinary challenges in recruiting and retaining staff and obtaining necessary services needed to manage the program and operate the facility. In addition to staff recruitment and retention issues, running a "stand alone" program on an island requires the purchase of equipment needed for self-sufficiency, e.g., an on-island recovery vehicle that enables staff to tow vehicles to the mainland for repair, etc.

The growth of the SCC, which continues to operate under a federal court injunction, has increased the workload in all aspects of the program -- Administration, Clinical, Residential, and Support Services Programs. This request describes the staffing, equipment and supply services needed to address the SCC client needs and meet requirements of the federal court injunction.

Administration:

An additional Resident Advocate is needed to support the workload increases resulting from the growth of the program and increase in resident population. The need for this position was noted in the October 2003 federal court injunction hearing.

Clinical:

The Treatment Unit staff of the SCC Clinical Department is organized into treatment teams that provide direct sex offender treatment and coordinate ancillary services to SCC residents who suffer from serious personality and psychiatric disorders. Each team works with a specific group of residents. The teams are currently composed of one Psychologist and three Forensic Therapist 2 (FT2) positions. With the growth of the SCC resident population, the number of residents served by each team has grown to approximately 48 residents. The teams provide services to all residents including those who choose not to participate in treatment. (For the 30 percent of the total population who do not participate in treatment, a less intense staff workload is required). This request would reduce the number of residents to staff on the teams from 48 to an average of 33. Therefore, some treatments teams would be smaller due to the treatment of special needs residents and other teams would be larger.

DP Code/Title: M2-CJ SCC Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

To manage the continuing workload growth, maintain constitutionally adequate mental health treatment standards, and make treatment planning and coordination of services to residents more efficient and effective, the SCC proposes to implement a case management team model with a ratio of one team for about every 33 residents. The case management model would require the addition of one Treatment Plan Coordinator (TPC) for each team for a total of 7.0 Full-time Equivalent (FTEs) personnel in Fiscal Year 2006 and 8.0 FTEs in 2007. (The Treatment Plan Coordinator position would be comparable to the Habilitation Plan Administrator position used in the Division of Developmental Disabilities). The TPC position would coordinate the treatment planning among the multiple disciplines (clinical, residential, medical, vocational, recreational, spiritual, etc.) that are responsible for the provision of care and treatment to individual residents. In addition, the TPC staff would monitor the overall treatment process to ensure that work progresses toward meeting the goals of the treatment plan.

The Forensic Services Unit of the Clinical Department is responsible for completing the required annual evaluation of each civilly committed resident's progress. These evaluations are required to be submitted to the court that committed the person under RCW Chapter 71.09. The annual report shall consider if the committed person currently meets the definition of a sexually violent predator, if a conditional release to an LRA is in the best interest of the person, and if conditions for release can be imposed by the court that adequately protect the community.

The current standard for SCC forensic evaluators is completion of three annual reviews per-month for a total of 36 such evaluations per-psychologist, per-year. This is approximately one Forensic Psychologist for every 33 SCC residents. There are currently three full-time evaluators and one part-time evaluator on staff who are supervised by the Forensic Services Manager. A total of 130 annual reviews are due for completion in 2004. An average year results in 20-30 additional commitments to the SCC requiring the addition of 3.5 Forensic Psychologist FTEs in Fiscal Year 2006 and an additional 1.0 Forensic Psychologist FTEs in Fiscal Year 2007.

Residential:

The Assistant Residential Care Manager (ARCM) positions are scheduled on a shift basis to provide supervisory coverage of the residential facility 24-hours a day, 7-days a week (24/7). These key staff positions are responsible for coordinating and supervising the daily operation of all residential living units in the total confinement facility. Each position supervises up to 12 first-line supervisors who, in turn, supervise a total of approximately 150 residential rehabilitation counselors. The ARCMs have a major responsibility for the overall effectiveness of the SCC treatment program. They must work closely with staff in other SCC program areas to ensure that the residents' treatment plans are being followed on the residential units. The ARCMs also play a critical role in coordinating communications between the residential, clinical, and medical staff at the SCC and with the DOC and other external stakeholders.

There are currently an insufficient number of ARCM positions to provide adequate coverage during staff annual, sick and/or holiday leave. An additional two Social and Health Program Manager 2 (SHPM2) positions are needed to provide adequate supervisory coverage of the residential program on evenings and weekends and to provide backup coverage for the ARCM positions during training activities, annual, sick and/or holiday leave.

An additional Adult Training Specialist 2 position is needed to develop, arrange and coordinate vocational opportunities for SCC residents in the total confinement facility. The areas where residents are performing essential functions at the new facility are landscaping, kitchen, plant and vehicle maintenance. Further expansion of the vocational program includes developing a cottage industry on site and increasing vocational opportunities for special needs residents. Both the Federal Court and program consultants have continued to recommend SCC increase vocational opportunities for special needs residents.

A half-time Chaplin position is requested to provide religious and cultural support. The chaplin's work is currently being performed through a contractor, but scheduling has been an issue and SCC is unable to depend on the availability of contractors for this work.

Medical:

DP Code/Title: M2-CJ SCC Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

In order to recruit and retain permanent nursing staff, SCC's goal is to implement a staffing model within the medical unit that is competitive with the private sector. The staffing model must provide sufficient nursing staff coverage on a 24/7 basis. This requires enough staff to provide overlap between shifts to enable nursing staff to share information at shift change, maintain coverage at the facility while other staff members are being transported between the facility and the ferry dock. Finally, there must be enough staff hours to synchronize work schedules with the island shuttle and boat schedule.

Recruiting and retaining qualified medical staff is a difficulty many private and public agencies encounter. SCC has the added difficulty of needing to hire qualified staff who must work on a secure island, a factor that adds considerably to many employees' commute. In this request SCC proposes to employ a combination of permanent medical staff (state employees) and contracted staff to provide 24/7 coverage. One permanent Registered Nurse 3 (RN3) on each shift will provide sufficient oversight and supervision of nursing functions. Contracted staff will be hired to fill gaps in coverage when permanent state employees are not available. To ensure adequate 24/7 coverage, the following additional positions are needed in the medical unit: 2.0 FTEs - RN3 positions; 1.7 FTEs - RN2 positions; 1.4 FTEs - Licensed Practical Nurse 3 positions; and 3.4 FTEs - Certified Nurses Aid positions. An additional Office Assistant Senior is requested to provide support to the expanded medical unit

A Dental Assistant is requested to provide support and assistance in the dental section of the medical unit. This is an additional function previously provided for by MICC and now must be provided by SCC.

Support Services:

A Retail Clerk 1 position is needed to organize and direct the operations of the resident store. Previously, another classification Recreational Rehabilitation Counselor (RRC) was used; however, the duties of the retail clerk do not fit the RRC classification and the operation has suffered from disorganization and inefficiency because ordering and inventory have not been appropriately managed. It is very important that an appropriate classification be allocated to store operations now since SCC can no longer rely on MICC to perform many of the functions associated with the store, e.g., managing inventories in a warehouse.

Two additional Custodial Supervisor 1 positions are needed to maintain the new facility, which has considerably more square footage than the space SCC occupied in MICC. The completion of King Hall in June 2005 will add another 38,000 square feet (total square footage of the facility will then be 227,000). The Custodial Supervisory class is recommended, due to the fact that custodians supervise crews of residents who assist in custodial and housekeeping responsibilities. Furthermore, the Custodial Supervisor will assist the staff in the vocational department to develop and assess jobs and job performance.

An additional Truck Driver 2 position is required to provide transportation coverage and freight capacity for an expanding 24/7 work force. Transportation of staff, material and supplies to, from and on the island has increased significantly in number and frequency.

Plant Maintenance:

For the first time, SCC will be responsible for the maintenance of an entire campus and facility. A Painter Supervisor position is required to maintain the exterior and interior of buildings and structures and to organize, direct, train and assess the performance of a work crew of (resident) painters. Some of the existing buildings that are part of the SCC campus have been in disuse and neglected for years and are in dire need of painting. This function will also be coordinated with the Vocational Department, with oversight provided by the painter supervisor position.

Food Services:

An additional two Cook 2, one Food Service Aid 2, and two Food Service Aid 1 positions are needed to provide the essential functions of procuring and producing meals for approximately 200 residents at the new facility. The biennial average resident

population is projected to be 254 residents. The campus-style facility requires the Food Services Department to provide meals in several locations in addition to the main dining hall in order to serve medically fragile residents. The Food Services Department also provides support to the medical department in managing the nutritional needs of some residents who must be segregated, and assists the Residential Department in providing residents with life skills training in meal preparation and nutrition. These functions support resident treatment and training goals.

Supplies & Maintenance:

To sustain the operational integrity of the program, additional funds for supplies and maintenance are needed for various service areas such as custodial, kitchen, plant maintenance, medical, dental and security. This also includes funds for staff uniforms for staff working in the plant maintenance, medical, kitchen, and ancillary services areas. Funds are also needed to pay for license fees for specialized software used by the Food Services Department. Additional funds are needed for pest control services.

This request includes the purchase of an annual maintenance contract for the x-ray inspection system that is being used to inspect incoming resident mail and packages. Funds were provided in the 2004 Supplemental Budget for equipment that enables security officials to do a thorough and comprehensive mail inspection to detect contraband.

Funding for the annual maintenance agreement for the body scanner is requested to ensure its operation when scanning residents upon entry or return to the facility and after visitations with family or legal professionals.

Equipment:

Funds for the following tools, supplies and equipment needed in various areas within the facility are requested as detailed below. Some of these services were provided by MICC in past biennia and some services must be provided now that the SCC operates an independent facility.

An island recovery vehicle is needed to support the SCC Motor Pool operation on the island. SCC must have the ability to deploy a "recovery vehicle," to tow and transport disabled vehicles from the island. SCC must have the ability to remove vehicles from the island, and to transport such vehicles to be repaired or taken to surplus. The vehicle would also be able to respond to minor vehicle breakdowns of passenger cars and vans that may encounter such problems on the island or mainland.

A five-yard dump truck is requested for use in transporting recycling, trash, and other material to, from and within the facility. SCC currently has no means to haul this type of material. The vehicle would also be used for ground maintenance activities.

A 60-foot boom lift is required for safety and security purposes, as well as for facility preservation. In addition to providing the only means to perform maintenance on the interiors and exteriors of buildings, this equipment will also enable workers to reach security cameras and lighting. Experience has proven that the workload at both the SCC and MICC facilities exceeds the level that would allow the two agencies to share the equipment. MICC has indicated, during interagency agreement negotiations, that such an arrangement is not feasible.

A mobile food cart is needed to provide meals to residents who are confined to the residential living units. The kitchen is approximately 300-yards from the units. Many meals must be transported and kept at appropriate temperatures.

Warehouse carts, hand operated pallet jack, forklift, and delivery vehicles are needed for the distribution and transport, of equipment and supplies through out the facility.

Trash containers/hot trash bins and floor cleaners, vacuums and other custodial equipment are needed for maintaining a clean and safe working and living environment for all staff and residents.

SCC needs painting equipment such as paint and paint supplies, in addition to brushes, rollers, compressors, sprayers,

industrial fans, ladders and scaffolding equipment. A painting booth is required by the Occupation Safety and Health Act and the Department of Labor & Industries for specialized indoor painting.

New computers, monitors and printers are needed for a training center. SCC lacks the needed computer resources to train staff. Current computers available for training are antiquated and do not have capacity to run modern software programs. SCC has been moving toward implementing an electronic treatment record and all staff will be required to monitor and document treatment via electronic means. This requires residential and clinical staff to be trained in the new system, which will provide detailed information about each resident's medical history and treatment plan, including progress notes related to the treatment plan, the resident's attendance at treatment sessions, and job performance.

A maintenance contract for medical equipment is required to insure the proper operation of medical equipment, such as the autoclave, ultrasound machine, Hydrin instrument washer, GX-Pan panoramic system (x-ray machine) and dental chairs. Proper functioning equipment is essential to providing and delivering effective client services, assuring product safety and safe guarding assets.

A maintenance contract for kitchen equipment is required to insure the proper operation of equipment such as ovens, ranges and refrigerators. Many components are proprietary and cannot be independently purchased or installed by users or third parties. Proper functioning equipment is essential to providing and delivering effective client services, assuring product safety and safe guarding assets.

Departmental Administration and Supporting Services Program 110:

Funding for 2.0 FTEs for Human Resources Staff, is requested in Program 110 to support the 65.1 average annual FTEs requested for the SCC on McNeil Island.

Object N - Contracts:

Contract funds for African American Studies is requested to assist residents to understand and think about themselves in the context of their culture, ethnic history and community by facilitating resident group sessions. In addition, this contract would enable SCC to maintaining a small library of books and videos on African American Studies in the SCC's Cultural Resource Center.

SCC plans to use its current funds that have been dedicated to pay for basic medical, dental and pharmaceutical services that have been provided by MICC to cover costs for the medical services SCC now provides at the new facility. Additional funds are needed to provide contract services for optometry, physical therapy, radiology and dental hygiene. These services were provided by MICC in the past, and are now functions of SCC.

This request includes funds for new facility and additional transportation costs that have been negotiated in an inter-agency agreement with MICC. These services include the ferry and barge service, extra bus service during shift change, non-scheduled marine or bus service and Western State Hospital parking lot costs. Utility costs include electricity, oil (heating), septic/sewer and water. A charge for fire protection/alarm, telecommunication services, emergency repair for the facility, road repairs and Homeland Security for ferry/barge service are integrated in this request as is fuel and maintenance costs for SCC cars and buses.

This request includes funds for the maintenance and service warranties of critical systems at the new facility, as the current warranties will end in 2005. These systems include the fire alarm, security, boiler, and HVAC systems and are necessary for the continuing level of operations.

Narrative Justification and Impact Statement

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CJ SCC Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

How contributes to strategic plan:

This decision package provides for continued services and staffing based on historical and anticipated populations growth at the SCC. This request also supports the Governor's goal of public safety and health by protecting the safety and security of Washington residents.

Performance Measure Detail

Agency Level

Activity: C014 Civil Commitment-Sexual Predators	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

This request is a result of anticipated program growth, which is based on an increasing resident population and increases in trials, discovery, and deposition time for civil cases. In June 2004 SCC moved into an independent facility requiring the program to manage the operational costs. Before, SCC had been housed within DOC/MICC.

Impact on clients and services:

This request results from the continued resident population growth and operational costs associated with being in an independent facility requiring services such as food, medical, dental, facility and plant maintenance, and security. These services were previously provided by DOC/MICC.

Impact on other state programs:

This request anticipates that SCC will continue to use services, including transportation to and from McNeil Island, now provided by DOC. DOC Correctional Officers are required to escort SCC residents living in the total confinement facility when they must leave the secure facility for court hearings, hospital stays, or other extraordinary events.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

No revisions are required.

Alternatives explored by agency:

Alternatives have been carefully considered, but are limited by RCW 71.09 and requirements that have been imposed by the Federal District Court. Operating a facility on a secured island severely limits alternative options that might be available to mainland institutions.

Budget impacts in future biennia:

The cost of providing services to SCC residents will continue into future biennia, as the resident population increases. The cost of maintaining some of the existing services will also increase.

Distinction between one-time and ongoing costs:

This request reflects ongoing operational costs for resident care. With the exception of the equipment budget, which will be managed as necessary for replacement equipment, there are no one-time costs in this request.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CJ SCC Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Effects of non-funding:

Without funding, SCC will not be able to provide adequate and appropriate services to its clients. The program may be placed in jeopardy of non-compliance of the federal court order. The court expects the program to have no significant backslide in the care and services provided to residents.

Expenditure Calculations and Assumptions:

See attachment - SCC M2-CJ SCC Workload Adjustments-2.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	2,819,501	3,859,971	6,679,472
B	Employee Benefits	782,849	1,086,398	1,869,247
E	Goods And Services	1,435,868	1,696,721	3,132,589
G	Travel	9,000	9,000	18,000
J	Capital Outlays	481,511	128,111	609,622
N	Grants, Benefits & Client Services	1,270,635	2,347,163	3,617,798
P	Debt Service	9,766	9,766	19,532
T	Intra-Agency Reimbursements	114,870	114,870	229,740
	Total Objects	**6,924,000**	**9,252,000**	**16,176,000**

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	6,924,000	9,252,000	16,176,000
	Total for Fund 001-1	**6,924,000**	**9,252,000**	**16,176,000**
	Total Overall Funding	**6,924,000**	**9,252,000**	**16,176,000**

2005-07 Biennium
M2-CJ SCC Workload Adjustments

Summary of Special Commitment Center and Community Budget Units

CFL	FY06	FY07	
Summary by Object			
Annual Average Res Pop	228.33	228.33	
FTEs	362.00	362.00	
Salaries	13,565,528	13,565,528	
Benefits	3,901,631	3,935,631	
Goods and Services	3,090,972	3,073,972	
Equipment	90,000	90,000	
Travel	22,000	22,000	
Client Services	10,504,436	10,504,436	
Lease Purchase	270,047	270,047	
ISSD	47,386	47,386	
Total	**31,492,000**	**31,509,000**	

Proposed Budget

Summary by Object			
Annual Average Resident Population	249.17	277.17	
FTEs	417.51	436.73	
Salaries	16,385,029	17,425,499	
Benefits	4,684,480	5,022,029	
Goods and Services (Balance)	4,526,840	4,770,693	
Equipment	571,511	218,111	
Travel	31,000	31,000	
Client Services	11,775,071	12,851,599	
Lease Purchase	279,813	279,813	
ISSD	162,256	162,256	
Total	**38,416,000**	**40,761,000**	

ML Request

Summary by Object			
Annual Average Res Pop	20.84	48.84	
FTEs	55.51	74.73	65.12
Salaries	2,819,501	3,859,971	
Benefits	782,849	1,086,398	
Goods and Services	1,435,868	1,696,721	
Equipment	481,511	128,111	
Travel	9,000	9,000	
Client Services	1,270,635	2,347,163	
Lease Purchase	9,766	9,766	
ISSD	114,870	114,870	
Total	**6,924,000**	**9,252,000**	**16,176,000**

SCC M2-CJ SCC Workload Adjustments.xls

2005-07 Biennium
M2-CJ SCC Workload Adjustments

Special Commitment Center

Summary	FY06	FY07	
SCC Expenditure Summary by Tab			
			Additional Info
Annual Average Resident Population	241.00	268.17	**254.58**
FTEs	411.51	430.73	**421.12**
			FY06 (CPR)
Other Assumptions	716,940	724,628	154,295
Salaries and Benefits	20,634,515	22,011,756	FY07 (CPR)
Equipment and Operations	1,680,599	1,342,199	147,054
Residential Costs	12,947,378	14,138,129	Biennium (CPR)
MICC Contract (Balance)	872,167	891,888	150,483
Training	333,400	326,400	
Total	**37,185,000**	**39,435,000**	**76,620,000**

CFL	FY06	FY07
Summary by Object		
Annual Average Res Pop	**220.25**	**220.25**
FTEs	**356.00**	**356.00**
Salaries	**13,230,528**	**13,230,528**
Benefits	**3,805,631**	**3,839,631**
Goods and Services	**3,026,972**	**3,009,972**
Equipment	**90,000**	**90,000**
Travel	**15,000**	**15,000**
Client Services	**9,715,436**	**9,715,436**
Lease Purchase	**270,047**	**270,047**
ISSD	**39,386**	**39,386**
Total	**30,193,000**	**30,210,000**

SCC Expenditure Summary by Object			
Annual Average Resident Population	241.00	268.17	
FTEs	411.51	430.73	**254.58**
Salaries	16,046,749	17,087,219	**421.12**
Benefits	4,587,766	4,924,537	
Goods and Services (Balance)	4,437,366	4,681,347	
Equipment	561,511	208,111	
Travel	24,000	24,000	
Client Services	11,093,539	12,075,717	
Lease Purchase	279,813	279,813	
ISSD	154,256	154,256	
McNeil Island SCC Total	**37,185,000**	**39,435,000**	**76,620,000**

ML Request			
Summary by Object			
Annual Average Res Pop	**20.75**	**47.92**	
FTEs	**55.51**	**74.73**	**65.12**
Salaries	**2,816,221**	**3,856,691**	
Benefits	**782,135**	**1,084,906**	
Goods and Services	**1,410,394**	**1,671,375**	
Equipment	**471,511**	**118,111**	
Travel	**9,000**	**9,000**	
Client Services	**1,378,103**	**2,360,281**	
Lease Purchase	**9,766**	**9,766**	
ISSD	**114,870**	**114,870**	
Total	**6,992,000**	**9,225,000**	**16,217,000**

Benefits Percentage (CFL)	FY06	FY07	FY06	FY07
North Island	13,230,528	13,230,528	3,805,631	3,839,631
Community	335,000	335,000	96,000	96,000
Pierce County SCTF	1,023,000	1,023,000	269,000	269,000
King County SCTF	211,005	211,005	60,262	60,262
Total	14,799,533	14,799,533	4,230,893	4,264,893
Percentage			**28.59%**	**28.82%**

SCC M2-CJ SCC Workload Adjustments.xls

2005-07 Biennium
M2-CJ SCC Workload Adjustments
SCC Community Programs

Summary of Community siting and LRAs
(Everything outside of the SCC facility and the SCTF facilities)

Summary from Spreadsheets	FY 2004	FY 2005	
Resident ADP	8.17	9.00	
FTEs	6.0	6.0	
SCC Community Staff (Balance)	549,468	550,118	
Off Island Residents	681,532	775,882	
Total	1,231,000	1,326,000	2,557,000

CFL	FY06	FY07
Summary by Object		
Annual Average Res Pop	8.08	8.08
FTEs	6.00	6.00
Salaries	335,000	335,000
Benefits	96,000	96,000
Goods and Services	64,000	64,000
Equipment	0	0
Travel	7,000	7,000
Client Services	789,000	789,000
ISSD	8,000	8,000
Total	1,299,000	1,299,000

Summary by Object	FY04	FY05	
Resident Annual ADP	8.17	9.00	
FTEs	6.0	6.0	
Salaries	338,280	338,280	
Benefits	96,714	97,492	
Goods and Services (Balance)	89,474	89,346	
Equipment	10,000	10,000	
Travel	7,000	7,000	
Client Services	681,532	775,882	
ISSD	8,000	8,000	
Total	1,231,000	1,326,000	2,557,000

ML Request

Summary by Object			
Annual Average Res Pop	**0.09**	**0.92**	
FTEs	**0.00**	**0.00**	**0.00**
Salaries	**3,280**	**3,280**	
Benefits	**714**	**1,492**	
Goods and Services	**25,474**	**25,346**	
Equipment	**10,000**	**10,000**	
Travel	**0**	**0**	
Client Services	**(107,468)**	**(13,118)**	
ISSD	**0**	**0**	
Total	**(68,000)**	**27,000**	**(41,000)**

SCC M2-CJ SCC Workload Adjustments.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CK SCTF Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This request is to fund the cost of housing and providing medical and support services for residents conditionally released to the Secure Community Transition Facilities (SCTFs) located in King and Pierce Counties and the medical and support services costs of conditionally released residents living in other less restrictive alternative (LRA) community settings.

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		1,059,000	1,668,000	2,727,000
	Total Cost	**1,059,000**	**1,668,000**	**2,727,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**13.2**	**19.5**	**16.4**

Package Description:

The request is to support the two SCTFs, one located on McNeil Island (Pierce County SCTF) and in South Seattle (King County SCTF) operated by the Special Commitment Center (SCC) during the 2005-07 Biennium. The LRA facilities comply with the requirements of chapter 71.09 RCW and the Federal District Court. During the 2005-07 Biennium, the King County SCTF will house an average biennial population of 2.92 residents and the Pierce County SCTF will house an average of 6.50 residents. The diverse geographic location of each facility requires transportation of residents to a variety of treatment, social, and recreational services, and vocational opportunities.

In order to maintain adequate supervision at each SCTF, SCC requests that Residential Rehabilitation Counselor 3 (RRC3) positions be established for around-the-clock coverage. The RRC3 position handles supervisory responsibilities decision-making in the absence of the SCTF Manager. Coverage by this position is critical during the evenings, on weekends, and when the SCTF Manager is on leave. Although the RRC2 staff on duty may refer routine issues to SCC on-call duty officer after hours, circumstances that potentially affect public safety or involve SCC resident emergencies require action by a person in charge who can be immediately available on site.

Additional Residential Rehabilitation Counselor 2 (RRC2) positions are needed to comply with the one-to-one staffing ratio mandated in RCW 71.09.305 whenever a SCTF resident is away from the facility for any reason. Because RCW 71.09.265 requires the SCTF resident activities in the community to be distributed among adjoining counties, the Pierce County SCTF has experienced the need to escort residents to distant locations requiring extended transportation time. In many instances, these lengthy trips, which involve only one staff as escort, do not provide opportunities for staff escorts to take breaks. The need to provide staff relief for breaks is a safety issue as well as a labor law mandate. The only viable and cost-effective means to provide mandated breaks is to assign an RRC2 staff as a roving escort to provide relief for other staff while on extended community trips.

This request also includes funds for the increased expense for pharmaceuticals needed by SCC residents on conditional release to other community settings. The past projected costs of prescription medications have not kept pace with actual expenses. Some of the conditionally released persons in the community are on prescriptions that are very expensive. Two individuals are on depro-lupron, a medication that reduces sexual response. This medication is administered monthly through injections and costs approximately $600 per shot. Furthermore, the persons receiving these injections must receive supplemental drugs that alleviate potential side effects of the depro-lupron. Other residents in the community are on other expensive medications, e.g., psychotropic drugs, medications for esophageal reflux disease and drugs for elevated serum lipids.

DP Code/Title: M2-CK SCTF Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

The estimated resident population is due to the June 2004 revised forecast.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This request supports the Governor's goal of public safety and health by protecting the safety and security of Washington State residents.

Performance Measure Detail

Agency Level

Activity: C013 Civil Commitment Less Restrictive Alternatives	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

The RRC3 positions are necessary to ensure supervisory coverage around the clock, on weekends and when the SCTF Managers are on vacation or extended absences. It is essential that an experienced supervisor is on station to make immediate decisions to ensure the safety requirements are met for the public, staff and SCTF residents.

The additional FTEs for escorts are required to comply with the one-to-one staffing ratio mandated in RCW 71.09.305. The community trips for employment, treatment appointments and other approved activities require staff escorts to be away for extended periods of time from the SCTF. These long hours for escort duties present a problem to SCC because the SCTF employees are covered under the Fair Labor Standards Act (FLSA) and must receive a fifteen-minute break in every four-hour work period. RCW 71.09.305 requires the escort to supervise the SCTF resident closely and remain in close proximity to the SCTF resident when in a community setting.

SCC proposes to use roving staff escorts to cover break periods for staff members who are accompanying SCTF residents that may be away from the SCTF for extended community visits.

Impact on clients and services:

The funding request ensures that residents can continue to make a safe transition into SCTFs in the local communities.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Alternatives have been carefully considered, but are limited by chapter 71.09 RCW, FLSA and requirements imposed by the Federal District Court.

DP Code/Title: M2-CK SCTF Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

SCC has no authority to release SCC residents without a court order. In the interest of public safety, state statute imposes an intensive level of supervision of court-ordered conditionally released residents, despite the high cost of one-to-one staff/resident supervision and other security requirements. To meet the provisions of chapter 71.09 RCW and the standards for constitutionally adequate mental health treatment, SCC residents must have less restrictive alternative placement options when the courts of commitment order their conditional release.

Continuing to serve more residents in an SCTF, which meets the requirements for an LRA placement, is the recommended alternative.

Budget impacts in future biennia:

The cost of providing services to residents at the SCTF will continue into future biennia, as adjusted by changes in the programs forecast.

Distinction between one-time and ongoing costs:

This request reflects ongoing operational costs based on the resident population forecast, including equipment.

Effects of non-funding:

The residents would need to be maintained at the SCC or released from SCC without community supervision.

Although maintaining the residents at the SCC would not overcrowd the facility, some funding would be requested to maintain a larger resident population than is currently projected. Also, if this package is not funded, there will be potential public fallout from SCC no longer meeting the legal requirements of civil commitment. Releasing the residents has not been a viable option.

Expenditure Calculations and Assumptions:

See attachment - M2-CK SCTF Workload Adjustments Attachment 1, and M2-CK SCTF Workload Adjustments Attachment 2.xls.

Object Detail		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	667,341	902,856	1,570,197
B	Employee Benefits	214,333	286,581	500,914
E	Goods And Services	(19,186)	165,740	146,554
G	Travel	4,000	4,000	8,000
J	Capital Outlays	53,000	48,000	101,000
N	Grants, Benefits & Client Services	139,512	260,823	400,335
	Total Objects	**1,059,000**	**1,668,000**	**2,727,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-CK SCTF Workload Adjustments
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	1,059,000	1,668,000	2,727,000
Total for Fund 001-1	**1,059,000**	**1,668,000**	**2,727,000**
Total Overall Funding	**1,059,000**	**1,668,000**	**2,727,000**

2005-07 Biennium
M2-CK SCTF Workload Adjustments

SCTF Summary

	FY06	FY07
Summary By Tab		
Summary from Spreadsheets		
Annual Average Resident Population	7.83	11.00
FTEs	50.18	56.54
Salaries	2,444,941	2,752,704
Equipment	134,500	143,000
Resident Costs	301,700	423,299
Institutional Costs (Balance)	655,252	793,837
Other Assumptions	698,607	551,160
Total	4,235,000	4,664,000

Summary by Object		
Annual Average Resident Population	**7.83**	**11.00**
FTEs	**50.18**	**56.54**
Salaries	**1,901,346**	**2,136,861**
Benefits	**543,595**	**615,843**
Goods and Services (Balance)	**1,396,228**	**1,401,154**
Equipment	**73,000**	**68,000**
Travel	**4,000**	**4,000**
Client Services	**308,831**	**430,142**
ISSD	**8,000**	**8,000**
Total	**4,235,000**	**4,664,000**

CFL	**FY06**	**FY07**
Summary by Object		
Annual Average Res Pop	**10.09**	**10.09**
FTEs	**37.00**	**37.00**
Salaries	**1,234,005**	**1,234,005**
Benefits	**329,262**	**329,262**
Goods and Services	**1,415,414**	**1,235,414**
Equipment	**20,000**	**20,000**
Travel	**0**	**0**
Client Services	**169,319**	**169,319**
ISSD	**8,000**	**8,000**
Total	**3,176,000**	**2,996,000**

ML Request

Summary by Object			
Annual Average Res Pop	**(2.26)**	**0.91**	
FTEs	**13.18**	**19.54**	**16.36**
Salaries	**667,341**	**902,856**	
Benefits	**214,333**	**286,581**	
Goods and Services	**(19,186)**	**165,740**	
Equipment	**53,000**	**48,000**	
Travel	**4,000**	**4,000**	
Client Services	**139,512**	**260,823**	
ISSD	**0**	**0**	
Total	**1,059,000**	**1,668,000**	**2,727,000**

M2-CK SCTF Workload Adjustments.xls

2005-07 Biennium
M2-CK SCTF Workload Adjustments

SCTF King County

	FY06	FY07		
Summary By Tab				
Summary from Spreadsheets			Additional Info	
Annual Average Resident Population	2.33	3.50	**2.92**	
FTEs	21.88	26.84	**24.40**	
			FY04 (CPR)	
Salaries	1,081,385	1,314,413	819,000	
Equipment	65,000	48,500	FY05 (CPR)	
Resident Costs	89,228	133,816	586,857	
Institutional Costs (Balance)	343,360	393,251	Biennium (CPR)	
Other Assumptions	332,027	164,020	678,938	
Total	1,911,000	2,054,000	**3,965,000**	

CFL	FY06	FY07	
Summary by Object			
Annual Average Res Pop	**0.67**	**0.67**	
FTEs	**5.70**	**5.70**	
Salaries	**211,005**	**211,005**	
Benefits	**60,262**	**60,262**	
Goods and Services	**533,414**	**353,414**	
Equipment	**10,000**	**10,000**	
Travel		**0**	
Client Services	**15,319**	**15,319**	
ISSD	**4,000**	**4,000**	
Total	**834,000**	**654,000**	

Summary by Object				
Annual Average Resident Population	**2.33**	**3.50**	**2.92**	
FTEs	**21.88**	**26.84**	**24.40**	
Salaries	**840,956**	**1,020,349**		
Benefits	**240,429**	**294,064**		
Goods and Services (Balance)	**683,093**	**569,804**		
Equipment	**47,000**	**26,000**		
Travel	**2,000**	**2,000**		
Client Services	**93,522**	**137,783**		
ISSD	**4,000**	**4,000**		
Total	**1,911,000**	**2,054,000**	**3,965,000**	

ML Request			
Summary by Object			
Annual Average Res Pop	**1.66**	**2.83**	
FTEs	**16.18**	**21.14**	**18.66**
Salaries	**629,951**	**809,344**	
Benefits	**180,167**	**233,802**	
Goods and Services	**149,679**	**216,390**	
Equipment	**37,000**	**16,000**	
Travel	**2,000**	**2,000**	
Client Services	**78,203**	**122,464**	
ISSD	**0**	**0**	
Total	**1,077,000**	**1,400,000**	**2,477,000**

2005-07 Biennium
M2-CK SCTF Workload Adjustments

SCTF Pierce County

Summary	FY06	FY07	Additional Info
Expenditure Summary By Tab			
Summary from Spreadsheets	FY 2006	FY 2007	
Annual Average Resident Population	5.50	7.50	**6.50**
FTEs	28.30	29.70	**29.00**
			FY04 (CPR)
Salaries and Benefits	1,363,556	1,438,291	422,545
Equipment	69,500	94,500	FY05 (CPR)
Resident Costs	212,472	289,483	348,000
Institutional Costs (Balance)	311,892	400,586	Biennium (CPR)
Other Assumptions	366,580	387,140	379,538
Total	2,324,000	2,610,000	**4,934,000**

CFL	FY06	FY07
Summary by Object		
Annual Average Res Pop	**9.42**	**9.42**
FTEs	**31.30**	**31.30**
Salaries	**1,023,000**	**1,023,000**
Benefits	**269,000**	**269,000**
Goods and Services	**882,000**	**882,000**
Equipment	**10,000**	**10,000**
Travel	**0**	**0**
Client Services	**154,000**	**154,000**
ISSD	**4,000**	**4,000**
Total	**2,342,000**	**2,342,000**

Summary by Object			
Annual Average Resident Population	**5.50**	**7.50**	**6.50**
FTEs (Includes Community Staff)	**28.30**	**29.70**	**29.00**
Salaries	**1,060,390**	**1,116,512**	
Benefits	**303,166**	**321,779**	
Goods and Services (Balance)	**713,135**	**831,350**	
Equipment	**26,000**	**42,000**	
Travel	**2,000**	**2,000**	
Client Services	**215,309**	**292,359**	
ISSD	**4,000**	**4,000**	
Total	**2,324,000**	**2,610,000**	**4,934,000**

ML Request

Summary by Object			
Annual Average Res Pop	(3.92)	(1.92)	
FTEs	(3.00)	(1.60)	(2.30)
Salaries	**37,390**	**93,512**	
Benefits	**34,166**	**52,779**	
Goods and Services	(168,865)	(50,650)	
Equipment	**16,000**	**32,000**	
Travel	**2,000**	**2,000**	
Client Services	**61,309**	**138,359**	
ISSD	**0**	**0**	
Total	(18,000)	**268,000**	**250,000**

CPR is the projected annual cost per resident (budget estimate)

Section 8
Policy Level

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07

Version: 11 - 2005-07 Agency Request Budget

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
PL - Performance Level					
9G FTE Staff Adjustment	0	(0.2)	0	0	0
9T Transfers	0	(0.1)	(4)	(4)	(8)
CM Transition Treatment for Children	0	1.0	1,407	470	1,877
CN Non-Medicaid Services-Community	0	0.0	80,000	0	80,000
CP Hospital Information System	0	0.0	5,977	1,710	7,687
CQ CSCI CGS - Active TX and ECS	0	(43.6)	0	1,312	1,312
CR State Hospital Forensic Services	0	70.4	7,995	2,196	10,191
CS Pharmacy Staffing	0	4.0	753	231	984
CT Police Protection at Institutions	0	0.0	380	104	484
CV CSCI - Initial Crisis Response	0	0.0	1,104	0	1,104
CW CSCI - Crisis Plan	0	0.0	720	0	720
CX CSCI - Community Based Care	0	(49.2)	189	0	189
CZ CSCI - Community Diversion Resource	0	4.0	4,188	3,829	8,017
DB Children Aging Out of Other Svcs	0	0.0	38	37	75
HV Medical Eligibility Review Cycle	0	0.0	211	210	421
LF CSCI - Training & Consultation	0	0.0	500	0	500
PA Electronic Intrusion Prevention	0	0.0	47	13	60
	SubTotal PL	**(13.7)**	**103,505**	**10,108**	**113,613**
Total Proposed PL Only Budget for Program 030 - Mental Health		**(13.7)**	**103,505**	**10,108**	**113,613**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package centralizes the Department of Social and Health Services (DSHS) background check Full-Time Equivalents (FTEs) in the Background Checks Central Unit (BCCU).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program Cost			
Total Cost			

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	(0.2)	(0.2)	(0.2)

Package Description:

The BCCU staff (15.6 FTEs) are funded by three different administrations and report to the Human Resources Division. Centralization of the FTEs will ensure maximum efficiency and consistency of services provided. With this centralization, the BCCU will also move to a chargeback methodology, based on the number of background checks conducted for each administration in DSHS. This methodology will avoid difficulties associated with the current method of a combination of direct charges and an outdated formula for determining amounts of time and effort associated with each program.

The total number of background checks performed each quarter will be divided by the total costs. Charges to each administration will be based on the actual number of background checks performed for that administration as a percentage of the total background checks performed for the agency.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Centralizing FTEs fosters the agency's goal to integrate and centralize services to maximize efficiencies throughout the department.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C014 Civil Commitment-Sexual Predators		
No measures linked to package	0.00	0.00
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00

Reason for change:

Centralizing FTEs ensures consistency of services across the department. It eliminates the unnecessary step of transferring funding and provides an accounting for each program's background check usage, including the appropriate state/federal funding split.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Impact on clients and services:

The improved consistency of background checks will enable providers to be placed in service more efficiently, resulting in a positive benefit for the agency's vulnerable clients.

Impact on other state programs:

The programs depending on background check information for contracting with providers and hiring staff will benefit in more efficient background check turnaround.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

An option to centralizing the FTEs is to leave them spread out throughout the agency, based on the initial evaluation of the program. This adds extra steps in the unnecessary transferring of funds, has provided inequable charges to some administrations and savings to others, has hampered/reduced the ability of BCCU to respond to the needs of the department, and limited the ability to provide a comprehensive plan.

Budget impacts in future biennia:

This is a no impact decision package. The FTEs and associated costs change will continue.

Distinction between one-time and ongoing costs:

This is a no impact decision package.

Effects of non-funding:

Non-centralizing the FTEs is to leave them spread out throughout the agency, based on the initial evaluation of the program. This adds extra steps in the unnecessary transferring of funds, has provided inequable charges to some administrations and savings to others, has hampered/reduced the ability of BCCU to respond to the needs of the department, and limited the ability to provide a comprehensive plan.

Expenditure Calculations and Assumptions:

See attachment - AW PL-9G FTE Staff Adjustment.xls

Object Detail	FY 1	FY 2	Total
Program Totals			

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Fund , Sources Title	FY 1	FY 2	Total
Total for Fund			
Total			
Totals for all funds			

2005-07 Biennium
PL-9G FTE Staff Adjustment

Background Checks Centralized Unit
Cost allocation to programs comparison

Basis for 15.6 FTE distribution coming from programs

April 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.50	3,957	20.37%	3.6
DDD	0.00	1,827	9.40%	1.7
LTC	2.12	7,819	40.25%	7.1
ESA	5.57	4,434	22.82%	4.0
Ex Mgt	0.00	0	0.00%	0.0
BCCU	1.50	0	0.00%	0.0
DVR	0.00	1,046	5.38%	0.9
MHD	0.00	134	0.69%	0.1
SCC	0.00	89	0.46%	0.1
JRA	0.00	46	0.24%	0.0
MAA	0.00	68	0.35%	0.1
HRD	0.00	7	0.04%	0.0
Total	12.69	19,427	100.00%	17.6

*Disbursements only

May 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.00	4,106	20.95%	3.7
DDD	0.00	1,820	9.28%	1.6
LTC	2.00	8,729	44.52%	7.9
ESA	6.14	4,645	23.70%	4.2
Ex Mgt	0.00	0	0.00%	0.0
BCCU	2.95	0	0.00%	0.0
DVR	0.00	6	0.03%	0.0
MHD	0.00	119	0.61%	0.1
SCC	0.00	46	0.23%	0.0
JRA	0.00	74	0.38%	0.1
MAA	0.00	49	0.25%	0.0
HRD	0.00	9	0.05%	0.0
Total	14.09	19,603	100.00%	17.6

*Disbursements only

June 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.50	4,567	20.01%	3.5
DDD	0.00	2,001	8.77%	1.5
LTC	2.12	9,314	40.81%	7.2
ESA	5.57	6,567	28.78%	5.1
Ex Mgt	0.00	0	0.00%	0.0
BCCU	1.50	0	0.00%	0.0
DVR	0.00	21	0.09%	0.0
MHD	0.00	146	0.64%	0.1
SCC	0.00	63	0.28%	0.1
JRA	0.00	55	0.24%	0.0
MAA	0.00	84	0.37%	0.1
HRD	0.00	3	0.01%	0.0
Total	12.69	22,821	100.00%	17.6

*Disbursements only

Average April-June 2004 FTEs and Cases

Program	FTEs	Cases**	%	Total FTEs (17.5)	From Programs (2.0)
CA*	3.33	4,210	20.78%	3.6	(3.0)
DDD	0.00	1,883	9.29%	1.6	(1.0)
LTC*	2.08	8,621	42.55%	7.3	(5.5)
ESA*	5.76	5,215	25.74%	4.5	(5.6)
Ex Mgt	0.00	0	0.00%	0.0	**0.0**
BCCU	1.98	0	0.00%	0.0	**0.0**
DVR**	0.00	**	**	**0.1**	(0.1)
MHD	0.00	133	0.66%	0.1	(0.1)
SCC	0.00	66	0.33%	0.1	(0.1)
JRA	0.00	58	0.29%	0.1	(0.1)
MAA	0.00	67	0.33%	0.1	(0.1)
HRD	0.00	6	0.03%	0.0	**0.0**
Total	13.15	20,259	100.00%	**17.5**	(15.6)

*Initial Allotments are: CA: 3.0 FTEs, LTC: 4.0 FTEs, ESA: 5.6 FTEs
**Cases total is without DVR; DVR set at 0.1 FTEs

AW PL-9G FTE Staff Adjustment.xls

DP Code/Title: PL-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	(2,000)	(2,000)	(4,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	(2,000)	(2,000)	(4,000)
Total Cost	**(4,000)**	**(4,000)**	**(8,000)**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**(0.1)**	**(0.1)**	**(0.1)**

Package Description:

This decision package transfers staff between various programs within DSHS and Program 110. These transfers are for the Social Services Payment System (SSPS) Improvement Project, staff for the Travel Voucher System (TVS) Centralization, Building and Mail Services from Woodland Square, and Background Check funding.

1. Social Service Payment System
This decision package will stabilize the funding for staff used to maintain and enhance SSPS by transferring the funding for the 9.0 positions needed to maintain Invoice Express, Direct Deposit, Computer Output to Laser Disk (COLD) (thousands of reports on the web instead of on paper) and subsequent enhancements.

These positions are currently maintaining the 1999 through year 2000 enhancements that saved over one million dollars in their first year of implementation, which continues to enable Aging and Disability Services Administration (ADSA), the Economic Services Administration (ESA), and Children's Administration (CA) to avoid payment of nearly two million dollars of additional processing cost each subsequent year.

Currently, the administrations are returning up to one-half of each year's savings to pay for the 9.0 FTEs. These costs are charged to the administrations after-the-fact and administrations are unable to plan for the expenditures.

2. Travel Voucher System
DSHS Cabinet approved the centralization of travel processing and the utilization of the Office of Financial Management's statewide TVS. A transfer of 3.0 FTEs from the DSHS programs to Financial Services Administration (FSA) is necessary to implement TVS for all DSHS programs.

FSA is considered the agency subject matter expert in the application of travel regulations and in the development of travel policy. During 2003 an analysis was conducted on existing travel processes and to determine how the department performed decentralized travel processing. The department performed a cost/benefit analysis that assumed: 1) Centralized travel processing within the FSA, and 2) Implementation of OFM's Statewide TVS. That analysis indicated the department could increase the efficiency and consistency of business service delivery and maintain or improve existing levels of accountability. Based on that analysis the DSHS Cabinet approved the centralization of travel processing transfer to FSA and the implementation of OFM's statewide TVS for all DSHS programs.

In Fiscal Year 2004, DSHS Cabinet approved the centralization of travel processing and the agencywide utilization of the

DP Code/Title: PL-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

OFMs statewide TVS. The goals are to 1) increase the efficiency and consistency of business service delivery, and 2) maintain or improve existing levels of accountability. To support centralized travel processing, a transfer of 3.0 FTEs from the DSHS programs to FSA is requested for one Financial Analyst 3 (Travel Administrator) and two Fiscal Technicians to process agency travel statewide.

The travel administrator will coordinate travel policy, provide ongoing travel training, and assume travel administrator responsibilities. The fiscal technicians will process agency travel, ensuring consistency in the application of travel regulations. Utilization of TVS will ensure more efficient and timely processing of travel payments.

The utilization of TVS will improve service delivery over the existing manual process as follows:

Average processing time (in minutes) with manual process: 28.0. Average processing time (in minutes) with TVS: 5.32. Time savings (in minutes): 22.68.

3. Building and Mail Management
Transferring the budget and FTEs will more efficiently and consistently fund the mail and facility management functions at Blake Office Park and Woodland Square. Funding is transferred from the benefitting programs to the Lands and Buildings Division (L&Bs) and the Management Services Fiscal Office (MSFO).

For a number of years, the L&B and the MSFO have provided building management and mail services to the tenants of the Blake Office Park and Woodland Square in Lacey. Each tenant division paid its share of the staff costs associated with providing these services. Occupancy of those facilities has been very stable during this time. However, certain factors are now poised to disrupt the smooth flow funding for these services.

A number of moves are scheduled, which will require new shares to be calculated and agreed to. More importantly, the department has recently implemented a policy, prompted by federal audit concerns, that requires staff funded by a number of other entities to complete time sheets each month. This process would then require cumbersome accounting corrections each month by journal voucher. To avoid these inefficiencies, the client divisions have agreed to transfer funding for these essential services to the Administration and Supporting Services program.

4. Transfer the M2-RA Criminal background checks funding from Program 110 to Long-Term Care (LTC). The approved methodology for accounting for background check costs requires the funding be attached to the programs requesting the background checks. The increase in background checks workload is primarily within LTC.

1-4. These transfers will rectify any possibility of a federal audit disallowance due to direct charging staff to programs without a proper cost allocation methodology.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package contributes to the agency strategic plan by assisting FSA in improving processes that promote the efficient, effective, and prudent use of state resources.

1. The SSPS centralization contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

2. The use of TVS is considered a statewide "best practice". Travel centralization supports the agency balanced scorecard by promoting integrated service delivery.

DP Code/Title: PL-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

3. One of the program's goals as stated in the strategic plan is to, "maintain collaborative relationships with our customers and partners based on service, mutual respect, open communications and accessibility." Another is to, "continuously enhance and improve business processes." Both of these have been honored in the collaborative process used to problem solve with the customer divisions.

4. The background checks accounting methodology contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

Performance Measure Detail

Agency Level

	Incremental Changes	
Activity: C900 Program Support - Mental Health	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

1. Centralizing the functions will improve the efficiency of accounting and provide a single source contact in comparison to multiple sources of contact.

2. Service delivery for all DSHS employees, board/commission members, and volunteers will be improved by centralizing the travel process, particularly through use of TVS.

3. The purpose of this transfer is to ensure the uninterrupted flow of mail and building management services to customer divisions and the equally smooth flow of funding to support such services.

4. This transfer is the result of the decision to keep the background checks funding in the administrations.

Impact on clients and services:

This centralization is for efficiency and should not impact any services.

Impact on other state programs:

All DSHS Administrations are impacted only to the extent the funding is being transferred. The functions themselves should not be impacted.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The alternative is to continue the current methodology of accounting for the functions. Centralizing improves efficiency and has no cost impact.

1. The positions are currently funded after-the-fact. This package will permanently transfer the dollars in order to stabilize the revenues and expenditures of the affected administrations.

2. Utilize TVS, but maintain decentralized fiscal processing offices. The infrastructure that has been developed for travel

DP Code/Title: PL-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

centralization has reduced the administrative burden created by the department's more restrictive travel policies. This will improve efficiency regardless of whether travel centralization occurs. However, travel processing errors will continue since adequate training, particularly on travel regulations, is not available. Inconsistency in the application of travel regulations, particularly when more restrictive travel rules are applied in a program, results in travelers being treated differently under like travel circumstances, which is prohibited by statewide travel regulations. The alternative is inconsistent with the integration of service delivery as defined by the Regional Business Services initiative, and has not been adopted by the DSHS Cabinet.

3. As tenants in the Lacey facilities change, new funding agreements would have to be negotiated and put in place. In addition, extremely inefficient time tracking, through the use of time sheets, would have to be instituted to satisfy potential federal audit challenges and to be in compliance with new departmental policy.

4. The alternative, leaving part of the funding in Program 110, does not match the agreed upon methodology of keeping the background check funding the administrations.

Budget impacts in future biennia:

This is a no cost decision package. The costs will be the same as in the current budget.

Distinction between one-time and ongoing costs:

This is a no cost decision package.

Effects of non-funding:

This decision package is not a request for funding. Not centralizing the functions will result in continued inefficiencies in accounting for the costs. The functions themselves will continue as currently maintained.

Expenditure Calculations and Assumptions:

See attachment - AW PL-9T Transfers.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
A Salaries And Wages	(3,000)	(3,000)	(6,000)
B Employee Benefits	(1,000)	(1,000)	(2,000)
Total Objects	**(4,000)**	**(4,000)**	**(8,000)**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	(2,000)	(2,000)	(4,000)
	Total for Fund 001-1	**(2,000)**	**(2,000)**	**(4,000)**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	(2,000)	(2,000)	(4,000)
	Total for Fund 001-C	**(2,000)**	**(2,000)**	**(4,000)**
	Total Overall Funding	**(4,000)**	**(4,000)**	**(8,000)**

2005-07 Biennium
PL-9T Transfers

PL-9T Transfer Steps to Program 110 05/07 Budget

ASD- SSPS Improvement Project Program Transfer

		Program 110 5000-A50-K002			Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 040 1000-H57-D036			Program 050 9000-J70-E051			Program 060 9000-M01-F078		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	A	529,000	529,000	1,058,000	(10,000)	(10,000)	(20,000)	(57,000)	(57,000)	(114,000)	(49,000)	(49,000)	(98,000)	(74,000)	(74,000)	(148,000)	(122,000)	(122,000)	(244,000)	(217,000)	(217,000)	(434,000)
	B	115,000	115,000	230,000	(2,000)	(2,000)	(4,000)	(12,000)	(12,000)	(24,000)	(11,000)	(11,000)	(22,000)	(16,000)	(16,000)	(32,000)	(26,000)	(26,000)	(52,000)	(48,000)	(48,000)	(96,000)
	E	0	0	0	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(4,000)	(4,000)	(8,000)	(6,000)	(6,000)	(12,000)	(10,000)	(10,000)	(20,000)	(19,000)	(19,000)	(38,000)
	EA	41,000	41,000	82,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	4,000	4,000	8,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	5,000	5,000	10,000	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
	J	27,000	0	27,000	0	0	0	0	0	0	0	0	0	(5,000)	0	(5,000)	(8,000)	0	(8,000)	(14,000)	0	(14,000)
	TZ	9,000	9,000	18,000	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(4,000)	(4,000)	(8,000)
	Total	730,000	703,000	1,433,000	(14,000)	(14,000)	(28,000)	(75,000)	(75,000)	(150,000)	(65,000)	(65,000)	(130,000)	(103,000)	(98,000)	(201,000)	(169,000)	(161,000)	(330,000)	(304,000)	(290,000)	(594,000)
001-1	0011	409,000	395,000	804,000	(10,000)	(10,000)	(20,000)	(53,000)	(53,000)	(106,000)	(45,000)	(45,000)	(90,000)	(51,000)	(49,000)	(100,000)	(84,000)	(80,000)	(164,000)	(166,000)	(158,000)	(324,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	2,000	2,000	4,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,000)	(2,000)	(4,000)
001-2	E61L	41,000	39,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,000)	(39,000)	(80,000)
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	35,000	35,000	70,000	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(15,000)	(15,000)	(30,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	194,000	186,000	380,000	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(5,000)	(5,000)	(10,000)	(52,000)	(49,000)	(101,000)	(85,000)	(81,000)	(166,000)	(46,000)	(45,000)	(91,000)
001-D	558B	41,000	39,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,000)	(39,000)	(80,000)
001-E	596A	8,000	7,000	15,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,000)	(7,000)	(15,000)
	Total	730,000	703,000	1,433,000	(14,000)	(14,000)	(28,000)	(75,000)	(75,000)	(150,000)	(65,000)	(65,000)	(130,000)	(103,000)	(98,000)	(201,000)	(169,000)	(161,000)	(330,000)	(304,000)	(290,000)	(594,000)

2005-07 Biennium
PL-9T Transfers

FSA - TVS Centralization Transfer

		Program 110 4000-A42-K037			Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 020 1000-G30-B072			Program 020 9000-G10-B046			Program 030 9000-G70-C900		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	3.0	3.0	3.0	(0.1)	(0.1)	(0.1)	(0.6)	(0.6)	(0.6)	(0.5)	(0.5)	(0.5)	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.1)	(0.1)	(0.1)
	A	105,000	105,000	210,000	(4,000)	(4,000)	(8,000)	(21,000)	(21,000)	(42,000)	(18,000)	(18,000)	(36,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(3,000)	(3,000)	(6,000)
	B	26,000	26,000	52,000	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(5,000)	(5,000)	(10,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	131,000	131,000	262,000	(5,000)	(5,000)	(10,000)	(26,000)	(26,000)	(52,000)	(23,000)	(23,000)	(46,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(4,000)	(4,000)	(8,000)
001-1	0011	81,000	82,000	163,000	(4,000)	(4,000)	(8,000)	(18,000)	(18,000)	(36,000)	(16,000)	(16,000)	(32,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	1,000	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	3,000	3,000	6,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	12,000	12,000	24,000	(1,000)	(1,000)	(2,000)	(6,000)	(6,000)	(12,000)	(5,000)	(5,000)	(10,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	31,000	30,000	61,000	0	0	0	(2,000)	(2,000)	(4,000)	(2,000)	(2,000)	(4,000)	0	0	0	0	0	0	(2,000)	(2,000)	(4,000)
001-D	558B	3,000	3,000	6,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	131,000	131,000	262,000	(5,000)	(5,000)	(10,000)	(26,000)	(26,000)	(52,000)	(23,000)	(23,000)	(46,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(4,000)	(4,000)	(8,000)

		Program 050 4000-J74-E052			Program 060 9000-M01-F078			Program 070 9000-J30-G022			Program 080 6000-V90-H001			Program 100 9000-T40-J103		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.9)	(0.9)	(0.9)	(0.4)	(0.4)	(0.4)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	A	(33,000)	(33,000)	(66,000)	(17,000)	(17,000)	(34,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(4,000)	(4,000)	(8,000)
	B	(9,000)	(9,000)	(18,000)	(4,000)	(4,000)	(8,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	(42,000)	(42,000)	(84,000)	(21,000)	(21,000)	(42,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(5,000)	(5,000)	(10,000)
001-1	0011	(21,000)	(21,000)	(42,000)	(11,000)	(12,000)	(23,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	(1,000)	0	(1,000)	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	(3,000)	(3,000)	(6,000)	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(21,000)	(21,000)	(42,000)	(3,000)	(2,000)	(5,000)	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0
001-D	558B	0	0	0	(3,000)	(3,000)	(6,000)	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	(1,000)	(1,000)	0	0	0	0	0	0	0	0	0
	Total	(42,000)	(42,000)	(84,000)	(21,000)	(21,000)	(42,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(5,000)	(5,000)	(10,000)

2005-07 Biennium
PL-9T Transfers

Building and Mail Svcs Program Transfer

		Program 110 A44 4000 K047			Program 110 A50 5000 K002			Program 110 A20 2000 K026			Program 050 9000 J70 E051			Program 070 9000-J30-G022			Program 100 9000-T40-J103		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.8	0.8	0.8	0.8	0.8	0.8	(0.2)	(0.2)	(0.2)	(0.8)	(0.8)	(0.8)	(0.4)	(0.4)	(0.4)	(0.2)	(0.2)	(0.2)
	A	30,000	30,000	60,000	20,000	20,000	40,000	(6,000)	(6,000)	(12,000)	(26,000)	(26,000)	(52,000)	(12,000)	(12,000)	(24,000)	(6,000)	(6,000)	(12,000)
	B	8,000	8,000	16,000	7,000	7,000	14,000	(2,000)	(2,000)	(4,000)	(8,000)	(8,000)	(16,000)	(3,000)	(3,000)	(6,000)	(2,000)	(2,000)	(4,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)
001-1	0011	25,000	25,000	50,000	17,000	17,000	34,000	(5,000)	(5,000)	(10,000)	(17,000)	(17,000)	(34,000)	(12,000)	(12,000)	(24,000)	(8,000)	(8,000)	(16,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	13,000	13,000	26,000	10,000	10,000	20,000	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(3,000)	(3,000)	(6,000)	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)

BCCU transfer

		Program 110 A80 8000 K094			Program 050 9000 J81 E051		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.0	0.0	0.0
	A	(67,000)	(67,000)	(134,000)	67,000	67,000	134,000
	B	(21,000)	(21,000)	(42,000)	21,000	21,000	42,000
	E	0	0	0	15,000	15,000	30,000
	EA	(15,000)	(15,000)	(30,000)	0	0	0
	EN	0	0	0	0	0	0
	G	(1,000)	(1,000)	(2,000)	1,000	1,000	2,000
	J	0	0	0	0	0	0
	TZ	(2,000)	(2,000)	(4,000)	2,000	2,000	4,000
	Total	(106,000)	(106,000)	(212,000)	106,000	106,000	212,000
001-1	0011	(54,000)	(54,000)	(108,000)	54,000	54,000	108,000
001-2	001B	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0
001-C	19UL	(52,000)	(52,000)	(104,000)	52,000	52,000	104,000
001-D	558B	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0
	Total	(106,000)	(106,000)	(212,000)	106,000	106,000	212,000

2005-07 Biennium
PL-9T Transfers

Summary

		Program 110 8000-A80-K094			Program 110 4000-A44-K047			Program 110 5000-A50-K002			Program 110 2000-A20-K026			Program 110 4000-A42-K037			Program 110 SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.8	0.8	0.8	0.8	0.8	0.8	(0.2)	(0.2)	(0.2)	3.0	3.0	3.0	4.4	4.4	4.4
	A	(67,000)	(67,000)	(134,000)	30,000	30,000	60,000	549,000	549,000	1,098,000	(6,000)	(6,000)	(12,000)	105,000	105,000	210,000	611,000	611,000	1,222,000
	B	(21,000)	(21,000)	(42,000)	8,000	8,000	16,000	122,000	122,000	244,000	(2,000)	(2,000)	(4,000)	26,000	26,000	52,000	133,000	133,000	266,000
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	(15,000)	(15,000)	(30,000)	0	0	0	41,000	41,000	82,000	0	0	0	0	0	0	26,000	26,000	52,000
	EN	0	0	0	0	0	0	4,000	4,000	8,000	0	0	0	0	0	0	4,000	4,000	8,000
	G	(1,000)	(1,000)	(2,000)	0	0	0	5,000	5,000	10,000	0	0	0	0	0	0	4,000	4,000	8,000
	J	0	0	0	0	0	0	27,000	0	27,000	0	0	0	0	0	0	27,000	0	27,000
	TZ	(2,000)	(2,000)	(4,000)	0	0	0	9,000	9,000	18,000	0	0	0	0	0	0	7,000	7,000	14,000
	Total	(106,000)	(106,000)	(212,000)	38,000	38,000	76,000	757,000	730,000	1,487,000	(8,000)	(8,000)	(16,000)	131,000	131,000	262,000	812,000	785,000	1,597,000
001-1	0011	(54,000)	(54,000)	(108,000)	25,000	25,000	50,000	426,000	412,000	838,000	(5,000)	(5,000)	(10,000)	81,000	82,000	163,000	473,000	460,000	933,000
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	2,000	2,000	4,000	0	0	0	1,000	0	1,000	3,000	2,000	5,000
001-2	E61L	0	0	0	0	0	0	41,000	39,000	80,000	0	0	0	3,000	3,000	6,000	44,000	42,000	86,000
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	35,000	35,000	70,000	0	0	0	12,000	12,000	24,000	47,000	47,000	94,000
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(52,000)	(52,000)	(104,000)	13,000	13,000	26,000	204,000	196,000	400,000	(3,000)	(3,000)	(6,000)	31,000	30,000	61,000	193,000	184,000	377,000
001-D	558B	0	0	0	0	0	0	41,000	39,000	80,000	0	0	0	3,000	3,000	6,000	44,000	42,000	86,000
001-E	596A	0	0	0	0	0	0	8,000	7,000	15,000	0	0	0	0	1,000	1,000	8,000	8,000	16,000
	Total	(106,000)	(106,000)	(212,000)	38,000	38,000	76,000	757,000	730,000	1,487,000	(8,000)	(8,000)	(16,000)	131,000	131,000	262,000	812,000	785,000	1,597,000

		Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 010 SUMMARY			Program 020 1000-G30-B072			Program 020 9000-G10-B046			Program 020 SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.1)	(0.1)	(0.1)	(0.6)	(0.6)	(0.6)	(0.5)	(0.5)	(0.5)	(1.2)	(1.2)	(1.2)	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.1)	(0.1)	(0.1)
	A	(14,000)	(14,000)	(28,000)	(78,000)	(78,000)	(156,000)	(67,000)	(67,000)	(134,000)	(159,000)	(159,000)	(318,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
	B	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(16,000)	(16,000)	(32,000)	(36,000)	(36,000)	(72,000)	0	0	0	0	0	0	0	0	0
	E	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(4,000)	(4,000)	(8,000)	(10,000)	(10,000)	(20,000)	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	0	0	0	0	0	0	0	0	0
	Total	(19,000)	(19,000)	(38,000)	(101,000)	(101,000)	(202,000)	(88,000)	(88,000)	(176,000)	(208,000)	(208,000)	(416,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-1	0011	(14,000)	(14,000)	(28,000)	(71,000)	(71,000)	(142,000)	(61,000)	(61,000)	(122,000)	(146,000)	(146,000)	(292,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	(4,000)	(4,000)	(8,000)	(23,000)	(23,000)	(46,000)	(20,000)	(20,000)	(40,000)	(47,000)	(47,000)	(94,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(1,000)	(1,000)	(2,000)	(7,000)	(7,000)	(14,000)	(7,000)	(7,000)	(14,000)	(15,000)	(15,000)	(30,000)	0	0	0	0	0	0	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	(19,000)	(19,000)	(38,000)	(101,000)	(101,000)	(202,000)	(88,000)	(88,000)	(176,000)	(208,000)	(208,000)	(416,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)

2005-07 Biennium
PL-9T Transfers

		Program 030 9000-G70-C900/SUMMARY			Program 040 1000-H57-D036/SUMMARY			Program 050 4000-J74-E052			Program 050 9000-J70-E051			Program 050 9000 J81 E051			Program 050 SUMMARY			Program 060 9000-M01-F078/SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.9)	(0.9)	(0.9)	(0.8)	(0.8)	(0.8)	0.0	0.0	0.0	(1.7)	(1.7)	(1.7)	(0.4)	(0.4)	(0.4)
	A	(3,000)	(3,000)	(6,000)	(74,000)	(74,000)	(148,000)	(33,000)	(33,000)	(66,000)	(148,000)	(148,000)	(296,000)	67,000	67,000	134,000	(114,000)	(114,000)	(228,000)	(234,000)	(234,000)	(468,000)
	B	(1,000)	(1,000)	(2,000)	(16,000)	(16,000)	(32,000)	(9,000)	(9,000)	(18,000)	(34,000)	(34,000)	(68,000)	21,000	21,000	42,000	(22,000)	(22,000)	(44,000)	(52,000)	(52,000)	(104,000)
	E	0	0	0	(6,000)	(6,000)	(12,000)	0	0	0	(10,000)	(10,000)	(20,000)	15,000	15,000	30,000	5,000	5,000	10,000	(19,000)	(19,000)	(38,000)
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	(1,000)	(1,000)	(2,000)	1,000	1,000	2,000	0	0	0	(2,000)	(2,000)	(4,000)
	J	0	0	0	(5,000)	0	(5,000)	0	0	0	(8,000)	0	(8,000)	0	0	0	(8,000)	0	(8,000)	(14,000)	0	(14,000)
	TZ	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	(2,000)	(2,000)	(4,000)	2,000	2,000	4,000	0	0	0	(4,000)	(4,000)	(8,000)
	Total	(4,000)	(4,000)	(8,000)	(103,000)	(98,000)	(201,000)	(42,000)	(42,000)	(84,000)	(203,000)	(195,000)	(398,000)	106,000	106,000	212,000	(139,000)	(131,000)	(270,000)	(325,000)	(311,000)	(636,000)
001-1	0011	(2,000)	(2,000)	(4,000)	(51,000)	(49,000)	(100,000)	(21,000)	(21,000)	(42,000)	(101,000)	(97,000)	(198,000)	54,000	54,000	108,000	(68,000)	(64,000)	(132,000)	(177,000)	(170,000)	(347,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(3,000)	(2,000)	(5,000)
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(44,000)	(42,000)	(86,000)
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(2,000)	(2,000)	(4,000)	(52,000)	(49,000)	(101,000)	(21,000)	(21,000)	(42,000)	(102,000)	(98,000)	(200,000)	52,000	52,000	104,000	(71,000)	(67,000)	(138,000)	(49,000)	(47,000)	(96,000)
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(44,000)	(42,000)	(86,000)
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,000)	(8,000)	(16,000)
	Total	(4,000)	(4,000)	(8,000)	(103,000)	(98,000)	(201,000)	(42,000)	(42,000)	(84,000)	(203,000)	(195,000)	(398,000)	106,000	106,000	212,000	(139,000)	(131,000)	(270,000)	(325,000)	(311,000)	(636,000)

		Program 070 9000-J30-G022/SUMMARY			Program 080 6000-V90-H001/SUMMARY			Program 100 9000-T40-J103/SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.5)	(0.5)	(0.5)	(0.1)	(0.1)	(0.1)	(0.3)	(0.3)	(0.3)
	A	(13,000)	(13,000)	(26,000)	(2,000)	(2,000)	(4,000)	(10,000)	(10,000)	(20,000)
	B	(3,000)	(3,000)	(6,000)	0	0	0	(3,000)	(3,000)	(6,000)
	E	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0
	Total	(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(26,000)
001-1	0011	(13,000)	(13,000)	(26,000)	(1,000)	(1,000)	(2,000)	(13,000)	(13,000)	(26,000)
001-2	001B	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0
001-C	19UL	(3,000)	(3,000)	(6,000)	(1,000)	(1,000)	(2,000)	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0
	Total	(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(26,000)

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CM Transition Treatment for Children
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package seeks funding to support the development and implementation of an Evidence-Based Practice (EBP) model. This model would target children with mental health issues and in need of intensive therapeutic interventions, in order to allow them to remain in the community or to successfully transition back to their natural parents or other permanent placement. This will allow communities with few or no options to be able to divert children from the more expensive Children's Long-Term Inpatient Program (CLIP) and/or placements in community hospitals.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	469,000	938,000	1,407,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	157,000	313,000	470,000
Total Cost	**626,000**	**1,251,000**	**1,877,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**1.0**	**1.0**	**1.0**

Package Description:

The state Mental Health system is administered through 14 county-based Regional Support Networks (RSNs) operating as Pre-paid Inpatient Health plans. As such, Medicaid State Plan services must be purchased or made available to Medicaid enrollees based on medical necessity. While outpatient service modalities are provided in similar ways across the state, there is a noted lack of provision of evidence-based interventions and a lack of consistency.

In addition, there is the lack of a continuum of care available for children who have higher needs than most because of emotional disorders and/or severe mental illness. The state has a reduced capacity for the CLIP admissions as the result of a recent CLIP closure. The state lost 15 beds total in the North Sound area of the state. The limited resources currently available include the Child Study and Treatment Center (CSTC) and the remaining three CLIP facilities.

For children with serious emotional disorders and/or mental illness, coupled with a wide range of needs and problems, admission to CLIP is sought as a last resort after other treatment options in the community have failed. Utilization rates of this most intensive, most costly service vary between RSNs. There are several factors that influence the variability in utilization. However, it is recognized that those communities with few or no options to divert children are more likely to use the CLIP resource.

After children have been referred to the independent CLIP Oversight Committee and approved for admission, the wait for a bed can vary from days to months. In the meantime, the community struggles to meet the intensive treatment needs of the child while they wait. Community hospitalizations are sometimes used during the interim, temporary out-of-home placements may be utilized or "wraparound" services may be provided.

The EBP model is based on social learning theory and has been demonstrated to produce positive outcomes when the model is adhered to. The resource will be available statewide and will be administered by the Mental Health Division (MHD). The EBP model will provide a much needed addition to the continuum of care available in the community for children with the highest level of treatment needs. There is no model currently available in the community.

The EBP model will provide intensive treatment in a foster care setting. Adolescents are placed, usually singular or at most in twos, in a family setting for four to 12 months. Community families are recruited, trained, and supported to provide

well-supervised and appropriate interventions and treatment.

The parents participating in the EBP model are an integral part of the treatment team along with the clinical program staff. They are paid a monthly salary and a small stipend to cover extra expenses. The parents implement a structured, individualized program for each youth that is designed to build simultaneously on the child's strengths and the strengths of the family while setting clear rules, limits and expectations. Additional components of the program include weekly supervision and support meetings for these parent, skill-focused individual treatment for youth, weekly family therapy for biological parents (adoptive or other after-care resource), frequent contact between participating youth and their biological/adoptive family members, including home visits, close monitoring of the youngsters' progress in school, coordination with psychiatric providers and medication management, and close monitoring of psychosocial functioning. Biological or adoptive parents utilize similar techniques and approaches during home visits and after the child has transitioned to the permanent aftercare placement.

A model of EBP has been researched across four specific populations. One of the populations specific to the model looked at children leaving the state mental hospital and going back into the community. The results demonstrated that youth in the model group were placed out of the hospital setting significantly more quickly than those in the control group were. The lack of an appropriate aftercare resource has been noted as contributing to the length of stay in the CLIP facilities. Presumably, the model could alleviate that problem. Discharges to the model will be consistent with family based settings in the most normalized manner possible in contrast to "placements" in other residential settings for children.

The lack of a geographically diverse availability of community treatment options for children with this significant level of need will be addressed by targeting areas around the state during the implementation. While the resource would be available to children meeting the eligibility criteria regardless of residence, the focus on connecting with the biological parents, family members or adoptive parents would result in every attempt made to keep children in their home communities. Additionally, because children are placed singular in the homes, clustering of the resource is needed to maximize the use of the treatment team. Clusters of five beds, or five homes, will be placed together within geographical proximity to each other. This will result in clusters available in at least three areas of the state where there are currently no such alternatives available.

Proposed Implementation Timeline
Fiscal Year 2005 - MHD will contract with an organization that is recognized as the leader in the field for providing technical assistance and consultation for those implementing a model of care. The consultant will assist with development of a Request for Proposal, development of a contract and other technical assistance necessary to fully implement the model.

The second half of the first year will center on the selection of a successful child-placing agency to contract with MHD for implementation of the actual program. The consultant will provide intensive training in the model of care to agency staff, state staff and the parents. It is expected that the recruitment and training of qualified parents will be an involved process that is critical to the success of the program.

Fiscal Year 2006, final eligibility criteria will be developed for the program with the contractor. Key stakeholders will participate in this process as well. It is anticipated that the contractor will begin to accept referrals for admission to the program within the second six months of the year. A program coordinator will be assigned within MHD to facilitate the admission decisions and to provide additional oversight to ensure strict adherence to the treatment model.

Fiscal Year 2007, outcome data will be collected, and after 12 months, a study will provide recommendations for continuation of the project.

Narrative Justification and Impact Statement

How contributes to strategic plan:

DP Code/Title: PL-CM Transition Treatment for Children
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

The EBP model is congruent with the MHD Strategic plan in attempting to serve children and families in their home communities whenever possible and in providing the least restrictive, most effective service available.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

This request is to add a missing service in the continuum of care for children.

Impact on clients and services:

Funding for this program will provide a missing service in the continuum of care. Currently, there is a shortage of resources for children with mental health needs with CLIP being one of the only resources available. CLIP beds often have a waiting list, which means that children in need are either left waiting in community hospitals or when it is time for discharge do not have a high enough level of care to allow for them to transition safely back into the community. With this resource, children will be able to have another care level to ensure that they are treated at the most appropriate level for their needs. Without this funding there will continue to be a shortage of resources for children in need.

Impact on other state programs:

The funding of this decision package may impact the need for CLIP placements. The model has demonstrated effectiveness in reducing the length of stay for children in mental health hospitals and has been credited with reducing recidivism in the juvenile justice arena.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

MHD has procured a study of the state's need and capacity for providing children with residential services. The results of the study will be available by September and will provide information that may support this proposal or that may provide other alternatives. Currently, the treatment alternatives for children in need of intensive therapeutic interventions in the community are left to the local system to manage or are left to be addressed in voluntary hospitalization or residential placement through the CLIP resource.

Budget impacts in future biennia:

Future biennia costs will continue at the second year rate, less the project study.

Medicaid funds can be used for the services, but cannot be used for the full cost of the program.

Distinction between one-time and ongoing costs:

DP Code/Title: PL-CM Transition Treatment for Children
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

A project study for $100,000 will be conducted in fiscal year 2007. Once fully implemented, ongoing costs will continue at $1,151,000 per year.

Effects of non-funding:

Non-funding of this proposal leaves children and their families in the same situation they face currently. The limited resources available would continue to include the CSTC and three CLIP facilities. Without an expansion in the continuum of care for this population, the children are left to rely on services that have diminished.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CM Transition Treatment for Children.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	55,000	55,000	110,000
B	Employee Benefits	14,000	14,000	28,000
C	Personal Service Contracts	0	100,000	100,000
E	Goods And Services	557,000	1,082,000	1,639,000
	Total Objects	**626,000**	**1,251,000**	**1,877,000**

DSHS Source Code Detail

Sources	Title	FY 1	FY 2	Total
Overall Funding				
Fund 001-1, General Fund - Basic Account-State				
0011	General Fund State	469,000	938,000	1,407,000
	Total for Fund 001-1	**469,000**	**938,000**	**1,407,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
19TA	Title XIX Assistance (FMAP)	157,000	313,000	470,000
	Total for Fund 001-C	**157,000**	**313,000**	**470,000**
	Total Overall Funding	**626,000**	**1,251,000**	**1,877,000**

2005-07 Biennium
PL-CM Transition Treatment for Children

DSHS MHD-Transition Treatment for Children

(cost based on discussions with JRA and their funding for a similar program)

This is phased in over three years. The first year is the contractor costs to help set up the program and find an appropriate placing agency. The second year is continued training by the contractor, a program coordinator position and actual placement costs beginning the second half of the year. The third year is full cost of the program, a program coordinator and continued training by the contractor.

Costs	**FY 2005**	**FY 2006**	**FY2007**
Contractor Costs:			
RFP, Implementation, Training	$ 100,000		
Training		$ 31,000	$ 31,000
Program Coordinator		$ 69,000	$ 69,000
Placements-18 beds at $160		$ 526,000	$ 1,051,000
Project Study			$ 100,000
Total	$ 100,000	$ 626,000	$ 1,251,000

By Fund Source (Based on JRA's 25% federal earnings)			
GF-S	$ 75,000	$ 469,000	$ 938,000
GF-F	$ 25,000	$ 157,000	$ 313,000
Total	$ 100,000	$ 626,000	$ 1,251,000

By Object	**BU G95, Category 1000**		
A		$ 55,000	$ 55,000
B		$ 14,000	$ 14,000
C		$ -	$ 100,000
E	$ 100,000	$ 557,000	$ 1,082,000
Total	$ 100,000	$ 626,000	$ 1,251,000

NOTE:
EBP beds are $160/Day
CLIP beds are $339/Day

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CN Non-Medicaid Services-Community
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package seeks additional state funding to support the 14 Regional Support Networks (RSNs) in administering the public Mental Health system. System administration includes functioning as the Pre-Paid Inpatient Health Plan (PIHP), providing crisis services, and administering the requirements pertaining to the state's Involuntary Treatment Act. The request is intended to reduce the financial loss and negative impact to citizens in need of public Mental Health services based on recent changes in the federal administration and approval of the state's Mental Health Medicaid Waiver program.

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		40,000,000	40,000,000	80,000,000
	Total Cost	**40,000,000**	**40,000,000**	**80,000,000**

Staffing

Package Description:

The state has been operating under an integrated Mental Health Managed Care Waiver since 1993. The county-based RSNs operate as PIHP to administer Mental Health services. The RSNs receive approximately $340 million (50 percent federal) in Medicaid annually through the rates paid on a capitated basis. In addition to the funding generated by the Title XIX rates, approximately $33 million in state funds is distributed across the RSNs to cover state-only clients.

In April 2004, the Center for Medicare and Medicaid Services (CMS) approved the renewal of the Washington State 1915(b) Freedom of Choice Waiver continuing statewide administration of the integrated Mental Health Managed Care system. RSNs have operated under the shared assumption with CMS that, when all eligible Medicaid clients have received all medically necessary services, savings from the rates can then be applied to services for non-Medicaid individuals or for services that Medicaid does not fund. With the renewal of the waiver, CMS imposed a significant and unprecedented restriction on the use of the Medicaid capitation rate savings. CMS has allowed the state until January 1, 2005 to discontinue the use of savings for non-Medicaid individuals and services.

Because RSNs function as PIHPs for the Medicaid system while also serving as the state's safety net for individuals in need of evaluation for involuntary psychiatric treatment, the result of the CMS restriction is significant. Data from Fiscal Year 2003 indicates that approximately 43,000 non-Medicaid clients were served..

The Joint Legislative and Executive Task Force on Mental Health Service Delivery and Financing will develop recommendations for the 2005 Legislature on how much state funding is needed to pay for the non-Medicaid services and people.

A 2005 Supplemental Budget appropriation, followed by an increased appropriation in the 2005-2007 Biennial Budget will be needed to sustain the current system and services. For the agency submittal, the state-only non-Medicaid estimate is made at $40,000,000 per-year.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Supports the division's Goal number one: "establish appropriate use and capacity of the state psychiatric hospitals and

DP Code/Title: PL-CN Non-Medicaid Services-Community
Program Level - 030 Mental Health

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promote services delivered in community settings."

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

This change is to continue to serve clients who are not Medicaid eligible, who once were served from the PIHP savings, but who are no longer served due to a change in compliance with CMS regulations.

Impact on clients and services:

Proposed funding in this decision package continues services in the community Mental Health system at current levels.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

If the proposal is funded in full, services will be continued consistent with current utilization. If the proposal is funded in part, changes to the Medicaid State Plan, the managed care waiver, the Washington Administrative Code and the Revised Code of Washington may be necessary to restrict the services that RSNs must make available or to restrict the eligibility criteria for Mental Health services.

Alternatives explored by agency:

The funding for state-only clients and services in the community has not kept up with the cost of mental health care over the past ten years. Restrictions in access and levels of service have already been implemented for this population in recent years, and this further restriction being implemented in the Mental Health Division will actually cost the state more from impacts to other related systems or use of more expensive, inappropriately high-level services.

Budget impacts in future biennia:

This request assumes ongoing funding in future biennia.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

Without funding of this request, individuals most at risk of losing services are those who do not qualify for Medicaid, are uninsured or under-insured and unable to purchase treatment or medications out of pocket. Individuals who are debilitated by the symptoms of mental illness may not be able to complete the application process for Medicaid or other entitlement

programs. This is often the case for those experiencing"first break" psychoses known to strike during late adolescence and early adulthood. Currently, such individuals are assisted through the application process. After January 2005, without funding, individuals without a Medicaid coupon will not be helped to acquire one, regardless of their level of functioning or potential Medicaid eligibility.

The loss of access to care will have a negative impact on other service systems known to experience increased contact from individuals with mental illness who are without access to adequate treatment services. These systems include other health venues such as community hospital emergency rooms, jails and the legal system, and social support organizations in the community such as domestic violence shelters, homeless shelters and local charity organizations. An increase in the demand for crisis services could lead to increased psychiatric hospitalization, a more expensive service that would have a negative fiscal impact to the state.

The need for chemical dependency services, including detoxification, could increase. The child welfare system will have greater difficulty accessing services for children and families if eligibility criteria are restricted to address the lack of funds.

Another effect is the possibility of having to implement significant changes in access and delivery of care for individuals who require services Medicaid will not cover. This includes residential care, evaluation and treatment facilities with more than 16 beds, court costs related to involuntary detentions, transportation costs for involuntary detentions, jail outreach services, flexible funds for client emergencies with the potential to disrupt psychiatric stability (loss of stable, safe or affordable housing) and hospital diversion services. As mentioned earlier, the loss will have a negative impact on other systems, such as community hospital emergency rooms, jails and the legal system, and social support organizations in the community such as domestic violence shelters, homeless shelters and local charity organizations.

RSNs may also be forced to decrease the amount of the crisis services they provide to all citizens, regardless of ability to pay. Crisis services may consist only of evaluation for involuntary treatment as opposed to the current model based on provision of crisis intervention prior to a formal evaluation for involuntary detention.

Expenditure Calculations and Assumptions:

The calculation is an estimate of non-Medicaid funding and is pending further study by the Joint Legislative and Executive Task Force on Mental Health Service Delivery.

Object Detail	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	40,000,000	40,000,000	80,000,000

DSHS Source Code Detail	FY 1	FY 2	Total
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	40,000,000	40,000,000	80,000,000
Total for Fund 001-1	**40,000,000**	**40,000,000**	**80,000,000**
Total Overall Funding	**40,000,000**	**40,000,000**	**80,000,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CP Hospital Information System
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to purchase an integrated Hospital Patient Information and Billing systems for the three state psychiatric hospitals.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	4,270,000	1,707,000	5,977,000
001-7 General Fund - Basic Account-Private/Local	632,000	252,000	884,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	590,000	236,000	826,000
Total Cost	**5,492,000**	**2,195,000**	**7,687,000**

Staffing

Package Description:

Currently, the state psychiatric hospitals have outdated, inefficient, and incomplete separate information and billing systems. This request would replace them with a single integrated modern Hospital Patient Information system. The new system will provide efficiencies allowing for better patient care, better ability to administer the hospital programs, and less effort to justify payment for services rendered. The new system will more effectively comply with ever changing regulations governing hospital operations with regard to revenue generated from patient health care benefits.

The three state psychiatric hospitals are self supported by billing patients or their health care insurance's (commercial insurance, Medicare and Medicaid) for routine daily, ancillary, and physician services. Replacing the current obsolete systems with a modern Hospital Patient Information system will efficiently and effectively allow clinicians to deal with the ever changing service documentation required by the Centers for Medicaid and Medicare Services (CMS) and the state for payment. The clinical components, integrated with the financial and business operations components will provide better accountability that will ensure the hospitals pass audits and keep the revenue they earn.

The department currently utilizes two main independent information systems and many non-integrated sub-systems to manage, report, and bill for the patient populations served by the state hospitals. These systems are obsolete and not integrated. Little data is shared between them. Reconciliation of data between systems is not efficient if done at all, resulting in significant duplication of tasks and definite risk of data integrity issues that may not support payment. Modern systems contain various clinical and financial data components necessary to safely treat patients and bill health insurance programs without inadvertently misusing the patients' benefits due to inadequate documentation, coding, or overcharging.

The Joint Commission on Accreditation of Hospital Organizations (JCAHO) and CMS require medical records be accurate, accessible, authenticated, organized, confidential, secure, current, legible, and complete. The current paper Medical Records system cannot ensure that these criteria are met.

Currently, the patient's chart only provides about a third of the data that the physician needs while providing patient care. Moreover, the lack of structure of patient service and demographic data makes is difficult to find specific information in an efficient fashion that facilitates better patient care and safety. Accuracy and completeness of the medical record are current problems. Required charting by clinical staff at the hospitals is inefficient and almost exclusively done on paper. Reviewing a chart requires manually leafing through the often very large documents one page at a time. Chart adequacy cannot be effectively compared with patient care outcomes, which is a standard survey requirement of JCAHO and CMS.

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CMS has mandated information management system and business process compliance practices that the Mental Health Division (MHD) has not met. Some of the examples include CMS compliance issues that will be more efficient to address by replacing the outdated systems are as follows:

1. Section 10-400.H. of the CMS Hospital Manual requires that hospitals install adequate billing procedures to avoid submission of duplicate claims. While the Finance Division has programmed edits in the current (RPS) system to catch duplicate charges, the editions cannot stop all duplicate charges that are generated at the hospital. The current hospital system has no edits or alerts to prevent duplicate claims.

2. CMS Hospital and Reimbursement Manuals require service reporting to be 95 percent accurate. However, the current systems are not integrated, lack edits and there are numerous service coding errors. The current system does not even provide sufficient data that would allow fully quantifying the accuracy of service reporting.

3. Section 4311 of the Balance Budget Act (BBA) of 1997 requires hospital providers to provide an itemized statement within 30-days of a request from a patient or representative. Current Office of Financial Recovery and hospital systems are not capable of producing an itemized statement as required. The current itemization is often a summary level requiring manual intervention to produce the necessary detail of services and items the patient or their insurance are charged. The hospitals receive about 25 requests per-month. Many are from patient legal representatives.

4. Implementation of Inpatient Psychiatric Facility Prospective Payment (IPFPP) is required by the BBA Refinement Act of 2000-Public Law 103-113. The state hospitals are required to change from retrospective fee-for-service cost reimbursement to the Prospective Payment System (PPS). This will entail changes similar to those that nursing homes and Long-Term Care Hospitals recently completed. Current hospital systems cannot comply with the IPFPP Patient Assessment with out major alteration. Currently hospital systems are not programmed to collect, bill, account for, and report the required data to optimize payment from the IPFPP. Congress requires implementation by July 2005.

5. CMS Conditions of participation for hospitals requires the ability to meet the standard service documentation requirements. Only correct service documentation will support a payment. The systems currently in place cannot identify problem areas or corrective action steps necessary to resolve system-reporting problems. Modern hospital systems provide edits and prompts to assist clinicians in their required daily data collection and documentation efforts.

6. Patient care in regard to medication administration is a problem, as the current systems at the hospitals do not link departments with safeguards. For example, the Pharmacy system is not integrated with the lab or medical records to ensure the prevention of adverse drug interactions as modern systems are.

MHD is requesting the funding to purchase an off-the-shelf Patient Information System, including a maintenance agreement, which will provide the following core functions:

An Admission, Discharge and Transfer module that accounts for patient demographics, including insurance coverage and status required for payment for services provided.

An Electronic Medical Record containing documented clinical service information required to support a bill. The Electronic Medical Record component will allow for a complete picture of the patient's care. The Electronic Medical Record replaces the inefficient paper system that currently takes up valuable hospital space. This is the heart of the new system that can electronically provide payers with supporting documentation to efficiently ensure payment.

Clinical desktop and staffing modules. The features provide clinicians with the electronic ability to schedule 24-7 shifts, make appointments and provide alerts when certain services or business processes are required.

A fully automated and integrated Billing and Accounts Receivable system makes up the total system. An Electronic Billing and Accounts Receivable system will perform all billing and recovery tasks necessary while utilizing an online

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interface/integrated database containing both clinical and demographic data about the patient.

The integration of the new system will allow hospital administrators to more efficiently and effectively settle in with the rigorous daily routines that result in compliant management of patient health care and financial well being.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The goals are:
· to achieve a level of compliance that will prevent audit findings resulting in repayment of revenue,
· to optimize revenue, and
· allow more efficient patient service documentation that will result in improved patient care, both clinical and financial.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

Reason for change:

Five separate health care consulting firms have recommended replacing the state hospitals out-dated systems with a modern commercial off-the-shelf system. Without the improvement of patient information, federal compliance is difficult to achieve. The risk of inadvertently misusing patient healthcare benefits is increasing with the old systems. The ability for the state hospitals to participate in Medicare, commercial insurance, and Medicaid is ultimately at increasing risk. Purchasing and operating an integrated Information and Billing system will reverse the risk.

Impact on clients and services:

Federal law requires hospital and other medical providers to bill for services on behalf of patients in compliance with the Social Security Act and subsequent rules and guidelines. Failure to do so violates the financial rights of patients and detracts from the hospitals' ability to care for the patients' financial well-being. A more efficient and effective Hospital Patient Information system will provide more time for clinicians to provide direct patient care.

Impact on other state programs:

Department of Social and Health Services (DSHS) - Office of Financial Recovery
Attorney General Office - less legal action against the state due to non-compliance to force compliance.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Feasibility study results:

DP Code/Title: PL-CP Hospital Information System
Program Level - 030 Mental Health

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Improving current systems proved too expensive.
Development of a new system is more expensive then commercial off-the-shelf systems.

Other DSHS systems do not provide functionality necessary to operate a hospital and altering them proved too expensive.

Budget impacts in future biennia:

The maintenance agreement will continue into future biennia. The operational costs are estimated to be offset by an increase in revenue due to better record keeping and billing practices made possible my the new Information and Billing system.

Distinction between one-time and ongoing costs:

Equipment, software and implementation costs are one-time. Ongoing maintenance of the software is ongoing.

Effects of non-funding:

Without the Patient Information system, the department will continue to have difficulty meeting CMS standards, which can result in loss of federal revenue, and non-accreditation status for the hospitals. In addition, more money will continue to provide inefficient band-aid solutions to very old systems that often result in a manual work-around prone to errors and increased risk of repayment or inefficient efforts to prevent repayment. Non-funding increases the risk of class action legal action against the state of Washington for misuse of patient health care coverage. Delays in funding will cause the cost of implementing a new system to increase and will delay the offsetting increase in revenue.

Expenditure Calculations and Assumptions:

The equipment consists of servers, including improved access. The primary costs are for the software contract. Implementation is by sub-contract with the software vendor. The ongoing maintenance would begin after the system is operational.

See attachment - MHD PL-CP Hospital Information System.xls

Object Detail		FY 1	FY 2	Total
Overall Funding				
C	Personal Service Contracts	1,566,000	1,566,000	3,132,000
E	Goods And Services	0	214,000	214,000
J	Capital Outlays	3,686,000	175,000	3,861,000
T	Intra-Agency Reimbursements	240,000	240,000	480,000
	Total Objects	**5,492,000**	**2,195,000**	**7,687,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CP Hospital Information System
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	4,270,000	1,707,000	5,977,000
	Total for Fund 001-1	**4,270,000**	**1,707,000**	**5,977,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
Sources	**Title**			
5417	Contributions & Grants	632,000	252,000	884,000
	Total for Fund 001-7	**632,000**	**252,000**	**884,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19TA	Title XIX Assistance (FMAP)	590,000	236,000	826,000
	Total for Fund 001-C	**590,000**	**236,000**	**826,000**
	Total Overall Funding	**5,492,000**	**2,195,000**	**7,687,000**

State of Washington DSHS - Mental Health Division
State Psychiatric Hospital Information System Request for Proposal
Cost Proposal Summary

	September 2002 Two Year	*Funding Request by Fiscal Year:*			*Projected Increase in Cost if Not Done in 05-07:*		
Cost Item	***Estimate***	**FY2006**	**FY2007**		**FY2008**	**FY2009**	**Variance**
Software							
Administrative, Billing, and Clinical Modules	$ 2,737,000	$ 3,011,000	$ -		$ 3,312,000	$ -	$ 301,000
Implementation							
Implementation Services	$ 2,203,000	$ 1,212,000	$ 1,212,000		$ 1,333,000	$ 1,333,000	$ 242,000
User Training & Education (Addition to Proposed Amounts)	$ 500,000	$ 250,000	$ 250,000		$ 250,000	$ 250,000	$ -
Business Process Reengineering	$ -						
Quality Assurance	$ 189,000	$ 104,000	$ 104,000		$ 104,000	$ 104,000	$ -
Other							
Hardware	$ 500,000	$ 500,000	$ -		$ 500,000		$ -
Basic Computer Training	$ -						
Expanded Hospital Networks & Hardware Requirements	$ 350,000	$ 175,000	$ 175,000		$ 175,000	$ 175,000	$ -
Total One-Time Costs	**$ 6,479,000**	**$ 5,252,000**	**$ 1,741,000**	**$ -**	**$ 5,674,000**	**$ 1,862,000**	**$ 543,000**
Server Hosting & Maintenance							
Information Services (ISSD)	$ 240,000	$ 240,000	$ 240,000		$ 240,000	$ 240,000	$ -
User Support and Maintenance							
Ongoing Software Support & Maintenance	$ 527,000	$ -	$ 580,000		$ -	$ 638,000	$ 58,000
Total Annual Recurring Costs	**$ 767,000**	**$ 240,000**	**$ 820,000**		**$ 240,000**	**$ 878,000**	**$ 58,000**
Anticipated Increase in Revenue due to Improved Billing Processes			$ (366,000)			$ (391,000)	$ (25,000)
Total Costs Per Fiscal Year		**$ 5,492,000**	**$ 2,195,000**		**$ 5,914,000**	**$ 2,349,000**	
Total Biennial Costs	**$ 7,246,000**		**$ 7,687,000**			**$ 8,263,000**	**$ 576,000**

FY2006	**FY2007**		**ESH G91 FY2006**	**ESH G91 FY2007**	**WSH G92 FY2006**	**WSH G92 FY2007**
$ 1,566,000	$ 1,566,000	C	$ 392,000	$ 392,000	$ 1,174,000	$ 1,174,000
$ -	$ 214,000	E	$ -	$ 54,000	$ -	$ 160,000
$ 3,686,000	$ 175,000	J	$ 922,000	$ 44,000	$ 2,764,000	$ 131,000
$ 240,000	$ 240,000	T	$ 60,000	$ 60,000	$ 180,000	$ 180,000
$ 5,492,000	**$ 2,195,000**	OBJECT TOTAL	**$ 1,374,000**	**$ 550,000**	**$ 4,118,000**	**$ 1,645,000**
		State	$ 1,017,000	$ 407,000	$ 3,253,000	$ 1,300,000
		Federal	$ 137,000	$ 55,000	$ 453,000	$ 181,000
		Local	$ 220,000	$ 88,000	$ 412,000	$ 164,000
		FUND TOTAL	**$ 1,374,000**	**$ 550,000**	**$ 4,118,000**	**$ 1,645,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CQ CSCI CGS - Active TX and ECS
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Requests funding for the Center for Geriatric Services (CGS) at Western State Hospital (WSH), which requires additional staff in order to maintain Centers for Medicare and Medicaid Services (CMS) certification and the ability to bill Medicare and Medicaid for services provided to 142 geriatric patients. For the Expanded Community Services (ECS) program, the Department of Social and Health Services (DSHS) will add approximately 120 beds to community placement, resulting in capacity to serve individuals who will be transitioned from WSH and others who are at risk of hospitalization. Funding for ECS will come from the closure of 60 WSH beds, and the funding will be moved to the Mental Health Division (MHD) community services.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-7 General Fund - Basic Account-Private/Local	(376,000)	(769,000)	(1,145,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	587,000	1,870,000	2,457,000
Total Cost	**211,000**	**1,101,000**	**1,312,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**(26.4)**	**(60.8)**	**(43.6)**

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response (CSCR) project, a joint collaboration and partnership between DSHS and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default crisis response and involuntary commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders such as dementia and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). The CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

WSH has five geriatric wards, with each ward having a capacity of between 28-30 patients. Four wards contain patients who are in varying stages of dementia. One ward has patients with diagnosis of schizophrenia, bipolar disorder, and other psychiatric diagnoses. CMS surveyors would not certify these five wards during the Medicare survey because, by CMS definition of "active treatment," the facility failed to "provide specific treatment modalities to the breath and degree necessary to promote active psychiatric treatment."

The plan of correction requires additional staff to provide compliant active psychiatric treatment for all patients on the wards. Due to the nature of dementia, patients require a 1:1 or 1:2 patient-to-staff ratio to help reduce the barriers to placements in skilled nursing facilities. The current staffing pattern of nursing staff, rehabilitation staff, and social workers cannot provide all of the elements of intense treatment for the number of patients. In order to maintain accreditation, the geriatric unit must have additional professional staff (nursing, social work, and rehabilitation) to provide these services.

Additional funding is required to hire additional professional staff for the five geriatric wards, specifically:

· Social Workers: The Plan of Correction to CMS indicates the social workers will be communicating to place each patient. "and if placement is denied shall identify and document specific barriers to placement in the patient record." These contacts with Regional Support Network liaisons, home and community services, etc, must be successfully completed at a minimum of weeks. Currently, each social worker has a caseload of at least 45 patients. In addition, social workers must contact families, guardians, designated Power of Attorneys, and other concerned persons, and manage the financial part of the potential discharge while maintaining daily contact with their patients.
· Nursing Staff: The treatment team for each patient must write treatment plan addenda on all patients to address specific interventions to be attempted to remove discharge barriers. Many of the barriers relate to aggressive, assaultive behaviors during ADL care, changing, bathing, toileting. The nurse has the role in writing the nursing portion of the treatment plan, as well as then implementing the plan, plus documenting on this plan at least weekly. The patients must be provided medical and nursing care aimed at these specific interventions.
· Rehabilitative staff (Occupational Therapists, Certified Occupational Therapy Assistants, Recreational Therapists) are specially trained to provide activities for psychiatric and dementia patients. Currently, with one to two rehabilitative staff per ward, they cannot provide the quality and quantity of care needed as identified in the plan of correction.

ECS program was created during the 2001-03 Biennium to develop enhanced community resources and to provide enhanced support in community settings for 178 long-term state hospital patients. The program was created to assure that appropriate community options are available for state hospital patients in accordance with the Olmstead decision, as well as intent of the Washington State Legislature that whenever possible care can be provided in community settings. Approximately half of the patients served were from the geriatric wards at the state hospitals, most of these suffering from severe dementias. CGS at WSH has approximately 60 long-term beds, which continue to serve individuals with severe dementias.

Home and Community Services (HCS) in the Aging and Disability Services Administration (ADSA) is currently under contract for services provided to ECS participants with severe dementia and receives funding through a Memorandum of Understanding (MOU) with MHD. Authority is requested to utilize funds available from closing 60 CGS beds to increase capacity for the geriatric ECS program. This funding will be provided to HCS through the existing MOU. HCS will also leverage funding through the Community Options Program Entry System (COPES) program in order to increase the total capacity of the ECS program by approximately 120 beds. This increased capacity will be used to serve the 60 patients who will be transferred from CGS when the ward closes, as well as future patients with severe dementia or those who may be at risk of hospitalization.

The closure of the CGS wards is planned in two phases. The closure of the first ward will be complete on September 1, 2005. The second ward will close on March 1, 2006.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The goal to pass the CMS surveys for certification is an ongoing and major objective of WSH. Federal revenues are dependent on the success of the survey. In order to meet this goal, additional staff must be maintained in the geriatric unit to provide the specific care and treatment outlined by CMS standards. Passing the upcoming re-survey of WSH will be the measure of success and is the expected result.

This relates directly to Goal one, Objective three of MHD's Strategic plan:

· Goal-1: The appropriate level of service is provided in the right setting in a timely manner.
· Objective-3: Establish appropriate use and capacity of state psychiatric hospitals and promote service alternatives in communities.

DP Code/Title: PL-CQ CSCI CGS - Active TX and ECS
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

This relates directly to the following performance measure in the MHD Strategic plan:

Establish state psychiatric adult hospital census capacity goals based on results of an analysis of need and implement capacity changes in Fiscal Year 2005 through Fiscal Year 2009 to match results of the analysis.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	FY 2
Activity: C063 Mental Health Facilities Services		
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

	Incremental Changes FY 1	FY 2
Activity: C069 Other Community Mental Health Services		
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

The current issue is the failure of WSH to pass the March 22, 2004 CMS survey and resulting decertification of the geriatric unit. The addition of professional staff, as listed above, will result in an increase in active treatment for psychiatric patients within the geriatric unit and in active discharge treatment for the dementia patients within the unit. Without these additional resources, the CMS standards, specifically as they relate to geriatric dementia patients, cannot be met. The risk of losing federal revenue increases if standards are not met.

WSH is currently under a plan of correction from CMS, primarily related to long-term patients with severe dementia. CMS has indicated they do not believe many of these patients can benefit from long-term acute psychiatric inpatient care. The continued indefinite stay of these patients, places Washington at risk of losing federal financial participation related to their state hospital care. Further development of the geriatric ECS program will allow for the transition of these patients and further Washington's ability to meet obligations to provide appropriate community options to state hospital patients as required by the Supreme Court's Olmstead Decision.

This plan will directly result in the decrease of 60 beds at WSH. In addition, this initiative is expected to decrease the current rate of hospitalization, thereby decreasing the need for additional beds at the state hospitals in the future. The 2002 Public Consulting Group's Residential and Inpatient study predicted that, based on population growth projected by the US Census Bureau, failure to develop appropriate community resources will result in the need for up to 180 additional beds at the state hospitals by the year 2010.

Impact on clients and services:

Services to the geriatric population of WSH will improve to provide the active discharge treatment and care component required by CMS. Adequate number of social workers will be able to have ongoing and continued active contact with community resources. Nursing staff and rehab staff will provide level of functioning care and treatment as required by CMS. Federal revenue will be maintained.

The 60 long-term patients with severe dementias currently served in the CGS wards receive an acute level of psychiatric care. These patients remain at WSH, sometimes indefinitely, due to a lack of appropriate community resources. Funds transferred through this program will increase capacity of specialized community long-term care programs that are successfully serving similar individuals who were previously transitioned from the state hospitals. Increasing this level of care is cost efficient and allows individuals to return to their home communities.

DP Code/Title: PL-CQ CSCI CGS - Active TX and ECS
Program Level - 030 Mental Health

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There are a number of stakeholders who will be affected by this proposal. It is expected that most or all of these stakeholders will support the increase of resources for the ECS program. It is also expected that a number of these stakeholders will oppose the loss of any further beds at the state hospital because of ongoing concerns regarding the overall adequacy of psychiatric inpatient resources. State hospital unions may object because of the loss of jobs associated with this plan. Primary affected stakeholders include:

· Aging and Disability Services Administration
· Medical Assistance Administration
· Economic Services Administration
· Department of Health
· Division of Alcohol and Substance Abuse
· Regional Support Networks
· Area Agencies on Aging
· Community Mental Health Providers
· Community Long-Term Care Providers
· Community Psychiatric Inpatient Providers
· Washington Chapter of the National Alliance for the Mentally Ill (NAMI)
· Washington Advocates for the Mentally Ill (WAMI)
· State hospital labor unions

Impact on other state programs:

This item directly affects the HCS program and there is a corresponding DP developed by HCS, in coordination with MHD, to reflect the impact on their program. There is expected to be a one-time minor increase in workload for the Economic Services Administration related to the coordination of benefits for the 60 patients who will be transitioned from the state hospital. In addition, there will be some ongoing impact on the Medical Assistance Administration as individuals formerly served in WSH receive their medications and medical care in the community.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

DSHS is reviewing whether a new category of licensing will be required for some of the patients who will be transitioned through this plan.

Alternatives explored by agency:

Managers from all areas of the hospital were asked to transfer employees with their positions to CGS. In some cases, the positions given to CGS were vacant and required completing the hiring process. While WSH is taking the initiative to deploy employees and positions from other areas of the hospital, this action places those affected areas in jeopardy of losing accreditation due to lack of resources. Additionally, the involuntary movement of employees may result in labor disputes. These positions given to CGS need to be returned as soon as possible to their permanent area to provide patient care and maintain standards for CMS.

The positions within the hospital temporarily sent to CGS in many cases were not the classification that will be helpful in meeting standards. An addition 19.0 FTEs are needed to maintain certification status.

Other options explored include doing nothing or converting 60 CGS beds from acute psychiatric inpatient beds to a Skilled Nursing Facility (SNF) and continuing to serve individuals with severe dementia on the grounds at WSH. Doing nothing is

likely to increase the risk of losing federal participation for the 60 beds serving long-term patients with severe dementias and increased vulnerability to an Olmstead lawsuit. Conversion of these beds to a SNF on the grounds of WSH would still allow for some federal participation for the ongoing care of these individuals. However, this alternative would change the mission of the state hospital and be more expensive than the level of care provided for individuals in the ECS program. The federal participation provided if these beds were converted to SNF care would decrease, meaning this option would also require an increase in state funding to maintain the appropriate level of care. The main reason for selecting the option of increasing the ECS program is that the existing ECS program has been successful in transitioning long-term patients into less restrictive community settings in their home communities.

A total of 19.0 FTEs are needed to maintain certification status.

Budget impacts in future biennia:

Staff costs are ongoing, as adjusted by the ward closures.

Closure of 60 CGS beds will result in decreases in expenditures, revenues, and FTEs at WSH. On an annual basis, current WSH operating state funds will be available for transfer to the community. MHD will continue to use the existing MOU with HCS to transfer these funds and increase the number of beds in the ECS program. It is expected that 100 percent of these state dollars will be matched through the Medicaid program. The transferred funds will be joined with current long-term care funding to increase the level of care for individuals residing in ECS long-term care beds. There will be one FTE on a project position for the MHD working with HCS to coordinate the transition of patients into the community. ADSA has a parallel DP regarding impacts on the COPES program and HCS FTEs required for their ongoing responsibilities with this program.

Distinction between one-time and ongoing costs:

One-time equipment costs will be required.

The transfer and funding needs are ongoing. The FTE for the project position at MHD will be limited to two-years.

Effects of non-funding:

Non-funding of this Plan of Correction for CMS could increase the risk of losing federal funds for WSH. It could result in loss of services for geriatric patients, increased citations and potential lawsuits, and exposure and review from federal and other public agencies.

Continued indefinite hospitalization for the 60 patients at CGS with severe dementia places Washington at risk of losing federal participation related to their care. This includes the potential loss of Medicare and the federal match on Medicaid. Estimates are that it will require an increase in state funding to care for these individuals if MHD fails to meet the long-term requirements of the Plan of Corrections. In addition, failure to increase capacity of the ECS program and continue to serve these patients in high cost WSH beds places Washington at risk of an Olmstead lawsuit related to this population, particularly now that the ECS program has demonstrated that such patients can be served successfully in community settings. Finally, as noted above, this initiative is expected to decrease the current rate of hospitalization thereby decreasing the need for a projected 180 additional beds at the state hospitals by the year 2010.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CQ CSCI CGS-Active TX and ECS.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CQ CSCI CGS - Active TX and ECS
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	(1,195,000)	(2,744,000)	(3,939,000)
B	Employee Benefits	(428,000)	(845,000)	(1,273,000)
E	Goods And Services	(579,000)	(1,242,000)	(1,821,000)
G	Travel	22,000	16,000	38,000
J	Capital Outlays	140,000	21,000	161,000
T	Intra-Agency Reimbursements	2,251,000	5,895,000	8,146,000
	Total Objects	**211,000**	**1,101,000**	**1,312,000**

DSHS Source Code Detail

Sources	Title	FY 1	FY 2	Total
Overall Funding				
Fund 001-7, General Fund - Basic Account-Private/Local				
5417	Contributions & Grants	(376,000)	(769,000)	(1,145,000)
	Total for Fund 001-7	**(376,000)**	**(769,000)**	**(1,145,000)**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
19TA	Title XIX Assistance (FMAP)	587,000	1,870,000	2,457,000
	Total for Fund 001-C	**587,000**	**1,870,000**	**2,457,000**
	Total Overall Funding	**211,000**	**1,101,000**	**1,312,000**

2005-07 Biennial Budget
PL-CQ CSCI CGS - Active TX and ECS

DSHS Mental Health Division
PL-CQ Center for Geriatric Services - Active Treatment

BU	OBJ	CAT	FTEs	FY2006	FTEs	FY2007
COSTS						
Expanded Community Services (ECS)						
G95	T	1000		$ 2,234,000		$ 5,883,000
			GF-S	$ 1,117,000		$ 2,942,000
			GF-F	$ 1,117,000		$ 2,941,000
HQ Staffing for ECS Management						
G70	A	9000	1.0	$ 65,000	1.0	$ 65,000
	B	9000		$ 14,000		$ 15,000
	E	9000		$ 7,000		$ 7,000
	G	9000		$ 2,000		$ 2,000
	J	9000		$ 8,000		$ 2,000
	TZ	9000		$ 1,000		$ 1,000
G70			1.0	$ 97,000	1.0	$ 92,000
			GF-S	$ 53,000		$ 50,000
			GF-F	$ 44,000		$ 42,000
Active Treatment - WSH						
G92	A	2000	15.2	$ 644,000	11.2	$ 456,000
	B	2000		$ 226,000		$ 160,000
	E	2000		$ 119,000		$ 84,000
	G	2000		$ 20,000		$ 14,000
	J	2000		$ 132,000		$ 19,000
	TZ	2000		$ 16,000		$ 11,000
G92			15.2	$ 1,157,000	11.2	$ 744,000
			GF-S	$ 914,000		$ 588,000
			GF-F	$ 127,000		$ 82,000
			GF-L	$ 116,000		$ 74,000
		TOTAL FUNDS G95,G70,G92	GF-S	$ 2,084,000		$ 3,580,000
			GF-F	$ 1,288,000		$ 3,065,000
			GF-L	$ 116,000		$ 74,000
				$ 3,488,000		$ 6,719,000
SAVINGS						
Closure of two Wards in FY2006						
73 FTEs/2 wards = 36.5 x 14 months						
G92	A	2000	-42.6	$ (1,904,000)	-73.0	$ (3,265,000)
	B	2000		$ (668,000)		$ (1,020,000)
	E	2000		$ (705,000)		$ (1,333,000)
G92			-42.6	$ (3,277,000)	-73.0	$ (5,618,000)
			GF-S	$ (2,084,000)		$ (3,580,000)
			GF-F	$ (701,000)		$ (1,195,000)
			GF-L	$ (492,000)		$ (843,000)
			TOTAL	$ (3,277,000)		$ (5,618,000)

Net Change: Cost less savings

By Budget Unit:

G95	By fund:	GF-S	$ 1,117,000		$ 2,942,000
		GF-F	$ 1,117,000		$ 2,941,000
		GF-L	$ -		$ -
		TOTAL	$ 2,234,000		$ 5,883,000
	By object:	T	$ 2,234,000		$ 5,883,000

2005-07 Biennial Budget
PL-CQ CSCI CGS - Active TX and ECS

	By FTEs:			0.0		0.0
G70	By fund:	GF-S	$	53,000	$	50,000
		GF-F	$	44,000	$	42,000
		GF-L	$	-	$	-
		TOTAL	$	97,000	$	92,000
	By object:	A	$	65,000	$	65,000
		B	$	14,000	$	15,000
		E	$	7,000	$	7,000
		G	$	2,000	$	2,000
		J	$	8,000	$	2,000
		TZ	$	1,000	$	1,000
		TOTAL	$	97,000	$	92,000
	By FTEs:			1.0		1.0
G92	By fund:	GF-S	$	(1,170,000)	$	(2,992,000)
		GF-F	$	(574,000)	$	(1,113,000)
		GF-L	$	(376,000)	$	(769,000)
		TOTAL	$	(2,120,000)	$	(4,874,000)
	By object:	A	$	(1,260,000)	$	(2,809,000)
		B	$	(442,000)	$	(860,000)
		E	$	(586,000)	$	(1,249,000)
		G	$	20,000	$	14,000
		J	$	132,000	$	19,000
		TZ	$	16,000	$	11,000
		TOTAL	$	(2,120,000)	$	(4,874,000)
	By FTEs:			-27.4		-61.8
By Program:	By fund:	GF-S	$	-	$	-
		GF-F	$	587,000	$	1,870,000
		GF-L	$	(376,000)	$	(769,000)
		TOTAL	$	211,000	$	1,101,000
	By object:	A	$	(1,195,000)	$	(2,744,000)
		B	$	(428,000)	$	(845,000)
		E	$	(579,000)	$	(1,242,000)
		G	$	22,000	$	16,000
		J	$	140,000	$	21,000
		T	$	2,234,000	$	5,883,000
		TZ	$	17,000	$	12,000
		TOTAL	$	211,000	$	1,101,000
	By FTEs:			-26.4		-60.8

2005-07 Biennial Budget
PL-CQ CSCI CGS - Active TX and ECS

DSHS Mental Health Division
PL-CQ Center for Geriatric Services - Active Treatment

Ward Closures:			Annual Allotment FY 2006	Savings from Closure: FY 2007
Ward 1	Closes 9/1/2005	2 months activity	$2,341,000	$2,809,000
Ward 2	Closes March 1, 2006	8 months activity	$936,000	$2,809,000
		Projected Savings	$3,277,000	$5,618,000
		Reallocation of Admin Costs		
		to Remaining Wards	$403,000	$517,000
		Active Tx	$1,157,000	$744,000
		Net Retain to G92	$1,560,000	$1,261,000
		HQ Staff	$97,000	$92,000
		Total Retained	$1,657,000	$1,353,000
	From G92	Total Avail to G95	$1,620,000	$4,265,000
	To G95-LTC	State	$1,117,000	$2,942,000
		Federal	$315,000	$827,000
		Local	$188,000	$496,000
		TOTAL	$1,620,000	$4,265,000
		GF-S	68.98%	68.98%
		GF-F	19.39%	19.39%
		GF-L	11.63%	11.63%

2005-07 Biennial Budget
PL-CQ CSCI CGS - Active TX and ECS

DSHS Mental Health Division
CSCI - CGS Active Treatment and ECS
Expanded Community Services (ECS):
Transfer from G92, Cat 2000 to G95, Cat 1000

September 2005 Closure		FY2006		FY2007
Beds		30		30
Days		302		365
State Rate	$	163.50	$	163.50
Total	$	1,481,000	$	1,790,000

March 2006 Closure		FY2006		FY2007
Beds		30		30
Days		123		365
State Rate	$	163.50	$	163.50
Total	$	603,000	$	1,790,000

Total State Savings	**$**	**2,084,000**	**$**	**3,580,000**

2005-07 Biennial Budget
PL-CQ CSCI CGS - Active TX and ECS

DSHS Mental Health Division
MHD HQ Staffing for ECS Management
G70, Category 9000

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Travel	Equipment	ISSD	Total
Object		**A**	**B**	**E**	**G**	**J**	**TZ**	
FY06								
WMS Position for ECS	1.0	65,000	14,000	7,000	2,000	8,000	1,000	97,000
FY06 TOTAL	**1.0**	**65,000**	**14,000**	**7,000**	**2,000**	**8,000**	**1,000**	**97,000**
						State 54%		**53,000**
						Federal 46%		**44,000**
FY07								
WMS Position for ECS	1.0	65,000	15,000	7,000	2,000	2,000	1,000	92,000
FY07 TOTAL	**1.0**	**65,000**	**15,000**	**7,000**	**2,000**	**2,000**	**1,000**	**92,000**
						State 54%		**50,000**
						Federal 46%		**42,000**

DSHS Mental Health Division
CSCI - CGS Active Treatment and ECS
WSH - CGS Active Treatment
G92, Category 2000

FY 2006	FTEs	A Salaries	B Benefits	E G&S	G Travel	J Equipment	TZ TZ	TOTALS
IC 3	2.0	$ 73,000	$ 27,000	$ 15,000	$ 2,000	$ 16,000	$ 2,000	$ 135,000
Therapy Assistant	2.0	$ 65,000	$ 27,000	$ 15,000	$ 2,000	$ 16,000	$ 2,000	$ 127,000
Mental Health Tech 1	3.0	$ 89,000	$ 39,000	$ 22,000	$ 7,000	$ 25,000	$ 3,000	$ 185,000
Occupational Therapist 2	1.0	$ 48,000	$ 15,000	$ 7,000	$ 2,000	$ 8,000	$ 1,000	$ 81,000
RN 2	5.0	$ 264,000	$ 76,000	$ 37,000	$ 5,000	$ 41,000	$ 5,000	$ 428,000
Rec Therapist	3.0	$ 116,000	$ 42,000	$ 22,000	$ 3,000	$ 25,000	$ 3,000	$ 211,000
LPN 2	3.0	$ 105,000	$ 41,000	$ 22,000	$ 3,000	$ 25,000	$ 3,000	$ 199,000
SUBTOTAL	**19.0**	**$ 760,000**	**$ 267,000**	**$ 140,000**	**$ 24,000**	**$ 156,000**	**$ 19,000**	**$ 1,366,000**
Reduction for Ward Closures	**-3.8**	**$ (116,000)**	**$ (41,000)**	**$ (21,000)**	**$ (4,000)**	**$ (24,000)**	**$ (3,000)**	**$ (209,000)**
TOTAL	**15.2**	**$ 644,000**	**$ 226,000**	**$ 119,000**	**$ 20,000**	**$ 132,000**	**$ 16,000**	**$ 1,157,000**

FY 2007	FTEs	Salaries	Benefits	G&S	Travel	Equipment	TZ	TOTALS
IC 3	2.0	$ 73,000	$ 27,000	$ 15,000	$ 2,000	$ 3,000	$ 2,000	$ 122,000
Therapy Assistant	2.0	$ 65,000	$ 27,000	$ 15,000	$ 2,000	$ 3,000	$ 2,000	$ 114,000
Mental Health Tech 1	3.0	$ 89,000	$ 39,000	$ 22,000	$ 7,000	$ 5,000	$ 3,000	$ 165,000
Occupational Therapist 2	1.0	$ 48,000	$ 15,000	$ 7,000	$ 2,000	$ 2,000	$ 1,000	$ 75,000
RN 2	5.0	$ 264,000	$ 76,000	$ 37,000	$ 5,000	$ 8,000	$ 5,000	$ 395,000
Rec Therapist	3.0	$ 116,000	$ 42,000	$ 22,000	$ 3,000	$ 5,000	$ 3,000	$ 191,000
LPN 2	3.0	$ 105,000	$ 41,000	$ 22,000	$ 3,000	$ 5,000	$ 3,000	$ 179,000
SUBTOTAL	**19.0**	**$ 760,000**	**$ 267,000**	**$ 140,000**	**$ 24,000**	**$ 31,000**	**$ 19,000**	**$ 1,241,000**
Reduction for Ward Closures	**-7.8**	**$ (304,000)**	**$ (107,000)**	**$ (56,000)**	**$ (10,000)**	**$ (12,000)**	**$ (8,000)**	**$ (497,000)**
TOTAL	**11.2**	**$ 456,000**	**$ 160,000**	**$ 84,000**	**$ 14,000**	**$ 19,000**	**$ 11,000**	**$ 744,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CR State Hospital Forensic Services
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for an additional Forensic Ward at Western State Hospital (WSH) and additional staff at Eastern State Hospital (ESH) and WSH for off-site forensic evaluations. This will meet the increasing demand for Forensic Inpatient Psychiatric Hospital services and to reduce unnecessary admissions. Funding will allow the state psychiatric hospitals to keep up with court ordered evaluations and felony competency restorations and eliminate waiting lists for inpatient admissions and off-site jail evaluations.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	4,064,000	3,931,000	7,995,000
001-7 General Fund - Basic Account-Private/Local	552,000	534,000	1,086,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	564,000	546,000	1,110,000
Total Cost	**5,180,000**	**5,011,000**	**10,191,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**70.4**	**70.4**	**70.4**

Package Description:

Due to the lack of resources to meet increasing demand for Forensic Inpatient Psychiatric Hospital services and proactively reduce unnecessary admissions, ESH and WSH have had difficulty keeping up with court ordered evaluations and felony competency restorations under Revised Code of Washington (RCW) 10.77.

The request is divided into two parts:
1 - The addition of a 29-bed Forensic Ward at WSH, and
2 - Increasing off-site forensic evaluations at both ESH and WSH.

Demand is increasing for both evaluations and competency restoration court ordered services. The Center for Forensic Services (CFS) inpatient waiting list has grown dramatically, peaking in late February 2004 (77 on the waiting list) with the 2004 daily average of 48.1. The average number of days waiting for admission for 15-day felony evaluation cases is 32. With the steady increase in the number of court ordered evaluations to the CFS at WSH and the proportionate increase in number of competency restoration orders, the inpatient and jail/community evaluation waiting lists have grown significantly in the last year. Court ordered 90-day felony competency restorations, "crowd out" or delay admission of lower priority court ordered cases.

It is also evident from the growing waiting lists that CFS is now beginning to have difficulty meeting the statutory requirements of admitting treatment cases within seven-days of receipt of the court order. There have been several recent cases of individuals who remained on the waiting list for longer than the seven-day admission window of several cases to explain the reasons for admission delays. There have been several show-cause hearings by courts concerning admission delays. The state hospital has been close to contempt citations for failure to meet statutory obligations for evaluations and treatment. Other significant risks associated with admission delays include individuals with severe and untreated mental illness languishing in jail awaiting treatment and evaluation, exacerbating their psychiatric condition with potential danger to self or others, inappropriate releases of mentally ill from jails, and legal risks.

The state hospitals have not been able to meet the demand for court ordered pre-trial Forensic Mental Health Evaluations mandated under RCW 10.77 that are performed in community jails. Court ordered jail/community evaluation waiting lists

have grown significantly in the last year.

The priority waiting list for community evaluations has grown for both hospitals. The off-site programs can no longer reliably produce evaluations prior to court imposed deadlines. WSH has experienced a 53 percent increase in referrals since the end of 2001. Currently, the WSH waiting list ranges from 75 to over 90 evaluations. By the end of the summer, it is expected to reach 130 to 150. From July 1, 2003 to December 31, 2003, WSH was forced to request extensions of the court ordered evaluation period on 209 of 768 cases. ESH waiting list is routinely around 20. It is the timely completion of evaluations that makes the off-site evaluations an attractive alternative to unnecessarily committing the patients to the state hospitals for an inpatient evaluation.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This package contributes to the agency's strategic plan by establishing appropriate use and capacity of state psychiatric hospitals and promoting services delivered in community settings.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

Reason for change:

The hospitals are not meeting the increased demand for court ordered evaluations that are usually performed by state hospital staff off-site in community jails. The purpose of off-site evaluations is to prevent unnecessary admissions to the state hospitals. Given the inability of hospital staff to keep up with demand for off-site work, courts are ordering more admissions to the state hospitals for evaluations.

Recent court rulings (as well as the number of show-cause hearings) have emphasized the importance of timely evaluation and provision of treatment to this population. Additional jail/community evaluation resources are needed to meet current levels of demand for services.

Courts are ordering more 90-day felony competency restorations, which take priority over other restoration admissions causing a of backlog in patients requiring psychiatric services.

Recent court rulings (as well as the number of show-cause hearings) have emphasized the importance of timely evaluation and provision of treatment to this population.

Additional inpatient and jail/community evaluation resources are needed to meet current levels of demand for services.

Impact on clients and services:

Patients will be admitted to the hospital from the jails in significantly less time. This will expedite evaluation for competency and/or treatment to restore competency. The hospital will meet statuary requirements for admitting treatment cases. Show-cause hearings will cease. Patients will be assessed and treated for their acute psychiatric disorders in a more timely fashion.

Increasing evaluation services will expedite pre-trial Forensic Mental Health evaluations, thereby providing for timely

evaluation and disposition to treatment resources for mentally ill defendants in jail and the community, will increase the care and management of dangerously mentally ill individuals, increase public safety, meet statutory obligations and provide reliable and useful identification of mentally ill offenders. Contempt or show-cause hearings will cease.

The off-site programs will be better able to manage the current and expected levels of workload and the priority/waiting list will be manageable and reasonable. Both the Criminal Justice and Mental Health systems will be better able to meet their statutory obligations. This will be supported by all major stakeholders, courts and judges, prosecutors, defense bar, defendants, and jail and community residential centers housing criminal defendants.

Impact on other state programs:

Jails in the surrounding counties will be able to reduce the amount of time persons are held waiting transportation to the hospital once a bed is available. WSH will also be able to continue to meet its contractual obligations to the Division of Developmental Disabilities, the Indian Nations, and the Criminal Justice system, for the provision of evaluations and the timely disposition of criminal defendants who are mentally ill.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Efforts to reduce the inpatient waiting list by developing and refining programmatic efficiencies include:

· Conversion of seven NGRI (Not Guilty by Reason of Insanity) beds to Competency Restoration beds on two NGRI Wards. Potential to convert an additional six-eight NGRI beds in the next three months, depending on court decisions on recommended conditional releases,
· Addition of 14 staff to CFS, including one forensic evaluator,
· Implemented system of prioritizing admissions by legal status to avoid statutory violation of 9th District Court decision regarding mandatory of admission of treatment cases within seven-days of order,
· Expediting completion of evaluations and subsequent return to jail of obviously incompetent defendants by using template form letter,
· Continuing to emphasize to the courts that the use of our outpatient evaluation services, and waiving the need for a second evaluator, significantly reduces the delay in the process, for most but not all cases,
· Implementing a system that quickly identifies and evaluates individuals assessed by the treatment team as likely restored to competency to, when indicated, accelerate transport back to jail.

Despite these efforts, however, the inpatient waiting list remains high. Over the last 16-months the average numbers of admissions per business day has not exceeded the average daily number of referrals added to the inpatient waiting list.

Efforts to reduce the off-site priority/waiting list by developing and refining programmatic efficiencies included:

· Requiring out-of-custody defendants who no-show for an appointment either to be taken into custody (our usual recommendation) or to appear on grounds of WSH for any further appointments,
· Prioritizing misdemeanant in-custody cases first, then felony in-custody cases ahead of out-of-custody cases, due to shorter speedy trial time limits,
· Pushing for and securing new legislation supporting the use of one examiner in evaluations (in addition to supporting the use of jail evaluations in general),

DP Code/Title: PL-CR State Hospital Forensic Services
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

· Based on that new legislation, consulting with the Assistant Attorney General regarding development of new court orders, which would facilitate use of one instead of two examiners on cases,
· Continuing efforts to educate the Criminal Justice system to the crisis in resources for evaluations,
· Encouraging courts to use the Civil Commitment system for chronically mental ill offenders,
· Reviewing the necessary requirements for evaluations and reports to ensure efficient use of time and resources.

These efforts have assisted in increasing efficiencies, but have not significantly addressed the growing referrals and increasing priority/waiting list for jail and community evaluation cases. The growth is simply to great and too steady.

Budget impacts in future biennia:

As long as the trend toward criminalization of the mentally ill continues, this trend for increasing demand for forensic services will continue.

Distinction between one-time and ongoing costs:

One-time costs consisting of equipment purchases will be required.

Effects of non-funding:

The priority/waiting list will continue to grow. Evaluations will increasingly be delayed. Hospital will continue to be required to respond to judicial contempt citations due to delay in implementing court orders. Patients will continue to have extended stays in jails, delaying evaluation and both outpatient and inpatient psychiatric treatment. Potential release of dangerous mentally ill persons due to violation of civil rights will continue. Advocacy groups, including Native American Mentally Ill, Washington Protection and Advocacy systems, community jails, and Regional Support Networks have all expressed interest in resolution. The delays in evaluation or treatment result in increased pressure in the jail system, including overcrowding and an increased population of mentally ill persons not receiving treatment. This has prompted requests for an Involuntary Treatment Act evaluation in an attempt to get the person into an inpatient setting at the state psychiatric hospital.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CR State Hospital Forensic Services.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	3,253,000	3,253,000	6,506,000
B	Employee Benefits	868,000	868,000	1,736,000
E	Goods And Services	740,000	740,000	1,480,000
G	Travel	18,000	18,000	36,000
J	Capital Outlays	230,000	61,000	291,000
T	Intra-Agency Reimbursements	71,000	71,000	142,000
	Total Objects	**5,180,000**	**5,011,000**	**10,191,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CR State Hospital Forensic Services
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	4,064,000	3,931,000	7,995,000
	Total for Fund 001-1	**4,064,000**	**3,931,000**	**7,995,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
Sources	**Title**			
5417	Contributions & Grants	552,000	534,000	1,086,000
	Total for Fund 001-7	**552,000**	**534,000**	**1,086,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19TA	Title XIX Assistance (FMAP)	564,000	546,000	1,110,000
	Total for Fund 001-C	**564,000**	**546,000**	**1,110,000**
	Total Overall Funding	**5,180,000**	**5,011,000**	**10,191,000**

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division

		FY 2006	FY 2007
Forensic Ward - WSH	FTEs	57.4	57.4
	A	$ 2,402,000	$ 2,402,000
	B	$ 673,000	$ 673,000
	E	$ 647,000	$ 647,000
	J	$ 126,000	$ 25,000
	G	$ 10,000	$ 10,000
	TZ	$ 58,000	$ 58,000
TOTAL		$ 3,916,000	$ 3,815,000

G92:	FY 2006	FY 2007
FTEs	64.4	64.4
A	$ 2,877,000	$ 2,877,000
B	$ 779,000	$ 779,000
E	$ 695,000	$ 695,000
J	$ 182,000	$ 39,000
G	$ 15,000	$ 15,000
TZ	$ 65,000	$ 65,000
	$ 4,613,000	$ 4,470,000

WSH - Offsite	FTEs	7.0	7.0
	A	$ 475,000	$ 475,000
	B	$ 106,000	$ 106,000
	E	$ 48,000	$ 48,000
	J	$ 56,000	$ 14,000
	G	$ 5,000	$ 5,000
	TZ	$ 7,000	$ 7,000
TOTAL		$ 697,000	$ 655,000

G92:	FY 2006	FY 2007
State	$ 3,644,000	$ 3,531,000
Federal	$ 507,000	$ 492,000
Local	$ 462,000	$ 447,000

G91:	FY 2006	FY 2007
State	$ 420,000	$ 400,000
Federal	$ 57,000	$ 54,000
Local	$ 90,000	$ 87,000

ESH - Offsite	FTEs	6.0	6.0
	A	$ 376,000	$ 376,000
	B	$ 89,000	$ 89,000
	E	$ 45,000	$ 45,000
	J	$ 48,000	$ 22,000
	G	$ 3,000	$ 3,000
	TZ	$ 6,000	$ 6,000
TOTAL		$ 567,000	$ 541,000

Total	FY 2006	FY 2007
State	$ 4,064,000	$ 3,931,000
Federal	$ 564,000	$ 546,000
Local	$ 552,000	$ 534,000
Total	$ 5,180,000	$ 5,011,000

MHD PL-CR State Hospital Forensic Services.xls

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division
WSH 29-Bed Forensic Ward Increase
Staffing based on current CFS restoration ward

CFS Restoration Ward	FTEs		Salaries	Benefits	G&S	Equipment	Travel	TZ	TOTALS
Registered Nurse 2	7.0	57,000	$ 399,000	$ 112,000	$ 35,000	$ 16,000	$ -	$ 7,000	$ 569,000
Registered Nurse 3	3.0	63,000	$ 189,000	$ 53,000	$ 15,000	$ 16,000	$ -	$ 3,000	$ 276,000
Psychiatric Social Worker 3	2.0	44,000	$ 88,000	$ 25,000	$ 10,000	$ 16,000	$ -	$ 2,000	$ 141,000
Psychologist 5	3.0	72,000	$ 216,000	$ 60,000	$ 15,000	$ 16,000	$ 2,000	$ 3,000	$ 312,000
Physician 2	0.5	92,000	$ 46,000	$ 13,000	$ 3,000	$ 8,000	$ 2,000	$ 1,000	$ 73,000
Psychiatrist 2	1.5	142,000	$ 213,000	$ 60,000	$ 8,000	$ 8,000	$ 2,000	$ 2,000	$ 293,000
Psych Sec Attend	16.0	30,000	$ 480,000	$ 134,000	$ 80,000	$ -	$ -	$ 16,000	$ 710,000
Office Assistant Senior	1.0	30,000	$ 30,000	$ 8,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 52,000
Institutional Counselor 2	3.0	33,000	$ 99,000	$ 28,000	$ 15,000	$ 8,000	$ -	$ 3,000	$ 153,000
Psych Sec Nurse	9.0	33,000	$ 297,000	$ 83,000	$ 45,000	$ -	$ -	$ 9,000	$ 434,000
Forensic Therapist	0.0	39,000	$ -	$ -	$ -		$ -	$ -	$ -
Custodian	2.0	25,000	$ 50,000	$ 14,000	$ 10,000	$ 8,000	$ -	$ 2,000	$ 84,000
Food Service Worker	3.4	28,000	$ 95,000	$ 27,000	$ 17,000	$ 8,000	$ -	$ 3,000	$ 150,000
Medical Transcriptionist	1.0	29,000	$ 29,000	$ 8,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 51,000
Security Guard 1	3.0	25,000	$ 75,000	$ 21,000	$ 15,000	$ 2,000	$ -	$ 3,000	$ 116,000
Security Guard 2	0.0	26,000	$ -	$ -	$ -	$ 2,000	$ -	$ -	$ 2,000
Occupational Therapist 2	2.0	48,000	$ 96,000	$ 27,000	$ 10,000	$ 2,000	$ 4,000	$ 2,000	$ 141,000
Sub-total	**57.4**		**$ 2,402,000**	**$ 673,000**	**$ 288,000**	**$ 126,000**	**$ 10,000**	**$ 58,000**	**$ 3,557,000**
Indirect Costs									
Ancillary Services (Lab, Radiology, etc.)					$ 97,000				$ 97,000
Pharmacy (Medications)					$ 250,000				$ 250,000
Contracted Physician Services (Podiatry, dermatology, ophthalmology, etc.)					$ 12,000				$ 12,000
Total Indirect					**$ 359,000**	**$ -**			**$ 359,000**
TOTALS			**$ 2,402,000**	**$ 673,000**	**$ 647,000**	**$ 126,000**	**$ 10,000**	**$ 58,000**	**$ 3,916,000**
OBJECT			**A**	**B**	**E**	**J**	**G**	**TZ**	

Source of Funds:

State	**79%**	**$ 3,094,000**
Federal	**11%**	**$ 431,000**
Local	**10%**	**$ 392,000**
	100%	**$ 3,917,000**

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division
Off-Site Forensic Staff

	FTEs	Salaries	Benefits	G&S	Equipment	Travel	TZ	TOTALS
ESH - FY 2006								
Psychologist 5	2.0	$ 143,000	$ 34,000	$ 15,000	$ 16,000	$ 2,000	$ 2,000	$ 212,000
Psychiatrist 2	1.0	$ 143,000	$ 24,000	$ 8,000	$ 8,000	$ 1,000	$ 1,000	$ 185,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 8,000	$ -	$ 1,000	$ 53,000
Accredited Health Records Tech	2.0	$ 63,000	$ 21,000	$ 15,000	$ 16,000	$ -	$ 2,000	$ 117,000
TOTAL FY 2006	**6.0**	**$ 376,000**	**$ 89,000**	**$ 45,000**	**$ 48,000**	**$ 3,000**	**$ 6,000**	**$ 567,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
ESH - FY 2007								
Psychologist 5	2.0	$ 143,000	$ 34,000	$ 15,000	$ 16,000	$ 2,000	$ 2,000	$ 212,000
Psychiatrist 2	1.0	$ 143,000	$ 24,000	$ 8,000	$ 2,000	$ 1,000	$ 1,000	$ 179,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 2,000	$ -	$ 1,000	$ 47,000
Accredited Health Records Tech	2.0	$ 63,000	$ 21,000	$ 15,000	$ 2,000	$ -	$ 2,000	$ 103,000
TOTAL FY 2007	**6.0**	**$ 376,000**	**$ 89,000**	**$ 45,000**	**$ 22,000**	**$ 3,000**	**$ 6,000**	**$ 541,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
WSH - FY 2006								
Psychologist 5	4.0	$ 286,000	$ 68,000	$ 30,000	$ 32,000	$ 4,000	$ 4,000	$ 424,000
Psychiatrist 2	1.0	$ 133,000	$ 19,000	$ 6,000	$ 8,000	$ 1,000	$ 1,000	$ 168,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 8,000	$ -	$ 1,000	$ 53,000
Medical Transcriptionist	1.0	$ 29,000	$ 9,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 52,000
TOTAL FY 2006	**7.0**	**$ 475,000**	**$ 106,000**	**$ 48,000**	**$ 56,000**	**$ 5,000**	**$ 7,000**	**$ 697,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
WSH - FY 2007								
Psychologist 5	4.0	$ 286,000	$ 68,000	$ 30,000	$ 8,000	$ 4,000	$ 4,000	$ 400,000
Psychiatrist 2	1.0	$ 133,000	$ 19,000	$ 6,000	$ 2,000	$ 1,000	$ 1,000	$ 162,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 2,000	$ -	$ 1,000	$ 47,000
Medical Transcriptionist	1.0	$ 29,000	$ 9,000	$ 5,000	$ 2,000	$ -	$ 1,000	$ 46,000
TOTAL FY 2007	**7.0**	**$ 475,000**	**$ 106,000**	**$ 48,000**	**$ 14,000**	**$ 5,000**	**$ 7,000**	**$ 655,000**
		A	**B**	**E**	**J**	**G**	**TZ**	

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division

		FY 2006	FY 2007
Forensic Ward - WSH	FTEs	46.5	46.5
G92:	A	$ 1,910,000	$ 1,910,000
	B	$ 536,000	$ 536,000
	E	$ 592,000	$ 592,000
	J	$ 142,000	$ 34,000
	G	$ 14,000	$ 14,000
	TZ	$ 47,000	$ 47,000
TOTAL		$ 3,241,000	$ 3,133,000

WSH - Offsite	FTEs	7.0	7.0
G92:	A	$ 475,000	$ 475,000
	B	$ 106,000	$ 106,000
	E	$ 48,000	$ 48,000
	J	$ 56,000	$ 14,000
	G	$ 5,000	$ 5,000
	TZ	$ 7,000	$ 7,000
TOTAL		$ 697,000	$ 655,000

ESH - Offsite	FTEs	6.0	6.0
G91:	A	$ 376,000	$ 376,000
	B	$ 89,000	$ 89,000
	E	$ 45,000	$ 45,000
	J	$ 48,000	$ 22,000
	G	$ 3,000	$ 3,000
	TZ	$ 6,000	$ 6,000
TOTAL		$ 567,000	$ 541,000

Forensic & Offsite Object Summary

G92:	FY 2006	FY 2007
FTEs	53.5	53.5
A	$ 2,385,000	$ 2,385,000
B	$ 642,000	$ 642,000
E	$ 640,000	$ 640,000
J	$ 198,000	$ 48,000
G	$ 19,000	$ 19,000
TZ	$ 54,000	$ 54,000
	$ 3,938,000	$ 3,788,000

G92:	FY 2006	FY 2007
State	$ 3,111,000	$ 2,993,000
Federal	$ 433,000	$ 417,000
Local	$ 394,000	$ 378,000
TOTAL	**$ 3,938,000**	**$ 3,788,000**

G91:	FY 2006	FY 2007
State	$ 420,000	$ 400,000
Federal	$ 57,000	$ 54,000
Local	$ 90,000	$ 87,000
TOTAL	**$ 567,000**	**$ 541,000**

Total	FY 2006	FY 2007
State	$ 3,531,000	$ 3,393,000
Federal	$ 490,000	$ 471,000
Local	$ 484,000	$ 465,000
Total	**$ 4,505,000**	**$ 4,329,000**

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division
WSH 29-Bed Forensic Ward Increase

Staffing based on current CFS restoration ward

CFS Restoration Ward	FTEs		Salaries	Benefits	G&S	Equipment	Travel	TZ	TOTALS
Registered Nurse 2	4.0	57,000	$ 228,000	$ 64,000	$ 20,000	$ 16,000	$ -	$ 4,000	$ 332,000
Registered Nurse 3	3.0	63,000	$ 189,000	$ 53,000	$ 15,000	$ 16,000	$ -	$ 3,000	$ 276,000
Psychiatric Social Worker 3	2.0	44,000	$ 88,000	$ 25,000	$ 10,000	$ 16,000	$ -	$ 2,000	$ 141,000
Psychologist 5	2.0	72,000	$ 144,000	$ 40,000	$ 10,000	$ 16,000	$ 2,000	$ 2,000	$ 214,000
Physician 2	0.5	92,000	$ 46,000	$ 13,000	$ 3,000	$ 8,000	$ 2,000	$ 1,000	$ 73,000
Psychiatrist 2	1.0	142,000	$ 142,000	$ 40,000	$ 5,000	$ 8,000	$ 2,000	$ 1,000	$ 198,000
Psych Sec Attend	12.0	30,000	$ 360,000	$ 101,000	$ 60,000	$ -	$ -	$ 12,000	$ 533,000
Office Assistant Senior	1.0	30,000	$ 30,000	$ 8,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 52,000
Institutional Counselor 2	2.0	33,000	$ 66,000	$ 18,000	$ 10,000	$ 8,000	$ -	$ 2,000	$ 104,000
Psych Sec Nurse	7.0	33,000	$ 231,000	$ 65,000	$ 35,000	$ -	$ -	$ 7,000	$ 338,000
Forensic Therapist	2.0	39,000	$ 78,000	$ 22,000	$ 10,000	$ 16,000	$ 4,000	$ 2,000	$ 132,000
Custodian	1.0	25,000	$ 25,000	$ 7,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 46,000
Food Service Worker	2.0	28,000	$ 56,000	$ 16,000	$ 10,000	$ 8,000	$ -	$ 2,000	$ 92,000
Medical Transcriptionist	1.0	29,000	$ 29,000	$ 8,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 51,000
Security Guard 1	2.0	25,000	$ 50,000	$ 14,000	$ 10,000	$ 2,000	$ -	$ 2,000	$ 78,000
Security Guard 2	2.0	26,000	$ 52,000	$ 15,000	$ 10,000	$ 2,000	$ -	$ 2,000	$ 81,000
Occupational Therapist 2	2.0	48,000	$ 96,000	$ 27,000	$ 10,000	$ 2,000	$ 4,000	$ 2,000	$ 141,000
Sub-total	**46.5**		**$ 1,910,000**	**$ 536,000**	**$ 233,000**	**$ 142,000**	**$ 14,000**	**$ 47,000**	**$ 2,882,000**
Indirect Costs									
Ancillary Services (Lab, Radiology, etc.)					$ 97,000				$ 97,000
Pharmacy (Medications)					$ 250,000				$ 250,000
Contracted Physician Services (Podiatry, dermatology, ophthalmology, etc.)					$ 12,000				$ 12,000
Total Indirect					**$ 359,000**	**$ -**			**$ 359,000**
TOTALS			**$ 1,910,000**	**$ 536,000**	**$ 592,000**	**$ 142,000**	**$ 14,000**	**$ 47,000**	**$ 3,241,000**
OBJECT			**A**	**B**	**E**	**J**	**G**	**TZ**	

Source of Funds:

State	**79%**	**$ 2,560,000**
Federal	**11%**	**$ 357,000**
Local	**10%**	**$ 324,000**
	100%	**$ 3,241,000**

2005-07 Biennium
PL-CR State Hospital Forensic Services

DSHS Mental Health Division
Off-Site Forensic Staff

	FTEs	Salaries	Benefits	G&S	Equipment	Travel	TZ	TOTALS
ESH - FY 2006								
Psychologist 5	2.0	$ 143,000	$ 34,000	$ 15,000	$ 16,000	$ 2,000	$ 2,000	$ 212,000
Psychiatrist 2	1.0	$ 143,000	$ 24,000	$ 8,000	$ 8,000	$ 1,000	$ 1,000	$ 185,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 8,000	$ -	$ 1,000	$ 53,000
Accredited Health Records Tech	2.0	$ 63,000	$ 21,000	$ 15,000	$ 16,000	$ -	$ 2,000	$ 117,000
TOTAL FY 2006	**6.0**	**$ 376,000**	**$ 89,000**	**$ 45,000**	**$ 48,000**	**$ 3,000**	**$ 6,000**	**$ 567,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
ESH - FY 2007								
Psychologist 5	2.0	$ 143,000	$ 34,000	$ 15,000	$ 16,000	$ 2,000	$ 2,000	$ 212,000
Psychiatrist 2	1.0	$ 143,000	$ 24,000	$ 8,000	$ 2,000	$ 1,000	$ 1,000	$ 179,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 2,000	$ -	$ 1,000	$ 47,000
Accredited Health Records Tech	2.0	$ 63,000	$ 21,000	$ 15,000	$ 2,000	$ -	$ 2,000	$ 103,000
TOTAL FY 2007	**6.0**	**$ 376,000**	**$ 89,000**	**$ 45,000**	**$ 22,000**	**$ 3,000**	**$ 6,000**	**$ 541,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
WSH - FY 2006								
Psychologist 5	4.0	$ 286,000	$ 68,000	$ 30,000	$ 32,000	$ 4,000	$ 4,000	$ 424,000
Psychiatrist 2	1.0	$ 133,000	$ 19,000	$ 6,000	$ 8,000	$ 1,000	$ 1,000	$ 168,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 8,000	$ -	$ 1,000	$ 53,000
Medical Transcriptionist	1.0	$ 29,000	$ 9,000	$ 5,000	$ 8,000	$ -	$ 1,000	$ 52,000
TOTAL FY 2006	**7.0**	**$ 475,000**	**$ 106,000**	**$ 48,000**	**$ 56,000**	**$ 5,000**	**$ 7,000**	**$ 697,000**
		A	**B**	**E**	**J**	**G**	**TZ**	
WSH - FY 2007								
Psychologist 5	4.0	$ 286,000	$ 68,000	$ 30,000	$ 8,000	$ 4,000	$ 4,000	$ 400,000
Psychiatrist 2	1.0	$ 133,000	$ 19,000	$ 6,000	$ 2,000	$ 1,000	$ 1,000	$ 162,000
Office Assistant Senior	1.0	$ 27,000	$ 10,000	$ 7,000	$ 2,000	$ -	$ 1,000	$ 47,000
Medical Transcriptionist	1.0	$ 29,000	$ 9,000	$ 5,000	$ 2,000	$ -	$ 1,000	$ 46,000
TOTAL FY 2007	**7.0**	**$ 475,000**	**$ 106,000**	**$ 48,000**	**$ 14,000**	**$ 5,000**	**$ 7,000**	**$ 655,000**
		A	**B**	**E**	**J**	**G**	**TZ**	

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CS Pharmacy Staffing
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funds to provide expanded pharmacy hours for the state psychiatric hospitals.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	385,000	368,000	753,000
001-7 General Fund - Basic Account-Private/Local	66,000	62,000	128,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	53,000	50,000	103,000
Total Cost	**504,000**	**480,000**	**984,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**4.0**	**4.0**	**4.0**

Package Description:

Eastern State Hospital (ESH) and Western State Hospital (WSH) have pharmacies open only during daily working hours. Prescription requests after 3:30 pm are filled the next workday. This means any request after closing can be delayed for up to 16 hours on weeknights and up to 64 hours on weekends. Adding pharmacists for swing shift on weekdays and day and swing shifts on weekends will eliminate the delays in filling prescriptions. The additional hours will also apply to WSH filling prescriptions for the Child Study and Treatment Center (CSTC).

In addition, the increased pharmacy staff will allow the state psychiatric hospitals to comply with patient safety standards requiring pharmacist review of all new medication orders and an accreditation finding of non-compliance requiring the hospitals to extend current pharmacy hours to evenings and weekends.

ESH was found out of compliance with the requirement from the last Joint Commission on Accreditation of Health Organization (JCAHO) Accreditation survey. This request is the corrective action to achieve compliance. Compliance is necessary in order to avoid the risk of a finding from the Centers and Medicare and Medicaid Services (CMS) and to continue as approved psychiatric hospital providers.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package contributes to the goals of the Mental Health Division by improving the active treatment provided to hospital patients through improved medication safety and addresses deficiencies to new compliance standards, maintaining the ability to earn operating revenue from health insurance programs such as Medicare and Medicaid.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

Reason for change:

DP Code/Title: PL-CS Pharmacy Staffing
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

In January, 2004, JCAHO implemented new patient safety standards, which are more stringent and involved than ever before. One standard requires a pharmacist review of all new medication orders before the medication is administered to the patient. ESH received an accreditation survey citation, requiring corrective action. The solution is to expand pharmacy operations to evenings and weekends.

This is part of a larger CMS response to public demands to enforce accountability and reduce the number of medical errors and improve patient safety.

Impact on clients and services:

Weekend and evening pharmacy services will be expanded to improve patient safety and meet regulatory standards. Currently, only a pharmacist on standby handles urgent medication issues.

Impact on other state programs:

No other state agencies or programs are affected.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Alternatives included the possibility of contracting with a local hospital for medication order review after hours. It was discovered that the technology is not as reliable as required. Off-site pharmacy review does not address the medication dispensing that will be done by the pharmacy technicians. Pharmacists working in an acute care setting may not have the advance pharmacy knowledge required for psychiatric patients and would not be familiar with the policies and drug use guidelines of the state hospitals. The risk was considered large and could result in a negative patient outcome and liability for the hospital. In light of the current CMS initiative and hospital industry best practice, staffing state hospital pharmacies on weekends and evenings is the chosen solution.

Budget impacts in future biennia:

These are ongoing costs to maintain compliance.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

The potential risk increases for the loss of provider status and the ability to claim Medicare and Medicaid on behalf of patients to support hospital operations.

Patient safety is at increased risk. If errors result in injury or death, the state will be liable.

Expenditure Calculations and Assumptions:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CS Pharmacy Staffing
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

See attachment - MHD PL-CS Pharmacy Staffing.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	356,000	356,000	712,000
B	Employee Benefits	76,000	76,000	152,000
E	Goods And Services	32,000	32,000	64,000
G	Travel	4,000	4,000	8,000
J	Capital Outlays	32,000	8,000	40,000
T	Intra-Agency Reimbursements	4,000	4,000	8,000
	Total Objects	**504,000**	**480,000**	**984,000**

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	385,000	368,000	753,000
	Total for Fund 001-1	**385,000**	**368,000**	**753,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
Sources	Title			
5417	Contributions & Grants	66,000	62,000	128,000
	Total for Fund 001-7	**66,000**	**62,000**	**128,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19TA	Title XIX Assistance (FMAP)	53,000	50,000	103,000
	Total for Fund 001-C	**53,000**	**50,000**	**103,000**
	Total Overall Funding	**504,000**	**480,000**	**984,000**

2005-07 Biennium
PL-CS Pharmacy Staffing

Pharmacy Staffing for ESH & WSH
Evening and Weekend Coverage

		ESH G91		WSH G92	
		FY 2006	FY2007	FY 2006	FY2007
Clinical Pharmacists	FTEs	2.0	2.0	2.0	2.0
	A Salaries	$ 178,000	$ 178,000	$ 178,000	$ 178,000
	B Benefits	$ 38,000	$ 38,000	$ 38,000	$ 38,000
	E G&S	$ 16,000	$ 16,000	$ 16,000	$ 16,000
	J Equipment	$ 16,000	$ 4,000	$ 16,000	$ 4,000
	G Travel	$ 2,000	$ 2,000	$ 2,000	$ 2,000
	TZ TZ	$ 2,000	$ 2,000	$ 2,000	$ 2,000
	TOTALS	$ 252,000	$ 240,000	$ 252,000	$ 240,000
Funds:	State	$ 186,000	$ 178,000	$ 199,000	$ 190,000
	Federal	$ 25,000	$ 24,000	$ 28,000	$ 26,000
	Local	$ 41,000	$ 38,000	$ 25,000	$ 24,000
	TOTALS	$ 252,000	$ 240,000	$ 252,000	$ 240,000

TOTAL	**FY06**	**FY07**
State	$ 385,000	$ 368,000
Federal	$ 53,000	$ 50,000
Local	$ 66,000	$ 62,000
TOTAL	**$ 504,000**	**$ 480,000**

MHD PL-CS Pharmacy Staffing.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CT Police Protection at Institutions
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funding for police protection in the communities with state psychiatric hospitals, residential habilitation centers (RHCs) and juvenile rehabilitation institutions to provide the same level of community police protection given to all of the municipality's residents.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	190,000	190,000	380,000
001-7 General Fund - Basic Account-Private/Local	25,000	25,000	50,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	27,000	27,000	54,000
Total Cost	**242,000**	**242,000**	**484,000**

Staffing

Package Description:

The primary focus of this decision package is the need for police protection at the Department of Social and Health Services Institutions. Overall, the state psychiatric hospitals, Juvenile Rehabilitation (JR) Facilities and RHCs rely upon local law enforcement to provide police response to law enforcement issues involving institution residents/patients and staff. Currently, no statute governs payment for police services at the institutions, and consequently there is no uniformity among institutions for reimbursement to local law enforcement.

The genesis of this issue is Western State Hospital (WSH). The campus of WSH is within the city of Lakewood's jurisdiction for law enforcement and related public safety services. By law, WSH is required to report to law enforcement, incidents of known or suspected criminal conduct on the hospital premises. Under their authority, the Lakewood Police Department (LPD) determines when to respond and the measure of those responses. Absent funding for additional law enforcement resources, LPD has declined to routinely respond to WSH calls except for those that generally satisfy the Revised Code of Washington (RCW) 9A definition of a felony crime against a person excluding felonies as provided by RCW 9A.36.031 (1)(h) "Assaults on Health Care Workers." This level of response does not meet the requirements for patient and staff safety needed for WSH to comply with state law, Joint Commission on Accreditation of Healthcare Organizations (JCAHO /Centers for Medicare and Medicaid Services (CMS) standards, and related administrative regulations. RCW 70.124.050 and 030; RCW 71.05. 520; RCW 72.23.300 and 400, Youngberg vs. Romeo 457 U.S. 307, 320, 102, S. Ct. 2452; 42 CFR §482.13; Aendkina vs. Sisters of Providence, 83 Wn. App. 556, 922 P. 2d 171, 1966; Osborne vs. Public Hospital District, 80 Wn. 2d 201, 792 P. 2d 1025, 1972; WAC 246-320-245 (2) (a) (i); RCW 70.41.030; and RCW 18.170 et. Seq.; JCAHO EC 1.10, 1.20, 2.10, 4.10, 9.10, 9.20, and 9.30.

It appears that, upon incorporation, the city of Lakewood felt it was not funded for enough public safety resources to support the non-tax paying properties of the state within its jurisdiction, specifically WSH. Lacking countywide resources subsidizing services to WSH, the LPD cannot respond to WSH without jeopardizing public safety in the community. With the addition of the Assaults on Health Care Workers and Workplace Violence laws and regulatory mandates for the reduction and elimination of restrain and seclusion, WSH now averages between 2,500 and 3,000 calls annually to law enforcement. The LPD response numbers are now down closer to an average of 50 per-year.

Currently, other communities with Juvenile Rehabilitation Administration (JRA) Facilities, RHCs and psychiatric hospitals provide differing levels of police service. Some communities have found providing police services burdensome while others have not. Some communities have cut back their service for lack of funding. The funding included in this package does not

DP Code/Title: PL-CT Police Protection at Institutions
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

try to fund all the police services provided by the communities, but to defray the cost of a portion of the services.

A work group has convened to research the police protection issue and will continue to study the situation, including the current contract with Washington State Patrol (WSP).

Narrative Justification and Impact Statement

How contributes to strategic plan:

Assures compliance with prescribed requirements of agreed court settlements for community protection and criminal commitments, mandatory reporting of possible patient abuse and neglect, maintenance of hospital accreditation and certification assuring availability of federal matching funds, and provides for conformance to local law enforcement requirements.

This decision package supports the Mental Health Division, the Aging and Disability Services (ADSA), and JRAs' goals of providing for client health and safety and community safety.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

Reason for change:

Communities are struggling with or in some cases limiting the level of service provided to the state institutions, and therefore putting in jeopardy the residents and staffs health and safety. This funding would help the communities and restore the level of service to that of all other citizens of the community.

Impact on clients and services:

Provides for the required safe and secure residents care and staff working environment. Assures compliance with timely and accurate reporting and investigation requirements. Protects court directed services for residents. Satisfies mandated appropriate responses to emergencies and other similar residents to staff and residents-to-residents interaction crises.

Impact on other state programs:

Funding would affect the workload and operations of local law enforcement and prosecutors, generally improving in efficiency and effectiveness. This proposal would potentially reduce the workload of the WSP, which must pick up the criminal investigations the local jurisdictions are not doing.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

Amending current law to add police services into statute for mental health, developmental disabilities, and juvenile rehabilitation institutions using a prescribed methodology will ensure uniformity among institutions and ensure appropriate law enforcement response to on-campus incidents involving residents/patients/staff.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CT Police Protection at Institutions
Program Level - 030 Mental Health

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Statutory directive for payment would help defray local government's police costs associated with responding to actions of resident/patients/staff of state mental health, developmental disabilities, juvenile rehabilitation institutions. Payment would be based upon emergency calls, responses, and investigations, with consistent rates established for each institution.

Without this legislation, the department may be faced with varying expectations among local law enforcement regarding reimbursement for services. In addition, there is a risk of inadequate response from local law enforcement due to a lack of resources based on fiscal need. Inadequate response jeopardizes patient safety, staff safety and public safely.

Alternatives explored by agency:

The alternative is to keep the status quo whereby the WSP continues to investigate criminal activity and the local authorities divest themselves of responsibility to the institutions.

Specific services might be contracted with the WSP at a higher price. Alternatively, funding law enforcement staff, for example, one detective five-days per-week for each community or a fixed rate for emergency services based on client and staff population could be considered.

Budget impacts in future biennia:

Cost would increase or decrease depending on the incidents or other measurement and contract renewals.

Distinction between one-time and ongoing costs:

All costs are ongoing

Effects of non-funding:

Non-funding will represent a continuation and increase of the uncertainty, unpredictability, and irregularity of law enforcement responses and investigations. Satisfactory resolution of patient criminal conduct will be ever more complicated and problematic. Risk of decertification and revenue loss for failure to comply with resident and staff safety and security standards for accreditation will be compounded. Also increased is the risk of further advocate initiated patient class action lawsuits and staff tort claims.

Expenditure Calculations and Assumptions:

See attachment - AW PL-CT Police Protection at Institutions.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
E Goods And Services	242,000	242,000	484,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CT Police Protection at Institutions
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	190,000	190,000	380,000
Total for Fund 001-1	**190,000**	**190,000**	**380,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	25,000	25,000	50,000
Total for Fund 001-7	**25,000**	**25,000**	**50,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	27,000	27,000	54,000
Total for Fund 001-C	**27,000**	**27,000**	**54,000**
Total Overall Funding	**242,000**	**242,000**	**484,000**

2005-07 Biennium
PL-CT Police Protection At Institutions

Mental Health Division

Annual Cost of Incident Response Calls:	*Rate*	ESH		WSH		MHD Total	
		FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007
Number							
Calls		50	50	3000	3000	3050	3050
Responses		15	15	150	150	165	165
Investigations		7	7	75	75	82	82
Cost					-		
Calls	$10	$500	$500	$30,000	$30,000	$30,500	$30,500
Responses	$300	$4,500	$4,500	$45,000	$45,000	$49,500	$49,500
Investigations	$10,000	$70,000	$70,000	$750,000	$750,000	$820,000	$820,000
		$75,000	**$75,000**	**$825,000**	**$825,000**	**$900,000**	**$900,000**
Source of Funds:							
State		$56,000	$56,000	$652,000	$652,000	$708,000	$708,000
Federal		$8,000	$8,000	$91,000	$91,000	$99,000	$99,000
Local		$11,000	$11,000	$82,000	$82,000	$93,000	$93,000

NOTE: CSTC is included in WSH

Division of Developmental Disabilities

Annual Cost of Incident Response Calls:	*Rate*	Rainier		Lakeland		Yakima		FHMC		DDD Total	
		FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007	FY 2006	FY 2007
Number											
Calls		150	150	30	30	30	30	20	20	230	230
Responses		40	40	8	8	7	7	4	4	59	59
Investigations		20	20	4	4	4	4	2	2	30	30
Cost											
Calls	$10	$1,500	$1,500	$300	$300	$300	$300	$200	$200	$2,300	$2,300
Responses	$300	$12,000	$12,000	$2,400	$2,400	$2,100	$2,100	$1,200	$1,200	$17,700	$17,700
Investigations	$10,000	$200,000	$200,000	$40,000	$40,000	$40,000	$40,000	$20,000	$20,000	$300,000	$300,000
		$213,500	**$213,500**	**$42,700**	**$42,700**	**$42,400**	**$42,400**	**$21,400**	**$21,400**	**$320,000**	**$320,000**
Source of Funds:											
State		$160,100	$160,100	$32,000	$32,000	$31,800	$31,800	$16,100	$16,100	$240,000	$240,000
Federal		$53,400	$53,400	$10,700	$10,700	$10,600	$10,600	$5,300	$5,300	$80,000	$80,000
Local			$0		$0		$0		$0		$0

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CV CSCI - Initial Crisis Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to support one of the recommendations of the Cross System Crisis Response (CSCR) project by providing a combined Mental Health and Chemical Dependency Crisis Response program. This includes a detention pilot project with the Division of Alcohol and Substance Abuse (DASA), additional contracted staff, training for currently contracted staff, and for a study to evaluate the effectiveness, including cost effectiveness, of this approach.

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		487,000	617,000	1,104,000
	Total Cost	**487,000**	**617,000**	**1,104,000**

Staffing

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the CSCR project, a joint collaboration and partnership between the Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default crisis response and involuntary commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders, such as dementia, and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). The Cross-System Crisis Initiative is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

This decision package will provide funds for the training of up to 25 County Designated Mental Health Professionals (CDMHP) and the addition of five new CDMHP positions in order to implement a combined (mental health and chemical dependency) crisis response and detention pilot project. The additional positions are necessary to meet the increased workload of referrals, investigations and detentions. The training is necessary to ensure that all of the CDMHPs in the pilot areas have the necessary skills and knowledge to implement the new processes. Also funded would be a study to evaluate the effectiveness, including cost effectiveness of this approach.

The CSCI project, a collaborative partnership between multiple DSHS Administrations and the Association of County Human Services, made a number of recommendations to improve the Washington State Crisis Response system. One of the recommendations was:

"Create a combined crisis response for all identified populations available 24-hours per-day, 7-days per-week. Create a coordinated range of voluntary and involuntary treatment resources to match the needs of a very diverse population. This will require new resources, not a shifting of resources. Amend existing involuntary treatment statues to ensure access to appropriate resources and consistency throughout the law to become effective when a defined level of resources is in place."

This decision package, in combination with a DASA decision package and DSHS request legislation, will address this recommendation by providing a combined (mental health and chemical dependency) crisis response and detention pilot

DP Code/Title: PL-CV CSCI - Initial Crisis Response
Program Level - 030 Mental Health

project. The DSHS request legislation will establish the statutory authority to have a single crisis system to respond to mental health and chemical dependency crisis to refer persons to voluntary services and to detain (under a civil involuntary commitment process) persons to either a mental health facility or to a secure detoxification facility. This new detention authority would occur as a pilot project in only two locations (Regional Support Networks or counties) and would be supported by the development of two new secure detoxification facilities in the DASA decision package.

In summary, this decision package provides funding for five CDHMP staff, training for 25 CDHMP staff, coordination with DASA for two secure Detox Center pilot sites (DASA PL-GE), and an evaluation of the project.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Mental Health Division Strategic Plan:
Goal Number Three: Persons with multiple-system needs receive coordinated care.
Objective Number One: Improve formalized service delivery agreements with other DSHS Administrations and allied departments.
Strategy: Expand cross-system coordination efforts within DSHS and with the Office of the Superintendent of Public Instruction, the Department of Corrections, and other relevant agencies.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

Currently the Mental Health and Chemical Dependency systems work separately, but not evenly, with regard to crisis response. Two separate involuntary treatment acts - laws that govern the detention and treatment of individuals against their will are not parallel in scope. The mental health law is mandatory, i.e., if the person because of a mental disorder is an imminent danger to themselves or others or is gravely disabled, the system must respond and take action. The chemical dependency law is based on availability of resources, which means that an intervention may not occur until there is actually an open bed. When resources are not available to the person in need of chemical dependency involuntary treatment and intervention, the Mental Health system (sometimes the emergency room or police) is often called on to be the responder. The Mental Health system requires that crisis responders be available throughout the state 24-hours per-day every day while the Chemical Dependency system is only funded to provide a response during regular business hours.

This pilot will provide for a single, combined, crisis response and will provide appropriate treatment (via the DASA Secure Detoxification pilot request) for persons in need of involuntary chemical dependency treatment. The pilot evaluation will help determine if this approach is both practical and cost efficient.

Impact on clients and services:

This will have significant positive impact on clients and their access to services in the pilot areas. It will help ensure that persons with chemical dependency treatment needs will have greater access to necessary treatment.

Impact on other state programs:

Will impact DASA directly. If successful, it should have a positive impact on community hospital emergency departments as

DP Code/Title: PL-CV CSCI - Initial Crisis Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

well as county jails.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

Changes prior to implementation will be required to the Mental Health and Chemical Dependency Involuntary Treatment statutes, Chapters 71.05 and 70.70.96A Revised Code of Washington.

Alternatives explored by agency:

The alternatives considered are leaving the system as it is or combing the two systems to a larger (statewide) or smaller (no new communication disorder residential resources) degree. This pilot is a reasonable alternative with only modest fiscal impact and is one step toward meeting the goal of serving clients in the most effective and most appropriate setting.

Budget impacts in future biennia:

Levels of funding requested in this decision package would continue into future biennia. If the pilot is successful, it could lead to a budget request to provide these services statewide, but with significant off sets to other state and local needs.

Distinction between one-time and ongoing costs:

Depending on decisions based from the results of the study, these would be ongoing costs. The study would be a one-time cost.

Effects of non-funding:

If this proposal is not funded, inappropriate referrals to state hospitals will continue to increase. Arrests of individuals in crisis will burden local enforcement agencies and this in turn will increase incarceration costs in jails.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CV CSCI - Initial Crisis Response.xls

Object Detail		FY 1	FY 2	Total
Overall Funding				
C	Personal Service Contracts	50,000	200,000	250,000
N	Grants, Benefits & Client Services	437,000	417,000	854,000
	Total Objects	**487,000**	**617,000**	**1,104,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CV CSCI - Initial Crisis Response
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	487,000	617,000	1,104,000
Total for Fund 001-1	**487,000**	**617,000**	**1,104,000**
Total Overall Funding	**487,000**	**617,000**	**1,104,000**

2005-07 Biennium
PL-CV CSCI - Initial Crisis Response

Mental Health Division

G95 BU

Contracted Staffing	5 CDMHPs - contracted svs
Training	25 County designated mental health professionals
Study	

		FY1	FY2	Object
Contracted Services	5 CDMHP's	417,000	417,000	N
Contracted Services	Training:	20,000		N
Contracted Services	Study	50,000	200,000	C
Total		487,000	617,000	

Fund Source		
State	487,000	617,000
Federal		
Total	487,000	617,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CW CSCI - Crisis Plan
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to support one of the recommendations of the Cross System Crisis Response (CSCR) project by providing a single site cross-system planning pilot project. The pilot will be computer based and focus on adults identified as being high risk and are being served by the public Mental Health, the Developmental Disability, Aging, or Chemical Dependency systems, or being served by one or more of these systems and are under the authority of the state Department of Corrections (DOC).

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		370,000	350,000	720,000
	Total Cost	**370,000**	**350,000**	**720,000**

Staffing

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the CSCR project, a joint collaboration and partnership between the Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default Crisis Response and Involuntary Commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders, such as dementia, and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

This decision package will create a pilot project by providing funds to enhance an existing Regional Support Network or county crisis planning electronic database. The existing data base will be expanded to include relevant information on persons identified as being at high risk for crisis intervention by the public Mental Health, the Developmental Disability, Aging or Chemical Dependency systems, or being served by one or more of these systems and who are being supervised by DOC. Additional funds will provide for representatives from all of the relevant systems to participate in the development of the cross system crisis planning protocol to identify appropriate persons at risk, for the staff training (all five systems), and for a final study to evaluate the outcomes of the use of this cross system crisis planning.

The CSCR project made a number of recommendations to improve the Washington State Crisis Response system. One of the recommendations was:

"To the extent permitted by federal law, continue the development of cross-system, collaborative crisis intervention plans for dually court ordered individuals and others 'at risk' as defined by each community. This includes funding needed for the planning process, protocols, ongoing training, procedure development, and community start-up and ongoing implementation. This recommendation also requires development of supportive state policies and mandates. The Task Force recommends that the planning model developed by the workgroup be considered in implementation of Senate Bill 6358."

This decision package is intended to provide a pilot site to test the assumptions that cross system crisis planning and crisis response can provide better outcomes for the individuals and for the community.

DP Code/Title: PL-CW CSCI - Crisis Plan
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Narrative Justification and Impact Statement

How contributes to strategic plan:

Goal Number Three: Persons with multiple-system needs receive coordinated care.
Objective Number One: Improve formalized service delivery agreements with other DSHS Administrations and allied departments.
Strategy: Expand cross-system coordination efforts within DSHS and with the Office of the Superintendent of Public Instruction, the DOC, and other relevant agencies.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

This pilot will test the assumptions of the CSCR project that this collaboration will have the desired outcomes.

Impact on clients and services:

This collaboration will help ensure that persons in crisis receive the most appropriate services that will result in reduction in premature death and/or disability, attaining lowered recidivism/revolving door, a more effective use of resources and cost management and an accountability that leads to sustainability.

Impact on other state programs:

This will impact the Department of Corrections, Aging and Disability Services Administration, Division of Alcohol and Substance Abuse, Regional Support Networks, Community mental health providers, County Chemical Dependency system, County Chemical Dependency providers, County long-term care providers, Area Agencies on Aging, County and local jails.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Alternatives considered are staying with current practice or implementing this collaboration statewide. This proposal provides an opportunity to test the collaboration on high profile, high-risk populations with the capacity to measure outcomes and at a modest cost.

Budget impacts in future biennia:

If the pilot is successful, it could lead to a budget request to provide these services statewide, but with significant off-sets to

DP Code/Title: PL-CW CSCI - Crisis Plan
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

other state and local needs.

Distinction between one-time and ongoing costs:

All costs are one-time. Computer programming and training will occur in Fiscal Year 2006. Program evaluation costs will be split evenly in each fiscal year. A final study will commence in January 2007.

Effects of non-funding:

If not funded, the Mental Health Crisis Response system will be fragmented with only limited coordination across multiple provider systems. This results in persons not necessarily receiving the most effect services and leads to higher recidivism, incarcerations and hospitalizations.

Expenditure Calculations and Assumptions:

Expenditures are for computer programming, training, evaluations with the five participating programs, and a final study. See attachment - MHD PL-CW CSCI - Crisis Plan.xls

Object Detail

	FY 1	FY 2	Total
Overall Funding			
C Personal Service Contracts	120,000	100,000	220,000
E Goods And Services	250,000	250,000	500,000
Total Objects	**370,000**	**350,000**	**720,000**

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	370,000	350,000	720,000
Total for Fund 001-1	**370,000**	**350,000**	**720,000**
Total Overall Funding	**370,000**	**350,000**	**720,000**

DSHS Mental Health Division

BU G95, Category 1000

	FY2006	FY2007
Computer Programming	$ 100,000	
Training	$ 20,000	
Project Evaluation**	$ 250,000	$ 250,000
Study		$ 100,000
TOTAL GF-State	$ 370,000	$ 350,000

**Project evaluation participants at $50,000 each:

Mental Health Division (MHD)
Division of Alcohol & Substance Abuse (DASA)
Long Term Care (LTC)
Division of Developmental Disabilities (DDD)
Dept. of Corrections (DOC)

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CX CSCI - Community Based Care
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Mental Health Division (MHD) requests authority to implement a plan to increase community resources with the goal of decreasing dependence on state hospital care. This can be accomplished by utilizing state dollars from closing the Program for Adaptive Living Services (PALS) wards, approximately 95 beds. The funding request is for a project Full-Time Equivalent to coordinate and monitor this activity for two years.

Fiscal Detail:

Operating Expenditures		FY 1	FY 2	Total
Overall Funding				
001-1 General Fund - Basic Account-State		97,000	92,000	189,000
	Total Cost	**97,000**	**92,000**	**189,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**(28.5)**	**(69.8)**	**(49.2)**

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response (CSCR) project, a joint collaboration and partnership between Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default crisis response and involuntary commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders such as dementia and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). The CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

In 2002, a study was completed for the Mental Health Division by the Public Consulting Group (PCG) of current capacity and needs of Inpatient and Residential Behavioral Health services for adults in Washington State. The study examined capacity and current utilization in state hospitals, community hospitals and Evaluation and Treatment (E&T) facilities used by the Regional Support Networks (RSNs), and a comparison of resources available in a select group of peer states. The conclusions and recommendations identified over-reliance on costly beds at the state hospitals and recommended funding be redirected toward the building and development of community resources.

The recommendation for additional community resources was again identified by a recent report of the CSCR project, which is a combined effort of DSHS and ACHS. In addition, another study recently completed by PCG has determined that 90 percent of current residents of the PALS program are appropriate for alternative community placements.

The Community Based Care (CBC) plan will provide for the development of community resources including:

· The development of alternative community resources for residents of the PALS program and related closure of this program (95 beds). Half the residents will be transitioned by December 2005 and the remainder by April 2006.

DP Code/Title: PL-CX CSCI - Community Based Care
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

· Increased capacity for psychiatric hospital diversion resources beginning in December 2005.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This relates directly to Goal One, Objective Three of MHD's Strategic plan:

· Goal One: The appropriate level of service is provided in the right setting in a timely manner.
· Objective Three: Establish appropriate use and capacity of state psychiatric hospitals and promote service alternatives in communities.

Performance Measure Detail: (NEW)

This relates directly to the following performance measure in the MHD Strategic plan:

Establish state psychiatric adult hospital census capacity goals based on results of an analysis of need and implement capacity changes in Fiscal Year 2005 through Fiscal Year 2009 to match results of the analysis.

Performance Measure Detail

Agency Level

	Incremental Changes FY 1	FY 2
Activity: C063 Mental Health Facilities Services		
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00
Activity: C069 Other Community Mental Health Services	**Incremental Changes FY 1**	**FY 2**
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

State hospitals were originally created to provide indefinite care for individuals with severe and persistent mental illness. With the advent of medications and more effective treatment approaches, individuals with severe mental illness are more able to manage their symptoms and live in their communities. As a result, the primary function of state hospitals has changed from providing indefinite care to providing Inpatient Psychiatric Hospital Treatment for individuals who have been involuntarily committed by a court in order to stabilize their conditions and assist with the return to their communities. Chapter 71.05 Revised Code of Washington establishes legislative intent to "prevent inappropriate, indefinite commitment of mentally disordered persons" and directs "whenever appropriate, that services should be provided in the community."

At the national and state level, there is continued pressure to assure that individuals residing in institutions have the option for community living. These efforts have been highlighted through litigation, such as the Olmstead lawsuit in Georgia where the United States Supreme Court found that the state was violating the rights of two plaintiffs by keeping them in a state psychiatric hospital despite their desire to live in the community. Washington State has settled two lawsuits related to the services and community options for state hospital patients with developmental disabilities. In addition, state hospitals may be at risk of losing federal revenue for patients who no longer require active treatment.

In addition to over-reliance on costly state hospital beds, the under development of community resources puts consumers and communities at risk. Jails report a growing challenge of incarceration, which have resulted from untreated mental illnesses. The state is also challenged with inappropriate use of emergency rooms by individuals with mental illness who do not have the right level of community care. This initiative will help to strengthen DSHS efforts to assure services are provided in the

community whenever appropriate.

This plan will directly result in the decrease of 95 beds at the PALS program. In addition, this initiative is expected to decrease the current rate of hospitalization, thereby decreasing the need for additional beds at the state hospitals in the future. The 2002 PCG Residential and Inpatient study predicted that, based on population growth projected by the US Census Bureau, failure to develop appropriate community resources will result in the need for up to 180 additional beds at the state hospitals by the year 2010.

Impact on clients and services:

The PALS program is a 95 bed transitional program on the grounds of Western State Hospital (WSH), serving adults with mental illness. There are currently a variety of successful transitional programs in the community, however there is a lack of adequate capacity to meet the demand for these services. Residents of PALS no longer require acute inpatient psychiatric care, yet have not returned to their home community for lack of an appropriate resource.

While intended as a short-term transitional program, over half of the current residents of PALS have been in the program for greater than six-months, as a result of a lack of appropriate community resource. There is no transitional program on the grounds of Eastern State Hospital, where residents transfer more quickly to the community as evidenced by shorter lengths of stay.

PALS qualifies as an Institution for Mental Diseases (IMD), meaning that residents are ineligible for Medicaid and must be completely state funded and lose eligibility for Supplemental Security Income (SSI). Most community programs would not qualify as an IMD meaning the federal participation can be used to support these settings and consumers maintain their SSI, which can also be used to support their care.

The CBC initiative will increase capacity for community transitional programs by closing PALS and transferring funds to the community. In addition to meeting the needs of residents currently in PALS and future WSH patients requiring transitional care, CBC will provide funding from the closure of PALS beds strengthening the infrastructure of the community and improving the support for the recovery of consumers with mental illnesses.

A number of stakeholders will be affected by this proposal. It is expected that most or all of these stakeholders will support the increase of community resources. It is also expected that a number of these stakeholders will oppose the loss of any further beds at the state hospital because of ongoing concerns regarding the overall adequacy of psychiatric inpatient resources. State hospital unions may object because of the loss of jobs associated with this plan. Primary effected stakeholders include:

· Aging and Disability Services Administration,
· Medical Assistance Administration,
· Economic Services Administration,
· Department of Health,
· Division of Alcohol and Substance Abuse,
· Regional Support Networks,
· Community Mental Health Provider,
· Community Long Term Care Providers,
· Community Chemical Dependency,
· Community Psychiatric Inpatient Providers,
· Washington Chapter of the National Alliance for the Mentally Ill (NAMI),
· Washington Advocates for the Mentally Ill (WAMI), and
· State hospital labor unions.

Impact on other state programs:

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A number of agency programs have coordinated efforts through the CSCR project to identify systemic improvements. This proposal has been coordinated and developed to support related packages, which are being developed by the Division of Alcohol and Substance Abuse and the Aging and Disabilities Services Administration. There is expected to be a one-time minor increase in workload for the Economic Services Administration related to the coordination of benefits for the 90-100 residents who will be transitioned from PALS. In addition, there will be some ongoing impact on the Medical Assistance Administration as individuals formerly served in PALS receive their medications and medical care in the community.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

MHD is actively reviewing current Centers for Medicare and Medicaid Services waiver and Medicaid billing operations to ensure the federal dollars are maximized. This review may include recommendations for changes to the state plan related to some of the services identified in this plan.

Alternatives explored by agency:

The alternatives considered are leaving the system as it is and/or increasing funding for the state hospitals to support the clients needing inpatient care within the Mental Health system. Neither of these options were considered to be in the best interest of the clients or financially viable. These options would also increase the vulnerability to an Olmstead lawsuit. The need for a better array of community placements and community inpatient care for mental health clients is essential. This package supports the agency's goal of serving clients in the most cost effective and appropriate community settings.

Budget impacts in future biennia:

On an annual basis, current WSH operating state funds will be available for transfer to the community. Closing PALS will eliminate positions at WSH. An addition of one FTE will be required for the coordination and monitoring of this program for approximately two years.

Distinction between one-time and ongoing costs:

All of the funding changes will be ongoing, with the exception of the MHD project position for development of CBC resources.

Effects of non-funding:

Failure to develop appropriate community levels of care will result in continued over-utilization of high cost state hospital beds and places Washington at risk of an Olmstead lawsuit. In addition, it puts consumers at risk of avoidable hospitalizations or criminal activity resulting from inadequate mental health care with corresponding avoidable costs throughout the system. Finally, as noted above, this initiative is expected to decrease the current rate of hospitalization thereby decreasing the need for a projected 180 additional beds at the state hospitals by the year 2010.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CX CSCI - Community Based Care.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CX CSCI - Community Based Care
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Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	(1,000,000)	(2,490,000)	(3,490,000)
B	Employee Benefits	(319,000)	(784,000)	(1,103,000)
E	Goods And Services	(709,000)	(1,712,000)	(2,421,000)
G	Travel	2,000	2,000	4,000
J	Capital Outlays	8,000	2,000	10,000
N	Grants, Benefits & Client Services	2,114,000	5,073,000	7,187,000
T	Intra-Agency Reimbursements	1,000	1,000	2,000
	Total Objects	**97,000**	**92,000**	**189,000**

DSHS Source Code Detail

		FY 1	FY 2	Total
Overall Funding				
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	97,000	92,000	189,000
	Total for Fund 001-1	**97,000**	**92,000**	**189,000**
	Total Overall Funding	**97,000**	**92,000**	**189,000**

2005-07 Biennium
PL-CX CSCI Community Based Care

DSHS Mental Health Division

	BU	CAT	OBJ	FTEs		FY 06	FTEs		FY 07
WSH	G92	2000	A	-29.5	$	(1,065,000)	-70.8	$	(2,555,000)
			B		$	(333,000)		$	(799,000)
			E		$	(716,000)		$	(1,719,000)
					$	(2,114,000)		$	(5,073,000)
Project MGR	G70	9000	A	1.0	$	65,000	$ 1.0	$	65,000
			B		$	14,000		$	15,000
			E		$	7,000		$	7,000
			G		$	2,000		$	2,000
			J		$	8,000		$	2,000
			TZ		$	1,000		$	1,000
					$	97,000		$	92,000
Community	G95	1000	N		$	2,114,000		$	5,073,000
Total (100% State)					$	97,000		$	92,000

2005-07 Biennium
PL-CX CSCI Community Based Care

DSHS Mental Health Division

		1-Dec-05 FY05 50% 7 Mo. Sav.	*FY06* 1-Apr-06 FY05 50% 3 Mo. Savings	FY 06 Total Savings	FY07 Full closure	Total 06-07 Biennium		BY OBJECT FY2006	BY OBJECT FY2007
FY Allocation	100%								
Staff Months	**849**	**247.63**	**106.13**	**353.75**	**849**				
FTE's on wards	70.8	20.64	8.84	**29.48**	70.8	2.9			
Allocation	3,992,614	1,164,512	499,077	**1,663,589**	3,992,614	5,656,203	A	$ 1,065,000	$ 2,555,000
				-		-	B	$ 333,000	$ 799,000
Food Svs	293,870	85,712	36,734	**122,446**	293,870	416,316	E	$ 266,000	$ 639,000
Laundry Services	95,576	27,876	11,947	**39,823**	95,576	135,399			
		-	-	-		-			
Pharmacy/Lab	509,000	148,458	63,625	**212,083**	509,000	721,083			
Medical Records	3,424	999	428	**1,427**	3,424	4,851			
Rehab Services	23,451	6,840	2,931	**9,771**	23,451	33,222			
Contracted Phys. Svs	30,623	8,932	3,828	**12,760**	30,623	43,383			
Custodial Services	124,630	36,351	15,579	**51,929**	124,630	176,560	E	$ 450,000	$ 1,080,000
								$ 2,114,000	$ 5,073,000
State Dollars	5,073,188	**1,479,680**	**634,148**	**2,113,828**	**5,073,188**	**7,187,016**			
Title XIX Match 75%	3,804,891	1,109,760	475,611	1,585,371	3,804,891	3,804,891			
Total Possible avail.	8,878,079	2,589,440	1,109,760	3,699,200	8,878,079	10,991,907			

Federal is calculated @ 75% of state

NOTES:		***Annual Costs***	***FTE'S***
Allocation:	Dollars designated to run to Staff Pals.		70.8
Food Services:	= $3.39/meal average.	$ 3.39	1.5
		365	
		95	
		2.5	
		$ 293,871	
Laundry Services:	FTE's work laundry	18	2.0
	Total lbs of laundry per year	2,033,488	
	Cost per pound	$ 0.40	
	lbs of laundry worked /FTE/yr	112,971.6	
	PALS Laundry (lbs/yr)	238,939	
	FTE's related to PAL's Laundry	2.12	
	Cost per year	$ 95,575.60	
Pharmacy/Lab			1.5
Medical Records	Supplies		
Rehab Services	Includes Physical Therapy, Recreational Therapy and Speech/Hearing Therapy		
Contracted Phys. Svs			
Custodial Services			4.0
			79.8

MHD PL-CX CSCI Community Based Care.xls

2005-07 Biennium
PL-CX CSCI Community Based Care
DSHS Mental Health Division
MHD HQ Staffing for Community Based Care
G70, Category 9000

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Travel	Equipment	ISSD	Total
Object		A	B	E	G	J	TZ	
FY06								
WMS Position for CBC	1.0	65,000	14,000	7,000	2,000	8,000	1,000	96,000
FY06 TOTAL	**1.0**	**65,000**	**14,000**	**7,000**	**2,000**	**8,000**	**1,000**	**96,000**
FY07								
WMS Position for CBC	1.0	65,000	15,000	7,000	2,000	2,000	1,000	91,000
FY07 TOTAL	**1.0**	**65,000**	**15,000**	**7,000**	**2,000**	**2,000**	**1,000**	**91,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-CZ CSCI - Community Diversion Resource
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to implement a plan to increase community resources with the goal of decreasing dependence on state psychiatric hospital care. Included in this plan are the operation of two free standing Evaluation and Treatment (E&T) facilities, Western State Hospital (WSH) staff to consult with long-term care providers, Mental Health Division (MHD) headquarters staff to provide consultation, training and oversight to mental health and developmental disability treatment providers to divert persons with developmental disabilities from long-term stays at the state psychiatric hospitals, and resources for completion of the Residential Bed Capacity study for special populations, as required by SB 6358, (2004) Section 22.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	1,428,000	2,760,000	4,188,000
001-7 General Fund - Basic Account-Private/Local	29,000	28,000	57,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	1,208,000	2,564,000	3,772,000
Total Cost	**2,665,000**	**5,352,000**	**8,017,000**

Staffing	FY 1	FY 2	Annual Avg
Agency FTEs	**4.0**	**4.0**	**4.0**

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response (CSCR) project, a joint collaboration and partnership between Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default Crisis Response and Involuntary Commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders such as dementia and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). The CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

Community enhancements funded through this plan include the operation of freestanding E&T facilities. This package includes increased staff from WSH to consult with long-term care providers in managing difficult behaviors and an Full-Time Equivalent (FTE) at MHD headquarters to oversee monitoring of specialized resources for individuals with developmental disabilities and mental illness in accordance with the Allen and Marr lawsuit settlements. Finally, it includes resources for completion of the second part of a community needs assessment regarding the demand of services for special populations including: mentally ill offenders, and persons with co-occurring disorders, mental disorders caused by traumatic brain injury or dementia, and drug-induced psychosis.

In 2002, the Public Consulting Group (PCG)completed a study of current capacity and needs of Inpatient and Residential Behavioral Health services for adults in Washington State. The study examined capacity and current utilization in state hospitals, community hospitals and E&T facilities used by the Regional Support Networks (RSNs), and a comparison of resources available in a select group of peer states. The conclusions and recommendations identified over-reliance on costly

beds at the state hospitals and recommended redirecting funding toward the building and development of community resources.

Specific findings of the 2002 Residential and Inpatient study documented that state hospital beds are used for approximately 500 episodes of acute psychiatric care per year, most of which PCG estimates could be served in community hospitals and/or E&Ts. Current rates for freestanding E&Ts are less expensive than state hospital care. The study also concluded that at least one-fourth of all state hospital admissions might be preventable with increased clinical supports for residential programs and nursing home placements.

The recommendation for additional community resources was identified by a recent report of the CSCR project, which is a combined effort of the DSHS and ACHS. This decision package specifically provides for the development of the following community diversion resources in accordance with some of the recommendations of these two reports:

· Startup and ongoing, sustained funding for two, sixteen bed (32-bed total) new inpatient E&T facilities, one facility will begin in December 2005 and the second in April 2006.
· Development of a Community Discharge team including a Community Nurse Specialist, Discharge Coordinator, and Institutional Counselor, three who will address barriers to community living and provides follow-up consultation with long-term care providers who accept WSH patients.
· Ongoing monitoring of specialized programs for individuals with co-occurring mental illness and developmental disabilities, which were developed as a result of the Marr and Allen Lawsuits beginning in July, 2005. This FTE will replace the function of outside monitors that were required as part of the settlement.
· Completion of a second part of the community needs assessment required by 2SSB 6358 (Sec.22) with specific assessment on the demand of services for special populations including: mentally ill offenders, and persons with co-occurring disorders, mental disorders caused by traumatic brain injury or dementia, and drug induced psychosis. MHD is currently contracting for a residential and inpatient needs assessment, which will update information from the 2002 PCG study, but does not cover the special populations as required by 2SSB 6358 (Sec.22).

This package is submitted in conjunction with the following two decision packages designed to enhance community options for mental health consumers:

· Increasing Expanding Community services, which calls for the transition of 60 long-term dementia patients into community settings and transfer of resources to support these individuals.
· Community Based Care (CBC), which calls for the transition of 96 residents from the program for Adaptive Living Skills into community settings transfer of resources to support these individuals.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This relates directly to Goal Number One, Objective Three of MHD's Strategic plan:

· Goal One: The appropriate level of service is provided in the right setting in a timely manner.
· Objective Three: Establish appropriate use and capacity of state psychiatric hospitals and promote service alternatives in communities.

Performance Measure Detail:

This relates directly to the following performance measure in the MHD Strategic plan:

Establish state psychiatric adult hospital census capacity goals based on results of an analysis of need and implement capacity

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Program Level - 030 Mental Health

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changes in Fiscal Year 2005 through Fiscal Year 2009 to match results of the analysis.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services	Incremental Changes FY 1	FY 2
Output Measures		
3CA0 Monthly average of daily census for state hospitals	0.00	0.00

Activity: C069 Other Community Mental Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

State hospitals were originally created to provide indefinite care for individuals with severe and persistent mental illness. With the advent of medications and more effective treatment approaches, individuals with severe mental illness are more able to manage their symptoms and live in their communities. As a result, the primary function of state hospitals has changed from providing indefinite care to providing Inpatient Psychiatric Hospital Treatment for individuals who have been involuntarily committed by a court in order to stabilize their conditions and assist with the return to their communities. Chapter 71.05 Revised Code of Washington establishes legislative intent to "prevent inappropriate, indefinite commitment of mentally disordered persons" and directs "whenever appropriate, that services should be provided in the community."

At the national and state level, there is continued pressure to assure that individuals residing in institutions have the option for community living. These efforts have been highlighted through litigation, such as the Olmstead lawsuit in Georgia where the United States Supreme Court found that the state was violating the rights of two plaintiffs by keeping them in a state psychiatric hospital despite their desire to live in the community. Washington State has settled two lawsuits related to the services and community options for state hospital patients with developmental disabilities. In addition, state hospitals may be at risk of losing federal revenue for patients who no longer require active treatment.

In addition to over-reliance on costly state hospital beds, the under development of community resources puts consumers and communities at risk. Jails report a growing challenge of incarcerations, which have resulted from untreated mental illnesses. The state is also challenged with inappropriate use of emergency rooms by individuals with mental illness who do not have the right level of community care. This initiative will help to strengthen DSHS efforts to assure services are provided in the community whenever appropriate.

This plan is expected to decrease the current rate of hospitalization thereby decreasing the need for additional beds at the state hospitals in the future. The 2002 PCG Residential and Inpatient study predicted that, based on population growth projected by the US Census Bureau, failure to develop appropriate community resources will result in the need for up to 180 additional beds at the state hospitals by the year 2010.

Impact on clients and services:

This will increase the resources for managing acute care in the community, which will prevent the unnecessary transfer of consumers to the two state hospitals allowing them to receive less costly care in their home communities. In addition, it will provide increased resources for supporting consumers in existing long-term care placements thereby reducing the need for hospitalization.

A number of stakeholders will be affected by this proposal. It is expected that most or all of these stakeholders will support the increase of community resources. Interested stakeholders include:

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· Aging and Disability Services Administration,
· Medical Assistance Administration,
· Economic Services Administration,
· Department of Health,
· Division of Alcohol and Substance Abuse,
· Regional Support Networks,
· Area Agencies on Aging,
· Community Mental Health Providers,
· Community Long-Term Care Providers,
· Community Chemical Dependency Providers,
· Community Psychiatric Inpatient Providers,
· Washington Chapter of the National Alliance for the Mentally Ill (NAMI),
· Washington Advocates for the Mentally Ill (WAMI),
· State hospital labor unions,
· Local law enforcement,and
· Department of Corrections and County Jails.

Impact on other state programs:

A number of agency programs have coordinated efforts through the CSCR project to identify systemic improvements. This proposal has been coordinated and developed to support related packages, which are being developed by the Division of Alcohol and Substance Abuse and the Aging and Disabilities Administration.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The alternatives considered are leaving the system as it is and/or increasing funding for the state hospitals to support the clients needing inpatient care within the Mental Health system. Neither of these options was considered to be in the best interest of our clients or financially appealing. These options would also increase our vulnerability to an Olmstead lawsuit. The need for a better array of community resources and community inpatient care for mental health clients is essential. This package supports the agency goal of serving clients in the most cost effective and appropriate community settings.

Budget impacts in future biennia:

Funding will be required for the Community Mental Health program to develop the following resources:
· 32 E&T beds, and
· Completion of the second part of the Needs Assessment study: $200,000.

In addition, new FTEs will be required in the following areas:
· One ongoing position at MHD for monitoring of Allen/Marr to replace efforts of outside monitors, and
· 3.0 FTEs at WSH to address barriers to discharge and provide consolation to long-term care providers.

Distinction between one-time and ongoing costs:

All of these costs will be ongoing with the exception of the MHD project position for development of CBC resources.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

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Program Level - 030 Mental Health

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Effects of non-funding:

Failure to develop appropriate community levels of care will result in continued over-utilization of high-cost state hospital beds, and places Washington at risk of an Olmstead lawsuit. In addition, it puts consumers at risk of avoidable hospitalizations or criminal activity resulting from inadequate mental health care with corresponding avoidable costs throughout the system. Finally, as noted above, this initiative is expected to decrease the current rate of hospitalization thereby decreasing the need for a projected 180 additional beds at the state hospitals by the year 2010.

Expenditure Calculations and Assumptions:

See attachment - MHD PL-CZ CSCI - Community Diversion Resource.xls

Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	260,000	260,000	520,000
B	Employee Benefits	56,000	60,000	116,000
C	Personal Service Contracts	200,000	0	200,000
E	Goods And Services	28,000	28,000	56,000
G	Travel	8,000	8,000	16,000
J	Capital Outlays	32,000	8,000	40,000
N	Grants, Benefits & Client Services	2,077,000	4,984,000	7,061,000
T	Intra-Agency Reimbursements	4,000	4,000	8,000
	Total Objects	**2,665,000**	**5,352,000**	**8,017,000**

DSHS Source Code Detail

Overall Funding		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	1,428,000	2,760,000	4,188,000
	Total for Fund 001-1	**1,428,000**	**2,760,000**	**4,188,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
Sources	**Title**			
5417	Contributions & Grants	29,000	28,000	57,000
	Total for Fund 001-7	**29,000**	**28,000**	**57,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19TA	Title XIX Assistance (FMAP)	1,208,000	2,564,000	3,772,000
	Total for Fund 001-C	**1,208,000**	**2,564,000**	**3,772,000**
	Total Overall Funding	**2,665,000**	**5,352,000**	**8,017,000**

2005-07 Biennium
PL-CZ CSCI - Community Diversion Resource
DSHS Mental Health Division

	BU	CAT	ACT	OBJ	FY2006	FY2007
32 E & T Beds	G95	1000	C069	N	$ 2,077,000	$ 4,984,000
				GF-S	$ 1,038,000	$ 2,492,000
				GF-F	$ 1,039,000	$ 2,492,000
Allen/Marr Monitor 1 WMS FTE	G70	9000	C900	A	$ 65,000	$ 65,000
				B	$ 14,000	$ 15,000
				E	$ 7,000	$ 7,000
				G	$ 2,000	$ 2,000
				J	$ 8,000	$ 2,000
				T	$ 1,000	$ 1,000
Community Needs Consulting				C	$ 200,000	
					$ 297,000	$ 92,000
				GF-S	$ 160,000	$ 50,000
				GF-F	$ 137,000	$ 42,000
Staff Needs at WSH - 3 FTEs:						
Long Term Care Consultant - WMS	G92	2000	C063	A	$ 195,000	$ 195,000
Community Nurse Specialist - WMS		2000		B	$ 42,000	$ 45,000
Discharge Coordinator - WMS		2000		E	$ 21,000	$ 21,000
		2000		G	$ 6,000	$ 6,000
		2000		J	$ 24,000	$ 6,000
		2000		T	$ 3,000	$ 3,000
					$ 291,000	$ 276,000
				GF-S	$ 230,000	$ 218,000
				GF-F	$ 32,000	$ 30,000
				GF-L	$ 29,000	$ 28,000
Grand Total					$ 2,665,000	$ 5,352,000

MHD PL-CZ CSCI - Community Diversion Resource.xls

2005-07 Biennium
PL-CZ CSCI - Community Diversion Resource
DSHS Mental Health Division
MHD HQ Staffing for Allen/Marr Monitoring
G70, Category 9000

Staffing Classification	FTE	Salary	Benefits	Goods & Serv	Travel	Equipment	ISSD	Total
Object		A	B	E	G	J	TZ	
FY06								
WMS Position	1.0	65,000	14,000	7,000	2,000	8,000	1,000	96,000
FY06 TOTAL	**1.0**	**65,000**	**14,000**	**7,000**	**2,000**	**8,000**	**1,000**	**96,000**
						State 54%		**52,000**
						Federal 46%		**44,000**
FY07								
WMS	1.0	65,000	15,000	7,000	2,000	2,000	1,000	91,000
FY07 TOTAL	**1.0**	**65,000**	**15,000**	**7,000**	**2,000**	**2,000**	**1,000**	**91,000**
						State 54%		**49,000**
						Federal 46%		**42,000**

2005-07 Biennium
PL-CZ CSCI - Community Diversion Resource
DSHS Mental Health Division

	Cost/day	Beds	Patient Days	Total Cost	Back out Room & Board	Average Annual cost	Monthly avg
E&T's	$ 453	16	5840	$ 2,645,520	153,600	2,491,920	$ 207,660
	453	16	5840	$ 2,645,520	153,600	2,491,920	$ 207,660
Total		32	11680	$ 5,291,040	307,200	$ 4,983,840	$ 415,320

		Months open	FY 06 GF-S	FFP 50% Federal	Total	FY 07 GF-S	Federal	Total
16 Beds	Dec-05	6	$ 623,000	$ 623,000	$ 1,246,000			
16 Beds	Apr-06	4	$ 415,000	$ 416,000	$ 831,000			
	Total		$ 1,038,000	$ 1,039,000	$ 2,077,000	$ 2,492,000	$ 2,492,000	$ 4,984,000

Biennium Total Object N G95 Category 1000 C069

MHD PL-CZ CSCI - Community Diversion Resource.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-DB Children Aging Out of Other Svcs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Provide medical benefits as defined in Title XIX of the Social Security Act for youth ages 18 through 20, if they are in foster care on their 18th birthday or later.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	9,000	29,000	38,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	9,000	28,000	37,000
Total Cost	**18,000**	**57,000**	**75,000**

Staffing

Package Description:

Currently, children up to age 19 may be eligible for Medicaid. Approximately 150 children remain in foster care up to age 21 for reasons such as finishing high school, institutionalized, etc. Once they leave foster care they are eligible for medical up to age 19 only, unless they meet categorical eligibility for other programs.

Typically these youth have significant health concerns but no insurance. Studies have shown that children in foster care suffer more frequent and more serious medical, developmental, and psychological problems than nearly any other group of children. Youth who have been in foster care may be at high risk for continuing health problems because of the circumstances that brought them into foster care, as well as the on-going instability of their lives.

The Foster Care Independence Act of 1999 (P. L. 106-169), also called the Chafee Act, established new options for children leaving foster care at age 18. It expands services to help older youth who are leaving foster care prepare for adulthood. States are allowed to continue Medicaid benefits through age 20.

This proposal is to continue Medicaid benefits for foster children through age 20 for those who leave foster care on their 18th birthday or later. This will help support the health of these youth who struggle to find employment and the means to pay for health care, if the employer does not provide coverage.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The mission of the Department of Social and Health Services (DSHS) states that "We will help people achieve safe, self-sufficient, healthy and secure lives". Providing health coverage for high-risk youth helps the department meet that goal.

The DSHS Strategic Plan includes seven priorities. The first is improving client health and safety. Providing health coverage for high-risk youth helps meet that goal.

Performance Measures:
-Prudent Purchaser of Health Care Services
-Evidence-based Medicine

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-DB Children Aging Out of Other Svcs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

Youth leaving foster care at 18 often have few skills or supports. Typically this group of children has more health care problems than any other group of children. These children have high levels of: unemployment, mental illness, school failure, teen pregnancy, homelessness, and being victims or perpetrators of crimes.

Impact on clients and services:

Youth leaving foster care at 18 often have few skills or supports. Typically this group of children has more health care problems than any other group of children. These children have high levels of: unemployment; mental illness; school failure; teen pregnancy; homelessness; and being victims or perpetrators of crimes.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Add specific authorization to RCW 74.09.510 to provide Medicaid to the targeted former foster care youth.

Alternatives explored by agency:

This is the only alternative that seemed to give some support to the high-risk youth.

Budget impacts in future biennia:

The caseload will increase by approximately 20 clients per month, starting July 1, 2005, and the maximum additional new cases will be around 526 by June 2007. After June 2007, the caseload is not anticipated to grow significantly.

Distinction between one-time and ongoing costs:

One-time costs for equipment only.

Effects of non-funding:

These high-risk youth may be unable to find jobs and therefore unable to get the health care they need. Some may even end up in jail if they are unable to get medication and may be a drain on society instead of a productive member.

Expenditure Calculations and Assumptions:

The caseload will increase by approximately 20 clients per month, starting July 1, 2005, and the maximum additional new cases will be around 526 by June 2007. After June 2007, the caseload is not anticipated to grow significantly.

State of Washington
Decision Package
Department of Social and Health Services

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DP Code/Title: PL-DB Children Aging Out of Other Svcs
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Costs per client are based on the ratio of current expenditures per eligible for 18-year-olds in foster care to average per capita costs for CN-Other Children. It's assumed that the per capita costs, both medical and RSN, for children will grow at a rate of approximately 3.5 percent per year.

The Medical Eligibility Determination Section will need one MAS3 worker for State Fiscal Years 2006 and 2007, and one additional clerical person in State Fiscal Year 2007.

See attachment: AW PL DB Children Aging Out of Other Svcs.xls

Object Detail	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	18,000	57,000	75,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	9,000	29,000	38,000
Total for Fund 001-1	**9,000**	**29,000**	**38,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	9,000	28,000	37,000
Total for Fund 001-C	**9,000**	**28,000**	**37,000**
Total Overall Funding	**18,000**	**57,000**	**75,000**

2005-07 Biennium
PL-DB Children Aging out of Other Services

Impact of Foster Care Expansion

Program Impacts

	MAA			MHD		
	SFY06	SFY07	Biennium	SFY06	SFY07	Biennium
Total	$ 338,000	$ 1,048,000	$ 1,386,000	$ 18,000	$ 57,000	$ 75,000
TXIX	$ 169,000	$ 524,000	$ 693,000	$ 9,000	$ 28,000	$ 37,000

Administrative Impacts

	MAA			MHD		
	SFY06	SFY07	Biennium	SFY06	SFY07	Biennium
Salaries	39,000	69,000	108,000			
Benefits	11,000	21,000	32,000			
Goods & Services	12,000	24,000	36,000			
Equipment	8,000	8,000	16,000			
Travel	-	-	-			
ISSD:TZ	1,000	2,000	3,000			
Total	$ 71,000	$ 124,000	$ 195,000	$ -	$ -	$ -
TXIX	$ 35,000	$ 62,000	$ 97,000	$ -	$ -	$ -

Total Impact

	MAA			MHD		
	SFY06	SFY07	Biennium	SFY06	SFY07	Biennium
Total	$ 409,000	$ 1,172,000	$ 1,581,000	$ 18,000	$ 57,000	$ 75,000
TXIX	$ 204,000	$ 586,000	$ 790,000	$ 9,000	$ 28,000	$ 37,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-HV Medical Eligibility Review Cycle
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This is to stabilize the children's caseload and reduce administrative burden on DSHS Community Services Offices (CSO), Children's Medical review cycle would be changed back to a 12-month review cycle.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	0	211,000	211,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	0	210,000	210,000
Total Cost	**0**	**421,000**	**421,000**

Staffing

Package Description:

Children's Medicaid and SCHIP programs had had a 12-month certification period until the 2003 Legislature changed the certification period from 12-months to six-months. The change was implemented in July 2004. Also continuous eligibility (CE) for children was eliminated. The caseload drop was estimated to be approximately five percent beginning January 2004 when six-month eligibility reviews began to occur.

In April 2004, other changes were also initiated. This included application signature requirements and enhanced income verification requirements.

As a collective result of these changes, the Children's Medical caseload has decreased by 38,500 children (11 percent). The SCHIP program increased by 3,600 (33 percent) children due to children who were no longer eligible for Medicaid but were found to be eligible for higher income SCHIP coverage

To stabilize the children's caseload and reduce administrative burden on DSHS Community Services Offices (CSO), Children's Medical review cycle should be changed back to a 12-month review cycle.

To accomplish the change to a 12-month certification, the automated eligibility system would reset the review period to twelve months at the next review. The review period for the caseload would continue to be staggered and would have a positive impact on staff.

Currently, each household is required to report certain changes during the certification period. When clients report changes, the changes may affect the clients' eligibility. Although it is difficult to determine what effect this change had on the caseload decline, with the other changes also being instituted, this change caused a significant drop in children's medical programs.

When a medical certification period ends, clients don't always follow through to re-apply for the medical benefits. Of those who don't respond timely, 25 percent are recertified within a month after the medical ends. This "churn" impacts eligibility workers and managed care plans. Other clients wait until a medical need exists to reapply, thus causing additional costs due to medical emergencies. In addition, clients usually ask for medical assistance for up to three months prior to the application (retro medical) to cover unpaid medical bills. This creates another administrative burden since eligibility for a past period is determined as a separate action from the future period.

The six-month reviews have created an additional workload for staff as they are completing two reviews each year for these households instead of one. To ease the administrative burden, this request is to enable DSHS to reinstate 12-month certifications.

DP Code/Title: PL-HV Medical Eligibility Review Cycle
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Reinstating continuous eligibility would also be a positive change for both staff and clients. Clients are not required to report any changes during the certification period and staff do not have to determine whether or not a reported change affects eligibility. Reinstating continuous eligibility would also support the Simplified Reporting changes that Economic Services Administration is implementing, as required by the Legislature.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The mission of DSHS states that we will help people achieve safe, self-sufficient, healthy and secure lives. Providing health coverage for low-income families and children helps the Department meet that goal.

The DSHS Strategic Plan includes seven priorities. The first is improving client health and safety. Providing for uninterrupted health coverage for low income Washington families and children helps meet that goal.

Performance Measures:
-Prudent Purchaser of Health Care Services

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

The children's caseload has been dropping at a greater rate than expected and the department is just beginning to see the results of the 6-month reviews and elimination of continuous eligibility. Between April 2003 and April 2004, the children's caseload has dropped approximately 11 percent (approximately 38,500 children).

Since the caseload is dropping so quickly and the department is now beginning to see the results of the change to six-month reviews and elimination of continuous eligibility, the department should take action to safeguard the health of the children in Washington and reinstate 12-month reviews and continuous eligibility.

Impact on clients and services:

Currently clients are required to complete an eligibility review and verify their income every six-months. Under this proposed change, clients would renew eligibility once a year. This is a positive change for clients and staff due to reduced paperwork and less "churning".

Another positive change for both staff and clients is to reinstate continuous eligibility. The client would not be required to report any changes and their children would continue to be eligible for medical throughout the entire certification period. As a result the children would remain in managed care throughout the entire certification period.

Finally, reinstating continuous eligibility would support the Simplified Reporting changes the Economic Services Administration is implementing, as required by the Legislature.

Impact on other state programs:

State of Washington
Decision Package
Department of Social and Health Services

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DP Code/Title: PL-HV Medical Eligibility Review Cycle
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

A 12-month certification period is a positive step and is consistent with proposed changes to match Cash grant and Basic Food cases. Cash grant and Basic Food (BF) will be going to a 12-month certification period with a six-month report due halfway through the certification period. This report would also serve to re-verify circumstances for any shared Cash/BF case with family or children's medical cases.

Reinstating continuous eligibility is another positive step, as staff will not have to make changes to the case during the certification period. This will not have an affect on other programs.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

None

Budget impacts in future biennia:

The caseload impact will not start until October 2006. There will be a larger impact in the 2007-09 Biennium.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

If the requested changes are not implemented, the caseload will continue to decline over time. Also a larger portion of the population will not have any medical coverage and the health of the children in Washington State will decline. There are too many children now who do not have any medical coverage. Eventually they will become a financial burden to Washington State when they have serious health problems due to lack of medical care.

Expenditure Calculations and Assumptions:

Computation of the estimated caseload impact of going to a 12-month certification and removing the six-month review for children's programs are based on the change in the caseload exit rates between the average actual exit experience May-October 2003 as compared to the average actual exit experience January-April 2004. There was an increase in exit rates between the two periods, and it's assumed that this increase will reverse once the policy change is made. The impact from continuous eligibility is assumed to be negligible.

Barring competing priorities, ACES will implement the program change in April 2006. The impact to the caseload will not occur until October 2006.

See attachment - AW PL HV Medical Eligibility Review Cycle.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-HV Medical Eligibility Review Cycle
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Object Detail	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	0	421,000	421,000

DSHS Source Code Detail

Overall Funding	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	0	211,000	211,000
Total for Fund 001-1	**0**	**211,000**	**211,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	0	210,000	210,000
Total for Fund 001-C	**0**	**210,000**	**210,000**
Total Overall Funding	**0**	**421,000**	**421,000**

2005-07 Biennium
PL-HV Medical Eligibility Review Cycle

Medical Assistance	Caseload	Estimated Per Cap	Total	H.S.A.
CN-Other Children				
SFY06	0	$ 130.81	-	-
SFY07	3,899	$ 135.39	4,751,000	2,376,000
SCHIP				
SFY06	0	$ 126.27	-	-
SFY07	99	$ 130.69	116,000	41,000
Totals				
SFY06	0		-	-
SFY07	3,998		-	
	1,999		4,867,000	2,417,000

Mental Health	**Caseload**	**Placeholder Per Cap**	**Total**	**GF-S**	**Federal**
CN-Other Children					
SFY06	0	$ 11.60	-	-	
SFY07	3,899	$ 12.01	421,000	211,000	210,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-LF CSCI - Training & Consultation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for the Mental Health Division (MHD) to provide training for caregivers in long-term care settings to reduce the dependence on state hospitals for adults with dementia, traumatic brain injuries, and other medical and behavioral issues.

Fiscal Detail:

Operating Expenditures

	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	250,000	250,000	500,000
Total Cost	**250,000**	**250,000**	**500,000**

Staffing

Package Description:

Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response (CSCR) project, a joint collaboration and partnership between the Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public Mental Health system serves as the default Crisis Response and Involuntary Commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness, developmental disabilities, organic mental disorders, such as dementia, and traumatic brain injury, and mental illness combined with drug and alcohol dependence (co-occurring). The CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

In 2002, a study was completed for MHD by the Public Consulting Group (PCG) of current capacity and needs of Inpatient and Residential Behavioral Health services for adults in Washington State. The study examined capacity and current utilization in state hospitals, community hospitals and Evaluation and Treatment (E&T) facilities used by the Regional Support Networks (RSNs), and a comparison of resources available in a select group of peer states. The conclusions and recommendations identified over reliance on costly beds at the state hospitals and recommended funding be redirected toward the building and development of community resources.

The study included a review of records at both state hospitals, which determined that 25 percent of admissions result from inadequate or "failed" community placements. The study concluded that all or most of these state hospital admissions might be preventable with increased clinical supports for residential programs and nursing home placements. The recommendation for increasing skills for caregivers in long-term care settings was again identified by a recent report of the CSCI project, which is a combined effort of DSHS and the Association of County Human Services.

During the 2001-03 Biennium, DSHS implemented the Expanding Community Services (ECS) initiative, which included developing specialized teams to provide behavioral supports for former patients of the geriatric wards of the state hospitals. These teams primarily serve individuals in designated ECS settings for individuals placed through the ECS program and have been very effective in reducing recidivism. In addition to providing individualized services, the ECS teams provide training to these providers on issues related to the care of individuals with mental illness and dementia. This ongoing training is provided on-site and can address case specific issues, which arise in a facility, making it a great addition to standard Mental Health training provided to staff in residential settings.

DP Code/Title: PL-LF CSCI - Training & Consultation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

In accordance with recommendations of these two reports, this decision package specifically provides for the expansion of the contracts to allow ECS teams to provide training and case consultation to non-ECS long-term care settings with residents who are beginning to experience behavioral issues. This package is submitted in conjunction with the following two decision packages designed to enhance community options for mental health consumers:

· Increasing Expanding Community Services, which calls for the transition of 60 long-term dementia patients into community settings and transfer of resources to support these individuals.
· Community Based Care, which calls for the transition of 96 residents from the Program for Adaptive Living Skills into community settings transfer of resources to support these individuals.

It is anticipated the training can utilize existing ECS contracts and can begin in September 2004 or sooner.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This relates directly to Goal One, Objective Three of MHD's Strategic plan:

· Goal One: The appropriate level of service is provided in the right setting in a timely manner.
· Objective Three: Establish appropriate use and capacity of state psychiatric hospitals and promote service alternatives in communities.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services	Incremental Changes FY 1	FY 2
Output Measures		
9c40 Total number of persons served in community mental health services.	0.00	0.00

Reason for change:

State hospitals were originally created to provide indefinite care for individuals with severe and persistent mental illness. With the advent of medications and more effective treatment approaches, individuals with severe mental illness are more able to manage their symptoms and live in their communities. As a result, the primary function of state hospitals has changed from providing indefinite care to providing Inpatient Psychiatric Hospital Treatment for individuals who have been involuntarily committed by a court in order to stabilize their conditions and assist with the return to their communities. Chapter 71.05 Revised Code of Washington establishes legislative intent to "prevent inappropriate, indefinite commitment of mentally disordered persons" and directs "whenever appropriate, that services should be provided in the community."

At the national and state level, there is continued pressure to assure that individuals residing in institutions have the option for community living. These efforts have been highlighted through litigation, such as the Olmstead lawsuit in Georgia where the United States Supreme Court found that the state was violating the rights of two plaintiffs by keeping them in a state psychiatric hospital despite their desire to live in the community. Washington State has settled two lawsuits related to the services and community options for state hospital patients with developmental disabilities. In addition, state hospitals may be at risk of losing federal revenue for patients who no longer require active treatment.

In addition to over-reliance on costly state hospital beds, the under development of community resources puts consumers and communities at risk. As the inappropriate behaviors of an individual in a long-term care setting exacerbate, they become at risk of transfer to a hospital or other setting. These transfers increase stress on these already fragile individuals and can lead

to further de-compensation. This package helps to build upon the foundation laid by the ECS program and will help to strengthen DSHS efforts to assure services are provided in the community whenever appropriate.

Increasing the clinical skills of caregivers in long-term care settings is expected to decrease the current rate of hospitalization thereby decreasing the need for additional beds at the state hospitals in the future. The 2002 PCG Residential and Inpatient study predicted that, based on population growth projected by the U.S. Census Bureau, failure to develop appropriate community resources will result in the need for up to 180 additional beds at the state hospitals by the year 2010.

Impact on clients and services:

This will increase the skills of long-term caregivers and allow residents with behavioral issues to receive less costly care in their home communities. It will also decrease the risk of clinical de-compensation resulting when residents are transferred to the hospital or from setting to setting because of behavioral issues.

There are a number of stakeholders who will be effected by this proposal. It is expected that most or all of these stakeholders will support the increase of community resources. Interested stakeholders include:

· Aging and Disability Services Administration,
· Medical Assistance Administration,
· Economic Services Administration,
· Department of Health,
· Division of Alcohol and Substance Abuse,
· Regional Support Networks,
· Area Agencies on Aging,
· Community Mental Health Providers,
· Community Long Term Care Providers,
· Community Chemical Dependency Providers,
· Community Psychiatric Inpatient Providers,
· Washington Chapter of the National Alliance for the Mentally Ill (NAMI),
· Washington Advocates for the Mentally Ill (WAMI),
· State hospital labor unions,
· Local law enforcement, and
· Department of Corrections and County Jails.

Impact on other state programs:

A number of agency programs have coordinated efforts through the CSCR project to identify systemic improvements. This proposal has been coordinated and developed to support related packages, which are being developed by the Division of Alcohol and Substance Abuse and the Aging and Disabilities Services Administration.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The alternatives considered are leaving the system as it is and/or increasing funding for the state hospitals to support the clients needing inpatient care within the Mental Health system. Neither of these options were considered to be financially

DP Code/Title: PL-LF CSCI - Training & Consultation
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

prudent or in the clients' best interests. These options would also increase vulnerability to an Olmstead lawsuit. Improving clinical skills for long-term caregivers supports the goal of serving clients in the most cost effective and appropriate community settings.

Budget impacts in future biennia:

A total of $250,000 on an annual basis will be required for ongoing training, which will be provided to caregivers in long term care settings. This funding will be added to existing contracts for ECS Behavioral Health teams.

Distinction between one-time and ongoing costs:

In order to address needs created by high rates of staff turnover, as well as new challenges, which develop in settings for individual residents, these costs will be ongoing.

Effects of non-funding:

Failure to develop appropriate community levels of care will result in continued over-utilization of high cost state hospital beds and places MHD at risk of an Olmstead lawsuit. In addition, it puts consumers at risk of avoidable hospitalizations or criminal activity resulting from inadequate mental health care with corresponding avoidable costs throughout the system. Finally, as noted above, this initiative is expected to decrease the current rate of hospitalization thereby decreasing the need for a projected 180 additional beds at the state hospitals by the year 2010.

Expenditure Calculations and Assumptions:

Calculation is an estimate at $250,000 per year.

Object Detail	FY 1	FY 2	Total
Overall Funding			
C Personal Service Contracts	250,000	250,000	500,000

DSHS Source Code Detail	FY 1	FY 2	Total
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	250,000	250,000	500,000
Total for Fund 001-1	**250,000**	**250,000**	**500,000**
Total Overall Funding	**250,000**	**250,000**	**500,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 030			
001-1 General Fund - Basic Account-State	43,000	4,000	47,000
001-7 General Fund - Basic Account-Private/Local	4,000	0	4,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	7,000	2,000	9,000
Total Cost	**54,000**	**6,000**	**60,000**

Staffing

Package Description:

Under the current DSHS network design, client data and computer systems are protected by a combination information technology policy and standards, staff security awareness training, an agency firewall, agency required anti-virus protection, and program area patch management processes.

The patch management processes, following industry best practices, and agency policy are a combination of assessment, testing and implementation of any new software patches related to computer systems currently in use within DSHS. This process requires extensive time (a minimum of six business days) to implement correctly, so that the patching process does not compromise the security and functionality of critical Client Service systems. DSHS has a vast, complex computing environment of inter-dependent systems, this patching process cannot address attacks that would occur in less than the six business days from the patch release date (minimum-day attack.)

In addition, no patching process can address attacks that occur before the patch is released. These attacks that occur on the same day as identification of a vulnerability or before a patch is released are known as zero-day attacks. One attack has already been successfully implemented against a software package not used by DSHS. In this case, the attack deleted the contents of the hard drives of any computer running that particular application.

Another vulnerability this decision package addresses is remote access machines. With over 3,400 remote access users, including business partners, management of this security vulnerability is critical in maintaining the integrity of the DSHS network, and the associated State Government Network (SGN). This solution will provide DSHS a controlled method of mitigating the risk.

This solution is designed to block all attacks that would cause a computer to execute abnormal behaviors or commands. In doing so, it can successfully stop zero-day, and minimum-day attacks, even without agency knowledge of what the attack might be.

Narrative Justification and Impact Statement

How contributes to strategic plan:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

This solution would help the agency meet their strategic goals of improving accessibility and service integration, as well as improving customer service. DSHS client services are increasingly offered in the Internet venue, in response to the agency's desire to provide services to clients when and where clients want them. In addition, management of client case files is accomplished through computer systems utilized by staff. By implementing this proposal, the agency can reduce the interruption of services due to cyber attacks on critical agency infrastructure and systems, thus improving accessibility to online services and ready access to data for staff.

Performance Measure Detail

Program: 030

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: C014 Civil Commitment-Sexual Predators		
No measures linked to package	0.00	0.00
Activity: C063 Mental Health Facilities Services		
No measures linked to package	0.00	0.00
Activity: C900 Program Support - Mental Health		
No measures linked to package	0.00	0.00
Activity: P001 Information Systems Services		
No measures linked to package	0.00	0.00

Reason for change:

DSHS does not currently have a solution that would address risks from zero-day or minimum-day type attacks. In addition, while there are policies and standards to address remote access vulnerabilites, application of the policies and standards by remote users is not consistent. The intent of this solution is to mitigate risks from these types of attack, to reduce the probability of interruptions in service, whether from staff lack of access to critical systems or client access to online services.

Impact on clients and services:

This proposal will reduce the departments' vulnerability to various types of cyber attack and improve systems' up-time. This request is to fix a current vulnerability within DSHS Information Technology infrastructure.

Impact on other state programs:

Virtually all state agencies are on the SGN. Vulnerabilities in one agency's network can impact other state agencies, whether the network is a source of infection, generating denial of service type traffic or interrupting and impairing the efficient and effective flow of traffic across the SGN.

DSHS intends to implement a self-contained solution, such that results are not dependent on services from other agencies. This includes the quarantine process for secluding un-patched or infected machines.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

This solution is intended to strengthen the department's ability to achieve its results efficiently and effectively. Effective security follows a layered approach. This means stacking/implementing multiple layers of security to gain the best protection. Layers already implemented include:

Agency IT Security Policies and Standards: This lays out how security will be implemented by both managers and individual staff. It details how data and systems are accessed, shared and managed.

Security Awareness Training: This supplements the policy and standards, providing an annual reminder of each individual's responsibility for maintaining the security of data and systems.

Agency Firewall: Designed to minimize external access into the protected network. This cannot protect against holes opened to allow for valid business applications.

Anti-virus Protection: This assesses valid traffic for malicious content. Anti-virus solutions require updating as new exploits are released.

Patch Management Process: This process is designed to apply software patches to computer applications when vulnerabilities are identified. As noted above, this process takes a minimum of six business days to safely apply appropriate patches.

Each of these layers addresses a different type of vulnerability. The ability to stop minimum-day or zero-day attacks is not addressed by the existing solutions. The currently available solutions for this problem are intrusion detection and intrusion prevention tools. The intrusion detection solutions require significantly greater staff support and has many false positives. These false positives can prevent valid applications/traffic from running.

Budget impacts in future biennia:

Expenditures are primarily up front. The only ongoing costs will be the annual software maintenance fee.

Distinction between one-time and ongoing costs:

One-time costs include initial purchase of the software and related hardware in addition to vendor support for implementation. Ongoing costs consist of an annual maintenance fee of approximately 15 percent of the software purchase price.

Effects of non-funding:

An attack is a discussion of when, not if. Non-funding continues to expose DSHS to cyber attack. There have been numerous attacks (Nimda, Code Red, Slammer, Blaster, etc.) with no negative payload other than generating a Denial of Service. It is just a matter of time before destructive attacks occur. There has already been one example which attacked software not used by DSHS. In that instance, any computer running the vulnerable software had the hard drive erased.

The net result could be unavailability of systems to both staff and to clients seeking to access DSHS online services.

Expenditure Calculations and Assumptions:

Operating Expenditures

Overall Funding	FY 1	FY 2	Total
Software	1,806,000	295,000	2,101,000
Hardware	43,000	0	43,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 030 Mental Health

Budget Period: 2005-07 Version: C1 030 2005-07 Agency Req 2 YR

Vendor Support	606,000	0	606,000
TOTAL	2,455,000	295,000	2,750,000

Staffing	FY 1	FY 2	Total
Agency FTEs	0.0	0.0	0.0

The cost of the Agency Electronic Intrusion Prevention Solution will be distributed across the agency.

See Attachment - AW PL-PA Electronic Intrusion Prevention.xls

Object Detail

	FY 1	FY 2	Total
Program 030 Objects			
T Intra-Agency Reimbursements	54,000	6,000	60,000

DSHS Source Code Detail

Program 030	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	43,000	4,000	47,000
Total for Fund 001-1	**43,000**	**4,000**	**47,000**
Fund 001-7, General Fund - Basic Account-Private/Local			
Sources Title			
5417 Contributions & Grants	4,000	0	4,000
Total for Fund 001-7	**4,000**	**0**	**4,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	5,000	1,000	6,000
19UL Title XIX Admin (50%)	2,000	1,000	3,000
Total for Fund 001-C	**7,000**	**2,000**	**9,000**
Total Program 030	**54,000**	**6,000**	**60,000**

2005-07 Biennium
PL-PA Electronic Intrusion Prevention

		PL-PA TZ Distribution		PL-PA TZ Distribution (Rounded)	
		FY06	FY07	FY06	FY07
010 Children and Family Services	**17.12%**	420,323	50,431	420,000	51,000
020 Juvenile Rehabilitation	**2.65%**	65,062	7,806	65,000	8,000
030 Mental Health	**2.20%**	54,014	6,481	54,000	6,000
040 Developmental Disabilities	**3.76%**	92,314	11,076	92,000	11,000
050 Aging and Adult Services	**5.30%**	130,123	15,612	130,000	16,000
060 Economic Services	**56.89%**	1,396,741	167,583	1,397,000	167,000
070 Alcohol and Substance Abuse	**0.37%**	9,084	1,090	9,000	1,000
080 Medical Assistance	**1.98%**	48,612	5,833	49,000	6,000
100 Vocational Rehabilitation	**2.09%**	51,313	6,157	51,000	6,000
110 Management Services	**7.64%**	187,574	22,506	188,000	23,000
	100.00%	2,455,160	294,575	2,455,000	295,000

Section 9
Special Reports

Special Reports

B9 Revenue Estimate System

Mental Health

DSHS Budget Division

DSHS BDS Reporting Form B9 Detail
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State of Washington
Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07
Version: 11 2005-07 Agency Request Budget
Program: 030 - Mental Health

Show DP Detail
Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001									
001	0242	Health Fees and Licenses							
001	0242	Licenses, Permits, And Fees						78,205	78,205
001	0242	Licenses, Permits, And Fees	CL-YA			78,205	78,205		
		Subtotal for DSHS Source				**78,205**	**78,205**	**78,205**	**78,205**
	Subtotal Subsource					**78,205**	**78,205**	**78,205**	**78,205**
Subtotal Source 0242						**78,205**	**78,205**	**78,205**	**78,205**
001-0	0393	Depart of Health & Human Serv							
001-0	667	Social Services Block Grant (100%) - 667B		287,000	287,000	287,000	287,000	287,000	287,000
001-2	125	Mental Health Planning and Demo Proj(B)(100%) - 125B		1,041,000	1,041,000	1,041,000	1,041,000	1,041,000	1,041,000
001-2	767	Children's Health Ins Prog (CHIP) - 767H		1,194,000	1,893,000	1,194,000	1,893,000	1,727,000	1,727,000
001-2	767	Children's Health Ins Prog (CHIP) - 767H	CL-00			699,000			
001-2	767	Children's Health Ins Prog (CHIP) - 767H	M2-9Z			(166,000)	(166,000)		
		Subtotal for DSHS Source 767H		**1,194,000**	**1,893,000**	**1,727,000**	**1,727,000**	**1,727,000**	**1,727,000**
	Subtotal Subsource 767			**1,194,000**	**1,893,000**	**1,727,000**	**1,727,000**	**1,727,000**	**1,727,000**
001-2	958	Community Mental Health Block Grant (100%) - 958B		8,860,000	8,860,000	8,860,000	8,860,000	8,860,000	8,860,000
001-C	778	Title XIX Assistance (FMAP) - 19TA		269,217,000	263,649,000	269,217,000	263,649,000	278,168,000	286,083,000

DSHS BDS Reporting Form B9 Detail

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State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 030 - Mental Health

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-C	778	Title XIX Assistance (FMAP) - 19TA	CL-00			(7,259,000)	(1,417,000)		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-93			3,327,000	9,141,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-94			466,000	449,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-9M			210,000	434,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-9S			428,000	428,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-9Z			(143,000)	(420,000)		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CA			1,301,000	1,301,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CB			674,000	674,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CC			3,516,000	3,516,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CE			17,000	17,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CF			21,000	32,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CG			7,000			
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CH			51,000	53,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CY			6,317,000	8,214,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-FD			18,000	12,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CM					157,000	313,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CP					590,000	236,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CQ					587,000	1,870,000

State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 030 - Mental Health

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CR					564,000	546,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CS					53,000	50,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CT					27,000	27,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CZ					1,208,000	2,564,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-DB					9,000	28,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-HV						210,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-PA					5,000	1,000
		Subtotal for DSHS Source 19TA		**269,217,000**	**263,649,000**	**278,168,000**	**286,083,000**	**281,368,000**	**291,928,000**
001-C	778	Title XIX Admin (100%) - 19UB						555,000	524,000
001-C	778	Title XIX Admin (100%) - 19UB	M1-94			456,000	427,000		
001-C	778	Title XIX Admin (100%) - 19UB	M2-CD			42,000	40,000		
001-C	778	Title XIX Admin (100%) - 19UB	M2-CL			57,000	57,000		
		Subtotal for DSHS Source 19UB				**555,000**	**524,000**	**555,000**	**524,000**
001-C	778	Title XIX Admin (50%) - 19UL		2,273,000	2,126,000	2,273,000	2,126,000	2,707,000	2,710,000
001-C	778	Title XIX Admin (50%) - 19UL	CL-00			124,000	(3,000)		
001-C	778	Title XIX Admin (50%) - 19UL	M2-9Z			309,000	586,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-FD			1,000	1,000		

State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 030 - Mental Health

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-C	778	Title XIX Admin (50%) - 19UL	PL-9T					(2,000)	(2,000)
001-C	778	Title XIX Admin (50%) - 19UL	PL-PA					2,000	1,000
		Subtotal for DSHS Source 19UL		**2,273,000**	**2,126,000**	**2,707,000**	**2,710,000**	**2,707,000**	**2,709,000**
	Subtotal Subsource 778			**271,490,000**	**265,775,000**	**281,430,000**	**289,317,000**	**284,630,000**	**295,161,000**
Subtotal Source 0393				**282,872,000**	**277,856,000**	**293,345,000**	**301,232,000**	**296,545,000**	**307,076,000**
001	0416	Sale of Property - Other							
001	0416	State & Misc Revenue						1,047	1,047
001	0416	State & Misc Revenue	CL-YA			1,047	1,047		
		Subtotal for DSHS Source				**1,047**	**1,047**	**1,047**	**1,047**
	Subtotal Subsource					**1,047**	**1,047**	**1,047**	**1,047**
Subtotal Source 0416						**1,047**	**1,047**	**1,047**	**1,047**
001	0486	Recov of Prior Appropriation Exp							
001	0486	State & Misc Revenue						5,073	5,073
001	0486	State & Misc Revenue	CL-YA			5,073	5,073		
		Subtotal for DSHS Source				**5,073**	**5,073**	**5,073**	**5,073**
	Subtotal Subsource					**5,073**	**5,073**	**5,073**	**5,073**

DSHS BDS Reporting Form B9 Detail
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State of Washington
Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07
Version: 11 2005-07 Agency Request Budget
Program: 030 - Mental Health

Show DP Detail
Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
Subtotal Source 0486						**5,073**	**5,073**	**5,073**	**5,073**
001-7	0541	Contributions and Grants							
001-7	000	Contributions & Grants - 5417		15,482,000	15,551,000	15,482,000	15,551,000	14,803,000	14,906,000
001-7	000	Contributions & Grants - 5417	CL-00			63,000	(6,000)		
001-7	000	Contributions & Grants - 5417	M1-94			453,000	445,000		
001-7	000	Contributions & Grants - 5417	M2-9M			113,000	234,000		
001-7	000	Contributions & Grants - 5417	M2-9S			344,000	344,000		
001-7	000	Contributions & Grants - 5417	M2-CA			(1,720,000)	(1,720,000)		
001-7	000	Contributions & Grants - 5417	M2-CE			15,000	15,000		
001-7	000	Contributions & Grants - 5417	M2-CF			24,000	30,000		
001-7	000	Contributions & Grants - 5417	M2-CG			10,000			
001-7	000	Contributions & Grants - 5417	M2-CH			2,000	2,000		
001-7	000	Contributions & Grants - 5417	M2-FD			17,000	11,000		
001-7	000	Contributions & Grants - 5417	PL-CP					632,000	252,000
001-7	000	Contributions & Grants - 5417	PL-CQ					(376,000)	(769,000)
001-7	000	Contributions & Grants - 5417	PL-CR					552,000	534,000
001-7	000	Contributions & Grants - 5417	PL-CS					66,000	62,000

DSHS BDS Reporting Form B9 Detail

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State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 030 - Mental Health

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-7	000	Contributions & Grants - 5417	PL-CT					25,000	25,000
001-7	000	Contributions & Grants - 5417	PL-CZ					29,000	28,000
001-7	000	Contributions & Grants - 5417	PL-PA					4,000	
		Subtotal for DSHS Source 5417		**15,482,000**	**15,551,000**	**14,803,000**	**14,906,000**	**15,735,000**	**15,038,000**
	Subtotal Subsource 000			**15,482,000**	**15,551,000**	**14,803,000**	**14,906,000**	**15,735,000**	**15,038,000**
Subtotal Source 0541				**15,482,000**	**15,551,000**	**14,803,000**	**14,906,000**	**15,735,000**	**15,038,000**
Total Fund 001				**298,354,000**	**293,407,000**	**308,232,325**	**316,222,325**	**312,364,325**	**322,198,325**

Special Reports

Federal Funding Estimates

Mental Health

DSHS Budget Division

State of Washington
Department of Social and Health Services

Budget Period Selected:2005-07

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal $)	State Fiscal Year (Federal $)	State Fiscal Year (State Share $)
Program:	**030 Mental Health**			
Health & Human Svc				
93.125	MH Pln/Dem(100%)			
	FY 2004	$1,041,000	$1,041,000	$0
	FY 2005	$1,041,000	$1,041,000	$0
	FY 2006	$1,041,000	$1,041,000	$0
	FY 2007	$1,041,000	$1,041,000	$0
93.667	SSBG (100%)			
	FY 2004	$287,000	$287,000	$0
	FY 2005	$287,000	$287,000	$0
	FY 2006	$287,000	$287,000	$0
	FY 2007	$287,000	$287,000	$0
93.767	CHIP (CHIP)			
	FY 2004	$1,368,750	$1,194,000	$633,924
	FY 2005	$1,851,500	$1,893,000	$1,016,622
	FY 2006	$1,727,000	$1,727,000	$929,923
	FY 2007	$1,727,000	$1,727,000	$929,923
93.778	T19 Assist (FMAP)			
	FY 2004	$267,825,000	$269,217,000	$264,414,336
	FY 2005	$267,278,750	$263,649,000	$262,701,600
	FY 2006	$280,146,750	$278,168,000	$278,167,992
	FY 2007	$286,083,000	$286,083,000	$286,082,992
93.778	T19 Admin (100%)			
	FY 2004	$0	$0	$0
	FY 2005	$138,750	$0	$0
	FY 2006	$547,250	$555,000	$0
	FY 2007	$524,000	$524,000	$0
93.778	T19 Admin (50%)			
	FY 2004	$2,236,250	$2,273,000	$2,273,000
	FY 2005	$2,271,250	$2,126,000	$2,126,000
	FY 2006	$2,707,750	$2,707,000	$2,707,000
	FY 2007	$2,710,000	$2,710,000	$2,710,000
93.958	Com MH BG (100%)			
	FY 2004	$8,860,000	$8,860,000	$0
	FY 2005	$8,860,000	$8,860,000	$0
	FY 2006	$8,860,000	$8,860,000	$0
	FY 2007	$8,860,000	$8,860,000	$0
Program 030 Totals:	**FY 2004**	**$281,618,000**	**$282,872,000**	**$267,321,260**
	FY 2005	**$281,728,250**	**$277,856,000**	**$265,844,222**
	FY 2006	**$295,316,750**	**$293,345,000**	**$281,804,915**
	FY 2007	**$301,232,000**	**$301,232,000**	**$289,722,915**

Special Reports

B10 Local Fund Summary

Mental Health

DSHS Budget Division

2005-07 Local Fund Summary

Fund	Fund Title	Description	Authority
512	Institutional Stores Account	An Enterprise fund which is a non-appropriated institutional fund administered locally by each agency. It combines stores funds in the various state institutions managed by the Department of Social & Health Services. Monies come from the sale of food items.	RCW 43.88.195
636	Foster Care Trust Account	An Agency fund which is a non-appropriated local fund administered by the Department of Social and Health Services. It is used for the custodial responsibility of people placed with the Department.	RCW 74.13.060
651	Institutional Resident's Deposit Account	An Agency fund which is a non-appropriated local fund established to combine twenty-three funds maintained by various institutions operated by the Department of Social & Health Services. This fund represents the resources of the individuals in the custody and or care of the respective agency for the individual's use.	RCW 43.88.195
723	DSHS Court Payment Suspense Account	An Agency fund which is a non-appropriated local clearing fund used to hold court ordered garnishments pending distribution.	RCW 43.88.195
752	Institutional Clearing and Transmittal Account	An Agency fund which is a non-appropriated local clearing fund administered by each agency. It is used to account for monies received for transmittal to the state treasury. Some sources of funds include: interest earned on bank accounts, medical insurance reimbursements, etc.	RCW 43.88.195
753	DSHS Child Support Service Account	An Expendable Trust fund which is a non-appropriated local human services fund used to account for collection and distribution of child support payments.	RCW 43.88.195
755	Community Service Office Administrator's Account	An Expendable Trust fund which is a non-appropriated local human services fund available to Community Service Office administrators to provide instant assistance to eligible clients. Source of these funds are usually donated.	RCW 43.88.195
800	Institutional Welfare and Betterment Account	An Expendable Trust fund which is a non-appropriated local human services fund administered by each agency. It is a roll-up of institutional local funds maintained by the Department of Social & Health Services. It is used for various inmate/client/patient welfare and betterment activities. Source of funds may include: donations, gifts, bequests, etc.	RCW 43.88.195

B 10
State of Washington
BIENNIAL BUDGET ESTIMATES

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	030	Mental Health Division
SUBPROGRAM	2000	Eastern State Hospital

LOCAL FUND SUMMARY

Fund Code	Fund Name	7/1/01 Fund Balance*	6/30/05 Estimated Fund Balance	2005 - 2007 Estimated Revenues	2005 - 2007 Estimated Expenditures	6/30/07 Estimated Fund Balance
512	Institutional Stores Account	17,288	16,797	311,726	309,684	18,839
651	Institutional Residents' Deposit Account	0				
800	Institutional Welfare & Betterment Account	34,621	24,029	81,027	82,500	22,556

* This column must agree with the 6/30/01 CAFR balance.

B 10
State of Washington
BIENNIAL BUDGET ESTIMATES

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	030	Mental Health Division
SUBPROGRAM	2000	Western State Hospital

LOCAL FUND SUMMARY

Fund Code	Fund Name	7/1/03 Fund Balance*	6/30/05 Estimated Fund Balance	2005 - 2007 Estimated Revenues	2005 - 2007 Estimated Expenditures	6/30/07 Estimated Fund Balance
512	Institutional Stores Account	119,779	66,238	240,295	225,010	81,523
651	Institutional Residents' Deposit Account	0				
800	Institutional Welfare & Betterment Account	372,823	284,180	661,860	669,725	276,315

* This column must agree with the 6/30/01 CAFR balance.

B 10
State of Washington
BIENNIAL BUDGET ESTIMATES

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	030	Mental Health Division
SUBPROGRAM	2000	Child Study & Treatment Center

LOCAL FUND SUMMARY

Fund Code	Fund Name	7/1/01 Fund Balance*	6/30/05 Estimated Fund Balance	2005 - 2007 Estimated Revenues	2005 - 2007 Estimated Expenditures	6/30/07 Estimated Fund Balance
651	Institutional Residents' Deposit Account	5,217.03	2,400	17,200	17,200	2,400
800	Institutional Welfare & Betterment Account	81,468.58	82,000	13,600	13,600	82,000

* This column must agree with the 6/30/01 CAFR balance.

Special Reports

JLARC Audit Responses

Mental Health

DSHS Budget Division

JLARC MENTAL HEALTH SYSTEM PERFORMANCE AUDIT STATUS REPORT

The 1999 JLARC performance audit made 14 recommendations for improved management of the mental health system. The recommendations were in the areas of coordination of services, fiscal accountability, and moving towards an outcome-based system. The department last reported to the legislature in June 2002 and to the JLARC committee in December 2002. This status report updates both reports completed in 2002. Since that time, major changes/accomplishments are as follows:

- The Mental Health Division (MHD), in coordination with Regional Support Networks (RSN) and the Aging and Disability Services Administration (ADSA), has accomplished the transfer of long term patients with significant barriers to discharge from the state hospitals to the community under the Expanding Community Services (ECS) initiative. As a result of these transitions, the state hospitals have been able to reduce their capacity by 178 beds. (Recommendation 3)

- The MHD has made continued progress in streamlining and reducing process-oriented accountability activities by implementing the deeming process. In fulfillment of the Centers for Medicare and Medicaid Services' (CMS) expectations regarding deeming as a delegation of quality management responsibilities, MHD conducted a one percent case record review in lieu of a full licensing review on four Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)-deemed providers during Fiscal Year 2002. The average score of these deemed agencies was 98 percent versus under 90 percent for the remaining agencies reviewed during the same cycle. (Recommendation 4)

- The Balanced Budget Act (BBA) must be completely implemented by August 13, 2003. The BBA imposes several new regulations on managed care systems. The requirements are primarily administrative and process oriented. The final piece, 42 Code of Federal Regulations 438.300 requiring External Quality Review organizations validation of compliance, quality and performance, will be effective March 25, 2004.

JLARC Audit Response – Mental Health Division
CHILDREN'S MENTAL HEALTH AUDIT

Following completion of the JLARC Children's Mental Health Study, the department initiated and continued a number of projects and initiatives focused on identifying and making improvements to the children's public mental health system. The department has made considerable progress towards implementation of JLARC's recommendations and remains committed to ensuring that the mental health needs of Washington State's children are met within a coordinated and comprehensive framework. This report provides a status update on the department's progress. A final report will be provided as required by statute by June 1, 2006.