

March 19, 1981

Introduced by: Lois North

Proposed by: 81-165

MOTION NO. 5197

A MOTION authorizing the County Executive to submit a 1981 King County Mental Health Plan amendment to State Department of Social and Health Services reducing the allocation of mental health funds by \$183,116 for the time period March 1 - June 30, 1981.

WHEREAS, State Department of Social and Health Services, Division of Mental Health has indicated the grant-in-aid allocation to King County shall be reduced by \$183,116 for the time period March 1 - June 30, 1981, and

WHEREAS, the King County Mental Health Board has recommended specific methods for reducing the allocation of \$183,116 in mental health funds for the time period March 1- June 30, 1981.

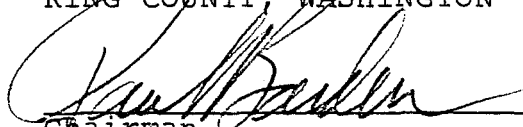
NOW, THEREFORE, BE IT MOVED by the Council of King County:

1. The 1981 King County Mental Health Plan is hereby amended to include allocation reductions of \$183,116 for the time period March 1 - June 30, 1981.

2. The County Executive is authorized to transmit this 1981 King County Mental Health Plan Amendment Number 1 to the State Department of Social and Health Services.

PASSED this 23rd day of March, 1981.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Chairman

ATTEST:


DEPUTY Clerk of the Council

1981 Mental Health Plan Amendment

Reductions in the Community Mental Health Program

Amendment #1

Background

The Washington State Legislature has approved a supplemental budget of \$1.745 million for mental health services. Governor Spellman had requested that the legislature support a \$3.414 million supplemental budget level to maintain community, institutional, and ITA services through the end of the biennium. The shortfall in the supplemental budget has adversely impacted both institutional and community service programs.

The reductions in community mental health services statewide is \$668,000. King County is required to absorb approximately 27.4 percent of the \$668,000 reduction. The total reduction in the grant-in-aid allocation to King County is \$183,116. The King County Mental Health Board is acutely aware that parallel and even more substantial reductions at Western State Hospital will negatively affect the community emergency services program and treatment programs for seriously mentally ill adults. The plan amendment reflects the Board's careful focus on reductions in both the community and institutional budgets.

Planning Process for Supplementary Budget Reductions

In January, 1981, the King County Mental Health Board was made aware of proposed legislative reductions in the community mental health program. The Board anticipated the need to make significant reductions in budget prior to receipt of actual dollar reductions on February 26, 1981. In consequence, the Board worked diligently throughout February to reduce the impact of budget reductions on patients and provider agencies. Meetings of the Executive Committee were scheduled three times during February. An additional meeting with all agency directors and board presidents was held on February 19, 1981.

In its development of a budget reduction strategy, the King County Mental Health Board followed procedures designed to adequately assess program needs for county residents. Steps taken by the Board included the following:

- (1) Evaluation of reductions in both the community and institutional mental health budgets;
- (2) Reassessment of priorities developed and approved for inclusion in the 1981 King County Mental Health Plan;
- (3) Development of operational working assumptions to guide decision making on specific agency reductions;
- (4) Evaluation of cost-saving measures that could be employed to assure that the maximum amount of money was available to the most critical program components;
- (5) Development of a formula to effect budget reductions consistent with total program deficit, established priorities, and operational assumptions.

The Plan in Detail

The result of this planning and assessment is clearly reflected in decisions to reduce allocations to agencies for the period March 1 - June 30, 1981.

Evaluation of Total Reductions

The King County Mental Health Board carefully assessed available information on program reductions in the community and institutional mental health budgets. In September, 1980, the Department of Social and Health Services had instituted an admissions control policy at Western State Hospital in an effort to control population at the hospital and simultaneously deal with cost overruns. As a result, King County residents requiring inpatient psychiatric services were less able to access those services. The Division of Mental Health, DSHS, informed the Board that the shortfall in the supplementary budget would lead to further significant depopulation at Western State Hospital as a direct result of the required termination of 125 FTE positions at the hospital.

Current level bidding (September, 1980-February, 1981) has created significant pressures on the community mental health emergency services and adult treatment programs. Faced with the specific of accelerated depopulation, the Board decided that every effort should be made to minimize the impact of budget reductions in these program areas.

Reassessment of Program Priorities

The King County Mental Health Board reviewed priorities for the 1981 King County Mental Health Plan in the development of its budget reduction strategy. The priorities guiding the development of the 1981 Plan are as follows:

- Maintain the voluntary emergency services capacity in the County mental health program.
- Maintain the existence of a broad range of program offerings to seriously disturbed, including culturally and linguistically appropriate approaches in the King County mental health program, subject to the availability of funds.
- Stabilize the range of program offerings for "at risk" populations subject to the availability of funds.
- Subject to the availability of specific funding, support those demonstration programs that were initiated during the 1979-1981 biennium that proved to be a critical component of the community based system for maintaining chronic and/or other seriously disturbed populations.

The Board reaffirmed the priorities, with special emphasis on community emergency services and services to seriously disturbed adults. Services to children, while seen as a significant program component, were not as highly prioritized as services to adults. Adult mentally ill were viewed by the Board as more adversely impacted by current and projected depopulation at Western State Hospital.

The King County Mental Health Board's action is consistent with the thrust of major review efforts by the state legislature. The state legislature, through provision of substantially increased funds in the 1979-1981 biennium, sought to assure services to seriously and chronically mentally ill who had been previously hospitalized or who were at risk for hospitalization without intervening emergency services. In 1980, the Legislative Budget Committee reviewed county mental health plans to assure that funds appropriated by the legislature were, in fact, being spent on behalf of state priority populations. The Senate Subcommittee on Mental Health reviewed the mental health system statewide, and cited specific legislative concern with reference to services available to the seriously and chronically mentally ill.

While attempting to preserve emergency services and a range of options for seriously and chronically mentally ill, the Board specifically addressed services to "at risk" populations. Services to these populations were viewed as being in the greatest jeopardy.

It was clear to the Board that a level of supplementation for access services to at risk populations would be required to assure maintenance of these services through the end of the biennium. The Board thus elected to provide a measure of protection to these service programs. (Chart 1, p. 5, details the level of supplementary support to treatment access programs. Without Board supplementation, reductions at those agencies would have amounted to 16.8 percent of budget for the period 3/1/81 - 6/30/81.)

Development of Operational Working Assumptions

The King County Mental Health Board developed a set of working assumptions as a guide to decision-making on specific agency reductions. The working assumptions adopted by the Board at the February 26, 1981 meeting of the Executive Committee are the following:

1. The Board affirms the priorities adopted for the 1981 King County Mental Health Plan. The priorities are as follows:
2. The Board recognizes that parallel and even more substantial reductions at Western State Hospital will clearly impact the community emergency services program and treatment programs for seriously disturbed adults.
3. The Board will not support total defunding of contract agencies to effect supplementary budget reductions, though the Board recognizes that defunding of programs will need to be explored if the new biennial budget reduces service capacity in the community.
4. The Board supports reduction of administrative costs at the County level.
5. The Board recognizes that future reductions in funding may require redefinition of "eligibility" for fee-for-service programs for seriously disturbed. To assure that the most seriously disturbed are treated, chronically mentally ill (CSP definitions) and those between 0 and 40 on the Global Assessment Scale may have to be prioritized for receipt of service. The Board may also elect to explore the concept of limited units of service per client for the 1982 Plan.

The working assumptions adopted by the Board require reductions in program which take into account priorities established by the Board for the 1981 King County Mental Health Plan. Board intent, as reflected in the working assumptions, requires a conscious effort by the Board to maintain a range of program offerings for state priority populations. It is the view of the King County Mental Health Board that no program component can be totally exempt from budget reductions. However, emergency services and services to seriously disturbed adults are intended to bear a lesser level of reduction than would be possible were across the board cuts to be made.

Evaluation of Cost Saving Measures, Including Elimination of Program Components

The reduction in the state grant-in-aid to King County for the period March 1 - June 30, 1981 is \$183,116 - approximately 18.5 percent of grant-in-aid funding for that period. The Board's emphasis is on preservation of program to priority populations. The Board determined that several measures could be taken to reduce the dollar impact of budget reductions. Chart 1 illustrates Board strategy for the initial budget reductions. Savings in the Department of Public Health contract contributed to reductions in impact on the total program. Elimination of pre-vocational services and children's diagnostic services at the core service agencies reduced the overall program deficit, while eliminating valued services. Unexpended funds were also calculated against the total required reduction. In addition, the Division of Human Services has taken a substantial reduction in administrative expense, freezing an unfilled position, limiting travel and line-item expenses, and reducing staff salaries and hours. Supplementation of Treatment/Access services was assured. The Board's actions assure that the maximum amount of money is available to the most critical program components.

Chart 1

Initial Board Strategy for
Implementation of Required Budget Reductions

	\$183,116	-	GIA Reduction 3/1 to 6/30/81
(-) Initial Reductions in Existing Program	- 20,000	-	Reduction in County GIA Administrative Costs
	- 30,420	-	Elimination of prevocational services at seven comprehensive mental health centers for the period 3/1-6/30/81
	- 4,756	-	Elimination of children's diagnostic fund at seven comprehensive mental health centers for the period 3/1-6/30/81
(-) Application of Unallocated Funds to Offset GIA Deficit	- 31,271	-	Unexpended county revenue allocated to the community mental health program
	- 20,699	-	Unutilized funds from contract with Health Department
	- 8,662	-	Unutilized GIA funds for van service
	- 16,388	-	Unutilized state Community Support Funds
(+) Supplementation for Treatment Access Services	+ 4,825	-	Additional REquired Treatment/Access Support
	\$ 55,745	-	Additional Required Program Reduction

Formula Development

The King County Mental Health Board then developed a double-weighted formula by Program Area to achieve two objectives: (1) affirmation of priorities established by the Board in the 1981 King County Mental Health Plan, and (2) minimization of impact on programs less highly prioritized. The remaining required reduction was accomplished by applying the formula against the \$55,745 remaining reduction amount.

The combination of priority weighting and maintenance weighting allowed the King County Mental Health Board to maintain the majority of existing programs, with special emphasis on critical emergency services and services to seriously disturbed adults.

The Board established the following Priority Weighting for programs:

<u>Program</u>	<u>Priority Weighting</u>
Emergency Services	20 points
Adult Seriously Disturbed	30 points
Children's Services	40 points
Treatment/Access Services	50 points

The Maintenance Weighting Assigned programs a numerical weight based on current level of funding. For example, if dollars currently assigned to a program area amounted to 10 percent of the annualized County GIA allocation for 1981, a maintenance weight of 10 points was assigned. The following numerical value was assigned by program area.

<u>Program</u>	<u>Maintenance Weighting*</u>
Emergency Services	10 points
Adult Seriously Disturbed*	67 points
Children's Mental Health*	14 points
Treatment/Access Services	9 points

Services to seriously disturbed adults account for 67 percent of the GIA program dollars for 1981.

The priority weighting points and the maintenance weighting points were added for each program area. Total points by program as a percentage of total available points was computed and the result applied against the total dollar reduction. This gives the dollar reduction by program area. Agency reductions by program area were then computed. A summary of the proposed reductions by agency is contained in the attached materials. (Attachment One)

The decisions to reduce funding were difficult ones, requiring significant input from provider agencies and community advocates. The King County Mental Health Board is aware that reductions in program dollars will adversely impact patients requiring services and agencies attempting to serve them. The Board has appreciated the significant input and support given by affected groups to assist the Board in making difficult decisions on budget reductions.

*In the maintenance weighting, Central Area's Adult Treatment Program was removed from Adult Seriously Disturbed and added to Treatment/Access Services. Community Home Health Care's program was added to adult seriously disturbed because program statistics indicate that 82% of CHHC patients are 50 or below on the G.A.S.

ATTACHMENT ONE

ADDITIONAL REQUIRED BUDGET REDUCTIONS*

By Program

	<u>Priority Weighting</u>	+	<u>Maintenance Weighting</u>	=	<u>Total Points</u>	=	<u>% of Total Reduction</u>	
Emergency Services	20		10	=	30	=	12.5 of \$55,745	= \$ 6,968
Adult Seriously Disturbed	30		67	=	97	=	40.4	= 22,521
Children's Mental Health	40		14	=	54	=	22.5	= 12,543
Treatment/Access Services	50		9	=	59	=	24.6	= 13,713
					<u>240</u>		<u>100%</u>	<u>\$ 55,745</u>

By Agency/Program

Program Reduction - \$ 6,968

Emergency Services \$279,730

<u>Agency</u>	<u>Full 1981 Allocation</u>	<u>Percent of 1981 Allocation</u>	<u>\$Reduction</u>
Crisis Clinic	76,598	27.4	1,909
7 C.M.H.C.s	179,781	64.3	4,481
Morrison Hotel	23,351	08.3	578
	<u>\$279,730</u>		<u>\$6,968</u>

Adult Seriously Disturbed

Program Reduction - \$22,521

<u>Agency</u>	<u>Full 1981 Allocation</u>	<u>Percent of Allocation</u>	<u>\$Reduction</u>
Conbela	115,538	6.1%	1,374
Community House	53,248	2.8%	631
CHHC	184,398	9.8%	2,207
SMHI	395,913	21.0%	4,730
Harborview	238,440	12.6%	2,838
H/WS	195,518	10.4%	2,342
Valley Cities	164,043	8.7%	1,959
Eastside	211,707	11.2%	2,522
MHN	164,566	8.7%	1,959
CPC	163,067	8.7%	1,959
	<u>\$1,886,438</u>	<u>100%</u>	<u>\$ 22,521</u>

* These dollar reductions are required beyond the initial reductions and others identified in Table One, p. ___

PROPOSED ADDITIONAL BUDGET REDUCTIONS

Children's Mental Health

Program Reduction - \$12,543

<u>Agency</u>	<u>Full 1981 Allocation</u>	<u>Percent Allocat</u>
Y.E.S.	38,619	.09
S.C.H.	58,686	.14
Central Area	28,091	.07
SMHI	30,260	.07
Harborview	42,013	.10
H/WS	42,526	.10
Valley Cities	47,568	.12
Eastside	35,234	.09
MHN	41,174	.10
CPC	49,096	.12
	<u>\$413,267</u>	<u>100</u>

Treatment/Access Servi
Program Reduction - \$13

<u>Agency</u>	<u>Full 1981 Allocation</u>	<u>Percent of Allocation</u>	<u>Priority \$Reduction</u>
SIHB	48,275	.19%	2,605
Consejo	50,704	.20%	2,743
ACRS	58,942	.23%	3,154
S.C.S.	36,825	.15%	2,057
Central Area	59,464	.23%	3,154
	<u>\$254,210</u>	<u>100%</u>	<u>\$13,713</u>

TOTAL REDUCTIONS BY AGENCY

Specialized Agencies

Dollar
Reduction
3/1-6/3

Agency	Program	
Crisis Clinic	Emerg. Services	1,900
Morrison Hotel	Emerg. Services	577
Conbela	Adult Ser. Disturbed	1,377
Community House	Adult Ser. Disturbed	63
CHHC	Adult Ser. Disturbed	2,200
Y.E.S.	Child. Mental Health	1,122
S.C. Home	Child. Mental Health	1,755
*Central Area	Child. Mental Health	877
S.I.H.B.	Treatment/Access Services	1,688
Consejo	Treatment/Access Services	1,777
ACRS	Treatment/Access Services	2,044
Seattle Counseling Central Area	Treatment/Access Services	1,333
	Treatment/Access Services	2,044

Community Mental Health Centers

Programs

Agency	Pre-Vocational	Child Diag.	Emerg. Srvcs.	Adult	Child
SMHI	7,906	679	640	4,730	878
Harborview	3,396	680	640	2,838	1,254
H/WS	5,534	679	640	2,342	1,254
V. Cities	3,396	680	640	1,959	1,505
Eastside	3,396	679	640	2,522	1,129
MHN	3,396	680	640	1,959	1,254
CPC	3,396	679	641	1,959	1,506