

# Washington

Uniform Application

FY 2010 – State Plan

Community Mental Health Services

Block Grant

Center for Mental Health Services

Division of State and Community Systems Development

September 1, 2009

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# FACE SHEET

## FISCAL YEAR/S COVERED BY THE PLAN

XX FY2010       FY 2010-2011

STATE NAME: Washington

DUNS #: 12-734-7115

### I. AGENCY TO RECEIVE GRANT

AGENCY: Department of Social and Health Service

ORGANIZATIONAL UNIT: Mental Health Division

STREET ADDRESS: PO Box 45320

CITY: Olympia

STATE: WA

ZIP: 98504

TELEPHONE: 360-902-0843

FAX: 360-902-0809

### II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT

NAME: David A. Dickinson TITLE: Director

AGENCY: Department of Social and Health Division

ORGANIZATIONAL UNIT: Mental Health Division

STREET ADDRESS: PO Box 45320

CITY: Olympia

STATE: WA

ZIP CODE: 98504

### III. STATE FISCAL YEAR

FROM: 07/01/2009

TO: 06/30/2010

### IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

NAME: C. H. Hank Balderrama TITLE: Mental Health Program Administrator

AGENCY: Department of Social and Health Division

ORGANIZATIONAL UNIT: Mental Health Division

STREET ADDRESS: PO Box 45320

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STATE: WA

ZIP: 98504-5320

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# Washington

## *2 Executive Summary*

The Mental Health Division (MHD) of the State of Washington is pleased to submit its application and plan for the utilization of Community Mental Health Services Block Grant funding for FFY 2010. This plan meets all of the requirements of the application, has been reviewed by community stakeholders, and is supported by the state Mental Health Planning and Advisory Council (MHPAC). The plan is aimed at achieving the following:

Increasing access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental and health services, along with mental health services and supports; ensuring the participation of consumers and their families in planning and evaluation of state systems; improving access for underserved populations, including older adults, homeless people and rural populations; expanding the promotion of recovery and community integration of people with psychiatric disabilities; and delivering accountability through uniform reporting on access, quality and the outcome of services.

In tandem with the federal guidelines, this document encompasses Washington State's commitment to the goals outlined in the Final Report of the President's New Freedom Commission on Mental Health entitled, Transforming Mental Health Care in America.

Americans understand that mental health is essential to overall health. Mental health care is consumer and family driven. Disparities in mental health services are eliminated. Early mental health screening, assessment and referral to services are common practice. Excellent mental health care is delivered and research is accelerated. Technology is used to access mental health care and information.

The New Freedom goals remain integrated with the goals of the Mental Health Planning and Advisory Council and addressed within the Mental Health Division's Strategic Plan which serves as the platform for Washington's aspiration to achieve transformation.

MHD and its Contractors are continually searching for system improvements; improved access to services that meet individual needs, family and natural supports are utilized, and that community partnerships are strengthened.

Under the guidance of Governor Christine O. Gregoire, Washington is demonstrating a firm commitment to all residents, both in policy and in practice, by dedicating the necessary resources, expertise, and visionary leadership toward a future where transformation of the public mental health system becomes a reality.

The MHD continues to focus on unmet mental health needs, described in this combined adult and child plan, and to move forward with the plans to implement as system to

address these needs. For both populations, the needs are large and the service deliverables will take a period of time to develop. Activities include:

System transformation initiative requirements for employment, housing, benefit redesign and a review of the Involuntary Treatment Act and inpatient utilization management continue.

Collaborative work continues with all Tribes in the state of Washington, including mental health workgroup meetings and Roundtable meetings to discuss planning for major undertakings of system change.

The ongoing funding for two evidence based-pilot-programs both amended to allow for children to remain in their parent's custody while receiving out-of-home care and funding for the Children's Mental Health Act creating three Wrap-Around pilot sites.

Mental Health Clubhouses also were a part of the 2007 legislative focus. Washington Administrative Code (WAC) has established guidelines for certification.

The State of Washington is facing a budget shortfall and has at the time of this writing a freeze on hiring, travel (both in and out-of-state) and contracting. Nonetheless the mental health system in the State is moving forward in creating quality care for the consumers of services across the lifespan.

## **Section I**

# **Washington**

## **Federal Funding Agreements, Certifications And Assurances**

***3 Funding Agreements***

***4 Certifications***

***5 Disclosure of Lobbying Activities***

***6 Assurances***

**Attachment A. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT  
FUNDING AGREEMENTS**

FISCAL YEAR 2010

I hereby certify that Washington agrees to comply with the following sections of Title V of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

**Section 1911:**

Subject to Section 1916, the State<sup>1</sup> will expend the grant only for the purpose of:

- i. Carrying out the plan under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved;
- ii. Evaluating programs and services carried out under the plan; and
- iii. Planning, administration, and educational activities related to providing services under the plan.

**Section 1912**

(c)(1)& (2) [As a funding agreement for a grant under Section 1911 of this title] The Secretary establishes and disseminates definitions for the terms “adults with a serious mental illness” and “children with a severe emotional disturbance” and the States will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children].

**Section 1913:**

(a)(1)(C) In the case for a grant for fiscal year 2010, the State will expend for such system [of integrated services described in section 1912(b)(3)] not less than an amount equal to the amount expended by the State for the fiscal year 1994.

[A system of integrated social services, educational services, juvenile services and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The State will provide services under the plan only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

(C)(1) With respect to mental health services, the centers provide services as follows:

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<sup>21</sup>. The term State shall hereafter be understood to include Territories.

- (A) Services principally to individuals residing in a defined geographic area (referred to as a "service area")
- (B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- (C) 24-hour-a-day emergency care services.
- (D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
- (E) Screening for patients being considered for admissions to State mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

**Section 1914:**

The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

(b) The duties of the Council are:

- (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:

(A) the principle State agencies with respect to:

- (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
- (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(C) adults with serious mental illnesses who are receiving (or have received) mental health services; and

(D) the families of such adults or families of children with emotional disturbance.

(2) A condition under subsection (a) for a Council is that:

(A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

**Section 1915:**

(a)(1) State will make available to the State mental health planning council for its review under section 1914 the State plan submitted under section 1912(a) with respect to the grant and the report of the State under section 1942(a) concerning the preceding fiscal year.

(2) The State will submit to the Secretary any recommendations received by the State from the Council for modifications to the State plan submitted under section 1912(a) (without regard to whether the State has made the recommended modifications) and comments on the State plan implementation report on the preceding fiscal year under section 1942(a).

(b)(1) The State will maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

**Section 1916:**

(a) The State agrees that it will not expend the grant:

(1) to provide inpatient services;

(2) to make cash payments to intended recipients of health services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit entity.

(b) The State agrees to expend not more than 5 percent of the grant for administrative expenses with respect to the grant.

**Section 1941:**

The State will make the plan required in section 1912 as well as the State plan implementation report for the preceding fiscal year required under Section 1942(a) public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

**Section 1942:**

(a) The State agrees that it will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States) to be necessary for securing a record and description of:

(1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and

(2) the recipients of amounts provided in the grant.

(b) The State will, with respect to the grant, comply with Chapter 75 of Title 31, United States Code. [Audit Provision]

(c) The State will:

(1) make copies of the reports and audits described in this section available for public inspection within the State; and

(2) provide copies of the report under subsection (a), upon request, to any interested person (including any public agency).

Section 1943:

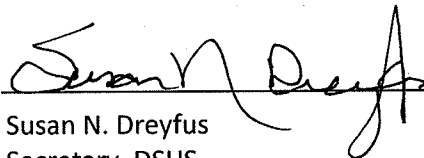
(a) The State will:

(1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and (B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);

(2) permit and cooperate with Federal investigations undertaken in accordance with section 1945 [Failure to Comply with Agreements]; and

(3) provide to the Secretary any data required by the Secretary pursuant to section 505 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section

(b) The State has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity, which is receiving amounts from the grant

  
Susan N. Dreyfus  
Secretary, DSHS

8/27/09  
September 1, 2009

