

Overview: Publicly Funded Mental Health Services

Introduction

This overview provides information about funding, types of services, eligibility, and numbers of people served through Washington State's mental health system. In 2009, the DSHS Mental Health Division and Division of Alcohol and Substance Abuse merged to become the Division of Behavioral Health and Recovery (DBHR). Through this integration, we are in a better position to both assess and treat patients with co-occurring mental health and substance use disorders.

Funding for Mental Health Services and Numbers Served

Total funding for the 2011-13 Biennium is \$1,587,031,000. The funding sources are:

- General Fund –State: \$880,826,000
- General Fund –Federal: \$614,619,000
- Other (Local, Hospital Safety Net Assessment): \$91,586,000

The total number of clients served in FY 2012 was 135,173.

How Community Mental Health Services Are Delivered

Medicaid community services are administered under a federal Section 1915(b) waiver that allows the state to contract for community mental health services as a pre-paid managed care system. The State contracts with 11 Regional Support Networks (RSNs) to administer community mental health programs. Funding is pre-paid and capitated based on a per-member, per-month rate.

Services are provided according to the approved state plan for Medicaid enrollees. RSNs are made up of counties or groups of counties except in Pierce where the RSN is operated by OPTUM Health. The RSNs are responsible for:

- Subcontracting with licensed community mental health agencies to provide services.
- Managing involuntary treatment services paid for with state-only funds.
- Ensuring services are provided to those with serious mental illnesses.

Types of Services Available

Services include involuntary treatment, outpatient, inpatient, acute care, emergency and crisis treatment, day treatment, consultation, and education. Community support services include screening of voluntary referrals to state hospitals, discharge planning with hospitals, crisis response, case management for clients in the community with chronic conditions, and residential programs that supervise, support, and treat adults and children.

Other community mental health programs/services provided are:

- Children's Long-term Inpatient Program (CLIP)

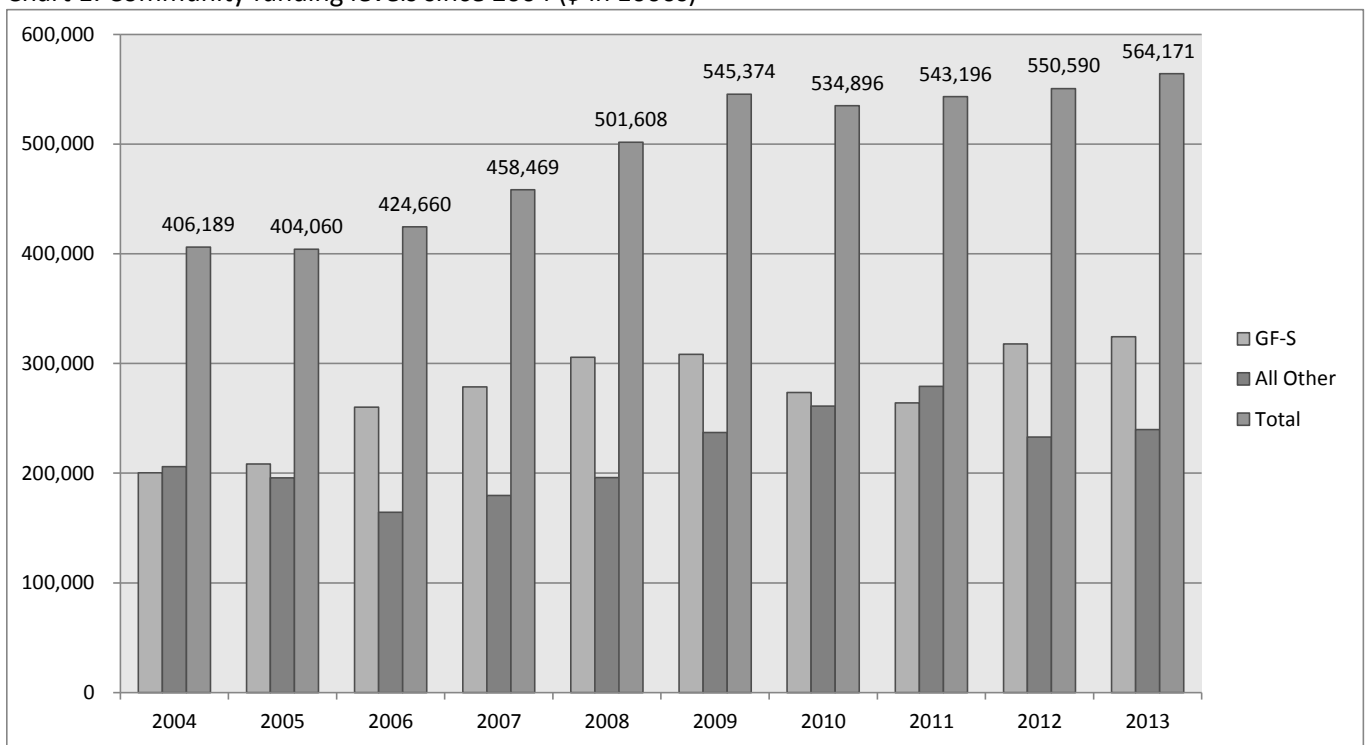
- Offender Re-entry Community Services Program (ORCSP), formerly known as the Dangerously Mentally Ill Offender (DMIO) Program.

Eligibility Requirements for State Funded Treatment

DBHR funds mental health services for Medicaid eligible individuals with a serious mental illness. People with less serious mental health needs, and who are Medicaid eligible, can receive treatment through their Healthy Options medical insurance plans. These plans include 12 visits each year for adults and up to 20 visits for children, along with medications and medication management.

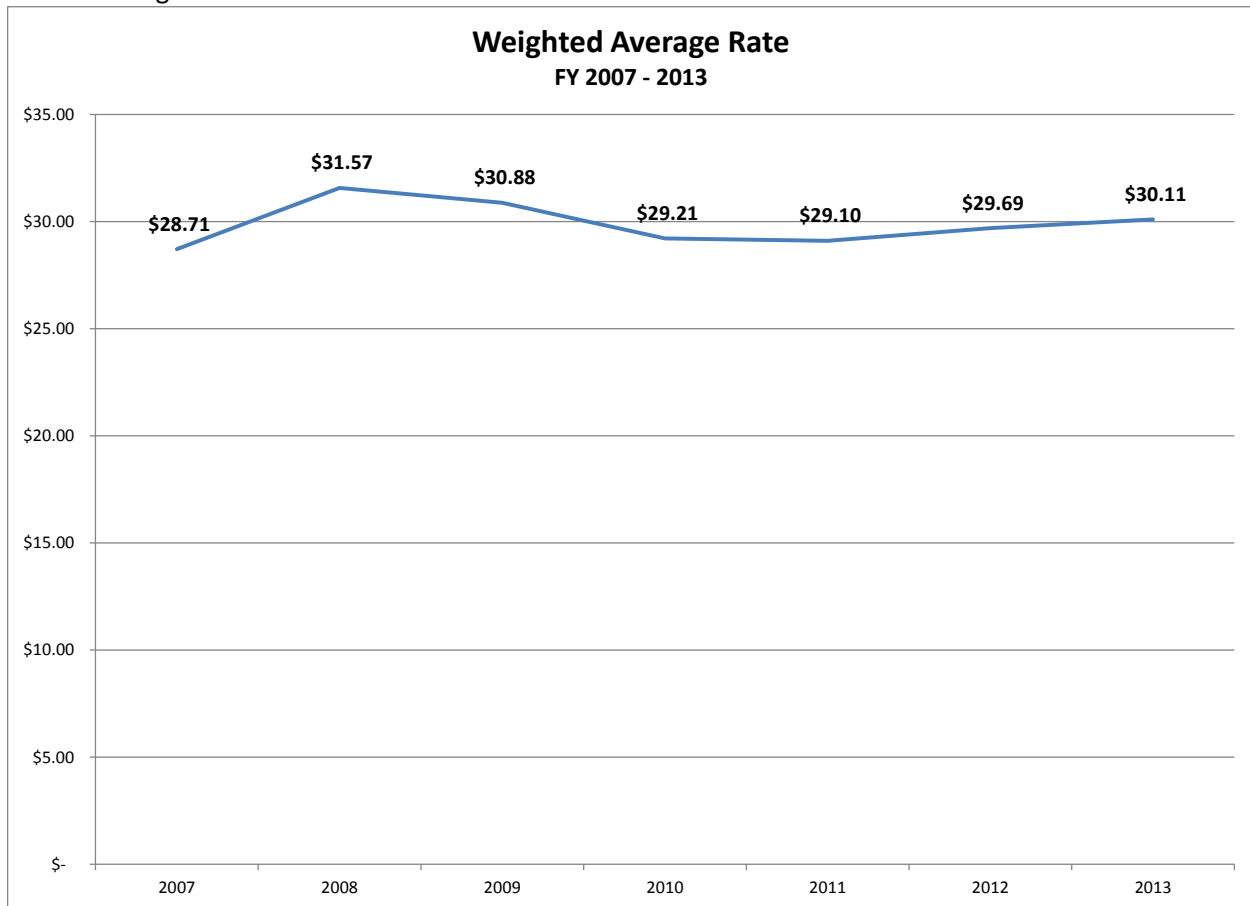
Limited services are available for any individual with a mental health need in Washington, even if that person is not Medicaid eligible. However, funding is very limited and available resources determine priorities of service for this population. The top priority is given to providing crisis mental health services (stabilization, involuntary treatment, and freestanding evaluation and treatment), psychiatric inpatient services, and residential support.

Chart 1: Community funding levels since 2004 (\$ in 1000s)



While total funding for community services has increased for most years since 2004, that funding increase has been driven by caseload and not by the cost of services or rate increases.

Chart 2: Weighted Medicaid statewide rates since 2007



Mental Health Facilities

Three state psychiatric hospitals are managed at the Administration level, and make up 28 percent of the total mental health budget.

Western State Hospital – 557 civil beds; 270 forensic beds

Eastern State Hospital – 192 civil beds; 95 forensic beds

Child Study and Treatment Center – 47 beds

Total employees – 2,540 FTEs

Primary services at the state hospitals are delivered by state employees, and include:

- Evaluation and treatment services for individuals with mental disorders involuntarily committed for 90 or 180 days
- Competency evaluation and restoration services for individuals charged with a crime who may be incompetent to go through the legal process because of a mental disorder
- Long term treatment services for individuals acquitted of a crime by reason of insanity but who remain under the supervision of the Department
- Long term treatment for children from 5-17 years-of-age who cannot be served safely in less restrictive community settings

Chart 3: State Facilities Funding FY 2004-2012 (\$ in 1000s)

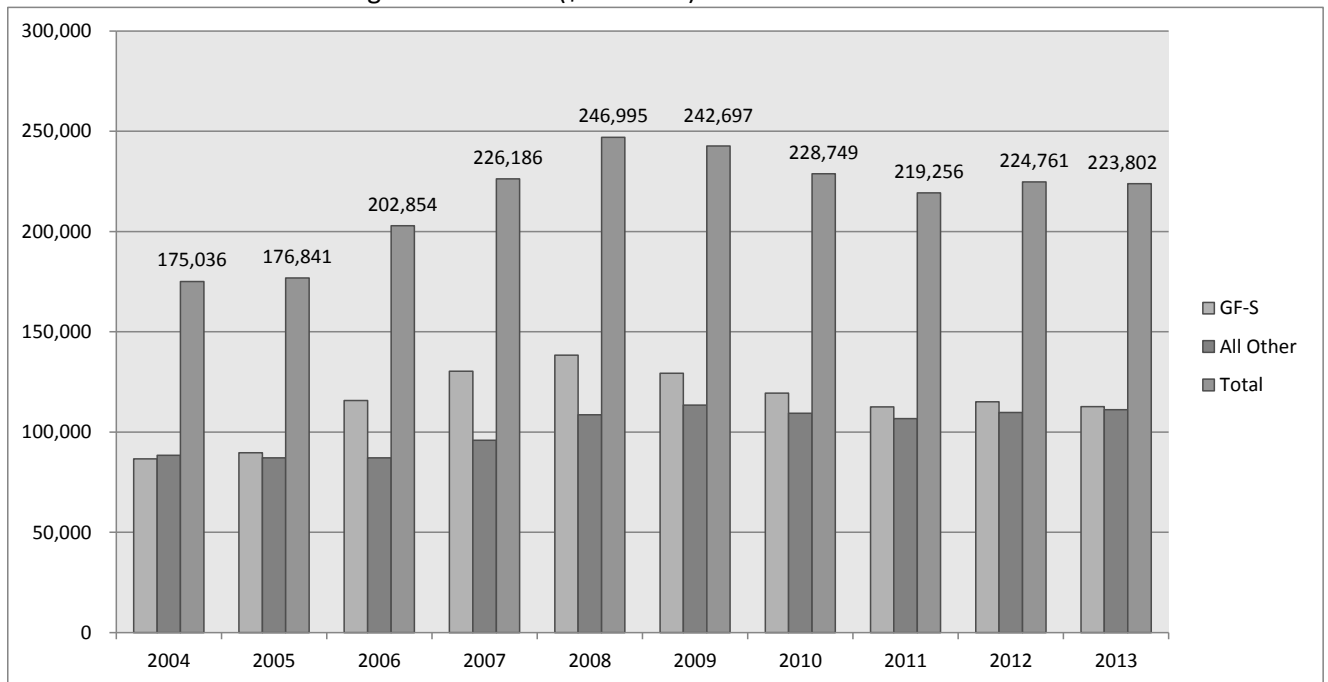


Chart 4: Annual Hospital ADP FY 2004-2012

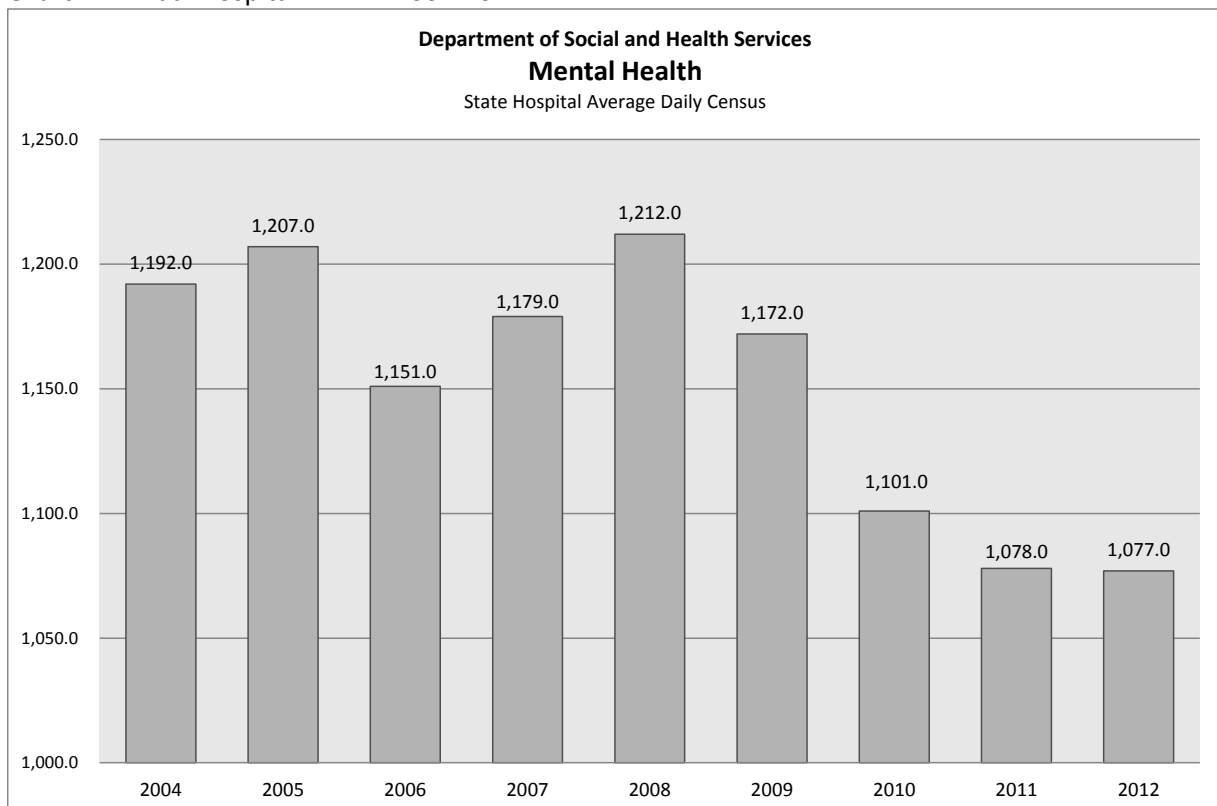
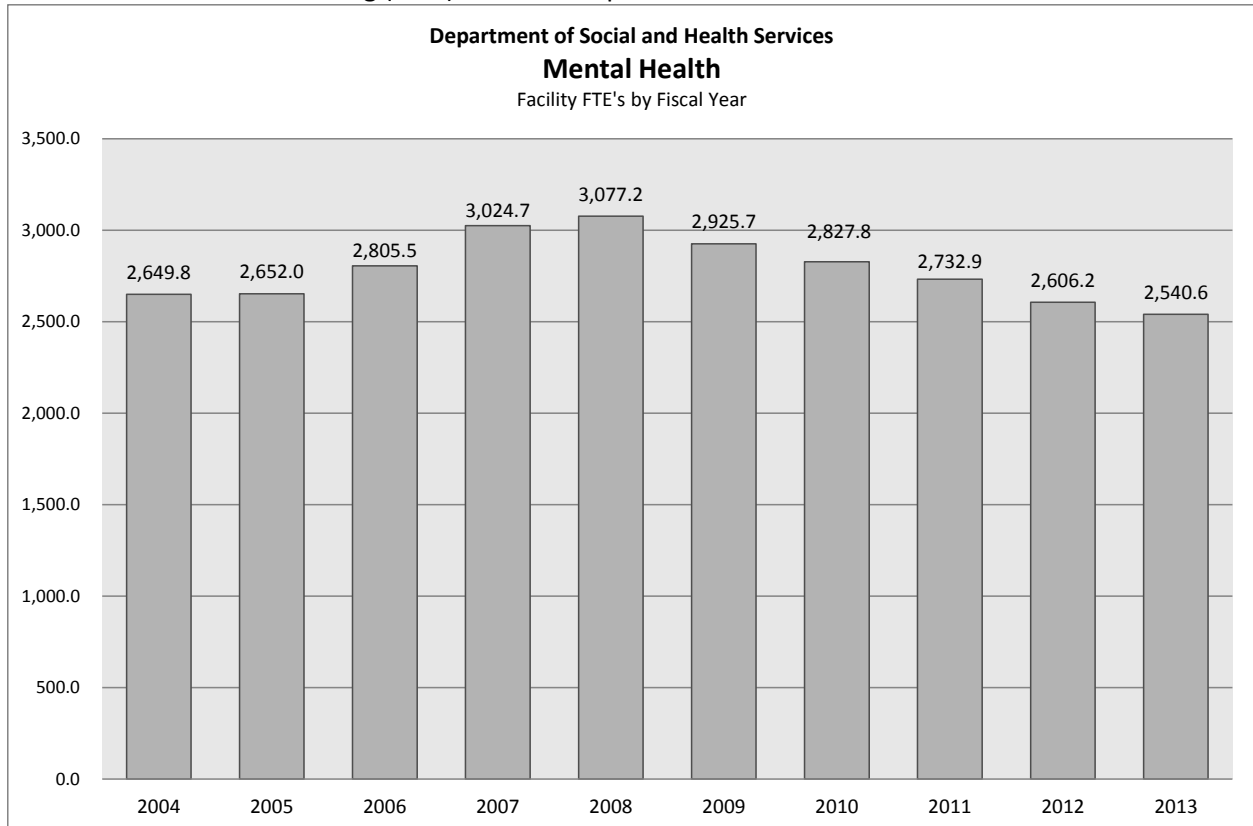


Chart 5: Mental Health Staffing (FTEs) at State Hospitals: FY 2004-2012



Note: State Facilities represent 97% of Mental Health FTE's in the 2011-13 biennium

Other Services

Federal funding is provided for special projects to improve service delivery to the homeless, and for children and family support projects:

- Evidence-based children's mental health services
- Projects for Assistance in Transition from Homelessness (PATH)
- System of Care grants (children and family centered services)
- Permanent Options for Recovery-Centered Housing (PORCH) grant

For more information:

DSHS Division of Behavioral Health and Recovery

<http://www.dshs.wa.gov/dbhr>

DSHS Research and Data Analysis

<http://www.dshs.wa.gov/rda>