

MOTION NO. 5479

A MOTION authorizing the King County Executive to submit a 1982 King County Mental Health Plan amendment to the Washington State Department of Social and Health Services in order to provide new federal Mental Health Block Grant funds, additional Involuntary Treatment Administration funds and additional funds to continue the Violent-Disturbed Children's Program, all for support of community mental health services in King County.

WHEREAS, the King County Mental Health program has experienced both reductions and increases in available program revenues, and

WHEREAS, the King County Mental Health Board has recommended to the Council a plan amendment, including a supplement, which incorporates these changes and responds to the needs of the chronically mentally ill and seriously disturbed in King County, and

WHEREAS, Washington State Department of Social and Health Services has indicated that federal Mental Health Block Grant funds, Involuntary Treatment Administration funds and supplementary funds for the Violent-Disturbed Children's Program are available to support service increases;

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

A. The 1982 King County Mental Health Plan is hereby amended in accordance with the changes proposed in the 1982 King County Mental Health Plan amendment document and Supplement #1.

B. The King County Executive is authorized to transmit this 1982 King County Mental Health Plan amendment to Department of Social and Health Services.

PASSED this 14th day of June, 1982.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Lois North
Chairman

ATTEST:

Sheald G. Peterson ACTING
DEPUTY Clerk of the Council

MOTION NO
5479

KING COUNTY MENTAL HEALTH PLAN AMENDMENT

**Submitted to Randy Revelle
by the
King County Mental Health Board**

**Prepared by Joan Burnett
Human Services Division
May 14, 1982**

The first three factors emphasize state priority clients while the last factor acknowledges individual program differences in levels of services provided to priority clients. The available adult fee-for-service program funds were divided into four portions with each portion being distributed among centers using one of the allocation factors. (See Table II for further detail.)

Because this new methodology considered more factors than simply level of billings, its use resulted in a redistribution of funds away from Seattle Mental Health Institute, which provides higher levels of services to smaller numbers of clients than any of the other centers. This redistribution was viewed by the King County Mental Health Board as a necessary adjustment to the fee-for-service system because it provides a closer match between the countywide distribution of priority clients and program resources available to centers. However, because it was recognized that the combined losses in GAU funds and GIA funds would create a hardship on Seattle Mental Health Institute, some means for allowing a phase-down was needed. The availability of federal mental health block grant funds (to be discussed below) allowed for the adoption of such a transitional funding program.

The children's services lids were set on the basis of the previous year's billing experience, with the exception that Harborview Community Mental Health Center and Seattle Mental Health Institute received basic minimum allocations of \$20,000 to assure they had the opportunity to maintain minimum levels of children's services capacity despite lower levels of billings for 1981. (See Table II for further detail.)

The overall changes in the distribution of GIA to the seven community mental health centers as a result of the above reallocation decisions is shown in Columns 4, 5, and 6 in Table I.

The award of \$392,882 in federal mental health block grant funds to King County to assist provider agencies in adjusting to the loss of GAU or other revenues.

At the time the King County Mental Health Board received notice of the special block grant funds awarded to King County, board members were preparing to carry out the annual adjustment in GIA under the community mental health center fee-for-service system. It was clear that increases or decreases in GIA funds would partially alleviate or add to the resource problems agencies would be experiencing as a result of the GAU reductions.

For this reason, it was determined that block grant "distress funds" should be allocated to community mental health centers in proportion to the combined impact of the GAU reductions and the GIA reallocation. Those agencies experiencing the highest losses when these two revenue sources were considered together would receive the highest proportions of block grant "distress funds."

Column 8 of Table I shows the distribution of these funds among the seven community mental health centers. Since these federal funds could only be distributed to comprehensive mental health centers, the Region 4 Mental Health Program Administrator took this limitation into consideration when the GAU lids for the noncomprehensive centers were set.

The award of \$75,000 in federal mental health block grant funds to continue Harborview Community Mental Health Center's federal distress grant.

Prior to the time when federal community mental health center program funds were converted into the federal mental health block grants going to states, Harborview Community Mental Health Center had been designated to receive \$75,000 in federal funds in 1982 to help with its transition from its federal operations grant. The State Mental Health Division determined that this funding obligation should be met through mental health block grant funds. These funds will be used by Harborview Community Mental Health Center to provide additional support to its day treatment and outpatient programs for chronically mentally ill and seriously disturbed clients.

This revenue addition to the county mental health program is shown in Column 9 of Table I.

The award of \$675,000 in federal mental health block grant funds to initiate a comprehensive community support program for the chronically mentally ill.

Experience with the Spokane Community Mental Health Center Comprehensive Community Support Program for the chronically mentally ill has suggested that the availability of such programs in King County could help to stabilize some of the severely mentally ill persons who are caught up in chronic patterns of recycling through the emergency services and hospital systems. For this reason, the Mental Health Division identified a portion of its mental health block grant funds for the initiation of comprehensive community support services in King County.

This program includes teams of case managers that can provide medication services and counseling and other assistance in managing problems of daily living. With caseloads limited to 10-12 clients, the case managers are available to intervene before problems become crisis situations. In addition, for those unpreventable crisis situations which do require higher levels of care and protection for clients, the program includes provisions for emergency beds in nursing homes which can be used when clients do not require the level of service available in hospital inpatient units.

In making decisions on the number and placement of comprehensive community support programs, the King County Mental Health Board carefully addressed the distribution of potential clients, using information from Involuntary Treatment Services. It was determined that the central zone of the county (defined as the Harborview Community Mental Health Center and Seattle Mental Health Institute catchment areas) had the largest number of potential clients. The south county (defined as the Valley Cities Mental Health Center and the Highline/West Seattle Mental Health Center catchment areas) was second.

Based on this information, the Mental Health Board decided to develop a project in each of these zones. The central zone was allocated 60 percent of available resources, and the south zone was allocated 40 percent. This allocation formula reasonably reflects the estimated distribution of priority clients between the central and the south zones and still allows sufficient resources for the smaller project to be fully implemented.

Proposals for each project were requested from comprehensive community mental health centers in the designated zones. One proposal for the central zone project was received from Harborview Community Mental Health Center. Following extensive review by board members, these proposals were accepted. Harborview Community Mental Health Center has been designated to receive \$405,000, and Highline/West Seattle Mental Health Center has been designated to receive \$270,000 for initiation of King County's Community Support Treatment Program in 1982.

The allocations for the community support treatment program are reflected in Column 10 of Table I.

The award of \$8,560 in Involuntary Treatment Act (ITA) administration funds for workload increases.

King County has been awarded \$8,560 in ITA administration funds in recognition of increased caseloads in King County. These funds are being allocated for support of the community mental health center ITA followup programs at Harborview Community Mental Health Center and Valley Cities Mental Health Center. These agencies have consistently experienced service demands which exceed the staffing resources paid for under their current ITA contracts.

These additional program revenues are shown in Column 13 of Table I. The overall mental health agency revenue changes are shown in Columns 15, 16, and 17 of Table I.

TABLE I

MENTAL HEALTH PLAN BUDGET REVISIONS

Agency	General Assistance-Unemployable			Grant-In-Aid			Federal Block Grant			
	1	2	3	4	5	6	7	8	9	10
	Original Allocation	Change	Revised Allocation	Original Allocation	Change	Revised Allocation	Original Allocation	GAU Distress	Federal Distress	Community Support Treatment
Community Psychiatric Clinic	237,359	(118,339)	99,020	249,640	25,787	275,427	0	27,190		405,000
Eastside CMHC	73,597	5,071	78,668	266,198	(1,798)	264,400	0	6,365		270,000
Harborview CMHC	290,376	(106,817)	183,559	336,668	66,578	403,246	0	27,269	75,000	405,000
Highline/West Seattle	175,000	(82,242)	92,758	295,525	33,094	328,619	0	15,520		270,000
Mental Health North	233,949	(136,886)	97,063	254,320	(8,034)	246,286	0	48,447		270,000
Seattle Mental Health Inst.	505,000	(338,595)	166,405	474,175	(130,288)	343,887	0	268,091		675,000
Valley Cities MHC	56,384	2,623	59,007	282,295	14,661	296,956	0			675,000
SUB-TOTAL CMHCs	1,571,665	(795,185)	776,480	2,158,821	0	2,158,821	0	392,882	75,000	675,000
Asian Counseling & Referral	4,500	(2,738)	1,762							
Central Area MHC	16,000	(9,749)	6,251							
Community Home Health Care	2,565	(572)	1,993							
Community House	39,617	(4,521)	35,096							
Conbela	129,074	(39,504)	89,570							
Consejo	3,000	(481)	2,519							
Seattle Counseling	14,655	(5,755)	8,900							
Seattle Indian Health Board	2,867	(58)	2,809							
SUB-TOTAL SPECIALIZED AGENCIES	212,278	(61,378)	148,900							
GRAND TOTAL	1,783,943	(858,563)	925,380	2,158,821	0	2,158,821	0	392,882	75,000	675,000

TABLE II

Detail on Community Mental Health Centers' Adult Services R

	25% on ITA Filings		25% on Hospital Clients Served		25% on Seriously Disturbed Clients Served		25% on Utilization/ Intensity	
	Rate	Allocation	Rate	Allocation	Rate	Allocation	Rate	Allocation
MIN	6.91	26,487	10.9	41,781	13.38	51,287	14.27	54,660
CPC	13.23	50,712	11.9	45,614	12.43	47,646	12.57	48,111
SWHI	12.13	46,496	19.5	74,746	8.04	30,818	30.74	117,800
HARB	31.16	119,440	28.6	109,627	15.62	59,073	10.39	39,800
H/MS	10.52	40,324	8.0	30,665	23.23	89,043	15.47	59,200
VC	14.33	54,928	9.4	36,031	8.82	33,808	8.40	32,100
EAST	11.72	44,924	11.7	44,847	18.48	70,836	8.16	31,200
TOTAL		383,311		303,311		303,311		383,300

Detail on Community Mental Health Centers' Children's Services

Agency	1962 Foster Allocation		1961 Billing Experience ¹		Allocations Based on 1961 Billing Experience		Social Allocation
CPC	\$ 46,436	\$ 49,317.07	\$ 46,243	\$ 49,317.07	\$ 46,243	\$ 49,317.07	\$ 49,317.07
Eastside	22,528	37,276.85	34,329	37,276.85	34,329	37,276.85	37,276.85
Herbert	39,000	691.32	617	691.32	617	691.32	691.32
Highline	47,706	72,320.86	67,517	72,320.86	67,517	72,320.86	72,320.86
MM	35,982	34,672.82	34,672.82	34,672.82	34,672.82	34,672.82	34,672.82
SWI	20,800	16,895.96	17,573	16,895.96	17,573	16,895.96	16,895.96
Valley Cities	103,345	115,594.34	107,595	115,594.34	107,595	115,594.34	115,594.34
TOTAL	\$ 300,337	\$ 311,731.94	\$ 300,337	\$ 311,731.94	\$ 300,337	\$ 311,731.94	\$ 311,731.94

¹ Total Billings, paid and unpaid.

² Allocation based on each agency's percentage of the combined 1961 billings for the five agencies. The total amount to be allocated over the five agencies was determined by subtracting the amounts from the total amount allocated to OHMC Children's Services.

June 2, 1982

KING COUNTY MENTAL HEALTH PLAN AMENDMENT (Supplement #1)

The award of \$45,500 in state mental health grant-in-aid funds will be allocated to the violent, disturbed child demonstration project.

The initial state funding award for 1982 was insufficient to support the residential mental health treatment program's operating budget for a full twelve months. Consequently, a six month contract was let to Youth Advocates, a private, nonprofit agency serving emotionally disturbed and/or dependent youth. Further a request for additional funds to cover the second six months of 1982 was then forwarded to the State Division of Mental Health in early 1982. This award is the response to that funding request.

<u>Violent, disturbed Youth Project</u>	<u>Total Original Allocation</u>	<u>Total Net Change</u>	<u>Total Revised Allocation</u>
Youth Advocates	\$61,161	\$45,500	\$106,661
Children's Coordinator Position	\$20,074	-	\$ 20,074