

Planning and Implementing Services: Developing Effective Programs

The Development of King County's
Mental Illness and Drug Dependency Action Plan

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First Steps

- Mental Health and Substance Abuse Community Advisory Boards asked County Executive to implement sales tax to fund services
- King County Executive directed staff to convene workgroup to identify priority needs and services
- Workgroup with broad representation from county government stakeholders reached agreement on priority needs and services



Need in King County

- ❑ Large number of people with mental illness and chemical dependency in jail and hospital emergency services
- ❑ Mentally ill in jail stay longer and cost more to serve
- ❑ Over 8,000 homeless in King County
- ❑ People without Medicaid coverage unable to get needed services
- ❑ Little funding provided for prevention and early intervention
- ❑ More capacity needed for youth and adult therapeutic courts



Service Improvement Recommendations

- ❑ Provide crisis intervention training for first responders
- ❑ Establish a crisis diversion facility
- ❑ Expand therapeutic courts
- ❑ Expand accessible and affordable housing options
- ❑ Reduce caseload size in mental health system
- ❑ Increase access to services for people uninsured by Medicaid
- ❑ Increase resources for high need youth and their families
- ❑ Increase employment options
- ❑ Expedite processes involving competency evaluations and restoration to reduce time people spend in jail



Next Steps

- County Council briefed twice on problems and opportunities in caring for people with MH/CD needs in the justice system by panel of criminal justice and community treatment experts
- Council passed motion calling for the development of a three-phase action plan to address needs of people with CD/MH who are homeless and/or involved in CJ system



Action Plan Goal

“to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services”



Phase I

- Described the service improvements needed to meet the goals of the action plan, including what steps could be taken within existing resources.
- This work had already been substantially completed by the work group convened by the County Executive



Phase II

- Goal was to address changes in criminal justice processing to more effectively deal with people with mental illness and chemical dependency.
- Specifically asked to address prearrest diversion, prebooking diversion, alternative sentencing, assessment and discharge to connect directly to community services
- Sequential Intercept Model used to organize work



Use of Sequential Intercept Model

- Provided framework for workgroup to determine what services needed to be provided for which people at what locations and at what times in order to help prevent incarceration, hospitalization, and homelessness
- Expanded model to include people with substance abuse as primary problem, and to expand definition of core services to put more emphasis on youth and prevention



Phase III

Included:

- ❑ Prevalence study of populations in jail, homeless, and in treatment systems
- ❑ Service improvements needed to meet needs of these populations
- ❑ Estimate of costs of providing services and benefits from providing these services
- ❑ Proposal for financing full set of improvements



Phase Three Process

Identified and included key stakeholders:

- ✓ Jail staff, including jail health staff
- ✓ Judges
- ✓ Prosecuting attorneys
- ✓ Public defense
- ✓ Law enforcement
- ✓ County Council staff
- ✓ Executive budget office
- ✓ Community and human services department
- ✓ Juvenile court
- ✓ Advocates
- ✓ Consumers
- ✓ Service providers
- ✓ Public Health



Phase Three Process

Outreach to numerous key stakeholder groups:

- Association of police chiefs
- County criminal justice committees
- NAMI
- Mental health and substance abuse treatment providers
- Youth service providers
- Downtown business association
- City governments



Selection of Strategies

- Workgroups identified over 50 strategies and then prioritized strategies
- Final selection by workgroup based on criteria that included meeting policy goals and legislative mandate, filling in gaps in continuum of services within Sequential Intercept Model, being a best or evidence-based practice, and serving those most at risk



Recommendations for Service Improvements in Action Plan

Core Strategy Areas

- Community Based Care
- Programs for Youth
- Jail and Hospital Diversion Programs



Strategies for Service Improvements

Community Based Care

- ❑ Make treatment more available to those without insurance
- ❑ Improve quality of care
- ❑ Increase access to supportive housing



Strategies for Service Improvements

Programs for Youth

- ❑ Provide prevention and early intervention
- ❑ Expand assessments for youth in juvenile justice system
- ❑ Expand team-based, intensive “wraparound” services for youth
- ❑ Expand services for youth in crisis
- ❑ Expand Family Treatment Court
- ❑ Expand Juvenile Drug Court

Strategies for Service Improvements

Jail and Hospital Diversion Programs

- Divert people who do not need to be in jail before they are booked into jail
- Expand mental health courts and other post-booking services to get people out of jail and into services more quickly
- Expand re-entry programs for jails and hospitals



Housing

- ❑ A range of accessible housing options for people with mental illness and/or chemical dependency was one of the top priorities of all the stakeholder workgroups
- ❑ Only housing supportive services was included in the final plan due to the enabling legislation
- ❑ Enabling legislation changed in 2008 to allow sales tax funds to be used for housing

Core Strategy Areas





Building a Full Continuum of Care

- Housing, prevention programs, accessible and comprehensive community treatment programs, and jail and hospital diversion programs are all needed to meet the action plan goal “to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency”



Current Status

- ❑ 24 strategies are in operation and serving people
- ❑ 7 strategies are in development stages
- ❑ 6 strategies are being delayed due to budget constraints
- ❑ Data are being collected and evaluation plan continues to be refined as strategies are revised



Lessons Learned

- ❑ Set clear goals and priorities
- ❑ Involve the community in identifying needs
- ❑ Set aside sufficient reserve funds to manage economic downturns
- ❑ Set realistic timetables and don't try to do too much all at once
- ❑ Build in flexibility to change plans
- ❑ Make sure you have the resources needed to design, monitor and evaluate programs



Want to Learn More?

- See our web site at www.kingcounty.gov/healthservices/mhsa/middplan
- Contact Andrea LaFazia, MIDD project manager, at 206-263-8993 or andrea.lafazia@kingcounty.gov