



Signature Report

October 9, 2007

Motion 12598

Proposed No. 2007-0355.2

Sponsors Ferguson, Gossett and Patterson

1 A MOTION accepting the mental illness and drug
2 dependency action plan to prevent and reduce chronic
3 homelessness and prevent and reduce unnecessary
4 involvement in the criminal justice and emergency medical
5 systems, and promote recovery for persons with disabling
6 mental illness or drug dependency by implementing a full
7 continuum of treatment, housing and case management
8 services.

9
10 WHEREAS, key leaders from the county criminal justice agencies and
11 department of community and human services briefed the committee of the whole on
12 June 19, 2006 regarding the severe problems and opportunities in caring for persons with
13 disabling mental illness and chemical dependency, and

14 WHEREAS, all participants in the briefing agreed that the lack of access to
15 ongoing treatment and housing leads to crises that, by default, require criminal justice
16 interventions that are difficult, costly and most often not effective in resolving the
17 problems, and

18 WHEREAS, there are insufficient resources currently available to adequately
19 serve people with either mental illness or chemical dependency, or both, and

20 WHEREAS, when these individuals do not receive the services they need, they
21 end up in jails, juvenile detention facilities, hospitals and other emergency services
22 facilities that cost taxpayers and communities as much or more than the cost of
23 appropriate treatment and supportive services, and

24 WHEREAS, the King County council passed Motion 12320 in July 2006 calling
25 for the development of a three-phase action plan to prevent and reduce chronic
26 homelessness and unnecessary involvement in the criminal justice and emergency
27 medical systems and promote recovery for persons with disabling mental illness and
28 chemical dependency by implementing a full continuum of treatment, housing and case
29 management service, and

30 WHEREAS, phase I of the action plan, submitted to the council in September
31 2006, offered a description of the system improvements needed to initiate development of
32 a full continuum of services, including short-term actions that could be taken using
33 existing resources, and

34 WHEREAS, phase II of the action plan, submitted in April 2007, addressed
35 changes in criminal justice case processing to more effectively treat people with either
36 disabling mental illness or chemical dependency, or both, and provided separate plans for
37 youth and for adults that acknowledge the differing needs of those populations, and

38 WHEREAS, phase III of the action plan, submitted in June of 2007, addresses
39 what is needed to bring the continuum of services and the criminal justice improvements

40 identified in the first two phases to full scale to meet the needs of the identified intended
41 population in a cost-effective fashion, and

42 WHEREAS, the terms "drug" and "chemical" are used interchangeably
43 throughout the action plan, and

44 WHEREAS, to consider phase I submitted in September 2006, phase II submitted
45 in March 2007, and phase III submitted in June 2007 as a complete plan, the three phases
46 are combined into one report named The Mental Illness and Drug Dependency Action
47 Plan, Attachment A to this motion, and

48 WHEREAS the council recognizes the significant impacts, both personal and
49 economic, that the mentally ill and drug dependent have on our society;

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

51 The Mental Illness and Drug Dependency Action Plan, Attachment A to this
52 motion, is accepted.

53

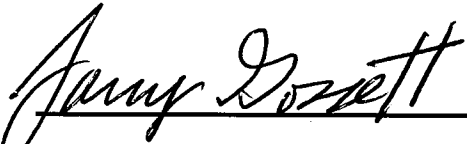
Motion 12598 was introduced on 6/18/2007 and passed by the Metropolitan King County Council on 10/8/2007, by the following vote:

Yes: 8 - Mr. Gossett, Ms. Patterson, Mr. von Reichbauer, Mr. Dunn, Mr. Ferguson, Mr. Phillips, Ms. Hague and Mr. Constantine

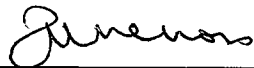
No: 0

Excused: 1 - Ms. Lambert

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Larry Gossett, Chair

ATTEST:



Anne Noris, Clerk of the Council

Attachments A. Mental Illness and Drug Dependency Action Plan June, 2007

Mental Illness and Drug Dependency Action Plan-June, 2007

PREVALENCE OF MENTAL ILLNESS, CHEMICAL ABUSE AND HOMELESSNESS: Individuals in jails, emergency services and mental health/chemical dependency treatment

PURPOSE OF THE STUDY

Metropolitan King County Council Motion 12320 called for a study of the individuals with mental illness and chemical dependency involved in the justice, emergency services and homeless services systems. The Veterans and Human Services Levy Service Improvement Plan called for a prevalence study of individuals involved in the criminal justice and emergency services systems who had problems with mental illness, chemical abuse and homelessness. This focus and exploration of behavioral health issues also runs through other studies and planning efforts of the executive and council in recent years, including the Juvenile Justice Operational Master Plan, Adult Justice Operational Master Plan, Criminal Justice Initiatives, King County Consolidated Housing and Community Development Plan, Ten-Year Plan to End Homelessness, Mental Health Recovery Plan, Children's Mental Health Plan, and the Public Health Operational Master Plan.

METHOD

The Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) drew from a number of rich and credible sources of data and information from national, state and local sources to arrive at estimates of prevalence in King County. These sources help to provide a much clearer understanding of the nature of the population of individuals who have mental illness and chemical dependency and are homeless and/or involved in the criminal justice and emergency medical systems. The MHCADSD team included a PhD epidemiologist who completed the King County prevalence study in 1998, two PhD psychologists with expertise in program evaluation and research, data analysts and program managers.

SUMMARY FINDINGS

Users of the justice systems

1. Approximately five percent (~1,500) of adults released from King County jails in 2006 had some indication of serious mental illness. This five percent comprised two thirds of the jails' highest users, and:
 - Almost a fifth had some indication of substance abuse.
 - Estimates suggest that half were homeless prior to entering jail.
2. A six-year study conducted by University of North Carolina (UNC) researchers revealed that of the 20,200 King County individuals with serious mental illness receiving publicly

funded mental health care:

- 7,000 were jailed at least once; two-thirds were detained for 'minor' crimes (misdemeanors and non-violent felonies); a third was detained for violent felonies.
 - Those committing minor crimes were predominately Caucasian males (73%) and a quarter of them were African Americans. Average age at first detention was 35.
 - A third of those committing violent felonies were African American. Again, the majority were Caucasian males (64%). Average age at first detention was 32.
3. According to the UNC researchers, of the chronic, most severely, and persistently mentally ill clients (~7,200) receiving mental health care in King County during that six year study, almost half had a co-occurring substance abuse disorder.
 - One-fifth was homeless at some point.
 - Of the 940 that were homeless and had co-occurring disorders, three quarters of these were users of psychiatric hospitals (with an average stay of 30 days) and had been jailed at least once (with an average of six bookings).
 4. On any given day in city jails throughout King County, an estimated 15 percent of inmates have serious mental illness, 80 percent have substance abuse problems, and five percent have co-occurring disorders (average daily census ~ 400).
 5. About half of the 1,113 youth using the King County Juvenile Detention Center during 2006 had some symptoms of a mental disorder.
 6. Of the 328 at-risk youth served in a King County grant-funded project from 1999-2004, nearly half were not eligible for Medicaid. Yet:
 - The majority had a history of outpatient mental health treatment.
 - Approximately half had a history of substance abuse, special education involvement, or school failure.
 - Nearly a quarter had a history of psychiatric hospitalization.

Users of emergency services

1. The 600 highest users of Harborview Medical Center's Emergency Department (ED) in 2005 accounted for ten percent of all emergency cases, making almost 8,000 emergency room visits. Over a third of these high users were homeless. While approximately ten percent had a primary diagnosis of mental illness or substance use, many more had these issues secondary to the primary medical concerns that prompted them to seek care.
2. Half of the 3,487 people served in 2006 by Harborview's specialty psychiatric emergency department had co-occurring mental illness and substance abuse problems; a third were homeless—mirroring the 2005 percentages noted above for the entire ED.
3. In recent years, other hospital emergency departments in King County have experienced an increase in numbers of persons presenting with mental illness and chemical dependency

problems. Although precise data are not available, one indicator of the magnitude of the problem is the persistent 'boarding' of involuntarily detained mentally ill individuals in EDs due to a lack of psychiatric inpatient beds. Approximately 30-40 individuals per month spend several days in emergency rooms and medical units waiting for a psychiatric bed to become available.

4. The vast majority of people admitted to the King County Sobering Center (~2,100) and Detox services (~3,000) in 2006 were homeless.
5. A 2004 national study of community hospital utilization by persons with mental health and/or substance abuse disorders indicated that adults with these problems accounted for a quarter of all hospital stays. Over two-thirds of these admissions were billed to government insurers (e.g., Medicaid/Medicare). Well over half were admitted after entering through emergency departments.
6. A comprehensive study of all hospitalizations of school-aged children/youth in Washington State in the 1990's showed that mental illness surpassed injury as the leading cause of hospitalization for Washington youth by the end of the decade, with mental illness accounting for one-third of all hospital days.

Homeless persons

1. The incidence of recent incarceration among homeless adults receiving publicly funded mental health treatment is four times the incidence of those who are not homeless.
2. The incidence of homelessness in adults with co-occurring disorders receiving publicly funded mental health treatment is three to four times the incidence of those without co-occurring disorders.
3. The incidence of co-occurring disorders in homeless adults receiving publicly mental health treatment is double that of those who are not homeless.
4. The 2006 One Night Count indicated that almost half of the 5,963 homeless individuals counted in shelters or transitional housing had problems with mental illness or substance abuse.
5. Almost a third of the approximately 8,000 people served by Health Care for the Homeless (HCH) in 2006 had mental health and/or substance abuse problems. Nearly half had no health insurance. HCH estimates that they reach only a third of the homeless population.

Racial disparity

1. According to the 2006 One Night Count, only 37 percent of homeless individuals are white, while the overall population of King County is approximately 75 percent white.

2. Youth of color are significantly overrepresented in the juvenile justice system. While youth of color represent 34 percent of the youth population ages 10-17 in King County, they make up 49 percent of the referrals to juvenile court and 65 percent of the daily secure detention population.
3. African American adults are significantly overrepresented in the adult criminal justice center, accounting for over 25 percent of the population of the King County Jail compared to 5.4 percent of the population of King County.

Estimates of unmet treatment needs

1. A Needs Assessment completed in 2006 by Washington State Transformation Grant researchers estimated that 263,000 (15 %) of the 1.7 million low income residents (below 200% of poverty) in Washington State have a mental disorder significant enough to have a moderate to severe impact on functioning. For King County the estimated number of individuals who might need and qualify for publicly funded services would be approximately 65,000. In 2006, King County's Regional Support Network provided outpatient mental health services for just over 27,000 individuals.
2. According to the 2003 Washington State Department of Alcohol and Substance and Abuse household survey, less than a quarter of the 21,000 King County residents eligible for and needing substance abuse treatment were receiving it.
3. National data indicate that the rate of suicide for older persons is higher than for any other age group, yet over half of older adults who get any mental health treatment receive it from their primary care doctor. Under-treatment of depression in the primary care setting is a recognized public health problem.
4. Between three percent and four percent of King County 8th and 10th graders reported a suicide attempt in the year before they completed the *Healthy Youth Survey 2006*.
5. In 2003, behavioral health encounters became the number one reason nationwide for a primary health care center visit. Yet, only three of 25 public health clinics in King County have funds dedicated for behavioral health services. Public Health – Seattle & King County estimates that of the 127,258 individuals using clinics in King County in 2006, 18,000 to 38,000 are in need of mental health/chemical dependency services. Approximately 40 percent are not eligible for public insurance and therefore can not access services through the publicly funded mental health and substance abuse programs.

RESULTS

Users of the justice systems

1. During 2003-2005, approximately five percent (~1,500/yr) of unduplicated people released from King County jails had at least one indicator of mental illness: either housing on the mental health unit of the jail or a "psych status" flag indicating some question about the

2007-0355

person's mental competency. These individuals accounted for ~3,500 bookings. During 2004-06, a report of jail high-utilizers indicated that misdemeanants with either of these mental illness indicators accounted for 64 percent of the 794 people with five or more bookings within 12 months ("rapid-cyclers") and 59 percent of the 957 people with either two or more 30-day+ bookings or a booking of longer than 180-days during an 18-month period ("long-stayers").

2. During 2003-05, approximately 18 percent (~5,500/yr) of unduplicated people released from King County jails had some indication of substance abuse: either a drug or alcohol flag entered by classification staff or assignment to the King County Drug Diversion Court. These individuals accounted for ~11,000 bookings.
3. While systematic data regarding homeless status at time of King County jail booking is not available, of the 1,584 people seen by the King County jail health services during December 2005, 798 (50%) were identified as being homeless prior to entering the jail¹.
4. King County jail data compare closely to data from national sources:
 - In 2001, the National GAINS Center compiled findings from several studies and found that six percent of males in jail had a serious mental illness and 29 percent had a substance abuse problem. They also found that 12 percent of females in jail had a serious mental illness and 53 percent had a substance abuse problem. Of those in jail with a diagnosis of substance abuse, 72 percent also had a mental disorder².
 - In a 2000 study of jail inmates in San Francisco County, 18 percent had a mental disorder and 16 percent were homeless prior to incarceration. For those who were both in jail and previously homeless, 30 percent had a mental disorder. For those who were in jail, previously homeless and had a mental disorder, 78 percent had a co-occurring substance abuse disorder³.
5. The city of Auburn just completed a study of their jail population and estimated that 15 percent had serious mental illness, 83 percent had chemical dependency/abuse problems, and five percent had both mental illness and chemical dependency/abuse. Given that the population characteristics of those served in other city jails throughout King County is much like that of Auburn, it is estimated that of the approximately 400 inmates served on any given day, 60 would have a serious mental illness, 332 would have substance abuse problems and 20 would have co-occurring disorders⁴.
6. In 2006, 2,301 unduplicated youth were admitted to King County secure detention for criminal, Becca, or juvenile detention related matters. Of those youth admitted, 49 percent (1,134) were referred to the mental health clinic after obtaining warning scores on the Massachusetts Youth Screening Instrument (MAYSI) for depression/anxiety (27%); suicidal ideation (28%), thought disturbances (17%) and substance use (10%)⁵.
 - Note: Youth of color are significantly overrepresented in the juvenile justice system. While youth of color represent 34 percent of the youth population ages 10-17 in King County, they make up 49 percent of the referrals to juvenile court and 65 percent of

the daily secure detention population.

7. Project TEAM provided services to families and youth with serious emotional problems going through the *At Risk Youth* and *Child in Need of Services* process from September 1999 through March 2004. Of the 328 youth served through this project, nearly half (40%) were not eligible for Medicaid. Yet, the majority had a history of outpatient mental health treatment. Approximately half had a history of substance abuse, special education involvement and school failure. Twenty-one percent had a history of psychiatric hospitalization⁶.
8. Of the approximately 1,113 King County youth within the offender system that were given the Washington State Risk Assessment prescreen, 24 percent had a history of mental health problems. For those youth who screened moderate to high risk and were then administered the full Washington State Risk Assessment (n=954), 22 percent had current mental health problems. Of these, only 40 percent were currently receiving treatment⁷. These figures are likely to be underestimates as they are considerably lower than national studies that indicate 65-70 percent of youth involved in the juvenile system have a mental illness and of those, 60 percent have a co-occurring substance abuse disorder⁸.

Users of emergency services

1. Data from some King County emergency services revealed:
 - The 300 highest utilizers of Harborview's Emergency Department had 8,016 admissions in 2005. (There were about 78,000 total Emergency Department admissions.) For 36 percent (n= 2,894) of high utilizer admissions, the person was homeless; and for approximately nine percent (n=721) the primary diagnosis was mental illness or substance use, although many more had these issues secondary to primary medical diagnoses⁹.
 - Of the 5,104 admissions to Harborview's Psychiatric Emergency Services (a unit within the broader ED) in 2006, 89 percent (n=4,336) had a mental illness, 55 percent (n=2,680) had substance abuse, 45 percent had both, and 29 percent (n=1,501) were homeless.
 - In 2006, of the 2,100 people admitted to the King County Sobering Center, 89 percent were homeless on at least one admission.
 - In 2005, 3,083 people were admitted to King County Detox services. In 2006, 2,496 people were admitted. Approximately 95 percent each year were homeless.
 - Seattle Police Department 2006 records show police response to 6,277 (1.3% of all responses) incidents where the officers determined mental illness was a factor¹⁰.
 - Between 2004 and 2006 the King County Sheriff found¹¹ a 51 percent increase in juvenile drug offenses and a five percent increase in juvenile liquor violations; a 49 percent increase in adult drug offenses and a 40 percent decrease in adult liquor violations.
2. A 2004 national study of community hospital utilization by persons with mental health and/or substance abuse disorders indicated that adults with these problems accounted for 1

in 4 of all hospital stays. Over two-thirds of these admissions were billed to Medicaid or Medicare. Well over half were admitted after entering through emergency departments¹².

3. A comprehensive retrospective study of hospitalizations of children/youth ages 5-14 years in Washington State in the 1990's showed that the rate of hospitalization for mental illness increased by 22 percent. Mental illness surpassed injury as the leading cause of hospitalization for Washington youth by the end of the decade; mental illness accounted for one-third of all hospital days in 1999¹³.

Users of mental health and chemical dependency services

1. One of the most detailed and relevant studies of the population of interest to the current prevalence study was conducted by University of North Carolina (UNC) researchers in King County over a 5½-year period (1993-1998)¹⁴. Of 30,037 adult individuals served in the mental health system who also used the jail, chemical dependency treatment, and/or medical health services at any point during that time:
 - 24 percent (7,200) were diagnosed as 'severely and persistently mentally ill.' Of these, 49 percent (3,375) had co-occurring substance abuse disorders and 20 percent (1,403) were homeless at least once during the period.
 - 13 percent (939) were homeless and had co-occurring substance abuse disorders. Of these, 76 percent (712) had a least one jail detention (average of six bookings), and 74 percent (693) had at least one hospitalization (average of four admissions).
 - The study also revealed that of the 20,200 King County individuals with less chronic, but still serious mental illness who were receiving publicly funded mental health care 7,000 were jailed at least once (representing 35 percent of the seriously mentally ill but just six percent of the total jail population). Two-thirds were detained for 'minor' crimes (misdemeanors and non-violent felonies); a third was detained for violent felonies.
 - Of the 20,200 noted above, those committing minor crimes were predominately Caucasian males (73%). A quarter of them were African Americans. Average age at first detention was 35.
 - A third of those committing violent felonies were African American. Again, the majority were Caucasian males (64%). Average age at first detention was 32.
2. Information from the 2006 King County mental health database indicates that a total of 25,853 adults received mental health treatment.
 - Of the 19,661 served in outpatient treatment, 36 percent had co-occurring substance abuse disorders, nine percent were homeless, 13 percent had at least one jail booking.
 - Of the 6,192 served who only received inpatient, crisis or other specialty service, 52 percent had co-occurring substance abuse, 33 percent were homeless, 29 percent had at least one jail booking.
 - Of homeless adults who received any mental health treatment, 69 percent had co-occurring substance abuse disorders and 47 percent were jailed at least once in 2005 or 2006.

3. Information from the 2006 King County mental health database indicates that a total of 9,226 children/youth received mental health treatment.
 - Of the 8,447 served in outpatient treatment, ten percent had co-occurring substance abuse disorders, one percent were homeless and five percent had at least one stay in juvenile detention.
 - Of the 779 served who only received inpatient, crisis or other specialty services, 24 percent had co-occurring substance abuse disorders, two percent were homeless and nine percent had at least one stay in juvenile detention.
 - Of homeless youth who received any mental health treatment, 18 percent had co-occurring substance abuse disorders.
4. A Needs Assessment completed in 2006 by Washington State Transformation Grant researchers estimated that 263,000 (15%) of the 1.7 million low income residents (below 200% of poverty) have a mental disorder significant enough to have a moderate to severe impact on functioning. For King County, the estimated number of individuals who need services would be approximately 65,000. In fiscal year 2003 the Department of Social and Health Services/Mental Health Division budget funded services statewide for less than half of those in need¹⁵.
5. National data compiled by the American Association for Geriatric Psychiatry indicate that the rate of suicide for older persons is higher than for any other age group, yet over half of older adults who get any mental health treatment receive it from their primary care doctor. Under-treatment of depression in the primary care setting is a recognized public health problem¹⁶.
6. King County information from the state's 2006 alcohol and substance abuse database indicates that:
 - Of the 5,101 adults served, 45 percent had at least 'moderate mental health needs', 17 percent were homeless, and 61 percent had current legal involvement.
 - Of the 750 youth served, 30 percent had at least 'moderate mental health needs', one percent were homeless, and 50 percent had current legal involvement.
7. The GAIN assessment is administered to all youth referred to and evaluated for substance abuse in King County. Cumulative results from November 2005 through 2006 indicated that¹⁷:
 - 33 percent reported being homeless/runaway at some time in their life
 - 42 percent had involvement with juvenile justice within the last 90 days
 - 31 percent had a mental health 'internalizing disorder' (problems with depression, thought disorders, etc.) within the past 12 months
 - 51 percent had an 'externalizing disorder' (problems with anger, disruptive behaviors, etc.) within the past 12 months.
8. The 2003 Washington State Department of Alcohol and Substance Abuse (DASA) survey of King County households indicated that¹⁸:
 - Of 20,911 persons identified as needing treatment and meeting DASA eligibility

criteria, only 21.2 percent (4,441) were being served.

9. The Kessler Cross-National Comparisons of Co-morbidities Study¹⁹ estimated that 20 percent of all adult males and nine percent of all adult females were alcohol dependent; and that nine percent of males and six percent of females were drug dependent at some time during their life. This study also found that:
 - Males with lifetime alcohol dependence, 61 percent had a serious mental illness
 - Females with lifetime alcohol dependence, 77 percent had a serious mental illness
 - Males with lifetime drug dependence, 77 percent had a serious mental illness
 - Females with lifetime drug dependence, 84 percent had a serious mental illness.

Homeless persons

1. The 2006 One Night Count data indicates that of the 5,963 homeless individuals counted in shelters and transitional housing, 1,228 (21%) met a broad definition of mental illness, 585 (10%) were considered to have a serious mental illness and 95 (2%) had been released from a psychiatric hospital in the last year. In addition, 1,262 (21%) were considered to be abusing substances, with 760 (13%) considered to be seriously abusing substances. In addition, 139 (2%) had been released from inpatient chemical dependency treatment in the past year. Only 37 percent of homeless individuals were white, while the overall population of King County is approximately 75 white. The needs of an additional 1,946 unsheltered individuals were unknown²⁰.
2. Of the 7,987 of the people served by King County's Health Care for the Homeless Network (HCHN) in 2006 almost a third had mental health and/or substance abuse problems. Nearly half had no health insurance. HCH estimates that they reach only a third of the homeless population²¹.
3. A study sampled 364 Seattle youth (ages 13-21) who were homeless between 1991-1994²².
 - 68 percent met criteria for at least one mental disorder.
 - 45 percent reported a previous suicide attempt.
 - 31 percent of youth had spent time in an emergency room or hospital in the last three months.
 - Almost all youth reported use of alcohol and marijuana in the past year; 77 percent met criteria for substance abuse/dependence.

Other pertinent data

1. Compelling data demonstrates risk factors associated with incarceration and homelessness:
 - A study published in 2007 noted the high risk of death for former prison inmates in the Washington State Department of Corrections (DOC) prisons²³. Of over 30,000 released inmates (1999-2003), 443 died within 1.9 years. The adjusted death risk was 3.5 times that of other state residents. During the two weeks after release, the risk was 12.7 times that of other residents. Drug overdose was the leading cause of death, with cardiovascular disease, homicide and suicide as other leading causes. Each year

the DOC releases approximately 150 prisoners diagnosed with mental illness to King County. About 60 percent of these have co-occurring substance abuse diagnoses²⁴.

- The homeless youth study²⁵ noted that 41 percent of youth were not in school and 83 percent were exposed to at least one form of physical or sexual victimization while homeless.
2. Between three percent and four percent of King County 8th & 10th graders reported a suicide attempt in the year before they completed the *Healthy Youth Survey 2006*.
 3. Nationwide in 2003, behavioral health encounters became the number one reason for a primary health care center visit. Yet, only three of 25 public health clinics in King County have funds dedicated for behavioral health services. Public Health – Seattle & King County estimates that of the 127,258 individuals using clinics in King County in 2006, 18,000 to 38,000 are in need of mental health/chemical dependency services. Of individuals using clinics in King County, approximately 40 percent are not eligible for public insurance and therefore can not access services through the publicly funded mental health and substance abuse service systems²⁶.

Definitions

The definition of Serious Mental Illness (SMI) is stipulated in PL 102-321 as “Adults with SMI are persons 18 years and older who, at any time during a given year, had a diagnosable mental health, behavioral or emotional disorder that met the criteria for DSM III-R and has resulted in functional impairment which substantially interferes with or limits one or more major life activities”²⁷.

Severe and Persistent Mental Illness (SPMI) was operationalized by the National Advisory Mental Health Council of the National Institute of Mental Health²⁸. SPMI is a subset of SMI and generally includes schizophrenia, schizoaffective disorder, manic-depressive disorder, autism and severe forms of major depression, panic disorder and obsessive-compulsive disorder. Evidence of severity includes patient psychiatric hospitalization, psychotic symptoms, use of antipsychotic medication or a GAF scale rating of 50 or less.

Notes

¹ King County Jail December 2005 from Jeannie MacNab, Public Health/Jail Health Services, Health Care for the Homeless Pilot Project

² National GAINS Center for People with Co-occurring Disorders in the Justice System. (2001), *The Prevalence of Co-occurring Mental Illness and Substance Use Disorders in Jails*. Fact Sheet Series, Delmar, NY; Author. Found at www.gainsctr.com.

³ McNeil DE, Binder RL and Robinson JC. Incarceration associated with Homelessness, Mental Disorder and Co-Occurring Substance Abuse. *Psychiatric Services* 56:840-846, 2005.

⁴ March 2007 correspondence with Gregory Bockh, Auburn Probation Services, from city of Auburn jail study data, projected to other city jails in King County.

⁵ Personal communication with Marcia Navajas based on data collected from incarcerated youth using the MAYSI February 28, 2007.

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- 6 Personal communication with Jan Solomon, BECCA Coordinator February 8, 2007
 - 7 Personal communication with Michael Gedeon based on data collected from all arrested youth using the Washington State Risk Assessment Tool March 28, 2007.
 - 8 Skowrya, K.R., and Cocozza, J.J. (2007) Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System. National Center for Mental Health and Juvenile Justice Policy Research Associates, Inc. Delmar, NY.
 - 9 Vets Levy High Utilizer Report CY2005, Harborview Medical Center, Confidential communication with Dr. Debra Srebnik, March 2007
 - 10 Seattle Police Department Crisis Intervention Team Records, 2006. Personal communication with Liz Eddy and Dave Murphy.
 - 11 The Research, Planning and Information services Unit of the King County Sheriff's office. King County – Police Services Report. Second Quarter 2006: SHERIFF King County Adult and Juvenile Charges, Arrests & Citations, 2004-Q2 2006, page 45. This report can be found at http://www.metrokc.gov/sheriff/_downloads/news/reports/2006/KingCo2q2006.pdf
 - 12 Owens P, Myers M, Elixhauser A, et. al., Care of Adults with Mental Health and Substance Abuse Disorders in US Community Hospitals, 2004. Agency for Healthcare Research and Quality 2007. HCUP Fact Book No. 10. AHRQ Publication No. 07-0008. ISBN 1-58763-229-2. found at: <http://www.ahrq.gov/data/hcup/factbk10/>
 - 13 Garrison, Richardson, Christakis, et. al., Mental Illness Hospitalizations of Youth in Washington State, Archives of Pediatric Adolescent Medicine, Vol. 158, August 2004, pages 781-785
 - 14 Gary Cuddeback, University of North Carolina at Chapel Hill and co-author of the study of mental health and jail users in King County in an email to Dr. Gloria Bailey March 7, 2007.
 - 15 Kohlenberg L, Bruns E, Willey C, et. al., Mental Health Transformation Grant Evaluation workgroup, Washington State DSHS/RDA. The Voices: 2006 Washington State Mental Health Resource & Needs Assessment Study. September 2006. DSHS/RDA Report Number 3.31. Found at <http://www1.dshs.wa.gov/rda/research>.
 - 16 Personal communication with Evergreen Health Care.Services, March 30, 2007.
 - 17 Preliminary Data Tables and Charts For Cross-Site Analysis of the Seattle/ King County (SEA) Study received from Chestnut Hills Systems for the period covering November 2005 through December 31, 2006.
 - 18 Washington State Department of Social and Health Services (DSHS) Research and Data Analysis Division conducted this project on behalf of the DSHS division of Alcohol and Substance Abuse. 2003 Washington State Needs Assessment Household Survey (WANAHS) This can be found at: <http://www1.dshs.wa.gov/rda/research/4/52/default.shtm>
 - 19 Kessler, RC, Berglund PA, Zhao S, et. al. (1996). The 12-month prevalence and correlates of serious mental illness, In Manderscheid, R. W., & Sonnenschein, M. A. (Eds.), Mental health, United States, 1996 (DHHS Publication No. (SMA) 96- 3098, pp. 59–70). Washington, DC: U.S. Government Printing Office.
 - 20 Seattle King County Coalition on Homelessness (2006). The 2006 Annual One Night Count: People who are Homeless in King County, Washington. Report prepared by the Seattle King County Coalition on Homelessness – One Night Count Committee and King County Housing and Community Development – Homeless Housing Programs. See also www.homelessinfo.org and www.cehkc.org
 - 21 Public Health - Seattle and King County (2005) "Health Care for the Homeless Annual Report and Data Summary 2005", June 2006
 - 22 Cauce, A.M., Paradise, M., Ginzler, J.A., et. al. (2000). The Characteristics and Mental Health of Homeless Adolescents: Age and Gender Differences. Journal of Emotional and Behavioral Disorders, Vol. 8(4) pg. 230-239
 - 23 Binswanger IA, Stern MF, Deyo RA et. al., Release from Prison—A High Risk of Death for Former Inmates, New England Journal of Medicine, Vol. 356:157-165, January 11, 2007
 - 24 Dr. David Lovell in a summary of DOC data in a personal communication with Dr. Debra Srebnik, Feb 5, 2007
 - 25 Cauce, A.M., Paradise, M., Ginzler, J.A., et. al., (2000). The Characteristics and Mental Health of Homeless Adolescents: Age and Gender Differences. Journal of Emotional and Behavioral Disorders, Vol. 8(4) pg. 230-239
 - 26 Shields, A. Proposal for Mental Health/Chemical Dependency Sales Tax Financing: Expand Mental Health/Chemical Dependency Services in Medical Safety Net. Public Health Seattle and King County. Unpublished paper. May 5, 2007

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- 27 Public Law (PL) 1022-321 is the ADAMHA Reorganization Act, which established a Block Grant for States to fund Community Mental Health Services for adults with Serious Mental Illness (SMI) and for children and adolescents with "Serious emotional disturbance" (SED).
- 28 Health Care Reform for Americans with Severe Mental Illnesses: Report of the National Advisory Mental Health Council. American Journal of Psychiatry October 1993. 150:10 pages 1447 – 1465.]