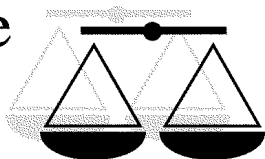


Regional Law Safety & Justice Committee



THURSDAY, FEBRUARY 22, 2018

7:15 – 9:00 A.M.

Seattle City Hall, Bertha Knight Landes Room
600 4th Ave., Seattle, WA 98104

Chair:

Lorinda Youngcourt
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Vice-Chair:

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Staff:

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AGENDA

- **Coffee and Networking beginning at 7:15 a.m.**
- **Introduce 2018 Vice-Chair: Councilmember James McNeal**
- **Panel: The Intersection of Behavioral Health and the Justice System - King County Behavioral Health and Recovery Division– 7:35 a.m.**
 - Implementation of Fully Integrated Managed Care – Jim Vollendroff, Division Director
 - Recent changes to Crisis and Commitment Services – Diane Swanberg, Crisis and Commitment Services Coordinator
 - The Opiate Epidemic and the Criminal Justice System- Steven Gustaveson, Opioid Projects and Programs Manager
 - The Familiar Faces Initiative and the Single Diversion Portal – Jesse Benet, Jail Diversion and System Reform Coordinator

NOTES

Chair Lorinda Youngcourt introduced Councilmember James McNeal, Bothell City Councilmember, who will serve as RLSJC Vice-Chair in 2018 and as Chair in 2019.

Panel *See presentation slides and handouts for additional detail.*

Implementation of Fully Integrated Managed Care – Jim Vollendroff, Division Director

Jim Vollendroff provided an overview of DCHS's mission: *Providing equitable opportunities for people to be healthy, happy, self-reliant and connected to community*, and how it relates to the Behavioral Health and Recovery Division's (BHRD) priorities. The division is focused on helping people to be self-reliant and connected to their own communities. Mr. Vollendroff highlighted the Recovery Café program, which is being replicated in King County and around the country. BHRD's aim is to shift resources towards prevention. Seventy-five percent of residents are currently healthy and the division aims to keep them healthy.

BHRD's funding comes from a variety of sources, with Medicaid being the single largest, providing about 1/3 of the budget. (See handout.) Beginning January 1, 2019 the Medicaid funding will go to five managed care organizations, four of which are for-profit, non-local organizations. A video (link in the presentation) provided an overview of the benefits of integrating physical and behavioral health care. While BHRD agrees the integration of systems can be positive, the implementation process could be either good or bad, and they're currently negotiating with the managed care organizations to ensure it is implemented a positive way.

The integration is phased, with the first phase – integrating mental health and substance use disorder treatment – completed in 2016. For the next step of integration, the County has opted for a middle ground approach (referred to as mid adopter) that qualifies providers in King County for \$16 million to assist with the transition and requires integration by January 1, 2019. The funding will pay for things like improved provider reporting and data management.

Currently a leadership table made up of County representatives (Adrienne Quinn and Patty Hayes), the state Health Care Authority, Accountable Communities of Health, and managed care organizations is determining how the changes will be implemented. King County is different than the other eight regions because we are less reliant on Medicaid and have other funding resources available.

BHRD's priority is moving upstream to improve outcomes and keep people out of the criminal justice system and hospitals whenever possible. Programs include Screening, Brief Intervention, and Referral to Treatment (SBIRT) in middle schools and early identification and prevention of psychosis for people in their late teens and early 20s. Intervention can change the trajectory of a young person and keep them out of the system. While Mr. Vollendroff is a huge supporter of therapeutic courts, the goal is to provide services before criminal justice programs like therapeutic courts are needed.

Recent changes to Crisis and Commitment Services – Diane Swanberg, Crisis and Commitment Services Coordinator

Diane Swanberg manages the 39 Designated Mental Health Professionals (DMHPs), who are responsible for assessing and evaluating people in crisis. In King County, about 62% of cases result in involuntarily detention. The bar to detain someone is quite high. DMHPs seek alternatives and resources for individuals in crisis and use motivational interviewing to encourage voluntary treatment. Increasing the proportion of people involuntarily detained is not the goal.

Ms. Swanberg discussed the implications of state law changes that expand involuntary detention to cover substance use risk factors. DMHPs have received intensive training and will be converted to Designated Crisis Responders (DCRs) on April 1 and will evaluate substance use risk factors in addition to mental health.

Unlike the current law that covers mental health, Single Bed Certification is not available for individuals with substance use disorders and gun rights will not be revoked at a 14-day hearing. Individuals determined to be a danger will be treated at Substance Withdrawal Management (SWiM) facilities. Facilities around the state are expected to open in April and a facility in Kent will open in August. It's not yet clear where individuals will get treatment after 72 hours, but the hypothesis is that many of these individuals are already being seen based on mental health needs. The intent is that motivational interviewing will encourage individuals to get treatment voluntarily. People released from the jail may also be eligible if they are assessed as a danger to themselves due to high risk of overdose upon release.

from jail. However, many of the specifics of implementation will not be known until the law changes April 1.

The Opiate Epidemic and the Criminal Justice System- Steven Gustaveson, Opioid Projects and Programs Manager

Mr. Gustaveson provided an overview of the eight recommendations of the Heroin and Prescription Opiate Task Force (see presentation slides) and an update on implementation. Some of the recent actions include:

- Social media and traditional media events on prevention of overdose.
- Promotion of safe storage and disposal, including the program funded by a pharmacy fee that provides access to safe disposal. The program has been replicated elsewhere and legislation may be passed to make it mandatory throughout the state.
- Screenings in healthcare settings and at schools.
- Expansion of buprenorphine treatment and elimination of barriers to get it. This includes a pilot Buprenorphine Pathways program that reached capacity in 3 months, which indicates the high demand for such programs. Jail Health Services and the Department of Adult and Juvenile Detention (DAJD) are getting medical staff certified to prescribe treatment. There are four organizations that will expand to provide treatment funded by MIDD. Additionally, Hub and Spoke medication-assisted treatment coordinates community agencies and medication-providing agencies.
- Treatment on demand – walk in and next day options.
- Reduction in barriers to treatment such as facility siting challenges. State law has recently changed that takes steps towards addressing siting issues.
- Naloxone kits are being provided through MIDD, and by other organizations.
- Community Health Engagement Locations (CHELs) are a part of the overall recommendations, though they have gotten disproportionate media attention. The goal for CHELs is to keep people alive and reduce blood borne diseases. [Additionally the goals include engaging individuals using opioids and harm reduction.]

The Familiar Faces Initiative and the Single Diversion Portal – Jesse Benet, Jail Diversion and System Reform Coordinator

Mr. Benet provided an update on the Familiar Faces Initiative, which focuses on the sentinel population of individuals who have been booked into the King County Jail four or more times in a one-year period. Over 40% of the bookings are due to non-compliance issues, rather than new crimes. The population is racially disproportionate, with almost 40% being black. County costs for this population are high - \$35 million, not including all services, with most of the expense being in criminal justice.

The Familiar Faces population is related to the failed war on drugs, mass incarceration, race and behavioral health disproportionality, the criminalization of poverty, and lack of targeted universalism in allocating resources. The current system is siloed and not adequately meeting needs. A task force developed a future state vision that places the individual at the center of services, with emergency services and the criminal justice system intervention being a rare last resort.

Mr. Benet highlighted the Single Diversion Portal program as one of several strategies underway. The portal will allow emergency services a single point of contact to connect individuals with appropriate services. The program is expected to launch in 2018 on a limited basis.

Mr. Vollendroff ended the presentation by emphasizing the importance of the unique partnerships BHRD has with organizations and governments throughout the County. The panel encouraged RLSJC members to contact panel members to get involved in the initiatives.

- Jim Vollendroff, BHRD Division Director, jim.Vollendroff@kingcounty.gov or (206) 263-8903
- Diane Swanberg, Coordinator of Crisis and Commitment Services, diane.Swanberg@kingcounty.gov or (206) 263-1438
- Steve Gustaveson, Opioid Projects and Programs Manager, Steve.gustaveson2@kingcounty.gov or (206) 263-8928
- Jesse Benet, Jail Diversion and System Reform Coordinator, jesse.benet@kingcounty.gov or (206) 263-8956

An RLSJC member had a question about concern in communities over school shootings. Mr. Vollendroff noted that the vast majority of people with mental illness are not violent and that the connection between gun violence and mental illness is not data driven. Prosecutor Dan Satterberg noted that the Extreme Risk Protection Order program is launching today. This program allows individuals to petition the court for a civil order to remove guns from an individual that may be a risk. The program will allow authorities to help those who are concerned about safety. Washington is one of only five states with such a program.

Another member was interested in the connection between BHRD and local non-profits providing mental health care and support. Panelists noted that community recovery is central to their approach and they highly value to the use of peers throughout the system. Hiring announcements encourage people with lived experience to apply and people with lived experience are valued at all levels in the system and in making policy.