



# The Intersection of Behavioral Health and the Criminal Justice System

**King County Behavioral Health & Recovery Division**

***Director: Jim Vollendroff***

(a division of the Department of Community & Human Services)

**Presentation to the Regional Law,  
Safety and Justice Committee**



# Panel Introductions

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

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## ***Mission***

***Providing equitable opportunities for people to be healthy, happy, self-reliant and connected to community***

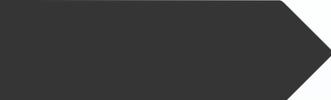
## ***BHRD Division Priorities***



# Behavioral Health & Recovery Division

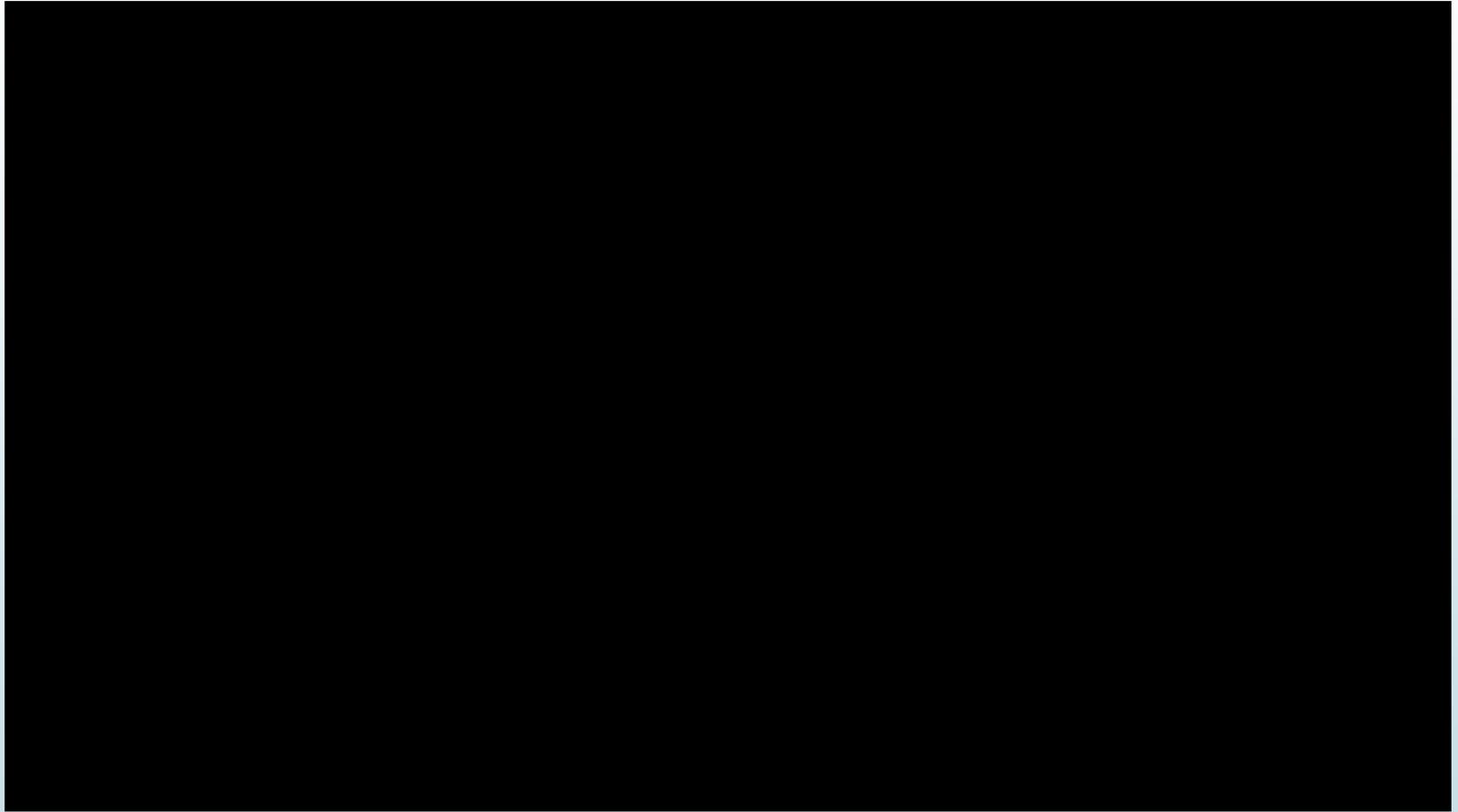
## ***core services / current state***

- ▶ Administration of publicly funded behavioral health (mental health + substance use disorder) treatment
  - ▶ Robust contracts, clinical oversight, data and fiscal management of community-based services
  - ▶ Crisis & Commitment Services
  - ▶ Diversion and Reentry Services
  - ▶ Youth, Family and Prevention
  - ▶ Hospital and Mental Health Residential
  - ▶ Care Coordination and Recovery
  - ▶ Mental Illness and Drug Dependency
    - ▶ Plus resources from Veterans, Seniors and Humans Services Levy and Best Starts for Kids



# Fully Integrated Managed Care is the future

*Jim Vollendroff, Division Director*



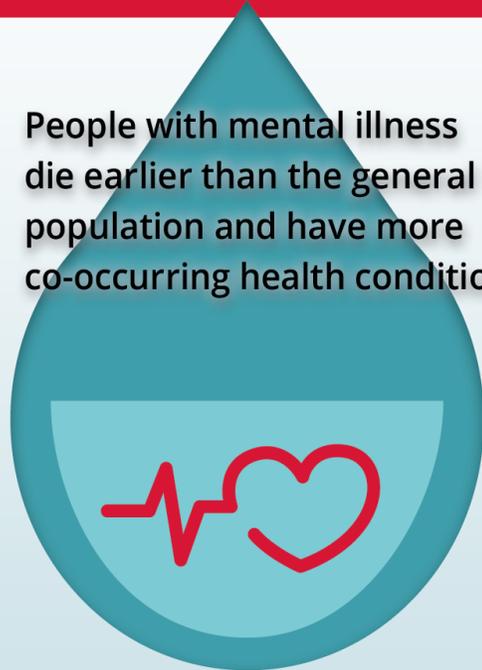
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**Change  
Ahead**

# The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



**68%**

of adults with a mental illness have one or more chronic physical conditions

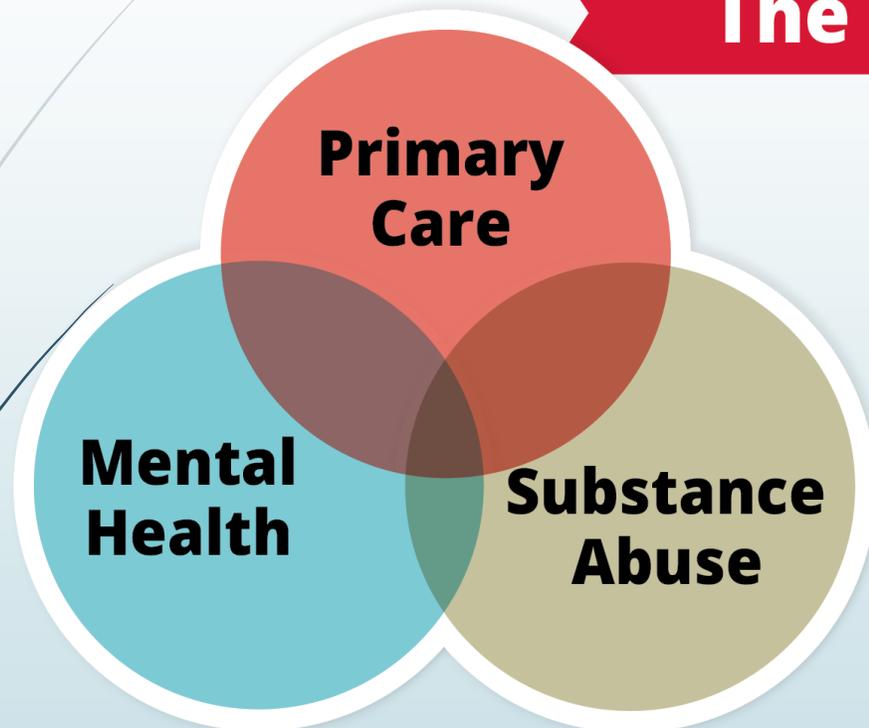
more than

**1 in 5**

adults with mental illness have a co-occurring substance use disorder



## The SOLUTION



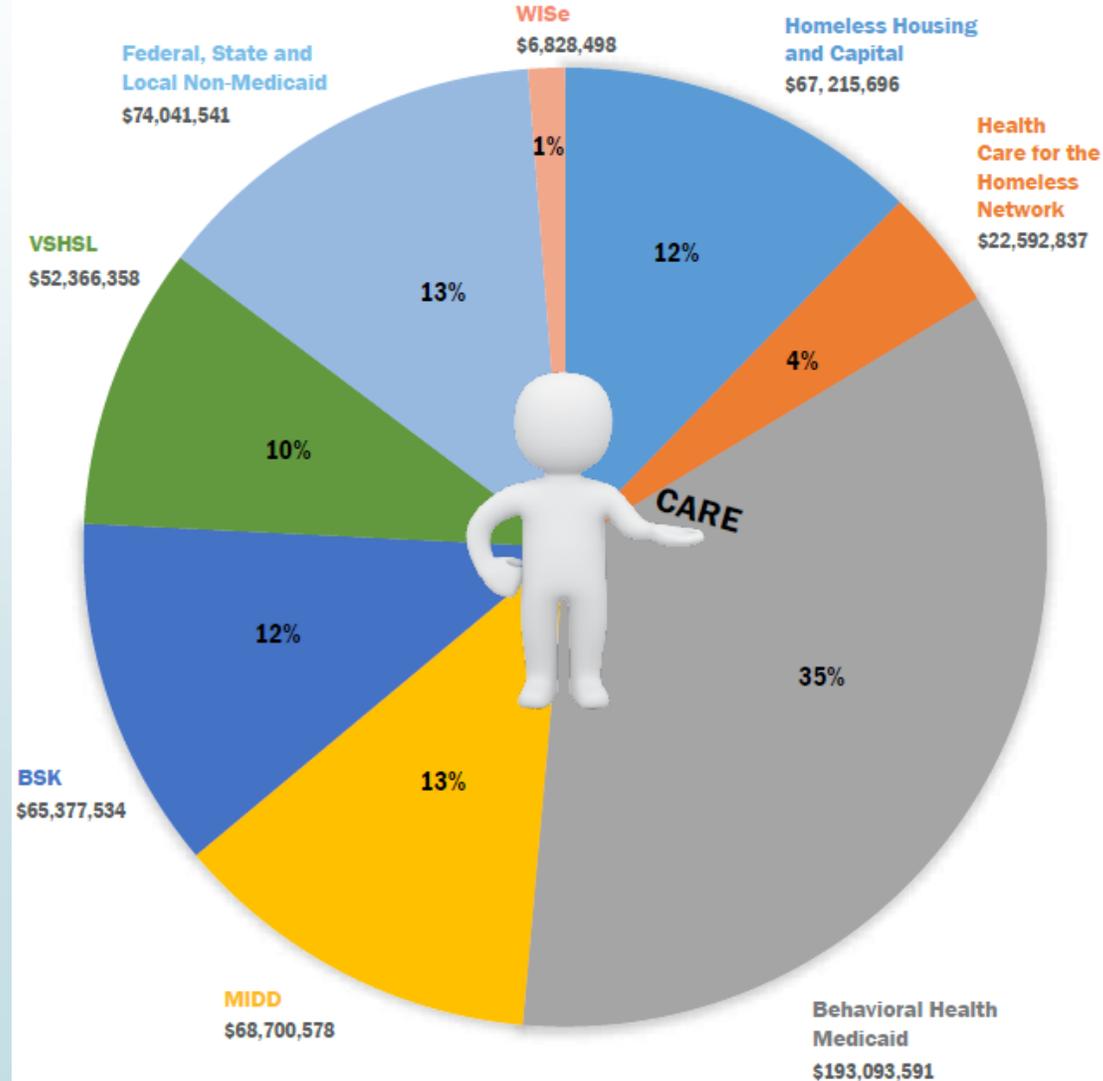
The solution lies in integrated care - the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

## King County Coordinated Funding

King County Department of Community Human Services and Public Health—Seattle & King County represent a region that receives funding from different sources to support a coordinated and integrated health system of care for the Medicaid and low-income population in need, with a growing focus on prevention and upstream population health well-being.

King County Braided Funding Stream





# Crisis and Commitment Services

## *~upcoming changes*

- Quick overview
  - Designated Mental Health Professionals (DMHP)
    - Master's level mental health clinician, 5+ years working with severely mentally ill persons, expert knowledge of ITA statutes (RCW 71.05, 71.34, 10.77).
  - Assess and evaluate persons demonstrating risk factors due to a mental health crisis, attempt less restrictive alternatives, detain for up to 72 hours for mental health evaluation, if warranted.
  - Who can refer to us? Everyone



## *What's in a name?*

### **Designated Crisis Responders (DCR)**

- DMHPs across the state participated in 2-day DCR training
- Specialized training in substance use risk factors related to involuntary detention statutes (RCW 71.05 & RCW 71.34)
- April 1, 2018 @12:01am, all DMHPs will be DCRs



## What does this mean?

- DCRs will investigate and assess for risk factors when person presents as a danger or gravely disabled due to mental health **and/or substance use disorder**
- All aspects of the current ITA statute apply except:
  - No Single Bed Certification available
  - No loss of guns rights at the 14 day hearing



## *Where will they be treated?*

- Substance Withdrawal Management (SWiM)

April 1, 2018

- Chehalis 24 adult beds
- Spokane 24 adult beds
- Brush Prairie (Vancouver area) 3-5 adolescent beds
- Spokane 3-5 adolescent beds

August 2018

- Kent (King County) 16 adult beds

# The Heroin and Prescription Opiate Task Force

Overview by:  
Steve  
Gustaveson



Increase awareness of the possible adverse effects of opioid use, including overdose and opioid use disorder.



Promote safe storage and disposal of medications.



take back  
YOUR MEDS

Work with schools and health care providers to improve screening practices so we can prevent and identify opioid use.





# TREATMENT EXPANSION



Make buprenorphine more accessible and available in communities with the greatest need.



Make treatment on demand available for all types of substance-use disorders.



Alleviate artificial barriers placed upon opioid treatment programs.





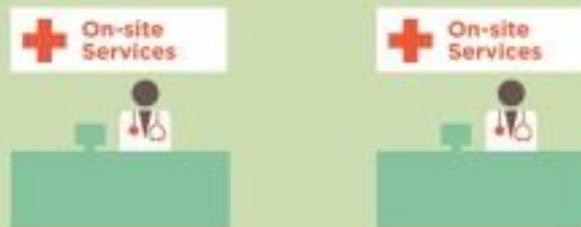
## USER HEALTH SERVICES & OVERDOSE PREVENTION



Continue to distribute naloxone kits to reverse the effects of heroin overdose to more locations such as treatment providers, homeless shelters, law enforcement, and first responders.



Create at least two locations where adults with substance-use disorders will have access to on-site services while safely consuming opioids or other substances under the supervision of trained healthcare providers.





# Treatment and Overdose Prevention Activities

- ▶ The Public Health - Seattle – King County Downtown Needle Exchange began implementing **Buprenorphine Pathways**,

a low-barrier buprenorphine service in January, 2017 and demand has been very high for this service. In 2017, Buprenorphine Pathways served 150 patients and met the annual target for individuals served within the first three months of the year



# Treatment and Overdose Prevention Activities

- ▶ Harborview Medical Center and Valley Cities Behavioral Health received grants to implement a **"Hub and Spoke"** medication-assisted treatment model of care. This model involves a referral and care management network between community agencies and an agency that provides medication
- ▶ Public Health **Jail Health Services prescribers are currently becoming certified to prescribe MAT and soon will consider offering MAT maintenance in King County jails.**



# Treatment and Overdose Prevention Activities

- Through the Mental Illness and Drug Dependency (MIDD) Multi-pronged Opioid Strategy, the County has awarded over \$580,000 in buprenorphine treatment and coordination funding to five organizations for 2018.
- Valley Cities Recovery Place Seattle opened in December 2017 and will eventually make available 33 detox beds and 42 intensive inpatient beds with co-occurring capacity.



# Treatment and Overdose Prevention Activities

- ▶ The County's Department of Community and Human Services (DCHS) distributed over 1500 **naloxone kits** to behavioral health providers, Harborview staff members and supportive housing organizations throughout the County in both 2016 and 2017
- ▶ Seattle Police Department bike patrol officers are now carrying and administering naloxone.
- ▶ DCHS and PHSKC are considering ways to work with EMS to divert people from being transported to hospitals when appropriate



## **A future State for all**

### Systems Change and Future Directions, *Jesse Benet*

- ▶ Learnings from the Familiar Faces Initiative
- ▶ Future State Vision
- ▶ Current implementation demonstrations
- ▶ Single Diversion Portal concept

# Failed War on Drugs



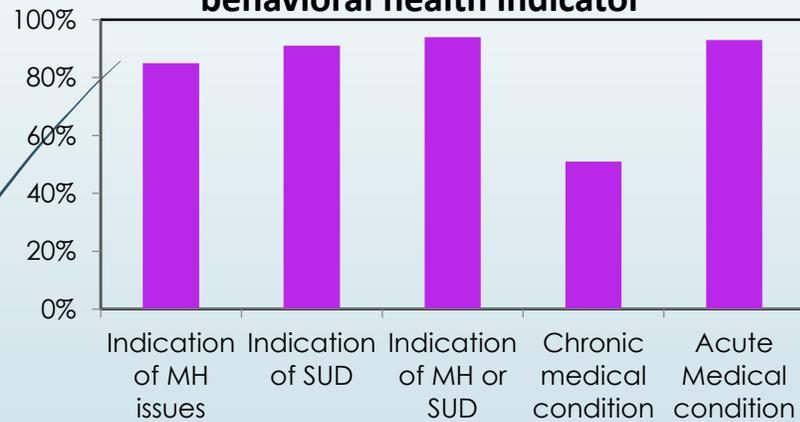
**THE U.S. STATE AND FEDERAL PRISON POPULATION HAS INCREASED OVER 800% IN JUST 40 YEARS**

Every year, more than 11 million people move through America's 3,100 local jails, many on low-level, non violent misdemeanors, costing local governments approximately \$22 billion a year

\*From Data-Driven Justice Initiative fact sheet

# Familiar Faces Data

**94% of people with 4+ bookings have a behavioral health indicator**



# Data Driven? What about Familiar Faces by race?

Gender	2013		2014		Total		2013 unduplicated persons in jail
	N	%	N	%	N	%	
Female	210	16.5%	205	16.4%	415	16.4%	20.2%
Male	1063	83.5%	1047	83.6%	2110	83.6%	79.70%
Total	1273	100.0%	1252	100.0%	2525	100.0%	100%

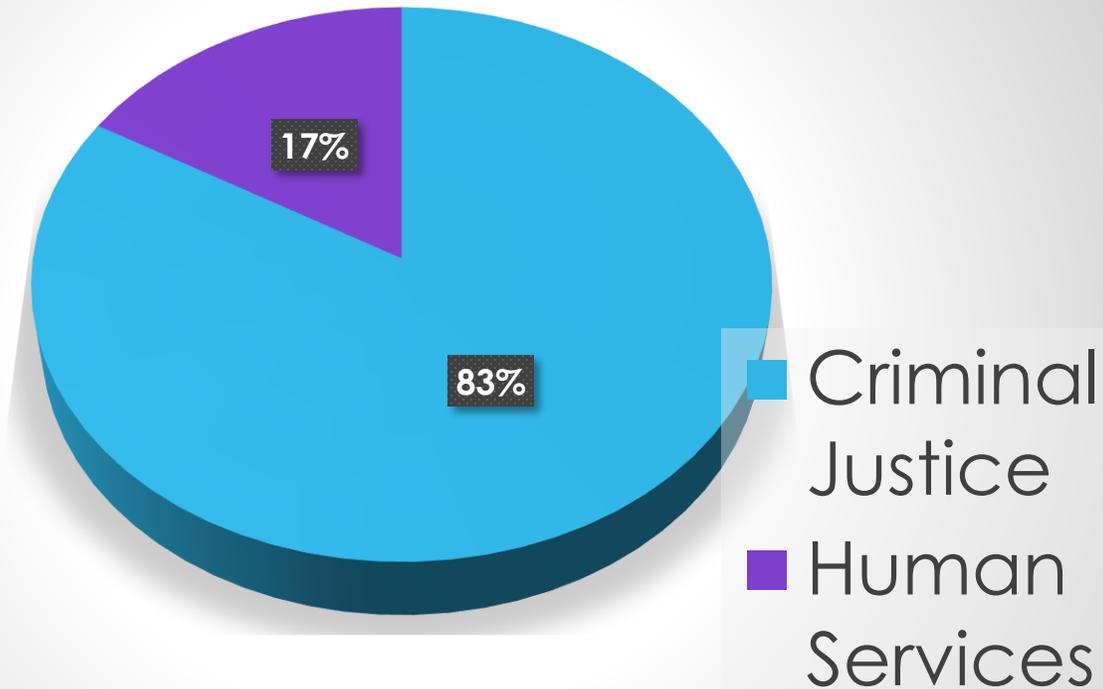
Race	2013		2014		Total		2013 unique persons in jail*	KC adult population (census)
	N	%	N	%	N	%		
White	603	47.4%	679	54.2%	1282	50.8%	63.7%	69.6%
Black	544	42.7%	456	36.4%	1000	39.6%	26.6%	6.1%
Native	51	4.0%	51	4.1%	102	4.0%	2.6%	0.8%
Asian	70	5.5%	59	4.7%	129	5.1%	6.3%	16.8%
Other/U	5	0.4%	7	0.6%	12	0.5%	0.6%	2.3%
	1273	100.0%	1252	100.0%	2525	100.0%		

\*% of White goes down by ~4% when examining bookings rather than unduplicated people i.e., whites are less likely to have multiple bookings

**FINDING:** Familiar Faces are somewhat more likely to be male and non-white than overall jail population

# Annual Cost of Familiar Faces to King County:

**\$35 million per year**

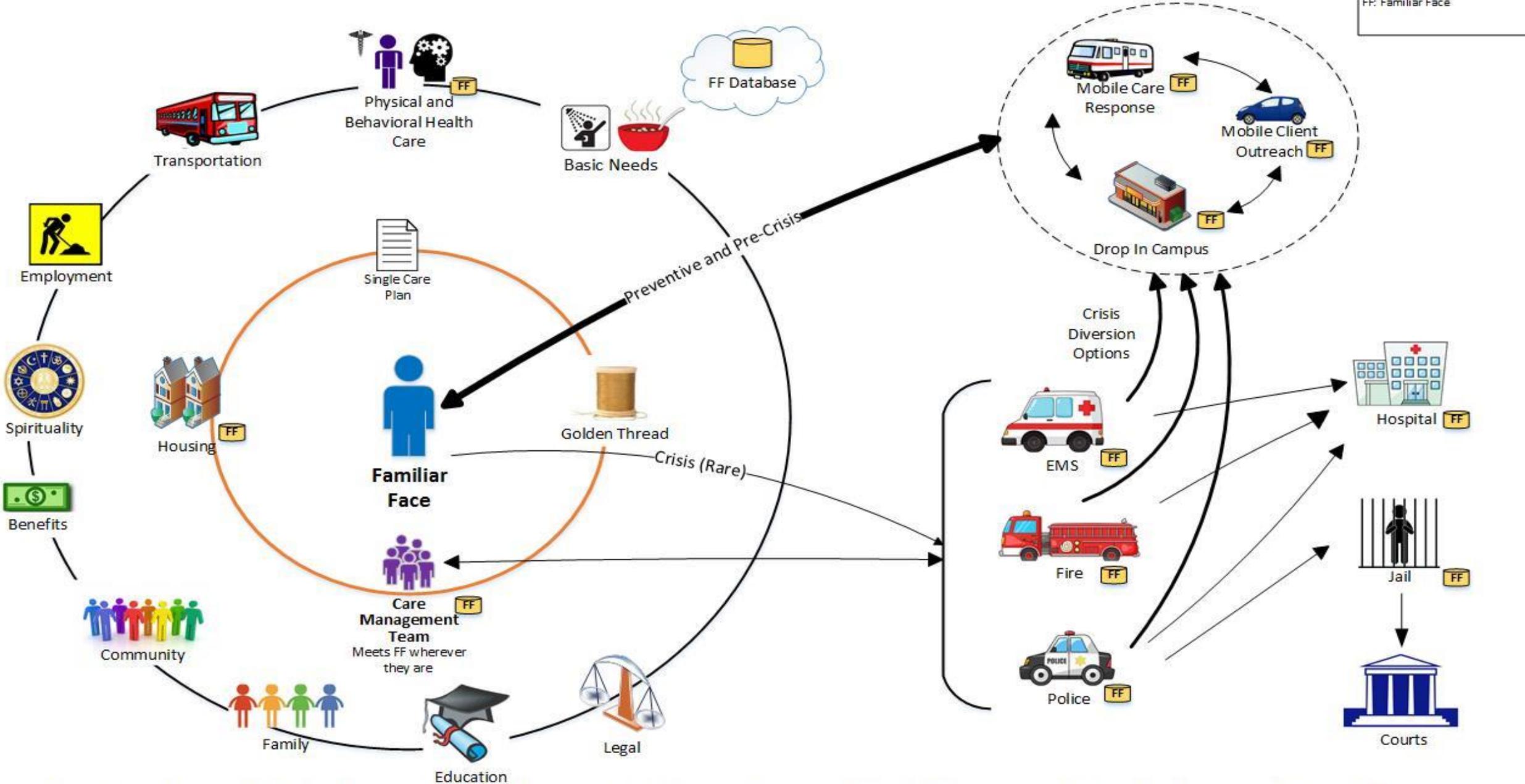


## A Criminal Justice Response to a lack of access to health and human service resources; **what water are we swimming in?**

- **BAD POLICY: War on Drugs**
- **Mass incarceration** – in US, 3,100 local jails incarcerate 11 million people per year
- Anti-black racism, Latinx and Native Americans all over-represented in the jails and prisons - **Race and behavioral health disproportionality**
- **Institutional and structural racism**
- **Criminalization of poverty and homelessness** (over half of Familiar Faces are experiencing homelessness at booking)
- **Lack of Targeted Universalism** in provision of diversion and reentry services/behavioral health treatment

# Familiar Faces Future State Vision v.1.6 **DRAFT**

**LEGEND**  
 ED: Emergency Department  
 EMS: Emergency Medical Services  
 FF: Familiar Face



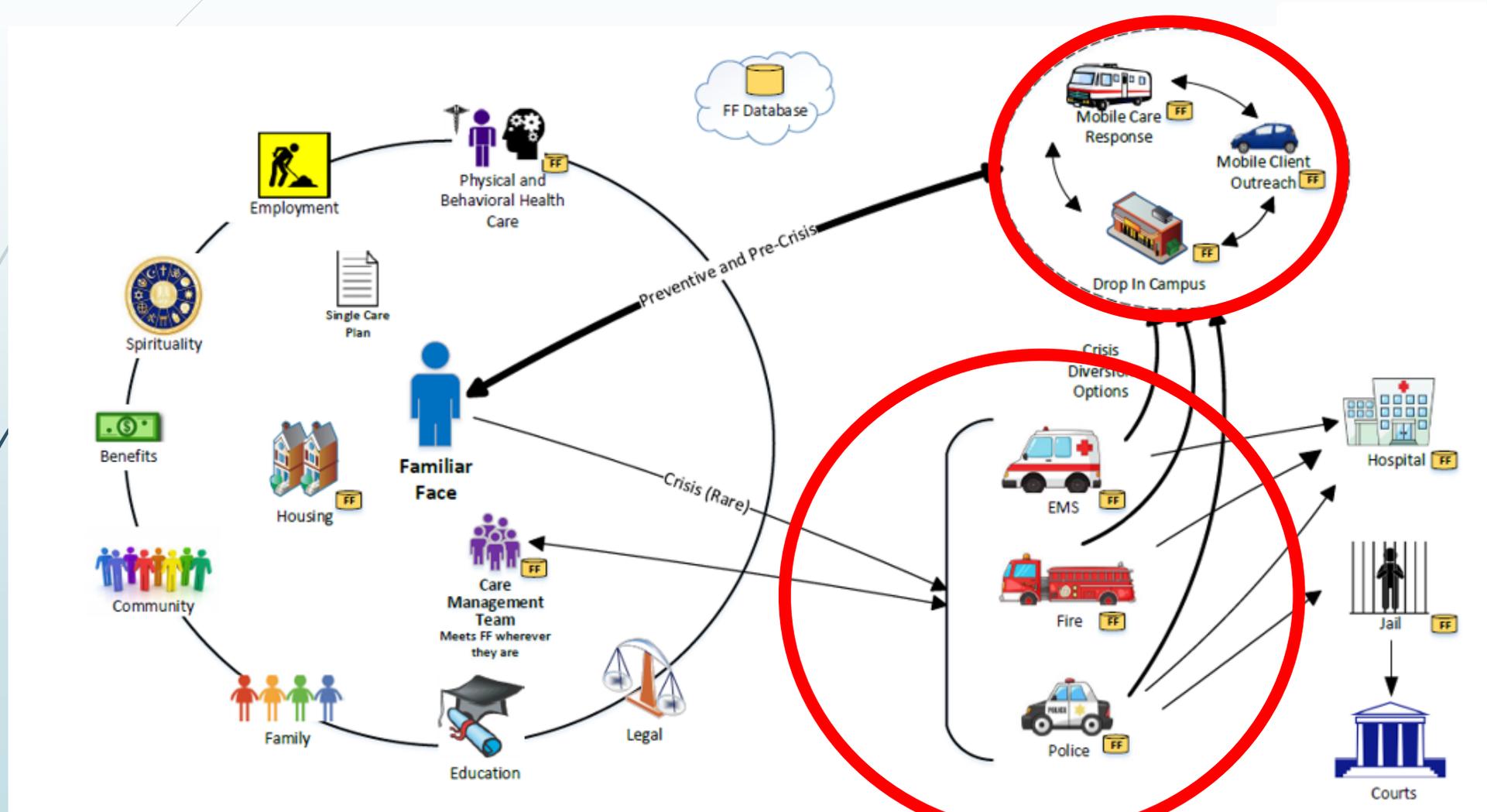
— Person Centered — Motivational Interviewing Methods — Trauma Informed — Harm Reduction — Evidence Based — Irrelevant of Payor



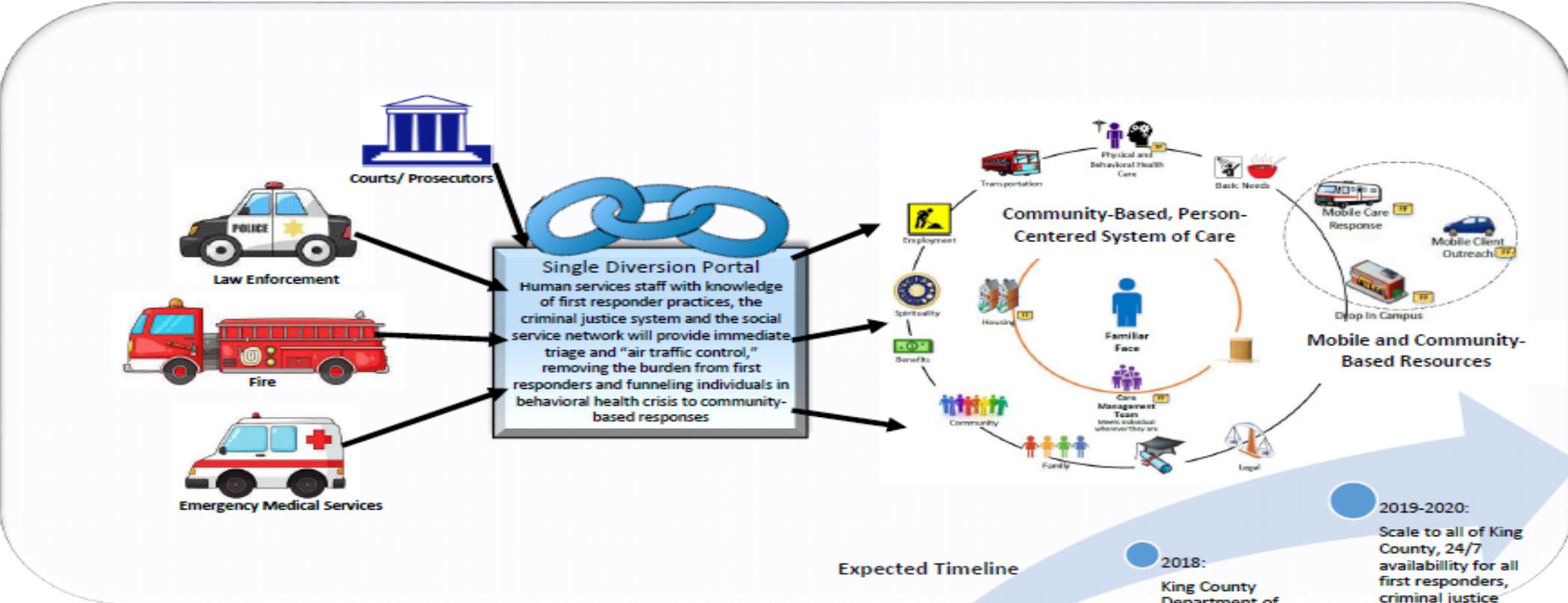
# Familiar Faces Strategies Underway

1. Diversion
2. Flexible Care Management Team (Vital)
3. Prosecutorial Resources – 3 components
- 4. Single Diversion Portal**
5. Integrated Cross-Sector Data System
6. Jail Transition

# Single Diversion Portal



# Single Diversion Portal



**Expected Timeline**

**2015:**  
Early stakeholder meetings, mapping and strategy

**2018:**  
King County Department of Community and Human Services to launch limited triage and care coordination response

**2019-2020:**  
Scale to all of King County, 24/7 availability for all first responders, criminal justice and community partners.  
Simultaneous development of the "Divert to What" Health and Human Services infrastructure



# Next Steps and contact information – Get Involved!

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

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