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
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

https://youtu.be/zwv1yX3czoU
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 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

- Federal, State and Local Non-Medicaid: $74,041,541 (13%)
- VSHEL: $52,366,358 (10%)
- MIDD: $68,700,578 (13%)
- BSK: $65,377,534 (12%)
- WISE: $6,828,488 (1%)
- Homelessness and Capital: $67,218,696 (12%)
- Health Care for the Homeless Network: $22,592,837 (4%)
- Behavioral Health Medicaid: $193,093,591 (35%)
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
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.
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.
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
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*
94% of people with 4+ bookings have a behavioral health indicator.

- Indication of MH issues: 20%
- Indication of SUD: 41%
- Indication of MH or SUD: 44%
- Chronic medical condition: 5%
- Acute medical condition: 6%

Other, 28%
Drugs, 13%
Property crimes, 18%
Non-compliance, 41%
Data Driven? What about Familiar Faces by race?

<table>
<thead>
<tr>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
<th>2013 unduplicated persons in jail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Female</td>
<td>210</td>
<td>16.5%</td>
<td>205</td>
<td>16.4%</td>
</tr>
<tr>
<td>Male</td>
<td>1063</td>
<td>83.5%</td>
<td>1047</td>
<td>83.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1273</td>
<td>100.0%</td>
<td>1252</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
<th>2013 unique persons in jail*</th>
<th>KC adult population (census)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>White</td>
<td>603</td>
<td>47.4%</td>
<td>679</td>
<td>54.2%</td>
<td>1282</td>
</tr>
<tr>
<td>Black</td>
<td>544</td>
<td>42.7%</td>
<td>456</td>
<td>36.4%</td>
<td>1000</td>
</tr>
<tr>
<td>Native</td>
<td>51</td>
<td>4.0%</td>
<td>51</td>
<td>4.1%</td>
<td>102</td>
</tr>
<tr>
<td>Asian</td>
<td>70</td>
<td>5.5%</td>
<td>59</td>
<td>4.7%</td>
<td>129</td>
</tr>
<tr>
<td>Other/U</td>
<td>5</td>
<td>0.4%</td>
<td>7</td>
<td>0.6%</td>
<td>12</td>
</tr>
</tbody>
</table>

*% 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 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

Human services staff with knowledge of first responder practices, the criminal justice system and the social service network will provide immediate triage and “atrial traffic control,” removing the burden from first responders and funneling individuals in behavioral health crisis to community-based responses.

Expected Timeline:
- 2018: King County Department of Community and Human Services to launch limited triage and care coordination response
- 2019: Early stakeholder meetings, mapping and strategy
- 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 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

Brook Buettner, Familiar Faces Initiative Manager, brook.Buettner@kingcounty.gov