King County

Department of
Community and Human Services

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IMPLEMENTATION PLAN
2012 – 2017 Veterans and Human Services Levy:
Activity 2.5 B: Forensic Intensive Supportive Housing Program (FISH)

1. Goal

Prevent and reduce homelessness.

2. Strategy

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of Ending Homelessness.

3. Activity 2.5 B Criminal Justice Initiatives: Forensic Intensive Supportive Housing Program

The Forensic Intensive Supportive Housing Program described below is one of two activities funded under Activity 2.5 Criminal Justice Initiatives.

4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

a) Service Needs
Local and national data highlight the powerful links between mental illness/co-occurring disorders, jail and homelessness.

- *Homelessness Linked to Jail:*
  Among individuals enrolled in the King County's mental health system, those who are homeless are four times more likely to be jailed than those with housing.

- *Homelessness among Veterans*:
  According to the King County Continuum of Care Plan, "Veterans constitute the single largest group within the homeless population, estimated for King County (as well as nationally) at 40% of the homeless." Data published by the Washington State Department of Veterans Affairs estimated that 2,500 homeless veterans live in the Seattle area, and there are approximately 3,300 homeless in King County (including Seattle).

- *Mental Illness and Substance Abuse Among the Homeless*

Nearly half of the 5,963 homeless individuals counted in shelters or transitional housing during the 2006 One Night Count had problems with mental illness or substance abuse. Homelessness is the norm in King County's jails; 50% of all inmates utilizing Jail Health Services reported they were homeless; 25% reported living in shelters or on the street. Recent research from the Department of Justice indicates that:

- 64% of all individuals in local jails report symptoms of mental illness;
- 74% of those with mental illness met criteria for substance abuse or dependency.

➢ *Mental Health Court Defendants:*
The City of Seattle Municipal Mental Health Court
Additionally, incarceration often results in loss of housing and benefits, separation from treatment, and a criminal history that disqualifies individuals for future housing. Our public services, hospital emergency departments, jails and psychiatric hospitals are inundated with individuals in crisis. Many clients are frequent users who have complex and chronic needs that cannot be met effectively or efficiently in these high-cost settings. Frequent users are often involved in several systems of care—behavioral health, social services, criminal justice, and housing—as well as in the health care system. Repeated visits to jails, emergency rooms, and hospitals result in inflated expenses, often absorbed by public systems, which drive up costs for everyone.

b) Populations to be Served

The project seeks to secure permanent supportive housing for vulnerable adults with histories of long-term homelessness and involvement with the King County Criminal Justice System or the Washington State Veterans Reintegration Services (VRS) project, a joint project between the Washington State Department of Veterans Affairs and the King County Veterans Program. The first target population consists of homeless veterans and non-veterans with mental illness who are involved with a mental health court in King County and subsequently found incompetent due to severe psychiatric impairment. Thirty-five such cases were dismissed by the Seattle Municipal Mental Health Court alone during first quarter 2008. Of these, 14 (40%) were currently enrolled in outpatient services in King County and another 14 (40%) were previously enrolled. Over half of the cases had at least one Involuntary Treatment Act hospitalization. Other mental health courts include King County District Mental Health Court and Auburn Municipal Mental Health Court, and an additional or expanded mental health court beginning in 2009 as funded via the Mental Illness and Drug Dependency sales tax.

The second target population consists of homeless veterans identified by the VRS project who are incarcerated in any jail within King County, impaired by mental illness and psychological trauma, and are in need of long-term or permanent supportive housing. Many of these individuals will have co-occurring substance abuse disorders. Some individuals will be involved with and supervised by the State Department of Corrections (DOC). For the current King County CJI projects, 30 percent of the funds are for services to veterans and 70 percent are for others.

These target populations represent some of our more vulnerable citizens. Perhaps the most vulnerable are the veterans and non-veterans who are found not legally competent (typically because the defendant is unable to assist his/her attorney in their defense or is unable to understand the nature of the criminal court proceedings) and who do not qualify under the statute for a referral to Western State Hospital (WSH) for competency restoration or civil commitment evaluation. In such situations, the case is dismissed and the court subsequently has no jurisdiction over the individual. As a result, the individual

is released into the community often having no services, housing, or supports. These individuals typically commit other nuisance crimes and recycle through local jails at significant cost to the criminal justice system and with little opportunity for improvement in their lives.

Positive outcomes for the target populations are often hindered by the lack of permanent and/or long-term supportive housing due to the defendants' criminal offenses and lack of rental history. Outcomes are also hindered by the challenges experienced by landlords in working with these populations and the absence of interim step-down programs to continue the progress made by them. Without necessary supportive services, these populations face many barriers to obtain housing or retain existing housing. A result is that clients often drop out of services or are unable to develop linkage to services, recycling through the local jail and court systems, incurring costly judicial, prosecutorial, public defense, jail and forensic evaluation services. Adding housing and comprehensive wraparound services to prevent criminal justice involvement will yield significant outcomes, including reduced recidivism.

The Forensic Intensive Supportive Housing (FISH) Project will serve up to 60 homeless, mentally ill veterans and non-veterans over a three year period. The project is described in detail in the Program Strategy Description section.

c) Promotion of Equity and Social Justice

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency. The King County Equity Impact Review Tool available online at: http://www.kingcounty.gov/exec/equity/toolsandresources.aspx provides a list of the determinants of equity that may be affected by your activity. Evaluate your activity's impact by responding to the following questions:

i) Will your activity have an impact on equity?

Yes, please refer to statistics included herein for data related to the racial disparities in our local criminal justice system. Based on the 2012 yearend demographic report submitted for the FISH program, the race breakdown of those served is listed in the following table:

American Indian or Alaska Native	2
Asian, Asian-American	10
Black, African-American, Other African	19
Native Hawaiian or Pacific Islander	1
White or Caucasian	37
Other Race	0
Multi-Racial (2+ identified)	4
Unknown	

The FISH program is proportionally serving people of color who become incarcerated in King County. As a result, people of color have equitable access to the program in comparison to access by White participants.

Another ESJ issue, disability justice, is also addressed by the FISH program because the program is serving people with mental health conditions and those who are homeless and meet federal poverty guidelines. Thus, individuals with disabilities and a lack of access to resources (financial, education, housing, mental health and medical care) are served in the FISH program in a comprehensive and holistic way and supported by the FISH team to access the services they need to recover and thrive.

ii) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

Based on data from the King County Department of Adult and Juvenile Detention (DAJD) captured for the jail bookings (not unique persons) during the month of December 2012, the breakdown by race of those incarcerated in a King County jail are:

Race	**Jail Bookings**[1]	
White	1,587	60.6%
Black	773	29.5%
Asian	169	4%
Native A	46	2.6%
Other	76	2.9%

[1] Secure detention is in a King County jail (King County Correctional Facility or Maleng Regional Justice Center)
Source: http://www.kingcounty.gov/courts/detention/DAJD_Stats.aspx

The follow table is based on United States census information for 2010. The race breakdown for King County is cited from the following website: http://quickfacts.census.gov/qfd/states/53/53033.html):

	King Co.	**WA State**
White persons, percent, 2010	68.7%	77.3%
Black persons, percent, 2010	6.2%	3.6%
American Indian and Alaska Native persons, percent, 2010	0.8%	1.5%
Asian persons, percent, 2010	14.6%	7.2%
Native Hawaiian and Other Pacific Islander, percent, 2010	0.8%	0.6%
Persons reporting two or more races, percent, 2010	5.0%	4.7%
Persons of Hispanic or Latino origin, percent, 2010	8.9%	11.2%
White persons not Hispanic, percent, 2010	64.8%	72.5%

Upon comparison of the breakdown by King County demographics for race from census and DAJD statistics (for those incarcerated in the King County Jail), the data show that people of color are overrepresented in the local criminal justice system.

iii) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?

As the FISH program moved into its fourth year, the program has been quite successful at assisting individuals achieve housing stability, reduce use of the criminal justice system and be in recovery from mental health and substance use issues. Also, because many of the individuals referred to the FISH program are done so at the time legal competency is raised and they are worked with during the competency process, most of them have the charges dismissed with the FISH referral, thus are no longer under the jurisdiction of the criminal justice system at a critical point in time when they have treatment and housing needs in order to remain out of the system, which FISH provides from a harm reduction and housing first approach.

However, we have not addressed systemic or structural issues of inequity through this program because individuals are served after they become justice involved. Because of this ***post-booking jail diversion program***, one way to assist FISH participants and the service provide staff on the FISH team to better address issues of inequality and to more empower the FISH participants, is to provide anti-oppression training to the FISH team staff and offer opportunities to the FISH participants to have a voice in the services they receive from a social justice perspective, especially around cultural competence in service delivery, housing and housing supports and employment and vocational training.

As FISH participants become stable and are living in the community, offering them opportunities to have a voice in various community forums and become participants in advocating for others who have experiences similar to their own, is important. Connecting the FISH team staff to organizations locally who are doing this work (community organizing and programs) as opportunities to volunteer, become involved in local racial justice, disability justice and other groups working for social justice, is one way to lift up the voices of those receiving services from the FSIH program and create opportunities for personal and professional development that many of the FSIH participants may have never had in their lives. All of this helps create access to the life chances and resource one needs to thrive and stay out of the justice system, homelessness and drug use for managing mental health issues and trauma histories.

5. Activity Description

The FISH Project will introduce new programs or enhance/expand existing programs to accommodate the referred populations identified in this procurement plan. Specifically, the County will purchase sufficient housing capacity, including permanent housing, and intensive supportive services for up to 60 eligible clients. The intensive supportive services purchased under this procurement plan are intended to address service gaps and capacity expansion needs that cannot be fully covered under the existing mental health and chemical dependency service systems in King County.

The County will also purchase a minimum of 1.0 FTE liaison or "boundary spanner" position to provide a single point of contact for eligible referrals. Assistance shall be provided with transportation to the services site, triage, screening and assessment services, assistance in applying for publicly funded benefits, and linkage to treatment and crisis services, if needed. Other staff positions, including case managers, peer specialists and other team members, will be required as indicated via the needs assessment results and proposed via the RFP process.

The County seeks to contract with a single agency that provides housing, treatment, and supportive services or the lead agency of a partnership (via subcontract relationships) comprised of one or more housing providers and one or more service providers.

The project will consist of the following components:

- **Initial Engagement and Outreach**
  Some, if not most, of the target populations will be resistant to services. Initial engagement and outreach may take weeks to motivate the client to agree to services, housing, and medications monitoring. In a few cases, the engagement phase may take months but will be limited to no more than six months duration. Outreach efforts will continue until the client agrees to services or the engagement phase of six months has expired.

- **Transport or Escort to the Service Site**
  Once the client agrees to services, the safety of the client shall be assured while s/he is transported to the service site. Eligible clients will be transported or escorted directly from jail upon release.

- **Triage, Screening and Assessment**
  Initial triage and screening, including screening for PTSD, and assessment of clinical and support needs will be provided within three business days of referral, and is especially important for participants with COD. An assessment tool shall be used to prioritize housing placement with the most vulnerable persons being housed first.

- **Respite with 24-hour Monitoring**
  Mental health and/or crisis respite and monitoring services will be provided to eligible clients, for those who are in immediate need of shelter and mental health services, for no longer than seven business days. At that point, clients will be moved to permanent supportive housing or other housing options if placed on a wait list (see previous item on screening and assessment).

- **Assistance in Applying for Benefits**

Immediate application to the WA State Department of Social and Health Services (DSHS) for entitlements and other publicly funded benefits will be provided including a psychological assessment if needed to meet benefit threshold requirements. All application requirements will be done within three business days of initial triage and screening.

- **Treatment and Crisis Response**
  Refer to evidence-based best practices above. If a greater level and intensity of services is needed than is available through the King County Regional Support Network (RSN), then a combination of services will be implemented. Enhanced access to health care, prescriber, and trauma services shall be available to the clients served in this project. Funding via this proposal shall be used to provide services that are not covered through the RSN.

- **Permanent Housing and Supports**
  The project will use a Housing First approach to engage and rapidly house frequent institutional users who are homeless. A range of housing models and options will be used to accommodate and support individual stabilization and recovery. The referral process will consist of low barrier access and limited exclusionary criteria to engage and house the identified populations who have a history of long-term homelessness and recidivism. Clients will be prioritized for permanent housing (or temporary housing if awaiting permanent housing) with the most vulnerable clients being permanently housed first. The housing facility(s) shall have 24-hour housing management staff including front desk coverage, guest monitoring and housing assistance.

  On-site or off-site services will include behavioral health and employment services. The rules and structure of the residential program shall be designed to complement the provision of individual client support services, including housing stabilization, to create a comprehensive rather than fragmented supportive housing model. Long-term supports shall include intensive case management and/or assertive community treatment (based on the results of the local needs assessment), and peer support. Peer support will be provided by a former or current consumer of mental health services who is trained in the Wellness Recovery Action Plan; ideally, someone with experience in the criminal justice system (forensic peer specialist). Peer support specialists may work with clients in groups or individually; however, they shall not provide individual counseling services. Potential candidates shall receive appropriate training prior to working with clients.

  The project will identify liaison staff with the responsibility to receive referrals, provide linkage to housing and coordinate with both the mental health courts and VRS program staff. The liaison/boundary spanner position(s) is vital in order to provide a single point of contact for the target populations to ensure that the provider agency(s) can appropriately identify their capacity for timely acceptance of referrals, provide individualized services and supports and participate in follow-up and monitoring activities. Because the participants will be justice involved, the liaison position(s) is also important to assist the client in negotiating the legal system and possible court or DOC supervision requirements.

  Some clients will be currently enrolled in the RSN and will need assistance in getting reconnected to services, if appropriate. The liaison/boundary spanner will be responsible for assuring that these clients are reconnected to services and will monitor them until they are reengaged in services or contact is lost.

Service data will be submitted to the County per MHCADSD policies and procedures.

Referrals from Mental Health Court

The degree of expertise and familiarity that community mental health case managers have about the criminal justice system and proceedings related to competency is minimal; thus an "expert" liaison/boundary spanner to coordinate and communicate between the respective systems is necessary and will improve the treatment connections and outcomes for these individuals. For eligible defendants, the court will fax a copy of the competency evaluation order to the appropriate liaison, with a signed release of confidential information, at the designated provider agency. The liaison will check the defendant's mental health services history through the King County Extended Client Lookup System (ECLS). There are two benefits to informing the liaison of any pending competency evaluation:

1. The liaison can develop a relationship with the defendant prior to release from jail and can initiate expedited access to benefits, reconnection to mental health and other services, and access to housing as well as identify if the defendant is on the King County High Utilizer list.

2. The liaison can complete screening and assessment on a larger defendant pool, which will inform a more targeted service plan for eligible clients.

Upon determination of incompetence and referral to local resources, the liaison/boundary spanner will arrange for transport from jail upon release to housing and/or other services. At this point, the client will be triaged, screened (including screening for trauma/PTSD), and assessed at the service site. The client may be identified in the High Utilizer database being developed by King County. This database will eventually facilitate coordinated entry into existing and new housing, services and supports.

As soon as an order for competency is entered, the liaison will be provided a copy of that order, and identifying information for the defendant, including the mental health treatment history, as included in the county's mental health database (ECLS), and the criminal history to review criminal charges and dispositions in other jurisdictions. The liaison will review the ECLS and make contact with the defendant to obtain additional and current treatment history, as well as to learn about housing, medications, and other court matters.

This proposal, a two-track model, will service the misdemeanor criminal justice population who present competency issues and are ultimately found to be "not competent to proceed" and will work as follows:

Track 1: For the cohort of defendants who are currently enrolled and tiered in the county mental health system, the liaison will contact the case manager of record and discuss the defendant's engagement, involvement, and compliance with the treatment plan and with the reported housing resource. The liaison will advise the case manager of the ordered competency, underlying criminal charges, next court date, facilitate the case manager connecting with the defendant in person, pending the next court date, and review the service needs of the defendant. While this cohort will likely have a case

manager, the introduction of the expert liaison will significantly improve coordination with the court.

If this cohort is found to be **not** competent to proceed, the early engagement with the case manager of record will greatly enhance the resource "bridge" from custody to community based services, and will include accessing housing, treatment, PTSD services (if needed), medication and other service resources.

Track 2: For the cohort of defendants who are currently not enrolled or tiered in the county mental health system, the liaison will interview the defendant, assess the treatment, medication and housing needs, and initiate a treatment program to support the defendant. Using the Recovery Model principles, the liaison will work with the defendant to develop and support treatment goals of reducing bookings into jail and increasing treatment episodes with a provider agency. The liaison will explore and initiate the application for public benefits, will explore "next day appointment" options with a community mental health provider, will review housing options, and will develop a release/treatment plan that includes a "bridge" to services.

For the cohort of defendants found to be **not** competent to proceed, the early assessment and screening for eligibility and services will enhance the resource bridge from custody to community based services, to include housing, treatment, medication and other service resources. Appropriate services and/or linkages will be made based on need and eligibility. Services may include detoxification, assistance with applying for publicly funded benefits, chemical dependency treatment, mental health services, and other services as needed. The client will be prioritized for permanent housing (or temporary housing if awaiting permanent housing) with the most vulnerable clients being permanently housed first.

Referrals from Veterans Reintegration Services (VRS)
A case manager(s) assigned to serve veterans will not work with non-veterans. VRS receives referrals via jail kite (self-referral) or from social workers, probation officers, criminal justice liaisons, release planners, DOC community corrections officers, and public defenders for inmates incarcerated in any jail within King County. A screening is done to collect booking and charge information, sentencing information, and determine eligibility for Veterans benefits. If ineligible, then the inmate is referred to mainstream community-based services upon release.

If eligible for Veterans benefits, then a full assessment is conducted including background and family information, criminal history, physical and mental condition, housing status, employability, education, and job skills. A clinical assessment is conducted, if indicated, including chemical dependency and mental health/trauma. The assessment results are used to develop a case plan, consisting of a treatment plan and support services plan, for each eligible inmate assessed. With a signed release of confidential information, the case plan is shared with the court along with a letter advocating release to treatment and other services including housing options.

Upon release, eligible veterans may be referred for detoxification or Intensive Inpatient chemical dependency treatment followed by Outpatient treatment and aftercare. Transportation and financial assistance are provided, if needed. Assistance with obtaining work clothes and tools is provided for those who are employment ready.

Assistance with job search, vocational counseling, job training and education, apprenticeship programs and resume assistance are available.

Eligible veterans with mental health issues are assessed for PTSD and, if warranted, referred to PTSD services. Veterans with other mental health disorders may be referred to programs available through the county, state or federal Veterans programs or through the King County Regional Support Network. Homeless veterans with serious and persistent mental illness will be targeted for the FISH Project described in this procurement plan.

For clients found eligible for the FISH Project, a liaison/boundary spanner will arrange for transport from jail upon release to housing and other services. At this point, the veteran will be triaged, screened, and assessed at the service site. The veteran may be identified in the High Utilizer database being developed by King County. The liaison will review mental health services information in ECLS and make contact with the veteran to obtain additional and current treatment history, as well as to learn about medications and other court matters. The veteran will be prioritized for permanent housing (or temporary housing if awaiting permanent housing) with the most vulnerable clients being permanently housed first.

For both target populations, a service model(s) shall be implemented based on the needs assessment results obtained during Phase 1. The Forensic ICM and/or ACT model is the likely and preferred program model(s) for the FISH Project.

The Levy boards will be alerted to any significant revisions to the program model once services are fully implemented.

6. Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.

	2012	2013	2014	2015	2016	2017
Veterans Levy	**$ 210,000**	**$ 210,000**	**$ 210,000**	**$ 210,000**	**$ 210,000**	**$ 210,000**
Human Services Levy	**$ 480,000**	**$ 480,000**	**$ 480,000**	**$ 480,000**	**$ 480,000**	**$ 480,000**
Total	**$ 690,000**	**$ 690,000**	**$ 690,000**	**$ 690,000**	**$ 690,000**	**$ 690,000**

A total of $690,000 is available in 2012 to implement this activity. Additional funds will be available annually through 2017 based on the activity's performance.

7. Evidence-based or Promising Practices

There are several evidence-based best or promising practice programs that are pertinent, some or all of which will be utilized in this procurement plan. The following is a description of those program components.

- **Housing Panel Matrix.** An expert housing panel presented a framework for housing model dimensions which include the "umbrella" housing approach (i.e., housing first vs. housing ready), the service-related approach (low demand vs. high demand), the programmatic

model (reentry vs. non-reentry), length of stay (transitional vs. permanent), and the configuration (single-site, scattered site and clustered scattered-site). [1]

- **Pathways' Housing First.**[2] The Pathways' Housing First program specifically outlines outcomes related to 1) housing stability, 2) consumer choice in housing, 3) cost of supportive housing and services, and 4) the use of support services. These items address housing and support related outcomes, but criminal justice related outcomes also need specific attention. In addition, the availability of the appropriate level of support and intensive outreach and engagement services is vital for longevity of housing stability for the severely mentally ill and substance abusing populations.

  - **The APIC Model.** The APIC Model is a best practice approach necessary to address reentry of offenders back into the community. Housing alone will not address all the barriers and challenges the criminal justice involved population faces upon release from jail. The APIC Model consists of the following critical elements:
    - **Assess** the offender-client's clinical and social needs, and public safety risks.
    - **Plan** for the treatment and services required to address the offender-client's needs.
    - **Identify** required community and correctional programs responsible for post-release services.
    - **Coordinate** the transition plan to ensure implementation and avoid gaps in care with community-based services.[3]

  - **Co-Occurring Disorders (COD) Treatment.** King County RSN data show that almost half of the 7,200 severely and persistently mentally ill clients served between 1993 and 1998 in King County had a co-occurring substance abuse disorder and one-fifth were homeless at least once during the study period.[4] Treatment services should be co-located and based on the principle that both disorders are primary. Within a housing context, it is especially vital to provide comprehensive and integrated services for the justice involved COD population. Some of the appropriate clinical interventions and effective evidence-based practices for COD populations include motivational, psychopharmacological, and behavioral interventions. Evidence-based programs include Integrated Dual Disorders Treatment[5] and Comprehensive, Continuous, and Integrated System of Care[6].

- **Post Traumatic Stress Disorder (PTSD).** PTSD treatment should be provided for veterans with psychological trauma and non-veterans who've been through a traumatic event and are dealing with PTSD. The prevalence of PTSD is significantly higher in the targeted homeless veterans and non-veterans to be served in the project, with rates ranging

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[1] *Principles and Practice in Housing for Persons with Mental Illness Who Have Had Contact with the Justice System*. CMHS National GAINS Center Evidenced-Based Practice for Justice-Involved Individuals: Housing Expert Panel Meeting, June 1, 2005.
[2] Referenced in SAMHSA National Registry of Evidence-Based Programs and Practices
[3] Osher, F., Steadman, H.J., Barr, H. (2002). *A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model*. Delmar, NY: CMHS National GAINS Center.
[4] March 7, 2007 correspondence with Gary Cuddeback, Ph.D., regarding the University of North Carolina at Chapel Hill study of King County RSN data
[5] SAMHSA's Co-Occurring Center for Excellence Overview Paper 5*: Understanding Evidence-Based Practices for Co-Occurring Disorders.*
[6] Developed by Kenneth Minkoff, M.D. and referenced in SAMSHA's Report to Congress on Co-occurring Disorders (2002)

from 40 to 80 percent, compared to 8% of the general population in the U.S. The presentation of PTSD in these subgroups is more complex and difficult to address. Substance abuse is a significant variable but it is typical to find other axis one diagnoses such as depression, anxiety, panic, and even psychosis in conjunction with PTSD. Moreover, Complex PTSD may be pervasive in this population as many live traumagenic lives. The United States Department of Veteran Affairs, National Center for PTSD, publishes many manuals and guides for clinicians for addressing PTSD.[7]

- **Paraprofessional Peer Counselor/Forensic Peer Specialist.**[8] Peer specialist services will be available to project participants. Forensic peer support specialists are trained peer staff who are in recovery from mental illness and have past involvement with the criminal justice system including incarceration. The forensic peer specialist may work with clients in groups or individually, however, they will not provide individual counseling services. A forensic peer specialist provides recovery-oriented, direct support to other peers, and assists participants in becoming fully integrated into all aspects of community life. They may assist participants with exploration of transferable skills.

- **Crisis Diversion Center.** SSB-5533, enacted on July 22, 2007, allows local law enforcement officers and prosecutors to divert individuals from the criminal justice system "who have committed non-serious and non-felony crimes, if they are known by the Regional Support Network to suffer from a mental disorder."[9] The individuals can be diverted to a crisis diversion center and held for up to 12 hours. The individuals must be examined by a mental health professional within three hours of arrival, and they must agree to voluntary participation in outpatient treatment. A crisis diversion center for adults will be established in King County, upon Council approval, via the Mental Illness and Drug Dependency (MIDD) Action Plan.[10] The MIDD Action Plan, funded via a 1/10th of 1% sales tax, also includes a strategy to involve significantly more police officers and other first responders in Crisis Intervention Training in King County.

- **Forensic Intensive Case Management.**[11] The Intensive Case Management (ICM) was designed for persons with severe mental illness who are either high service users or not using traditional mental health services at all. The ICM model incorporates a "full support philosophy" and uses a multidisciplinary team approach. It involves assertive outreach, assessment of consumer need, and negotiation and coordination of care. It combines the principles of case management with a low staff-to-consumer ratio.[12] The Forensic ICM team integrates services and coordinates with the courts, law enforcement, and probation and/or the Department of Corrections as appropriate. The team encourages family involvement,

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[7] Refer to The National Center for PTSD website at http://www.ncptsd.org/topics/health.html

[8] Davidson, L., Ph.D., Rowe. M. Ph.D. (2008). *Peer Support within Criminal Justice Settings: The Role of the Forensic Peer Specialists.* Delmar, NY: CMHS National GAINS Center, May 2008.

[9] Strode, Anne D. (2008). *Draft Final Report: Implementation of SSB-5533 in Washington State Counties & Cities.* Washington Institute for Mental Health Research and Training, Washington State University-Spokane, March 2008. Refer to report at http://mhtransformation.wa.gov/pdf/mhtg/SSB-5533Report.pdf.

[10] Refer to strategies #10a and #10b of the Mental Illness and Drug Dependency Action Plan: http://www.metrokc.gov/dchs/mhd/salestax/12Strategies.pdf.

[11] Addy, J., Mundil, K., Parker, T., Talbott, P. (2008). *Intensive Case Management for Behavioral Health Jail Diversion: The Lancaster County, Nebraska Approach*. American Jails, January/February 2008

[12] Meyer, Piper S., Ph.D. and Morrissey, Joseph P., Ph.D. (2007). *A Comparison of Assertive Community Treatment and Intensive Case Management for Patients in Rural Areas, Psychiatric Services.* American Psychiatric Association: 58:121-127, January 2007.

where possible, and natural supports. It provides 24-hour crisis services. Active Forensic ICM caseloads are limited to 15 persons per case manager.

- **Assertive Community Treatment (ACT).** ACT is a service-delivery model that provides comprehensive, community-based treatment to people with serious and persistent mental illnesses. ACT is not a linkage or brokerage program that connects individuals to mental health, housing, or human services agencies. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary 24/7 staffing of a psychiatric unit, but within the comfort of their own home and community. ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation.[13] Active ACT caseloads are limited to 10 persons per case manager.

The Forensic ICM and/or ACT model is the likely preferred program model(s) for the FISH Project to be determined via the local needs assessment.

8. Service Partnerships

Strong coordination already exists with King County Criminal Justice System components. The following agencies that are involved in the King County Criminal Justice Initiatives (CJI) have committed to be involved with the project:

- City of Seattle Municipal Mental Health Court
- Des Moines Municipal Court
- Enumclaw Police Department (operates a city jail)
- Federal Way Municipal Court
- Issaquah Police Department (operates a city jail)
- Kent Police Department (operates a city jail)
- King County Department of Adult and Juvenile Detention
- King County District Mental Health Court
- King County District Veterans Treatment Court
- King County Office of Public Defense
- King County Prosecuting Attorney's Office
- King County Sheriff's Office
- King County Veterans Program
- Kirkland Police Department (operates a city jail)
- SeaTac Municipal Court
- Seattle Police Department
- South Correctional Entity (SCORE)
- Tukwila Municipal Court
- Washington State Department of Corrections
- Washington State Department of Veterans Affairs

The seven suburban municipalities listed above routinely work with the VRS project to link offender-clients to appropriate veterans services, if eligible. This proposal will provide timely access to permanent supportive housing for homeless, seriously mentally ill veterans identified in city jails within King County, in addition to those identified in the King County Jail, Seattle or Kent Divisions.

[13] Cited from National Alliance on Mental Illness (NAMI) website at http://www.nami.org

Seattle Municipal Mental Health Court and King County District Mental Health Court have been partners in developing this project and strongly support implementing programs targeted toward these vulnerable individuals. Both courts have already devoted staff time toward the project.

9. Performance Measures

The following performance measures and targets were identified by the Levy's Evaluation Team. Performance will be evaluated annually and targets will be adjusted accordingly as needed for the following year.

Performance Indicators	Target(s)	Data Source
Clients engaged in services but not in housing	0	Report Card – Services
Total clients served	60	Report Card - Services
Clients moved into or are maintained in supportive housing	60	Report Card - Services
Number of clients who transition to independent housing	3	Report Card – Services
Number of clients who exited into homelessness or institutions	0	Report Card – Services
Number of clients who graduate the program	3	Report Card – Services