

Appendix II
KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
Mental Health Division

Task	Entities to be Involved
<p>1. Establish a program that provides aggressive outreach to mentally ill individuals at large in the community. Expand on the King County Access Project.</p> <ul style="list-style-type: none"> • ACCESS=Access to community care and effective services and supports • Five-year demonstration project in King County funded by US Department of Health and Human Services (Substance Abuse and Mental Health Services Administration) • Services to people who are both homeless with mental illness, particularly individuals with co-occurring substance use disorders • 70% male, about 40 years old, 40% minority with average number of years homeless of 4.6 years • 200 individuals/year receive case management services • 400/year outreach and engagement services only 	<ul style="list-style-type: none"> • Receipt of services begins to impact basic quality of life within 90 days • 70% report that they have formed a positive working relationship with a primary treatment provider within 90 days • After 90 days, 59% have been in stable housing for at least 30 days; 12 month marker, 77% in stable housing • Approximately \$10,000 per person to cover outreach and engagement and intensive case management services • \$2.2 million per year. Funding ends mid-1999 • Mental Health Division will be exploring strategies to continue funding these services after the federal demonstration project ends. <p>Note: Outreach and engagement research study recently completed by NW Research Associates.</p>
<p>2. Create a “no refusal” crisis triage center to serve individuals with mental illness and/or substance abuse emergencies.</p> <ul style="list-style-type: none"> • Identify various triage models and determine most appropriate model for King County • Determine range of triage needs that exist in King County, e.g., co-location of other services such as detox • Determine program characteristics <ol style="list-style-type: none"> 1. Target population 2. Ages served 3. Average length of stay 4. Primary referral sources; volume 5. Outcome measures and evaluation • Identify range of resources to fund triage services • Determine capital and operational funds to support ongoing triage services 	<p>Bureau of Unified Services Advisory Council-Triage Center Work Group (40 member body)</p> <p>Pilot crisis triage center by Summer 1998</p> <ul style="list-style-type: none"> • Harborview is interested in being the pilot site • Pilot triage center estimated to cost \$1.2 to \$1.5 million on an annual basis. Assumes 10-12 beds @ \$350/bed

<p>3. Review application of “standards” used for 72-hour detention under RCW 71.05</p> <ul style="list-style-type: none"> • Review specific cases with Prosecutor’s Office <p>By December 31, 1997</p>	<p>King County Prosecutor’s Office, Public Defenders Association and Mental Health Division</p>
<p>4. Perform misdemeanant competency and sanity evaluations in King County.</p> <ul style="list-style-type: none"> • Develop a one year pilot program and evaluate objectives, including: • Reduction in custody pretrial disposition jail time • Greater security and improved community safety • Less use of state hospital bed space • Less use of jail bed space <p>Western State Hospital supportive of this initiative and willing to seek funding to support pilot program.</p>	<p>Department of Adult Detention, Seattle Municipal Court, King County Prosecutor’s Office, City Attorney’s Office, King County District Court, King County Sheriff, Seattle, Police Department, Public Defenders Association, Western State Hospital, Department of Community and Human Services</p> <p>By December 31, 1997 develop action plan and budget for approval.</p>
<p>5. Create crisis outreach and referral protocols to ensure responsiveness to district and municipal courts, e.g., Renton Municipal Court</p> <ul style="list-style-type: none"> • <u>Information sharing</u>: Call CDMHP Office to find out if a person is enrolled in the public mental health system • <u>Evaluations for involuntary commitment</u>, call CDMHP Office • <u>Outreach and engagement</u>: for persons not enrolled in the public system, the CDMHPs will upon referral respond to the jail to see the person at time of release. CDMHP will offer voluntary mental health care and schedule a next day appointment with a service provider. • <u>Training</u>: CDMHPs and supervisors can provide training on the public mental health system and on involuntary commitment 	<p>Department of Community and Human Services/Mental Health Division</p> <p>Letter sent to Judge Harn in October. Letters to others mailed week of November 10.</p>

<p>6. Pilot a mental health court in King County. Focus mental health specialists on the mentally ill defendant thereby greatly increasing coordinated management of mentally ill offenders.</p> <p>(Defer to Judge Cayce)</p>	<p>Seattle Municipal Court, King County District Court, City Attorney's Office, King County Prosecutor's Office, Public Defenders' Association, Department of Adult Detention, Seattle Police Department, Municipal Probation Officers, District Court Probation Officers, City of Seattle Office of Intergovernmental Relations and Mental Health Division</p>
<p>7. Assign a liaison from the voluntary and involuntary treatment systems to the King County Jail. (Two CDMHPs)</p> <ul style="list-style-type: none"> • Meet at least once a week with jail staff and Jail Alternative Services program staff to assist with information flow and accountability • Review mentally ill individuals in jail • Consult on referrals for involuntary commitment • Problem-solve difficult cases • Link mentally ill individuals to the long-term care system 	<p>Department of Adult Detention, Public Safety, Public Health and Community and Human Services (Mental Health Division), Seattle Police Department, Seattle Municipal Court, City Attorney's Office and Western State Hospital.</p> <p>By December 15, 1997</p> <p>Note: New Jail Psychiatric Supervisor hired and began work on November 3, 1997.</p>
<p>8. Redesign the King County Jail Alternative Services Program for 1998 to broaden eligibility and improve diversion capabilities by strengthening post release connections to the long-term care system including residential options. strengthen post release connections to the long term care system</p> <ul style="list-style-type: none"> • integrate Seattle Police Department training efforts • sponsor case manager training on assertive engagement practice 	<p>Seattle Police Department, King County Prosecutor's Office, Seattle City Attorney's Office, Departments of Adult Detention, Public Health and Community and Human Services (Mental Health Division), and Community Psychiatric Clinic</p> <p>Draft redesign focuses on post-release of unenrolled individuals in need of long-term mental health treatment. Redesign to be implemented in January 1998.</p>
<p>9. Develop a no refusal procedure to ensure that mentally ill defendants remain engaged, or become immediately reengaged, or are authorized to receive service with an appropriate community service provider.</p> <p>By March 31, 1998</p>	<p>Department of Community and Human Services (Mental Health Division) and community mental health providers</p>

<p>10. Develop a discharge planning program for mentally ill individuals released from Washington State Department of Corrections and Juvenile Rehabilitation Administration facilities to ensure they are engaged by community resources.</p>	<p>Washington State Department of Corrections and Juvenile Rehabilitation Administration, Department of Community and Human Services (Mental Health Division) and community mental health providers. By March 1998</p>
<p>11. Improve the monitoring of Least Restrictive Alternative court orders (LRA) by community providers; ensure that providers follow patients through complete period of the order.</p> <p>Develop a range of options to employ when less restrictive orders are violated including standards for revocation.</p>	<p>Date and players to be determined.</p>
<p>12. Standard form of the competency evaluation court order should specify that Western State Hospital should provide the report required by RCW 10.77 directly to Jail Health staff as well as the court, prosecutor and defense.</p>	<p>Date and players to be determined.</p>
<p>13. Develop a training program and information resources on how to interact with participants in the Mentally Ill Offender Network using Internet and electronic technology whenever possible.</p>	<p>Date and players to be determined.</p>