



King County

Board of Health

Staff Report

Agenda item No:	13	Date:	December 13, 2007
Briefing No:	07-B36	Prepared by:	Kelli Carroll

SUBJECT

A BRIEFING on mental health services in King County.

SUMMARY

The King County Department of Community and Human Services' Mental Health, Chemical Abuse and Dependency Services Division is responsible for planning, implementing and evaluating a publicly funded, county-wide system of care for adults and children with mental illness residing in King County. The 2007 budget for King County's Mental Health division is over \$132 million, with over 80 full time equivalent employees. The department provides an array of mental health services, from 24-hour crisis outreach services for persons experiencing psychiatric emergencies, to processing referrals and conducting investigations under the Washington State Involuntary Treatment Act. There are sixteen provider agencies that operate under contract with the County to provide mental health services to adults, children and youth in King County.

In addition to providing mental health services under the Regional Support Network, King County's mental health system includes a number of other mental health initiatives addressing specific policy areas. For example, a high number of individuals arrested, jailed or hospitalized in King County are people with untreated mental health and substance abuse issues.

Approximately 65,000 people in King County have a severe mental illness, and another 44,000 people are chemical dependent. In response to this and other data, the County Council has authorized a one tenth of one percent sales tax to fund new and expanded mental health, substance abuse and therapeutic court programs to keep the mentally ill, and others, from recycling through the jail, emergency medical and homelessness systems.

Another King County mental health policy initiative is the mental health recovery transformation project. It is a multi year, system wide effort to change the county's publicly funded mental health services from one of maintenance of symptoms to a recovery based approach. This significant effort to advance King County's mental health system is grounded in nationally recognized best and promising practices and involves every level of stakeholder in the mental health system, including the sixteen provider agencies, consumers, and family members.

The broader human services system efforts such as the Committee to End Homelessness in King County and the Veteran's and Human Services Levy also include projects that have mental health components.

BACKGROUND

King County Regional Support Network

Washington State's mental health services are assigned to county-based entities called Regional Support Networks (RSNs). The King County RSN was established in 1990 and is managed by the King County Department of Community and Human Services' (DCHS) Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD). King County RSN is responsible for providing services and support for chronically mentally ill adults and severely emotionally disturbed children.

The King County Mental Health Plan is a Medicaid managed care system, meaning that everyone who is on Medicaid and needs mental health services according to statewide access to care criteria is eligible for services. King County serves non-Medicaid covered individuals through outpatient services only if resources are available, which is increasingly rare. King County does pay for hospitalizations and crisis services for the poor even if they are not covered under Medicaid.

Mental Health Programs and Services

King County offers a wide variety of mental health services to clients based on their individual needs. Mental health services are provided through a certified vendor pool of community mental health centers. The vendor network includes providers who specialize in certain areas of care. Community mental health centers provide a range of services and some centers subcontract with other agencies to offer a wider variety of programs. Mental health centers determine eligibility and medical need for services. Depending on individual need, the health plan offers:

- Individual or group therapy
- Family counseling
- Case management
- Medication management
- Emergency/crisis assistance
- Residential care
- Vocational/ school-based services

Some agencies also provide specialized services such as:

- Services to deaf/hearing impaired
- Services to ethnic/cultural minorities
- Children's services
- Outreach to homeless persons
- Co-occurring mental health and substance abuse treatment

Psychiatric hospitalization at local hospitals is also covered by the plan.

King County has a Mental Health Advisory Board, established by County ordinance in 1969. Creation of the board was brought about by legislative mandates identified in the Community Mental Health Services Act of 1967 (RCW 71.24). Under the RCW, the King County executive may appoint a mental health advisory board to assist in the development of plans and policies for the operation of the county mental health program.

The County's mental health advisory board focuses on access and quality of mental health services. Its role and scope of work cover the following areas:

- Advise the King County executive and council on mental health policies.
- Review ombuds reports from the MHCADSD regarding system trends, outcomes, quality indicators, and client satisfaction, and based on results; recommend further study or changes as necessary.
- Provide education and information to the residents of King County.
- Legislative advocacy
- Liaison duties (relationships with service provider boards, Chief Executive Officers, and clients)

Key King County Mental Health Initiatives

King County is actively developing two key mental health centered initiatives while collaborating on other broad human services efforts that contain mental health components: System Transformation through the Recovery Plan and the Mental Health Recovery Plan funded by a sales tax increase.

- **System Transformation: The Recovery Plan**

King County defines recovery as “a process whereby an individual not only achieves management of their symptoms but regains or develops sufficient skills and autonomy to enable the individual to live, work, learn and participate full in the community in an age appropriate manner. It means a way of living a satisfying, hopeful and contributing life, even with illness caused limitation.” Cite?

In 2000, the King County Council recognized the need for the King County mental health system to move beyond maintenance of persons with serious and persistent mental illness to the recovery of function and participation in the community to maximum extent possible for individuals. In 2003, the President's New Freedom Commission on Mental Health recognized recovery orientation as a best practice model. The Washington State legislature amended the Community Mental Health Services Act in to include recovery concepts during its 2005 session.

In 2005, the County Council approved ordinance 15327 adopting the recovery model as the policy framework for developing and operating the mental health services for which King County is responsible. The framework policies called for the transformation of the King County mental health system from one seeking to stabilize and maintain people with serious and persistent mental illness to one that fosters recovery of function and participation in family and

community life in spite of the illness. It specified twelve critical policy elements to reshape the county's mental health system.

The first phase of the system change plan focused on involving and motivating all of the system stakeholders including administrators, managers, direct care providers, consumers and their families and identifying the major policy and service practice changes to be implemented in the second phase. The results of Phase I were submitted to the King County Council in June 2007 for review and approval as the detailed implementation plan that will guide the second and third phases of the system change process. The ordinance adopting the phase II implementation plan is currently awaiting final action by the council.

- **One Tenth of One Percent Sales Tax: Mental Illness and Drug Dependency Action Plan**

Inadequate state and federal funding for mental health and substance abuse services has limited access to treatment for the majority of needy county residents. Because of the lack of community treatment options, fewer than half of those in need of mental health treatment are able to get it and only one person in five can get chemical dependency treatment in King County.

In 2006, the County Council reviewed the significant human and economic issues that the county faces when dealing with individuals who are unstable and seriously disabled due to mental illness and chemical dependency. For example:

- The King County Correctional Facility is the state's second largest mental health facility with a population of mentally ill persons higher than any other facility except Western State Hospital;
- Two-thirds of the persons booked in to the King County jail facilities are under the influence of alcohol or drugs at the time of booking;
- The average length of stay for a mentally ill inmate in the King County jail facilities is roughly six times longer than the average felony inmate;
- The average cost per day of incarceration of an inmate is \$98, whereas the average cost per day to house a mentally ill inmate can be as high as \$300 per day due to the cost of housing the inmate in the Psych Unit and the cost of medications
- On any given day, between 40-53% of King County Drug Diversion Court clients are homeless, and;
- The almost exclusive state and federal focus of funds on Medicaid has virtually eliminated options to treat mentally ill and drug dependent people who have not been able to successfully go through the lengthy and burdensome Medicaid eligibility process.

The County Council responded by passing Motion 12320, directing the executive, superior court, district court, the prosecuting attorney, public defender, and sheriff to submit to the County Council a phased action plan. The plan was to show how the County could prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services. A year later, in June of 2007, the County Council received the final phase of the three-phased Mental Illness and Drug Dependency Action Plan (MIDDAP).

The MIDDAP outlines numerous recommendations for cohesive mental health and substance abuse prevention, intervention and diversion services to work together to preserve public safety and provide needed treatment for the mentally ill and chemically dependent, while reducing utilization of the jail and emergency room as expensive and unsuitable interventions for the mentally ill and chemically dependent. The MIDDAP recommendations were designed by experts from within and outside of King County, representing dozens of organizations, hospitals, law enforcement, the criminal justice and treatment communities. Options for funding the recommendations included enacting a one-tenth of one percent sales tax authorized by the Washington State Legislature.

The 2008 adopted King County budget includes the creation of a new fund based on this new revenue source to support new and expanded mental health and substance abuse programs and therapeutic courts. King County anticipates receiving roughly \$50 million annually from this revenue source. The services and programs to be funded in 2008 reflect those outlined in the MIDDAP.

Reducing growth of the justice system and sustaining the general fund have been established County Council policies for the past eight years. By making a full continuum of prevention, intervention, treatment and other supports more readily available to those in need through the services and programs of the MIDDAP and the one tenth of one percent sales tax, the public and personal costs of mental illness and substance abuse will be reduced.

- **Other Human Services Initiatives with Mental Health Components**

There are a number of other county human service initiatives that contain a mental health element. For example, the county's Ten Year Plan to End Homelessness in King County offers a blueprint for how the region will work together to confront the issues that cause homelessness and create the housing and supportive services needed to end homelessness for the thousands of men, women and children who currently live without a permanent roof over their heads. The plan calls for strengthening discharge planning so that people leaving jails, prisons, hospitals or substance abuse and mental health treatment facilities are housed and treated, not released onto the streets.

Another example of a broad initiative with mental health components is the Veterans and Human Services Levy. King County voters approved a ballot measure in 2005 that will generate \$13.3 million annually for six years to help veterans and their families and others in need. Half of the revenue raised will fund services for veterans, military personnel and their families, including services specific to veterans' needs such as treatment for post-traumatic stress disorder. The other half will fund regional health and human services, including housing, homelessness prevention, mental health and substance abuse services and employment assistance.

King County DCHS, where MHCADSD is housed, is the central hub of all of these endeavors. Through inter-staff and agency collaborations, and by enacting the policy direction set by the King County Council, DCHS coordinates the significant mental health programs and services available to King County residents. The King County Council requires MHCADSD to produce and submit reports on these and other mental health focused activities annually and in some

cases, more frequently. The King County Council's Law, Justice and Human Services Committee receives the reports, and any associated briefings, on the variety of mental health initiatives underway in King County.

INVITED

- Amon Shoenfeld, Division Director, Mental Health, Chemical Abuse and Dependency Services Division, King County Department of Community and Human Services