



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

July 24, 2006

Motion 12320

Proposed No. 2006-0324.1

Sponsors Ferguson, Patterson, Gossett,
Lambert, Constantine and Phillips

1 A MOTION requesting the executive, superior court,
2 district court, prosecuting attorney, public defender and the
3 sheriff to develop and submit for council review and
4 approval a phased action plan to prevent and reduce
5 chronic homelessness and unnecessary involvement in the
6 criminal justice and emergency medical systems and
7 promote recovery for persons with disabling mental illness
8 and chemical dependency by implementing a full
9 continuum of treatment, housing and case management
10 services.

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13 WHEREAS, the King County correctional facility is often cited as the state's
14 second largest mental health facility with a daily population of mentally ill persons higher
15 than another other facility except Western State Hospital, and

16 WHEREAS, about two thirds of persons booked into King County jail facilities
17 have chemical abuse and dependency issues, and

18 WHEREAS, the Juvenile and Adult Justice Operational Master Plans adopted in
19 2000 and 2002, respectively, require the use of alternatives to incarceration, including
20 treatment alternatives, therapeutic courts and placement in treatment following
21 incarceration for people with serious mental illness and chemical dependency problems,
22 and

23 WHEREAS, the county has reinvested a portion of the savings from reduced
24 juvenile and adult incarceration to develop and expand treatment options that effectively
25 address the underlying issues, prevent repeated involvement in the justice system and,
26 thus, reduce the growth in county criminal justice costs, the main driver in the county
27 general fund budget, and

28 WHEREAS, in implementing treatment options, the department of community
29 and human services and the county criminal justice agencies have developed close
30 working relationships and learned what programs effectively reduce reoffending and
31 improve lives but have had difficulty making further progress due to restrictions and
32 reductions in federal and state funding for treatment and lack of availability of
33 appropriate housing options for a large portion of this population, and

34 WHEREAS, the almost exclusive focus of federal and state funds on Medicaid
35 has eliminated options to treat people who have not yet gone through the lengthy
36 eligibility process and has significantly reduced the ability to provide necessary services
37 not covered by Medicaid such as crisis intervention, outreach and residential care, and

38 WHEREAS, new funding opportunities have arisen with the passage of the
39 veterans and human services levy by King County voters in November 2005 and
40 provisions by the state legislature for intensive community treatment teams for mentally

41 ill, for homeless housing and services and for the one-tenth of one percent sales tax
42 option for counties to raise funds for mental health and chemical dependency treatment
43 and therapeutic courts, and

44 WHEREAS, key leaders from the county criminal justice agencies and
45 department of community and human services briefed the committee of the whole on
46 June 19, 2006, regarding the problems and opportunities in caring for persons with
47 disabling mental illness and chemical dependency, and

48 WHEREAS, all participants in the briefing agreed that the lack of access to
49 ongoing treatment and housing leads to crises that, by default, require criminal justice
50 interventions that are difficult, costly and most often not effective in resolving the
51 problems, and

52 WHEREAS, the sheriff briefed the committee about the need for crisis
53 intervention training to help the law enforcement handle people disturbed by mental
54 illness and chemical dependency safely and effectively and about the need for a place,
55 other than the jail, where someone in crisis can be brought for immediate assessment and
56 placement in appropriate, ongoing care, and

57 WHEREAS, the director of the department of adult and juvenile detention briefed
58 the committee about the problems that arise from booking people who are unstable and
59 disabled due to mental illness and chemical dependency and about the need for both
60 prebooking diversion and diversion after booking and before filing criminal charges, and

61 WHEREAS, the director of the department of adult and juvenile detention
62 indicated that the average length of stay for all felony inmates is twenty-four days while
63 the average length of stay for mentally ill inmates is one hundred fifty-eight days, and

64 WHEREAS, the per person per day cost of incarceration for unstable mentally ill
65 persons in the jail psychiatric unit is about three hundred dollars per day as opposed to
66 the average per person per day cost of ninety-five dollars, or an average cost per episode
67 for an unstable mentally ill person of a little over forty-seven thousand dollars, and

68 WHEREAS, the assistant chief criminal deputy prosecuting attorney indicated to
69 the committee that the need to evaluate whether a mentally ill person is competent to
70 stand trial is the largest single contributor to lengthy stays of mentally ill persons, and

71 WHEREAS, competency evaluations are currently done by Western State
72 Hospital, mostly at the hospital located in Pierce county, and jail inmates often wait
73 several months before the hospital is able to admit them, and

74 WHEREAS, the director of the mental health and chemical abuse and dependency
75 services division briefed the committee about the work he is undertaking along with the
76 criminal justice agencies and housing programs to identify the continuum of services
77 needed to move from dealing with repeated crises to providing for long term stability and
78 recovery and about how they have learned through implementation of the justice
79 operational master plans and the plan to end homelessness the importance of quick access
80 to housing, treatment and case management, and

81 WHEREAS, the director of the mental health, chemical abuse and dependency
82 services division noted that while improving access to treatment and housing from the
83 criminal justice system is a key goal, it is also critical to improve access from other points
84 in the community so people do not have to involve the police and courts in order to get
85 help, and

86 WHEREAS, the chief judge of the adult drug court informed the committee that
87 forty percent of drug court clients are homeless and eighty percent are unemployed,
88 pointed out that there is a problem with time-limited housing arrangements creating new
89 anxiety just as recovery is taking hold and highlighted the need for a source of support for
90 case management since this component is not covered by state and federal funding and
91 the need to address employment to assure long term recovery;

92 NOW, THEREFORE, BE IT MOVED by the Council of King County:

93 A. The executive, superior court, district court, prosecuting attorney, public
94 defender and sheriff are requested, with assistance from council staff, to develop and
95 submit for council review and approval an action plan to prevent and reduce chronic
96 homelessness and unnecessary involvement in the criminal justice and emergency
97 medical systems and promote recovery for persons with disabling mental illness and
98 chemical dependency by implementing a full continuum of treatment, housing and case
99 management services.

100 B. The continuum of services should address the treatment, rehabilitation,
101 housing and case management needs of persons with disabling mental illness and
102 chemical dependency, or both, by providing integrated packages of services and housing
103 with varying levels of intensity and service mix to meet the range of needs of the
104 identified target populations. The continuum should also provide for quick and easy
105 access to services and housing from the streets and community and via partnerships with
106 the criminal justice and emergency medical systems that provide a consistent assessment,
107 eligibility and placement process that eliminates redundancy of information collection

108 and process for the clients and maximizes appropriate sharing of information for purposes
109 of effective treatment and case management while also assuring public safety.

110 C. The action plan should be developed in three phases:

111 1. The first phase of the action plan should address steps that can be taken over
112 the next six months to initiate development of a full continuum of services. The first
113 phase should include a description of the kinds of service and housing improvements
114 needed to achieve a full continuum and descriptions of specific proposed improvements
115 using currently available resources. Phase I of the action plan should be submitted to the
116 council by September 1, 2006, for review and approval together with the service
117 improvement plan for the use of the regional human services levy for veterans and others
118 in need;

119 2. The second phase of the action plan should address changes in criminal
120 justice case processing to more effectively deal with people with disabling mental illness
121 and chemical dependency when appropriate service and housing options are available in
122 the community. The areas to be considered in this planning process are prearrest
123 diversion, prebooking diversion, the use of deferred prosecutions, alternative sentencing
124 methods including therapeutic courts, improvements to the processes for evaluating
125 defendant competency and for involuntary commitment and improvements in screening,
126 assessment and discharge planning that connect directly with community service
127 engagement and placement. Phase II of the action plan should be submitted to the
128 council by January 15, 2006, for review and approval; and

129 3. The third phase of the action plan should address what is needed to bring the
130 continuum of services and the criminal justice system improvements identified in phase II

131 to full scale to meet the needs of the identified target populations in a cost-effective
132 fashion. Phase III should include: a prevalence study of the mentally ill and chemically
133 dependent populations currently involved in the local criminal justice system, psychiatric
134 emergency and inpatient services, sobering and detoxification services and homeless
135 services system; a description of the service changes, enhancements and additions
136 necessary to meet the ongoing stabilization and recovery needs of the population; a
137 projection of the additional costs of meeting these needs; a proposal for financing the full
138 set of improvements to include consideration of the sales tax option provided by state

139 statute; and a cost-effectiveness and cost/benefit analysis of the proposed improvements.

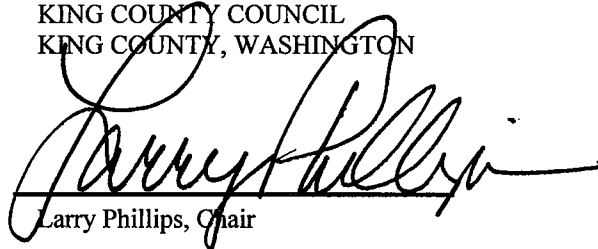
140 Phase III of the action plan should be submitted to the council by May 1, 2007.

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Motion 12320 was introduced on 7/17/2006 and passed by the Metropolitan King County Council on 7/24/2006, by the following vote:


Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Ms. Lambert, Mr. Dunn, Mr. Ferguson, Mr. Gossett, Ms. Hague, Ms. Patterson and Mr. Constantine
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



Larry Phillips, Chair

ATTEST:



Anne Noris, Clerk of the Council

Attachments None