



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

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

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

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

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

WHEREAS, new funding opportunities have arisen with the passage of the veterans and human services levy by King County voters in November 2005 and provisions by the state legislature for intensive community treatment teams for mentally ill, for homeless housing and services and for the one-tenth of one percent sales tax option for counties to raise funds for mental health and chemical dependency treatment and therapeutic courts, and

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

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

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

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

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

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

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

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

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

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

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

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

A. The executive, superior court, district court, prosecuting attorney, public defender and sheriff are requested, with assistance from council staff, to develop and submit for council review and approval an action plan to 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.

B. The continuum of services should address the treatment, rehabilitation, housing and case management needs of persons with disabling mental illness and chemical dependency, or both, by providing integrated packages of services and housing with varying levels of intensity and service mix to meet the range of needs of the identified target populations. The continuum should also provide for quick and easy access to services and housing from the streets and community and via partnerships with the criminal justice and emergency medical systems that provide a consistent assessment, eligibility and placement process that eliminates redundancy of information collection and process for the clients and maximizes appropriate sharing of information for purposes of effective treatment and case management while also assuring public safety.

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

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

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

3. The third phase of the action plan should address what is needed to bring the continuum of services

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

statute; and a cost-effectiveness and cost/benefit analysis of the proposed improvements. Phase III of the action plan should be submitted to the council by May 1, 2007.

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