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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements (1-12)**


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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1a. Increased access to mental health and chemical dependency outpatient services for people not on Medicaid**

<b>Service</b>	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Non-Medicaid mental health treatment	2,400	\$3,550	\$ 8,520,000
Opiate Substitution Treatment (OST)	461	\$3,781	\$ 1,743,225
Non-OST treatment	400	\$2,200	\$ 880,000
<b>Total</b>			<b>\$11,143,225</b>

Total new number served per year: 3,261

Current capacity: 6,580

Overview: Appropriate treatment can reduce the overall incidence of mental illness and chemical dependency. In 2006, the Washington State Institute for Public Policy (WSIPP) reviewed 206 studies of evidence-based treatment for individuals with alcohol, drug, or mental disorders and estimated that the provision of treatment services could reduce the incidence of mental illness by 22 percent, alcohol addiction by 15 percent and chemical dependency by 22 percent.

A reduction in the prevalence or severity of mental illness and substance abuse should also lead to a reduction in health care costs. WSIPP estimates that for every dollar spent on treatment, approximately two dollars are realized in taxpayer benefits, primarily in health care savings. Several studies have also concluded that substance abuse treatment reduces the risk of recidivism. WSIPP found that when community-based drug treatment is provided to ex-offenders, recidivism is reduced by 9.3 percent.

Funds will be used to provide mental health and chemical dependency treatment to people who are poor but not eligible for Medicaid. Mental health services are currently severely limited for people without Medicaid coverage. Less than 500 of the more than 27,000 individuals who receive publicly funded outpatient mental health services in King County are people not covered by Medicaid. Priority would be given to youth and adults exiting the justice system and hospitals, to immigrants, and to people at risk for homelessness, incarceration, or hospitalization. There is also currently insufficient funding to provide substance abuse treatment for those in need. Priority for substance abuse services would be for those most at risk for incarceration, hospitalization, and homelessness.

Expected outcomes:

- Reduction in jail and juvenile detention admissions and total days in jail and detention
- Reduction in emergency room and hospital admissions and total days in hospital
- Increase in housing stability

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1b. Outreach and engagement to individuals leaving hospitals, jails, or crisis facilities**

	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Increased on-site staff (7 FTEs)	7	\$78,000	\$546,000

Total new number served per year: 700

Current capacity: 1,893

Overview: Outreach and engagement programs will help ensure that individuals who are eligible for care receive the treatment services they need. Funds would be used to provide outreach, engagement, and case management at shelters, modeled after the services currently provided by Health Care for the Homeless. These services could be expanded to serve individuals who are leaving hospitals, jails, or crisis diversion facilities.

Expected outcomes:

- Decreased numbers of people who are homeless in King County
- Reduced emergency medical costs
- Reduced criminal justice costs.

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1c. Emergency room substance abuse early intervention program**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Chemical Dependency Professionals at local hospitals	9	\$88,500	\$796,500

Total new number served per year: 3,488 (Funding would maintain current number served and add 3,488 for a total of 7,680)

Current capacity: 4,192

Overview: A priority is to broaden substance abuse prevention by providing treatment services for people who do not meet current standard access to treatment criteria, but who will get worse without some intervention. The Washington State Screening, Brief Intervention, Referral and Treatment Program (WASBIRT) currently sited at Harborview Medical Center has been a successful model for intervening early in the lives of individuals with substance abuse and preventing more serious addiction. Grant funding for this program will end in September of 2008. This supports continuing this program and expanding it to other hospitals in King County.

Preliminary data from this program, based on follow-up interviews with 1940 patients, indicate that WASBIRT has been effective in reducing alcohol consumption and medical costs. Patients served by the program reduced inpatient medical costs by \$157-\$202 per person per month.

Expected outcomes:

- Reduced inpatient and hospital emergency department costs

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1d. Mental health crisis next day appointments**

	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Provide short-term crisis intervention services	750	\$333	\$250,000

Total new number served per year: 750 receiving expanded crisis services beyond an initial next day appointment

Current capacity: None (no current funding for expanded crisis services)

Overview: Next day appointment services help individuals who are in crisis, but who may not meet criteria for ongoing outpatient services. Funding is currently able to support only a few visits. Additional funds could support individuals to receive more crisis services and treatment sessions for individuals, which could serve to prevent problems that are more serious and to avert hospitalizations.

Expected outcomes:

- Decreased admissions to hospital emergency rooms and inpatient units
- Increased access to crisis services

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1e. Chemical dependency professional education and training**

	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Tuition costs to train Chemical Dependency Professionals	125	\$4,925	\$615,625

Total new number served per year: 125 new certified chemical dependency professionals

Overview: There is currently a significant shortage of chemical dependency professionals in Washington, and this shortage limits access to treatment. The lack of certified chemical dependency professionals statewide has resulted in counties being unable to meet the treatment expansion goals set by the State Legislature to increase the percentage of people served needing treatment. The Legislature provided more money for treatment because studies have shown that providing drug and alcohol treatment significantly reduces medical and criminal justice costs. Without certified professionals to provide these services, the benefit of the increase in state funding for treatment expansion will be lost. Funding provides stipends to treatment agencies to help support potential staff with the education and training they need to become certified chemical dependency professionals.

Expected outcomes:

- Increased number of certified chemical dependency professionals
- Increased access to chemical dependency treatment with associated reduction in criminal justice involvement and admissions to hospital emergency rooms and inpatient units

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1f. Peer support and parent partner family assistance**

	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Parent partners program to assist families to navigate through child-serving systems	4,000	\$113	\$450,000

Total new number served per year: 4,000

Current capacity: No current funding directed toward this service

Overview: Families often have difficulty knowing where to turn for help for their children who are experiencing emotional difficulties or problems with substance abuse. An effective way to help families is to provide peer support and parent partners to assist families to navigate the complex child-serving systems, including juvenile justice, child welfare, and mental health and substance abuse treatment. Funding an expansion of the Parents Partners Program would allow the county to contract with local family organizations to provide services throughout King County.

This strategy would provide funding for 1 Quality Review Team program coordinator at a yearly cost of \$50,000 and 40 part-time parent partner staff at a cost of \$10,000 per position per year.

Expected outcomes:

- Assisting parents to access services for their children should result in problems being resolved before they become more serious, and lead to reduced juvenile justice and psychiatric hospital involvement and costs.

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1g. Prevention and early intervention mental health and substance abuse services for older adults**

	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Funding for community clinics to serve older adults	167	\$3,000	\$500,000

Total new number served per year: 167

Current capacity: None

Overview: The rate of suicide for older adults is higher than for any other age group. Undiagnosed and untreated depression and drug and alcohol abuse among older adults are contributing factors to this suicide rate. The action plan calls for funding for innovative prevention and early intervention services for this at-risk population by funding referrals of older adults from community health clinics, at an average service cost of \$3,000 per year.

Expected outcomes:

- Reduction in more expensive emergency room and inpatient hospital costs for those receiving integrated primary care, mental health and chemical dependency services

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**Community Based Care**
*Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment*
**1h. Expand the availability of crisis intervention and linkage to on-going services for older adults**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Geriatric mental health outreach specialist + indirect costs	2	\$87,500	\$175,000
Geriatric chemical dependency outreach specialist + indirect costs	2	\$87,500	\$175,000
<b>Total</b>	<b>4</b>	<b>\$87,500</b>	<b>\$350,000</b>

Total new number served per year: 500

Current capacity: 240

Overview: Expands the availability of crisis intervention and linkage to ongoing services for older adults. A team of geriatric specialists, including a registered nurse, a mental health professional and two chemical dependency professionals would be available to respond to requests from police and other first responders, professionals, relatives and others in the community for outreach and assessments of older adults who are experiencing crises related to mental illness or substance abuse. Services would include a complete assessment of needs as well as linkages to ongoing services. This strategy prioritizes referrals for outreach from police and other first responders.

Expected outcomes:

- Decrease in the number of older adults admitted to hospital emergency rooms, inpatient medical and psychiatric units, and jails

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**Community Based Care**
*Strategy #2: Improve Quality of Care*
**2a. Caseload reduction for mental health**

	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Funding for community mental health centers to reduce caseloads	78	\$51,282	\$4,000,000

Overview: Payment rates for mental health and chemical dependency providers have not kept up with the increased costs of providing those services. Rates for outpatient chemical dependency treatment are established by the state Division of Alcohol and Substance Abuse. Rates for Medicaid managed care mental health outpatient treatment are established by the state Mental Health Division within an approved actuarial range. King County receives a rate that is at the lower end of the approved range, due to a lack of state funding to provide for a larger match for federal Medicaid funds, and due to the formula the state uses to set rates and distribute funds across the state. Additional local tax funds could be used to increase Medicaid and non-Medicaid rates. Further, each additional local dollar provided for Medicaid services brings in an additional dollar in federal Medicaid match funding. The State Legislature increased vendor rates for mental health providers in 2007, with most of the increase dedicated to wage increases for mental health workers. While this funding is very welcome, it is not enough to address the tremendous growth in caseload size that has occurred as a result of years of insufficient funds. The action plan proposes increases to augment state funding and help to reduce caseloads.

Assuming 22,000 clients at any one time and 520 case managers equals an average caseload size of 42.3. A total of \$4 million, as proposed in the action plan, would reduce average caseload size by 13 percent, to an average of 36.8. If \$3 million of the \$4 million were to be used as local match to increase Medicaid revenue by \$3 million, the total caseload reduction would be 20.8 percent or an average caseload size of 33.5. This would require the addition of 137 new mental health case managers, 59 over the number funded by the sales tax.

Expected outcomes:

- Lower caseloads would result in case managers being better able to respond when their clients are in crisis and to see clients more often in order to prevent crises from occurring
- Decrease case manager turnover and lead to a more stable case management system
- These system outcomes should result in reducing client emergency room admissions, hospitalizations and criminal justice involvement

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**Community Based Care***Strategy #2: Improve Quality of Care***2b. Employment services for individuals with mental illness and chemical dependency**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Employment Specialists	23	\$65,000	\$1,495,000

Total new number served per year: 920

Current capacity: 37

Overview: Expand employment services for individuals with mental illness and chemical dependency. Employment is an essential element in recovery-based systems of care and moving clients towards self-sufficiency. Currently, less than ten percent of individuals enrolled in outpatient mental health services are employed. The plan calls for providing vocational specialists in mental health and chemical dependency provider agencies, and for providing training and consultation in vocational services.

The action plan assumes each employment specialist serves 20 clients at any one time (national best practice standard for caseload size is 20-25 clients). Each client will receive services for approximately six months, so each specialist will serve 40 clients in a year.

Expected outcomes:

- Increased employment among individuals with mental illness and chemical dependency
- Decreased reliance on public assistance, increased housing stability, and decreased criminal justice involvement

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**Community Based Care**
***Strategy #3: Increase Access to Housing***
**3a. Supportive services for housing projects**

<b>Service</b>	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Case management for high need / chronically homeless people	250 Units	\$8,000	\$2,000,000

Total new number served per year: 250

Current capacity: 256

Overview: Housing was identified by local stakeholders as one of the most critical unmet needs in the community. Funds will support case management and other treatment services within supportive housing projects. This strategy includes joining with funders of housing to support the development of housing units for individuals who have mental health and chemical dependency treatment needs and who are homeless, exiting jails and hospitals, or who have been seen at a crisis diversion facility. A range of housing units from transitional to permanent, and from drug and alcohol-free housing to units that are tolerant of some use, is essential for the success of this plan.

Expected outcomes:

- Contribute to a reduction in the number of homeless individuals in King County and increased housing stability
- Increased housing stability will, in turn, result in reduced use of the criminal justice and emergency medical systems

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**Prevention Programs Targeted for Youth**
*Strategy #4: Invest in Prevention and Early Intervention*
**4a. Comprehensive chemical dependency outpatient services to parents in recovery**

	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Programs to help parents who are in recovery become more effective parents and reduce the risk that their children will abuse drugs or alcohol.	7	\$71,429	\$500,000

Total new number served per year: 980

Current capacity: None

Overview: Children of chemically dependent parents are at higher risk of developing problems with alcohol and drugs. *Families Facing the Future*, a program developed in association with the University of Washington, School of Social Work, has been demonstrated effective in reducing drug use in children of recovering parents. The program consists of a five-hour family retreat and 32 90-minute parent training sessions conducted twice a week over 16 weeks. Children attend 12 of these sessions to practice skills with their parents.

This service strategy funds two family support coordinators and three *Families Facing the Future* staff at \$62,500 each (salary and benefits only), and two family support workers at \$43,750 each (salary and benefits only) who would be located at up to three outpatient treatment sites in King County. Cost per FTE also includes program and administrative overhead, which includes staff travel costs, computers, office space, supervision costs, data collection, program materials, billing.

Services may include assessment of family functioning, development of a service plan with parents, parenting classes, meetings with family support workers, and the full *Families Facing the Future* intensive program. Each service package will be tailored to the needs of the family.

Expected outcomes:

- Reduced drug use by children of recovering parents and associated improvement in school performance and school graduation rates
- Reduction in juvenile justice involvement

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**Prevention Programs Targeted for Youth**
*Strategy #4: Invest in Prevention and Early Intervention*
**4b. Prevention services to children of substance abusers**

	<b>Number served</b>	<b>Unit Cost</b>	<b>Total</b>
Prevention groups, training, mentoring and awareness events	400	\$1,000	\$400,000

Total new number served per year: 400

Current capacity: None

Overview: Drug and alcohol prevention programs have the potential to create long-term cost-savings because they target youth prior to the development of substance use problems. Evidence-based prevention programs have the potential to reduce future costs by preventing youth from becoming involved with the criminal justice system. Children of substance abusers are at higher risk of developing problems with alcohol and drugs. The action plan supports prevention services for these youth through community-based youth service agencies and outpatient chemical dependency treatment programs throughout King County.

This strategy would fund educational/support groups, life-skills training, mentoring services, parent educational/support groups, and special drug prevention awareness events. All activities would be presented multiple times in all five geographic regions of King County (east, south, north, central, and Vashon Island). Costs for the program are based on fee for service costs for each type of event.

Expected outcomes:

- Reduced drug use by children of substance abusers and associated improvement in school performance and school graduation rates
- Reduction in juvenile justice involvement

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**Prevention Programs Targeted for Youth**
*Strategy #4: Invest in Prevention and Early Intervention*
**4c. School district based mental health and substance abuse services**

	<b>Number of Grants</b>	<b>Cost per Grant</b>	<b>Total</b>
Grants for 19 school based health programs	19	\$65,000	\$1,235,000

Total number served per year: 2,660

Current capacity: Unknown

Overview: School-based programs have been shown to improve mental health, substance abuse and educational outcomes. Schools present one of the earliest opportunities to identify youth with mental health or substance abuse problems. However, limited resources have restricted the capacity of schools to respond to these problems. Over time, funding cuts have eroded the number of social workers, counselors and programs that were potential resources for helping students with treatment needs.

Funding for school-based mental health and substance abuse services in the 19 school districts in King County varies, but is generally considered a critical need by health care professionals. The action plan recommends funding 19 competitive grant awards to schools, in partnerships with mental health services, chemical dependency treatment, and youth service providers to provide a continuum of mental health and substance abuse services in schools, with a focus on those youth identified as most at risk for dropping out of school and becoming involved in the juvenile justice system.

Based on experience with the Seattle district's current counselors, it is estimated that each school counselor would provide therapeutic interventions with five students per school day, in addition to participating in group activities and school-wide initiatives. Counselors would also be deployed to other schools to assist in the event of a significant event or tragedy such as the suicide, death, or serious assault of a student, teacher, or other school staff.

Expected outcomes:

- Reduced risk of students developing mental and emotional illnesses and abusing drugs and alcohol
- Improved school performance and reduced involvement in juvenile justice and emergency medical systems

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**Prevention Programs Targeted for Youth**
*Strategy #4: Invest in Prevention and Early Intervention*
**4d. School based suicide prevention**

	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Funds staff to provide suicide awareness and prevention training to children, administrators, teachers, and parents	3	\$65,000	\$200,000

Total new number served per year: Approximately 5,000

Current capacity: 3,000; however, not all elements of the comprehensive program are included

Overview: Suicide is the second leading cause of death for Washington youth ages 15-24. Between 2000 and 2004, 117 youth in King County died by suicide. In the same time period, there were 1,042 hospitalizations of King County youth as a result of suicidal behavior. Among 10<sup>th</sup> grade students in King County who responded to the Healthy Youth Survey, 13 percent reported seriously considering suicide and almost ten percent reported making a plan within the past 12 months for committing suicide. Between three and four percent reported attempting suicide in the prior year.

Two agencies in King County currently provide suicide awareness and prevention programs using somewhat different models. A combination of models may be the most effective way to achieve the goal of reducing youth suicide. Discussions with the current providers of suicide prevention services indicate that \$200,000 would cover costs (personnel and administrative overhead) for a comprehensive program utilizing the following program elements:

1. Suicide Awareness Presentations for Students - Raises awareness of suicide and helps students understand warning signs and how to get help for friends.
2. School Policies and Procedures - Helps school leadership respond to crises, including the identification of students at risk for self-destructive behaviors. Good school policies and procedures provide front-line personnel (teachers, counselors, school nurses, coaches) with appropriate steps for intervening with students and engaging families and outside support resources.
3. Teacher Training – Provides faculty and staff with information about depression and suicide, including warning signs; differentiates “normal” adolescent behavior from at-risk behavior; identifies basic intervention strategies; and reinforces a school’s crisis response polices and procedures.
4. Parent Education - Offers presentations on childhood depression, suicide, and community crisis resources for parents and other adults, as well as tips on how to talk with their children about suicide.

Expected outcome:

- A reduction in youth suicide in King County

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
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**Prevention Programs Targeted for Youth**
*Strategy #5: Expand Assessments for Youth in the Juvenile Justice System*
**5a. Increase capacity for social and psychological assessments for juvenile justice youth**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Chemical Dependency Professional	1	\$60,000	\$60,000
Assessment coordinator (AS III)	1	\$57,750	\$57,750
Mental health treatment liaison	1	\$60,000	\$60,000
Psychologist	1	\$85,000	\$85,000
Contract for psychiatrist and/or psychiatric nurse practitioner	1	\$98,300	\$98,300
<b>Total</b>			<b>\$361,050</b>

Total new number served per year: 1,080

Current capacity: 880

Overview: Increasing the availability of mental health and chemical dependency assessments for youth who enter the juvenile justice system should increase access to appropriate care for these youth and therefore produce reductions in health care use and criminal justice involvement.

Expected outcomes:

- Reduction in repeated involvement in the juvenile justice system
- Reduction in future involvement in the adult justice system

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
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**Prevention Programs Targeted for Youth**
*Strategy #6: Expand Wraparound Services for Youth*
**6a. Wraparound family, professional and natural support services for emotionally disturbed youth**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Care coordinators	40	\$75,000	\$3,000,000
Training	40	\$ 3,500	\$ 140,000
Flex funds per FTE (\$1225 per child; 23 children per FTE)	40	\$28,175	\$1,127,000
Supervisors	5	\$85,000	\$ 425,000
<b>Total</b>			<b>\$4,692,000</b>

Total new number served per year: 920

Current capacity: None; federal grant funding for Project TEAM ended and has not been replaced

Overview: Wraparound services for youth have been shown to improve child and adolescent functioning at home, at school and within the community, as well as decrease the amount of stress on a family. A longitudinal evaluation of the King County Wraparound Project called Project TEAM showed significant improvements in the overall clinical functioning of youth involved in the project. For example, the percentage of youth exhibiting severe clinical impairment decreased by 35 percent after one year in service. In addition, the number of youth failing all or most of their classes decreased by 25 percent and the number of children receiving average or above average grades increased by 34 percent. Contacts with the law decreased by approximately 20 percent after one year for those youth involved in Project TEAM.

Wraparound services refer to a team-based approach to working with children and youth with serious emotional disturbances that has been shown to be effective in coordinating services to youth and families that are individualized, strength-based, culturally relevant, and maintain the youth within his or her own community whenever possible. Each youth and family are connected with a single care coordinator and a family advocate who help identify and recruit team members, including other system partners such as physicians and state Division of Children and Family Services caseworkers as well as family, friends, and other natural supports. Providing wraparound services to multi-system involved youth improves the collaboration and coordination of services between child-serving systems, thereby improving efficiency and reducing redundancy.

Expected outcomes:

- Improvement in school performance and high school graduation rates
- Reduction in drug and alcohol use
- Improvement in level of functioning
- Reduction in juvenile justice involvement

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**Prevention Programs Targeted for Youth**
*Strategy #7: Expand Services for Youth in Crisis*
**7a. Reception centers for youth in crisis**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Supervisor	1	\$85,000	\$ 85,000
Placement coordinators	5	\$65,000	\$325,000
Equipment supplies			\$ 5,400
Utilities / Rent			\$ 42,000
Contingency			\$ 40,000
<b>Total</b>			<b>\$497,400</b>

Total new number served per year: 250

Current capacity: None

Overview: Creating a crisis reception center will provide police officers with more options when interacting with runaways and minor offenders. The action plan proposes the creation of two reception centers for youth in crisis, one in south or east King County and one in central Seattle. Police and other responders would be able to take youth in crisis to these facilities, which could be co-located with a youth shelter or at a crisis residential facility, should one be developed. Services would be provided to help link youth to ongoing services and to housing, if needed.

Expected outcomes:

- Reduction in admissions to juvenile detention and hospital emergency rooms
- Decrease in homelessness of youth

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**Prevention Programs Targeted for Youth**
*Strategy #7: Expand Services for Youth in Crisis*
**7b. Expanded crisis outreach and stabilization for children and youth**

	<b>Numbers served</b>	<b>Unit cost</b>	<b>Total</b>
Provides funds for 12 staff and 24/7 access to two specialized crisis stabilization beds in therapeutic foster homes	300	\$3,333	\$1,000,000

Total new number served per year: 300

Current capacity: 590

Overview: The action plan proposes to expand the currently operational and very successful Children’s Crisis Outreach Response System to provide crisis outreach and stabilization to children and youth in their homes to divert/prevent placement in a juvenile detention facility and to assist families in accessing services, de-escalating the crisis, and maintaining the youth within the community. This service would also provide crisis stabilization beds and case aid support to manage some of the most challenging, aggressive youth in the community, in order to prevent incarceration. Twelve new outreach staff (6 master’s level and 6 parent/peer staff), increased psychiatry and nursing time, and an additional two specialized crisis stabilization beds in therapeutic foster homes are proposed. These homes are paid on monthly retainer to be available 24/7 to accept all youth referred on a no-refusal basis.

Expected outcomes:

- Reduced admissions to hospital emergency rooms and inpatient units
- Decrease in days detained in juvenile detention

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
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**Prevention Programs Targeted for Youth**
*Strategy #8: Expand Family Treatment Court*
**8a. Expand family treatment court services and support to parents**

Service	FTEs	Cost per FTE	Total
Wraparound coordinators	1	\$ 75,000	\$ 75,000
Treatment liaison	2	\$ 75,000	\$150,000
OT III specialist	1	\$ 60,000	\$ 60,000
Program Manager	1.20	\$ 68,000	\$ 81,600
Court staff	0.4	\$178,750	\$ 71,500
Public Defender @ PD III Class	0.25	\$128,000	\$ 32,000
1 FTE Manager; .75 FTE Specialist; Evaluation & Training	1.75	\$184,200	\$184,200
Court space (shared with Juvenile Drug Court)		\$ 40,000	\$ 40,000
<b>Total</b>			<b>\$694,300</b>

Total new number served per year: 45 additional youth per year and maintains current capacity for a total of 90 youth served per year

Current capacity: 45

Overview: Family Treatment Court (FTC) is a relatively new model that aims to improve child outcomes in the dependency system. Little research has been performed on the cost effectiveness of these programs. However, preliminary evaluations of FTC outcomes are encouraging. A national study of four FTCs found that court participants had positive outcomes relative to participants in the regular dependency system - more likely to enroll in treatment, received more intensive levels of treatment than the comparison group, less likely to be investigated by child protective services, less likely to be arrested, and children in FTC were placed in permanent situations three months sooner than those in the standard dependency system.

King County's FTC is currently being evaluated. A long-term outcome evaluation, including a cost-benefit analysis is currently underway. The action plan calls for the continuation and expansion of FTC as an alternative to regular dependency court. FTC is designed to improve the safety and well being of children in the dependency system by providing their parents access to drug and alcohol treatment, judicial monitoring of their sobriety, and individualized services to support the entire family. Temporary funding provided by the Veterans and Human Services Levy ends at the beginning of 2008. The plan calls for increasing court and family liaison services, oversight capacity, and access to treatment services to enable FTC to double service capacity.

Expected outcomes: Reduced involvement in juvenile justice system and reduced risk for involvement in adult criminal justice system

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Prevention Programs Targeted for Youth**
*Strategy #9: Expand Juvenile Drug Court*
**9a. Expand juvenile drug court treatment**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Treatment liaison	1	\$ 75,000	\$ 75,000
OT III specialist	0.5	\$ 60,000	\$ 30,000
Mentors	3	\$ 60,000	\$180,000
Contracted support	1	\$ 45,000	\$ 45,000
Court staff	0.4	\$178,750	\$ 71,500
Prosecutor	0.25	\$152,000	\$ 38,000
Public Defender @ PD III Class	0.25	\$128,000	\$ 32,000
Court space shared w/ Treatment Court		\$ 40,000	\$ 40,000
<b>Total</b>			<b>\$511,500</b>

Total new number served per year: 50 additional youth per year

Current capacity: 50

Overview: Drug Courts have been shown to be effective at reducing recidivism. The Washington State Institute for Public Policy reviewed 15 rigorous studies of juvenile drug court programs and found that these programs reduce recidivism by 3.5 percent on average. The reduction in recidivism is associated with taxpayer savings, as fewer court and incarceration resources are required. The action plan supports the expansion of Juvenile Drug Court, with services to increase capacity from 50 to 100 participants. Participants receive treatment while their progress is monitored by the Court. Charges against participants are dropped if they successfully complete the program.

Expected outcomes:

- Reduced days spent in juvenile detention and reduction in recidivism
- Reduced future involvement in adult criminal justice system

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #10: Pre-Booking Diversion Programs*
**10a. Crisis intervention training program for King County Sheriff, police, jail staff and other first responders**

	<b>Police</b>	<b>Fire</b>	<b>Paramedics</b>	<b>Jail</b>
Hourly overtime costs	\$55	\$50	\$63	\$43
Hours of training	40	8	8	8
Total overtime costs	\$2,200	\$400	\$504	\$344
Training costs	\$100	\$100	\$100	\$100
Total costs	\$2,300	\$500	\$604	\$444
Officers to train per year	360	650	225	574
Training Costs	\$828,000	\$325,000	\$135,900	\$254,856

Police	\$828,000
Fire	\$325,000
Paramedics	\$135,900
Jail staff	\$254,856
Training Coordinator / Overhead	\$150,000
<b>Total</b>	<b>\$1,693,756</b>

Overview: A crisis intervention training program is recommended for the King County Sheriff's Office, other police departments in King County, other first responders, and jail staff to improve understanding of mental illness and chemical dependency and the most effective ways to interact with individuals with these issues, as well as the resources and options available. The majority of costs are related to overtime/backfill costs for service staff while they attend training. Approximately 1,809 staff will be trained annually.

Expected outcomes:

- Better informed police and other first responders able to provide more effective services
- Increased use of diversion options

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #10: Pre-Booking Diversion Programs*
**10b. Adult crisis diversion center, respite beds and mobile behavioral health crisis team**

<b>Service</b>	<b>Number Served</b>	<b>Unit Cost</b>	<b>Total</b>
Crisis Diversion Center rent, staff, and other costs; Mobile Crisis Teams; respite beds	3,600	\$1,684	\$6,063,857

Total new number served per year: 3,600 adults

Current capacity: None

Overview: Establishes a Crisis Diversion Center where officers and other crisis responders could refer adults in crisis for evaluation and referral to appropriate community-based services. An increase in respite beds is also included, in order to provide short-term housing for individuals leaving the center. These beds could be co-located with the Crisis Diversion Center or based in other venues. Additionally, the creation of Mobile Crisis Teams of mental health and chemical dependency specialists to increase geographic access and provide on-site evaluation, referrals and linkage to a crisis diversion facility will be explored.

Expected outcomes:

- Reduced admissions to hospital emergency rooms, inpatient units
- Reduced admissions to jails across King County

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**

*Strategy #11: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency*

**11a. Increase capacity for jail liaison program**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Criminal Justice Liaison	1	\$80,000	\$80,000

Total number served per year: 600

Current capacity: 1,140

Overview: Mental health courts have been shown to increase access to treatment and reduce criminal activity. An evaluation of the King County Mental Health Court found that program participants were three times more likely to access treatment than individuals who “opted out” of Mental Health Court. Participants in the Seattle Municipal Court’s Mental Health Court increased their treatment visits by 10 percent after enrolling in the court. This linkage to treatment is considered a critical factor in the success of these programs. An additional mental health jail liaison is recommended to handle the increased caseload of referrals expected under these initiatives. Based on caseloads for current liaison positions, this additional liaison would be able to assist 600 individuals per year.

Expected outcomes:

- Decreased length of stay in jail and decrease in jail recidivism

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**

*Strategy #11: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency*

**11b. Increase services available for new or existing mental health court programs**
**District Court Proposal**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Court Monitor	1	\$85,000	\$85,000
Peer Counselor	0.5	\$36,000	\$18,000
Probation Officer	1	\$86,597	\$86,597
Office of Public Defender contract	2 Attorneys / 1 Social Worker / Overhead	\$307,655	\$307,655
Prosecuting Attorney costs	1 Attorney / 1 Paralegal / 1 DV Advocate	\$250,000	\$250,000
DAJD officers for transfers	3	\$80,000	\$240,000
Flex funds		\$53,000	\$53,000
<b>Total</b>			<b>\$1,040,252</b>

**Municipal Court Proposal**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Court Liaison	1	\$71,300	\$71,300
Strategic Coordinator	1	\$107,400	\$53,700
Evaluation	Contract	\$130,000	\$130,000
<b>Total</b>			<b>\$255,000</b>

District Court Proposal	\$1,040,252
Municipal Court Proposal	\$255,000
<b>Total</b>	<b>\$1,295,252</b>

Total new number served per year: 250

Current capacity: 300

Overview: Mental health courts are an essential component of a jail diversion continuum of service and have been shown effective in engaging clients in treatment and reducing future jail booking. Funding will increase services available at existing courts or to begin new mental health court programs. An expansion of misdemeanor courts to other jurisdictions could improve mental health outcomes for people in the criminal justice system. The felony drop down program could create taxpayer savings through reduced sentencing practices. Cost offsets have not yet been thoroughly studied but the bulk would likely accrue to the state.

Expected outcomes: Decreased jail days and decreased future criminal justice involvement

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #12: Expand Re-entry Programs*
**12a. Increase jail re-entry program capacity**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Re-entry case managers	4	\$80,000	\$320,000

Total new number served per year: 1,440

Current capacity: 900

Overview: Successful engagement in services has been linked to improved criminal justice outcomes. The addition of re-entry staff, combined with an increase in non-Medicaid treatment services, will have an impact on reducing recidivism. It is estimated that each additional jail re-entry liaison could serve an additional 30 clients per month, helping these individuals connect with services and housing upon leaving the jail, thereby increasing the likelihood of treatment engagement, treatment compliance, and successful outcomes.

Expected outcomes:

- Decreased homelessness, criminal justice involvement and jail days among this population

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #12: Expand Re-entry Programs*
**12b. Hospital re-entry respite beds**

	<b>Number Served</b>	<b>Cost//Person</b>	<b>Total</b>
Expansion of Respite Program	730 (shorter length of stay) to 520 (longer length of stay)	\$1,644 - \$2,303	\$565,000

Total new number served per year: 520-730 (depending on length of stay)

Current capacity: None

Overview: Hospitalized individuals with mental illness or chemical dependency who are medically fragile or homeless often stay in hospital longer than medically necessary, due to the lack of a stable home to convalesce. The action plan calls for short-term housing (hospital re-entry respite beds) and services to facilitate hospital release and transition back to the community, which should result in considerable savings over the costs of hospitalization.

Based on other successful models around the country, this project could leverage funds from the health care system and also from the homeless housing system to assemble enough funding to expand by 20 beds, targeting some of the hardest to place hospital discharges. A coordinated plan would be developed with hospital partners and housing providers to establish entry criteria and assure appropriate referrals into the beds, where integrated care and case management services would be provided along with linkages to stable housing once recuperated. Mental health and substance abuse services would be an integral and critical part of the service mix, along with medical care.

To bring this project into operation, additional planning with local hospitals and other partners is needed, a lead organization must be selected, and an appropriate site secured. This issue is of concern to several local hospitals so the prospect of an effective partnership is very strong. Further planning on the target population and assumptions about length of stay is needed.

Expected outcomes:

- Reduced length of stay and costs for hospitalizations

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #12: Expand Re-entry Programs*
**12c. Increase capacity for Harborview’s Psychiatric Emergency Services to link individuals to community-based services upon discharge from the emergency room**

	<b>FTEs</b>	<b>Cost/FTE</b>	<b>Total</b>
Harborview Psychiatric Emergency Services will provide treatment planning and linkages to funding programs, housing, and community treatment to individuals who are high utilizers of emergency services	3	2 MH/CD staff @ \$75,000 each 1 program asst. at \$40,000	\$200,000

Total new number served per year: 750-1,000

Current capacity: 500

Overview: Hospital emergency rooms are often overwhelmed with individuals repeatedly admitted to the emergency department for problems related to their mental illness and chemical abuse. Additional capacity for Harborview Hospital’s Psychiatric Emergency Services to link these individuals to community-based services upon discharge from the emergency room will be provided.

Expected outcomes:

- Reduction in hospital emergency department inpatient admissions and costs

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**MENTAL ILLNESS AND DRUG DEPENDENCY ACTION PLAN**  
**Strategies for Service Improvements and Enhancements**


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**Jail and Hospital Diversion**
*Strategy #12: Expand Re-entry Programs*
**12d. Urinalysis supervision for Community Center for Alternative Programs clients**

<b>Service</b>	<b>FTEs</b>	<b>Cost per FTE</b>	<b>Total</b>
Urinalysis technician	1	\$75,000	\$75,000

Total number served per year: 2,700 (duplicated client count)

Current capacity: Number served does not change; reassigning staff for greater efficiency across all programs

Overview: The King County Community Center for Alternative Programs (CCAP) is an effective diversion resource for individuals who no longer need secure detention but who are required by a court to complete certain conditions for release, such as urinalyses. Currently, chemical dependency treatment staff conducts urinalyses on their clients to assure compliance. It is more cost efficient and clinically appropriate to have designated non-clinical staff perform this service.

Expected outcomes:

- Increased efficiency in operation of CCAP