

MIDD 2 Initiative CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

The Crisis Solutions Center (CSC), operated by the Downtown Emergency Service Center (DESC), provides King County first responders with alternative options to jail and hospital settings when engaging with individuals, age 18 and older, in behavioral health crisis. The intent of the facility is to stabilize and support individuals in the least restrictive setting possible, while identifying and directly linking them to appropriate and ongoing services in the community. The CSC has three program components intended to stabilize and support an individual in the least restrictive setting possible, while identifying and directly linking that individual to ongoing services in the community.

1. Program Description

◇ A. Service Components/Design (Brief)

The Adult Crisis Diversion Center strategy (herein referred to as the Crisis Solutions Center or CSC) provides King County first responders with a therapeutic, community-based alternative to jails and hospitals when engaging with adults who are in behavioral health crisis. King County contracts with DESC to provide crisis diversion services in King County at the CSC. DESC has a strong history of engaging with individuals who are homeless, who experience mental health and substance use disorders, and who may be reticent in accepting traditional services. The CSC has three program components: Mobile Crisis Team (MCT), Crisis Diversion Facility (CDF), and Crisis Diversion Interim Services (CDIS). The programs are intended to stabilize and support individuals in the least restrictive setting possible, while identifying and directly linking them to appropriate and ongoing services in the community.

The MCT consists of teams of two mental health clinicians, trained in the field of substance use disorders, who provide crisis outreach and stabilization services in the community 24 hours a day, 7 days per week (24/7). The team responds to requests from first responders in the field to assist with people in a mental health and/or substance use crisis. They intervene with individuals in their own communities, identify immediate needs and resources, and, in most cases, relieve the need for any further intervention by first responders. The MCT is available for consultation or direct outreach to any location in King County and may assist individuals in crisis by providing or arranging for transportation.

The CDF is a 16-bed facility for individuals in mental health and/or substance abuse crisis who can be diverted from jails and hospitals, and voluntarily agree to services. The facility accepts individuals 24/7, with a 72-hour maximum length of stay. Individuals receive mental health and physical health screenings upon arrival. Services include crisis and stabilization services, case management, evaluation and psychiatric services, medication management and

monitoring, mental health and substance abuse disorder assessments, peer specialist services and linkage to ongoing community-based services.

The CDIS is a 30-bed program co-located with the CDF. After a crisis has resolved at the CDF, individuals may be referred to the CDIS if they are homeless, their shelter situation is dangerous or has the potential to send them into crisis again, or they need additional services prior to discharge to help support stabilization. Individuals can stay at the CDIS for up to 2 weeks. Services include continued stabilization services, intensive case management, peer specialist services, and linkage to community-based services, with a focus on housing and benefits applications.

◇ *B. Goals*

One of the main goals of crisis services is to stabilize individuals in the community. Crisis services also provide post-stabilization activities, including referral and linkage to outpatient services and supports.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)⁷⁰*

1. *How much? Service Capacity Measures*

The number of individuals served is 3,000 annually.

2. *How well? Service Quality Measures*

- Increased use of preventive (outpatient) services
- Improved access to social services safety net

3. *Is anyone better off? Individual Outcome Measures*

- Reduced unnecessary incarceration, hospital, and emergency department use
- Reduction of crisis events

◇ *D. Provided by: Contractor*

⁷⁰ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. Spending Plan

Year	Activity	Amount
2017	Diversion services for people with mental health and substance use disorders experiencing a crisis program management, and stakeholder coordination continue.	\$5,125,000
2017 Annual Expenditure		\$5,125,000
2018	Diversion services for people with mental health and substance use disorders experiencing a crisis, program management, and stakeholder coordination continue.	\$5,208,569
2018 Annual Expenditure		\$5,208,569
Biennial Expenditure		\$10,333,569

3. Implementation Schedule

◇ A. *Procurement and Contracting of Services*

BHRD currently contracts with DESC to provide services for this initiative. No RFP is needed.

◇ B. *Services Start date (s)*

Services continued on January 1, 2017.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.