BP 49 Day Shelter for Behaviorally Involved Individuals
BP 124 Competency Stabilization Services

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form) #124, 49
Type of category: New Concept

SUMMARY: This briefing paper proposes piloting a small community-based competency restoration program utilizing a safe and structured supervised living milieu as well as an option for daytime competency restoration services within a day support and care management team model. The pilot would serve a small number of individuals (up to 20) from the King County Regional Mental Health Court (RMHC)[1]. A local system of competency stabilization would include: provision of assessments of levels of clinical need, risk for violence and recidivism, and restorability (at the time of competency evaluation and the order of restoration) to determine which individuals require state hospital restoration services versus those individuals best suited to an outpatient model. In both the facility-based model and the care management/day support competency stabilization model, participants will receive individual monitoring, behavioral health services with regular urinalysis testing, and assistance with meeting court obligations and attending court hearings. Oversight of the status of each participant will be coordinated between the restoration and clinical program staff and the RMHC prosecutor and assigned defense attorney.

Collaborators:

Name	**Department**
Manka Dhingra	King County Prosecuting Attorney's Office
Clifton Curry	King County Council
Dan Wise	Catholic Community Services of Western Washington
Martin Moore	Federal Way City Council

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

According to the Groundswell Report, commissioned by the Washington State Department of Social and Health Services (DSHS) to evaluate the forensic services system in Washington, there are many cities and counties around the country utilizing alternative models to inpatient competency restoration. Washington State is one of 39 states that have statutory allowances for competency restoration outside of an inpatient hospital setting, and 16 states currently operate formal outpatient competency restoration programs.[2]

[1] http://kingcounty.gov/courts/district-court/regional-mental-health-court.aspx.
[2] Gowensmith, W.N. et al, (2014). Forensic Mental Health Consultant Review Final Report, p. 28.

This briefing paper proposes piloting a small community-based competency restoration program utilizing a safe and structured supervised living milieu as well as an option for daytime competency restoration services within a day support and care management team model. The pilot would serve a small number of individuals (up to 20) from the King County Regional Mental Health Court (RMHC)[3]. A local system of competency stabilization would include: provision of assessments of levels of clinical need, risk for violence and recidivism, and restorability (at the time of competency evaluation and the order of restoration) to determine which individuals require state hospital restoration services versus those individuals best suited to an outpatient model. In both the facility-based model and the care management/day support competency stabilization model, participants will receive individual monitoring, behavioral health services with regular urinalysis testing, and assistance with meeting court obligations and attending court hearings. Oversight of the status of each participant will be coordinated between the restoration and clinical program staff and the RMHC prosecutor and assigned defense attorney.

The day support centers will operate during the daytime hours and will provide a place for individuals to congregate indoors along with basic services such as hygiene, food/lunch, a mailing address, lockers, medication storage, kitchen space, quiet rooms and conference rooms for groups, and education on the legal system. The programs would be primarily staffed with peer counselors along with a nurse, and mental health and chemical dependency professionals. Access to these centers would be offered to those residing in shelters so individuals have the option to remain indoors and without high expectations of their participation in program activities. For those individuals in the competency restoration day support program, the services and supports in these centers will be available to them in addition to treatment services, medication monitoring and educational groups about the legal system.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☒ **Crisis Diversion** ☐ **Prevention and Early Intervention**

   ☒ **Recovery and Re-entry** ☒ **System Improvements**

   Please describe the basis for the determination(s).

Crisis Diversion: Assist people who are in crisis or risk of crisis to get the help they need.
Recovery and Reentry: Empowering people to become healthy and safely reintegrate into community after crisis. Keeping individuals in their local communities in order to receive competency restoration and treatment services rather than sending them to Western State Hospital (WSH) for these services.
System Improvements: Strengthen the behavioral health system to become more accessible and deliver on outcomes. Outpatient competency restoration services can be provided at a fraction of the cost of inpatient services, are effective, and allow individuals to remain in their home communities to receive treatment and support and meet their legal obligations.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for**

[3] http://kingcounty.gov/courts/district-court/regional-mental-health-court.aspx.

whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

The current system for competency restoration in Washington State is limited to inpatient restoration at either Western State Hospital (WSH) or Eastern State Hospital. Therefore, any person found incompetent to stand trial is placed in the most restrictive and most expensive level of care in order to receive competency stabilization/restoration services. This "one size fits all" approach to competency restoration is neither clinically indicated, necessary for the public safety, nor fiscally responsible. Costs associated with inpatient restoration services at the state hospitals are approximately $600 per bed day (versus approximately $200 per day for local community-based services in the states that conduct outpatient competency restoration services[4]).

According to the National Judicial College, "it is best practice for the defendant to be restored in the least-restrictive treatment setting or facility consistent with the public safety and treatment needs of the defendant."[5] King County currently utilizes approximately 25 percent of all forensic state hospital beds, and there is a significant wait list (56 individuals as of this writing) waiting in Western Washington jails for a bed to open on a forensic unit at WSH.[6] Defendants waiting for restoration are held in a King County jail for lengthy periods of time at significant cost (higher cost if housed on the psychiatric floor at the jail), and may receive limited medical or behavioral health treatment services if housed in general population.

This overreliance on state hospital restoration services increases state and local hospital censuses, results in lengthy delays for restoration services, and incurs significant costs associated with transporting individuals to the state hospital in addition to significant system, community and individual costs associated with incarcerating individuals with behavioral health disorders who are in need of treatment. Furthermore, the court in the Trueblood versus DSHS litigation (April 2015) found that the State of Washington is violating the constitutional rights of defendants by failing to provide timely competency evaluation and restoration services and issued a permanent injunction requiring the provision of competency services within seven days.[7] One of the plaintiffs was held for a period of 75 days in solitary confinement during which time medications were not provided.[8] Washington State has, to date, been found in contempt on multiple occasions for failure to meet the required timelines for these services.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

Lessons learned from other states that have implemented community-based competency restoration programs stress the importance of beginning with a small cohort and building off initial successes and positive outcomes before program expansion to serve a larger population.[9] The outpatient competency stabilization pilot program in King County will initially allow a limited number of individuals to receive stabilization services in their communities in either a facility-based program or within a care

[4] Ibid, Gowensmith, et al (2014), p. 29.
[5] Ibid, Gowensmith, et al (2014), p. 30.
[6] Conversation with Christine Shriner, Western State Hospital Forensic Admissions staff, January 5, 2016.
[7] Ibid, Trueblood et al. (April 2, 2015).
[8] Ibid, Trueblood et al. (April 2, 2015), p. 4.
[9] Ibid, Gowensmith et al. (2014), p. 28.

management model that includes day support restoration services. Once successfully implemented, it is proposed that the model be expanded to serve more individuals, if funding is available and secured.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

According to the National Judicial College, "it is best practice for the defendant to be restored in the least-restrictive treatment setting or facility consistent with the public safety and treatment needs of the defendant".[10] Sixteen states now offer outpatient competency restoration services and outcomes are fairly uniform and positive. Restoration to competency rates are about the same as those found in corresponding state hospitals (about 77 percent). The average number of days prior to restoration is higher than the number reported from inpatient units (about 150 days compared to 120 days inpatient); however, the cost savings associated with outpatient programs are substantial. Outpatient programs cost about $203 per day, as compared to average inpatient hospital costs of $607 per bed day. Savings associated with outpatient programs are estimated to be more than $60,000 per participant.[11]

Negative outcomes (arrests, elopements, acute decompensation, and serious rule violations) appear rare in outpatient competency restoration programs. No incidences or arrests for serious violence have been reported by any of the formal outpatient competency restoration programs to date. The negative reported incidents were due to acute decompensation or clinical problems, requiring a return to an inpatient setting, in only 16.7 percent of the cases across the states.[12] King County RMHC has successfully implemented outpatient restoration on a handful of select defendants utilizing limited resources. If a treatment infrastructure for competency stabilization existed, more individuals could benefit from this out of custody treatment modality.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Best Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

As cited previously, per the National Judicial College, "it is best practice for the defendant to be restored in the least-restrictive treatment setting or facility consistent with the public safety and treatment needs of the defendant".[13] (Refer to number 3 above for further evidence that outpatient competency restoration programs are determined to be best practice in forensic mental health).

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

[10] Ibid, Gowensmith, et al. (2014), p. 30.
[11] Ibid, Gowensmith, et al, (2014), p. 29.
[12] Ibid, Gowensmith, et al. (2014), p. 29.

[13] Ibid, Gowensmith, et al. (2014), p. 30.

Based on other states that have implemented similar community-based programs, King County will see positive benefits of providing outpatient competency restoration programs, which will include: significant cost savings to the public mental health system, similar restoration to competency rates compared to WSH's inpatient restoration program, low risk of adverse consequences, and enhanced civil liberties for individuals ordered to undergo competency restoration treatment. Data to measure success of the pilot will include: restoration to competency rates for individuals served in the local outpatient program versus the WSH program, analysis of adverse outcomes, cost savings, and recidivism rates of the individuals going through the local program as compared to those who are transported to WSH.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☐ **All children/youth 18 or under**	☒ **Racial-Ethnic minority (any)**
☐ **Children 0-5**	☐ **Black/African-American**
☐ **Children 6-12**	☐ **Hispanic/Latino**
☐ **Teens 13-18**	☐ **Asian/Pacific Islander**
☒ **Transition age youth 18-25**	☐ **First Nations/American Indian/Native American**
☒ **Adults**	☐ **Immigrant/Refugee**
☒ **Older Adults**	☒ **Veteran/US Military**
☐ **Families**	☒ **Homeless**
☐ **Anyone**	☒ **GLBT**
☒ **Offenders/Ex-offenders/Justice-involved**	☒ **Women**
☐ **Other – Please Specify:**	

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The target population includes individuals who have committed serious misdemeanors and non-violent felonies, are found not legally competent, and have been ordered to restoration treatment. Moreover, this model could apply in out of custody cases when competency is raised so individuals can receive treatment in an outpatient setting in lieu of incarceration.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

The County will work with communities and stakeholders to identify locations at key points across the region, including south King County, which could be utilized for competency restoration services.

There is potentially a facility that may become available for use by the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), which is located on Capitol Hill in Seattle. The facility-based portion of this program could possibly be sited there. Total capacity of the potential facility is 35 beds; however, approximately ten beds could be used for competency restoration services. In addition, two sites, one in North Seattle and one in South Seattle, could be used for the day support portion of the competency stabilization services continuum. The North Seattle site has not been identified at this time; however, a potential site for the South King County day support program has been identified. Certain defendants participating in King County RMHC will be eligible for this program.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

In addition to working with cities and communities in the region on siting options, other needed collaborations and partnerships necessary are with DSHS/Behavioral Health Administration and WSH in order to develop a standardized curriculum for legal rights education, standardized protocols for assessing which defendants could be served in an outpatient competency restoration program versus those individuals who should be hospitalized and, potentially, training of staff who would be working within the day support and residential aspects of this program. Legislation (2ESSB 5177) passed in May 2015, and signed by the governor on June 10, 2015, established requirements with regard to outpatient restoration programs within Washington State via amendment to Chapter 10.77 Revised Code of Washington (RCW) and encouraged DSHS to work with the Regional Support Networks on alternatives to state hospital restoration programs. [14] Close collaboration with the County's justice system including the RMHC, King County Prosecuting Attorney's Office, jails, and local behavioral health providers will also be necessary.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

Changes in legislation, a court case, a comprehensive report outlining recommendations for improving forensic services in Washington State, and crises in hospital beds are all factors that have influenced a determination to change the way that incompetent defendants receive competency services in King County.

The Groundswell report, cited and referenced within several sections of this briefing paper, is a comprehensive analysis of the forensic mental health services system in Washington State. It was commissioned by DSHS and published in June 2014. Along with analysis of the current system, the report provides detailed information about forensic services in other states, and makes recommendations with regard to the way in which Washington State provides for competency evaluations, competency restoration services, and services to those individuals found not guilty by reason of insanity. A great number of the recommendations made by the consultants in the Groundswell

[14] Second Engrossed Second Substitute Senate Bill 5177, An Act relating to improving forensic mental health services, amending RCW 10.77, 2015. Available at: http://lawfilesext.leg.wa.gov/biennium/2015-16/Pdf/Bills/Senate%20Passed%20Legislature/5177-S2.PL.pdf. Accessed 1/13/16.

report were adopted into legislation (2ESSB 5177, 2015). The legislation found that "there are currently no alternatives to competency restoration provided in the state hospitals", and "encouraged the Department of Social and Health Services to develop, on a phased-in basis, alternative locations and increased access to competency restoration services under Chapter 10.77 RCW for individuals who do not require inpatient psychiatric hospitalization level services".[15]

Another significant factor influencing the development of this concept was the Trueblood decision, coming down issues by the United States District Court in April 2015. This litigation compels Washington State DSHS to provide timely competency evaluation and restoration services to individuals charged with a crime who are detained in the city and county jails awaiting services. This important case summarized a number of cases involving individuals who were held in custody for extraordinary periods of time while they waited for very limited forensic treatment services, as ordered by the court, to be made available to them. The Court found that wait times in excess of seven days for competency evaluations and restoration services were unconstitutional and issued a permanent injunction requiring the provision of competency services within seven days. To date, Washington State has not been in compliance with this injunction, and has paid hundreds of thousands of dollars in contempt fines.[16]

As of the writing of the paper, DSHS has not provided the funding or the direction and assistance to King County in the development of competency stabilization services, although the King County MHCADSD as well as the King County Prosecuting Attorney's Office have expressed interest in providing for prosecutorial diversion services and competency restoration services.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

Barriers to implementation could be siting difficulties of a facility-based program in communities. During the planning phase, work with cities, communities, and neighborhoods must be undertaken to share information, understand, and respond to community concerns. Senior County leadership, in partnership with local elected officials and community leaders should be involved to learn, educate the public, and answer questions related to the program and the community's need for such programs. Ongoing oversight of the program, data collection, and continuous improvement efforts, including ongoing community liaising work, should be built into the model.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

The unintended consequence that may arise is for this program to remain too small in capacity to appropriately serve the population that could benefit, creating unequal access, if Washington State does not provide expansion funding, even if outcomes are demonstrated to be superior to the current system.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

[15] Ibid, Second Engrossed Second Substitute Senate Bill 5177, (2015).
[16] Ibid, Trueblood et al. (April 2, 2015).

Should this new concept not get implemented, the system will remain in its current state; as of this writing, there are 56 individuals waiting for a forensic bed who are being held in jails until an opening is available for this very limited resource.[17] The high demand for forensic beds also creates a backlog in beds on the civil units at WSH, due to the fact that anyone converting from a forensic commitment to a civil commitment gets priority for any open appropriate beds on the WSH civil wards. For example, the only admissions from King County to WSH during the month of January 2014 came from the forensic units – there were 12 individuals converting from a forensic commitment to a civil commitment during that month; thus, no individual from a local psychiatric hospital was admitted to the WSH in that time period.[18] Although January 2014 was somewhat of an outlier, it is illustrative of the fact that there is a direct relationship between the backlog in forensic beds and civil unit beds at WSH. Backlogs for WSH civil beds create backlogs in community based evaluation and treatment facilities, as they cannot transfer patients to the hospital, which then further exacerbates what has been the boarding crisis.

Furthermore, individuals are being held in jail for excessive amounts of time while they await a competency evaluation and an opening for competency restoration treatment at the state hospital, which has been addressed in litigation via the Trueblood decision.[19] Information from the Groundswell report indicates that outpatient competency restoration treatment is not only a safe alternative to inpatient restoration treatment, it also represents an effective and cost efficient way to provide this service.[20] This program will only serve those individuals who are clinically and forensically assessed as being appropriate for an outpatient restoration setting. Inpatient restoration services will still be available at the state hospital for those individuals who pose public safety concerns.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

There are currently no local alternative approaches to competency restoration in Washington State outside of the state hospital system, although recently adopted legislation (2ESSB 5177, 2015) "encourages the department of social and health services to develop, on a phased-in basis, alternative locations and increased access to competency restoration services under Chapter 10.77 RCW for individuals who do not require inpatient psychiatric hospitalization level services."[21] Although DSHS is tasked with developing alternative locations outside of WSH and Eastern State Hospital, they have not, to date, held discussions with regional support networks interested in developing local alternatives, and are instead planning to utilize a jail in Eastern Washington and a juvenile detention center in Western Washington in the event of an emergent need for forensic beds.[22]

[17] Conversation with Christine Shriner, Western State Hospital Center for Forensic Services Admissions office, January 5, 2016.
[18] Data obtained from Western State Hospital Cache admissions report for the month of January 2014.
[19] Ibid, Trueblood et al. (April 2, 2015).
[20] Ibid, Gowensmith et al. (2014), pg. 25-38.
[21] Ibid, Second Engrossed Second Substitute Senate Bill 5177, (2015).
[22] Conversation with Timothy Hunter, State Hospital Forensic Policy and Legislative Administrator, State of Washington Department of Social and Health Services, November 4, 2015.

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

This new concept is aligned with Behavioral Health Integration efforts as well as the Health and Human Services Transformation initiatives. Providing local competency restoration services – for those individuals who do not require a locked inpatient psychiatric unit south of Tacoma, Washington in order to be treated and restored – allows for greater flexibility in services, an expanded continuum of care in King County, and keeps individuals in their own homes with community-based treatment and supports. With improvements in coordination of care, and an individual's community of support, social and health outcomes will be improved.

As much as feasible, a full continuum of behavioral health services, including competency services, should be provided locally within King County. WSH has been faced with severe staff shortages, making it a very dangerous environment for both patients and staff. The Centers for Medicare and Medicaid (CMS) are threatening to pull up to $16 million dollars in federal funds from the hospital if improvements in patient care and safety have not been made. [23] To date, CMS has not accepted the corrective actions made by Washington State DSHS at WSH.[24]

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

The experience of arrest, incarceration, and possible conviction is traumatic. For persons who have a mental illness this experience is often layered on a history of trauma, both in adulthood and childhood. Research suggests up to 50 percent of persons with a severe mental illness have a rate of three or more adverse childhood experiences (including abuse, neglect, and witnessing violence).[25] Individuals who have a severe and persistent mental illness who exhibit behavior labelled as criminal offenses are often incarcerated without needed medical and psychiatric treatment, with very poor outcomes. Those individuals ordered for competency restoration services are held for extraordinary lengths of time while waiting for a forensic bed to open up at WSH.[26] Upon being sent to WSH, individuals are separated from their communities of support, often losing their housing and care providers. Upon completion of treatment they are sent back to jail, where the treatments that have benefitted them in the state hospital may be discontinued. This is an inhumane way of treating vulnerable individuals. Allowing for an expanded continuum of care for individuals ordered to undergo competency restoration, so they can remain in their home communities while participating in treatment, is rooted in principles of recovery. In addition, all services to these individuals will be trauma-informed by design.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

[23] Western State Hospital CEO Newsletter, dated December 29, 2015.
[24] Ibid, WSH CEO Newsletter (December 29, 2015).
[25] Lu, W. et al, (2008). Correlates of Adverse Childhood Experiences Among Adults with Severe Mood Disorders, Psychiatric Services, (59): 1018-1026.
[26] Ibid, Trueblood et al. (April 2, 2015).

This program will allow for timely competency restoration services for individuals in custody awaiting treatment, which will result in significant reductions in jail bed days for these individuals, and will increase their civil liberties by allowing for competency restoration services to be provided either in a facility designed for this purpose, or day support centers. Holding individuals for over seven days in jail while they await treatment services has been found unconstitutional in United States District Court; thus, for a small sample of individuals, competency restoration services could be provided well within the seven day timeframe, allowing them to be released from jail to receive the services and supports they need.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

Resources required for the program include 10 beds at a facility designated for this purpose, staffing for the facility-based and day support programs, urinalysis kits, sufficient space for the day support program, prosecutor and paralegal staff, and one care manager to serve the 20 individuals in the program.

For the day support center in the south end of King County (Federal Way area), a potential site has been identified along with possible startup funds from area churches and associations. A site would need to be identified for the day support center in the north end of King County.

2. **Estimated ANNUAL COST. $501,000-$1.5 million Provide unit or other specific costs if known.**

Estimated costs include the following:

- $730,000 (10 beds for facility-based program)
- $200,000 (day support program services)
- $120,000 (prosecutor and paralegal staff – partial time)
- $20,000 (flex funds for transportation, short-term medication supply, clothing)
- $85,000 (1.0 FTE care manager)

$1.155 million Total

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

Competency restoration is the fiscal and programmatic responsibility of the Washington State DSHS. At the urging of DSHS/Behavioral Health Administration staff, King County MHCADSD staff met with the King County Prosecuting Attorney's Office to discuss piloting a small community-based competency restoration program. If successful (with regard to cost savings, restoring individuals to competency, and low rates of recidivism), King County would turn to Washington State DSHS for further funding for a larger program to provide local competency stabilization services as part of a competency continuum of care.

4. **TIME to implementation: 6 months to a year from award**
    a. **What are the factors in the time to implementation assessment?**

Factors may include siting a facility and the day support center for this program. Other factors involved include working with DSHS/Behavioral Health Administration and WSH on a standardized curriculum for education on the legal system for use in the group and educational components of the proposed program.

b. What are the steps needed for implementation?
Steps needed for implementation include hiring staff with expertise in forensic psychology to staff the facility and day support components; developing protocols and processes to determine which individuals will be served in the outpatient competency restoration program; protocols for collaborative service delivery involving the King County Prosecuting Attorney's Office, jails, and provider staff; design the method of data collection; and developing a process for continuous improvement.

c. Does this need an RFP?
An RFP will be necessary.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

It is critical to understand the relationship between use of the very limited forensic beds at WSH, the extraordinarily long wait list for those beds, and the existing crisis in lack of availability of both local and state hospital civil inpatient psychiatric beds.

New Concept Submission Form

#49

Working Title of Concept: Day Shelter for Mentally Ill/Chemically Dependent Individuals

Name of Person Submitting Concept: Clifton Curry
Organization(s), if any: County Council Staff
Phone: 206-477-0877
Email: Clifton.curry@kingcounty.gov
Mailing Address: King County Courthouse 12th Floor

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Through MIDD funding, the county or a contractor would operate a "day shelter" in downtown Seattle. The shelter would operate during the hours that homeless shelters are closed. The shelter would provide a

place for users to congregate indoors along with basic services such as basic hygiene, lunch, mailing address, medication storage, lockers, etc. In addition, the shelter would contain sufficient space for offices/meeting rooms for: mental health and/or chemical depency case workers to meet with clients; nurse/health care practitioner space for patient examinations and assessments; for probation, community corrections, or other officers to meet with clients; training or educational services for clients; and, places for other community agencies to provide services (AA, NA, faith-based, etc.). The shelter would be staffed with trained case managers, but the bulk of staff should be paid peers who are in sufficient recovery to provide supervision and facility upkeep (perhaps using the "Hero House" model, see hhtp://herohouse.org)

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

A significant proportion of current MIDD clients (and those who have yet to obtain services but qualify) are homeless, reside in shelter beds, or in supportive housing. Many of those leaving jail are in similar circumsatnces. Those who are homeless or in temporary shelter beds tend to concentrate on daily living needs (food/shelter) before fully participating in services and treatment, undermining the efficacy of these services. For service providers, the transitory nature of these client's living arrangements make seeing them for appointments and monitoring program participation problematic. Even those individuals who have been placed in supportive housing generally have access to very small living spaces and will leave their housing unit during the day, rather than being "cooped up." Both homeless individuals and those in housing may be receiving full services, but their existence on downtown streets contributes to the general public's negative experience of downtown and results in a sense of public disorder and lack of safety (even when there are no statitics supporting these beliefs). Access to a day shelter would allow clients to spend their days inside (protecting the fragile health of many), with peer access, access to service providers, access to education/job readiness, and community service providers. The shelter would create a good meeting place for case managers, community supervision staff, and medical personnel. Having an address for court-related documents (where shelter staff help clients attend to court hearings) will allow for reductions in failure to appear warrants (and lower jail days). The shelter could also serve as a place for medication storage, where shelter staff could monitor medication usage. Finally, by providing a place, other than the streets for these individuals will likely change public perceptions of street disorder and safety.

3. How would your concept address the need?
Please be specific.

This concept would be a tool for increasing the efficacy of other client services, whether MIDD-funded or not. In addition, the shelter concept would provide a new venue for the provision of services to a transitory population that increases the chances of proper service delivery. In addition, the shelter would improve the day-to-day existence of clients, while also having a positive impact on community perceptions of disorder and safety.

4. Who would benefit? Please describe potential program participants.

Homeless and clients in supported housing would have the greatest benefit—however, the availability of the shelter could increase the efficiency and effectiveness for program service providers.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

More successful service outcomes, and potential improvements in client health, wellbeing, and reduce interaction with the criminal justice system/emergency medical system.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

This concept would provide a new service for those who are already identified as clients for MIDD-related services.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

The shelter would benefit any direct service providers (place to find and meet with clients), allow for medical service providers to ensure better access, and it would provide a location for decreasing the impact of the criminal justice involvement (place for court materials to come to, place for probation to meet with clients, and a place for law enforcement to "drop off" clients in the community). The City of Federal Way has opened a day shelter in concert with Catholic Community Services, Sound Alliance, Valley General Hospital, King County Public Health, and other service providers. They have budgeted $100,000 and plan to serve approximately 100-105 people per day.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$ 100,000 per year, serving 100 persons per day people per year**
Partial Implementation: **$ per year, serving** # of people here **people per year**
Full Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**

#124

Working Title of Concept: Competency Stabilization Services Program Pilot

Name of Person Submitting Concept: Jeanne Camelio and Manka Dhingra
Organization(s), if any: King County MHCADSD/DRS and King County Office of the Prosecuting Attorney
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Mailing Address: King County Mental Health, Chemical Abuse and Dependency Services Division, 401 Fifth Avenue, Suite 400, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
Concepts must be submitted via email to MIDDconcept@kingcounty.gov by ***October 31, 2015****.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

According to the Groundswell report commissioned by Washington State DSHS aimed at evaluating the forensic services system here, there are many cities and counties around the country utilizing alternative models to inpatient competency restoration – 39 states, including Washington State, have statutory allowances for competency restoration outside of an inpatient hospital setting, and 16 states currently operate formal outpatient competency restoration programs (p. 28). This concept proposes piloting a small community based competency restoration program utilizing a safe and structured supervised living milieu as well as an option for daytime competency restoration services within a care management team model. The pilot would serve a small number of individuals from the Regional Mental Health Court - up to 20 – and would restrict eligible participants to defendants facing non-serious misdemeanor or non-violent felony charges. A local system of competency stabilization would include: provision of assessments of levels of clinical need, risk for violence and recidivism, and restorability (at the time of competency evaluation and the order of restoration) to determine which individuals require state hospital restoration services versus those individuals best suited to an outpatient model. In both the facility based model and the care management/day support competency stabilization model, participants would receive individual and group education (regarding the legal and court systems) and treatment, psychiatric medication management and monitoring, substance abuse services and the ability to conduct urinalyses as indicated, and regular assistance meeting court obligations and attending court reviews. Oversight of the status of each participant would be coordinated between the restoration and clinical program staff and the specialty court prosecutor(s).

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

The current system for competency restoration in Washington State is limited to inpatient restoration at either Western or Eastern State Hospitals. Any person found incompetent to stand trial is placed in the most restrictive and most expensive level of care in order to receive competency stabilization/restoration services. This one size fits all approach to competency restoration is neither clinically indicated, necessary for the public safety, nor is it fiscally responsible. Costs associated with inpatient restoration services at the state hospitals are approximately $600 per bed day (versus approximately $200 per day for local community based services in the states that conduct outpatient competency restoration services). King County utilizes approximately 25% of all forensic state hospital beds currently, and there is a significant wait list (over 90 individuals) waiting in Western Washington jails for a bed to open on a forensic unit at Western State Hospital. Defendants waiting for restoration are held in a King County jail with an approximate daily cost of $393 ($12,190 per month on the psychiatric floor at the jail) for lengthy periods of time, often receiving inadequate or no medical or behavioral health treatment services. This reliance on state hospital restoration services increases state and local hospital census; results in lengthy delays for restoration services, significant costs associated with transporting individuals to the state hospital, and the high system, community and individual costs associated with incarcerating individuals with behavioral health disorders who are in need of treatment.

3. <u>How would your concept address the need</u>?
Please be specific.

The outpatient competency stabilization pilot program would allow a limited number of defendants to receive stabilization services in their communities in either a facility based program or within a care management model that includes day support restoration services. Once successfully implemented, it may be possible to expand the model to serve more defendants once funds available for this service can be secured.

4. Who would benefit? Please describe potential program participants.

There would be significant cost savings at the system level for King County (and DSHS) as a result of decreased state hospital bed usage, decreased use of jail resources in King County, as well as savings in transportation and court costs. There would be enormous benefits on an individual level for defendants, including the ability to access treatment in an expeditious manner,(locally as opposed to in a locked forensic unit outside of the county), reduced incarcerations, the ability to maintain housing, relationships, wages or entitlements, with supportive oversight by a coordinated team of clinicians and court personnel. Fewer individuals in King County would require inpatient competency services which would reduce the long delays in accessing those services from jails.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

A reduction in jail days, state hospital forensic bed use, hospital census overages all of which are currently measured and evaluated by multiple sources, including King County Department of Adult and Juvenile Detention, King County MHCADSDS, and DSHS. Providing uninterrupted treatment for individuals who commit non-serious offenses as a result of an often untreated behavioral health disorder increases community tenure and ultimately reduces recidivism.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Incarcerating defendants who are deemed incompetent to stand trial on non-serious misdemeanor or non-violent felony charges for lengthy periods of time while they wait to access severely limited treatment resources at the state hospital is not only detrimental to the health of individuals and their support networks, but it is a violation of their rights!

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships with the Office of the Prosecuting Attorney in King County, Regional Mental Health Court, jails, DSHS, Behavioral Health Services Integration Administration, Western State Hospital, and local behavioral health providers would be necessary both for design of the program, implementation, and ongoing oversight of the model.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: $ 1 million per year, serving 20 people per year

Partial Implementation:	**$ 2.2 million per year, serving 50 people per year**
Full Implementation:	**$** # of dollars here **per year, serving** # of people here **people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.