



Crisis System Use

Objective:

Ensure a network of integrated and effective health and human services is available to people in need

Strategy:

Facilitate access to programs that reduce or prevent involvement in the criminal justice, crisis mental health and emergency medical systems and promote stability for individuals currently involved in those systems

Why is this strategy important?

Criminal justice, crisis mental health and emergency medical systems provide invaluable services but are costly and do not prevent disruptions to the lives of individuals. Inmates with mental illness in the King County Jail (over half of whom are homeless) stay almost 140 days longer than general population prisoners, at an estimated cost of \$300 per night. In fact, the King County Jail is the de facto second largest mental institution in the State of Washington. Rather than focus only on reactive criminal justice, crisis mental health and emergency medical systems, King County is also actively working to expand proactive programs that will reduce or prevent involvement these systems and promote stability for individuals currently involved in them. One example of programs that have reduced involvement in crisis systems is the 1811 Eastlake program. 1811 Eastlake is a program of the Downtown Emergency Service Center (DESC), which provides supportive housing for 75 formerly homeless men and women living with chronic alcohol addiction. In the year after residency, residents reduced their visits to the emergency room, sobering center and jail, resulting in cost savings of more than \$4 million.

How is our performance?

King County tracks several important indicators that gauge how well we are preventing involvement in the criminal justice, crisis mental health and emergency medical systems and promote stability for individuals currently involved in those systems.

Facilitating access to appropriate screening, immunization and medical care and disease management, including behavioral health screening and management, is an important strategy to help get ahead of the crises that can result in use of the health care system. Screening, immunization and medical care and disease management can cure or control illness and can impact disability. People with limited incomes are less likely to have a personal doctor or healthcare provider. Lack of a healthcare home can lead to increased use of emergency medical services. We expect more low-income people to have a usual source of care as expanded coverage for Medicaid and subsidies for insurance premiums for low-income households are implemented in 2014.

A key priority of King County is to link persons with severe and persistent mental illness who are incarcerated with mental health treatment prior to their jail release. In 2011, 71.1 percent of former King County jail inmates with a mental illness reduced their incarcerations after receiving mental health treatment services after leaving jail. This rate has stayed steady over the last four years.

King County is unique in the country in creating a system for prioritizing limited permanent supported housing for individuals who are homeless and who make the greatest use of the criminal justice, emergency medical, and crisis mental health systems or who are most vulnerable. In 2011, 179 persons with high system utilization and/or vulnerability accessed a supportive housing placement. The year prior this number was 299. The number of new permanent supported housing units coming on line greatly affects the number of people placed, as there are far more people needing this resource than there are units available.

King County Jail inmates with mental illness whose behavior places them at risk of harming themselves, harming others or being at risk of harm from other inmates are placed in specialized housing, apart from the general inmate population. In 2011, 9 percent of detained inmates were housed in specialized psychiatric housing for more than three days during the jail stay (the number does not include non-duplicated defendants, but could represent multiple jail stays by the same individual). This is a proxy measure for mental health needs in the community. It represents an indirect way of showing the severity and pervasiveness of mental health needs in the jail population. As the number goes up, it may indicate that the community is not meeting the demand for mental health services. This is a workload driver and process problem for King County's Department of Adult and Juvenile Detention.

Moving forward

While King County will continue to provide criminal justice, crisis mental health and emergency medical support, the county will continue to actively work to expand proactive programs to get ahead of the crises that often drive the need for these services and to identify quality improvement initiatives to improve current services. Expansion of health care insurance for low-income residents will help to insure that people seek preventive care. A heavy emphasis will be placed on ensuring that all King County residents have access to health insurance by targeting those expected to need the most support enrolling. This includes but is not limited to: adults with limited English proficiency, adults involved in the justice system, veterans, adults experiencing homelessness, and adults with substance abuse conditions, mental health conditions, and/or cognitive impairments.

King County has filled a giant gap in its ability to divert persons experiencing crisis from jail and the hospital emergency department through the opening of the DESC's Crisis Solutions Center (CSC) in August 2012. The CSC provides a new resource for police, medics, crisis mental health professionals, and other first responders to use for individuals who are in crisis and might otherwise receive no help, or be taken to jail or a hospital emergency department. The goal of the CSC is to reduce unnecessary involvement in the criminal justice and emergency medical systems.

When an individual is brought to the CSC, a team of mental health and chemical dependency professionals will help stabilize the current crisis in a voluntary secure residential setting. They will also immediately work to refer participants to long-term assistance and housing, tailored to each person's needs. As a result, the CSC will reduce overall admissions to jails, hospital emergency departments and psychiatric hospital inpatient units. The Crisis Solutions Center is not intended as a replacement for people who require jail or hospitalization for their own safety or for the safety of others. Only individuals who have committed minor, non-violent offenses will be eligible for jail diversion

through the CSC. The program is intended to serve men and women who are in crisis due to mental or addictive illnesses and who are currently being sent to jails or hospitals because more appropriate, secure therapeutic options do not exist

Services provided on-site will include mental health and chemical dependency assessment and treatment such as individual and group counseling and medication therapy. Services will also include referrals and linkage to ongoing community services and housing options.

King County's Emergency Medical Services initiated a pilot Community Medical Technician (CMT) Program to reduce reliance on emergency medical systems, running from 2010 through 2012. In the pilot program, lower acuity calls are addressed by technicians in Sport Utility Vehicles (SUVs), who provide basic patient evaluation, patient assistance, and specified Basic Life Support (BLS) treatment at the scene, and arrange for transport if medically necessary. This helps reserve other BLS responders and transport-capable vehicles for more serious medical emergencies. In addition, the program includes testing of a one-responder CMT unit and a patient engagement component, allowing Emergency Medical Technicians (EMTs) to refer patients with unmanaged medical or other needs to agencies and resources that can provide assistance, potentially reducing a patient's reliance on 9-1-1 and EMS response. Eastside Fire and Rescue is participating with the one responder model, while Woodinville Fire and Rescue is participating with a two-responder model. Future funding for the CMT Program is currently included in the EMS Task Force 2014-2019 levy recommendations. The proposal uses a regional approach to positioning units with each unit serving between three to five fire departments. A year of project planning is reserved for 2014. Funding for implementing three CMT units is in the financial plan for 2015-2019, with the potential for two additional units funded by levy reserves.

Related Links

[Public Health Operational Master Plan](#)

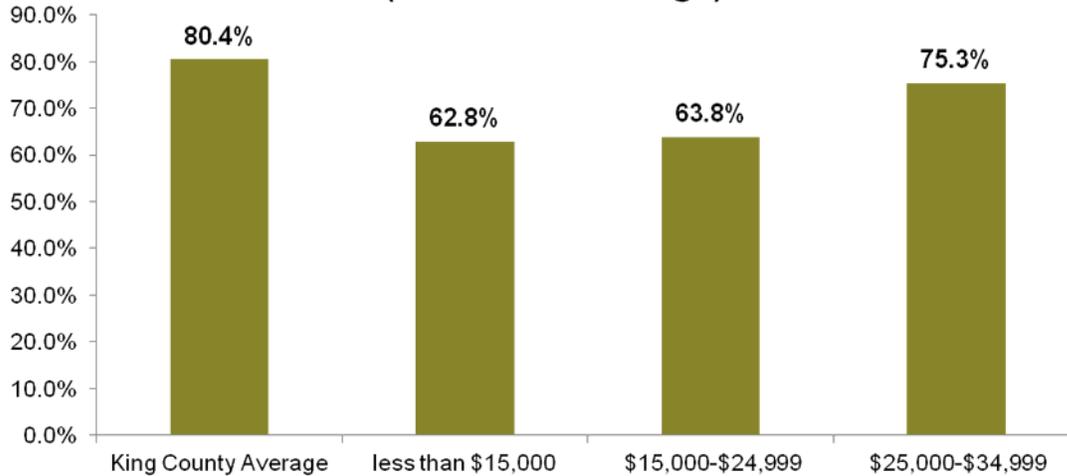
[Health of King County](#)

Technical Notes

Data on adult detention provided by King County Department of Adult and Juvenile Detention. This is a duplicated count, meaning that if a person was booked twice in the same year and placed in psychiatric housing both times, it will count as two events.

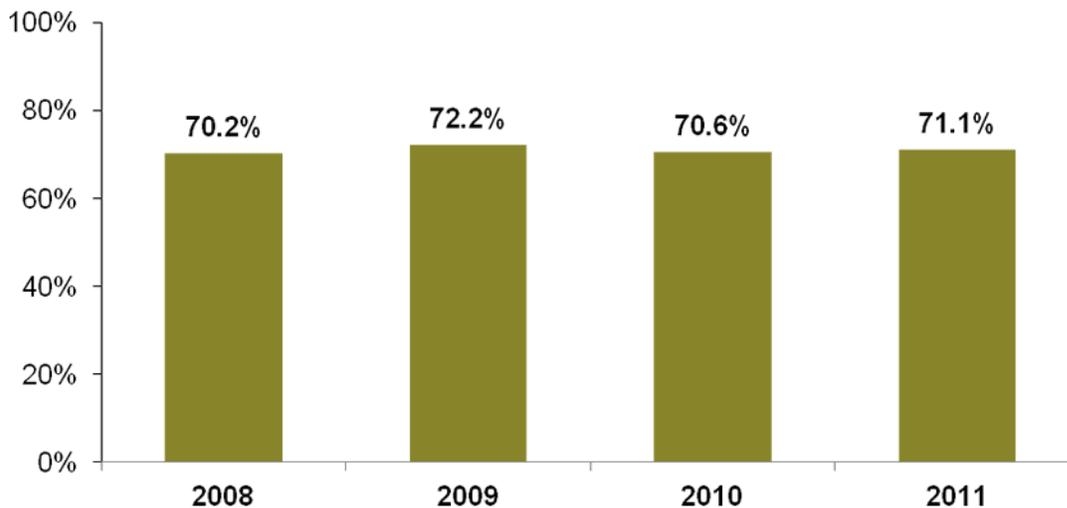
Charts and Maps

King County Residents with Low Household Incomes who Have a Personal Doctor or Healthcare Provider (2007-2011 average)



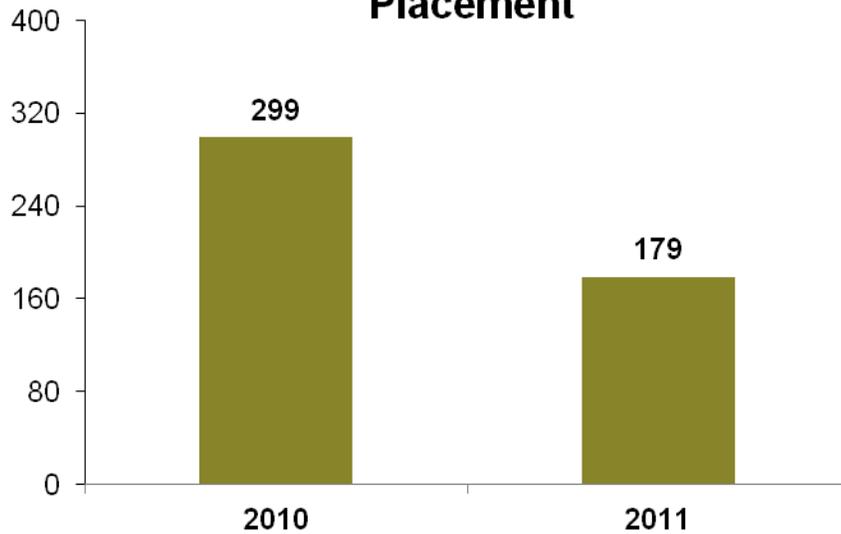
Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System supported in part by Centers for Disease Control and Prevention Cooperative Agreement. Prepared by: Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit; 8/2012

Percent of Former King County Jail Inmates with a Mental Illness who Reduce Incarcerations After Receiving Mental Health Treatment Services



Data Source: King County Department of Community and Human Services

Number of Homeless Adults that Make Use of Crisis Systems who Access a Supportive Housing Placement



Data Source: King County Department of Community and

Adults Booked into King County Jail Staying Longer than 3 Days in Psychiatric Housing

	Bookings	% of Bookings
2008	3,086	6.4%
2009	3,261	7.3%
2010	3,430	8.0%
2011	3,416	9.0%

Data Source: King County Department of Adult and Juvenile Detention