



Kitsap County Mental Health, Chemical Dependency & Therapeutic Court Program

Strategic Planning Team Recommendations

November 19, 2013



Overview of Presentation

- Review the Needs Assessment Process
- Discuss the Continuum of Care for Behavioral Health Services in Kitsap County
- Present Major Data Sources
- Summarize Data Review
- Share Systems Map and Present Key Recommendations for the Continuum of Care
- Discuss Next Steps

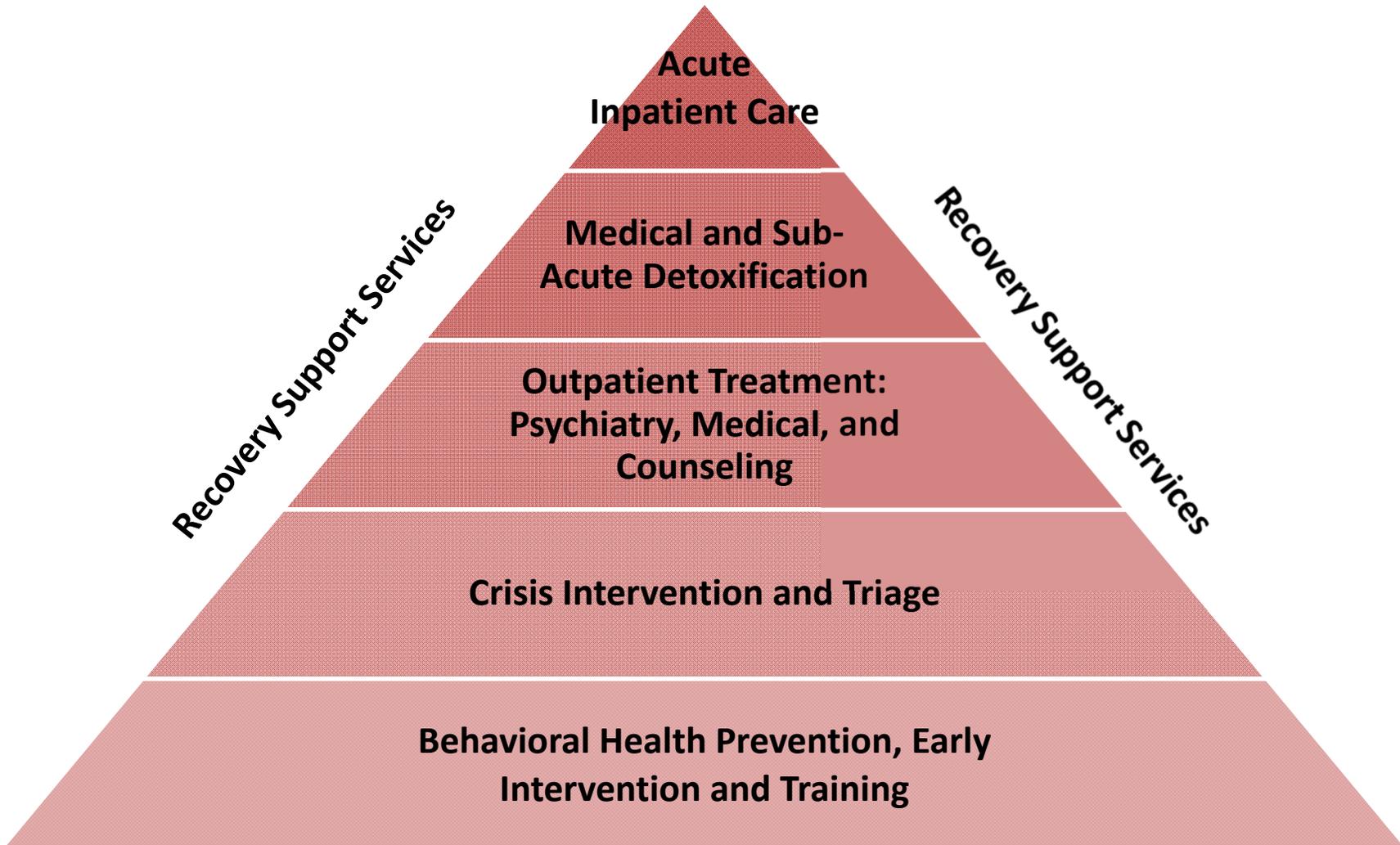


Needs Assessment Process

- Reviewed major data sources
- Established the Kitsap County Continuum of Care
- Interviewed the Behavioral Health Strategic Planning Team
 - What are the major issues effecting the population you are working with?
 - What is working well?
 - What is insufficient or missing?
 - Three key Recommendations?
- Updated the Behavioral Health System Map
- Developed Key Recommendations and vetted through the Strategic Planning Team
- Provide overview to the Citizens Advisory Committee
- Establish priorities for funding



Kitsap County Continuum of Care





Major Data Sources

- *Kitsap County Behavioral Health Strategic Plan, Barbara Mauer MCCP Consulting, commissioned by Harrison Medical Center, Kitsap County: Department of Personnel and Human Services, Sheriff's Office, Superior Court, Juvenile Department Public Health District, Kitsap Mental Health Services, Peninsula Community Health Services, March 2006.*
- *Kitsap County 2007 – 2013 Strategic Plan for Substance Abuse Services, Kitsap County Department of Personnel and Human Services, April 2007.*
- *Behavioral Healthcare Needs in Kitsap County, Kitsap County Behavioral Health Alliance, April 2009.*
- *Healthy Youth Survey, Washington State Department of Health, March 2013.*
- *Heading Home: Kitsap Homeless Housing Plan 2012 Update, Kitsap Regional Coordinating Council, Kitsap Continuum of Care Coalition, March 2013.*
- *Kitsap Community Health Priorities, Kitsap Public Health District, Harrison Medical Center and the United Way of Kitsap County. January 2012.*
- *Kitsap County Public Health Indicators, Kitsap Public Health District, May 2012.*
- *Risk & Protection Profile for Substance Abuse Prevention in Kitsap County, Washington State Department of Social and Health Services, April 2013.*
- *Numerous other Sources.*



Substance Abuse Disorders

- Alcohol has remained the drug of choice for individuals admitted to publically funded treatment from 41% in 2007 to 37% in 2012.
- Marijuana as a drug of choice has also been relatively stable for individuals admitted to publically funded treatment from 20% in 2007 to 17% in 2012.
- Methamphetamine use has stayed consistent for individuals admitted to publically funded treatment from 27% in 2007 to 26% in 2013.
- Increase in heroin as drug of choice for individuals admitted to publically funded treatment from 4% in 2007 to 9% in 2013.
- Increase in injecting drugs for individuals admitted to publically funded treatment from 20% in 2007 to 28% in 2012.
- Increase in homelessness for individuals admitted to publically funded treatment from 4% in 2007 to 12% in 2013.



Mental Illness

- Half of Americans will have a diagnosable mental illness at some point in their lifetime.
- During any given year, 19% of adults experience a mental illness.
- A 2005 Department of Justice report indicated that 56% of state prisoners and 64% of jail inmates experienced mental health problems.
- It is estimated that almost 70% of youth in the justice system have a diagnosable mental disorder.
- Washington State ranks 47th in the nation in number of psychiatric beds per capita.
- The Peninsula RSN, including Kitsap County, has the highest rate of youth psychiatric inpatient hospitalizations in the State.
- The Peninsula RSN, including Kitsap County, had the highest number of boarded individuals in October ever recorded.



Youth Behavioral Health Issues

- Rates of major depression in Washington State are among the highest in the nation for youth aged 12 to 17.
- Depression is closely linked to suicide, and 18% of tenth graders in Washington reported having serious thoughts about suicide in the past year.
- The number of youth treated in publically funded substance abuse outpatient treatment fell slightly from 177 in 2007 to 148 in 2012; while the need for mental health services increased steadily (698 in 2010 to 1077 in 2012).
- Youth age 14 and under admitted to substance abuse treatment rose from 8% in 2007 to 20% in 2012.
- The primary drug of choice remained marijuana, with 62% in 2007 rising to 78% in 2012.
- Alcohol remained the secondary drug of choice, with 27% in 2007 decreasing to 14% in 2012.
- Methamphetamines was the tertiary drug of choice with 9% in 2007 decreasing to 3% in 2012.
- Age of first use in treatment 11 and under increased from 23% in 2007 to 33% in 2012.



Homeless Behavioral Health Issues

- About 30% of people who are chronically homeless have mental health conditions.
- About 50% have co-occurring substance use problems.
- In 2010, nearly half of the 9,909 clients discharged from residential chemical dependency (CD) treatment facilities had an indication of housing need, yet only 18 percent of those in need received housing assistance.
- Approximately 30 percent of the 1,792 clients discharged from state mental health hospitals had an indication of housing need, yet only 17 percent of those in need received housing assistance.
- Housing need was identified through multiple service systems. Of particular note, 32 percent of residential CD treatment facility leavers and 39 percent of state mental hospital leavers had housing need identified through the chemical dependency and mental health systems, respectively.



Behavioral Health Issues and the Adult Criminal Justice System

- The prevalence of persons with serious mental illness among people entering jails is 16.9%.
- In 2005, individuals who experienced mental health problems accounted for 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates.
- 80% of adult jail and prison inmates have at least one substance use problem.
- In 2011, 873 individuals (ages 18+) in Kitsap County were arrested for alcohol violations.
- In 2011, 514 individuals (ages 18+) in Kitsap County were arrested for drug violations.
- 100 individuals in Kitsap County participate in Felony Drug Court annually.



Behavioral Health Issues and the Juvenile Justice System

- The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent.
- In 2006, half (52.4 percent) of juvenile or youthful offender inmates in state prisons and local jails met clinical criteria for substance use disorders.
- In the first six months of 2013, the number of youth who entered Juvenile Drug Court increased by 64% from the number of youth who entered the program in the first six months of 2012.
- In 2012, the number of youth on probation who received outpatient drug/alcohol services increased by 29% from 2010.
- In 2012, 23% of youth admitted to Juvenile Detention were taking mental health medication.
- Between July 2009 and June 2013, 477 youth in Juvenile Detention were seen by a mental health professional.
- In 2012, 9 youth participated in the Individualized Treatment Court Program for co-occurring disorders; a 125% increase in participants from the program's inception in 2006.



Behavioral Health Prevention, Early Intervention and Training

- Support shared plan through ongoing collaboration and increased care coordination among mental health, substance abuse, health and justice stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Train all systems on community resources and behavioral health treatment options including inpatient, outpatient, medication assisted, detoxification services and crisis triage.
- Educate the community on Healthy Option Services and Medicaid Expansion.
- Educate local behavioral health treatment providers on Veteran's issues and available resources.
- Provide behavioral health education and training to providers working with the aging population.



Behavioral Health Prevention, Early Intervention and Training

- Provide consistent behavioral health consultation to providers working with the aging population.
- Embed strategies for working with individuals with behavioral health disorders within the existing local CNA/ LPN/ nursing curriculum.
- Expand mental health and substance abuse prevention coalitions.
- Expand evidence based mental health and substance abuse early prevention and intervention parent programs (Example: Nurse-Family Partnership Program and Strengthening Families).
- Provide school-based mental health and substance use prevention curriculum and training.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.



Crisis Intervention and Triage

- Develop county wide protocols for first responders responding to a call where mental illness or substance use may be a factor.
- Conduct crisis intervention training for all first responders countywide to respond to calls where mental illness or substance use may be a factor.
- Establish a Mobile Crisis Team and infrastructure to handle diversion attempts by law enforcement or mental health outreach teams to divert from jail, preempt entry into legal system; or the hospital.
- Explore diversion alternatives through Crisis Respite/Triage Center/Drop Off Center with diversion beds.
- Build and adult diversion program for low level offenders with mental illness or substance abuse disorders.
- Establish specialized homeless outreach services, including specialized outreach to Veterans.



Crisis Intervention and Triage

- Establish specialized geriatric outreach team to assist providers working with the aging population.
- Provide behavioral health screening, brief intervention, and referral for treatment for youth, adults and older adults in primary care.
- Expand capacity for 24 hour crisis response for youth through law enforcement training, mobile crisis team, emergency housing and crisis triage.
- Expand youth Involuntary Treatment Act/Crisis Response services.
- Expand school-based mental health and substance use prevention, outreach, assessment, intervention, referral and treatment.
- Establish Suicide Prevention, Screening and Referral options in schools and the community.



Outpatient Treatment

- Increase substance abuse treatment funding for youth and adults who are not eligible for Medicaid, including individuals on Medicare, Veterans and do not have private insurance.
- Increase access and options for medication assisted treatment.
- Expand Community Mental Health Center services to include individuals who are not eligible for Medicaid.
- Explore geriatric population needs.
- Increase dual-certification among mental health and substance abuse treatment providers for addressing all of the individuals behavioral health needs.
- Expand the use of evidence and research based programs found to decrease depression, suicidal behavior and substance abuse among juvenile justice involved youth.



Outpatient Treatment

- Develop shelter-based behavioral health prevention, outreach, assessment, intervention, referral and treatment.
- Provide on-site behavioral health screening and referral to Superior, Municipal and District Courts.
- Expand behavioral health outreach, assessment, intervention, referral and treatment in the jail.
- Expand behavioral health abuse outreach, assessment, intervention, referral and treatment in existing adult therapeutic courts.
- Expand behavioral health prevention, outreach, assessment, intervention, referral and treatment within the juvenile justice system.
- Enhance linkage at discharge to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, housing with/without supportive services, and mental health & substance abuse treatment.



Medical and Sub-Acute Detoxification

- Educate first responders, mental health and housing program providers, and criminal justice staff on available Emergency Housing, Detoxification and Crisis Triage beds at Kitsap Recovery Center.
- Dedicate funds for out of county medical detoxification services for youth and adults, including those in the criminal justice system.
- Explore local options for a local medical detoxification provider.
- Enhance linkages at intake and discharge from housing and criminal justice programs to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.



Acute Inpatient Care

- Educate first responders, mental health and housing program providers, and criminal justice staff on available inpatient substance abuse treatment beds at Kitsap Recovery Center.
- Increase number of local residential substance abuse treatment beds for youth and adults.
- Increase number of local mental health inpatient beds for adults, including gero-psychiatric beds.
- Increase capacity for Program for Assertive Community Treatment (targeting 18-40 years olds with Axis 2 diagnosis).
- Increase number of local co-occurring disorder residential substance abuse treatment beds.
- Expand family education, involvement and support activities for individuals in residential substance use disorder treatment.
- Enhance linkages at intake and discharge from housing and criminal justice programs to comprehensive services including care coordination, access to medication, prompt access to benefits, health care, and mental health & substance abuse treatment.



Recovery Support Services

- Provide funding for recovery supportive services for individuals in treatment including child care, transportation and employment.
- Increase project based subsidized housing vouchers for individuals in Behavioral Health treatment.
- Provide appropriate tailored subsidized housing and support services for homeless individuals with Behavioral Health issues.
- Establish stabilization transition housing for individuals with Behavioral Health issues moving from jail to treatment.
- Establish flexible rental assistance funds for individuals with Behavioral Health needs.
- Address barriers to accessing treatment by increasing treatment options and locations in Bainbridge Island, North and South Kitsap.
- Identify transportation barriers to getting to treatment and increase transportation options

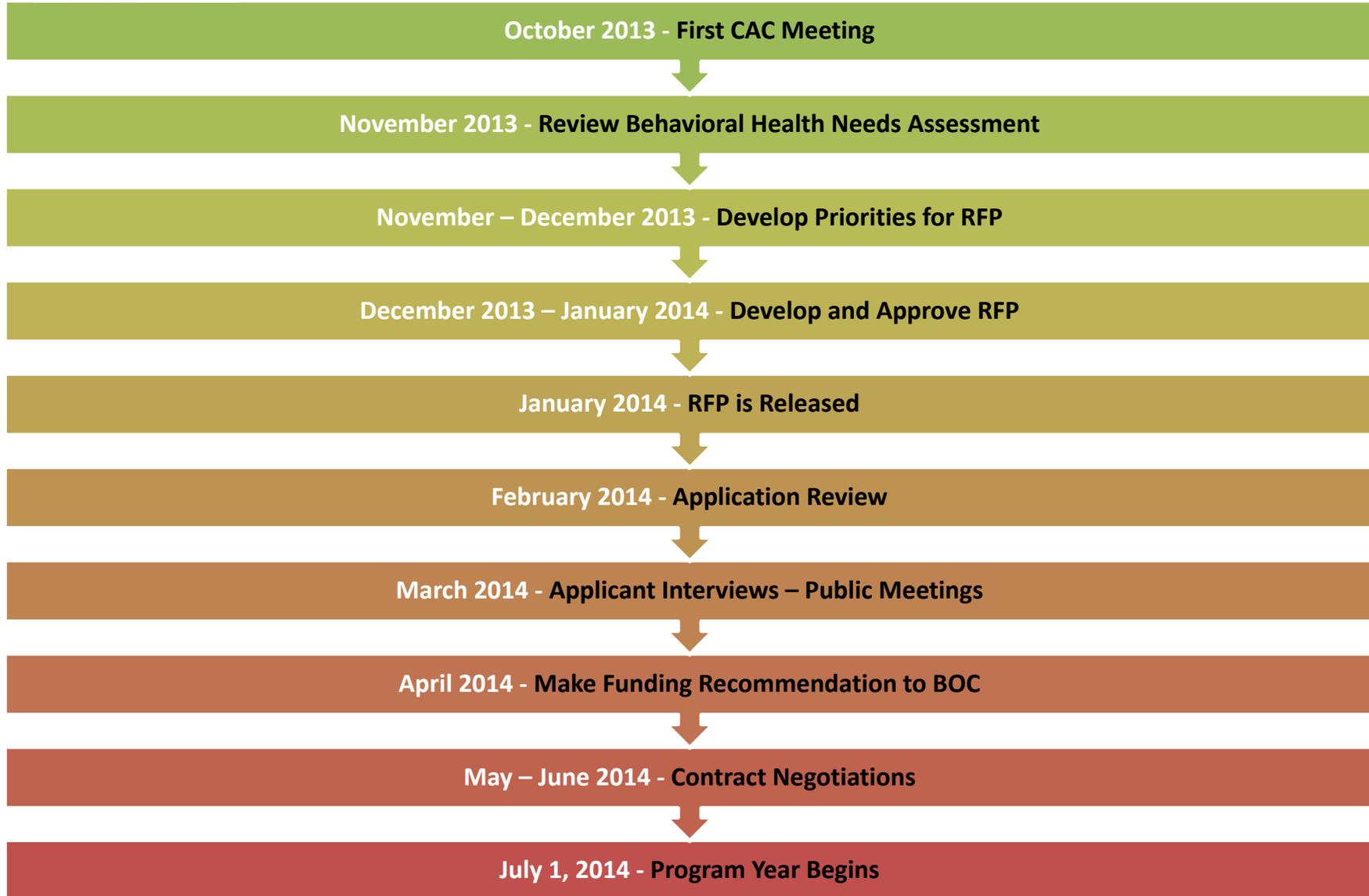


Recovery Support Services

- Expand parent and family education, involvement and support activities for youth and adults in behavioral health treatment.
- Increase wrap-around services for serious emotionally disturbed youth.
- Increase supportive services, case monitors, UA collection, incentives and pro-social activities in all Juvenile Therapeutic Courts.
- Explore local reimbursement options implemented in Pierce and Clallam Counties.
- Explore local cursory competency evaluation for out of custody, low risk offenders.
- Recruit existing organizations/individuals to develop a mental health support group similar to AA/NA.
- Assess the mental health service needs of an aging population.

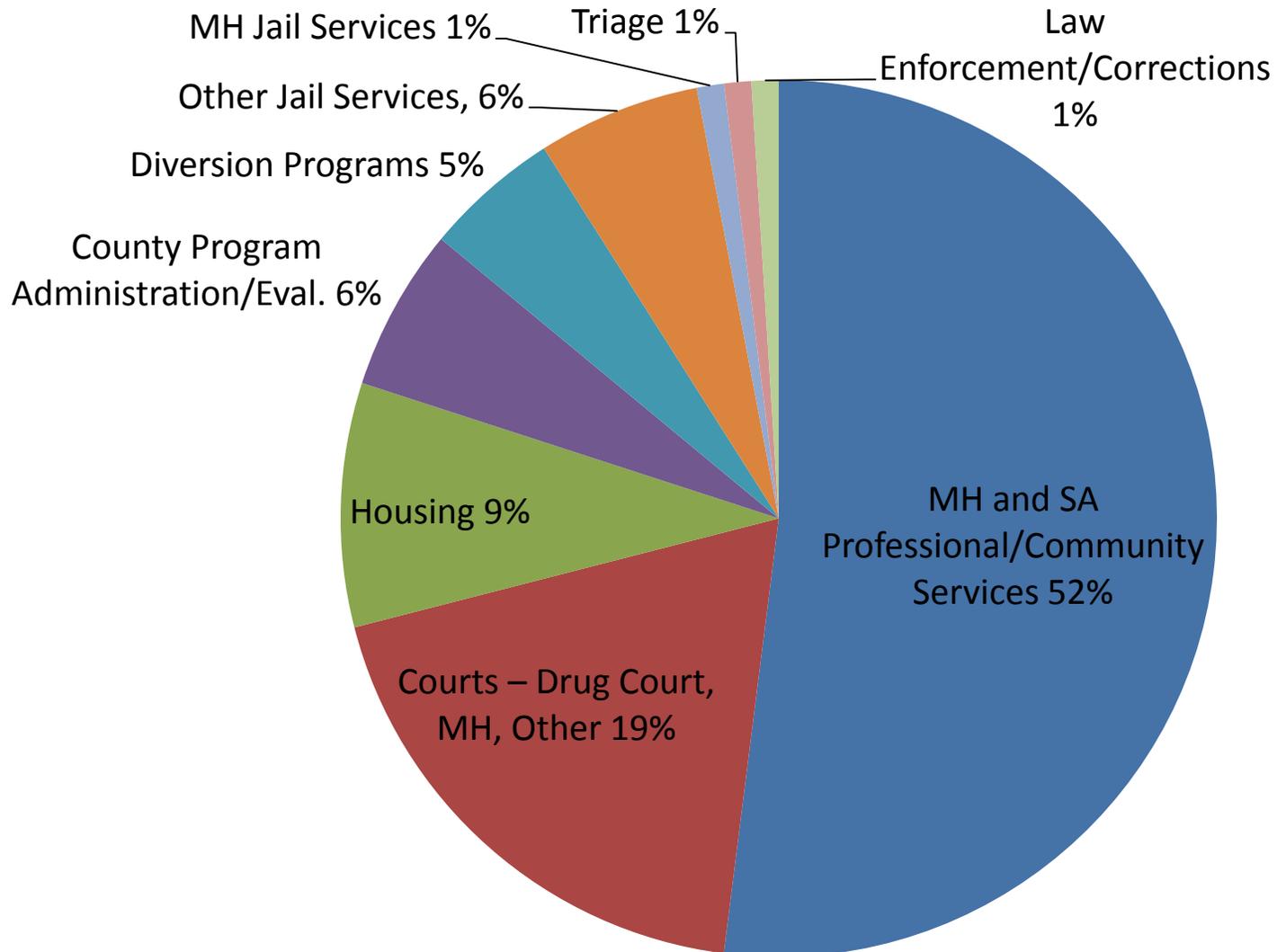


CAC Planning Timeline





How was Funding Expended Statewide? (JLARC 2013)



Note - Approximately \$90 million statewide annually



Next Steps

- Complete Draft of the written narrative for the Strategic Plan
- Send out narrative of Strategic Plan for review and vetting by the Strategic Planning Team
- Establish a process for developing funding priorities
- Establish priorities for funding
- Embed priorities for funding into the written Strategic Plan and send out draft to the Advisory Committee
- Establish the Request for Proposal Committee and schedule a meeting
- Embed priorities for funding into the Request for Proposal
- Other Next Steps...