



**THURSTON COUNTY**  
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# **THURSTON COUNTY**

## **Treatment Sales Tax Action Plan**

“Thurston County Mental Health and  
Substance Abuse Prevention, Treatment, and  
Therapeutic Court Services Expansion”

# **Thurston County Treatment Sales Tax Action Plan Proposed – November 2008**

## **I. Issue**

A large number of adults and juveniles enter the criminal justice system due to mental illness and/or chemical abuse and dependency. The criminalization of mental illness is recognized as a nationwide problem. In 2007, over 80% of people who were arrested and jailed in the Thurston County jail had mental illness and/or chemical dependency as a causal or contributing factor to their crime. The lack of state and local resources, particularly treatment, for the impacted populations not only jeopardizes the health of these individuals, but just as significantly, jeopardizes the economic and physical health of the entire community. The impact is substantial in the courts, juvenile justice system, the jail system, the schools, public health, mental health, chemical dependency and businesses.

## **II. Background**

In the 2005 legislative session, Senator Hargrove introduced the Omnibus Mental Health and Substance Abuse Reform Act (E2SSB 5763) in which a provision was focused on the expansion of chemical dependency and mental health treatment. The bill passed with strong bi-partisan support.

The goals of the legislation were to:

1. Reduce negative impacts of mental health and substance abuse on children and families
2. Avoid building more jails and prisons and prevent crime victims
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical-health care and emergency room costs
6. Improve recovery and quality of life for those with chemical dependency and mental health disorders.

To meet these goals, the legislation provided a funding mechanism (RCW 82.14.460) to expand or provide new mental health and/or chemical dependency treatment by authorizing counties to impose a sales and use tax in the amount of 1/10 of one percent (10 cents per \$100). If the tax is imposed, it also authorizes the operation of a new or expanded therapeutic court(s).

Therapeutic courts and treatment programs for mental health and chemical dependency are proving to be effective strategies for reducing jail and court costs, saving from \$3 to \$7 in incarceration/court costs for every \$1 spent (depending on the program). Currently, the need for services in Thurston County far exceeds the capacity for each of these programs. In addition, some services are not available or are very limited if the individual does not have Medicaid or the service is not covered by Medicaid, particularly mental health services, mental health court for juvenile offenders and their families, and mental health court for felony offenders. Further, as the capacity of the County's General Fund declines, existing services, jail diversion programs, in-custody treatment services and problem solving courts will be severely reduced rather than expanded, as needed.

Over the past ten years, Thurston County has worked hard to address the issues of public safety, individual and family well-being and rising incarceration costs by:

- Instituting a Drug/DUI court, which provides mandatory treatment in lieu of jail time;
- Creating a Mental Health Court in District Court, which provides mandatory treatment in lieu of jail time;
- Creating a Youth Drug Court for juvenile offenders, which provides mandatory treatment in lieu of jail time;
- Increasing in-custody programs for offenders who are evaluated as chemically dependent and/or mentally ill;
- Training Sheriff's deputies on methods and techniques for interacting with severely mentally ill individuals;
- Increasing community services for chemically dependent, mentally ill and co-disorder persons in the county; and
- Increasing pre-trial and post-trial diversion services, including the use of an effective inmate re-entry program.

However, while effective, these resources and services still do not adequately address the needs of county residents.

Thurston County Commissioners have the opportunity to pass a 1/10 of one percent sales tax ordinance to fund mental health and chemical dependency services and therapeutic courts. By enacting a "Treatment Sales Tax", the County is able to create prevention, diversion and intervention services that help us contain the growth of the jail population and create services for those suffering from mental illness, chemical dependency or co-disorders which are not otherwise available in the community.

### III. Proposal

We propose that the Thurston County Board of County Commissioners pass an ordinance, **“Thurston County Mental Health and Substance Abuse Prevention, Treatment, and Therapeutic Court Services Expansion,”** to impose this tax and require a detailed Implementation Plan from county staff and community members, which must be approved by the Board of County Commissioners before collected funds will be used to provide services. This implementation plan will include: description of the oversight committee, detail on County Administration and Authority, an Evaluation Plan, initial program description(s) and timelines for phasing in services. We believe that all services to be offered in the plan will be based on established evidence-based practices. The plan will address the following goals.

### IV. Goals

County staff are recommending the following goals to drive the development of the implementation plan:

1. Improve the quality of life for Thurston County residents with mental illness and/or chemical dependency by reducing their involvement with the criminal justice system.
2. Reduce the number of people who have a high recidivism rate and/or have lengthy jail stays as a result of their mental illness, chemical dependency and/or homelessness.
3. Increase the ability to divert mentally ill and/or chemically dependent adults and youth, using evidence-based practices, from jail services, either through pre-booking or post-booking diversion, to appropriate levels of care and housing.
4. Increase levels of interagency collaboration, cross system coordination and planning between corrections, courts, mental health, chemical dependency and housing services.
5. Create a system of prevention services and strategies for youth and adults based on evidence-based practices.
6. Increase public safety by using risk and needs assessments for all adult and youth offenders to determine appropriate service designation for mental health, chemical dependency and/or jail services.
7. Increase therapeutic services and resources for youth and adults who have co-occurring disorders of mental illness and chemical dependency.
8. Increase community, law enforcement, corrections and courts education and training for prevention diversion and intervention.

## V. Prevalence Findings and Gaps

### A. Mental Illness

In September 2008, 20 percent of the population in Thurston County jail was assessed as having a mental illness (at some level), 7.5 percent of adult male inmates had a “serious” mental illness and 12.5 percent of females in jail had a serious mental illness. This is compared to the general population who are estimated to have a severe mental illness in Thurston County at a rate of approximately 4.2 percent. This is a major issue for the County, as offenders with mental illness can require a high level of supervision while in the jail. These inmates can present a threat of harm to themselves, jail staff and/or other inmates. They also often stay in jail longer due to a lack of appropriate, safe alternatives to jail while they are awaiting trial and often re-offend at higher rates than other inmates due to the underlying reasons for their offenses.

The presence of mentally ill offenders in jail at a relatively high rate is due to inadequate screening, referral, treatment, community supervision and safe housing for these offenders. This is true despite the establishment of a Mental Health Court in District Court, the construction of a mental health triage facility and the hard work of county staff and community service providers. The lack of services mentioned above have led to increased law enforcement, jail and court costs, an increase in repeat crimes committed by mentally ill offenders and a decrease in public safety.

- Once in jail, adults who are mentally ill stay in jail longer than individuals who do not have a mental illness. One study showed that individuals that remain in jail more than 72 hours have an average length of stay of 24 days for felony offenses. If the offender has a mental illness, the average length of stay is 158 days. In addition, the daily cost of care while in jail is much higher for the mentally ill population than the non-mentally ill population due to the additional staff needed to observe and keep safe individuals who are at greater risk for suicide or to be harmed by other inmates and for the extra costs of psychiatric services and medications.
- Studies show that police officers are almost twice as likely to arrest someone who appears to have a mental illness. In a study of 1000 police encounters, 47 percent of people with a mental illness were arrested, while only 28 percent without a mental illness were arrested for the same behavior. (Bureau Of Justice Statistics, July 2000)
- Of the 4,356 adults served by Thurston County jail in 2007, 1,702 or 39 percent had some contact with Thurston/Mason Regional Service Network (TMRSN) services for the same time period. Of the 6,611 clients served in all programs by TMRSN in 2007, 1,702 or 25% had contact with Thurston County jail during that year.

## **B. Chemical Dependency**

The jail reports that the percentage of adults who are in jail either as a result of an arrest related to alcohol or substance abuse or who have a chemical dependency addiction in addition to their criminal activity ranges between 60 to 80 percent.

The Thurston County Drug Court has had great success in reducing both repeat offenses and jail time for people referred to the court due to chemical dependency issues. However, Drug Court is at capacity and has a significant waiting list. Therefore, the County continues to house offenders in jail who could be diverted to treatment and/or community programs and continues to pay high costs for incarceration.

- In 2003, the Washington State Department of Social and Health Services (DSHS) estimated that 11% of Thurston County adult residents needed substance abuse treatment.
- Based on client self report, of all adults served by the Thurston Mason Regional Support Network (the County mental health service system) over one year, 40 percent indicated alcohol/drug use.

## **C. Homelessness**

According to the “2008 Point-in-Time Homeless Census Report for Thurston County” conducted by the Housing Authority of Thurston County, the number of homeless households in the county in 2008 is 492, down from 569 in 2007 and up slightly from the baseline census of 489 in 2006. The 2008 Homeless Census indicates that 44% of homeless people had a mental health disability and 27% of homeless people were chemically dependent. National figures show that 35 % of homeless have severe mental illness while 80% of the homeless in the U.S. have chemical dependency/abuse issues. These numbers are significant as homeless people are more likely to come into contact with law enforcement personnel and be arrested for unlawful behaviors.

Homelessness becomes a contributing co-occurring disorder with mental illness and chemical dependency that further increases likelihood of being arrested, as well as increasing the length of stay in jail. Due to a lack of safe and stable housing for homeless individuals and families, it is difficult to provide adequate treatment services, divert these individuals from jail and/or find employment and support that will reduce the likelihood of continued homelessness.

- Of all adults served by the Thurston/Mason Regional Support Network (TMRSN) over one year, 10% indicated that they were homeless.
- 65% of the sheltered and unsupported individuals surveyed had one or more disabilities:
  - 44% had a mental health disability
  - 28% had a physical disability

## **D. Juveniles**

National research studies have found high rates of mental disorders, substance abuse and co-occurring disorders among youth in the juvenile justice system. A series of studies over the past five years have consistently found that approximately 20 percent of youth involved in the justice system have been assessed to have a severe mental illness requiring immediate and significant treatment. Over half of the youth entering the juvenile justice system have been assessed for substance abuse related problems. The primary funding source for public mental health and chemical dependency treatment services in Washington is Medicaid; there is no access to these services if the child or child's family does not have Medicaid, except for crisis intervention and hospitalization.

Over the past fifteen years, the Thurston County Juvenile/Family Court has developed a number of evidence-based programs to divert youth from detention, address underlying issues related to criminal activity and provide support for families of these youth. Funding is very limited, however, and many youth and families are not able to be served by these programs.

## **E. Mental Health and Drug Court**

Adult and juvenile mental health and drug courts, as an evidence-based practice, have been proven to be highly effective in engaging individuals in treatment and reducing recidivism. Current programs on Thurston County have limited funding and are at capacity. In addition, there is a limit to community programs that these courts can refer individuals to due to the constraints of Medicaid-funded services. Other evidence-based programs, such as Crisis Intervention Training for police, are also found to be effective as a diversion program.

While Thurston County does have a Mental Health Court for mentally ill persons who commit misdemeanor crimes and a Drug Court for both adult offenders and juvenile offenders, these courts are at capacity, there are gaps in what cases these courts can hear and there is a lack of coordination in dispositions between the existing therapeutic courts. There is a large need for a coordinated approach to therapeutic courts in Thurston County as well as an expansion of therapeutic court capacity.

## **VI. System Needs and Community Program Development Needs**

Under current long-term forecasts, Washington State faces the need to construct several new prisons and jails in the next two decades. Interested in alternatives, the 2005 Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) to project whether there are evidence-based options that can:

- Reduce the need for prison beds

- Reduce cost for State and Local taxpayers
- Contribute to lower crime rates

WISPP concluded that there are some evidence-based programs that can reduce crime/cost, but others cannot. The study noted that at the local level of government, county jails incarceration rates have increased about 185 percent since 1980. WISIPP's main findings are that there are economically attractive evidence-based options in three areas: adult corrections programs, juvenile corrections programs and prevention. They recommended that public policies incorporating these options can yield positive outcomes.

Programs such as Functional Family Therapy, Family Integrated Transition and Multi-Systemic Therapy (MST) are effective treatment models for reduction of utilization and recidivism in juvenile justice. For instance, 63% of mental health and chemically dependent clients who receive MST services, a federally funded program, have juvenile justice connections. The Nurse Family Partnership and Project Success are both examples of effective evidence-based prevention models. Other evidence-based models, such as drug treatment in jail/prison, cognitive-behavioral treatment in jail/prison and adult and juvenile treatment courts, have been found to be very effective in reducing jail stays and repeat offenses.

County staff believe that the programs or services that are to be implemented under this ordinance must be "evidence-based", "research-based", "emerging best practice", or "promising practice," as defined in the legislation, and should encourage innovative approaches to local problems where there are no applicable models.

## **A. Identifying Community Needs**

People with serious mental illnesses and/or co-occurring substance use disorders that may be homeless have frequent contact with the legal system, both as offenders and as victims. There are a number of points at which the mental health, substance abuse and criminal justice systems can work together more effectively to address the multiple needs of people with serious mental illnesses and/or co-occurring substance use disorders in the criminal justice system.

For example, the Sequential Intercept Model, (The National GAINS Center) is based on the idea that people move through the criminal justice system in reasonably predictable ways. The five points of interception are: (1) law enforcement/emergency services; (2) initial detention/initial hearings; (3) jails, courts, forensic evaluations, and hospitalization; (4) re-entry; and (5) community corrections and community support. Use of the model helps communities visualize how the local mental health, substance abuse, and criminal justice systems intersect as they serve individuals with mental illnesses and substance use disorders. Interventions at several of these points are described below.

## 1. Diversion

Individuals with serious mental illnesses chemical dependency or co-occurring disorders can be diverted from the criminal justice system either before or after charges have been filed (pre-booking and post-booking, respectively). Drug and mental health therapeutic courts are one model of diversion that shows increasing promise for keeping nonviolent offenders with serious mental illnesses and/or co-occurring substance use disorders from cycling in and out of jails and prisons.

Drug courts combine treatment with intensive judicial supervision, mandatory drug testing and escalating sanctions to help people break the cycle of addiction and the crime that often accompanies it. Individuals also receive necessary services, such as education or job skills training.

Research shows that drug courts have an impact on both drug use and recidivism. A National Institute of Justice evaluation of the nation's first drug court in Miami showed a 33 percent reduction for re-arrests for drug court graduates, compared to other offenders with substance use disorders. Fifty to 65 percent of drug court graduates stopped using drugs entirely.

Jurisdictions with drug courts also report savings in jail/prison costs as a result of drug court programs. In 2001, the Drug Court Clearinghouse reported that the average annual number of jail/prison days saved per drug court program was 10,113, for a per program cost savings of \$667,694 (DOJ, 2001). In Thurston County in 2007 \$307,486 was saved in costs related to jail, prison and/or community supervision as a result of Drug Court.

Mental health courts are being developed to divert people with serious mental illnesses into treatment. An evaluation of the first two years of the Seattle Mental Health Court found that the target population experienced a decrease in criminal justice involvement and an increase in mental health treatment engagement. In 2007, Thurston County saved 6033 jail bed days through the use of Mental Health Court diversions for misdemeanor offenders.

In Thurston County, we currently do not have the capacity or funding to provide standardized risk and needs assessments for all arrested persons. We have limited capacity in mental health and chemical dependency treatment services, and we have limited capacity in the existing therapeutic courts for eligible offenders. Additionally, Thurston County does not have treatment services for juveniles who are suffering from both mental illness and chemical dependency, nor do we have a mental health court for juveniles or adults who have committed felony crimes.

## **2. Comprehensive Services**

Diversion programs cannot exist in isolation. They must be part of a comprehensive array of other jail services—including screening, evaluation, short-term treatment, and discharge planning—and must be integrated with community-based mental health and substance abuse treatment, housing, and social services. So-called "boundary spanners" can bridge the two systems and serve as a liaison among mental health and drug courts, local police and treatment providers.

Treatment for people in jails improves justice operations and increases the likelihood that individuals will make a successful return to the community. In a review of effective treatment programs for people with co-occurring mental illnesses and substance use disorders in the justice system, the following is a set of program principles for successful outcomes:

- Services for people with co-occurring disorders must focus on the integration of treatment programming;
- Both disorders should be treated as primary;
- Services should be individualized and address symptom severity and skill deficits;
- Psychopharmacological interventions should be used when appropriate;
- Phases of intervention must be tailored to the setting;
- The treatment continuum must extend into the community; and
- Support and self-help groups are critical in successful reintegration to the community.

For successful treatment, particularly those who have co-occurring disorders, coordination of therapeutic courts becomes essential. Mental health court or drug court alone or in isolation from each other does not produce a positive outcome. As we look toward development of effective diversion models, coordination of therapeutic courts becomes essential.

## **3. Re-Entry Planning**

Jail stays are frequently short, and some individuals cycle through jails dozen or even hundreds of times without ever being connected to community services. Re-entry planning must begin at admission; otherwise, a person with a mental or substance use disorder who enters jail in a state of crisis may leave before the crisis can be addressed. This places individuals at risk of relapse, re-arrest, homelessness and/or suicide.

Numerous studies of jail mental health programs suggest best practices for people with co-occurring mental illnesses and substance use disorders who are released from jail. One such model, called APIC, includes the following components:

- **A**ssess the inmate's clinical and social needs and public safety risks;
- **P**lan for the treatment and services required to address the inmate's needs;
- **I**dentify required community and correctional programs responsible for post-release services; and
- **C**oordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.

Successful transition to community services can occur only if the justice, mental health, and substance abuse systems have the capacity and a commitment to work together on behalf of the individuals they serve.

#### **4. Housing**

Supportive housing can be an appropriate adjunct to re-entry planning. Many of the individuals leaving jails and prisons and in need of supportive housing are the very same individuals that face persistent mental health, substance use, and other chronic health challenges, and are at risk of homelessness. Supportive housing, as a re-entry service, requires collaboration and commitment among the housing, health care, social services and justice systems.

The Thurston County Consolidated Plan for Housing, 2008-2013, calls for a reduction in the number of homeless persons/families in the County and an increase in housing services that increase housing stability. While the plan does not specifically identify the need for housing for mentally ill/chemically dependent offenders, there currently is little supervised housing in the County for these individuals. There is a need to coordinate housing resources with the delivery of treatment services and programs.

### **VII. Next steps**

#### **A. Implementation Plan**

The purpose of the development of the implantation plan is to specifically address what is needed to develop a full continuum of services to meet the needs of the identified target population in a cost-effective fashion. The overall goal is to prevent and reduce unnecessary involvement in the criminal justice system and promote recovery for persons with disabling mental illness and/or chemical dependency by implementing a full continuum of prevention, treatment, housing and criminal justice programs. The initial plan will be developed by County staff. Once complete, the plan will be reviewed

by the Planning Committee to ensure that the Implementation Plan meets community and system needs, remaining within the parameters of the legislative mandate.

The plan will:

- Develop a description of service improvements needed to meet the needs of the target population(s);
- Estimate the cost of providing these service improvements as well as the cost offsets for each model chosen;
- Establish an evaluation plan;
- Establish an ongoing Oversight Committee;
- Define County Administrative Authority and oversight; and
- Set a time frame for start up of all services.

Staff recommend that planning processes be established for adult services and juvenile services independently to ensure appropriate design and coordination. It is further recommended that the County use representatives from rural areas of the County, individuals from diverse communities within the County, service providers, criminal justice representatives and representatives from existing coalitions and committees that are already working on these issues.

## **B. Evaluation Plan**

Evaluation of Impact: Residents of Thurston County, asked to pay additional taxes, deserve documentation of the needs and benefits of the use of those tax dollars.

There is no data system that provides integration of substance abuse and mental health data for those receiving services that are not publicly funded. The lack of adequate baseline data will require that during the first year, specific data sets be established including populations unable to access services, sources of information are identified, data collection be initiated, and analysis and establishment of baseline measures are created. It is expected that these measures will include data regarding the impacts of behavioral health needs within law enforcement and health care. The collection of baseline data will enable the Oversight Committee in its report to the Board of County Commissioners to utilize the information in establishing outcome measures in order to measure the impacts of the program funded under this ordinance.

The Evaluation Plan shall describe an evaluation and reporting plan for the programs funded with the sales tax revenue. The Evaluation Plan will specify the process and outcome components, a schedule for evaluations, performance measurements and targets. Data elements will be specified and will include items such as the amount of funding, number and status of programs and proposals, individual program status, individuals served and utilization of jail systems and community resources.

### **C. Planning and Oversight Committees**

County staff recommends the development of two Committees; the Planning Committee and the Oversight Committee.

The purpose of the planning committee is to review the initial Implementation Plan as developed by County staff and report to the Board of County Commissioners their findings regarding the plan. The Implementation Plan will include: specific type of services recommendations, target populations, outcome measures, and priority for distribution of funding for the different service areas.

The Planning Committee should include at minimum service agency professionals, community leaders, policymakers and judicial/corrections leadership. It is recommended that personnel be included from the following entities.

1. Chemical Dependency - County
2. County Executive staff
3. County Judicial leadership, Adult and Juvenile
4. Department of Juvenile Detention
5. Homeless Coalition
6. Housing Authority
7. Leadership from local jurisdictions
8. Mental Health - County
9. Office of Assigned Counsel
10. Prosecuting Attorney's office
11. Providers for adult and juvenile mental health and chemical dependency
12. Public Health - County
13. Sheriff's Office, both jail management and operations
14. TMRSN Mental Health Advisory Board

The Oversight Committee will be responsible for monitoring and evaluation of the Implementation Plan, review of outcome measures, review of cost effectiveness of services and recommendations for changes to the Plan to the BOCC, including alternative services. In addition, the Oversight Committee will facilitate and review cross system collaboration and communication for services to co-disordered clients and services.

The Oversight Committee should include at minimum the following entities:

1. Chemical Dependency – County
2. County Executive staff
3. County Judicial leadership, adult and juvenile
4. Homeless Coalition
5. Housing Authority
6. Juvenile detention staff
7. Mental Health – County
8. National Alliance for the Mentally Ill (NAMI)
9. Office of Assigned Counsel
10. Prosecuting Attorney’s office
11. Public Health – County
12. Sheriff’s Office, both jail management and operations
13. TMRSN Mental Health Advisory Board

## **VIII. Definitions**

The definition of Serious Mental Illness (SMI) is stipulated in PL 102-321 as “Adults with SMI are persons 18 years and older who, at any time during a given year, had a diagnosable mental health, behavioral or emotional disorder that met the criteria for DSM III-R and has resulted in functional impairment which substantially interferes with or limits one or more major life activities”<sup>27</sup> .

Severe and Persistent Mental Illness (SPMI) was operationalized by the National Advisory Mental Health Council of the National Institute of Mental Health. SPMI is a subset of SMI and generally includes schizophrenia, schizoaffective disorder, manic-depressive disorder, autism and severe forms of major depression, panic disorder and obsessive-compulsive disorder. Evidence of severity includes patient psychiatric hospitalization, psychotic symptoms, use of antipsychotic medication or a GAF scale rating of 50 or less.