



INTEGRATED CRISIS RESPONSE PILOTS: PRELIMINARY OUTCOMES OF CLIENTS ADMITTED TO SECURE DETOX

Introduction

In 2005, the Washington State Legislature passed E2SSB 5763, making a number of changes to the substance abuse and mental health treatment laws funded by the state. This law also directed the Department of Social and Health Services (DSHS) to establish two sites for the Integrated Crisis Response (ICR) Pilot Program.

At the ICR pilot sites, Designated Crisis Responders (DCRs) investigate and have the authority to detain individuals who are determined to be “gravely disabled or presenting a likelihood of serious harm” due to mental illness, substance abuse, or both.¹ In non-pilot counties, this function is conducted separately by mental health professionals and chemical dependency specialists operating under different statutes. The ICR legislation also established secure detoxification facilities at each pilot site to involuntarily house individuals with substance abuse problems who might otherwise refuse services.

Following a bidding process, pilot programs were established in the Pierce County and North Sound² Regional Support Networks (RSN). These sites began operations in spring 2006.

The 2005 legislation directed the Washington State Institute for Public Policy (Institute) to determine if the ICR pilots cost-effectively improve mental health/chemical dependency evaluation, treatment, and outcomes of clients detained under the new statute. In the 2008 session the deadline for the final evaluation report was extended from September 2008 to June 2010 to allow for a longer follow-up period (ESSB 6665). At that time, the Legislature also directed the Institute to provide a June 2008 report on preliminary outcomes at the pilot sites.

This report describes the background and implementation at the two pilot sites and presents preliminary outcomes associated with the first nine months of the program. Outcomes examined include publicly funded medical costs, use of emergency rooms, hospitalizations, arrests, and subsequent chemical dependency treatment over a six- to 12-month follow-up period.

¹ Chapters 71.05 and 70.96B RCW.

² The North Sound Regional Support Network comprises Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

Summary

In 2006, the Washington State Department of Social and Health Services established two pilot sites for the Integrated Crisis Response Program. At these sites, Designated Crisis Responders (DCR) investigate and have authority to detain individuals with serious mental illness or substance abuse problems. Elsewhere in the state, this function is conducted separately by mental health professionals and chemical dependency specialists. The pilots also created secure detox facilities to hold involuntarily detained individuals. This report describes outcomes of clients admitted to these secure detox facilities. Due to the preliminary nature of this study and the challenge of identifying an adequate comparison group, these findings should not be considered final.

Clients Served. More than 6,000 DCR investigations were conducted at the pilot sites during calendar year 2007. These investigations resulted in about 2,000 detentions to secure mental health evaluation and treatment facilities and 900 admissions to secure detox facilities at the pilot sites.

Preliminary Outcomes of Clients Detained at the Pilot Sites. 464 individuals who were admitted to secure detox facilities at the pilot sites from April through December 2006 were followed for up to 12 months after their first admission to secure detox. Their outcomes were compared to an equal number of clients with similar characteristics across the state (for whom secure detox was not available).

- **Medical Costs:** Reimbursements for publicly funded medical assistance for eligible clients were about \$800 to \$1,700 lower for secure detox clients on average (over a six-month follow-up).
- **Emergency Room Utilization:** Clients in Pierce County were slightly less likely to use emergency room services during the six-month follow-up, while those at the North Sound RSN were significantly more likely to do so. Pierce County's co-located facilities may partly explain the difference in ER utilization between the two sites.
- **Hospital Admissions:** The rate of admission to community or state psychiatric hospitals was significantly lower for clients admitted to secure detox facilities (11.5 percent) compared to similar individuals in the community (29 percent) over a 12-month follow-up.
- **Substance Abuse Treatment:** Individuals admitted to secure detox were about twice as likely to receive publicly funded substance abuse treatment as similar people statewide. Half of those admitted to secure detox received treatment within one year.
- **Arrests:** At both sites, rates of arrest were somewhat higher for individuals detained at secure detox than similar clients statewide over the one-year follow-up period.

These outcomes will be re-estimated in the final report due June 2010. The final report will also examine employment, treatment, relapse, mortality, and other long-term outcomes associated with the pilot sites and include an estimate of the net costs and benefits of the program.

Establishment of the Integrated Crisis Responder Pilot Programs

The ICR pilot project is the result of recommendations of the Cross-System Crisis Response Project Task Force,³ which examined crisis response across the mental health and chemical dependency systems. In 2005, the Legislature created the pilot programs based on recommendations of the Task Force.

Task Force Recommendations and Legislative Response

The mission of the Task Force was to examine the needs of persons with co-occurring mental and substance abuse disorders and to recommend improvements. The Task Force's final report included the following set of recommendations for establishing an integrated crisis response system:⁴

- Around-the-clock crisis response for both mental health and chemical dependency reasons, including a range of coordinated treatment resources.
- Revision of the Involuntary Treatment Act to ensure access to resources and legal consistency.
- Increased availability of crisis triage and secure detoxification facilities.
- Intensive case management for individuals with chemical dependency and co-occurring disorders who over-utilize crisis services.
- Increased community resources for populations most likely to benefit from hospital diversion.
- Cross-system, collaborative crisis intervention plans for court-ordered dually diagnosed individuals and others "at-risk" as defined by each community.
- Cross-system training and consultation.

In response to the Task Force recommendations, the 2005 Legislature (in E2SSB 5763):

- Directed DSHS to establish two ICR pilot sites;
- Created Designated Crisis Responders (DCRs) to investigate and detain individuals determined to be "gravely disabled or presenting a likelihood of serious harm" due to mental illness, substance abuse, or both;

³ The Task Force met monthly between September 2003 and June 2004.

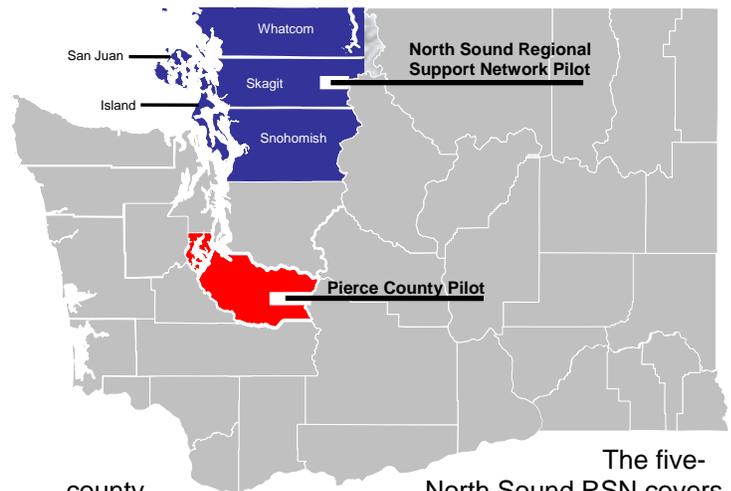
⁴ *The Cross-System Crisis Response Project: Recommendations for improvements to crisis response* was prepared by the Cross-System Response Task Force, June 2004 at the request of the Association of County Human Services (ACHS) and Department of Social and Health Services (DSHS).

- Created statutory authority for 14-day commitments for individuals with chemical dependency issues; and
- Directed the pilot agencies to establish secure detoxification facilities.

Selected Pilot Sites

The Legislature directed DSHS to select pilot sites to represent one urban and one rural area. Pierce County was selected to represent an urban setting and North Sound RSN was selected to represent a predominately rural setting (Exhibit 1). Consequently, the sites differ significantly with respect to land area and population, factors which ultimately influenced implementation.

Exhibit 1
Integrated Crisis Responder Pilot Sites



The five-county North Sound RSN covers 6,476 square miles and serves a population of about 1,039,000, or 164 persons per square mile (Exhibit 2). About 51 percent of those living in North Sound RSN reside in incorporated areas. Excluding the more heavily populated Snohomish County, the remaining four counties in the North Sound RSN have a population density of about 90 persons per square mile.

Exhibit 2
Land Area and Population of the ICR Pilot Sites

	North Sound	Pierce County
Land Area (Square Miles)	6,476	1,679
2005 Population	1,039,000	755,900
Population per Square Mile	164	450
Percentage in Incorporated Areas	51%	54%

Source: Washington State Office of Financial Management

Pierce County covers a smaller 1,679 square miles and serves a population of about 755,900, or 450 persons per square mile. More than 54 percent of those living in Pierce County reside in incorporated areas. It is worth noting that neither pilot site is exclusively urban or rural. North Sound RSN serves several heavily populated urban areas and Pierce County serves a number of sparsely populated rural districts.

Designated Crisis Responders

Designated Crisis Responders (DCRs) were established in the legislation that created the pilots. They are mental health professionals who have undergone 40 hours of chemical dependency training and have the authority to investigate and detain individuals with serious mental health or substance abuse issues. In non-pilot counties, investigations are performed separately by mental health or chemical dependency specialists. In smaller counties, however, one individual might carry out both duties. The North Sound and Pierce County pilots are supported by 56 and eight DCRs, respectively.

New Statute for Involuntary Treatment

Detentions and commitments for involuntary mental health treatment have long been authorized by Chapter 71.05 RCW. This statute permits a designated mental health professional to petition the court for 72-hour detentions and 14-day commitments to mental health evaluation and treatment facilities (E&T), and 90-day commitments to a state mental hospital.⁵

Detentions and commitments for chemical dependency have also been authorized under Chapter 70.96A RCW. Under this statute, law enforcement or other designees are authorized to place individuals in involuntary protective custody in a medical or treatment facility for up to 72 hours. A chemical dependency specialist may also petition for a 60-day commitment to a secure residential facility.

Under a new statute created for the pilots, RCW 70.96B, DCRs at the pilot sites have the authority to detain individuals up to 72 hours if there is a likelihood of serious harm or if a person is gravely disabled as a result of a mental disorder, chemical dependency disorder, or both. Individuals detained under this statute may also be committed to an additional 14 days at a secure detox facility at the pilot sites. Longer-term

⁵ See Appendix A for a schematic of the detention and commitment process by enabling statutes. At involuntary treatment hearings, clients or their representatives may provide the judge with a plan for an agreed Less Restrictive Order (LRO). If invoked, the LRO may place individuals into treatment elsewhere in the community or return them to their homes under certain restrictions. Such provisions are common in the mental health community. The focus of this paper is on detentions and admissions to secure E&T and detox facilities.

60-day commitments to involuntary substance abuse treatment remain possible under existing law.

Secure Detox Facilities

The Pierce County and North Sound secure detox facilities began operations in April 2006 and May 2006 respectively. They are both licensed by the Department of Health and the Division of Alcohol and Substance Abuse (DASA) to provide acute detoxification and other services. The secure 16-bed facilities at each pilot site may be used for initial detention and 14-day commitments of individuals deemed gravely disabled or presenting the likelihood of serious harm as the result of chemical dependency, co-occurring disorder, or acute or chronic intoxication.

Differences in Implementation at Pilot Sites

A number of statewide and regional factors influenced implementation at the pilot sites:⁶ differences in the state's mental health and chemical dependency systems; and differences between the pilot sites with respect to geography, administration, crisis response system, and legal processes. As a result, the pilots are structured differently.

The North Sound pilot relies on a diverse crisis response system across multiple counties, all served by North Cascades Secure Detox Center (NCSO) in Skagit County. Hospital emergency departments are the primary crisis triage facilities for their particular communities.

Pierce County's system is centralized and serves a smaller area. The county has a relatively uniform crisis response system that offers a wide range of coordinated services—crisis triage, mental health evaluation and treatment, and secure detox—in one building.

There are also differences between the pilots regarding their admission procedures to secure detox under RCW 70.96B. In the North Sound, all clients enter Secure Detox on a 72-hour detention and most cases at the 14-day commitment hearing are “agreed orders.” In contrast, clients in Pierce County enter secure detox voluntarily, if certified by a DCR as meeting involuntary commitment criteria. The differences in admission approaches and implementation resulting in differing legal status of clients between pilot sites are discussed in greater detail in Appendix B.

⁶ To describe implementation, key informants related to the pilots were interviewed, including: state, regional, and county administrators and staff; RSN administrators and staff, program administrators and service delivery staff at the two pilot sites; community emergency services and law enforcement; and others.

The pilot sites also differ with respect to the resources available to the secure detox facilities. NCSO is not licensed to treat individuals who need ongoing IVs or oxygen, are currently experiencing delirium tremors, are unconscious or cannot maintain consciousness, or are pregnant and withdrawing from alcohol or benzodiazepines. Additionally, because they do not restrain individuals either chemically or mechanically, NCSO excludes people who are physically out of control. While NCSO will admit individuals once they are stabilized, these constraints likely impact DCR investigation and detention decisions. The Pierce County secure detox, however, shares the same building with a crisis triage center, residential treatment facility, mental health evaluation and treatment facility, and other services. As a result of this collocation and a willingness to coordinate services, the Pierce County secure detox facility overcomes some of the licensing constraints that face NCSO. For instance, some individuals at Pierce County may be first admitted to crisis triage for medical clearance and then admitted to secure detox; or, professional staff from their crisis triage and other facilities are available to provide a broader range of services to individuals in secure detox.

Clients Investigated and Detained at Pilot Sites

Changing Patterns of Detention. During 2007, the last full calendar year that the pilots were in operation, DCRs conducted over 6,000 investigations.⁷ Those investigations were associated with over 2,500 detentions into mental health E&T facilities and nearly 900 secure detox admissions.

On simple inspection, the secure detox option appears to be increasing the total number of detentions at the pilots. The pilots, however, may also be reducing inappropriate detentions to mental health E&T (Exhibits 3 and 4). Considering the differences between mental health E&T and secure detox bed costs (E&T beds are more than twice the cost of a secure detox bed per day), a reduction would represent a source of cost savings for the state.

According to mental health administrative data, mental health E&T detentions remained relatively constant statewide (Exhibit 5). More analysis is needed to determine if the secure detox placements at the pilot sites are reducing inappropriate, more expensive placements to mental health E&T facilities, or if other factors are contributing to this trend.

Exhibit 3
Admissions per Year in Pierce County:
Mental Health E&T and Secure Detox Facilities

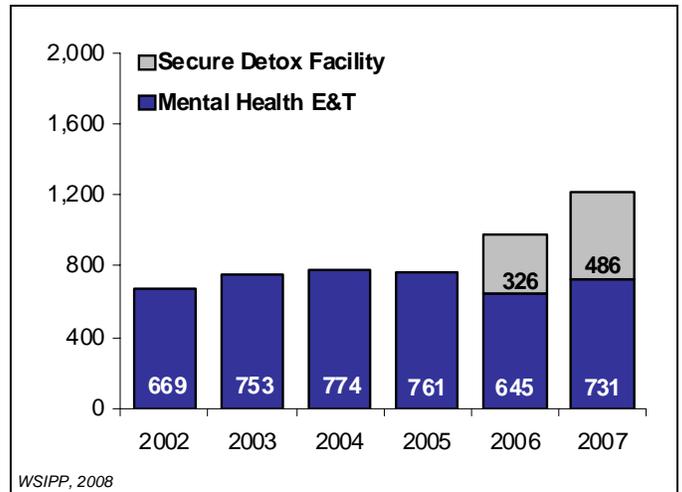


Exhibit 4
Admissions per Year in North Sound:
Mental Health E&T and Secure Detox Facilities

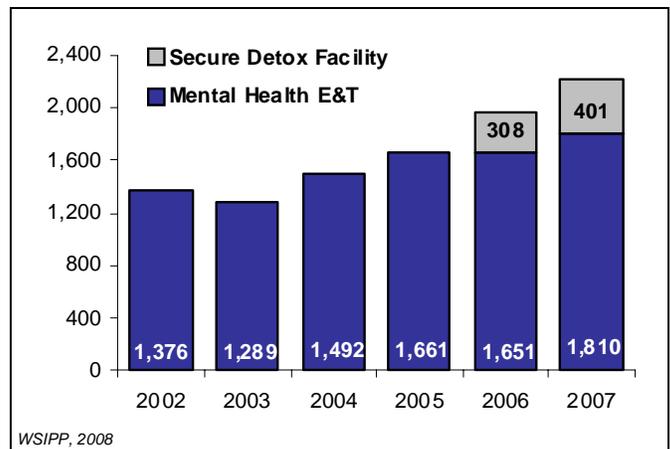
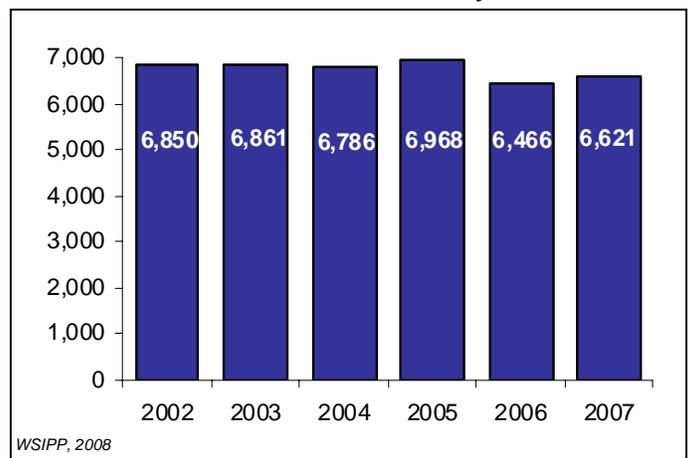


Exhibit 5
Detentions per Year State-wide:
Mental Health E&T Only



⁷ Source: Mental Health Division Client Services System.

Client Characteristics. Previous Institute research found that both pilot sites are using secure detox to serve individuals with acute chemical dependency who have a history of placing a significant burden on state and local systems: detoxification, medical assistance, emergency room utilization, and criminal justice.⁸

Compared with individuals detained to mental health E&T facilities, those detained to secure detox:

- were more frequent visitors to emergency rooms,
- used more publicly paid medical services, and
- were more likely to have been arrested in the previous year.
- Also, more than half of the individuals detained to secure detox facilities received publicly funded mental health services in the previous year.

These findings were based on a cohort of individuals investigated at the pilots between March 2006 and June 2007. This analysis investigates the outcomes of a subset of those clients, only those admitted to secure detox from April through December 2006.

The following section examines outcomes over the first six to 12 months *following* an individual's admission to a secure detox facility at either of the pilot sites.

Preliminary Outcomes of Clients Admitted to Secure Detox Facilities

Time Period: Early Implementation. The analysis presented here describes outcomes for a subset of individuals at the pilot sites: those admitted to secure detox facilities between April and December 2006. This approach allows for a follow-up period of up to 12 months for alcohol and drug treatment, detox admission, psychiatric hospitalization, and arrest outcomes; and six months for publicly funded medical reimbursement outcomes and emergency room visits.⁹

The Target Event: First Detention. The moment an intervention occurs is a useful starting point for an analysis of client-level outcomes. Complicating matters in this evaluation is the possibility of multiple admissions to a secure detox facility, in rapid succession or over longer periods of time.

For this study, the target event is the *first* admission to a secure detox facility during the study period, April

⁸ J. Mayfield & M. Burley. (2007). *Integrated Crisis Response Pilots: Preliminary report on client characteristics*. Olympia: Washington State Institute for Public Policy, Document No. 07-12-3901.

⁹ Because the study population consisted of only those admitted to secure detox facilities, clients detained under 70.96A at the Pierce County CTC may or may not be included in this analysis.

through December 2006.¹⁰ The number of first admissions at the pilots is presented in Exhibit 6. Depending on the clients' target event, the follow-up period ranges from April 2006 through March 2007 to December 2006 through November 2007. Separate analyses are conducted for each pilot site.

Exhibit 6
Admissions to Secure Mental Health E&T and Detox Facilities at the Pilot Sites: April–December 2006

	North Sound		Pierce County	
Investigations	2,788		1,678	
	E&T	Detox	E&T	Detox
All Admissions to Secure Facilities	1,162	305	465	322
Persons Admitted to Secure Detox (first admission)		242		222

Source: MHD-CIS

Outcomes Examined. The Legislature directed the Institute to determine if the pilot programs improve outcomes and treatment of clients detained under the new statute. This preliminary analysis examines the following outcomes of those admitted to secure detox facilities at the pilot sites:¹¹

- Publicly funded medical costs,¹²
- Emergency room visits,
- Community and state psychiatric hospitalizations,
- Detoxification episodes,
- Arrests, and
- Likelihood of receiving substance abuse treatment after admission to secure detox.

Comparison Groups. To measure program impacts, it is necessary to compare the outcomes of clients receiving services (secure detox admissions) with a group of similar clients who were not subject to the intervention.

Comparison groups for North Sound and Pierce County were selected from the population of individuals undergoing mental health investigations in other RSNs during the same time period (April through December

¹⁰ While it is possible for a client to be detained for 72 hours and then committed for up to 14 days, this analysis makes no distinction between the length of detention or commitment.

¹¹ Employment and mortality are also outcomes of interest. Long lags in employment data do not allow for a sufficient follow-up period. The low incidence of mortality (2 percent) does not lend itself to a meaningful outcomes analysis at this time. Both outcomes will be presented in the final report.

¹² Due to reporting lags in medical cost data, costs and emergency room visits are evaluated over the first six months following the investigations, not one year.

2006) where secure detox was not available.¹³ This process required two steps:

- Statistical analyses identified client characteristics (demographics and experiences the year prior to the investigation) that were closely associated with admission to a secure detox facility after an investigation by a DCR.¹⁴
- These characteristics were then used to match secure detox clients in North Sound and Pierce County with clients in other RSNs who were investigated, but for whom secure detox was not available. Individuals were also matched according to their histories with respect to the outcomes examined in this report. This process yielded comparison groups for both North Sound and Pierce County that are almost statistically equivalent (Exhibits 7 and 8).

While the secure detox and comparison group clients are statistically similar according to their individual characteristics, other unmeasured or unobserved factors may still influence their outcomes, such as differences in mental health investigations, voluntary versus involuntary admissions, RSN resources and practices, and other local mental health, chemical dependency, or public health initiatives and practices.

Exhibit 7
Background Characteristics:
North Sound Clients Admitted to Secure Detox
and Their Comparison Group

	Secure Detox N=242	Similar Clients in Other RSNs N=242
Average Age	40.0	39.4
Ethnic Minority	15.0%	11.3%
Male	64.9%	65.8%
Average Medical Reimbursements*	\$4,680	\$4,970
In the Prior Year, Percentage with:		
Substance Abuse Treatment	28.5%	28.4%
Arrests	34.7%	34.6%
Detox Admissions	30.9%	31.3%
Emergency Room Visits	33.9%	34.9%
Psychiatric Hospitalization	10.7%	10.6%

*Only those eligible for fee-for-service publicly funded medical.

¹³ If a client received multiple mental health investigations during the study period, the target investigation for this study was randomly selected.

¹⁴ A stepwise logistic regression was used to identify the best predictor variables (inclusion criteria, p=.05).

Exhibit 8
Background Characteristics:
Pierce County Clients Admitted to Secure Detox
and Their Comparison Group

	Secure Detox N=222	Similar Clients in Other RSNs N=222
Average Age	40.2	39.2
Ethnic Minority	28.9%	28.8%
Male	63.0%	63.9%
Average Medical Reimbursements*	\$6,190	\$4,628
In the Prior Year, Percentage with:		
Substance Abuse Treatment	27.0%	25.2%
Arrests	35.6%	35.1%
Detox Admissions	30.2%	30.6%
Emergency Room Visits	30.4%	30.2%
Psychiatric Hospitalization	15.3%	13.1%

*Only those eligible for fee-for-service publicly funded medical. Pierce County was significantly higher at p=.05.

What Happens in the Year Following Admission to Secure Detox?

The following describes the outcomes for clients at North Sound and Pierce County, over the period following admission to a secure detox. For comparison, we show outcomes experienced by clients with similar characteristics who were the subjects of mental health investigations in all other, non-pilot RSNs. Differences in outcomes are associated with the ICR pilot sites but are not necessarily a consequence of the intervention. Unobserved and unmeasured differences in clients, RSNs, and facilities may still be responsible for some or all of the differences illustrated in the following charts.

Average Publicly Funded Medical Costs. Secure detox is associated with reductions in publicly funded fee-for-service medical expenditures: an average of about \$800 over six months in North Sound and \$1,700 in Pierce County (adjusting for prior differences in medical costs).

Clients were followed for six months after their first admission to a secure detox facility.¹⁵ Those who were eligible to receive any fee-for-service medical assistance during the follow-up period averaged \$4,600 in North Sound and \$5,400 in Pierce County (Exhibits 9 and 10). During the same time period, individuals in the comparison groups averaged \$5,400 and \$6,300, respectively.

¹⁵ The source for these data was the Medical Assistance Administration's Management Information System (MMIS). A full-year follow-up was not possible due to lags in data reporting.

Exhibit 9
Fee-for-Service Medical Assistance
Six-Month Follow-Up for North Sound
Secure Detox Clients and Similar Clients Statewide

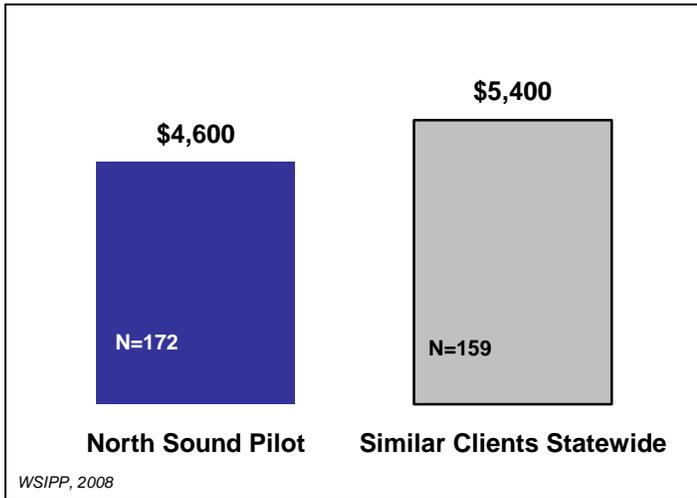
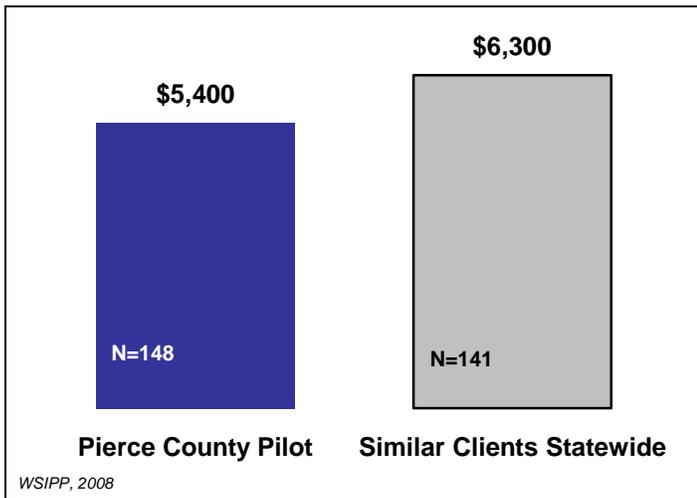


Exhibit 10
Fee-for-Service Medical Assistance
Six-Month Follow-up for Pierce County
Secure Detox Clients and Similar Clients Statewide



Emergency Room Visits.¹⁶ Clients were followed for six months after their first admission to a secure detox facility.¹⁷ There were no significant reductions in ER visits associated with secure detox admissions.

Over 40 percent of clients admitted to secure detox at North Sound had emergency room services paid for by medical assistance during the six-month follow-up

¹⁶ Emergency room visits are measured by counting events associated with reimbursements for fee-for-service medical assistance associated with emergency department services. Emergency services paid for by private insurance, for example, are not counted.
¹⁷ Source: MMIS.

period (Exhibit 11). Thirty-one percent of similar clients statewide used such services in the same period. A likely explanation for the higher utilization of emergency room services in North Sound is that ER departments are serving as the primary gateway to their secure detox facility.

Rates of fee-for-service emergency room utilization for Pierce County secure detox clients and their comparison group were roughly similar at 35 and 38 percent respectively (Exhibit 12).¹⁸ The lower ER utilization rate in Pierce County may be attributable to the onsite crisis triage center collocated with the secure detox facility.

Exhibit 11
Fee-for-Service Emergency Room Services
Six-Month Follow-up for North Sound
Secure Detox Clients and Similar Clients Statewide

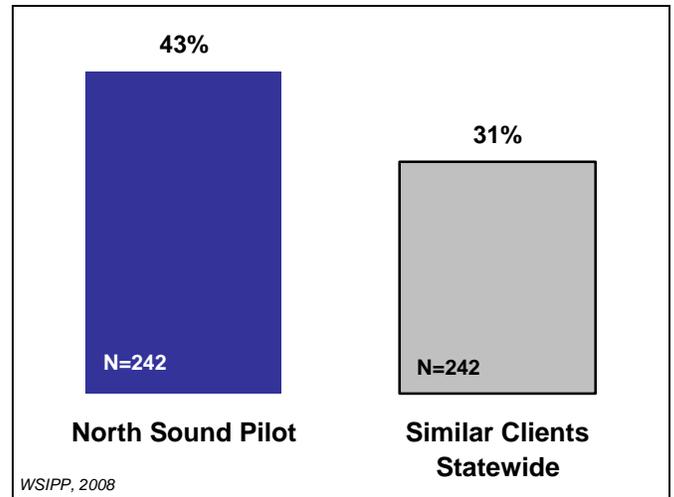
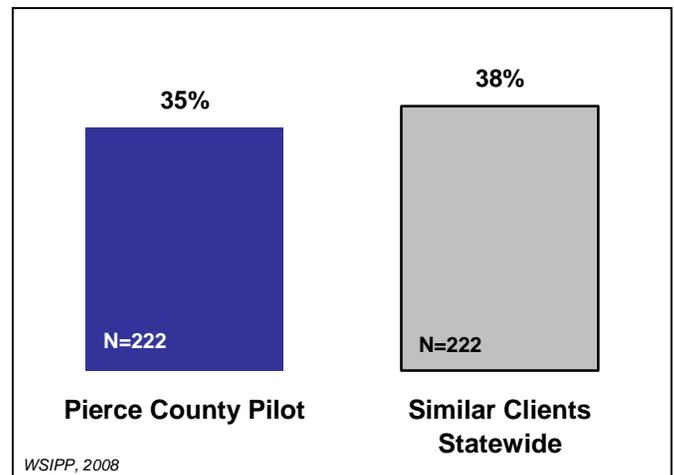


Exhibit 12
Fee-for-Service Emergency Room Services
Six-Month Follow-up for Pierce County
Secure Detox Clients and Similar Clients Statewide



¹⁸ Those using emergency rooms averaged about four visits per person during the six-month follow-up.

Psychiatric Hospitalizations. Secure detox admissions are associated with significant reductions in hospitalizations. Psychiatric hospital admissions (community and state hospitals) are recorded in the Mental Health Division's Consumer Information System (CIS). Clients were followed for 12 months after their first admission to secure detox. Approximately 11 percent of secure detox clients examined in this study experienced a psychiatric hospitalization during the 12-month follow-up period. By comparison, about 30 percent of clients with similar characteristics across the state were hospitalized at least once during the same period (Exhibits 13 and 14).

In North Sound, 10 percent and 2 percent of secure detox clients were admitted to community and state hospitals, respectively. The rates were 22 and 11 percent for their comparison group. In Pierce County, respectively, 9 and 4 percent of secure detox clients were admitted to community and state hospitals. The rates were 23 and 9 percent for their comparison group. Because some clients were admitted to both community and state hospitals, these percentages do not equal those shown in the exhibits.

Exhibit 13
Admissions to a Community or State Hospital
12-Month Follow-up for North Sound
Secure Detox Clients and Similar Clients Statewide

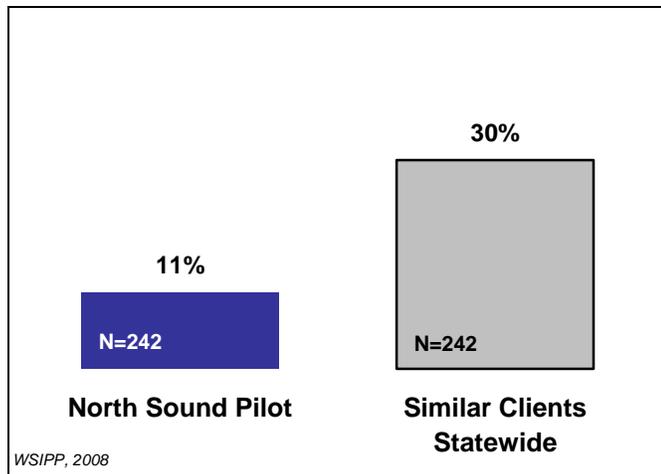
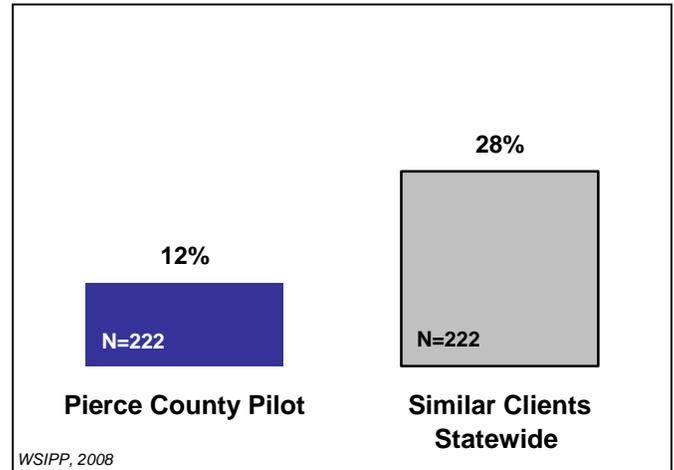


Exhibit 14
Admissions to a Community or State Hospital
12-Month Follow-up for Pierce County
Secure Detox Clients and Similar Clients Statewide



Treatment. Individuals admitted to secure detox are more likely to receive substance abuse treatment. Subsequent admissions to substance abuse treatment are recorded in the DASA TARGET information system. Clients were followed for 12 months after their first admission to secure detox and subsequent treatment episodes were noted. Individuals admitted to secure detox were considerably more likely to be enrolled in a treatment program over the next year than were members of the comparison group (Exhibits 15 and 16). On average, those entering substance abuse treatment did so within about 50 days after their admission to secure detox.

Exhibit 15
Admissions for Substance Abuse Treatment
12-Month Follow-up for North Sound
Secure Detox Clients and Similar Clients Statewide

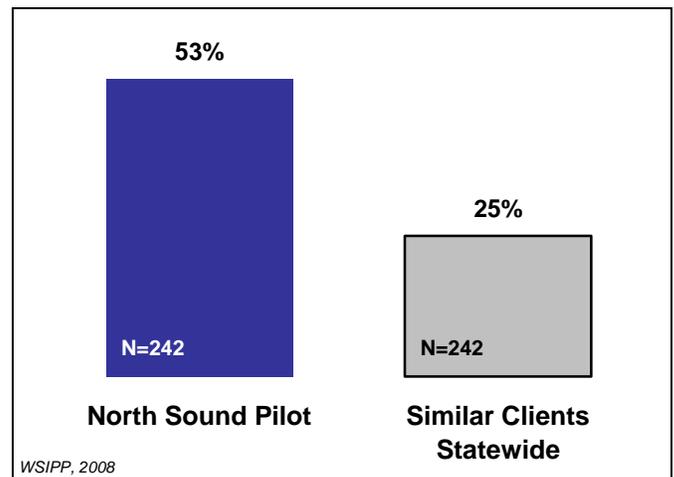


Exhibit 16
Admissions for Substance Abuse Treatment
12-Month Follow-up for Pierce County
Secure Detox Clients and Similar Clients Statewide

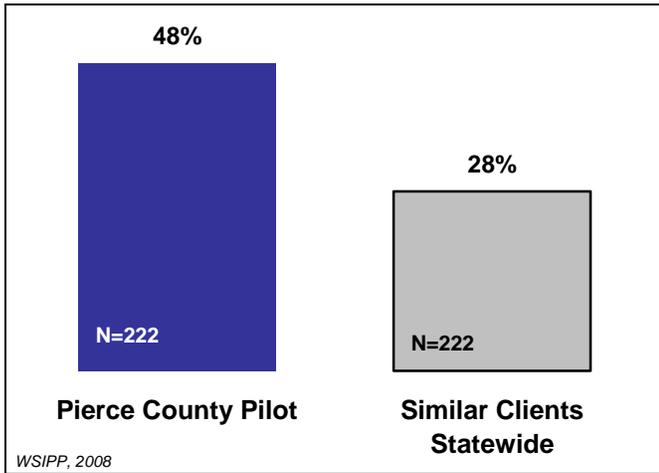
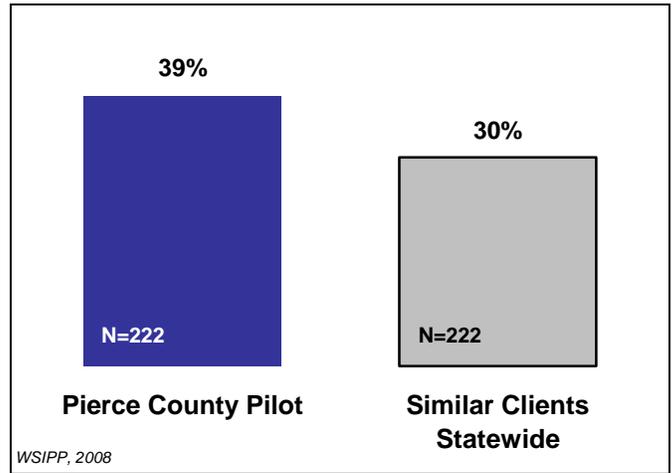


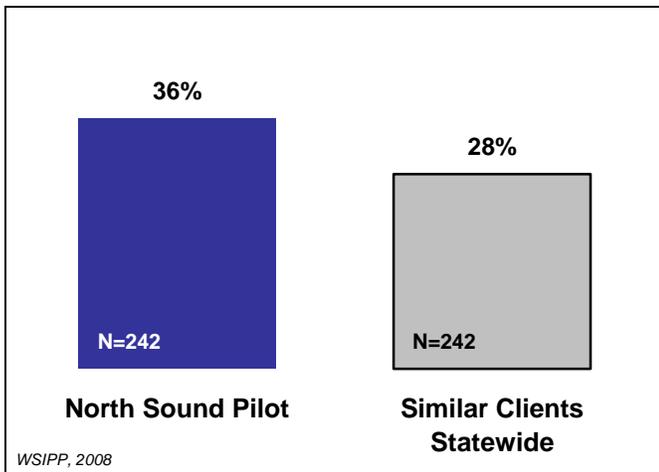
Exhibit 18
Total Felony and Misdemeanor Arrests
12-Month Follow-up for Pierce County
Secure Detox Clients and Similar Clients Statewide



Arrests. Admissions to secure detox are not associated with fewer arrests in the follow-up period. Felony and misdemeanor arrests are recorded by the Washington State Patrol. Clients were followed for 12 months after their first admission to secure detox and subsequent arrests were noted (Exhibits 17 and 18). Individuals admitted to secure detox were more likely to be arrested in the follow-up period than similar clients in the comparison group.¹⁹ There were no differences in the types of arrests across the groups.

Admissions to Detox. Subsequent admissions to detox (including secure detox) are recorded in the DASA TARGET information system. Clients were followed for 12 months after their first admission to secure detox and subsequent detox admissions were noted. On average, 45 percent of individuals admitted to secure detox had a subsequent admission to detox over the follow-up year (compared with 16 percent in the comparison group).²⁰ This is likely due to the new capacity at the pilot sites. Further analysis is required before this measure can be used for its intended purpose in this study, as an indicator of relapse.

Exhibit 17
Total Felony and Misdemeanor Arrests
12-Month Follow-up for North Sound
Secure Detox Clients and Similar Clients Statewide



¹⁹ Those arrested were arrested an average of 2.2 times over the 12-month follow-up.

²⁰ Clients who entered detox in the follow-up year did so an average of three times.

Conclusion

A number of statewide and regional factors influenced program implementation at the pilot sites. As a result, the pilot sites are structured differently. North Sound coordinates across multiple systems and administrations to serve a geographically dispersed population. Pierce County's smaller service area is served by a relatively uniform crisis response system with highly centralized services and resources.

There were approximately 1,500 admissions to secure detox facilities at the pilot sites between April 2006 and December 2007. We examined the outcomes of 464 individuals who were admitted to secure detox facilities at the pilot sites from April through December 2006.

Preliminarily, the program appears to be improving client outcomes. Compared with a group of similar clients across the state (for whom secure detox was not available), those admitted to secure detox had lower medical assistance costs, experienced fewer psychiatric hospitalizations, and were more likely to receive publicly funded substance abuse treatment in the following year. Findings regarding subsequent detox episodes, arrests, and ER visits are mixed and require further investigation.

A final evaluation of the ICR pilots is due June 2010. That report will determine if these preliminary findings hold over the long run and provide an estimate of the net costs and benefits of the program to the state.

Data Sources

The Institute combined data from multiple administrative data systems to identify study subjects and examine their characteristics, history, and outcomes.²¹ The following information systems maintained by the Department of Social and Health Services (DSHS) and the Institute (WSIPP) were accessed for this report.

MHD-CIS: DSHS Mental Health Division data track investigations, detentions, psychiatric hospitalizations, diagnoses, treatment, and demographics;

TARGET: DSHS chemical dependency data track demographics, diagnoses, admissions, and treatment;

WSIPP-CJS: The Institute's Criminal Justice System tracks Washington State convictions and arrests; and

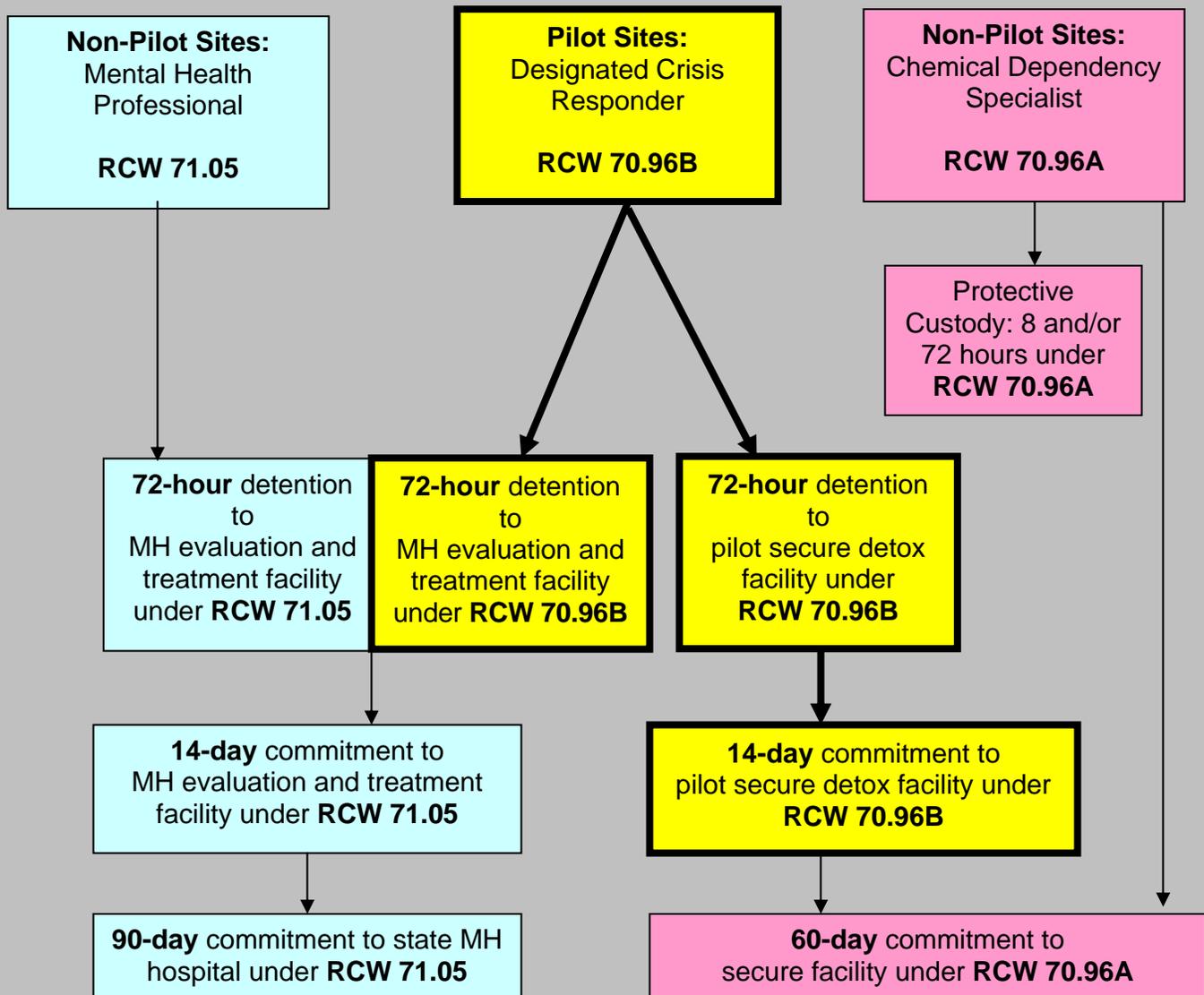
MMIS: DSHS Medicaid Management Information System tracks eligibility, diagnoses, and payments for procedures, services, and providers.

²¹ DSHS Research and Data Analysis assisted with linking client records across administrative data systems.

Appendix A: Investigation, Detention, and Commitment Flowchart

This chart describes the investigation, detention, and commitment processes under pilot (yellow), Mental Health (blue), and Chemical Dependency (pink) statutes. Pilots are distinguished from the existing system by:

- Combining mental health (MH) and chemical dependency (CD) crisis responders;
- Creating 72-hour detention and 14-day commitment processes for CD, MH, and co-occurring disorders;
- Operating secure detoxification facilities; and
- Retaining current statutes for long-term commitment.



* Bold lines and yellow boxes represent authority and facilities unique to the pilot sites. The chart does not show cross-program or less-restrictive referrals, and cases do not necessarily result in the longer commitments indicated by arrows.

Appendix B: Pilot Site Implementation Influenced by Administrative Complexities, Resources, and Legal and Admissions Procedures²²

A number of statewide and regional factors exert varied influence on implementation at the pilot sites.²³ Key issues include differences in the state's mental health and chemical dependency systems; and differences between the pilot sites with respect to geography, administration, crisis response system, and legal and admissions processes. Considering the diversity among all Washington State RSNs and among counties in Washington State, expanding the program statewide, as is, may result in similarly diverse patterns of implementation.

Differences in the State's Mental Health and Chemical Dependency Systems

In Washington State, the mental health and chemical dependency systems are separate divisions of DSHS, Health and Recovery Services Administration. In addition to the differences in clinical orientation with respect to treatment of mental health and substance abuse, distinctions between mental health and chemical dependency system administration, program management, and funding also influence service delivery. These differences may impact implementation of the ICR pilots and future efforts to expand that system statewide (Exhibit B1).

Involvement and Knowledge of Local Service Systems. The state's Mental Health Division (MHD) contracts with the RSNs, local mental health authorities responsible for planning and managing publicly funded services in their regions. MHD staff monitor RSN contracts and manage funding and data systems.

In contrast with MHD, DASA staff exercise more authority over planning, service development, and individual contracting. DASA contracts directly with each county and provides a county coordinator as the local point of authority and accountability. As a result, DASA staff are more directly involved and have more detailed knowledge of local service systems than does MHD.

Ensuring Capacity. The mental health system has a long history of purchasing treatment and emergency capacity to ensure services are available when needed. A support system to assure clients' ongoing needs are met is considered to be an important role for community mental health programs, and is evident in the prevalence of services, such as case management, next day or urgent appointments, housing, and employment support.

In contrast, DASA contracts directly for specific services delivered within each county. Generally, DASA purchases program slots rather than contracting to ensure capacity in a given location, an approach that can create staffing challenges in a less predictable crisis system.

Funding. There are significant differences in program funding. A mental health E&T facility receives over \$500 per bed per day, while a secure detox bed is reimbursed at \$275 per day. Furthermore, the secure detox facility is reimbursed at 100 percent occupancy only if it meets 75 percent of its capacity per month.²⁴ Mental health E&T facilities receive a flat payment irrespective of the beds being filled. These different approaches to funding affect program planning and staffing.

Within the mental health system, RSNs are responsible for planning and developing the array of services provided in their communities and are able to more flexibly fund programs, making changes as needed. The chemical dependency system, on the other hand, depends more on earmarked and restricted funds, especially from federal programs, which require spending only for specific services.

Differences in Implementation Between North Sound and Pierce County

There are a number of key differences in implementation at the two pilot sites (Exhibit B1). These differences are a product of geography; state, county and RSN administrative structures; resource allocation and accessibility; and legal and admissions processes.

²² D. Olson & J. Whitbeck. (2007). *Integrated Crisis response system: Descriptive review of two pilot programs*. Olympia: SESRC–Puget Sound Division. For a copy of this document, contact Jim Mayfield at the Institute.

²³ To describe implementation, among key informants related to the pilots interviewed were state, regional, and county administrators and staff; RSN administrators, and staff, program administrators and service delivery staff at the two pilot sites; community emergency services and law enforcement; and other individuals identified by the pilot sites.

²⁴ Originally, these facilities were required to achieve 85 percent capacity to be reimbursed at 100 percent occupancy.

The North Sound Pilot Crisis Response System.

The large, diverse service area and the complexities of coordinating the five counties have influenced the implementation of the Integrated Crisis Responder system at the North Sound RSN. Consequently, the North Sound pilot relies on a more diverse crisis responder system across multiple counties, all of which are served by the North Cascades Secure Detox Center (NCSD) in Skagit County and other facilities in the region.

Hospital emergency departments provide the primary crisis triage function for their particular communities. Most investigations occur in these settings before eligible clients are transported to NCSD.

**Exhibit B1
Key Differences in the Integrated
Crisis Responder Pilot Sites**

	North Sound Pilot Site	Pierce County Pilot Site
Administrative Complexity	Multiple counties	Single county
Crisis Services	Dispersed/hospital emergency rooms	Centralized/on-site crisis triage center
DCR Practices	Some diversity across counties	Uniform practices in one county
Secure Detox Admissions	Involuntary, initiated by DCR	Involuntary or voluntary, certified by DCR
Secure Detox Resources	Not licensed to serve clients with certain medical conditions	Access to staff licensed to perform certain medical procedures
Secure Detox Location	Rural campus with other inpatient facilities	Urban building with inpatient facilities and crisis triage
Physical Characteristics	Larger land area/dispersed population	Smaller land area/more concentrated population

Multiple Layers of Administration. The five counties in North Sound add a layer of complexity to coordinating its public mental health and chemical dependency systems. North Sound RSN is a separate legal entity with a governing body composed of its five constituent county commissioners. North Sound manages mental health services for the region through a network of providers. The NCSD is managed by Pioneer Human Services. Additionally, each of the five constituent counties has an individual designated as the county mental health coordinator.

Washington State's publicly funded chemical dependency system is county-based. The state contracts with individual counties, which independently manage their own chemical dependency services. Each county in North Sound has a chemical dependency coordinator who functions as the point of contact and authority for publicly funded chemical dependency services.²⁵

The administrative split between state mental health and chemical dependency agencies at the state level influences implementation in North Sound. Specifically, DASA received funds allocated for the secure detox facility and, since DASA only contracts with counties rather than RSNs, the contract for NCSD is between DASA and Skagit County.

Multi-County Crisis Response System. One agency, Volunteers of America (VOA), operates a round-the-clock crisis line for all of North Sound's five counties. Due in part to geographical characteristics and county preferences, the crisis response system in this five-county region is not uniform. Trained VOA staff provide a single point of contact for the public, conduct crisis assessments, perform telephone triage, and dispatch designated crisis responders region-wide when appropriate. While VOA provides a uniform point of access to crisis services in North Sound, crisis stabilization services and DCR investigations are handled differently across the counties.

In Whatcom County, DCRs are supplied by one contracted provider. While Whatcom County DCRs will provide crisis stabilization in the community, most DCR investigations take place at local hospital emergency departments. Whatcom County recently established a triage center where individuals in need may appear on their own or be dropped off.

DCRs in Skagit, Island, and San Juan counties are managed by a single provider. Crisis stabilization and investigations in Skagit and Island Counties are performed by DCRs, primarily in hospital emergency departments. In San Juan County, investigations take place in concert with law enforcement in the community or in county Sheriff's offices. While the DCR functions are managed by a single provider, the differences in county populations, geographic isolation, and available resources have resulted in more varied DCR team configurations and approaches to crisis investigations in those counties.

Snohomish County distinguishes between voluntary crisis stabilization and DCR crisis investigations. For voluntary crisis stabilization, the RSN contracts with a provider to operate a crisis team that assists individuals in crisis who are willing to accept help. For involuntary detentions, Snohomish County directly provides DCRs who deal only with involuntary treatment investigations, which are primarily conducted at hospital emergency departments.

Rural Secure Detox Facility. North Sound uses NCSD, a 16-bed secure facility located in a relatively rural campus setting in Skagit County (site of the former state hospital). NCSD has an on-site hearing room for detention and commitment hearings. Mental health E&T and other inpatient facilities are located in separate buildings on the campus. Transportation demands are greater because of the large area served by North Sound.

The facility meets DOH and DASA licensing and certification requirements. Due to other licensing restrictions, however, some individuals meeting detention guidelines cannot be served at NCSD and must be referred to other services. Exclusionary criteria that may prevent detention to the Secure Detoxification Facility in North Sound include need for ongoing IVs or oxygen; currently experiencing delirium tremors, or are unconscious or cannot maintain consciousness; or are pregnant and withdrawing from alcohol or benzodiazepines. Additionally, because they do not restrain individuals either chemically or mechanically, NCSD excludes people who are physically out of control. NCSD will admit these individuals once they are stabilized.

The Pierce County Pilot Crisis Response System

A number of factors influenced the implementation of the Pierce County Pilot site relative to North Sound: a smaller service area; a single-county administrative structure; a centralized location with crisis triage capacity and mental health E&T, as well as secure detox facilities; and a preference for voluntary admissions to secure detox. Pierce

²⁵ Mental health and chemical dependency coordinators are typically separate positions. In smaller counties, however, one individual may be employed in both roles.

County has a relatively uniform crisis response system that offers a wide range of coordinated services in one centralized location.

Single County Administration. The Pierce County Human Services Department administers many of the county's social service programs, including chemical dependency services. Mental health services are administered through the Pierce County RSN.²⁶ The county also manages the Pierce County Residential Treatment Facility in Tacoma, which houses, on separate floors, a crisis triage center, a mental health E&T facility, and a secure detox facility. The administrative offices for Pierce County Human Services are also located in the same building.

The collocation of services at the Pierce County Residential Treatment Facility provides access to many qualified staff, such as psychiatrists, medical doctors, nurses, certified chemical dependency staff, certified and licensed mental health staff, and other specialists.

Crisis Response System With on-site Triage Capacity. Crisis response in Pierce County includes crisis services operated by the three providers during the day and a 24-hour Mobile Outreach Crisis Team (MOCT) and crisis phone line for emergency in-person intervention and evaluation. The MOCT is located in the same building as the Crisis Triage Center (CTC), mental health E&T, and secure detox, from which members are dispatched to serve individuals anywhere in Pierce County or onsite. If the person in crisis appears to meet guidelines for involuntary treatment, MOCT members summon a DCR to make that determination. Law enforcement make frequent use of Pierce County's CTC rather than booking individuals into jail, a function that helped gain community support for the Pierce County facility. The CTC is also a designated receiving site for the Pierce County EMS system which provides direct ambulance transport from the field for approved cases.

The individuals in crisis may appear in emergency departments, the Pierce County Residential Treatment Facility, via law enforcement, or elsewhere in the community. Initial contact with a client may also take place through crisis or help lines during daytime hours or be initiated by a MOCT member any time of the day. MOCT members assess and address the immediate needs of individuals in the community or in the Crisis Triage Center. If necessary, a DCR is summoned and the person in crisis may be placed in the CTC or moved directly to the E&T or secure detox facilities.

The CTC provides short-term observation, stabilization, and treatment. It also offers a setting for short-term protective custody holds initiated by CTC staff designated by the County Chemical Dependency Manager to invoke a hold under RCW 70.96A. Clients may then be held at the CTC for up to 72 hours, during which time they are monitored for withdrawal, provided medical or other interventions as indicated, and encouraged to seek appropriate inpatient or outpatient treatment.

If clients are co-morbid (having a co-occurring Chemical Dependency and serious psychiatric disorder), they are usually monitored for detox in the CTC. At that time, a DCR may reassess individuals for an involuntary treatment and detain them to the mental health E&T facility or secure detox as clinically indicated.²⁷ As the following paragraphs describe, detentions, especially to secure detox, are handled differently in Pierce County than in North Sound.

Different Legal Processes at the Pilot Sites

The standard for detention and commitment to secure detox for those in "imminent danger, gravely disabled or danger to self or others" was intended to mirror the commitment process for mental illness under RCW 71.05. There are, however, significant differences between the pilot sites regarding the application of RCW 70.96B for detention to secure detox.

Pierce County: Detention to Crisis Triage and Voluntary Certified by DCR Admissions to Secure Detox.

During the contracting process, Pierce County negotiated an agreement with DASA to allow persons meeting detention criteria under RCW 70.96B to enter secure detox voluntarily: if certified by a DCR as meeting involuntary commitment criteria under 70.96B and willing to agree to voluntary services and if no less restrictive alternatives are available or appropriate.²⁸ As a result, Pierce County secure detox admissions may be voluntary (certified by a DCR).²⁹ Individuals at imminent risk due to acute intoxication may be placed on a protective custody hold at the CTC

²⁶ Pierce County has terminated its role as a RSN but negotiated contracts with the state to keep the pilot intact.

²⁷ Under RCW 71.05.

²⁸ In Pierce County, if the person is evaluated by a DCR and meets involuntary detention criteria under 70.96B, but the person is willing to accept voluntary admission to Secure Detox, the DCR completes an affidavit stating the person meets detention criteria and agrees to a voluntary admission.

²⁹ Seventy percent of those using Secure Detox were voluntary placements (interview with David Stewart, Director of Pierce County Human Services, August 29, 2007).

by a Chemical Dependency Specialist or designated Residential Treatment Facility staff under the pre-existing statute, 70.96A.

At any time, a person may move from the CTC to secure detox voluntarily if a DCR determines that detention criteria are met, and the least restrictive treatment option is secure detox. Detention criteria, however, must be based on a diagnosed chemical dependency disorder and not acute intoxication.²⁹

North Sound Approach: Involuntary Admission to Secure Detox. In all five counties, persons investigated by a DCR under RCW 71.05 for involuntary mental health treatment go through well-established procedures in their county of venue.

Individuals to be detained for substance abuse issues under 70.96B are transported to the NCSD facility in Skagit County. There, all cases at the 14 day commitment hearing are heard in an on-site hearing room by a court commissioner appointed by the Skagit County Superior Court. A substantial number of these cases at the 14-day commitment hearing are “agreed orders,” where the client does not contest the order and agrees to remain at NCSD.

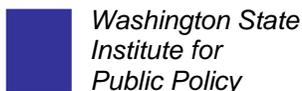
²⁹ Individuals may be admitted to secure detox while detoxing or on a detox taper (a supervised monitoring of withdrawal with or without other medications to ease symptoms).

The authors gratefully acknowledge contributions and assistance of staff at the North Sound RSN and Pierce County pilot sites; numerous staff at the DSHS Mental Health Division, Division of Drug and Substance Abuse, and Research and Data Analysis; and the Washington State University Social and Economic Sciences Research Center—Puget Sound Division.

For additional information on this project, contact Jim Mayfield at (360) 586-2783 or mayfield@wsipp.wa.gov, or Mason Burley at (360) 528-1645 or mason@wsipp.wa.gov.

Suggested citation: Jim Mayfield & Mason Burley. (2008). *Integrated crisis response pilots: Preliminary outcomes of clients admitted to secure detox*. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3902.

Document No. 08-07-3902



The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute and guides the development of all activities. The Institute’s mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.