

MOTION NO. 5772

1
2 A MOTION adopting mental health goals and objectives for
3 King County.

4 WHEREAS, on March 29, 1967, the Washington State Legislature enacted the
5 Community Mental Health Services Act which gives counties the authority to
6 establish a local mental health program, earmarks property taxes to support
7 mental health programs, and assigns planning, coordination, and service respon-
8 sibilities to county mental health administrative boards, and

9 WHEREAS, on September 12, 1969, the King County Council enacted ordinance
10 00141 establishing the King County Mental Health Board and the King County
11 Mental Health Program pursuant to State law, and

12 WHEREAS, on January 1, 1974, the Washington State Legislature enacted the
13 Involuntary Treatment Act requiring counties to administer involuntary treat-
14 ment services, and

15 WHEREAS, on September 30, 1980, the United States Congress enacted the
16 Mental Health Systems Act providing federal funding support for community men-
17 tal health services through the states, rather than directly to service deliv-
18 ery agencies, and

19 WHEREAS, on August 13, 1981, Congress enacted the omnibus Budget
20 Reconciliation Act of 1981 consolidating community mental health funding into a
21 block grant to the states, and

22 WHEREAS, on March 8, 1982, the Washington State Legislature enacted the
23 revised Community Mental Health Services Act which designates counties as the
24 local mental health planning authority; directs mental health programming in
25 priority order to the acutely/chronically mentally ill and seriously disturbed;
26 requires recognition of the special needs of minorities, children, the elderly,
27 low income, and disabled persons; requires counties to develop and administer a
28 range of community based services for the chronically mentally ill; gives coun-
29 ties the option to administer residential and inpatient services; and requires
30 counties to develop a client tracking and coordination system, and

31 WHEREAS, on June 16, 1982, the King County Executive formed a twenty
32 member Executive Task Force on Mental Health to assist him in identifying
33 priority problems in the mental health system and developing strategies for

1 system;

2 3. definitions of the respective roles and responsibilities of the men-
3 tal health system and other primary care systems such as aging and child
4 welfare;

5 4. the full range of voluntary and involuntary short/long-term care,
6 including residential treatment and mental health services in the King County
7 Jail.

8 B. Institute client tracking and care coordination to assure that those
9 persons most in need of mental health care are properly tracked and monitored
10 as they move through the mental health system within King County and between
11 King County and Western State Hospital.

12 C. Assure effective public participation in the mental health planning
13 process by continuing the active role of the King County Mental Health Board.

14 D. Obtain adequate financial support for mental health programs from the
15 Washington State Governor and Legislature.

16 E. King County's Current Expense Fund resources may be used only to sup-
17 port administrative costs of the County's Mental Health Section in order to:

18 1. ensure efficient and effective community mental health programs; and
19 2. maximize the availability of grant funds for the delivery of mental
20 health services in King County.

21 F. Assume responsibility for administering State-funded mental health
22 residential care in King County when adequate resources are provided by the
23 State.

24 G. Work with the University of Washington and the Harborview Medical
25 Center to maximize the potential of these two institutions to improve mental
26 health care in King County.

27 H. Monitor and evaluate the full range of voluntary and involuntary
28 short/long-term mental health services to ensure they meet the needs of the
29 acutely/chronically mentally ill and the seriously disturbed.

30 GOAL III -- Develop and implement an integrated voluntary and involuntary
31 emergency/acute care system to meet the emergency, short-term care needs of the
32 acutely mentally ill in King County.

33 Objectives:

1 A. Design the integrated system to assure immediate client screening,
2 assessment, and appropriate care and referral services.

3 B. Pursue adequate resources to maintain a County-wide crisis line, cri-
4 sis outreach and commitment investigation, and legal services necessary to
5 fulfill Involuntary Treatment Act requirements and assure immediate access to
6 care for voluntary and involuntary patients.

7 C. Provide sufficient and adequately staffed beds in King County to
8 handle short-term voluntary and involuntary care needs in an appropriate and
9 affordable manner by:

10 1. Assisting the State to develop one or more involuntary treatment
11 options in psychiatric hospitals and non-hospital facilities with appropriate
12 medical care;

13 2. Encouraging Harborview Medical Center to provide sufficient involun-
14 tary beds at a reasonable cost for persons with medical complications or with
15 the most intensive care needs;

16 3. Encouraging the State to allow indigent voluntary and involuntary
17 patients to use non-hospital options with appropriate medical care.

18 4. Only use Western State Hospital:

19 a. for longer term inpatient treatment;

20 b. as a backup to the King County inpatient mental health system
21 during times of extraordinary demand.

22 D. Develop and implement cost-effective, short-term outpatient and resi-
23 dential care options and assure admissions and transfers between acute and
24 long-term care when needed by:

25 1. Continuing walk-in, short-term outpatient services in a variety of
26 community facilities;

27 2. Developing a regional capacity for short term care for persons
28 referred from crisis outreach and inpatient units;

29 3. Increasing appropriate emergency shelter capacity.

30 E. Work with hospitals and community mental health agencies to develop
31 walk-in emergency room screening and assessment services that are accessible
32 throughout King County 24 hours a day, seven days a week.

33 GOAL IV -- Develop an improved range of outpatient and residential options for

1 longer-term stabilization, maintenance, and rehabilitation of chronically men-
2 tally ill and seriously disturbed residents of King County.

3 Objectives:

4 A. Improve the basic outpatient program (called Basic Community Support
5 and Treatment) to:

6 1. ensure that mental health services are provided first for those most
7 in need;

8 2. require assistance with basic living needs and medication
9 monitoring;

10 3. locate responsibility for primary care and coordination of all
11 necessary services for client support in the community with the mental health
12 care provider;

13 4. provide greater choice of mental health services for clients;

14 5. allow mental health providers greater flexibility in determining
15 appropriate types, level, and mix of care for clients.

16 B. Evaluate and expand to other parts of King County, if appropriate, the
17 demonstration program (Intensive Community Support Team) that provides 24-hour
18 a day outreach assistance to a small caseload of the most severely mentally
19 ill.

20 C. Promote the development and implementation of a range of residential
21 care options, including such new options as semi-independent living programs
22 for people able to live on their own with some assistance, as well as residen-
23 tial treatment for those needing more intensive care. Administer these State-
24 funded residential programs directly when the State provides the County with
25 adequate resources.

26 D. Encourage the development of appropriate employment, work-training
27 programs, and subsidized work projects in the private sector, as well as in
28 sheltered employment environments, to help provide the mentally ill with finan-
29 cial support, self-esteem, and independence. Work with King County departments
30 and agencies, other public agencies, and the business community to identify and
31 create these opportunities.

32 E. Enhance the human support systems of the mentally ill by developing
33 respite care capabilities to give families of the mentally ill relief from

1 their constant role of primary care providers.

2 F. Support initiatives for foster care programs for the mentally ill.

3 G. Assure that an appropriate portion of public resources directed to
4 housing assistance is made available to the mentally ill.

5 H. Obtain State and federal capital and operating funds for housing for
6 the mentally ill.

7 GOAL V -- Whenever feasible and appropriate, divert the mentally ill from the
8 King County Jail to appropriate mental health facilities and services in the
9 community.

10 Objectives:

11 A. Work with the King County Superior and District Court Judges, the King
12 County Prosecuting Attorney, and other criminal justice officials to divert the
13 mentally ill from the criminal justice system.

14 B. Assure that community mental health services give priority to chroni-
15 cally mentally ill and seriously disturbed persons referred from the King
16 County Jail.

17 C. For those mentally ill who are placed in the Jail, provide appropriate
18 mental health care in a safe, secure, and humane setting.

19 D. Train public safety and corrections personnel to be sensitive to the
20 special needs and appropriate treatment of the mentally ill.

21 GOAL VI -- Assure reasonable access to a range of mental health services and
22 appropriate care for priority clients regardless of race, color, creed,
23 religion, national origin, sex, age, marital status, sexual preference,
24 language, income, or the presence of any sensory, mental, or physical handicap.

25 Objectives:

26 A. In conjunction with other primary care systems, enhance mental health
27 treatment and consultation services for the elderly, children and youth, and
28 disabled populations.

29 B. Pursue adequate funds to support a wide range of mental health
30 programs which provide special services for ethnic minorities and other popula-
31 tions with special needs.

32 C. Assure that the mental health needs of these special client popula-
33 tions are appropriately addressed in the County's overall planning and eva-

1 luation process.

2 GOAL VII -- Reduce the public stigma surrounding mental illness and increase
3 public support for appropriate mental health care by promoting public
4 awareness, understanding, and concern about the mentally ill in King County.

5 Objectives:

6 A. Work with television, radio, and newspaper personnel to promote
7 accurate, informed, sensitive, and complete coverage of mental illness.

8 B. Promote volunteer services for the mentally ill throughout King
9 County.

10 C. Work with educational institutions to promote relevant mental health
11 research, a greater understanding of mental illness, and leadership in men
12 tal health training.

13 D. Appoint and confirm King County Mental Health Board members who are
14 committed to improving mental health care and promoting public understanding of
15 mental illness.

16 GOAL VIII -- Encourage mental health promotion and mental illness prevention
17 programs.

18 Objectives:

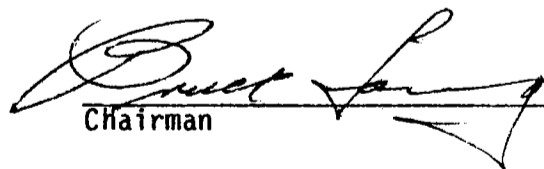
19 A. Encourage and assist employers, labor unions, and community groups in
20 developing and providing mental health education and promotion.

21 B. Encourage community education programs on early recognition of mental
22 illness.


23 C. Encourage the integration of mental health issues with general health
24 promotion.

25 PASSED this 5th day of July, 1983.

26 KING COUNTY COUNCIL
27 KING COUNTY, WASHINGTON

28 
29 Chairman

30 ATTEST:

31 
32 Clerk of the Council