

Signature Report

October 17, 2000

Ordinance 13974

Proposed No. 2000-0294.2

Sponsors Pullen, Fimia, Gossett and Irons

1 AN ORDINANCE improving customer service and  
2 performance measurement for clients in the publicly-funded  
3 mental health system; and adding a new chapter to K.C.C.  
4 Title 2.

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PREAMBLE:

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A Wall Street **Journal** article (*New Weapons in the War on Schizophrenia*,

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August 25, 1999) noted that the economic cost to the United States of just

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one mental illness, schizophrenia, is thirty to sixty-five billion dollars per

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year, with two million five hundred thousand persons afflicted. According

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to the National Institute of Mental Health, depression cost thirty **million**

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four hundred thousand dollars in 1990 and currently affects another

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nineteen million Americans.

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The **1999** Mental Health Report issued **by** the Surgeon General validated

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the costs of mental illness are exceedingly **high**. The direct costs of mental

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health services in the United States in 1996 totaled sixty-nine billion

18 dollars. This figure represents 7.3 percent of total health spending. The  
19 indirect costs of mental illness include lost productivity at the workplace,  
20 school and home due to premature disability or death. In 1990, the indirect  
21 costs of mental illness were estimated at seventy-eight billion dollars. In  
22 summary, mental illness causes incalculable damage **to** individuals and  
23 families.

24 According to a New York Times article (*Prisons Brim With Mentally Ill,*  
25 *Study Finds*, July 12, 1999), jails and prisons have become the nation's  
26 new mental hospital. This is supported by the fact that the number of jail  
27 and prison beds has quadrupled in the last twenty-five years, with one  
28 million eight hundred thousand Americans behind bars.

29 The Times article reporting on a United States Justice Department study  
30 goes on to say that mentally **ill** inmates tend to follow a revolving door  
31 from homelessness to incarceration and then back to the streets with little  
32 treatment, many **of** them arrested for crimes that are related to their illness.

33 According to Kay Redifield Jamison, professor of psychiatry at Johns  
34 Hopkins School of Medicine, "there is something fundamentally broken **in**  
35 a system that covers both hospitals and jails."

36 Again, according to the New York Times, with the "wholesale closings **of**  
37 public mental hospitals **in** the 1960's, and the prison boom of the last **two**  
38 decades, jails are often the only institutions open 24 hours a day and  
39 required to take the emotionally disturbed."

40 Until recently, some severe mental disorders were generally considered to

41 be marked by lifelong deterioration. Negative conceptions of severe  
42 mental illness perpetuated in part in professional literature dampened  
43 consumers' **and** families expectations leaving them without hope.  
44 However, recent research provides a scientific basis for and supports a  
45 more optimistic view of the possibility of recovery.  
46 Promoting recovery has become the rallying point for the consumer and  
47 family movement (1999 Mental Health Report from the Surgeon General).  
48 Throughout 1999 the public debate about mental health issues raised  
49 expectations about the recovery model as mentioned by providers, clients,  
50 advocates and citizens.  
51 King County budgeted \$90,199,426 **to** the mental health division to serve  
52 approximately twenty-eight thousand persons as well as budgeting  
53 significant dollars for related services **in** 2000.  
54 The county's mental health system has **made** great strides in recent years  
55 **in** developing a safety net for its clients. While that is an improvement  
56 over **the** system that existed thirty years **ago**, there is a need to seek further  
57 improvements **that will help** clients recover.  
58 **As** the mental health system implements **the** integration **of** the inpatient  
59 and outpatient system in 2001, recovery **is** expected **to be a** key theme in  
60 individual treatment planning. Successful caregivers recognize that **a**  
61 client **will** recover **or** lead a more productive life when there **is a high**  
62 expectation that as a result **of** treatment, the quality of the client's life will  
63 improve. Specifically, the division should assure contracts with caregivers

64 promote an atmosphere of treatment that focuses on the importance of  
65 progression towards recovery and wellness.

66 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

67 SECTION 1. Purpose. The purpose of this ordinance is to establish a policy  
68 framework in which the county’s mental health system shall seek to assist clients to  
69 recover or become less dependent on the publicly funded mental health system.

70 SECTION 2. Codification. Sections 3 through 6 of this ordinance should  
71 constitute a new chapter in K.C.C. Title 2.

72 SECTION 3. Definitions. The definitions in this section apply throughout this  
73 ordinance unless the context clearly requires otherwise.

74 A. “Benefit period” means a defined course of treatment as determined by the  
75 King County mental health, chemical abuse and dependency services division or its  
76 successor.

77 B. “Dependence” and “dependent” mean the client experiences significant  
78 disability, is not employable, and is served by the publicly funded mental health system  
79 and other programs. A dependent client may be characterized as having a GAF score of  
80 50 or below.

81 C. “GAF score” means Global Assessment of Function Scale score.

82 D. “Less dependence” and “less dependent” mean the client exhibits some  
83 disability, but significantly less than that of a dependent client. A less dependent client  
84 has made progress toward recovery, improved self-esteem, and enhanced quality of life  
85 and is more functional living in the community. A less dependent or recovering client  
86 may be characterized as having a GAF score between 51 and 80.

87 E. “Mental health system” means the publicly funded mental health system  
88 administered by the King County mental health, chemical abuse and dependency services  
89 division or its successor agency.

90 F. “Recovered” means that the client meets all of the following criteria:

91 1. The client is, whenever possible, engaged in volunteer work, pursuing  
92 educational or vocational activities, employed full or part-time, or is engaged in other  
93 culturally appropriate activities;

94 2. The client lives in independent or supported housing;

95 3. The client has been discharged **from** the county’s publicly funded mental  
96 health system or is receiving infrequent maintenance services **to** sustain their recovery;  
97 and

98 4. The client may be characterized as having a **GAF** score of **81** or above.

99 G. “Recovery” is a process, a way of life, an attitude, and a way of approaching  
100 the day’s challenges. It **is** the hope and expectation that a meaningful **life** is possible  
101 despite mental illness. Recovery emphasizes the restoration **of** self-esteem and on  
102 attaining meaningful roles in society. Recovery includes development **of** self-esteem  
103 **through** active participation **in** society.

104 SECTION 4. Goal of the mental health system. A central goal **of** the county’s  
105 mental health system is **to** assist individuals in progressing towards recovery while  
106 achieving and maintaining the highest level of social, emotional and physical functioning  
107 possible. **The** county’s mental health system should support this goal **by** formulating  
108 plans and policies that increase the likelihood that persons with severe mental illness can  
109 have access **to** quality care that is comprehensive and culturally appropriate **to** achieve

110 those goals.

111           **SECTION 5. Improved customer service through better expectations.** The  
112 division shall assure contracts with providers address development of individual  
113 treatment plans that engender realistic expectations for recovery in all aspects of clients'  
114 lives. Within six months of the effective date **of** this ordinance, the division shall submit  
115 a written report to the county council on steps taken to develop an atmosphere of  
116 treatment in which the expectation is that clients identify personal goals with a focus **on**  
117 the importance of a progression **toward** recovery and wellness through engaging in  
118 activities that meet typical societal norms or cultural expectations.

119           **SECTION 6. Annual reporting requirements.**

120           **A.** To fulfill the purposes of this section, the mental health division or its  
121 successor agency shall annually evaluate all mental health clients receiving outpatient  
122 and residential services in the age range of twenty-one through fifty-nine years to  
123 determine the clients' status and shall review the following outcome measures: 1.  
124 employment; 2. level of functioning; and 3. housing information.

125           **B.** The mental health division or its successor agency shall provide a written  
126 report annually to the council. The first report must be submitted by April 30, 2002, **and**  
127 **shall** describe the performance **of** the mental health system during the previous calendar  
128 year, January 1-December 31, 2001. Since the mental health system will implement a  
129 new recovery-based treatment model **on or** about January 1, 2001, the first report **shall** be  
130 a transition report. The mental health division report must indicate achievements related  
131 to the outcome measures referenced in this section. The report must describe those  
132 clients in a calendar year **who** have completed at least one benefit period during that year-

133 Additionally, the report shall indicate the number of clients at the beginning and end of a  
134 benefit period who are in a category of dependence, less dependence, recovered but  
135 require infrequent maintenance services to sustain their recovery, recovered and have  
136 been discharged from the system, and those who have left the system because of some  
137 other reason. The report shall indicate by category the number of clients who have  
138 progressed, regressed or remained unchanged and, for those clients who have changed,  
139 the extent of progression or regression by category.

140 C. The annual report must list by diagnostic category the percentage of clients  
141 covered who have improved their quality of life according to the outcome measures. At a  
142 minimum, schizophrenia and depression, including major depressive, bipolar and  
143 dysthymic disorders, must be included in the diagnostic breakdown.

144 D. It is recognized that performance measurements are more easily achieved for  
145 adult clients in their traditionally most productive years. There are greater challenges in  
146 developing a methodology of applying performance measurements to younger clients,  
147 age twenty or less, and to older clients, age sixty or greater. Nevertheless, younger and  
148 older clients are very important segments of the client population, and after gaining  
149 experience with the provisions of this chapter, the division is encouraged to make  
150 recommendations to the council on ways to achieve appropriate annual reporting

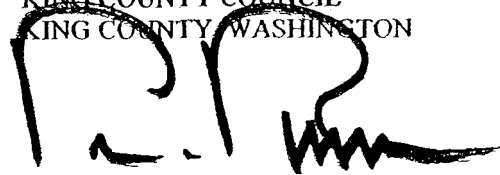
151 requirements for other age groups.

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Ordinance 13974 was introduced on 5/8/00 and passed by **the** Metropolitan King County Council on 10/16/00, **by** the following vote:

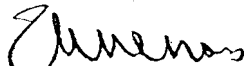
Yes: 11 - **Mr.** von Reichbauer, Ms. Fimia, **Mr.** Phillips, **Mr.** Pelz, Mr. McKenna, Ms. Sullivan, Mr. **Nickels**, **Mr.** Pullen, Mr. Gossett, **Ms.** Hague and **Mr. Irons**  
No: 1 - Ms. Miller  
Excused: 1 - Mr. Vance

KING COUNTY COUNCIL  
KING COUNTY WASHINGTON

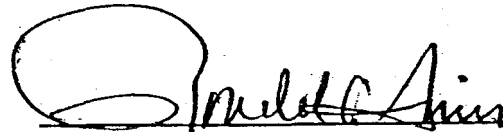


Pete von Reichbauer, Chair

ATTEST:



Anne Noris, Clerk of the Council  
APPROVED this 27 day of OCTOBER, 2000.



Ron Sims, County Executive

Attachments      None