



BLENDING FUNDS TO PAY FOR CRIMINAL JUSTICE DIVERSION PROGRAMS FOR PEOPLE WITH CO-OCCURRING DISORDERS

A Product of the SAMHSA Jail Diversion Knowledge Development and Application Initiative

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Categorical and rigid federal and state funding streams present some of the greatest barriers to the essential integration of services for persons with co-occurring mental and substance use disorders involved in the criminal justice system. Categorical funding targets dollars to specific populations, providers, and services. Conversely, an integrated approach to providing and funding services is necessary for persons with co-occurring disorders being diverted from incarceration.

It is largely futile, however, to change categorical state and federal funding practices from a local setting. Instead, as a number of U.S. communities have proven, it is more productive to devise ways to blend the various funding streams at the local program level. King County, Washington (Seattle), is one community that has been able to blend funds from five distinct state and local funding streams to support integrated services for criminal justice diversion programming. It offers a special example of how this can be done.

Finding Support for Diversion Initiatives

The current human service environment is hardly conducive to funding expensive jail diversion and systems integration projects. Typically, taxpayer sentiment has supported increased expenditures of limited public resources to build and fill more jails rather than to provide community-based treatment and supports for people who otherwise could be safely maintained in the community. A further complication is the emergence of managed behavioral health care in the public sector.

No single system can pay for the array of diversion services needed to effectively interrupt the cycle of repeated arrest and incarceration for persons with co-occurring disorders. When one or another system is pressured to identify diversion resources on its own, each system usually pleads poverty to its sister systems, and the game of bureaucratic ping-pong begins. To develop the necessary range of services for the diversion programming, each system must bring to the table the resources they can make available for

shared efforts. “Resources” are not limited to actual dollars, but also include staff time, space, and the commitment to change policies and practices that prevent integration and effective diversion programs.

Blending Funds in King County (Seattle)

In King County, the necessary array of pre-booking diversion services for individuals with mental illness and substance use disorders was mobilized only after multiple public funding streams were brought together to support a coherent model for crisis services. A subgroup of the county’s Systems Integration Advisory Council (SIAC), the local stakeholder group promoting systems integration, adopted the model for a Crisis Triage Unit (CTU) based on some existing programs across the United States. The mission statement developed by the SIAC for these crisis triage services prioritized the diversion of nonviolent misdemeanants with mental illness and substance abuse issues from booking in the county jail to treatment services in the community. Systems integration/boundary-spanning staff assertively marketed this crisis triage program and its goal to funders in five different local systems.

As a result, all five systems committed resources toward

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the development of a pilot Crisis Triage Unit. Harborview Medical Center (the county hospital) provided space for the CTU within the hospital’s Emergency Services Department. Although located in a locked area within the Emergency Room, the CTU was placed under the jurisdiction of the hospital’s community mental health program. Twenty-four hour psychiatric coverage is provided and augmented by nursing, social work, and triage staff.

The county mental health and substance abuse systems provided funds to support a large portion of the CTU staff

enhancement, as well as an array of “back door” support services, including service linkage staff, crisis respite beds, dedicated capacity at the detoxification unit, fast track access to substance abuse residential treatment, and next day appointments for mental health and substance abuse services. The developmental disabilities systems provided part-time “back door” support staff, and the City of Seattle Human Services Department provided funds for emergency respite bed supports targeting individuals who appear eligible but are not yet enrolled in the county’s mental health managed care system. When collectively pooled, these resources created a synergy that produced integrated services well beyond the scope of what any single system could have hoped to mobilize on its own. The total package

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of funds totaled \$2.4 million, with no single player contributing more than approximately \$800,000. Where necessary, budget documents were prepared to demonstrate that categorical funds were being expended only within required parameters. Yet, the blending of these resources created a holistic service continuum that transcended the categorical restrictions carried by many of the funds provided.

At times, keeping funders comfortable about the blending of resources was a challenge. The restaurant soup metaphor helped to soothe more than a few anxious bureaucrats: *If you go to a seafood restaurant for a \$5.95 bowl of clam chowder, do you ask which of your pennies paid for the clams, the potatoes, the cream, etc.? Hopefully not. Rather, you enjoy the rich melding of flavors that unite the various ingredients to provide a dining experience that is worth what you’ve paid.*

Overcoming the limitations imposed by categorical funding streams was essential to the mobilization of the Crisis Triage Unit diversion program. The nature of the populations involved and the many diverse needs and services they use, combined with the reality that no one local funding source could have possibly supported the array of services required, meant that an effective response was impossible without blended funding. When dollars are forced to follow bureaucratic guidelines rather than consumer needs, the result can be a service system that makes it difficult to develop programming that comprehensively addresses the needs of individuals with complex problems.

Managers of the public dollar—and the public trust—will succeed in their integration efforts only as far as they are able to shift their thinking from a paradigm of “my funds” vs. “your funds” and “my customers” vs. “your customers” to a collective understanding and appreciation of “our funds” and “our customers.”

With the support of the Systems Integration Advisory Council and many local stakeholders and advocates, King County has been able to blend funds and resources from five systems to support pre-booking criminal justice diversion programming for individuals with co-occurring mental and substance use disorders. It is but one example of a general concept that demands the attention of concerned communities across the United States.

For more information about the King County program, contact David Wertheimer, Consultant, Kelly Point Partners, at david@kellypointpartners.com or at 206-914-4475, or for further information on the Crisis Triage Unit at the Harborview Medical Center in Seattle, contact Ed Dwyer-O’Connor at 206-731-5846.

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