



King County

Department of Community and Human Services
Mental Health, Chemical Abuse and Dependency Services Division

**KING COUNTY
CRIMINAL JUSTICE INITIATIVE**

Third Year Participants

July, 2008

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EXECUTIVE SUMMARY

I. Introduction

King County Council adopted the Adult Justice Operational Master Plan (the Plan) in November 2002, which paved the way for the Criminal Justice Initiative (CJI). The Plan recommended that a portion of the expected savings from the closure of the North Rehabilitation Facility and Cedar Hills Addiction Treatment facility be used for alternatives to 24-hour secure detention in King County correctional facilities. The primary objectives of developing jail alternatives were to reduce both the jail population and recidivism. A particular emphasis was placed on developing services for inmates who are high users of the jail and/or individuals who have substance use disorders and mental illnesses who are not otherwise eligible for service enrollment, or are applying for publicly-funded benefits and services.

The Department of Community and Human Services initiated a cross-departmental CJI planning group in March, 2003 to determine which programs would be developed and delivered. The group was supported by a National Institute of Corrections Technical Assistance Grant. With the assistance of consulting facilitators and a review of relevant literature, the group settled on developing ten CJI programs – five service programs to provide housing, mental health and chemical dependency treatment services, and five process improvements to train stakeholders and assist inmates to connect to treatment services and publicly-funded benefits. Specifically, the CJI planning group determined that the following programs would be developed:

Service Programs

- Co-occurring disorder (COD) integrated treatment
- Housing vouchers
- Mental health treatment vouchers
- Methadone vouchers
- Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)

Process Improvements

- Criminal justice (CJ) liaisons
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker
- Department of Social and Health Services (DSHS) application worker
- Cross-system training
- Enhanced screening and assessment in jail

Purpose of this report

This report summarizes the first year outcomes for the third year cohort of participants in the CJI. Third year outcomes for the COD, Housing Voucher and CCAP IOP service programs are included. The mental health and methadone voucher programs did not have a third year of operation. The evaluation report includes jail and clinical outcomes and length of treatment.

This report also includes characteristics of persons served and treatment linkages for the third year of operation of the CJI process improvements including CJ liaisons and characteristics of persons served and success in obtaining benefits for the third year of the ADATSA and DSHS benefit application workers.

II. CJI Summary and Comparisons across CJI Service Programs

A total of 463 people were served under the CJI service programs during their third year. During the third year, the methadone and mental health voucher programs were no longer operating, while two new COD programs accepted participants from non-specialty court referrals from the King County jail and municipal jails. The number of participants served within the specialty-court COD program, Housing Voucher program and CCAP IOP were similar to the second year of the CJI. During the third year, the CJI served a higher proportion of women and a similar proportion of ethnic minority individuals compared to the overall jail population. Nearly all had a chemical dependency problem at admission and about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the third year of the CJI was significantly reduced from an average of 2.6 during the pre-program years to an average of 2.0 during the year following program entry. The specialty court-referred and King County jail-referred COD programs and the Housing Voucher program showed significant reductions in bookings. Jail days significantly increased for the CJI participants indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, recidivism analysis showed that 72% of third-year CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to the 69% King county jail recidivism rate for those with mental illness, and just above the range of 24-56% for post-booking jail diversion program elsewhere in the country. Of all crime types, property crimes were reduced the most.

Clinical outcomes for CJI participants during the third year showed that nearly half (41%) of the CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the specialty court-referred and King County jail-referred COD programs. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success. These findings are very similar to those found for first and second year participants.

III. CJI Service Program Highlights

Co-Occurring Disorder (COD) integrated treatment

During the third year of operation 70 people entered the specialty-court referred COD program, comparable to the 85 and 79 who entered during the prior two years. During the first year of the jail-referred program, 66 people entered from the King County jail, while 23 entered from municipal jails.

Jail bookings were reduced at a trend level for third year specialty-court participants from an average of 3.0 during the pre-program year to an average of 2.4 during the year following entry into the program. Jail bookings were also significantly reduced for King County jail-referred participants from an average of 3.8 to an average of 2.6, while bookings were unchanged for municipal jail participants. Jail days were statistically unchanged for the specialty-court third year participants and the King County jail-referred participants, but increased significantly for municipal jail participants. About three-quarter (77%) of third year specialty court-referred participants were re-incarcerated within one year of program admission (improved from the first and second years), comparable to the 74% for King County jail participants and 78% for municipal jail participants. Felonies as a proportion of all bookings fell significantly for the second straight year for the specialty-court referred participants, but not for either jail-referred program.

Overall, the specialty-court COD program jail outcomes for third-year participants largely rebounded to those found during the first year of program operation and the clinical outcomes (reduced substance use and mental health symptoms and improved community functioning) continue to be strong. Jail and clinical outcomes were also positive for the King County jail-referred COD program participants. Jail outcomes were not

positive for the municipal jail-referred participants and clinical outcomes were mixed, possibly due to the small sample size.

Housing voucher

During the third year of operation, there were 147 unduplicated people (166 admissions) who entered the housing voucher program, somewhat fewer than the previous two years. As is shown in figures 1 and 2 above, the number of jail bookings for third-year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.9 during the year following entry into the program. All three years showed significant reductions in jail bookings. Jail days were statistically unchanged for third-year participants, as was the case for first-year participants; however jail days declined significantly for the second-year participants. About 2/3 (68%) of third-year participants were re-incarcerated within one year of program entry, similar to the 64% during the second year but lower than the 76% during the first year. Felonies as a proportion of all bookings were reduced significantly for third-year participants as was also shown for second-year participants, but not for first-year participants. During the third year, 28% of participants obtained permanent housing which was comparable to the rate during the first year (28%) and lower than the rate during the second year (38%). Those who stayed in services longer were more likely to obtain permanent housing.

CCAP IOP

During the third year of operation, there were 157 unduplicated people who entered the CCAP IOP, which represented an increase over both prior years. The number of jail bookings for third-year participants was unchanged with an average of 1.7 during the pre-program year to an average of 1.6 during the year following entry into the program. This represented a change from prior years in which jail bookings were significantly reduced. Participants in all three program years increased jail days, indicating a substantial increase in length of stay. Recidivism analysis shows that 72% of the third year participants were re-incarcerated within one-year of program entry, a rate that has risen slightly over the three program years. About a third of the participants during the third year completed treatment at CCAP or were transferred elsewhere to complete treatment. Few showed reductions in substance use. Changes in participant characteristics over the three years (e.g., increased homelessness and co-occurring mental illnesses) may have affected the program results and make it difficult to draw conclusions regarding year-to-year comparisons.

IV. CJI Process Improvement Highlights

Criminal justice (CJ) liaisons

During the third year of the program the CJ liaisons served a total of 1270 referrals (518 KCCF, 353 RJC, 399 CCAP), somewhat lower than the peak of 1778 referrals during the second year and similar to the 1347 referred during the first year. One explanation for the decrease in referrals processed is that during the third year, the CJ liaison's work began to include assessing inmates for eligibility to the jail-referred (non-specialty court) COD program described above. These referrals take more time to process, resulting in less staff time for other types of referrals. Most clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common, particularly from the CCAP liaison.

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application workers

During the third year, 319 individuals received an ADATSA screening representing a substantial increase over the 251 screened during the second year and 142 screened during the first year. Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

Department of Social and Health Services (DSHS) application workers

During the third year 1828 referrals were made to the DSHS application workers representing a substantial increase over the 1562 during the second year and 1259 during the first year. During the third year, 44% of referrals completed a DSHS application which is also a substantial increase over previous years. For those who completed an application, nearly 2/3 of those who applied for Medicaid and cash assistance received them. The rate was similar for receiving ADATSA benefits during the first two years of the program, but fell during the third year. One contributor to this issue was initiating access to the COD program for referrals from non-specialty courts (i.e., courts other than drug and mental health courts) at the end of 2005. CJ liaisons (who refer to the ADATSA workers) prioritized this population and these individuals are likely to have applied for ADATSA then been found eligible for COD (including GAU/GAX due to a co-occurring mental illness) which would mean that their ADATSA application would be denied. Nearly all of those who applied for food stamps received them in all program years.

V. Recommendations and Actions Taken

Below are recommendations based on the data included in this report and selected issues raised in prior reports where noted.

1. During the first and third years of the specialty court referred COD integrated treatment program, participants demonstrated significant reductions in jail bookings, but not during the second year. During all three years participants showed positive clinical outcomes. In light of inconsistent jail outcomes, MHCADSD will restructure approximately half of the funding for this program to use a different model that focuses more specifically on forensic issues and obtaining housing for participants who are homeless. This restructured program could provide a convenient natural comparison group to test the relative effectiveness of the two models, if participants are selected into the new program in a comparable fashion to selection for the original program.

The COD program was extended at the end of 2005 to referrals from non-specialty court inmates via the King County jail and municipal jails. First-year jail and clinical outcomes were positive for the King County jail-referred COD program but less so for the municipal jail-referred program. It is possible that the weaker outcomes for the municipal jail COD program were due to the small sample size or unmeasured differences in the populations served. As such, this program should be re-evaluated at the end of its second year, combining results from both years if there is insufficient sample size to analyze them separately.

2. The housing voucher program has shown significant reductions in jail bookings during all three years of the program, and during the second year jail days were also significantly reduced. However, as about half of the participants drop out of the program in less than 90 days and less than 30% obtained permanent housing during the first and third years of the program (38% during the second year), there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. MHCADSD is engaged in ongoing discussions with funders to provide dedicated permanent supportive housing vouchers for this population in order to address the participant retention problem.
3. The CCAP IOP program did not show significant reductions in jail bookings during the third year; however reductions had been shown during the prior two years. Jail days were not reduced during any of the years. The moderate falloff in jail outcomes during the third year could be due both changes in the severity of the client population (e.g., homelessness, COD, etc.) as well as significant staff turnover, as discussed above. Staffing problems were also exacerbated by lack of a full-time on-site program supervisor, which was added starting at the beginning of the fourth program year (April 2007), when a new provider agency was contracted with to provide services. MHCADSD staff is monitoring jail and clinical outcomes for clients served by the

new provider agency and are exploring ideas about how to address the substantial proportion of CCAP clients needing substance abuse treatment who also have co-occurring mental illnesses.

4. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,417 people during the third year; about the same as during the second year and about one-third more than during the first year. Individuals served were referred to essential benefits and community-based treatment and other services. During the third year of these programs we did not have the ability to determine whether referrals, particularly from the CJ liaisons, resulted in actual linkage to treatment and services. Midway through 2007 re-entry case managers were hired to help assure that individuals referred by the CJ liaisons are successfully linked to services. Re-entry case managers meet with inmates prior to release to enhance pre-release engagement. Very recently, this program has been extended to referrals from Jail Health Services. Data from this program should be available within a year.

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SECTION I INTRODUCTION

King County adopted the Adult Justice Operational Master Plan (the Plan) in November 2002 which paved the way for the current Criminal Justice Initiative (CJI). The Plan recommended that a portion of the expected savings from closure of the North Rehabilitation Facility and Cedar Hills Addiction Treatment facility be used for alternatives to secure detention in King County correctional facilities. The primary objectives for the use of these funds were to reduce the jail population and reduce recidivism. The Plan stressed that secure detention should be reserved for those who are a public safety or flight risk or who have failed in community alternatives to secure detention. A particular emphasis was placed on developing alternatives to secure detention and services for inmates who are high users of the jail and/or individuals who have substance use disorders and mental illnesses and are not otherwise eligible for service enrollment. Jail alternatives developed through the CJI were intended to preserve public safety, provide an appropriate level of sanctioning for criminal offenses, be cost effective and acceptable to the courts, reduce risk of re-offense and actual recidivism, and not lead to net-widening (i.e., providing alternatives to people who otherwise would not have been incarcerated).

The rationale for focusing on individuals with substance use and mental illnesses stems from their disproportionately high jail usage. For example, among those with drug or alcohol-related charges, inmates with co-occurring psychiatric disorders (COD) have nearly double the average length of stay in King County jails. Further, people with CODs represent 60% of District Mental Health Court (DMHC) cases and 41% of Drug Diversion Court cases. About one-third of specialty drug and mental health court clients are also homeless. Among those with ten or more jail bookings in a year, all were homeless. A presumption of the CJI planning process was that at least a subset of these individuals could be safely and more appropriately served with community-based interventions.

CJI Planning

The Department of Community and Human Services initiated a cross-departmental CJI planning group in March, 2003 to determine which programs would be developed and delivered. The group was supported by a National Institute of Corrections Technical Assistance Grant.

The group consisted of representatives from the county's mental health and chemical dependency services administration (MHCADSD), jail and corrections leadership, Jail Health Services, and specialty courts. With the assistance of consulting facilitators, the group reviewed relevant research and best practice information, including information from model programs in Multnomah County in Oregon and Broward County in Florida. Findings from these reviews are briefly summarized in a logic model presented in Appendix A. In addition, the group discussed gaps in the current service system. This discussion revealed weak coordination between the specialty courts and their respective treatment systems, complex bureaucratic systems for inmates to obtain entitlements and treatment, inmate homelessness following release from jail, limited case management for individuals released pre-trial, little expertise in the provision of evidence-based care for this population, and little coordination of community care for people released from jail.

Based on information reviewed, the group reached consensus to develop ten CJI programs -- five client service programs to provide housing, mental health and chemical dependency services, and five process improvements to train stakeholders and assist inmates to connect to treatment services and publicly-funded benefits. A decision was made that overall program management would be provided by (MHCADSD). Specifically, the group decided that the following five client service programs and five process improvements would be developed:

Service programs

- Co-occurring disorder (COD) integrated treatment
- Housing vouchers
- Mental health treatment vouchers
- Methadone vouchers
- Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)

Process improvements

- Criminal justice (CJ) liaisons
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker
- Department of Social and Health Services (DSHS) application worker
- Cross-system training
- Enhanced screening and assessment in jail

Program Evaluation Questions, Design and Methods

The CJI evaluation included an outcome evaluation and process evaluation.

Outcome evaluation

CJI outcome evaluation questions were developed based on stakeholder interviews. The table below shows outcome evaluation questions for each of the five CJI service programs. Data regarding items marked with a * were collected exclusively for the first year of participants and were reported in earlier reports only.

Table 1. Outcome evaluation questions by CJI service program

Outcome evaluation questions	COD	Mental Health Vouchers	Methadone Vouchers	Housing Vouchers	CCAP IOP Chemical Dependency treatment
1. Reduced jail bookings and jail days	X	X	X	X	X
2. Convictions ¹	X	X	X	X	X
3. Reduced substance use	X		X		X
4. Reduced mental health symptoms	X	X			
5. Increased housing stability	X			X	
6. Improved community functioning	X	X	X		
7. Disposition at service completion	X	X	X	X	X
*8. Participant-reported impacts	X	X	X	X	X
*9. Reduced jail ave. daily pop. (ADP)					

¹Analysis of convictions was dropped from the evaluation as jail bookings were determined to be more proximal and relevant

The outcome evaluation employed a pre-post comparison group design. Pre-program measures were compared with measures taken at the end of the program benefit period or at program discharge. Comparison groups of similar individuals for first year analyses were derived for the historical period before the CJI programs were implemented and for the period concurrent with CJI program implementation.

Process evaluation

CJI process evaluation questions were derived from the same stakeholder interviews as was used for the outcome evaluation questions. The table below shows evaluation questions related to CJI service program processes as well the five CJI process improvements. Data regarding items marked with a * were collected exclusively for the first year of participants and were reported in earlier reports only.

Table 2. Process evaluation questions

CJI Service Programs
1. What proportion of individuals offered CJI programs engage in treatment?
2. What is the volume of services used by participants?
3. How long do participants stay in treatment?*
*4. Are services satisfactory to participants?
*5. Are treatment programs using evidence-based practices?
*6. Are programs satisfactory to stakeholders
CJ Liaisons/Linkage improvements
1. Are CJ liaisons integrated?
*2. Are linkages to treatment consistently made?
3. Has the number of linkages to treatment increased?
Cross-system training
*1. Has training reached all relevant groups?
*2. Have training participants gained knowledge regarding treatment and CJ systems?
ADATSA and DSHS application workers
1. Are more ADATSA and DSHS applications completed pre-release?
Enhanced screening and assessment in jail¹
*1. Is assessment process sound and feasible?
*2. Is assessment process identifying all MH/CD cases for the courts?
*3. Are referrals of MH/CD cases to specialty drug and MH courts increasing?
*4. Are the courts provided sufficient information re: MH/CD to determine a disposition

*Not evaluated for the housing voucher program

¹Responsibility for evaluating the in-jail assessment was moved to the Community Corrections Division

Process evaluation questions were examined largely using a post-only design without comparison groups.

Data collection strategies

A large number of data collection strategies were used in the CJI evaluation. Participant and staff telephone interviews and stakeholder surveys for the first year of participants were developed. Participant interviews were conducted as close to participants' program discharge point as was feasible. Staff interviews and stakeholder surveys were conducted when a given program had been operational for six months.

Data from the MHCADSD information system (IS), the DSHS TARGET data system for chemical dependency treatment, and the King County jail system also used. To supplement electronic records, outcome instruments were developed for the mental health voucher program, the COD treatment program, and the methadone voucher program. Data collection spreadsheet templates for electronic submission were also designed for the housing voucher program, CJ liaisons, and the DSHS and ADATSA application workers.

Additional information regarding the evaluation design, data collection, and instruments is available upon request.

Purpose of report

This report summarizes the first year outcomes for the third year cohort of participants in the CJI. Third year outcomes for the COD, Housing Voucher and CCAP IOP service programs are included. The mental health and methadone voucher programs did not have a third year of operation. The evaluation report includes jail and clinical outcomes and length of treatment.

This report also includes characteristics of persons served and treatment linkages for the third year of operation of the CJI process improvements including CJ liaisons and characteristics of persons served and success in obtaining benefits for the third year of the ADATSA and DSHS benefit application workers.

SECTION II

CJI SUMMARY AND COMPARISONS ACROSS CJI SERVICE PROGRAMS

This chapter summarizes participant characteristics and jail and clinical outcomes for the third year of participants across the five CJI client service programs.

A. Characteristics of persons served

Participant characteristics during the third year of the CJI service programs are summarized below. A total of 463 individuals entered CJI service programs during their third year, about the same as the 457 served during the second year and substantially fewer than the 663 served during the first year. As noted elsewhere, during the third year, the mental health and methadone voucher programs were no longer in operation, and the COD program was expanded to develop programs for non-specialty court-referred individuals from the King County jail and municipal jails. As such, figures shown are for the first year of these new COD programs. The number of individuals served within the specialty-court referred COD program and Housing Voucher program were similar to the numbers served during second year, while there was a modest increase in the number of CCAP IOP participants.

Data from 2007 showed that the daily population in the King County jail included 13% women and 46% ethnic minorities. Therefore, during their third year the CJI served a higher proportion of women and a similar proportion of ethnic minority individuals compared to the overall jail population. The specialty court COD program served a somewhat higher proportion of women and minorities than other CJI programs. Nearly all CJI participants had a chemical dependency problem and about 2/3 were homeless.

Table 3. CJI year 3 participant characteristics

Characteristic	COD specialty court	COD KC jail*	COD muni jail*	Housing voucher	CCAP IOP	Total CJI
	N=70	N=66	N=23	N=147	N=157	N=463
Gender- #/% female	31 (44%)	22 (33%)	6 (26%)	37 (25%)	37 (24%) ⁵	133 (29%)
Ethnicity						
Caucasian	32 (46%)	38 (58%)	16 (70%)	90 (61%)	92 (60%)	268 (58%)
African-American	32 (46%)	21 (32%)	6 (26%)	52 (35%)	34 (22%)	145 (31%)
Native American	1 (1%)	3 (5%)	1 (4%)	1 (1%)	3 (2%)	9 (2%)
Asian-Pac Islander	0 (0%)	1 (2%)	0 (0%)	3 (2%)	8 (5%)	12 (3%)
Mixed or "other"	5 (7%)	3 (5%)	0 (0%)	1 (1%)	16 (10%)	25 (5%)
Hispanic (duplicated)	5 (7%)	3 (5%)	1 (4%)	Not avail.	7 (5%)	16 (5%) ²
Age	Ave.=37.4 SD=9.1	Ave.=37.3 SD=9.6	Ave.=37.1 SD=10.3	Ave.=37.1 SD=9.8	Ave.=35.6 SD=10.4	Ave.=36.7 SD=9.9
Mental illness at admission	70 (100%) ¹	66 (100%) ¹	23 (100%) ¹	47 (32%) ⁴	Not avail.	206 (67%) ³
Chemical dependency at admission	70 (100%) ¹	66 (100%) ¹	23 (100%) ¹	100 (68%) ⁴	157 (100%) ¹	416 (90%)
Homeless at admission	40 (57%)	56 (85%)	12 (52%)	147 (100%) ¹	44 (30%)	299 (65%)
Employed at admission	7 (10%)	3 (5%)	1 (4%)	Not avail.	17 (11%)	28 (9%) ²

*Data presented is for the first year of the COD KC jail and muni jail programs

¹Characteristic is an eligibility requirement for the program

²% taken out of n=316 as housing voucher data was unavailable

³Based on 306 individuals from all CJI programs except CCAP IOP

⁴Underestimates prevalence: based on referring court only-mental health court=mental illness; drug court=chemical dependency

⁵Four people were not matched to state TARGET data are so are missing from analyses - % are taken from 153

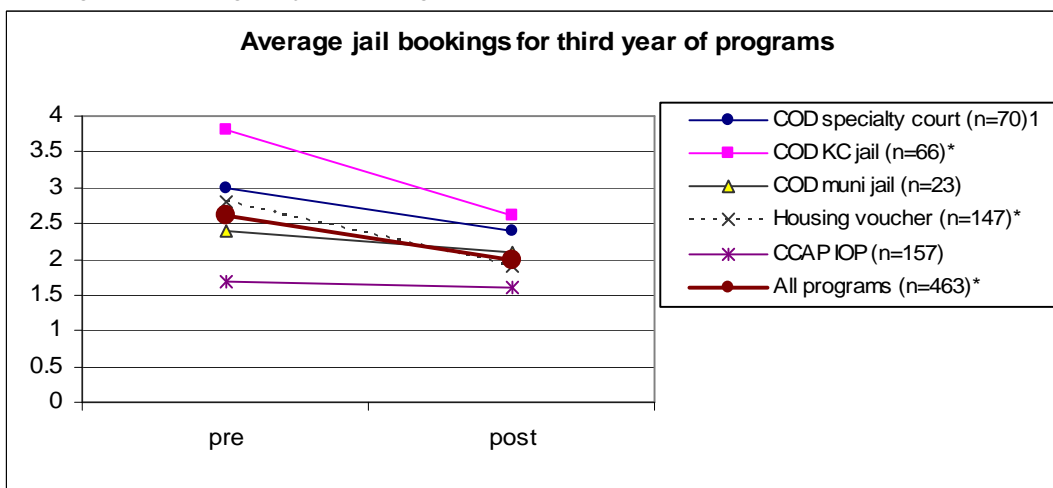
B. Outcome findings

1. Jail outcomes

Below are shown changes in jail bookings, days, and bookings per days at-risk across the CJI programs. The "pre" period is defined as the 365 days prior to an index booking. "Index bookings" are bookings with release dates within 45 days of program start. Index bookings are omitted from analyses to not bias results in favor of reductions in jail utilization. For individuals without an index booking, "pre" bookings are bookings within 365 days prior to program start. The "post" period is a booking that occurs within the 365 days following program admission.

The figure below shows that participants during the third year of CJI programs overall demonstrated a significant reduction in jail bookings from an average of 2.6 bookings during the pre-program year to an average of 2.0 during the year following program admission. The programs with the strongest performance were the housing voucher, COD specialty court and COD King County jail-referred programs. The Housing Voucher program has shown significant reductions in bookings during all three years, while the COD specialty court program has shown a reduction in the first and third years. The CCAP IOP showed a significant reduction during its first two years, but not during this most recent year.

Figure 1. Change in jail bookings

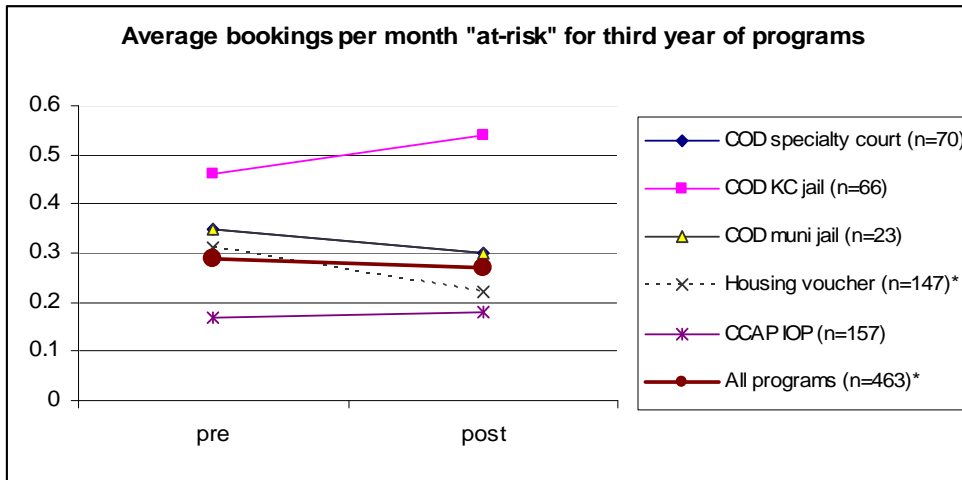


*statistically significant at $p < .05$ based on Wilcoxon Signed ranks test (non-parametric)

¹significant at trend level $p = .07$

Shown below, the CJI as a whole showed a significant reduction in bookings per month "at-risk" i.e., 30 days in which the person was not incarcerated, however this finding was driven solely by the Housing Voucher program. This pattern is the same as for the second year of the CJI programs. During the first year, the CCAP IOP program also showed a significant reduction in bookings per month "at-risk".

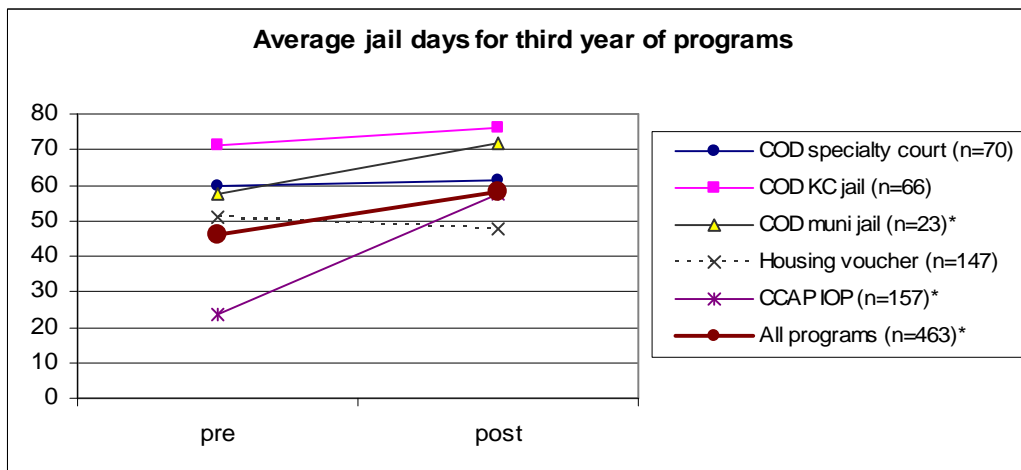
Figure 2. Change in jail bookings per 30 days "at-risk"



*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

The figure below shows that participants during the third year of CJI programs overall demonstrated a significant increase in jail days. All programs except the Housing Voucher program increased jail days and the increase was significant for the municipal-jail referred COD and CCAP IOP programs. These data indicate that while jail bookings declined, the length of each booking (days) increased, in part, due to the imposition of longer sentences on individuals with existing criminal histories. The pattern is similar to prior years, except during the second year the Housing Voucher program showed a significant reduction in jail days.

Figure 3. Change in average jail days



*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. During the third year of the CJI, half (50%) of the participants reduced bookings and an additional 13% had the same number of pre- and post-period bookings (including those with no bookings during either period). These figures are very similar to prior years.

Table 4. CJI year 3 participants - proportions increasing and decreasing jail bookings

Proportion changing jail bookings	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP IOP	Total CJI
	N=70	N=66	N=23	N=147	N=157	N=463
Reduced bookings	35 (50%)	41 (62%)	9 (39%)	84 (57%)	63 (40%)	232 (50%)
No pre or post bookings	4 (6%)	2 (3%)	3 (13%)	13 (9%)	17 (11%)	39 (8%)
Same # of pre & post bookings	8 (11%)	6 (9%)	2 (9%)	20 (14%)	24 (15%)	60 (13%)
Increased bookings	23 (33%)	17 (26%)	9 (39%)	30 (20%)	53 (34%)	132 (29%)

Change in Charge Severity

Most serious offense (MSO) crime category was used for analysis of charge severity. The table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period. Overall jail bookings were reduced the most for the Housing Voucher program and jail referred COD program. Of all the crime types, property crimes were reduced the most. In prior years, drug crimes showed the greatest reduction.

Table 5. CJI year 3 participants - change in types of crimes

Most Serious Offense (MSO)	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP IOP	Total CJI
	N=70	N=66	N=23	N=147	N=157	N=463
Pre total	212	249	55	415	271	1202
Post total	165	173	48	278	244	908
Property	-11 (-5%)	-30 (-12%)	-7 (-13%)	-31 (-7%)	-12 (-4%)	-91 (-8%)
Drugs	+1 (+<1%)*	-3 (-1%)	0 (0%)	-39 (-9%)	-8 (-3%)	-49 (-4%)
Criminal trespass	-1 (-<1%)	-2 (-1%)	-3 (-5%)	-17 (-4%)	-9 (-3%)	-32 (-3%)
Domestic violence	-9 (-4%)	-6 (-2%)	0 (0%)	-6 (-1%)	-4 (-1%)	-25 (-2%)
Traffic	-1 (-<1%)	0 (0%)	-1 (-2%)	-3 (-1%)	+6 (+2%)	+1 (+<1%)
Non-compliance	-20 (-9%)	-4 (-2%)	+4 (+7%)	-29 (-7%)	+29 (+11%)	-20 (-2%)
DUI	0 (0%)	-9 (-4%)	-1 (-2%)	-1 (-<1%)	-2 (-1%)	-13 (-1%)
Prostitution	+2 (+1%)	-3 (-1%)	0 (0%)	+2 (+<1%)	-3 (-1%)	-2 (-<1%)
Robbery	-1 (-<1%)	+2 (+1%)	0 (0%)	+1 (+<1%)	+3 (+1%)	+5 (+<1%)
Assault	-2 (-1%)	-7 (-3%)	-1 (-2%)	-9 (-2%)	-12 (-4%)	-31 (-3%)
Other	-5 (-2%)	-14 (-6%)	+2 (+4%)	-5 (-1%)	-15 (-6%)	-37 (-3%)
Total	-47 (-23%)	-76 (-31%)	-7 (-13%)	-137 (-33%)	-27 (-10%)	-294 (-24%)

* + indicates increase; - indicates decrease; % is of the Pre-total crimes figure (e.g., 1/213=<1%)

Jail recidivism

The table below shows jail recidivism analyses. Although participants reduced the number of jail bookings from the "pre" to the "post" period as shown above, 72% nevertheless had a least one jail booking within the year following program entry. This rate of recidivism is similar to the recidivism rate found for mentally ill offenders leaving the King County jail (69%), and somewhat above rates found (24-56%) for jail diversion programs elsewhere in the country.

Overall recidivism rates have risen over the three years from 62% for the first year of participants, to 70% for the second year and, as shown, 72% for the third year.

Table 6. CJI year 3 participants - jail booking recidivism

1- year jail recidivism (any post-period booking)	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP IOP	Total CJI
	N=70	N=66	N=23	N=147	N=157	N=463
Recidivists ¹	54 (77%)	49 (74%)	18 (78%)	100 (68%)	113 (72%)	334 (72%)

¹May not have had any booking within the prior year

2. Disposition at discharge

The table below shows that 41% of the CJI participants either completed the designed service program or were transferred for continued service. However, slightly more than half have less successful dispositions with a substantial proportion withdrawing from treatment before the end of the service period. This pattern was very similar to that found for the first and second years of participants.

Table 7. CJI year 3 participants - disposition at discharge

	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP IOP	Total CJI
Positive dispositions	N=70	N=66	N=23	N=147	N=157	N=463
Reached end of benefit/ completed program/ obtained housing	41 (59%)	25 (38%)	8 (35%)	45 (31%)	35 (24%)*	154 (34%)*
Transferred to other funding or facility, extended program	2 (3%)	4 (6%)	2 (9%)	0 (0%)	23 (16%)	31 (7%)
Negative dispositions						
Withdrew, lost to contact, moved	22 (31%)	26 (39%)	7 (30%)	25 (17%)	32 (22%)	105 (23%)
Incarcerated	5 (7%)	10 (15%)	4 (16%)	11 (7%)	40 (27%)	70 (15%)
Died	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
Inpatient treatment	0 (0%)	0 (0%)	1 (4%)	10 (7%)	0 (0%)	11 (2%)
Rule violation	NA	NA	NA	51 (35%)	8 (5%)	59 (13%)
Other	0 (0%)	0 (0%)	1 (4%)	5 (3%)	10 (6%)	16 (4%)

*discharge data available on 148 people - % taken from 148 (total CJI % taken from 454)

3. Clinical outcomes

Below is an overview of the clinical outcomes examined in the CJI. The strongest clinical outcomes were shown for the specialty court-referred and King County jail-referred COD programs. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success. This pattern was very similar to that found for the first and second years of participants. Detailed analysis of clinical outcomes can be found within the following chapters that present data specific to each CJI program.

Table 8. CJI year 3 participants - clinical outcomes

Clinical Outcomes	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP IOP
	N=70	N=66	N=23	N=147	N=157
Reduced substance use	++	++	++		+
Reduced mental health symptoms	++	++	0		
Increased housing stability	+	+	+	+	
Improved community functioning	+	++	0		

++ substantial and/or statistically significant positive outcome; + some evidence of positive outcome; 0 no change

D. Summary

A total of 463 people were served under the CJI service programs during their third year. The number served was very similar to the 457 served during the second year and somewhat fewer than the 663 served during the first year. During the third year, the methadone and mental health voucher programs were no longer operating, while two new COD programs accepted participants from non-specialty court referrals from the King County jail and municipal jails. The number of participants served within the specialty-court COD program, Housing Voucher program and CCAP IOP were similar to the second year of the CJI. During the third year, the CJI served a higher proportion of women and a similar proportion of ethnic minority individuals compared to the overall jail population. Nearly all had a chemical dependency problem at admission and about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the third year of the CJI was significantly reduced from an average of 2.6 during the pre-program years to an average of 2.0 during the year following program entry. The specialty court-referred and King County jail-referred COD programs and the Housing Voucher program showed significant reductions in bookings. Jail days significantly increased for the CJI participants indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, analysis of recidivism (having a least one post-period booking) showed that 72% of third-year CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to the 69% King county jail recidivism rate for those with mental illness, and just above the range of 24-56% for post-booking jail diversion program elsewhere in the country. Of call crime types, property crimes were reduced the most.

Clinical outcomes for CJI participants during the third year showed that nearly half (41%) of the CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the specialty court-referred and King County jail-referred COD programs. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success. These findings are very similar to those found for first and second year participants.

SECTION III CJI SERVICE PROGRAM DETAIL

CHAPTER 1 CO-OCCURRING DISORDER (COD) INTEGRATED TREATMENT PROGRAM

I. Program Description

Program overview: The COD treatment program for individuals referred from specialty mental health and drug courts began August, 2003. Services were provided by Community Psychiatric Clinic and Sound Mental Health (formerly Seattle Mental Health). The program provided up to 12 months of integrated outpatient mental health and chemical dependency treatment, case management, medication management, and housing stabilization. Services were located in the same agency and treated both disorders as primary. Caseloads were small (limited to 35 per agency or 70 combined, with a requirement of small staff-to-client ratios) and coordination was maintained with the court of referral.

Due to early successes of the program it was expanded at the end of 2005 to take referrals from non-specialty courts involving inmates in the King County Correctional Facility (KCCF), Norm Maleng Regional Justice Center (RJC), as well as municipal jails within the County.

Target population: Initially the program was limited to adult inmates with co-occurring mental health and chemical dependency problems who were referred from, and agreed to participate in ("opt in"), the King County Drug Diversion Court, King County District Mental Health Court or Seattle Municipal Mental Health Court ("specialty courts"). Participants must also have had one additional prior incarceration. As noted above, the program was expanded in late 2005 to non-specialty court inmates in the King County jail and municipal jails.

II. Results

Results from the first three years of referrals from the specialty mental health and drug courts are presented first, followed by results from the first year of referrals from the non-specialty courts (i.e. inmate referrals from King County and municipal jails).

SPECIALTY COURT-REFERRED COD PROGRAM

First program year - August 1, 2003 thru July 31, 2004
Second program year - August 1, 2004 thru July 31, 2005
Third program year - August 1 2005 thru July 31, 2006

A. Characteristics of persons served

Characteristics of individuals served during the three years of the COD program are presented below. During the third year, 70 unduplicated people entered the program (representing 73 total admissions), comparable to the 79 people who entered during the second year, and 85 who entered during the first year.

Data from 2007 showed that the daily population in the King County jail included 13% women and 46% ethnic minorities. Thus, the COD program served a higher proportion of females compared to the overall jail population. During the first and second years of operation, the COD program served a similar proportion of ethnic minority individuals compared to the jail population, however, during the third year the COD program served proportionately more ethnic minorities.

Table 9. Specialty-court referred COD program - characteristics of persons served

	First year cohort		Second year cohort		Third year cohort	
Demographics	N=85	%	N=79	%	N=70	%
Gender- #/% female	29	34%	31	39%	31	44%
Ethnicity						
Caucasian	45	53%	44	56%	32	46%
African-American	26	31%	23	29%	32	46%
Native American	5	6%	2	3%	1	1%
Asian-Pacific Islander	4	5%	2	3%	0	0%
Mixed or "other"	5	6%	8	10%	5	7%
Hispanic (duplicated)	6	7%	10	13%	5	7%
Age	Average=36.5 yrs	SD=9.6	Average=36.4	SD=9.0	Average=37.4	SD=9.1
	First year cohort		Second year cohort		Third year cohort	
Mental illness diagnoses	N=85	%	N=79	%	N=70	%
Depression	27	32%	26	33%	20	29%
Bipolar	22	26%	21	27%	23	33%
Schizophrenia spectrum	22	26%	15	19%	11	16%
Other	14	16%	17	22%	16	23%
Substance use						
May list >1 substance						
Cocaine	22	58%	55	70%	49	70%
Alcohol	26	68%	49	62%	35	50%
Marijuana	14	37%	35	44%	17	24%
Opiates	7	18%	28	35%	18	26%
Amphetamines	2	5%	28	35%	14	20%
Homelessness (or unstable/temporary)						
Case manager report	54	64%	42	53%	40	57%
Community functioning						
Global Assessment of Functioning (GAF) 0 - most severe 100 - superior functioning	Average=43.3 Serious impairment	SD=7.9	Average=43.1 Serious impairment	SD=6.8	Average=42.7 Serious impairment	SD=5.6
Problem Severity Summary 0 - above average 5 - extreme impairment	Average=2.3 Slight-marked impairment	SD=.6	Average=2.5 Slight-marked impairment	SD=.6	Average=2.4 Slight-marked impairment	SD=.6
Employment ²	1	1%	3	4%	7	10%

¹Substance use information was collected starting January, 2004 -- referrals from the first five months (i.e., Aug-Dec, 2003) of the six-month cohort are not represented

²A person is considered employed if they have part-time or full-time employment (not including volunteer work)

Analysis of diagnoses showed that over 3/4 of those served had major mental illnesses in addition to substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. Nearly 2/3 were homeless during the first year of the program, dropping to about half for the second and third years. Few were employed.

B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first, second, and third years of program participants.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs are omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.

365 days "pre"	"Index booking" (release <45 days before program start - removed from analyses)	Program start	365 days "post"
People without index booking 365 days "pre"			365 days "post"

The table below shows that COD program participants had significantly reduced jail bookings subsequent to program participation during the first program year, and the reduction was significant at the trend level during the third year. Jail days were statistically unchanged for the first and third years of participants and increased significantly for the second year of participants, thus length of incarceration per booking increased. Bookings per days "at-risk" (i.e., not in jail) did not significantly change. The proportion of individuals with no bookings increased during all three program years. During the third year, nearly a quarter of the participants had no jail use during the "post" period; a higher rate than for either of the previous two years.

Table 10. Specialty court-referred COD program – change in average jail bookings and days

Jail outcome indicator	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	3.4 (2.4) ²	2.7 (2.6)*	3.2 (2.5)	3.2 (3.7)	3.0 (2.7)	2.4 (2.1) ⁴
Jail days (average)	52.5 (57.1)	60.3 (65.0)	49.9 (54.6)	69.1 (67.4)*	59.8 (64.1)	61.4 (74.1)
Bookings/month "at-risk" ³	.37 (.35)	.33 (.42)	.34 (.35)	.43 (.63)	.35 (.39)	.30 (.35)
No jail use	5 (6%)	17 (20%)	7 (9%)	10 (13%)	5 (7%)	16 (23%)

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

¹"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

⁴Significant at trend level p=.07

The table below shows that second year COD participants used slightly more jail days during the year following program participation than during the year prior to it for the first and third program years, while the second program year showed a more substantial increase.

Table 11. Specialty court-referred COD program – jail days detail

Jail day detail	First year cohort (N=85)	Second year cohort (N=79)	Third year cohort (N=70)
Pre period jail days	4458	3943	4187
Post period jail days	5124	5462	4301
Change in jail days	+666 (+15%)	+1519 (+39%)	+114 (+3%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that about half of the participants during all program years reduced jail bookings.

Table 12. Specialty court-referred COD program – proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)	
Reduced bookings	51	60%	37	47%	35	50%
No pre or post bookings	1	1%	1	1%	4	6%
Same # of pre and post bookings	7	8%	12	15%	8	11%
Increased bookings	26	31%	29	37%	23	33%

Jail recidivism

The table below shows jail recidivism analyses. Although most participants reduced the number of jail bookings from the "pre" to the "post" period as shown above, a high proportion nevertheless had a least one jail booking within the year following program entry.

Table 13. Specialty court-referred COD program - jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	68	80%	69	87%	54	77%

¹Some individuals may not have had any bookings within the prior year

Recidivism rates from this program are higher than local and national jail rates. For example, of all people booked within calendar year 2003 within the King County jail system (most of whom did not have complicating mental health and chemical dependency problems), 49% had another booking within 365 days of their initial release date. Rates from the early 1990's in our jail system show one year recidivism at 69% for mentally ill offenders and 60% for non-mentally ill offenders (Harris and Koepsell, 1996). In other studies, one-year recidivism rates for people with mental illness range from 24% to 56% (Solomon & Draine, 2002; Ventura, Cassel, Jacoby, Huang, 1998). The relatively higher recidivism for the COD program could be due to courts selecting the most challenging individuals to participate and/or individuals who have not been successful in other programs.

Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period and post-365 day period.

The table shows that there is not a clear pattern of crime types that were increased or reduced for program participants. The proportion of crimes that were assaults rose substantially for first-year participants, non-compliance and criminal trespass rose for second-year participants and drug crimes rose for third-year participants. Criminal trespass was reduced for first-year participants, drug and property crimes were reduced for second-year participants, and non-compliance was reduced for third-year participants

Separate analyses showed that felonies as a proportion of all bookings decreased slightly from 49% to 42% for first year participants and significantly from 63% to 54% for second year participants and 65% to 52% for third year participants when comparing the pre-365 day period with the post-365 day period.

Table 14. Specialty court-referred COD program - change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	89 (31%)	74 (33%)	118 (47%)	108 (42%)	80 (38%)	81 (49%)
Property	53 (18%)	38 (17%)	42 (17%)	29 (11%)	43 (20%)	32 (19%)
Assault	17 (6%)	38 (17%)	13 (5%)	15 (6%)	9 (4%)	7 (4%)
Non-compliance	29 (10%)	24 (11%)	32 (13%)	48 (19%)	43 (21%)	23 (14%)
Criminal trespass	22 (8%)	10 (4%)	6 (2%)	16 (6%)	3 (1%)	2 (1%)
DUI	11 (4%)	7 (3%)	4 (2%)	2 (1%)	2 (1%)	2 (1%)
Domestic violence	10 (3%)	5 (2%)	2 (1%)	4 (2%)	12 (6%)	3 (2%)
Prostitution	9 (3%)	4 (2%)	6 (2%)	1 (0%)	0 (0%)	2 (1%)
Traffic	5 (2%)	2 (1%)	5 (2%)	1 (0%)	2 (1%)	1 (1%)
Robbery	0 (0%)	3 (1%)	4 (2%)	0 (0%)	1 (0%)	0 (0%)
Other	42 (15%)	22 (10%)	18 (7%)	31 (12%)	17 (8%)	12 (8%)
Total	287 (100%)	227 (100%)	250 (100%)	255 (100%)	212 (100%)	165 (100%)

2. Length of treatment and treatment dispositions

The table below shows that the COD program is able to retain 2/3 – 3/4 of participants for at least 9 months of the twelve-month benefit period. Extensions beyond the twelve-month benefit were requested and received for 4 first-year participants, 9 second-year participants, and 10 third-year participants.

Table 15. Specialty court-referred COD program - length of treatment

Length of treatment	First year cohort		Second year cohort		Third year cohort	
	N=85	%	N=79	%	N=70	%
0-90 days	4	5%	8	10%	6	9%
91-180 days	11	13%	12	15%	7	10%
181-270 days	14	16%	9	11%	5	7%
271-365 days	56	66%	50	63%	52	74%

The table below shows that participants in all three years were most likely to be discharged because they reached the end of the COD program benefit period. This rate increased over the three program years reflecting the increased success in retaining participants for the full benefit length.

Table 16. Specialty court-referred COD program - disposition at discharge

Disposition at discharge	First year cohort		Second year cohort		Third year cohort	
	N=85	%	N=79	%	N=70	%
Reached end of 12-month benefit/completed treatment	28	33%	37	47%	41	59%
Lost to contact	12	14%	15	19%	15	21%
Refused further treatment	11	13%	14	18%	6	9%
Transferred to OPB ¹ /other funding	19	22%	4	5%	1	1%
Long-term incarceration	6	7%	5	6%	5	7%
Dropped from specialty court	6	7%	0	0%	0	0%
Moved	1	1%	2	3%	1	1%
Transferred to different facility	0	0%	2	3%	1	1%
Died	2	2%	0	0%	0	0%

¹OPB= King County Mental Health Plan regular outpatient benefit

3. Clinical outcomes

The table below shows clinical outcomes for first, second, and third year participants.

Table 17. Specialty court-referred COD program - clinical outcomes

Changes from admission to discharge		First year cohort (N=85)	Second year cohort (N=79)	Third year cohort (N=70)
Substance use - ¹ days/week (over multiple substance)	Reduced to \leq 1 days/wk	33 (47%)	26 (34%)	28 (44%)
	Partial reduction	16 (23%)	27 (36%)	12 (19%)
	No change	13 (19%)	14 (18%)	14 (22%)
	Increased	8 (11%)	9 (12%)	10 (16%)
Time using in week ¹ 1=none; 5=all/nearly all	Average @ admission	2.9 (SD=1.3)*	4.3 (1.0)*	4.2 (SD=.83)*
	Average @ discharge	2.4 (SD=1.6)	3.1 (1.7)	2.7 (SD=1.6)
Symptoms and community functioning (Problem Severity)	Improved	44 (52%)	29 (38%)	33 (47%)
	No change	31 (36%)	34 (43%)	33 (47%)
	Worsened	10 (12%)	16 (20%)	4 (6%)
	Average @ admission	2.3 (SD=.6)*	2.6 (SD=.5)*	2.4 (SD=.4)*
	Average @ discharge	2.1 (SD=.6)	2.4 (SD=.5)	2.1 (SD=.5)
Functioning (GAF)	Average @ admission	43.3 (SD=7.9)*	43.1 (SD=6.8)	42.7 (SD=5.6) ⁴
	Average @ discharge	46.6 (SD=8.5)	42.7 (SD=6.7)	44.3 (SD=5.2)
Housing ²	Gained housing	10 (19%)	4 (10%)	10 (25%)
	No change	38 (70%)	38 (90%)	24 (60%)
	Type change	6 (11%)	0 (0%)	6 (15%)
Employment ³	Gained	5 (6%)	7 (9%)	4 (6%)
	No change	80 (94%)	71 (90%)	64 (91%)
	Lost employment	0 (0%)	1 (1%)	2 (3%)

*significant change from admission to discharge based on t-test probability of $\leq .05$

¹% taken out of 70 for the first year, 76 for the second year and 64 for the third year; remaining participants had unknown substance use at discharge

²Among the 54 (first year cohort), 43 (second year cohort), and 38 (third year cohort) who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.

³A person is considered employed if they have part-time or full-time employment - volunteer work is not included

⁴Significant at trend level (p=.06)

Participants in all years consistently showed significant reductions in substance use, mental health symptoms and community functioning at the time they were discharged from the program. A small proportion of individuals gained housing and employment through the program.

JAIL REFERRED COD PROGRAM

First program year - November 1, 2005 thru December 31, 2006

A. Characteristics of persons served

Characteristics of individuals served in the non-specialty court and municipal jail COD programs are presented below. During the first year, 23 unduplicated people entered the program via municipal jails and 66 entered from non-specialty courts via the KCCF and the RJC. Referring jail and demographic characteristics of these groups are shown below. These programs served a higher proportion of females and a lower proportion of ethnic minorities compared to the overall King County jail population.

Table 18. Jail-referred COD program - referring jails

Non-specialty court KC jails (N=66)			Municipal Jails (N=23)		
KCCF	53	80%	Auburn	13	57%
RJC	13	20%	Kent	6	26%
			Enumclaw	3	13%

Table 19. Jail-referred COD program - characteristics of persons served

Demographics	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
Gender- #/% female	22	33%	6	26%	28	31%
Ethnicity						
Caucasian	38	58%	16	70%	54	61%
African-American	21	32%	6	26%	27	30%
Native American	3	5%	1	4%	4	4%
Asian-Pacific Islander	1	2%	0	0%	1	1%
Mixed or "other"	3	5%	0	0%	3	3%
Hispanic (duplicated)	3	5%	1	4%	4	4%
Age	Average=37.3 yrs	SD=9.6	Average=37.1 yrs	SD=10.3	Average=36.9 yrs	SD=9.7
Mental illness diagnoses						
Depression	18	27%	7	30%	25	28%
Bipolar	26	39%	7	30%	33	37%
Schizophrenia spectrum	12	18%	3	13%	25	28%
Other	10	15%	6	26%	16	18%
Substance use May list >1 substance						
Alcohol	48	73%	16	70%	64	72%
Cocaine	39	59%	12	52%	51	57%
Marijuana	19	29%	10	43%	29	33%
Opiates	13	20%	1	4%	14	16%
Amphetamines	12	18%	11	48%	23	26%
Homelessness (or unstable/temporary)	56	85%	12	52%	68	76%
Community functioning						
Global Assessment of Functioning (GAF) 0- most severe; 100 - superior	Average=42.4 Serious impairment	SD=4.6	Average=40.1 Serious impairment	SD=4.1	Average=42.0 Serious impairment	SD=4.5
Problem Severity Summary 0 - above average; 5 - extreme impairment	Average=2.4 Slight-marked impairment	SD=.4	Average=2.4 Slight-marked impairment	SD=.5	Average=2.4 Slight-marked impairment	SD=.4
Employment ²	3	5%	1	4%	4	4%

¹Substance use information was collected starting January, 2004 -- referrals from the first five months (i.e., Aug-Dec, 2003) of the six-month cohort are not represented

²A person is considered employed if they have part-time or full-time employment (not including volunteer work)

Over 3/4 of those served had major mental illnesses in addition to substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. Most of the King County jail-referred participants were homeless while about half of the municipal-jail referred participants were homeless. Few were employed.

B. Outcome findings

1. Jail outcomes

Change in jail bookings and days

The table below shows that participants in the King County jail COD program significantly reduced the number of jail bookings subsequent to program participation while participants in the municipal jail COD program did not. This lack of statistical change for participants from municipal jails could be due to the small sample size for this group. The municipal jail group also had considerably fewer bookings at program entry than the King County jail group. Jail days were statistically unchanged for the King County jail group but significantly increased for the municipal jail group. Bookings per days "at-risk" (i.e., not in jail) did not significantly change for either group. The proportion of individuals with no bookings increased for the King County jail group but not for the municipal jail group.

Table 20. Jail-referred COD program - change in average jail bookings and days

Jail outcome indicator	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	3.8 (3.6) ²	2.6 (3.1)*	2.4 (2.1)	2.1 (2.2)	3.4 (3.4)	2.5 (2.9)*
Jail days (average)	71.2 (69.8)	75.9 (92.9)	55.7 (76.9)	71.6 (87.6)*	67.2 (71.6)	74.7 (91.1)
Bookings/month "at-risk" ³	.46 (.50)	.54 (1.9)	.35 (.59)	.30 (.38)	.43 (.52)	.48 (1.0)
No jail use	5 (8%)	17 (26%)	5 (22%)	5 (22%)	10 (11%)	22 (25%)

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

¹"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The table below shows that, comparing the year prior to the program with the subsequent year, King County jail participants used slightly more jail days, while municipal jail participants used substantially more.

Table 21. Jail-referred COD program - jail day detail

Jail day detail	Non-specialty court KC jails (N=66)	Municipal jails (N=23)	Total (N=89)
Pre period jail days	4696	1282	5978
Post period jail days	5006	1646	6652
Change in jail days	+310 (+7%)	+364 (28%)	+674 (11%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. About 2/3 of King County jail participants reduced jail bookings, while only 39% of municipal jail participants did so.

Table 22. Jail-referred COD program - proportions increasing and decreasing jail bookings

Proportion changing jail bookings	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
Reduced bookings	41	62%	9	39%	50	56%
No pre or post bookings	2	3%	3	13%	5	6%
Same # of pre and post bookings	6	9%	2	9%	8	9%
Increased bookings	17	26%	9	39%	26	29%

Jail recidivism

The table below shows jail recidivism analyses. About 3/4 of the participants from both the King County and municipal jails had a least one jail booking within the year following program entry. This rate is slightly lower than for those referred from the specialty mental health and drug courts.

Table 23. Jail-referred COD program - jail booking recidivism

1- year jail recidivism (any post-period booking)	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	49	74%	18	78%	67	75%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period and post-365 day period.

Table 24. Jail-referred COD program - change in types of crimes

Most Serious Offense (MSO)	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
	Pre	Post	Pre	Post	Pre	Post
Non-compliance	88 (35%)	84 (49%)	14 (25%)	18 (38%)	102 (34%)	102 (46%)
Property	43 (17%)	13 (8%)	14 (25%)	7 (15%)	57 (19%)	20 (9%)
Drugs	45 (18%)	42 (24%)	3 (5%)	3 (6%)	48 (16%)	45 (20%)
Assault	14 (6%)	7 (4%)	8 (15%)	7 (15%)	22 (7%)	14 (6%)
Criminal trespass	8 (3%)	6 (3%)	5 (9%)	2 (4%)	13 (4%)	8 (4%)
DUI	12 (5%)	3 (2%)	1 (2%)	0 (0%)	13 (4%)	3 (1%)
Domestic violence	11 (4%)	5 (3%)	1 (2%)	1 (2%)	12 (4%)	6 (3%)
Prostitution	3 (1%)	0 (0%)	0 (0%)	0 (0%)	3 (1%)	0 (0%)
Traffic	1 (0%)	1 (1%)	3 (5%)	2 (4%)	4 (1%)	3 (1%)
Robbery	0 (0%)	2 (1%)	0 (0%)	0 (0%)	0 (0%)	2 (1%)
Other	24 (10%)	10 (6%)	6 (11%)	8 (17%)	30 (10%)	18 (8%)
Total	249 (100%)	173 (100%)	55 (100%)	48 (100%)	304 (100%)	221 (100%)

The table above shows that the proportion of crimes that were non-compliance increased while the proportion of property crimes decreased. The proportion of other crime categories changed little.

Separate analyses showed that felonies as a proportion of all bookings decreased slightly from 51% to 48% for King County jail participants while the felony proportion increased slightly from 18% to 19% for municipal jail COD participants when comparing the pre-365 day period with the post-365 day period.

2. Length of treatment and treatment dispositions

The table below shows that the jail-referred COD program is able to retain about half of participants for at least 9 months of the twelve-month benefit period. Retention for municipal jail participants exceeded retention for the King County jail participants. Extensions beyond the twelve-month benefit were requested and received for 4 participants. Overall, retention is weaker than for those referred from specialty mental health and drug courts.

Table 25. Jail-referred COD program - length of treatment

Length of treatment	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
	N	%	N	%	N	%
0-90 days	21	32%	3	13%	24	27%
91-180 days	7	11%	1	4%	8	9%
181-270 days	11	17%	3	13%	14	16%
271-365 days	27	41%	16	70%	43	48%

The table below shows that participants from both the King County and municipal jails were most likely to be discharged because they reached the end of the COD program benefit period. The next most common reasons were losing contact with the client and long-term incarceration. This pattern is similar to that found for participants referred from the specialty mental health and drug courts.

Table 26. Jail-referred COD program - disposition at discharge

Disposition at discharge	Non-specialty court KC jails (N=66)		Municipal jails (N=23)		Total (N=89)	
	N	%	N	%	N	%
Reached end of 12-month benefit/completed treatment	25	38%	8	35%	33	37%
Lost to contact	18	27%	4	16%	22	25%
Long-term incarceration	10	15%	4	16%	14	16%
Refused further treatment	7	11%	1	4%	8	9%
Transferred to OPB ¹ /other funding	2	3%	2	9%	4	4%
Moved	1	2%	2	9%	3	3%
Transferred to different facility	2	3%	0	0%	2	2%
Long-term hospitalization	0	0%	1	4%	1	1%
Died	1	2%	0	0%	1	1%
Other	0	0%	1	4%	1	1%

¹OPB= King County Mental Health Plan regular outpatient benefit

3. Clinical outcomes

The table below shows that participants from both the King County and municipal jails achieved significant reductions in substance use. Slightly more than half of King County jail-referred participants reduced substance use, while about 3/4 of municipal jail-referred participants reduced substance use. In contrast, King County jail participants showed significantly improved mental health symptoms and community functioning, while municipal jail participants showed no change. About one in five participants in both groups gained housing while only a few gained employment through the program.

Table 27. Jail-referred COD program - clinical outcomes

Changes from admission to discharge		Non-specialty court KC jails (N=66)	Municipal jails (N=23)	Total (N=89)
Substance use - days/week (over multiple substance)	Reduced to ≤ 1 days/wk	19 (29%)	10 (43%)	29 (33%)
	Partial reduction	18 (27%)	7 (30%)	25 (28%)
	No change	18 (27%)	5 (22%)	23 (26%)
	Increased	11 (17%)	1 (4%)	12 (13%)
Time using in week 1=none; 5=all/nearly all	Average @ admission	4.5 (SD=.9)*	4.0 (SD=1.0)*	4.3 (SD=1.0)*
	Average @ discharge	3.0 (SD=1.6)	2.5 (SD=1.5)	2.6 (SD=1.6)
Symptoms and community functioning (Problem Severity)	Improved	29 (44%)	3 (13%)	32 (36%)
	No change	27 (41%)	15 (65%)	42 (47%)
	Worsened	10 (15%)	5 (22%)	15 (17%)
	Average @ admission	2.4 (SD=.4)*	2.4 (SD=.5)	2.4 (SD=.4)*
	Average @ discharge	2.2 (SD=.5)	2.5 (SD=.4)	2.3 (SD=.5)
Functioning (GAF)	Average @ admission	42.4 (SD=4.6)*	40.8 (SD=4.1)	42.0 (SD=4.5)*
	Average @ discharge	46.0 (SD=8.0)	41.8 (SD=4.0)	45.0 (SD=7.4)
Housing ¹	Gained housing	11 (20%)	2 (17%)	13 (19%)
	No change	45 (80%)	8 (67%)	53 (78%)
	Type change	0 (0%)	2 (17%)	2 (3%)
Employment ²	Gained	1 (2%)	1 (4%)	2 (2%)
	No change	65 (98%)	22 (96%)	87 (98%)
	Lost employment	0 (0%)	0 (0%)	0 (0%)

*significant change from admission to discharge based on t-test probability of $\leq .05$

¹ Among the 56 (KC jail) and 12 (municipal jail) participants who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.

² A person is considered employed if they have part-time or full-time employment - volunteer work is not included

III. Summary

During the third year of the specialty-court referred COD program 70 people entered, comparable to the 85 and 79 who entered during the prior two years. During the first year of the jail-referred program, 66 people entered from the King County jails, while 23 entered from municipal jails.

In all years in both programs, more women were served compared to the overall jail population. The programs served a similar proportion of ethnic minority individuals compared to the overall jail population with the exception of the municipal jail-referred individuals who were less likely to be ethnic minorities. In all years in both programs, over half of the participants were homeless and all had serious functioning impairments related to their substance use and/or mental illnesses.

Jail bookings were reduced at a trend level for third year specialty-court participants from an average of 3.0 during the pre-program year to an average of 2.4 during the year following entry into the program. Jail days were statistically unchanged. Jail bookings were also significantly reduced for King County jail-referred participants from an average of 3.8 during the pre-program year to an average of 2.6 during the year following entry into the program. Jail days were unchanged. Municipal jail participants did not reduce jail bookings and jail days significantly increased.

Although jail bookings were reduced, recidivism analysis showed that 77% of third year specialty court-referred participants were re-incarcerated within one year of program admission; a rate somewhat improved from the 87% for second year participants and 80% for first year participants. Recidivism rates for the first year of the King County and municipal jail programs were 74% and 78% respectively. These rates were

higher than local and national recidivism rates for similar populations. Felonies as a proportion of all bookings fell significantly for third-year participants as they did for second-year participants. Felony proportion was statistically unchanged for the jail-referred COD programs.

Clinical outcomes showed that program retention was very good for the specialty court referred COD program and that it improved relative to the first two years of program operation with nearly 3/4 of participants remaining in the program for at least nine months. Only about half of King County jail-referred participants were retained for nine months, while nearly 3/4 of municipal jail-referred participants were retained this long.

Participants in all years of the specialty court referred COD program and the first year of the King County jail-referred program showed significant reductions in substance use, mental health symptoms and community functioning when they were discharged from the program. Municipal jail-referred COD participants showed reduced substance use but no significant change in mental health symptoms or functioning. A small proportion of individuals in all programs in all years gained housing through the program and little change was shown in employment status.

Overall, the specialty court referred COD program jail outcomes for third-year participants largely rebounded to those found during the first year of program operation and clinical outcomes continue to be strong. Jail and clinical outcomes were also positive for the King County jail-referred COD program participants. Jail outcomes were not positive for the municipal jail-referred participants and clinical outcomes were mixed, possibly due to the small sample size.

CHAPTER 2 HOUSING VOUCHER

I. Program description

Program overview: The housing voucher program began in May, 2003. The program provided up to six consecutive months of housing services that covers case management services, rent and utilities subsidies, and security deposits. Clients were linked to an array of housing options including respite, clean and sober, abstinence-encouraged, and “client choice”. Sound Mental Health (formerly Seattle Mental Health) functioned as the housing broker and assigned a housing case manager to each voucher recipient. Case management services included permanent housing search, advocacy, and assistance in obtaining publicly-funded benefits. Coordination was maintained with the court of referral and the housing provider.

Target population: Individuals eligible for the program were King County jail inmates and recently released persons who were homeless and who had chemical dependency problems or co-occurring mental health and chemical dependency problems. Homelessness was defined as being on the street, in a shelter or transitional setting for homeless individuals, being evicted within a week, being discharged from an institution where the individual had been for more than 30 days and has no housing, or having no housing and fleeing domestic violence. To be eligible for the program, individuals must also have been referred from King County Drug Diversion Court, King County District Mental Health Court, or Seattle Municipal Mental Health Court ("specialty courts").

II. Results

First program year - May 1, 2003 thru April 30, 2004

Second program year - May 1, 2004 thru April 30, 2005

Third program year - May 1, 2005 thru April 30, 2006

A. Characteristics of persons served

Characteristics of individuals served during the first three years of the housing voucher program are presented below. During the third year 147 unduplicated people, accounting for 166 admissions, entered the program. This is slightly lower than the 159 people (181 admissions) who entered during the second year and 189 people (208 admissions) during the first year. More women were served in the housing voucher program compared to the overall jail population during all three years. A similar proportion of ethnic minority participants were served compared to the King County jail population during the first year, however this rate has fallen slightly behind the overall jail rate during the second and third years.

Table 28. Housing voucher program - characteristics of persons served

Demographics	First year cohort		Second year cohort		Third year cohort	
	N=189	%	N=159	%	N=147	%
Gender - #/% female	52	28%	49	31%	37	25%
Ethnicity						
Caucasian	98	52%	94	59%	90	61%
African-American	79	42%	60	38%	52	35%
Native American	6	3%	2	1%	1	1%
Asian-Pacific Islander	6	3%	3	2%	3	2%
Hispanic (duplicated) ¹	14	7%	1	1	1	1
Other/unk	0	0	0	0	1	1%
Age	Average= 38.9 yrs	SD=9.1	Average= 40.1	SD=9.9	Average= 37.0	SD=9.8

¹Hispanic ethnicity was incomplete during year 1 and unavailable during years 2 and 3. This has been corrected for subsequent years.

B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first, second, and third years of program participants. Only the first admission was evaluated for people who entered the program more than once during a given program year. By excluding from analyses those admissions that have had the benefit of “practice” in the program, the evaluation findings could be overly conservative.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. “Index bookings” are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs are omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.

365 days "pre"	"Index booking" (release <45 days before program start - omitted from analysis)	Program start	365 days "post"
People without index booking 365 days "pre"			365 days "post"

The table below shows that jail bookings were significantly reduced subsequent to program participation for all three program years. Jail days declined (but not significantly) for the first and third years and significantly for the second year. Bookings per days "at-risk" (i.e., not in jail) decreased significantly for all years. The proportion of people with no bookings increased substantially subsequent to program participation for all three program years.

Table 29. Housing voucher program – change in average jail bookings and days

Jail outcome indicator	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.7 (2.0) ²	2.2 (2.2)*	2.8 (2.1)	1.7 (1.8)*	2.8 (2.3)	1.9 (2.1)*
Jail days (average)	50.9 (56.3)	44.6 (52.1)	39.3 (43.5)	36.3 (51.8)*	51.2 (59.1)	47.7 (63.4)
Bookings/month "at-risk" ³	.30 (.29)	.24 (.31)*	.28 (.26)	.18 (.22)*	.31 (.31)	.22 (.28)*
No jail use	13 (7%)	46 (24%)	18 (11%)	57 (36%)	22 (15%)	47 (32%)

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

¹"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The table below shows that in all year, the housing voucher participants reduced jail days. During the third year participants reduced jail days by 7%, comparable to the 8% for second-year participants and 12% for first-year participants.

Table 30. Housing voucher program – jail day detail

Jail day detail	First year cohort (N=189)	Second year cohort (N=159)	Third year cohort (N=147)
Pre period jail days	9618	6248	7519
Post period jail days	8427	5778	7018
Change in jail days	-1191 (-12%)	-470 (-8%)	-501 (-7%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that just over half (57%) of third year participants reduced bookings, comparable to 62% during the second year and 49% during the first year.

Table 31. Housing voucher program – proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)	
Reduced bookings	92	49%	98	62%	84	57%
No pre or post bookings	9	5%	8	5%	13	9%
Same # of pre and post bookings	29	15%	19	12%	20	14%
Increased bookings	59	31%	34	21%	30	20%

Jail recidivism

The table below shows jail recidivism analyses. During the third year, 68% of participants had a jail booking within the year following program entry, comparable to 64% during the second year, and lower than the 76% found during the first year.

Table 32. Housing voucher program – jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	143	76%	102	64%	100	68%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings decreased significantly from 57% to 50% for third-year participants when comparing the pre-365 day period with the post-365 day period. During the second year the reduction from 67% to 53% was also significant, while the reduction from 64% to 60% for first-year participants was not statistically significantly. Most serious offense (MSO) crime category was used for this analysis. To understand this trend more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period.

Table 33. Housing voucher program – change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	288 (57%)	291 (70%)	246 (56%)	188 (70%)	198 (48%)	159 (57%)
Property	46 (9%)	37 (9%)	55 (13%)	23 (9%)	66 (16%)	35 (13%)
Non-compliance	48 (9%)	39 (9%)	44 (10%)	18 (7%)	55 (13%)	26 (9%)
Assault	24 (5%)	13 (3%)	13 (3%)	4 (1%)	21 (5%)	12 (4%)
Criminal trespass	18 (4%)	3 (1%)	13 (3%)	5 (2%)	22 (5%)	5 (2%)
DUI	11 (2%)	5 (1%)	10 (2%)	2 (1%)	2 (0%)	1 (0%)
Domestic violence	8 (2%)	2 (<1%)	10 (2%)	1 (0%)	13 (3%)	7 (3%)
Prostitution	9 (2%)	0 (0%)	4 (1%)	1 (0%)	1 (0%)	3 (1%)
Traffic	6 (1%)	1 (<1%)	9 (2%)	2 (1%)	3 (1%)	0 (0%)
Robbery	1 (<1%)	1 (<1%)	4 (1%)	2 (1%)	1 (0%)	2 (1%)
Other	50 (10%)	26 (6%)	32 (7%)	22 (8%)	33 (8%)	28 (10%)
Total	509 (100%)	418 (100%)	440 (100%)	268 (100%)	415 (100%)	278 (100%)

The table above shows that the proportion of drug offenses increased while other MSO crime categories remained largely unchanged.

2. Length of treatment and treatment dispositions

Only about half of program participants are retained for more than 90 days. Of those who are retained, over half obtain an extension past the 180-day benefit to continue services.

Table 34. Housing voucher program – length of service

Length of treatment	First year cohort		Second year cohort		Third year cohort	
	N=189	%	N=159	%	N=147	%
0-90 days	105	56%	72	45%	80	54%
91-180 days	38	20%	37	23%	34	23%
181+	46	24%	50	32%	33	22%

Less than one-third (28%) of the third-year cohort obtained permanent housing, comparable to the 29% during the first year, but lower than the 38% achieved during the second year.

Table 35. Housing voucher program – dispositions at discharge

Disposition at discharge from program	First year cohort		Second year cohort		Third year cohort	
	N=189	%	N=159	%	N=147	%
Obtained permanent/long-term housing	54	29%	60	38%	41	28%
Lost to contact	32	17%	23	14%	25	17%
Discharged due to multiple positive urinalyses	30	16%	23	14%	13	9%
Discharged due to bench warrant	15	8%	9	6%	5	3%
Discharged due to behavioral problems	14	7%	10	6%	8	5%
Discharged due to rule violations	13	7%	8	5%	25	17%
In inpatient treatment	15	8%	7	4%	10	7%
In custody	7	4%	11	7%	11	7%
Died	0	0%	1	1%	0	0%
End of voucher	3	2%	1	1%	4	3%
Other (left court; moved; refused, had baby, transferred to COD program, had pet)	6	3%	6	4%	5	3%

3. Clinical outcomes

The primary outcome for the housing voucher program was obtaining permanent housing. The proportion of admissions that resulted in obtaining permanent housing is shown above. The table shows that the likelihood of obtaining housing increased substantially with participant's time in the program. Specifically, about half of the participants exited services within three months, and few of these individuals obtained permanent housing. During the third year, over 3/4 of participants who obtained housing remained in the program for more than 90 days, and about half required an extension of the 6-month benefit. The proportion receiving extensions decreased somewhat during the third year.

Table 36. Housing voucher program - housing outcomes

Time in program	First year cohort				Second year cohort				Third year cohort			
	All		Obtained permanent housing		All		Obtained permanent housing		All		Obtained permanent housing	
	N=189		N=54		N=159		N=60		N=147		N=41	
	N	%	N	%	N	%	N	%	N	%	N	%
0-90 days	105	56%	7	13%	72	45%	5	8%	80	54%	9	22%
91-180 days	38	20%	13	24%	37	23%	15	25%	34	23%	12	29%
181+	46	24%	34	63%	50	32%	40	67%	33	22%	20	49%

III. Summary

During the third year of operation, there were 147 unduplicated people (166 admissions) who entered the housing voucher program, somewhat lower than the volume for the previous two years. The program served a higher proportion of females than the overall jail population during all three program years. A similar proportion of ethnic minority participants were served compared to the jail population during the first year, however this rate has fallen slightly behind the overall jail rate during the second and third years. All participants were homeless and had a substance abuse problem and/or co-occurring substance abuse and mental health problems.

The number of jail bookings for third-year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.9 during the year following entry into the program. All three years of the program showed significant reductions in jail bookings. Jail days were statistically unchanged for third-year participants, as was the case for first-year participants; however jail days declined significantly for the second-year participants.

About 2/3 (68%) of third-year participants were re-incarcerated within one year of program entry. These rates are comparable to local and national rates for similar populations. Felonies as a proportion of all bookings were reduced significantly for third-year participants as was also shown for second-year participants but not for first-year participants.

Over half of the third-year participants exited services within three months, and few of these individuals obtained permanent housing. However, those who stayed in services longer were more likely to obtain permanent housing. Most of those who obtained permanent housing required an extension of the 6-month benefit. Overall, 28% of participants obtained permanent housing which was comparable to the rate during the first year (28%) and lower than the rate during the second year (38%).

CHAPTER 3
INTENSIVE OUTPATIENT (IOP) CHEMICAL DEPENDENCY TREATMENT AT THE
COMMUNITY CENTER FOR ALTERNATIVE PROGRAMS (CCAP)

I. Program description

Program overview: The CCAP IOP treatment program began April, 2004. The program provided state-certified intensive outpatient treatment for up to 3 months. A minimum of nine hours per week of individual and group treatment was provided as well as assistance with obtaining publicly-funded benefits. Referral to a community provider was designed to occur at least 14 days prior to each participant's discharge from CCAP with a linkage/discharge plan developed with the aftercare provider agency. Strong coordination with Community Corrections and ancillary/support services was provided through this program by Community Psychiatric Clinic staff housed within the CCAP facility.

Target Population: Adult offender-clients who were court ordered to CCAP for 30 service days or longer by King County District Court or King County Superior Court and who were chemically dependent were eligible for the CCAP IOP treatment program.

II. Results

First program year - April 1, 2004 thru March 31, 2005
 Second program year - April 1, 2005 thru March 31, 2006
 Third program year - April 1, 2006 thru March 31, 2007

A. Characteristics of persons served

Characteristics of individuals served during the first three years of the CCAP IOP are shown below. The number of unduplicated individuals entering the program has increased from 87 the first year to 136 the second year and to 157 the third year. The program served a higher proportion of females and a similar proportion of ethnic minorities compared to the overall jail population. Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by about half during the first two years, falling slightly in the third year. We did not analyze methamphetamine separately in the first two years, but found that over half of "other" drug users during the third year were using methamphetamine. The percentage of participants who are homeless has increased from 21% in the first year to 30% in the third year. Few participants have been employed at admission.

Table 37. CCAP IOP program characteristics of persons served

Demographics	First year cohort		Second year cohort		Third year cohort	
	N=87	%	N=136	%	N=157	%
Gender- #/% female	21	24%	44	32%	37*	24%
Ethnicity						
Caucasian	45	52%	81	60%	92	60%
African-American	36	41%	36	26%	34	22%
Native American	4	5%	4	3%	3	2%
Asian-Pacific Islander	1	1%	5	4%	8	5%
Mixed or "other"	1	1%	10	7%	16	10%
Hispanic (duplicated)	1	1%	9	7%	7	5%
Age	Average= 32.8 yrs	SD=10.7	Average= 35.5 yrs	SD=10.9	Average=35.6	SD=10.4

*4 people were not matched to state TARGET data are so are missing from analyses - % are taken from 153

Table 37. CCAP IOP program characteristics of persons served (cont'd)

Substances used (may report more than one)	First year cohort		Second year cohort		Third year cohort	
	N=87	%	N=136	%	N=157	%
Alcohol	68	78%	74	54%	91*	61%
Marijuana	54	62%	65	48%	75	51%
Cocaine	39	45%	68	50%	54	36%
Heroin	11	13%	19	14%	20	14%
Other (non-tobacco)	34	39%	56	41%	59	40%
Homelessness						
DSHS DASA data	18	21%	37	27%	44	30%
Community functioning						
Employed (DASA data)	12	14%	14	11%	17	11%

*Admission data only available for 148 people

Slight shifts in participant characteristics (e.g., proportion African-American, homeless, etc.) in the third year cohort may be attributable to how participants were prioritized for the program. During the third year, the contracting agency experienced significant staff turnover which challenged them to keep up with assessing referrals. MHCADSD directed the agency to prioritize those individuals who were court ordered to treatment (IOP). As a result, the great majority of individuals who were admitted to the program during the third year were court ordered. A greater proportion of clients with co-occurring mental illnesses were also referred to the program beginning the third year. Data from 2007 (encompassing part of the third and fourth program years) indicates that over half of all CCAP clients have a mental illness. These changes in participant characteristics may have affected the program results as described below. Such changes also make it difficult to draw conclusions regarding year-to-year comparisons.

B. Outcome Evaluation

1. Jail outcomes

The report examines one-year jail outcomes for first, second and third years of program participants.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs are omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.

365 days "pre"	"Index booking" (release <45 days before program start - omitted from analysis)	Program start	365 days "post"
People without index booking 365 days "pre"			365 days "post"

The table below shows that the first two years of participants significantly reduced jail bookings subsequent to program participation, however the third year of participants did not. Bookings per days "at-risk" (i.e., not in jail) declined significantly for first year participants only. Jail days increased significantly for all three years of participants indicating increased length of stay. The proportion of people with no bookings increased notably from the "pre" program to "post" program years for the first year of participants but only slightly for the second and third years of participants.

Table 38. CCAP IOP program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.0 (1.9) ²	1.3 (1.5)*	1.9 (2.0)	1.5 (1.9)*	1.7 (2.0)	1.6 (1.6)
Jail days (average)	22.5 (35.1)	44.7 (60.6)*	26.2 (40.2)	48.4 (65.9)*	23.4 (39.7)	57.3 (69.5)*
Bookings/month "at-risk" ³	.19 (.20)	.15 (.18)*	.19 (.22)	.19 (.29)	.17 (.21)	.18 (.19)
No jail use	16 (18%)	33 (38%)	36 (26%)	41 (30%)	45 (29%)	44 (28%)

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

¹"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The table below shows that CCAP IOP participants nearly doubled jail days during the year following program participation than during the year prior to it for participants in the first and second program years, while third year participants more than doubled jail days.

Table 39. CCAP IOP jail day detail

Jail day detail	First year cohort (N=87)	Second year cohort (N=136)	Third year cohort (N=157)
Pre period jail days	1953	3565	3679
Post period jail days	3885	6576	8999
Change in jail days	+1932 (+99%)	+3011 (+84%)	+5320 (+145%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 53% of program participants during the first year reduced bookings, dropping to 40% for the second and third years of participants.

Table 40. CCAP IOP program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (n=157)	
Reduced bookings	46	53%	55	40%	63	40%
No pre or post bookings	8	9%	16	12%	17	11%
Same # of pre and post bookings	13	15%	24	18%	24	15%
Increased bookings	20	23%	41	30%	53	34%

Jail recidivism

The table below shows jail recidivism analyses. Sixty-two percent of first-year participants had a jail booking within the year following program entry, and this rate rose to 70% for second-year participants, and 72% for third-year participants.

Table 41. CCAP IOP program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)	
Total recidivists in cohort ¹	54	62%	95	70%	113	72%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period compared with the post-365 day period. Non-compliance charges as a proportion of all bookings increases from "pre" to "post" for participants in all three program years. The proportions of other crime categories remained largely unchanged.

Separate analyses showed that felonies as a proportion of all bookings increased (but not significantly) from 44% to 45% for first year participants, 42% to 51% for second year participants, and 50% to 57% for third year participants when comparing the pre-365 period with the post-365 day period.

Table 42. CCAP IOP program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	86 (49%)	53 (47%)	78 (30%)	61 (30%)	73 (27%)	65 (27%)
Property	28 (16%)	20 (18%)	44 (17%)	34 (17%)	48 (18%)	36 (15%)
Non-compliance	3 (2%)	11 (10%)	40 (15%)	45 (22%)	44 (16%)	73 (30%)
DUI	16 (9%)	11 (10%)	16 (6%)	4 (2%)	9 (3%)	7 (3%)
Domestic violence	10 (6%)	0 (0%)	17 (6%)	9 (4%)	14 (5%)	10 (4%)
Assault	6 (3%)	3 (3%)	14 (5%)	8 (4%)	21 (8%)	9 (4%)
Criminal trespass	4 (2%)	3 (3%)	4 (2%)	5 (2%)	10 (4%)	1 (<1%)
Traffic	6 (3%)	3 (3%)	5 (2%)	3 (1%)	4 (1%)	10 (4%)
Prostitution	0 (0%)	0 (0%)	6 (2%)	2 (1%)	4 (1%)	1 (<1%)
Robbery	0 (0%)	1 (1%)	3 (1%)	4 (2%)	2 (1%)	5 (2%)
Other	17 (10%)	8 (7%)	35 (13%)	30 (15%)	42 (15%)	27 (11%)
Total	176 (100%)	113 (100%)	262 (100%)	205 (100%)	271 (100%)	244 (100%)

2. Length of treatment and treatment dispositions

The CCAP IOP was designed as a 90-day intervention. The table below shows that about half of participants leave within 60 days. About one-quarter remain in the program for more than 90 days.

Table 43. CCAP IOP program length of treatment

Length of treatment	First year cohort		Second year cohort		Third year cohort	
	N=87	%	N=136	%	N=157	%
0-30 days	23	26%	32	24%	33*	21%
31-60 days	29	33%	36	26%	44	28%
61-90 days	16	18%	34	25%	36	23%
91+ days	19	22%	34	25%	43	28%

*discharge information available on only 148 people - % taken from 156

The table below shows that about one-third of participants completed treatment at CCAP or were transferred to other agencies to complete treatment. Most of the remaining individuals withdrew or were lost to contact, however the rate of those becoming incarcerated has risen over the three program years.

Table 44. CCAP IOP program dispositions at discharge

Disposition at discharge from program	First year cohort		Second year cohort		Third year cohort	
	N=87	%	N=136	%	N=157	%
Completed treatment at CCAP	21	24%	31	23%	35*	24%
Transferred to complete treatment	12	14%	5	4%	23	16%
Withdrew or lost to contact	44	51%	55	40%	32	22%
Incarcerated	8	9%	23	17%	40	27%
Inappropriate admission	0	0%	3	2%	8	5%
Funds exhausted	0	0%	5	4%	2	1%
Rule violation	2	2%	4	4%	8	5%
Other	0	0%	10	7%	0	0%

*discharge data available on 148 people - % taken from 148

3. Clinical outcomes

All (100%) of the first year participants who completed treatment (n=21) were reported to be no longer using drugs or alcohol. Participants who completed treatment represent 24% of all those served. These individuals were also no longer spending money on such substances or experiencing alcohol or drug "problem days". During the first year, substance use at discharge was not recorded for individuals not completing treatment at CCAP because the agency providing services was unable to determine their substance use.

For the second year of the program, substance use was recorded for all participants. Six participants (4%) were no longer using their primary drug, while 3 had a partial reduction and 3 increased. All remaining participants (out of 135 - one had unknown use) showed no change in substance use. Employment status did not change for any of the participants in either year. Due to the very low number of individuals showing reduced substance use during the second year compared with the first year, we are not confident that these data are accurate. However, the service providing agency has since changed and we are thus unable to either determine or improve data accuracy.

For the third year of the program, discharge substance use, housing and employment data were available for 148 people. Of those, 7 participants were no longer using their primary drug (or other drugs in these cases) at the time of discharge, 4 had a partial reduction and 4 increased use. The remaining 142 participants showed no change in substance use. Ten gained housing and 2 gained employment.

III. Summary

During the third year of operation there were 157 unduplicated people who entered the CCAP IOP program, which represented an increase over both prior years. The program served a higher proportion of females and a similar proportion of ethnic minorities compared with the overall jail population. Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by about half during the first two years, falling slightly in the third year, however about half of "other" drug users used methamphetamine. Nearly a third of third-year participants were homeless at admission and only 11% were employed at admission.

Jail bookings were unchanged for the third year participants when comparing the pre-program year to the year following program admission. This represents a change from the prior two years in which participants significantly reduced jail bookings. Participants in all three program years increased jail days, indicating a substantial increase in length of stay. Recidivism analysis shows that 72% of the third year participants were re-incarcerated within one-year of program entry, a rate that has risen slightly over the three program years. Charge severity for program participants was unchanged.

The moderate falloff in jail outcomes during the third year could be due to both changes in the severity of the client population (e.g., homelessness, COD, etc.) as well as significant staff turnover, as discussed in Section II A. above. Staffing problems were also exacerbated by lack of a full-time on-site program supervisor, which was added starting at the beginning of the fourth program year, April 2007.

About a third of the participants completed treatment at CCAP or were transferred elsewhere to complete treatment. Few third-year participants showed reductions in substance use, a finding similar to the second year and possibly caused by problems with data submission.

About half of the participants leave within 60 days. About one-quarter remain in the program for more than 90 days. Two known reasons for early client discharges are that cases are placed back in custody with only one positive urinalysis and over 60% of clients are pre-trial status who can be discharged from CCAP at any time due to case dismissal, plea bargaining and the like.

SECTION IV CJI PROCESS IMPROVEMENTS DETAIL

CHAPTER 1 CRIMINAL JUSTICE (CJ) LIAISONS

I. Program description

Program overview: The three CJ liaisons began work September, 2003. One jail-based liaison was based at the King County Correctional Facility (KCCF) and another at the Regional Justice Center (RJC). They were responsible for serving non-opiate dependent inmate-clients with chemical dependency and/or mental health problems, screening and referring appropriate inmate-clients to the specialty courts for Co-Occurring Disorder (COD) and housing voucher programs, and directly issuing mental health vouchers to eligible clients prior to release from custody. In 2005 (during the third year of the program), the CJ liaisons also began screening inmates for eligibility for the jail-referred (non-specialty court) COD program. They provided assistance to inmate-clients regarding discharge planning, obtaining benefits, and providing linkage to treatment and/or other community-based services. A third liaison was sited at CCAP. This staff person was responsible for engaging court-supervised out-of-custody individuals in on-site and post-discharge services, and facilitating a coping skills group for CCAP clients with mental health issues. All of the CJ liaisons provided mental health assessments and diagnostic evaluation, and they screened and referred presumptively eligible clients to appropriate staff to assist with applications for publicly funded benefits. They each provided discharge planning for treatment, case management, and support services in the community.

Target Population: Adult inmate-clients within the King County Jail who had a mental health and/or chemical dependency (non-opiate) problem, and who were not transferred to the state Department of Corrections nor had an out-of-county hold, could be referred to a CJ liaison stationed at each jail venue. Offenders court ordered to the King County Community Center for Alternative Programs (CCAP) who were not eligible for other CCAP CJI programming (i.e., had a court order for less than 30 services days, were homeless or who were not chemically dependent), could be referred to the CJ liaison stationed at CCAP.

II. Results

First program year – September 1, 2003 thru August 31, 2004

Second program year – September 1, 2004 thru August 31, 2005

Third program year - September 1, 2005 thru August 31, 2006

A. Characteristics of persons served

Characteristics of individuals served during the first, second, and third years of the CJ liaison program are presented in the table below. A higher proportion of females were served than are in the jail population as a whole. Data regarding ethnicity was collected for first time toward the end of the second year of the program. The third year of the program is the first full year to have ethnicity data. The CJ liaisons served a similar proportion of ethnic minority participants compared to the overall jail population.

Most individuals served by jail-based liaisons had mental health and/or chemical dependency problems. Fewer of those served by the CCAP-based liaison had mental health problems and this pattern was particularly prominent during the third program year. During the first two years, the CCAP-based liaison saw fewer people with mental health or chemical dependency problems compared with the jail-based liaisons, however these discrepancies disappeared during the third year. During the first two years, about half of those served by the RJC liaison were homeless, rising to 3/4 during the third year, while fewer of those served by the KCCF and CCAP liaisons were homeless.

Table 45. CJ liaisons – characteristics of persons served

Characteristic	Gender	Age	Presenting Problems		
			MH problem	CD problem	Homeless
First year cohort	#!/% Female	Average Age (SD) ¹			
KCCF (N=618)	248 (40%)	34.4 (9)	343 (56%) ²	432 (70%) ³	133 (22%) ²
RJC (N=492)	128 (26%)	36.2 (10)	287 (58%)	457 (93%)	251 (51%)
CCAP (N=237)	84 (35%)	38.3 (10)	79 (33%)	55 (23%)	52 (22%)
Second year cohort					
KCCF (N=620)	198 (32%)	36.1 (9.9)	438 (71%)	388 (63%)	54 (9%)
RJC (N=650)	186 (29%)	35.9 (8.9)	365 (56%)	619 (95%)	317 (49%)
CCAP (N=508)	168 (33%)	36.5 (11.3)	276 (54%)	160 (31%)	211 (42%)
Third year cohort					
KCCF (N=518)	148 (29%)	36.8 (9.9)	464 (90%)	401 (77%)	238 (50%)
RJC (N=353)	88 (25%)	37.1 (9.4)	233 (66%)	327 (93%)	266 (75%)
CCAP (N=399)	143 (36%)	37.1 (11.1)	287 (72%)	293 (73%)	120 (30%)

¹115 missing DOB in year 1 and 41 missing year 2 for direct referral to ADATSA/DSHS

²Missing data for 30 direct referrals to ADATSA/DSHS.

³Missing data for 45 direct referrals to ADATSA/DSHS

Table 46. CJ liaisons – ethnicity of persons served

Ethnicity	White	Black/African-American	Native American	Asian/Pacific Islander	Hispanic	Other/unk
Third year cohort						
KCCF (N=518)	257 (50%)	216 (42%)	13 (3%)	16 (3%)	11 (2%)	5 (1%)
RJC (N=353)	200 (57%)	118 (33%)	17 (5%)	5 (1%)	13 (4%)	0 (0%)
CCAP (N=399)	221 (55%)	138 (35%)	10 (3%)	8 (2%)	20 (5%)	2 (1%)

B. Referral sources

One way to assess the degree to which liaisons are integrated within the systems in which they work is to examine their referral sources. If all expected referral sources are represented, we could conclude that the liaisons are sufficiently known and are functioning adequately in the views of referral sources. Integration is partially demonstrated by a high rate of referrals to liaisons from Jail Health Services (particularly for the KCCF liaison), though court and corrections referrals are more infrequent. Inmate self-referral for assistance was the most frequent referral source for the RJC liaison.

Table 47. CJ liaisons – referral sources

Referral sources*	First year cohort		Second year cohort		Third year cohort	
	KCCF	RJC	KCCF	RJC	KCCF	RJC
	N=618	N=492	N=620	N=650	N=518	N=353
Self	297 (48%)	295 (60%)	80 (13%)	411 (63%)	38 (7%)	200 (57%)
Jail Health Services	255 (41%)	91 (18%)	499 (80%)	131 (20%)	367 (71%)	81 (23%)
Defender Assoc., attorney	19 (3%)	10 (2%)	14 (2%)	30 (5%)	60 (12%)	15 (4%)
Courts/judges	21 (3%)	16 (3%)	4 (1%)	18 (3%)	3 (1%)	20 (6%)
Other liaison	1 (<1%)	18 (4%)	1 (<1%)	11 (2%)	3 (1%)	7 (2%)
RJC/DAJD staff	2 (<1%)	14 (3%)	0 (0%)	25 (4%)	0 (0%)	0 (0%)
PO	1 (<1%)	12 (2%)	0 (0%)	7 (1%)	5 (1%)	0 (0%)
Mental health case manager	6 (1%)	6 (1%)	4 (1%)	0 (0%)	11 (2%)	1 (<1%)
DSHS/ADATSA worker	0 (0%)	5 (1%)	2 (<1%)	6 (1%)	2 (<1%)	3 (1%)
DOC CCO	2 (<1%)	2 (<1%)	9 (1%)	0 (0%)	15 (3%)	24 (7%)
Other/Unknown	10 (2%)	23 (4%)	7 (1%)	11 (2%)	14 (3%)	2 (1%)

*CCAP liaison not included - all referrals are from courts

C. Treatment linkages

CJ liaisons provide a wide range of referrals “out” which are listed below.

Table 48. CJ liaisons – referrals out

Referrals out	DSHS/ ADATSA /GAU /GAX	Justice Resource Center	Mental health agencies (includes COD)	Corrections/ Court (attorny, PO, judge, social worker, DOC, JHS, liaisons)	Housing and HOST	Specialty courts ²	Employ- ment	CD, JODET, AA, NA	Medical /dental/ other
First year cohort									
KCCF (N=618)	309 (50%)	48 (8%)	137 (22%)	76 (12%)	45 (7%)	86 (14%)	1 (<1%)	27 (4%)	10 (2%)
RJC (N=492)	331 (67%)	5 (1%)	76 (15%)	64 (13%)	4 (1%)	49 (10%)	0 (0%)	36 (7%)	1 (<1%)
CCAP (N=237)	91 (38%)	-----	68 (29%)	1 (1%)	39 (16%) ³	----	65 (27%)	40 (17%)	23 (10%)
Second year cohort									
KCCF (N=620)	367 (59%)	114 (18%)	144 (23%)	114 (18%)	49 (8%)	76 (12%)	3 (<1%)	40 (6%)	2 (<1%)
RJC (N=650)	623 (96%)	239 (37%)	32 (5%)	73 (11%)	8 (1%)	7 (1%)	1 (<1%)	28 (4%)	3 (<1%)
CCAP (N=508)	248 (49%)	-----	268 (53%)	0 (0%)	182 (36%)	----	50 (10%)	0 (0%)	0 (0%)
Third year cohort									
KCCF (N=518)	346 (67%)	102 (20%)	161 (31%)	300 (58%)	65 (13%)	57 (11%)	2 (<1%)	51 (10%)	5 (1%)
RJC (N=353)	168 (48%)	322 (91%)	33 (9%)	13 (4%)	231 (65%)	4 (1%)	9 (3%)	7 (2%)	2 (1%)
CCAP (N=399)	175 (44%)	-----	296 (74%)	0 (0%)	107 (27%)	----	2 (1%)	----	1 (<1%)

¹Percentages do not add to 100% as liaisons may make more than one referral per client and some clients receive no referrals

²Drug Court referrals involve talking w/attorney or referring client to talk to attorney.

³Housing vouchers became available within CCAP July '04 - 4 were provided during the two months of this reporting period

⁴Not reported after Oct 2005

Most clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common, particularly from the CCAP liaison. We are not currently able to determine whether linkage to services referred has actually occurred.

III. Summary

During the third year of the program the CJ liaisons served a total of 1270 referrals (518 KCCF, 353 RJC, 399 CCAP), somewhat lower than the peak of 1778 referrals during the second year and similar to the 1347 referrals during the first year. One explanation for the decrease in referrals processed is that during the third year, the CJ liaison's work began to include assessing inmates for eligibility to the jail-referred (non-specialty court) COD program described above. These referrals take more time to process, resulting in less staff time for other types of referrals.

The program served a higher proportion of females and a similar proportion of ethnic minority individuals compared to the overall jail population. Most referrals to the RJC liaison were inmate self-referrals. During the first year, most KCCF referrals were also inmate self-referrals, however since the second year most referrals have come from Jail Health Services.

Most clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common,

particularly from the CCAP liaison. We are not currently able to determine whether linkage to services referred has actually occurred.

CHAPTER 2
ADATSA APPLICATION WORKER

I. Program description

Program overview: An Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker provided by the King County Assessment Center was assigned full-time to the CJJ in January, 2004. ADATSA application workers from a community provider were added during the third year. The ADATSA application workers screened offender-clients referred from the DSHS application workers for financial eligibility and assisted offender-clients in applying for publicly funded chemical dependency treatment. The position was intended to increase the volume of offender-clients who were efficiently and effectively linked to needed chemical dependency treatment upon release.

Target Population: Eligible individuals were adult offender-clients within King County jails who had chemical dependency problems, were indigent, within 45 days of release from custody, without out-of-county holds, and not transferred to the State Department of Corrections. In early 2006, during the third year of the program, municipal jails, primarily Auburn and Kent, were added to this target population.

II. Results:

First program year – February 1, 2004 thru January 31, 2005
 Second program year – February 1, 2005 thru January 31, 2006
 Third program year - February 1, 2006 thru January 31, 2007

A. Characteristics of persons served

During the third year of the program, 319 people received an ADATSA screening; a substantial increase over the 251 screened during the second year and 142 during the first year. The table below shows that a higher proportion of females and a similar proportion of ethnic minorities were served by the ADATSA application workers compared to the overall jail population.

Table 49. ADATSA application worker - characteristics of persons served

Demographics	First year cohort		Second year cohort		Third year cohort	
	N=142	%	N=251	%	N=319	%
Gender- #/% female	45	32%	85	34%	79	25%
Ethnicity						
Caucasian	101	58%	123	49%	170	53%
African-American	43	30%	75	30%	106	33%
Native American	14	10%	34	14%	28	9%
Asian-Pacific Islander	1	1%	6	2%	11	3%
Mixed or "other"	3	2%	12	5%	2	1%
Hispanic (duplicated)	1	1%	6	2%	16	5%
Unknown	0	0%	1	<1%	2	1%
Age	Ave.=35.5	SD=9.0	Ave.=35.8 ¹	SD=9.6	Ave.=35.0	SD=10.3

¹3 people missing DOB

B. Referral sources

During the third year of the program most referrals were from DSHS application workers, while most remaining participants were referred from Intake Services PR screeners. This is the same pattern that was found for the second year. During the first year about half of the participants self-referred as this was prior to the introduction of DSHS worker pre-screening and referrals from Intake Services. A modest proportion of referrals continued to come from the courts.

Table 50. ADATSA application worker referral sources

ADATSA referral sources	First year cohort		Second year cohort		Third year cohort	
	N=326	%	N=251	%	N=319	%
Self	160	49%	0	0%	0	0%
DSHS workers	22	7%	188	75%	215	67%
Intake services/PR screeners	0	0%	27	11%	53	17%
CJ liaison	46	14%	0	0%	20	6%
Jail Health Services	45	14%	1	<1%	0	0%
Courts/judges/AGs office	17	5%	29	12%	0	0%
PO	16	5%	0	0%	0	0%
RJC/DAJD jail staff	4	1%	0	0%	10	3%
Community agencies	2	1%	0	0%	0	0%
Community corrections	0	0%	4	2%	0	0%
DOC	1	<1%	0	0%	0	0%
Defender organizations	1	<1%	0	0%	0	0%
Other/unknown	12	4%	2	1%	21	7%

C. Success in obtaining ADATSA benefits

The table below shows that of those who complete an ADATSA screening, nearly all obtains ADATSA benefits.

Table 51. ADATSA success in obtaining benefits

ADATSA	First year cohort (N=142 screened)		Second year cohort (N=251 screened)		Third year cohort (N=319 screened)	
	N	%	N	%	N	%
Obtained ADATSA benefit or determined eligible for services	122	80%	220	88%	260	82%

III. Summary

During the third year, 319 individuals received an ADATSA screening representing a substantial increase over the 251 screened during the second year and 142 screened during the first year. A higher proportion of females and a similar proportion of ethnic minorities were served compared to the jail population.

Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

CHAPTER 3
DSHS APPLICATION WORKER

I. Program description

Program overview: A DSHS application worker began work in May, 2004. The application worker assisted potentially eligible offender-clients in applying for publicly funded benefits. The application worker assisted offender-clients at the KCCF half-time and CCAP half-time in applying for Title XIX-Medicaid or other publicly-funded benefits, including reinstatement of social security. A second DSHS application worker was dedicated to the project in June 2006, one assigned full-time at KCCF and the other assigned full-time at CCAP. RJC inmates were initially assisted by the existing Kent CSO and later (effective January 2006) by the Belltown CSO. The application worker positions were intended to increase the volume of offender-clients who were efficiently and effectively linked to needed benefits upon release.

Target Population: Eligible individuals were adult offender-clients within King County jails who had mental health and/or chemical dependency problems, were indigent, within 45 days of release from custody, without out-of-county holds, and not being transferred to prison.

II. Results

First program year - May 1, 2004 - April 30, 2005
 Second program year - May 1, 2005 - April 30, 2006
 Third program year - May 1, 2006 - April 30, 2007

A. Characteristics of persons served

During the third year, 1828 referrals were made to the DSHS applications workers resulting in 809 applications completed. These figures represent substantial increases over the 1562 referrals (377 applications) during the second year and 1259 referrals (298 applications) during the first year. The proportion of applications relative to referrals also increased. Referrals who did not have an application completed typically did not have a release date within 45 days of referral, were released too soon to be screened, or only needed to check on their existing DSHS funding status.

Demographic characteristics are collected for individuals who received a DSHS application. A higher proportion of females and a lower proportion of ethnic minorities completed a DSHS application compared to the overall jail population.

Table 52. DSHS application worker – characteristics of persons served

Demographics	First year cohort N=1259 referrals		Second year cohort N=1562 referrals		Third year cohort N=1828 referrals	
	N=298 Applications	%	N=377 Applications	%	N=809	%
Gender- #/% female	99	33%	125	33%	223	28%
Ethnicity						
Caucasian	178	60%	265	70%	516	64%
African-American	103	35%	91	24%	236	29%
Native American	15	5%	13	3%	34	4%
Asian-Pacific Islander	2	1%	7	2%	23	3%
Mixed or "other"	0	0%	1	<1%	0	0%
Hispanic (duplicated)	7	2%	6	2%	20	2%
Age	Average=34.7	SD=10.1	Average=35.6	SD=9.8	Average=36.2	SD=10.2

B. Referral sources

The data below show that most of the referrals for the DSHS application workers were from inmates themselves and this proportion increased during the third year. Other prominent referral sources included CCAP, Jail Health Services, and courts.

Table 53. DSHS application worker referral sources

DSHS referral sources	First year cohort		Second year cohort		Third year cohort	
	N=1259	%	N=1562	%	N=1828	%
Self	541	43%	649	42%	1017	56%
CCAP	374	30%	469	30%	231	13%
Jail Health Services	113	9%	276	18%	159	9%
Courts	198	16%	74	5%	61	3%
Defender associations	9	1%	51	3%	37	2%
DOC	7	1%	9	<1%	12	1%
CJ liaison	7	1%	0	0%	30	2%
Psychiatric hospital	0	0%	14	1%	135	7%
Jail transition program	0	0%	14	1%	62	3%
Mental health center	3	<1%	1	<1%	0	0%
Assessment Center/CD ITA/ADATSA	3	<1%	0	0%	2	<1%
Probation/parole	2	<1%	3	<1%	45	2%
DSHS workers (transfer)	0	0%	0	0%	28	2%
Other/unknown	2	<1%	2	<1%	9	<1%

C. Success in obtaining DSHS benefits

DSHS benefits received by those completing an application are shown below. Nearly 2/3 of those who applied for Medicaid and cash assistance received them. This pattern was also true for ADATSA benefits during the first and second years of the program; however, the rate dropped notably during the third year. Nearly all of those who applied for food stamps received them in all program years.

Table 54. DSHS application worker DSHS benefit received

DSHS benefits	First year cohort N=298		Second year cohort N=377		Third year cohort N=809	
	Applied	Received	Applied	Received	Applied	Received
ADATSA	119	76 (64%)	162	96 (59%)	339	131 (39%)
Food stamps	149	135 (91%)	206	180 (87%)	333	274 (82%)
Medicaid	78	40 (51%)	166	111 (67%)	427	297 (70%)
Cash assistance	86	45 (52%)	162	107 (66%)	378	242 (64%)
SSI	8	7 (88%)	0	0% (0%)	18	15 (83%)

III. Summary

During the third year 1828 referrals were made to the DSHS application workers representing a substantial increase over the 1562 during the second year and 1259 during the first year. During the third year, 44% of referrals completed a DSHS application which is also a substantial increase over previous years. A higher proportion of females and a lower proportion of ethnic minorities completed an application compared to the overall jail population.

Referrals to the DSHS applications workers were largely from inmates themselves, CCAP, Jail Health Services, or the courts.

For those who completed an application, nearly 2/3 of those who applied for Medicaid and cash assistance received them. The rate was similar for receiving ADATSA benefits during the first two years of the program, but fell during the third year. One contributor to this issue was initiating access to the COD program for referrals from non-specialty courts (i.e., courts other than drug and mental health courts) at the end of 2005. CJ liaisons (who refer to the ADATSA workers) prioritized this population and these individuals are likely to have applied for ADATSA and later found eligible for COD (including GAU/GAX due to a co-occurring mental illness), which would mean that their ADATSA application would be denied. Nearly all of those who applied for food stamps received them in all program years.

SECTION V RECOMMENDATIONS AND ACTIONS TAKEN

Below are recommendations based on the data included in this report and selected issues raised in prior reports where noted.

1. During the first and third years of the specialty court referred COD integrated treatment program, participants demonstrated significant reductions in jail bookings, but not during the second year. During all three years participants showed positive clinical outcomes. In light of inconsistent jail outcomes, MHCADSD will restructure approximately half of the funding for this program to use a different model that focuses more specifically on forensic issues and obtaining housing for participants who are homeless. This restructured program could provide a convenient natural comparison group to test the relative effectiveness of the two models, if participants are selected into the new program in a comparable fashion to selection for the original program.

The COD program was extended at the end of 2005 to referrals from non-specialty court inmates via the King County jail and municipal jails. First-year jail and clinical outcomes were positive for the King County jail-referred COD program but less so for the municipal jail-referred program. It is possible that the weaker outcomes for the municipal jail COD program were due to the small sample size or unmeasured differences in the populations served. As such, this program should be re-evaluated at the end of its second year, combining results from both years if there is insufficient sample size to analyze them separately.

2. The housing voucher program has shown significant reductions in jail bookings during all three years of the program, and during the second year jail days were also significantly reduced. However, as about half of the participants drop out of the program in less than 90 days and less the 30% obtained permanent housing during the third years of the program (38% during the second year), there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. MHCADSD is engaged in ongoing discussions with funders to provide dedicated permanent supportive housing vouchers for this population in order to address the participant retention problem.
3. The CCAP IOP program did not show significant reductions in jail bookings during the third year; however reductions had been shown during the prior two years. Jail days were not reduced during any of the years. The moderate falloff in jail outcomes during the third year could be due both changes in the severity of the client population (e.g., homelessness, COD, etc.) as well as significant staff turnover, as discussed above. Staffing problems were also exacerbated by lack of a full-time on-site program supervisor, which was added starting at the beginning of the fourth program year (April 2007), when a new provider agency was contracted with to provide services. MHCADSD staff is monitoring jail and clinical outcomes for clients served by the new provider agency and are exploring ideas about how to address the substantial proportion of CCAP clients needing substance abuse treatment who also have co-occurring mental illnesses.
4. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,417 people during the third year; about the same as during the second year and about one-third more than during the first year. Individuals served were referred to essential benefits and community-based treatment and other services. During the third year of these programs we did not have the ability to determine whether referrals, particularly from the CJ liaisons, resulted in actual linkage to treatment and services. Midway through 2007 re-entry case managers were hired to help ensure that individuals referred by the CJ liaisons are successfully linked to services. Re-entry case managers meet with inmates prior to release to enhance pre-release engagement. Very recently, this program has been extended to referrals from Jail Health Services. Data from this program should be available within a year.