

MIDD Briefing Paper

BP 61 Implementation of a South King County Community Court

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form)

Type of category: New Concept

SUMMARY: This briefing paper outlines a concept to establish a Community Court program, based on a behavioral court model, at the Maleng Regional Justice Center (MRJC) in Kent, WA. This South King County-based Community Court program would provide services and supervision for high needs, low risk population with behavioral health issues. The purpose of this Community Court differs most from traditional courts in that it seeks to address the underlying problems of defendants that may contribute to the likelihood of engaging in further criminal activity.

The goal of this KCDC Community Court is to provide stability, support recovery, reduce the incidence of nuisance crimes in the communities served by the court, and reduce the costs associated with repeated jail bookings.

Collaborators:

Name

Department

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Honorable Donna Tucker	Presiding Judge	King County District Court
Mark Larson	Chief, Criminal Division	King County Prosecuting Attorney's Office
Anita Khandelwal	Policy Director	Department of Public Defense
Jesse Benet	Re-entry Services Coordinator	DCHS

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

This briefing paper outlines a concept to establish a Community Court program, based on a behavioral court model, at the Maleng Regional Justice Center (MRJC) in Kent, WA. This South King County-based Community Court program would provide services and supervision for high needs, low risk population with behavioral health issues. The purpose of this Community Court differs most from traditional courts

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in that it seeks to address the underlying problems of defendants that may contribute to the likelihood of engaging in further criminal activity.

The goal of this KCDC Community Court is to provide stability, support recovery, reduce the incidence of nuisance crimes in the communities served by the court, and reduce the costs associated with repeated jail bookings. This Community Court briefing paper proposes the following related programmatic components:

1. In a partnership with Seattle Municipal Court (SMC), KCDC would refer “quality of life” (low-level misdemeanors) cases to the SMC Resource Center (the services hub of the Seattle Municipal Court Community Court). King County District Court and Seattle Municipal Court have jointly requested funding from the City of Seattle for a six-month pilot program to start in the second half of 2016. MIDD II funding would extend this program into 2017, or if funding for the pilot is not approved, would support the partnership between the two courts.
2. KCDC will work with interested South King County communities to establish a Community Court to serve individuals in that geographic area. MIDD II funding is proposed to be used for:
 - a. Access to immediate housing options (e.g. transitional) and linkage to Coordinated Entry assessment and support;
 - b. Assistance with enrollment into Medicaid coverage (i.e. Apple Health) and disability entitlements;
 - c. Linkage to ongoing substance use disorder (SUD) and mental health treatment services.;
 - d. Linkage to primary care services;
 - e. Assistance with needed re-entry supports, such as basic needs, transportation resources, communication resources and clothing; and
 - f. Expansion of probation and judicial resources to provide the intensive supervision and court monitoring that a court-based recovery program requires.

Community court respondents to a global survey (Karafin, 2008) stated that combining access to services with accountability, collaborating with local communities, and “streamlining court processing and procedures are the most significant factors that define community courts relative to traditional courts.”¹

2. Please identify which of the MIDD II Framework’s four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Crisis Diversion | <input type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

This new concept fits under the Recovery and Re-entry area, as it represents a court-based intervention focused exclusively on promoting recovery and behavior change for individuals charged by the court with quality of life crimes.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

¹ Karafin, Diana L., *Community Courts Across the Globe: A Survey of Goals, Performance Measures and Operations*, Report Submitted to the Open Society Foundation for South Africa, January 2008.

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1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

This briefing paper offers a court-based, compliance-model approach to serve a population of individuals who are encountering the criminal justice system because of “quality of life” crimes. These “survival” crimes are often a result of a lack of access to housing, food, economic resources, healthcare and other basic needs, leading individuals to come in contact with law enforcement and the criminal justice system. Data from a sample population of “Familiar Faces,” individuals who have been booked into a King County jail at least four times in the prior 12 months, demonstrate these unmet health and human service needs and shows by impact by court in geographic regions of the County.

Linkage to the Health and Human Services -- Familiar Faces Strategy

The following summary and specific data depicted in Tables 1-6² show the problem of criminalization and incarceration of individuals with behavioral health conditions. A significant number of these individuals are booked on charges of theft, trespass, bus misconduct and other “quality of life” (non-violent, low risk) crimes. These “Familiar Faces” demonstrate a sample of the population proposed to be served by this Community Court concept, and offer a view into the demographic and larger social justice and access issues individuals who are arrested four or more times in a 12-month period, face.

Summary of Familiar Faces Data

2013 cohort: 1,273 individual; 2014 cohort: 1,252 individuals

- 94 percent of all people with four or more jail bookings have a behavioral health indicator.
- More than 50 percent were experiencing homelessness (under-estimate)
- The Most Serious Offenses (MSO) were:
 - Non-compliance (41%) – Failure to appear for court, supervision violations, etc.
 - Property crime (18%)
 - Drugs (13%)
- The Familiar Faces are disproportionately people of color (*Black/African American and American Indian/Native American*) compared with King County as a whole and the overall jail population.

Table 1: Familiar Faces Summary Results

Defining Familiar Faces	2013		2014		Total	
	N	%	N	%	N	%
People who had at least 4 bookings	1348	100.0%	1330	100.0%	2678	100.0%
....of those, had JHS BehHealth ¹ or CD flag ²	1134	84.1%	1124	84.5%	2258	84.3%
plus others who had MH or CD tx	139	10.3%	128	9.6%	267	10.0%
TOTAL with behavioral health indication	1273	94.4%	1252	94.1%	2525	94.3%

¹Jail Health Services - Behavioral Health “flag” = mood, psychosis or trauma diagnosis or psychiatric meds

²Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015), data summary packet provided to the Familiar Faces Design Team Current State Mapping.

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²Jail Health Services - Chemical dependency (CD) “flag” = alcohol diagnosis, drug diagnosis, alcohol detox, opiate detox, referred for CD treatment while in jail, or at risk for alcohol/drug detox upon jail intake

FINDING: nearly all people with 4+ bookings in a year have a behavioral health indicator.

Table 2: Booking characteristics (for N=1273)

LOS for those with release dates (<1% no release date)	N	%
<3 days	1386	17.8%
3-7 days	2664	34.3%
8-14 days	1048	13.5%
15-30 days	1557	20.0%
31+days	1117	14.4%
	7772	100.0%

Average Length-of-stay (LOS) =19.8 for 2013 cohort

Table 3: Most Serious Offense

Most Serious Offense (MSO) all bookings	N	%
Non-Compliance	3167	40.7%
Property	1392	17.9%
Drugs	1025	13.2%
Assault	575	7.4%
Criminal Trespass	280	3.6%
Traffic (non-alcohol)	145	1.9%
Domestic Violence	97	1.2%
DUI	99	1.3%
Robbery	112	1.4%
Prostitution	20	0.3%
Sex Crimes	14	0.2%
Other	857	11.0%
Unknown	3	0.0%
	7786	100.0%

*%s vary somewhat over the pre/index/post periods – but rank ordering is the same

% non-compliance seems to increase overall LOS

Table 4: Courts for the 14,004 King County jail bookings associated with the 2013 and 2014 Familiar Faces that had court information (14,943 total bookings)

Court	N	%
WA DOC	5106	36%
Seattle Muni	3050	22%
KCDC all (see KCDC detail table below)	2706	19%
KC superior court	2627	19%
Out of County	245	2%
KC municipal courts	62	0%
KC Juvenile	43	0%
Courts with <10 cases (N=63 courts)	165	1%

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Total bookings with court information	14004	100%
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The table below shows the proportion of Familiar Faces who had contact with misdemeanor jails in King County during 2013 and/or 2014 in which they had four or more King County jail bookings (cohort year) and the year prior to the cohort year. Despite having at least four bookings in the King County jail, over 40 percent also had misdemeanor jail episodes during the same year. Among the misdemeanor jails, SCORE detained the most Familiar Faces.

Table 5: Familiar Faces Booked into Misdemeanor Jails in King County³

	2013 cohort (N=1273)		2014 cohort (n=1252)	
	episodes in prior year	episodes in cohort year	episodes in prior year	episodes in cohort year
SCORE Jail	22%	35%	25%	41%
Kent Jail	5%	7%	6%	8%
Issaquah Jail	4%	5%	5%	6%
Enumclaw City Jail	0%	1%	1%	1%
Kirkland Jail	1%	3%	2%	3%
ANY misdemeanor jail	27%	41%	33%	47%

The table below shows the number (duplicated) and percentage of KCDC cases involving Familiar Faces who were booked into the KCCF or the MRJC four or more times in 2013 and/or 2014. The KCDC South Division adjudicated 25 percent of cases, and 73 percent of those cases were handled by the South Division-Kent facility at the MJRC.

Table 6: Familiar Faces involved with King County District Court (2013-2014)⁴

King County District Court by Location	N	%
KCDC West Division Seattle Courthouse	1803	67%
KCDC South Division—MRJC/Kent	487	18%
KCDC South Division Burien Courthouse	182	7%
KCDC East Division Redmond Courthouse	103	4%
KCDC East Division Shoreline Courthouse	92	3%
KCDC General Warrant	27	1%
KCDC East Division Bellevue Courthouse	12	< 1%
Total	2706	100%

If this new concept is not implemented, some Familiar Faces from South King County will continue to cycle through the criminal justice system without the necessary resources and services tied to the court until the Familiar Faces Future State is fully realized. Other work to move the system upstream to early diversion are currently underway and will be addressed in the alternative approaches section of this briefing paper.

³ Ibid, Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015).

⁴ Ibid, Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015).

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2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

A Community Court program administered by KCDC in South King County will link eligible individuals to healthcare coverage, behavioral health treatment and housing via ready access. Connection to appropriate resources for individuals with serious mental health and/or SUDs will be part of a criminal justice response continuum of care and accountability. This Community Court will divert individuals charged with low-level offenses out of the criminal justice system and into services via linkages. Connections to the *South County Crisis Center* (briefing paper 37 51 64 66, Schoeld) is also important.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The Center for Court Innovation reported via a review of the literature (2011) a greater use of alternative sentencing by community courts.⁵ Many community courts seek to diversify the range of sentencing options at the judge's discretion and apply a form of individualized justice that tailors each response to the defendant's specific situation and needs (Sviridoff et al., 2001).⁶ This enables the court to respond to all types of offenses, including low-level, quality-of-life crime, in a more effective manner. "Alternative sentencing can also link defendants to individualized services in the community (e.g., SUD treatment, crisis and safety planning, mental health counseling, housing, job skills) to help reduce recidivism, thereby improving community safety."⁷

As noted previously, the global survey found that 22 (88%) of the 25 community courts that responded offer treatment and/or social services (Karafin, 2008).⁸ Of the courts offering social services, 64 percent provided access to SUD treatment, individual counseling, and job skills; fifty-six percent of the community courts offered life skills and 48 percent offered health education.⁹ The average social service compliance rate reported via the global survey was 68 percent, and community courts that handle all eligible cases in their jurisdiction report a social service compliance rate of 72 percent.¹⁰ However, the global survey noted the following:

*Whereas the survey provides useful data on the multiple manifestations of community courts in the U.S. and internationally, as well as important respondent perceptions of community court goals, objectives and definitions of success, spotty data on key indicators for community courts is a severe limitation.*¹¹

⁵ Henry, K. and Kralstein, D. (2011). *Community Courts: The Research Literature, A Review of Findings*, Center for Court Innovation, Bureau of Justice Assistance, U.S. Department of Justice.

⁶ Sviridoff, M., Rottman, D., Weidner, R., Cheesman, F., Curtis, R., Hansen, R., and Ostrom, B. (2001). *Dispensing Justice Locally: The Impacts, Cost and Benefits of the Midtown Community Court*. New York, NY: Center for Court Innovation.

⁷ Ibid, Henry & Kralstein. (2011), p. 9.

⁸ Ibid, Karafin. (January 2008).

⁹ Ibid, Henry & Kralstein. (2011), pp. 9-10.

¹⁰ Ibid, Karafin. (January 2008), p. 25.

¹¹ Ibid, Karafin. (January 2008), p. 25.

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Best Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

Traditional community courts have demonstrated mixed results depending on the jurisdiction. The majority of Community Courts remain rooted in a criminal model, but there is variation among such courts in the United States and internationally. “Community courts are increasingly diverse in their scope, the types of problems they address, mandates utilized, services offered, communities served and collaborations entered into.”¹²

Practices grounded in research produce meaningful outcomes, can be (or are) standardized and replicated, and often have fidelity scales or tools to measure adherence to the model. The core best practices and promising practices to be required of the community provider, selected via a competitive Request for Proposals (RFP) process, would include the following: Use of clinical best practices for screening, assessments, outreach (jail in-reach), linkage facilitation and discharge planning.

The services connected to the South King County Community Court will be in alignment with the following core clinical competencies and service delivery framework of evidence-based, best, and promising practices.

The APIC Model of re-entry support from jail by The National GAINS Center¹³ (Best Practice)

The APIC Model—Assess, Plan, Identify and Coordinate—describes elements of re-entry planning associated with successful reintegration back into the community for people with mental illnesses or other special needs who are being discharged from jails to the community. The model is particularly important for breaking the cycle of repeated homelessness and incarceration.

Assertive Outreach/Engagement (Best practice)

Motivational interventions are at the hallmark of assertive engagement. Motivation interviewing (MI), an evidence-based practice, is a directive, client-centered approach for eliciting behavior change by helping clients to explore and resolve ambivalence.¹⁴ Clinical judgement is used to determine when assertive engagement techniques need to be applied and to what degree. When MI has not worked, therapeutic limit-setting and other alternatives may be needed in the on-going planning process for assertive outreach and engagement.¹⁵ Ongoing assessment of the individual’s needs and the corresponding level of care should be done at regular intervals.

Trauma Informed Care (Promising practice)

The experience of arrest, incarceration, and possible conviction is often traumatic. For persons who have a mental illness, this experience is often layered on a history of trauma, both in adulthood and childhood. Research suggests up to half of persons with a severe mental illness have a rate of three or

¹² Ibid, Karafin. (January 2008), p. v.

¹³ Osher, F., Steadman, H.J., Barr, H. (2002) A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model: Delmar, NY: The National GAINS Center.

¹⁴ Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Cited from <http://www.motivationalinterview.net/clinical/whatismi.html>.

¹⁵ *TMACT Protocol for Assertive Engagement & Consumer Self-Determination & Independence*. Cited from TEAGE, G., Monroe-Devita, M (2008, May) *Enhancing Measurements of ACT Fidelity: The Next Generation* as presented at the 24th Annual Assertive Community Treatment Association Conference, Indianapolis, Indiana, May 14-17, 2008.

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more adverse childhood experiences, including abuse, neglect, and witnessing violence.¹⁶ These traumatic experiences can be dehumanizing, shocking or terrifying, and often include betrayal of a trusted person or institution and a perceived loss of safety. Trauma can include betrayal by a trusted person or institution and a perceived loss of safety. It can induce powerlessness, fear, recurrent hopelessness, and a constant state of alertness. Trauma impacts one's relationships with self, others, communities and the environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

Trauma-informed services are based on an understanding of the triggers of trauma survivors that traditional service delivery approaches may exacerbate, so these services and programs can be supportive and avoid re-traumatization. This includes understanding the person's need to be respected, informed, connected, and hopeful regarding their own recovery and the interrelation between trauma and symptoms of trauma (e.g., SUDs, eating disorders, depression and anxiety). The provider(s) associated with South King County Community Court must be trauma-informed, recognizing the impact of traumatic experiences on an individual. Trauma-informed services offer choice whenever possible, respect the dignity of the person, and support individuals in re-authoring their personal narrative, moving from "criminal" to community citizen, as well as from "victimhood" to personhood.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

A Results-Based Accountability (RBA) framework can be used to identify the target population level outcomes for all MIDD II work. At the system and program level, outcomes should be aligned with broader Health and Human Services Transformation outcomes in the Accountable Community of Health and Physical Behavioral Health Integration (Cross-Systems Performance Measures¹⁷) as well as the *Washington State Performance Measures Starter's Set* approved by the Performance Measures Coordinating Committee on December 17, 2014.¹⁸

The overarching outcomes of the Familiar Faces initiative, based on an RBA framework, can also be used for the South King County Community Court and include the following:

1. Improved health [rate of access to behavioral health services data compiled by King County Behavioral Health and Recovery Division (BHRD)];
2. Improved housing stability (data collected by KCDC);
3. Reduced Emergency Department usage (data compiled by BHRD);
4. Reduced criminal justice involvement (data collected by KCDC and compiled by BHRD);
5. Improved client satisfaction (data collected by KCDC continuous quality improvement analyst via participant surveys, if ES 11b BP 8 BP 93, *Regional Mental Health Court Services and Continuous Improvement* is approved for funding); and
6. Community Court compliance rate (data collected by KCDC).

C. Populations, Geography, and Collaborations & Partnerships

¹⁶ Lu, Weili, Mueser, Kim T., Rosenberg, Stanley D., Jankowski, Mary Kay. *Correlates of Adverse Childhood Experiences Among Adults with Severe Mood Disorders*. Psychiatric Services. 2008 (59): 1018-1026

¹⁷ SB 5732/HB 1519 (2013), *Cross-system performance measures for health plan contracting and system monitoring*, Adult Behavioral Health Services Task Force, posted by the Washington State Department of Health and the Health Care Authority: <http://www.wspha.org/wp-content/uploads/2015/03/Wiesman-Teeter-Health-System-Transformation.pdf>.

¹⁸ http://www.hca.wa.gov/hw/Pages/performance_measures.aspx. Accessed 12/28/15.

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1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input checked="" type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Of the 1330 Familiar Faces who were booked into the KCCF and/or MRJC four or more times per year in 2014, nearly 85 percent were identified by jail staff as having a behavioral health disorder diagnosis.¹⁹ Nearly 490 KCDC cases fall within the Familiar Faces parameters per year; it estimated that 50 percent of this population (245 cases per year) is based in South King County. KCDC expects to improve court-based and diversion outcomes for these highest needs, lowest risk individuals in South King County by establishing a South King County Community Court until the Future State is fully realized. Eligibility guidelines for the community court would need to be established that either assure all individuals served by the court have behavioral health issues, or there would need to be braided funding to support those who do not. While it is known that 94 percent of Familiar Faces have these issues, it is not known what percent of individuals who commit these types of crimes have behavioral health issues or become Familiar Faces. Significant overlap could reasonably be expected.

2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:

South County

According to indicators tracked by Public Health – Seattle & King County, “people who live in south Seattle and south King County bear a disproportionate burden of poor health and socioeconomic deprivation.”²⁰ A review of federal poverty rates in King County for the period of 2005-2009 revealed that 12 percent of households in South King County were living below the federal poverty level compared to 9.7 percent for all of King County.²¹ According to data reported by the Washington Association of Sheriffs and Police Chiefs, for each city’s police department within King County, the

¹⁹ Ibid, Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015).

²⁰ <http://www.kingcounty.gov/healthservices/health/partnerships/CPPW/kcprofile.aspx>. Accessed 1/18/16.

²¹ http://www.kingcounty.gov/~media/exec/PSB/documents/RLSJC/2014/September/South_King_County_Demographics_Presentation.ashx?la=en (September 2014 presentation). Accessed 1/18/16.

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highest per capita crime rates among King County cities in 2011 were in Tukwila, SeaTac, Seattle, Auburn, Burien, Federal Way, and Kent;²² five of these six cities are located in South King County.

While behavioral health services, housing options (albeit insufficient), and other social services are more readily available in the Seattle urban core, such services and diversion opportunities in the rural areas of South King County are less accessible. Many individuals in South King County who are court-involved and who would benefit from these services are simply unable to access them.

3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

The Community Court at the MRJC will require the key cooperation of the King County Prosecuting Attorney's Office and the King County Office of Public Defense. Other collaborations are necessary with the following governmental and non-profit agencies:

- City of Seattle Municipal Court
- King County Executive's Office (including Recidivism Reduction and Re-entry)
- King County Prosecuting Attorney's Office
- King County District Court, Regional Mental Health Court/Regional Veterans Court
- King County Superior Court
- King County Department of Adult and Juvenile Detention
- King County Sheriff's Office
- King County Regional Veterans Initiative Project
- King County Veterans Program
- All Home
- King County Housing Authority
- Public Health – Seattle & King County, including King County Jail Health Services
- WA State Department of Corrections
- WA State Department of Social and Health Services, including the Behavioral Health Administration, Western State Hospital, and Belltown Community Service Office
- Northwest Justice Project
- WA State Department of Veterans Affairs, including Veterans Integration Services
- U.S. Department of Veterans Affairs, including Veterans Health Administration
- Suburban police departments throughout South King County
- Multiple community-based, non-profit behavioral health and housing providers under contract with King County DCHS/BHRD

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

Health and Human Services Transformation Initiative, specifically Familiar Faces, Physical-Behavioral Health Integration, and King County Accountable Community of Health

- The implementation of the Affordable Care Act has brought new opportunities for the community to work together to achieve the Triple Aim of better health, better care, and lower

²² <http://socialcapitalreview.org/data-viz-king-county-city-crime-rates-1985-2011/>. Accessed 1/18/16.

costs for this initial focus population.²³ These changes include expanded Medicaid coverage, creating access to health care for large numbers of Medicaid-eligible individuals. Health care reform has provided expanded access to services and allowed for an expanded Medicaid population to be covered. However, capacity in the community provider system does not allow for day of release intake appointments, and long wait times to see psychiatric prescriber staff can impact re-entry.

- While there is no shortage of programs in the region to try to address those individuals needing re-entry services—many of which produce excellent results as stand-alone programs—overall fragmentation, uncoordinated care, poor outcomes and growing costs to the healthcare, social services, criminal justice and crisis service systems, continue to exist.

All Home Strategy Plan and other Homelessness Initiatives

- The extent of homelessness in King County, having grown to emergency proportions, precipitated a 2015 Declaration of State of Emergency for Homelessness - King County and City of Seattle.
- The lack of affordable housing and long wait lists creates challenges to successful housing placements (both transitional and permanent).
- Single Adult and other Coordinated Entry efforts are underway.

Limited access/eligibility for various adult specialty court programs

- Familiar Faces data show that eight percent of individuals who are incarcerated four or more times in a 12-month period have opted into a mental health court or Drug Diversion Court.²⁴ These therapeutic courts have stringent thresholds for participation, often require a two-year jurisdiction, and restrict participation of those most in need of re-entry services and supports. Often the individual's level of need and resources of the court are not a good match, and those individuals who need a harm reduction service delivery option are frequently not successful in a compliance-oriented court program. The South King County Community Court provides a more mainstream court option, without such stringent requirements for participation.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

There will be a need for coordinated, cross-systems training for local criminal justice partners and the service provider in coordinating care, expectations of each other's roles, basic Community Court processes and mental health and SUD service options and protocols, crisis intervention, and community resources (including housing) in South King County.

Court-based linkage to treatment is rooted in a compliance model, which does not take into account various harm reduction, housing first and relationship-based interventions needed to build relationship between individuals served and treatment providers. Indeed, court-based treatment can impede recovery when an individual does not respond to this external motivation via compliance models. An increase in criminal justice involvement can result due to the (increased) oversight because courts expect treatment to follow a compliance model where recovery is defined in a very particular way as courts are risk averse. Certain behavior (e.g., substance use or not taking psychiatric medications) can be viewed as "criminal" behavior by the court, and often punitive sanctions, including the use of the jail, are applied when individuals engage in these behaviors.

²³ <http://www.ihl.org/Topics/TripleAim/Pages/default.aspx>.

²⁴ Ibid, Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015).

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Over a third of Familiar Face bookings are associated with Washington State Department of Corrections filings – all for non-compliance charges. Only 8.5 percent of 2014 Familiar Faces had opted-in to any of the three behavioral health specialty courts in the County in 2014, while a total of 22 percent of the 2014 Familiar Faces had some type of involvement with these courts. Community Courts do differ from mental health and drug courts, but have some similar characteristic that may be problematic.

Specialty Courts are a “Deep End” of the Criminal Justice System Solution.

Up-front pre-jail booking diversion options that focus on changing police culture and working with prosecutors (to not file new cases; help troubleshoot warrants and existing cases) is a new way to approach this. Existing specialty court structure is limited in harm reduction options that offer a Motivational Interviewing-based, trauma-informed, right fit service option that is also culturally informed and responsive. Looking to the courts to address root causes of inequity and health and human service issues is unrealistic.

All criminal courts, including specialty or problem-solving courts to some degree, are adversarial and require a high degree of self-organization for stringent treatment requirements and reporting to probation/court. Often, when individuals are not in compliance with court requirements, they are revoked long before the probation or court oversight ends. The court expects abstinence, and harm reduction related to substance use is not part of the framework. Maintaining sobriety from all substances may be difficult for many individuals.

Racial Disparities in the Criminal Justice System

Familiar Faces are disproportionately people of color, particularly Black/African American and American Indian/Native American, compared with King County as a whole and the overall jail population. If linked services are not provided from an anti-oppressive practice lens that is culturally informed and responsive, systemic and structural inequities can be perpetuated, further alienating people of color from getting access to the resources they need upon re-entry to thrive and live meaningful lives in their communities, apart from the criminal justice system. The U.S. Department of Health and Human Services Office of Minority Health has a listing of *The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*,²⁵ which provides some guideposts for community-based agencies to align with the populations they serve and ensure that services are culturally responsive and informed.

Relationship-based Services and Harm reduction Service Delivery

According to interviews with individuals who currently meet Familiar Faces criteria and those who have formerly been Familiar Faces, they often do not respond to compliance-driven models. An ongoing, trusting, trauma-informed relationship with one person or a small team is essential. Multiple handoffs/referrals are further traumatizing and alienating, as has been shown by the Familiar Faces initiative interviews with current Familiar Faces as part of the *Embedding Familiar Faces in Familiar Faces*²⁶, one sub-strategy under the Familiar Faces initiative efforts. Some of this information comes from individuals with lived experience as former “Familiar Faces” (now represented in the Familiar Faces Advisory Group).

²⁵ https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards. Accessed 1/4/16.

²⁶ Benet, J. Embedding Familiar Faces in the Familiar Faces Initiative (August 2015), DCHS HHS briefing document.

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4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Without increased outreach and timely access to appropriate housing and behavioral health treatment for individuals in South King County, contact with the criminal justice system will continue for some individuals. The Community Court described in this briefing paper is one mechanism to help facilitate these connections.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Several diversion approaches are proposed for the target population via MIDD Phase II for South King County. Such alternative proposals include the *Law Enforcement Assisted Diversion (LEAD) Maintenance and Expansion* (briefing paper #23, Fox) and the *South County Crisis Center* (briefing paper 37 51 64 66, Schoeld). The new concept proposed herein cannot be merged with these alternatives, which are not court-based.

The community is working on developing and implementing an array of services and programs that aim to divert individuals experiencing mental health and substance use disorders away from the criminal justice system and into appropriate behavioral health services. While many of the existing diversion programs are situated on the “deep end” of the GAINS Sequential Intercept Model, the County is moving toward strengthening and expanding the pre-booking diversion efforts at Intercepts one and two.

Specifically, programs like the Crisis Solutions Center (CSC) and Law Enforcement Assisted Diversion (LEAD) are paving the way nationally in offering new approaches to diversion that are upstream and steeped in changing police response from that of criminalization to a more harm reduction approach when encountering individuals in behavioral health crisis or struggling with behavioral health issues in the community.²⁷ CSC provides King County law enforcement and other first responders with a therapeutic, community-based alternative to jails when engaging with adults who are in behavioral health crisis. CSC programs are pre-booking diversion options that aim to provide crisis outreach, stabilization services, and linkage to ongoing behavioral health and social services to individuals referred by first responders.

Similarly, LEAD also diverts individuals from jail to outreach and engagement services and provides advocacy and resources needed to prevent further criminal justice involvement. In addition, LEAD offers a community engagement aspect, focused on a culture shift towards a harm reduction approach that utilizes criminal justice resources (namely, prosecutorial) to make filing decisions and assist individuals in navigating historical criminal justice involvement (e.g. outstanding warrants). Programs such as the CSC and LEAD do not require a court-based approach that is expensive due to dedicated judicial, prosecutor, defense, clerk and clinical staff.

E. Countywide Policies and Priorities

²⁷ <http://leadkingcounty.org/>. Accessed 12/29/15.

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1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

The Community Court in South King County fits within a continuum of care and accountability in adherence to the following initiatives in King County:

- 2015 Declaration of State of Emergency for Homelessness - King County and City of Seattle;²⁸
- Coordinated Entry for All;²⁹
- Health and Human Services Transformation Initiative, specifically Familiar Faces, Physical-Behavioral Health Integration, and Communities of Opportunity (geographic focus options);³⁰
- Law Enforcement Assisted Diversion³¹ Operations and Policy; and
- King County Veterans and Human Services Levy, which funds forensic programs targeted and veterans and non-veterans involved with the local criminal justice system.³²

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

An inherent conflict exists between a recovery-oriented system of care, which the specialty courts strive to achieve, and a compliance model, which is inherent in the criminal justice system. Community Court staff will participate in recovery-oriented trainings on motivational-interviewing, person-centered care, and recovery-oriented care to become more educated about empirically based treatments, have a better understanding of and appreciation for the heterogeneity of recovery, and be more aligned with behavioral health services being offered in the community.

Many individuals experiencing behavioral health issues who encounter the criminal justice system have experienced trauma and other oppression. To ensure the Community Court program utilizes a trauma-informed care (TIC) model, staff will participate in training on TIC principles through conference attendance and training offered by local subject matter experts, including the U.S. Department of Veterans Affairs, Veterans Training Support Center, and the Institute for Individual and Organizational Change. MIDD funded behavioral health and supportive services offered through the Community Court program will incorporate person-centered practices, TIC, and provide holistic wraparound services.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

Individuals living in extreme poverty, likely to be experiencing homelessness and having untreated behavioral health and primary care issues, are coming through local jails at unprecedented rates. The South King County Community Court will provide and promote access to treatment, housing, jobs, support, healing and recovery for individuals who are booked for quality of life crimes. At its core, this will address equity and social justice by assisting individuals in meeting and fulfilling those needs.

F. Implementation Factors

²⁸ <http://www.seattlepi.com/local/article/Murray-declares-civil-emergency-over-homelessness-6605652.php>.

²⁹ <http://allhomekc.org/coordinated-entry-for-all/>.

³⁰ <http://www.kingcounty.gov/elected/executive/health-human-services-transformation.aspx>.

³¹ <http://leadkingcounty.org/>.

³² <http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx>.

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1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

Per a separate concept entitled *Regional Mental Health Court Services and Continuous Improvement* (briefing paper ES 11b BP 8 BP 93, Welbaum), a 1.0 full-time equivalent (FTE) Continuous Quality Improvement Analyst is requested to split their time between the South King County Community Court and King County Regional Mental Health Court. KCDC is also seeking funding to expand probation and judicial resources to provide the intensive supervision and court monitoring that a court-based, behavioral health recovery program requires. These positions will necessitate physical office space in the MRJC courthouse or close proximity to the courthouse (including office furniture, computer, internet access, phone and fax).

If approved, MIDD II funding will provide housing, case management (including case management resources within the court), IDDT and peer support services to South King County residents who participate in Community Court.

2. Estimated ANNUAL COST. \$1,500,001-\$2.5 million Provide unit or other specific costs if known.

Annual Court staffing costs = \$1,100,000

Annual IDDT program costs = \$ 360,000 (capacity of 25 participants)

Annual case manager costs = \$ 90,000 (1.0 FTE)

ANNUAL TOTAL = \$1,650,000

The estimated budget includes the following:

- 2.5 FTE probation officers
- 1.0 FTE clinical case manager
- 1.0 FTE court clerk
- 1.0 FTE program manager
- 0.3 FTE judge
- Administrative resources totaling 1.3 FTE (e.g., a portion of FTE time allocated respectively to our Probation Director, Presiding Judge, Chief Administrative Officer, Payroll Manager, human resources team, and Budget Director);
- Other court operating costs (e.g., pro tem time and interpreter costs);
- Minor increase in attorney and defense social work services; and
- Community-based IDDT program costs.
- Transitional Housing on-demand costs

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

No other revenue sources are available at this time.

4. TIME to implementation: 6 months to a year from award

a. What are the factors in the time to implementation assessment?

KCDC will need to recruit and hire staff, secure office space, etc. King County BHRD will need to develop a Request for Proposals (RFP) through King County Procurement.

b. What are the steps needed for implementation?

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Establish the Community Court at the MRJC; Conduct a competitive RFP to secure IDDT services in the community with a capacity of 25 clients, and a court-based case manager to conduct clinical screening, assessment, and treatment placement.

c. Does this need an RFP?

Yes, this new concept requires an RFP for the services component consisting of a court-based case manager and community-based Integrated Dual Disorders Treatment, assertive outreach/engagement services, re-entry support, and Trauma Informed Care.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

A partnership between King County District Court and Seattle Municipal Court is in development to refer “quality of life” cases to the Seattle Municipal Court Resource Center (the services hub of the Seattle Community Court³³). King County District Court and Seattle Municipal Court have jointly requested funding from the City of Seattle for a six-month pilot program to start in the second half of 2016.

Services sought to serve individuals encountering the criminal justice system are addressed in many other approaches proposed under MIDD II:

It will be necessary to have close alignment with other MIDD II strategies, if funded, including the following:

- ES 11a ES 12a BP 52 79 80, Jail Re-entry System of Care
- ES Seattle MHC 11b BP 118, 133, 136 Competency Continuum of Care;
- BP 37, 51, 64, 66 South County Crisis Center;
- BP 20 Implementing Actuarial Risk and Needs Assessment in King County Jails;
- BP 34 39 72 74 Outreach System of Care;
- BP 44 Familiar Faces Cultural Care Management Teams;
- BP 23 Law Enforcement Assisted Diversion Maintenance and Expansion; and
- ES 11b BP 8 BP 93 Regional Mental Health Court Services and Continuous Improvement.

BP # 61

Working Title of Concept: Expanded Seattle Community Court and Implementation of South King County Community Court

Name of Person Submitting Concept: Donna Tucker, Presiding Judge, King County District Court , Lorinda Youngcourt, King County Department of Public Defense, Mark Larsen, King County Prosecuting Attorney
Organization(s), if any: King County District Court, King County Department of Public Defense, King County Prosecuting Attorney, Seattle Municipal Court, Seattle City Prosecuting Attorney

Phone: 206-477-0457

Email: Donna.Tucker@kingcounty.gov

Mailing Address: 516 3rd Ave, Suite W-1034, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

³³ <http://www.seattle.gov/communitycourt/>.

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Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

The County Familiar Faces Initiative recently set out to study the population that is repeatedly booked into the King County Jail, in order to identify the needs of this population and to begin to create diversion opportunities. The Familiar Faces Workgroup has learned that last year, of the 1330 people who were booked into the King County Jail four or more times, nearly 85% were identified by jail staff as having a behavioral health (chemical dependency and/or mental health) diagnosis. Annually, approximately 480 King County District Court cases fall within the Familiar Faces parameters. This number does not capture the defendants who are booked into SCORE and other municipal jails, nor does it capture the defendants who are in need of services but who have been booked into the King County Jail less than four times annually. A significant number of these offenders are booked on charges of theft, trespass, bus misconduct and other “quality of life” (non-violent, low risk) crimes.

King County District Court wishes to partner with the Seattle Municipal Court – Community Court Program and to establish a similar program at the MRJC for the South King County Communities to provide services and supervision for this high needs, low risk population. Our goal is to provide stability and recovery, reduce the incidence of nuisance crimes in the communities we serve, and reduce the costs associated with repeated jail bookings. We envision two related programs. First, we wish to partner with Seattle Municipal Court to refer “quality of life” cases to the Seattle Municipal Court Resource Center (the services hub of the Seattle Municipal Court Community Court). King County District Court and Seattle Municipal Court have jointly requested funding from the City of Seattle for a six month pilot program to start in the second half of 2016. MIDD funding, if approved, would extend this program into 2017 or if funding for the pilot is not approved would allow the partnership between the two courts. Second, we wish to establish with interested South King County communities a Community Court to serve residents in that geographic area. We envision that MIDD funding would be used to provide housing, case management, drug treatment services and mental health services to South King County residents who commit quality of life crimes. We are also seeking funding to expand probation and judicial resources to provide the intensive supervision and court monitoring that a court-based recovery program requires. While the Seattle urban core has a concentration of mental health, chemical dependency, public benefits, and other social services, there is a paucity of those services in the rural areas of South King County. Many South King County offenders who would benefit from these services are simply unable to travel in order to receive the regular assistance they need for wellness and recovery. By creating a services center in South King County, we expect to improve diversion outcomes for our highest needs, lowest risk offender population.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

King County District Court wishes to address the unmet housing, mental health, and chemical dependency needs of misdemeanor offenders who commit “quality of life” offenses. In doing so, we hope to not only promote wellness for these populations but also to increase community safety, reduce the high cost of repeat jail bookings, and reduce the criminalization of mental illness. This proposal focuses in particular on the unmet needs of low risk offenders in South King County.

3. How would your concept address the need?

Please be specific.

It is our expectation that a Community Court program will promote wellness and recovery for participants and will divert low level offenders out of the criminal justice system.

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4. Who would benefit? Please describe potential program participants.

Community Courts are designed to provide services to “quality of life” misdemeanor offenders with unmet housing, mental health, and/or chemical dependency needs. In particular, King County District Court seeks to provide diversion and re-entry services for high utilizers of the criminal justice/jail systems.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

As recipients of MIDD funding, we would expect to partner with MIDD to track data related to the successful implementation of a Community Court program. This would likely include data related to: Recidivism rates, jail bookings/length of stay, utilization of mental health and chemical dependency services, and access to stable housing for program participants.

6. Which of the MIDD II Framework’s four strategy areas best fits your concept? (you may identify more than one)

- ☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☒ **Recovery and Re-entry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

MIDD seeks as a core mission to decriminalize behavioral health disorders and to improve wellness for people suffering from such disorders. Expansion of the Seattle Municipal Court Community Court and establishment of a South King County Community Court will allow King County District Court and its partners to further this mission.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

A partnership with Seattle Municipal Court will include the participation of the Seattle City Prosecutor, the Seattle Probation Department, the King County Prosecuting Attorney, and the King County Office of Public Defense. All parties have committed to making this partnership a success. The Community Court to be established at the MRJC will require the cooperation of the King County Prosecutor, the King County Office of Public Defense. Additionally, several South King County municipal judges have expressed an interest in partnering with us for regionalized community court services. We anticipate expanding on the relationships with housing, mental health, and chemical dependency providers currently established by Seattle Municipal Court Community Court and King County District Court Regional Mental Health Court.

Per a separate Concept Paper, we have requested a 1.0 FTE Continuous Quality Improvement Analyst to split his or her time between our Community Court (if approved) and King County Regional Mental Health Court. Our financial estimate below incorporates funding for six probation officers, one court clerk, one program manager, a .5 FTE judge, administrative resources totaling 1.3 FTE (e.g., a portion of FTE time allocated respectively to our Probation Director, Presiding Judge, Chief Administrative Officer, Payroll Manager, human resources team, and Budget Director), and nominal operating costs (e.g., pro tem time

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and interpreter costs). Given our partnership with Seattle Municipal Court, a minority of these resources would likely be housed at the Seattle Municipal Court location, while the remainder would directly serve our South King County Community Court program. The budget below is characterized as a partial implementation number as we are only able to estimate District Court operations costs. We anticipate that MIDD will additionally fund dedicated treatment, cases management, and housing services. However, at this time we are not able to quantify those costs. We also anticipate a minor increase in attorney and defense social work services to staff this program. Again, we do not have the data to quantify those costs.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ # of dollars here per year, serving # of people here people per year

Partial Implementation: \$ 1.8 million per year, serving 480 people per year

Full Implementation: \$ # of dollars here per year, serving # of people here people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.