MIDD Briefing Paper

ES 15a BP 14 Expansion and Enhancement of Recovery Support Services Adult Drug Court

Existing MIDD Program/Strategy Review X☐ MIDD I Strategy Number ___15a_____ (Attach MIDD I pages)
New Concept X☐ (Attach New Concept Form)
Type of category: Existing Program/Strategy EXPANSION

SUMMARY: Strategy 15a funds critical gaps in services to KCDDC participants by providing: 1.5 full time equivalent (FTE) housing case managers (HCMs); eight recovery-oriented, supportive, transitional housing set aside units for young adults (ages 18-24), and the CHOICES program at the Community Center for Alternative Programs. A new concept has been proposed that expands and modifies Strategy 15a that includes:

- Establishing a dependable stock of recovery-oriented housing for participants by adding up to 55 units. The majority of the added units would be single adult units, however up to five would accommodate families. A minimum of eight of the units will remain designated for transition age young adults.
- Increasing the HCM positions by up to .25 FTE's to provide case management services and permanent housing assistance.
- Adding financial assistance for move-in costs for up to 25 percent of the single adults and 75 percent of the families who successfully complete the recovery-oriented housing program and transition to permanent housing.
- Eliminating the CHOICES program as part of the KCDDC program.

Collaborators:

Name	**Department**
Mary Taylor	King County Adult Drug Diversion Court (KCDDC)

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

Name	**Role**	**Organization**
Shannon Thomas	Housing Case Manager (HCM)	KCDDC
Christina Mason	Program Analyst	KCDDC
Allison Howard	HCM	KCDDC

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?**

King County Drug Diversion Court (KCDDC) provides eligible defendants charged with felony drug and property crimes the opportunity for substance use disorder (SUD) treatment, access to ancillary services, and assistance with acquiring skills necessary for recovery maintenance. The goals of the program include reducing substance use and related criminal activity, and decreasing reliance on incarceration for its participants. Successful completion of the four phases of KCDDC results in the dismissal of felony charges, and ultimately the reduction of future barriers due to criminal history.

Strategy 15a funds critical gaps in services to KCDDC participants by providing: 1.5 full time equivalent (FTE) housing case managers (HCMs); eight recovery-oriented, supportive, transitional housing set aside units for young adults (ages 18-24), and the CHOICES program at the Community Center for Alternative Programs.

The KCDDC HCMs provide services to KCDDC participants on multiple levels; assisting participants with housing needs on a day to day basis, searching county-wide for geographically appropriate transitional and permanent housing for participants, and influencing policy related to KCDDC participants and criminal-justice involved individuals experiencing homelessness and SUD issues.

The eight recovery-oriented, transitional housing units for young adults provides the opportunity to stably house vulnerable KCDDC participants while decreasing the use of jail, Work Release, and night shelters as temporary housing options. However, eight units have proven to be inadequate to meet the current need as there are currently 100 participants on the housing waitlist, some of which are families.

The CHOICES program has been mainly underutilized by KCDDC participants due to changes in drug court programming.

A new concept has been proposed that expands and modifies Strategy 15a that includes:

- Establishing a dependable stock of recovery-oriented housing for participants by adding up to 55 units. The majority of the added units would be single adult units, however up to five would accommodate families. A minimum of eight of the units will remain designated for transition age young adults.
- Increasing the HCM positions by up to .25 FTE's to provide case management services and permanent housing assistance.
- Adding financial assistance for move-in costs for up to 25 percent of the single adults and 75 percent of the families who successfully complete the recovery-oriented housing program and transition to permanent housing.
- Eliminating the CHOICES program as part of the KCDDC program.

The goals of Strategy 15a and the new concept include:

- Diversion of KCDDC participants with SUDs, with or without concurrent mental illness, from initial or further justice system involvement.
- Reduction of jail days usage.
- Reduction of the incidence and severity of mental illness and/or drug dependency symptoms.
- Achievement of greater equity in KCDDC graduation rates between those who are experiencing homelessness at the start of KCDDC and those who are not.
- Improved homelessness and employment status from KCCDC start to exit.

Additional goals of the new concept include:

- Increasing the number of unduplicated KCDDC participants who have access to housing.
- Reducing the average time KCDDC participants experiencing homelessness must wait in order to obtain transitional housing.
- Increasing the average number of hours HCMs are able to spend with each participant served and/or the number of participants they are able to serve.
- Increasing KCDDC participants' chances for success by building on successful recovery-oriented services.
- Enabling HCMs to continue their systems level work building housing resources for KCDDC participants.
- Increasing the number of KCDDC participants who receive financial assistance with housing move-in costs.
- Obtaining population feedback regarding the usefulness of housing units, HCM and move-in assistance services to participants' recovery, housing stability and successful KCDDC completion.

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):

☒ **Crisis Diversion** ☐ **Prevention and Early Intervention**

☒ **Recovery and Re-entry** ☐ **System Improvements**

Please describe the basis for the determination(s).

Crisis Diversion is the primary strategy and is achieved by providing safe and stable housing for KCDDC participants experiencing homelessness and struggling with a substance use disorder. Housing helps to disrupt the cycle of homelessness and addiction and diverts participants in crisis away from jail, Work Release, and night shelters. Recovery and re-entry is a secondary strategy in that supportive, recovery-oriented housing with a focus on employment, education, job training, next-step housing and recovery for enough time to achieve stability, empowers people to become healthy, sustain recovery and safely reintegrate into the community after crisis. Sustained recovery is essential to successful completion of the KCDDC program and dismissal of felony charges.

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

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.**

KCDDC receives an average of 405 referrals per year,[1] of which about 55 percent are experiencing homelessness or are in a housing crisis.[2] KCDDC currently has access to approximately 60 units of single adult transitional housing through King County's Housing Voucher Program (HVP), KCDDC's Transitional Housing Program (THP) and Strategy 15a, as well as three transitional units for families through THP, and still, the current housing units are not enough. The average number of KCDDC participants on the wait

[1] KCDDC Referrals 2013-2015. Report run by Christina Mason 1/5/16 utilizing KCDDC data contained within Monitor.

[2] KCDDC Referral and Graduation Rate for Participants Experiencing Homelessness Versus Those Who Are Housed at the Program's Start 2010-2015. Report run by Christina Mason 12/22/15 utilizing KCDDC data contained in Monitor (accessed via the Participant Relational Report).

list for single adult housing in recent years is 75 and currently, it is 100.[3] Forty families are currently waiting for family housing.[4] Many participants spend time waiting in jail or Work Release for housing to become available while participants waiting out of custody are on the streets, in shelters, or staying in unsafe living arrangements, jeopardizing their recovery and physical safety. Housing priority is given to participants exiting inpatient treatment programs in order to ensure the gains they made in treatment are not lost due to housing instability.

KCDDC does not have access to a stable supply of housing units and will be losing at least 17 of its existing units at the end of 2016. Approximately 55 percent of KCDDC participants are experiencing homelessness when they enter KCDDC[5] making it difficult for them to participate in SUD treatment and successfully complete KCDDC. KCDDC data shows that participants experiencing homelessness at the program's start are significantly less likely to graduate KCDDC than those who are housed.[6] Sixty-eight percent of KCDDC participants who are experiencing homelessness at the start of KCDDC are also unemployed[7] and struggle to establish employment without stable housing.

If this concept is not implemented, KCDDC participants will continue to struggle with their recovery and successfully completing the KCDDC program, which will ultimately lead to increased homelessness, jail episodes, mental health and SUD symptoms, and unemployment.

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

Strategy 15a provides eight units of transitional recovery-oriented housing for transition age youth and HCMs to manage the housing waitlists and explore all possible shelter and housing options with participants. The New Concept would allow more KCDDC participants currently on the housing waitlist to be housed and able to focus on their recovery. The availability of funding for move-in costs would also reduce barriers to permanent housing many participants face after they have completed the transitional housing program. With housing in place, KCDDC participants are more likely to find employment, maintain their recovery, and lead productive lives.

Access to a more predictable, stable, recovery-oriented inventory of housing would substantially reduce the wait time in jail or Work Release for homeless drug court participants. Residential instability and homelessness are serious barriers to success in the Drug Court program.[8] Conversely, recovery-oriented transitional housing improves program compliance and participant graduation rates[9], which in turn reduces jail day usage and recidivism[10].

Trevor Mackin, a 2014 KCDDC graduate who lived in KCDDC transitional housing and worked closely with KCDDC HCMs, explained, "When you are demoralized from homelessness, from addiction, from being

[3] KCDDC Housing Waitlist 1/6/16.

[4] Ibid

[5] Ibid.

[6] KCDDC Referral and Graduation Rate for Participants Experiencing Homelessness Versus Those Who Are Housed at the Program's Start 2010-2015. Report run by Christina Mason 12/22/15 utilizing KCDDC data contained in Monitor (accessed via the Participant Relational Report).

[7] Demographics for KCDDC 2014-2015 Referrals. Report run by Christina Mason 12/29/15 utilizing KCDDC data contained within Monitor via the Participant Relational Report.

[11] Email communication 12/29/15 with Trevor Mackin, a KCDDC participant who graduated in 2014.

[11] Email communication 12/29/15 with Trevor Mackin, a KCDDC participant who graduated in 2014.

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forced to steal and do things against your morals, this leaves a man without hope. Hopelessness stands at death's door, and the only way out is for hope to manifest itself again. For me that came in the form of these little perks from [KCDDC], the housing especially. It made feel like a man again, giving me that much needed hope that I mentioned above. Immediately I was motivated to do well; it gave me reason to better myself and hold onto such an opportunity."[11]

HCM within KCDDC, coupled with recovery-oriented housing, assists participants to obtain employment and next step or permanent housing by KCDDC exit, and to establish a foundation for continued productivity and stability in their lives, including symptom reduction. Under MIDD I Strategy 15a, KCDDC only has access to single adult housing units. Under the New Concept, KCDDC would expand recovery-oriented transitional housing units to include up to five units for families experiencing homelessness. Financial assistance for move-in costs under the New Concept will provide HCMs with an additional tool in removing barriers for KCDDC participants to securing next step and permanent housing.

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.**

There is evidence from the MIDD evaluation reports, KCDDC data and participants' feedback that Strategy 15a has been effective in meeting the program's goals of reduced usage of jail days, SUD symptom reduction and housing improvement by KCDDC exit. Given the strong foundation established by Strategy 15a, the new concept, as an expansion and fine-tuning of Strategy 15a, can be expected to produce similarly positive results. However, the number of housing units available must be maintained/increased to the highest number possible in order to meet the extent of the need.

The MIDD evaluations of Strategy 15a provide evidence of the effectiveness of the Housing Case Management services, which constitute the vast majority of the services provided by the strategy, (for example, 96 percent in year six).[12]

The Year Five MIDD Evaluation Report shows that of the Strategy 15a participants who exited KCDDC that year, 100 percent of those who graduated were successfully housed at exit. Perhaps even more significantly, 90 percent of the 15a recipients who exited KCDDC for any reason, even those who did not successfully complete KCDDC, were successfully housed at exit and 49 percent had attained permanent housing by KCDDC exit.[13]

The Year Six MIDD Evaluation Report found that days spent in jail declined 34 percent over the long term for 510 outcomes eligible individuals who received services under Strategy 15a.[14] A 2013 report found that a reduction in jail days and recidivism produces significant cost savings of four dollars for

[11] Email communication 12/29/15 with Trevor Mackin, a KCDDC participant who graduated in 2014.

[12] Email communication 12/18/15 with MIDD evaluator, Kimberly Cisson, confirming 250 out of the 261 clients who received 15a services in MIDD Year 6 (October 1, 2013-September 30, 2014) were served by Housing Case Managers. [13] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Sixth Annual Report: Implementation and Evaluation Summary for Year Five October 1, 2012—September 30, 2013. February 2014. p. 42.

[13] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Sixth Annual Report: Implementation and Evaluation Summary for Year Five October 1, 2012—September 30, 2013. February 2014. p. 42.

[14] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Seventh Annual Report: Implementation and Evaluation Summary for Year Six October 1, 2013—September 30, 2014. February 2015. p. 46.

every dollar invested. [15] The MIDD report also shows that the higher the dose of HCM services received, the better the housing outcome at exit, even an increase of one hour of HCM was significant in improving housing outcomes at KCDDC exit. Increased HCM hours is an important part of the New Concept. [16]

The Year Seven MIDD Progress Report found that 78 percent of the 937 KCDDC participants, who received services under Strategy 15a, reduced their use to zero or if they were already use free at the start of services, were able to maintain their abstinence. Further, the percentage of KCDDC participants receiving Strategy 15a services who achieved or maintained abstinence was significantly higher than individuals who received services under some of the other MIDD SUD treatment strategies including outpatient and opiate substitution treatment.[17]

Under 15a, KCDDC has access to eight recovery-oriented housing units that specifically serve transition age youth. Young adults do not graduate KCDDC at as high a rate as adult participants age 26 and above[18], which is in keeping with national data on success rates for young adults in SUD treatment.[19] However, transition age youth who were served by the recovery-oriented transitional housing units under Strategy 15a graduated KCDDC at a higher rate than young adults overall.[20] Regardless of whether they graduated or not, 91 percent achieved permanent or transitional housing upon KCDDC exit and 53 percent were employed or in school by KCDDC exit (representing an 800 percent improvement in employment status from KCDDC entry).[21]

The MIDD Sixth Evaluation report highlighted a story of a young person who resided in KCDDC housing funded by 15a, "the ADC (Adult Drug Court, aka KCDDC) program helped "L" learn how to do things like pay rent and be a responsible member of society. She's currently working two jobs and saving money. She wants to find the right person, have children, buy a house, and "enjoy life." "L" can happily say that Drug Court "really, truly saved my life"."[22]

Since 2011, KCDDC has had access to three recovery-oriented transitional family units through another funding source. This is not enough to meet the demand as there are currently 40 families on the housing waitlist, but it has been beneficial to the KCDDC participants it has served. To date, these three existing units have served 14 families, which represent 44 individuals (26 of whom were minor children);[23] 86 percent of those placed in KCDDC family housing who have exited KCDDC have done so through successful graduation and 93 percent have secured permanent housing upon exit.[24]

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[15] Mayfield, Jim (2013) Drug Court Outcomes: Outcomes of Adult Defendants Admitted to Drug Courts Funded by the Washington State Criminal Justice Treatment Account, THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES' Research and Data Analysis Division.

[16] Ibid.

[17] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Year Seven Progress Report: Implementation and Evaluation Progress for October 1, 2014—March 31, 2015. August 2015. p. 15.

[18] KCDDC Graduation Rate by Age 2004-2012. Report run by Christina Mason 11/25/15 utilizing KCDDC Data from Monitor accessed via the Participant Relational Report.

[19] Marlowe, Douglas and Festinger, David. Treatment Research Institute. Risk and Needs Triage (RANT). 2010. P.21.

[20] Graduation, Employment and Housing Outcomes for Young Adults Served by Strategy 15a Housing Units 2011-2015. Report run by Christina Mason 12/2/415 utilizing 15a lists and KCDDC data in Monitor accessed via Participant Relational Report.

[21] Ibid

[22] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Seventh Annual Report: Implementation and Evaluation Summary for Year Six October 1, 2013—September 30, 2014. February 2015. p 36.

[23] Graduation and Housing Outcomes for KCDDC Family Transitional Housing. Report run by Allison Howard on 1/5/16.

[24] Ibid

KCDDC data shows that, in general, participants experiencing homelessness at the program's start are significantly less likely to graduate KCDDC than those who are housed (approximately 60 percent versus 70 percent).[25] However, KCDDC data shows that when these participants are provided transitional housing, the inequity is eliminated.[26] Amongst those placed in KCDDC transitional housing from 2012-2013, whether or not they successfully graduated KCDDC, there was a 262 percent increase in employment and school enrollment by KCDDC exit as compared to KCDDC start.[27] Strategy 15a and the New Concept will specifically serve KCDDC participants who are experiencing homelessness or housing crisis. KCDDC participants who are stably housed will not be served by this Strategy.

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.**

Provision of housing assistance is described as a best practice standard by the National Association of Drug Court Professionals (NADCP). According to Morse et. al. (2015) and Quirouette et. al. (2015) as cited in NADCP's Adult Drug Court Best Practice Standards Volume II, "Participants are unlikely to succeed in treatment if they do not have a safe, stable and drug-free place to live".[28] The NADCP Best Practice Standards explain, "The preferable course of action is to provide housing assistance, where indicated, beginning in the first phase of Drug Court and continuing as needed throughout participants' enrollment in the program".[29]

A 2014 Substance Use and Housing National Leadership Forum Convening Report also recognizes the critical role housing plays in supporting recovery, explaining that everything recovery encompasses "from better health to employment to community re-integration to family reunification to abstinence and beyond - is nearly impossible while homeless or unstably housed."[30] The Forum describes housing as "an essential platform for recovery" and an element that "must be recognized and included as a vital part of healthcare and recovery support systems".[31]

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?**

As demonstrated in MIDD I, King County can expect a continued decrease in jail usage[32], a decrease in SUD symptoms[33] and a decrease in the number of participants experiencing homelessness by KCDDC

[25] KCDDC Referral and Graduation Rate for Participants Experiencing Homelessness Versus Those Who Are Housed at the Program's Start 2010-2015. Report run by Christina Mason 12/22/15 utilizing KCDDC data contained in Monitor (accessed via the Participant Relational Report).
[26] KCDDC Graduation and Employment Rate for Participants in Transitional Housing (15A, HVP and THP) 2012-2013. Report run by Christina Mason 12/24/15 utilizing HVP, THP and 15A resident lists and KCDDC data contained in Monitor (access via Participant Relational Report).
[27] Ibid.
[28] National Association of Drug Court Professionals (NADCP). Adult Drug Court Best Practice Standards Volume II. 2015. p. 12.
[29] Ibid.
[30] Substance Use and Housing National Leadership Forum Convening Report, October 6-7 2014, Washington, DC. Forum hosted by CSH: Corporation for Supportive Housing-The Source for Housing Solutions and National Council for Behavioral Health State Associations of Addiction Services. p.8.
[31] Ibid.
[32] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Seventh Annual Report: Implementation and Evaluation Summary for Year Six October 1, 2013—September 30, 2014. February 2015. p. 46.
[33] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Year Seven Progress Report: Implementation and Evaluation Progress for October 1, 2014—March 31, 2015. August 2015. p. 15.

exit[34]. Approval of the new concept to expand and modify Strategy 15a would significantly increase these outcomes. Other expected outcomes include an increase in employment by KCDDC exit, a decrease in housing wait times, increased KCDDC graduation rates, increased access to housing and an increase in either the number of participants served by HCMs or the average number of hours of HCM each participant received.

KCDDC's Management Information System "Monitor" is utilized to track information on all KCDDC participants including exit type, transitional housing referrals, housing wait times, homelessness status, housing type and employment status at start and exit. In addition, the HCMs track the number of participants served and the number of case management hours provided per participant on a monthly basis. If the New Concept is approved a formalized participant feedback process will be implemented through a graduation exit questionnaire that will ask all participants who accessed housing units and HCM to rate their importance and usefulness. Under the New Concept, KCDDC will also maintain a list of participants who receive financial move-in assistance so their KCDDC graduation rates and housing and employment status at exit can be measured. In addition, feedback will be obtained from all participants receiving financial assistance for housing move-in, rating the importance of the assistance in enabling them to secure next step or permanent housing and providing a narrative detail about how the assistance was utilized.

Under 15a and the New Concept, the County would be expected to see HCMs continue to engage in outreach to community organizations, landlords and housing programs to build program wide resources for participants experiencing homelessness. These program level activities would continue to be measured by monthly narrative reports submitted to MIDD evaluators.

MIDD evaluators can continue to access jail usage data as well as SUD symptom data through the new countywide data entry system that will replace TARGET.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☒ **Families**
- ☐ **Anyone**
- ☒ **Offenders/Ex-offenders/Justice-involved**
- ☒ **Racial-Ethnic minority (any)**
- ☒ **Black/African-American**
- ☒ **Hispanic/Latino**
- ☒ **Asian/Pacific Islander**
- ☒ **First Nations/American Indian/Native American**
- ☒ **Immigrant/Refugee**
- ☒ **Veteran/US Military**
- ☒ **Homeless**
- ☒ **GLBT**
- ☒ **Women**
- ☒ **Other – Please Specify:** KCDDC Adult Drug Diversion Court participants with SUDs.

[34] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Sixth Annual Report: Implementation and Evaluation Summary for Year Five October 1, 2012—September 30, 2013. February 2014. P. 42.

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.

One hundred percent of the participants served will be KCDDC participants who are experiencing homelessness or a housing crisis and are charged with a felony drug-related crime.

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**: County-wide.

Strategy 15a and its expansion and modification would provide services throughout King County.

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.**

Strategy 15a and the New Concept will require partnerships with one or more housing providers that provide recovery-oriented supportive housing, including referrals to vocational/employment/educational training and services. These providers must possess a willingness to work closely with KCDDC housing and treatment case managers and have proven expertise in working with the criminal-justice involved population. One of the providers should specialize in providing young adult housing and one must be able to provide housing for families with dependent children. HCMs will collaborate with Seattle and King County Housing Authorities, particularly regarding criminal backgrounds and lack of rental history. There is also room for collaboration with community-based and faith-based housing organizations. HCMs will also collaborate with private landlords by building relationships, establishing their trust through quality referrals, clear explanation of the program, transparency, and timely responsiveness to landlord concerns.

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?**

Factors/drivers which might impact the need or feasibility of Strategy 15a and its expansion/modification include:

- An increase in homelessness in King County and a lack of available and affordable rental units as evidenced by the City of Seattle and King County declaring a State of Emergency on homelessness in November 2015,[35] the 2015 King County One Night Homeless Count reporting a 21 percent increase in the number of people without shelter since 2014[36] and the Seattle Times

[35] King County News Release "Executive, Seattle Mayor declare emergencies, announce new investments to respond to homelessness". November 2, 2015. Retrieved from http://kingcounty.gov/elected/executive/constantine/News/release/2015/November/02-homeless-emergency.aspx

[36] Seattle/King County Coalition on Homelessness. 2015 Results. Retrieved from: http://www.homelessinfo.org/what_we_do/one_night_count/2015_results.php

reporting a rise of over 11 percent in rent costs in King and Snohomish counties in the final quarter of 2015, the fastest climb in almost a decade.[37]

- KCDDC participants are especially vulnerable to challenges with the current housing market due to criminal history and high rates of unemployment.
- An increase in the KCDDC housing waitlist and wait times; there are currently 100 single adults and 40 families waiting for KCDDC housing.[38]
- The established Housing and Urban Development (HUD), State, and County commitment to "Housing First/Rapid Rehousing" models, which may direct funding and resources away from recovery-oriented transitional housing.
- Since 2012, KCDDC has been able to access additional transitional housing units (varying between 12 and 27) due to a temporary clause in the State Criminal Justice Treatment Account (CJTA) statute allowing use of CJTA funds for drug court operations. After two extensions, that clause has since sunset and after 2016, no State funds are available to maintain these housing units.
- Currently CJTA funds are not able to be used for recovery support services (RSS) such as housing. Medicaid expansion has led to CJTA budget cuts, so even if the CJTA statute is revised to allow RSS like housing there may not be enough CJTA funding to pay for housing.

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?**

One potential barrier could be finding a housing location where all of the units and the on-site staff align with the recovery-oriented transitional model. The HUD-driven model that has been generally adopted by King County, the City of Seattle and local non-profit organizations focuses on "Housing First"; however there is a significant portion of KCDDC participants experiencing homelessness for whom recovery-oriented transitional housing is a necessary and appropriate response. KCDDC HCMs have already established relationships with several recovery-oriented housing providers willing to provide services to KCDDC participants. Continued outreach/advocacy on the part of HCMs regarding the need for the recovery-oriented transitional housing as a part of the continuum of housing services available in King County will also assist in overcoming this potential barrier.

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

No unintended consequences have been experienced since a revision in Strategy 15a five years ago that implemented the HCMs and eight recovery-oriented housing units for young adults. The new concept expansion and modification of Strategy 15a is not expected to have any unintended consequences.

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?**

[37] The Seattle Times. "Apartment rents leap again, but softer market may be ahead" by Sanjay Bhatt. December 22, 2015. Retrieved from: http://www.seattletimes.com/business/real-estate/apartment-rents-leap-again-but-softer-market-may-be-ahead/

[38] KCDDC Housing Waitlist 1/6/16.

If Strategy 15a is not continued and the New Concept is not implemented, there would be multiple potential unintended consequences for KCDDC participants. Diversion of KCDDC participants out of the criminal justice system would decrease, usage of jail days would increase, poor health outcomes and SUD symptoms would increase, recidivism would increase, inequity in KCDDC graduation rates for participants experiencing homelessness would increase, homelessness and unemployment at KCDDC exit would also likely increase which would result in increased poverty and population inequities.

It is likely the KCDDC housing waitlist that is currently at 100 participants would lengthen and time spent waiting for housing (currently 10-12 weeks)[39] would increase. It could be expected that some participants experiencing homelessness might decide not to opt into KCDDC based on these long wait times and would likely receive a felony conviction through the mainstream criminal justice system. It seems likely that KCDDC participants might struggle to stop using drugs during the long waiting period or relapse and go on bench warrant given the housing instability; this could impact their success in KCDDC, increasing the chances of termination (which would lead to a felony conviction).

If Strategy 15a and the New Concept are not implemented, in addition to fewer available transitional housing units, the HCMs who currently serve 250+ unduplicated KCDDC participants per year[40] would be eliminated. It is likely this would lead to fewer KCDDC participants obtaining permanent or transitional housing by exit. If KCDDC HCMs were not on-site to serve participants, this would significantly impact the four KCDDC Treatment Case Managers who already have caseloads significantly higher than recommended by NADCP.[41] Currently, there is one Resource Specialist in the KCDDC office who is able to focus heavily on helping the 63 percent of KCDDC participants who enter the program as unemployed/underemployed[42] to obtain jobs. However, if there were no HCMs, the Resource Specialist would need to devote their attention solely to housing and overall KCDDC employment outcomes at exit could be expected to decline.

Some populations in KCDDC experience homelessness and housing crisis at higher rates so members of these groups are likely to be disproportionately impacted if this Existing Strategy / New Concept is not implemented. Populations likely to be disproportionately impacted include: African Americans specifically and people of color overall, immigrants/refugees, participants who are unable to work due to a disability, participants who are unemployed, parents who have minor children (but may not necessarily live with them), and participants who have co-occurring mental health disorders.[43]

43 percent of KCDDC participants who live with their minor children are homeless at the start of KCDDC and have an average of 1.5 children.[44] If the New Concept is not implemented, there will be significantly fewer options for housing KCDDC parents and their minor children who are experiencing homelessness.

And lastly, if the New Concept is not implemented, HCMs will not have as much time to spend with individual participants which has been shown to decrease participants' likelihood of obtaining

[39] KCDDC Housing Waitlist 1/6/16.

[40] Email communication 12/18/15 with MIDD evaluator, Kimberly Cisson confirming 250 out of the 261 clients who received 15a services in MIDD Year 6 (October 1, 2013-September 30, 2014) were served by Housing Case Managers.

[41] National Association of Drug Court Professionals (NADCP). Adult Drug Court Best Practice Standards Volume II. 2015. p. 51.

[42] Demographics for KCDDC 2014-2015 Referrals. Report run by Christina Mason 12/29/15 utilizing KCDDC data contained within Monitor via the Participant Relational Report.

[43] Ibid.

[44] Ibid.

housing[45]and financial move-in assistance will not be available, so barriers are more likely to prevent homeless families and individuals from obtaining next-step and permanent housing.

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?**

The number of housing units available to KCDDC participants has varied. In addition to the eight units associated with Strategy 15a, KCDDC has had variable (10 to 35+) units of transitional housing through HVP. Since 2012, KCDDC housing has included 12 to 27 additional units through THP with on-site support services. As mentioned, funding for the THP units was made possible by a temporary clause in the CJTA, which has since sunset.

KCDDC HCMs have utilized the same processes and infrastructure they have already put in place for HVP and THP housing referrals to administer the 15a-funded housing units and would to continue to do so under the New Concept.

Existing community housing resources generally represent two ends of the spectrum, either abstinence-based housing or harm reduction housing with no expectation of recovery as a long-term goal. In order to successfully complete KCDDC and achieve symptom reduction, KCDDC participants require "recovery-oriented" housing that balances these two approaches, allowing for relapse as a part of recovery while still holding them accountable for their recovery and encouraging them to reintegrate into the community as productive members.

Other community programs that have been accessed but found not to be feasible in the long-term for KCDDC include the Landlord Liaison Project and Shelter Plus Care, which would both require KCDDC staff to provide on-going case management indefinitely after KCDDC completion. KCDDC participants have struggled to obtain housing through existing coordinated entry programs such as Family Housing Connection and Youth Housing Connection. Due to the severity of their SUD symptoms and their frequent incarceration during the early stages of their involvement in KCDDC, many participants are unable to complete the steps necessary to maintain their spot on the often lengthy housing wait lists. KCDDC does not have access to information regarding the cost of some of the alternative approaches; however, it is likely that the cost is commensurate because KCDDC has utilized established community housing providers such as the Young Men's Christian Association and Pioneer Human Services to provide housing services under 15a. For the New Concept, KCDDC would be required to do a Request for Proposals, which would further ensure housing unit costs are competitive.

E. Countywide Policies and Priorities

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**

[45] King County Mental Illness and Drug Dependency (MIDD) Oversight Committee. MIDD Seventh Annual Report: Implementation and Evaluation Summary for Year Six October 1, 2013—September 30, 2014. February 2015. p. 46.

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?

Safe and stable housing is a cornerstone of recovery. Providing recovery-oriented housing allows KCDDC participants to concentrate on treatment while the KCDDC Treatment Case Managers ensure the participant is receiving the appropriate level of care and is working to maintain their recovery throughout the program. KCDDC currently contracts with several inpatient and outpatient SUD treatment agencies, including specialty population agencies, which provide a full continuum of care to KCDDC participants.

Strategy 15a and its expansion and modification fit within several county initiatives including Equity and Social Justice, All Home, Best Starts for Kids, Health and Human Services Transformation and most recently, responds to the King County Executive's homelessness emergency declaration.[46] Providing recovery-oriented housing and case management to more KCDDC participants would further reduce the overall number of people experiencing homelessness, the trauma associated with experiencing homelessness, and the racial disparities associated with experiencing homelessness. In addition, children of KCDDC participants are connected to Public Health nurses and the Nurse-Family Partnership program for prevention and early intervention services.

Strategy 15a and its expansion also fit within the King County Prosecuting Attorney's 2013 Final Re-entry Summit Report in that housing, treatment and employment are the most identified needs of high-risk inmates, and that local governments should provide more financial support in these areas to increase successful transition back to the community.[47]

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

KCDDC's commitment to providing safe, recovery-oriented housing and case management for participants is rooted in the Substance Abuse and Mental Health Services Administration's (SAMHSA) 10 Guiding Principles of Recovery that recognize recovery as holistic, encompassing an individual's whole life including areas such as housing, employment and education. KCDDC housing provides a safe and stable place to live which is one of the four major dimensions that SAMHSA identifies as supporting a life in recovery.[48] One KCDDC graduate, Joe Mazzilli, articulated how safe housing also provided the foundation for him to work on the other three dimensions that support recovery – health, purpose and community, explaining "[Drug Court housing] allowed me to get back on my feet and seek employment. I had several open court cases so a full time job would have been impossible. I was given time to re-establish a relationship with my daughter. If I had to worry about bills that I could not afford at that time I would have given up. It's one thing to get clean but when your life is in shambles and you're in the court system it's very easy to fall in to self-pity. Thank God I had the time to get my life back on track, sleep normally, and have a place to call home because without that it would have been too easy for me to destroy my life."[49]

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[46] King County News Release "Executive, Seattle Mayor declare emergencies, announce new investments to respond to homelessness". November 2, 2015. Retrieved from http://kingcounty.gov/elected/executive/constantine/News/release/2015/November/02-homeless-emergency.aspx

[47] King County Prosecuting Attorney's Office. Investing for No Return: Recommendations to reform Washington's system of re-entry to improve outcomes for men and women released from the State's prisons, to reduce crime and to enhance public safety. 2013.

[48] Substance Abuse and Mental Health Services Administration, Working Definition of Recovery, 10 Guiding Principles of Recovery. www.samhsa.gov.

[49] Email communication 12/16/15 with Joe Mazzilli, a KCDDC participant who graduated in 2006.

Recovery-oriented housing is critical in establishing safety for drug court participants – one of the key principles of a trauma-informed approach[50]. A 2015 KCDDC graduate, Austin Behner, who lived in KCDDC housing and worked with the HCMs explained, "If it hadn't been for housing I would have had to live in the streets or stay with people that still use. I would not have succeeded. Housing made all the difference when it came to me graduating from drug court and staying sober. It gave me the stepping stone I needed to change my life. It also gives drug court participants a quiet, safe place to go."[51] HCMs have attended trauma-informed care trainings and work to ensure key Trauma-Informed Care principles such as Trustworthiness and Transparency and Empowerment, Voice and Choice[52] are incorporated into program policies and their own interactions with participants.

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

KCDDC housing and HCM enact and further the County's Equity and Social Justice Work by removing barriers that would otherwise limit participants' ability to achieve their full potential. A diverse group of defendants charged with drug related felonies are referred to KCDDC and the stakes are high as most are facing jail or prison time if unable to successfully complete the program. Washington State research shows that participation in Drug Courts significantly decreases recidivism.[53] Those who succeed in KCDDC experience other benefits as well, including physical and mental wellness, reconnection with family and community and dismissal of a felony conviction that would otherwise impact future housing and employment prospects.

Reflecting racial disproportionality in the broader criminal justice system, people of color, especially African Americans, are disproportionately referred to KCDDC. Overall, people of color comprise about 44 percent of KCDDC referrals and African Americans, specifically, comprise 26 percent[54] although African Americans make up only about seven percent of the King County population.[55] African Americans, people of color and immigrants/refugees in KCDDC experience slightly higher rates of homelessness at KCDDC start[56], so recovery-oriented housing and HCM services could be expected to be especially beneficial for these populations. About one third of those referred to KCDDC are young people ages 18 to 25,[57] approximately 25 percent are female,[58] 15 percent are immigrants/refugees and 11 percent speak a primary language other than English.[59] At KCDDC intake, 44 percent to 51 percent of participants (depending on how the question is asked) self-report having mental health issues co-

[50] Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[51] Email communication 12/16/15 with Austin Behner, a KCDDC participant who graduated in 2015.
[52] National Center for Trauma Informed Care & Alternatives to Seclusion and Restraint. Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved from http://www.samhsa.gov/nctic/trauma-interventions
[53] Drug Court Outcomes: Outcomes of Adult Defendants Admitted to Drug Courts Funded by the Washington State Criminal Justice Treatment Account. DSHS Research and Data Analysis Division Report 4.89. Olympia, WA. July 2013.
[54] Demographics for KCDDC 2014-2015 Referrals. Report run by Christina Mason 12/29/15 utilizing KCDDC data contained within Monitor via the Participant Relational Report.
[55] U.S. Census Bureau. (2014, July 1). Quickfacts: King County Washington. Retrieved from: http://www.census.gov/quickfacts/table/PST045215/53033,00
[56] Demographics for KCDDC 2014-2015 Referrals. Report run by Christina Mason 12/29/15 utilizing KCDDC data contained within Monitor via the Participant Relational Report.
[57] Ibid.
[58] Ibid.
[59] Ibid.

occurring with their SUDs.[60] KCDDC participants who have co-occurring mental health issues experience homelessness at significantly higher rates than KCDDC participants who do not.[61] About 37 percent of people referred to KCDDC are parents with minor children and they experience homelessness at significantly higher rates than their counterparts who do not have minor children.[62] 20 percent of KCDDC participants report they are unable to work due to disability and they are significantly more likely to experience homelessness than their KCDDC peers who do not have disabilities.[63] Overall, amongst 2014 to 2015 KCDDC referrals, 55 percent are experiencing homelessness or housing crisis at the time of KCDDC program intake.[64]

On an individual level, housing ensures that participants experiencing homelessness have an equitable opportunity to complete the KCDDC program, achieving a dismissal of their criminal charges and diversion out of the criminal justice system. On a systems level, families, neighborhoods and communities are negatively impacted when people experiencing drug addiction overdose, give birth to drug-addicted babies, commit property crimes to maintain their addiction, become incarcerated or are otherwise unable to achieve their full potential. Conversely, families, neighborhoods, and communities are positively impacted when people experiencing drug addiction are able to achieve recovery, to parent their children, to attain employment and to participate in their families and communities. Without KCDDC housing, homelessness might become a predictor of whether an individual would succeed in KCDDC, which would not be fair or just. KCDDC recovery-oriented housing and HCM serves some of the most vulnerable populations within the community – those who are experiencing homelessness, trapped in cycles of multigenerational poverty, burdened with extensive criminal histories, survivors of domestic violence, those with limited education and employment history, veterans, sexual minorities, immigrants and refugees, English language learners, young adults, families with children, individuals experiencing SUDs, mental illness and chronic medical conditions. Under the New Concept proposal, gaining the capacity to assist participants with move-in costs will remove financial barriers so families and individuals are able to obtain next step or permanent housing upon transition out of KCDDC housing, further supporting them in obtaining their full potential.

F. Implementation Factors

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

Housing units will need to be secured; no additional staff will be hired and no other resources are needed. The .25 FTE will come from an expansion of an existing HCM, and other resources currently being used for Strategy 15a will continue if implemented.

2. **Estimated ANNUAL COST. $501,000-$1.5 million Provide unit or other specific costs if known.**

Cost of maintaining Strategy 15a

Estimated ANNUAL COST of maintaining the proposed modification of Strategy 15a (not including the annual COLA and merit raises accrued by the HCMs and the annual increases in housing costs):

[60] Ibid.

[61] Ibid.

[62] Ibid.

[63] Ibid.

[64] KCDDC Referral and Graduation Rate for Participants Experiencing Homelessness Versus Those Who Are Housed at the Program's Start 2010-2015. Report run by Christina Mason 12/22/15 utilizing KCDDC data contained in Monitor (accessed via the Participant Relational Report).

- Eight recovery-oriented transitional housing units for young adults = $68,778
- Estimated 2016 Salary and Benefits for 1.5 FTE HCMs = $156,721
- **TOTAL = $225,499**

Cost of New Concept per recovery-oriented housing unit:
The expanded concept includes adding single adult and family units, increasing the number of case management hours weekly, and providing funds for move-in costs for 25 percent of the single adults and 75 percent of the families. The estimated annual costs associated with adding each unit are:

Rent and On-Site Housing Support Services	$11,807
Increased Case Management	$400
Move-In Costs	$390
Total Estimated Cost per Unit	**$12,597**

Graduated expansion of the New Concept (per unit cost detailed above):

- Expand the number of units by **20**, the number of people served by 30: Cost = **$252,000**.
- Expand the number of units by **25**, the number of people served by 40: Cost = **$320,344**.
- Expand the number of units by **35**, the number of people served by 52: Cost = **$441,394.**
- Expand the number of units by **55** the number of people served by 80 : Cost = **$671,494**.

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

CJTA funds were established to fund SUD treatment and treatment support services for people against whom charges are filed by a prosecuting attorney in Washington State and offenders within a drug court program. The treatment support services specifically exclude funding housing. Efforts to make changes in the legislation have not been successful. However, as other state funds connected to the Behavioral Health Organizations are expanded to include Recovery Support Services, the potential for moving the CJTA funding in that direction exists.

4. **TIME to implementation: Currently underway**

    a. **What are the factors in the time to implementation assessment?** The main factor in the time to implementation is receipt of notification from MIDD that the funds have been awarded. A contract could be entered into in eight weeks.
    b. **What are the steps needed for implementation?** KCDDC will issue a Request for Proposals and enter into a contract with a housing provider(s). HCMs will need to devise a method for administering housing move in assistance to KCDDC participants.
    c. **Does this need an RFP?** Yes.

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?

Funding to continue and expand Strategy 15a will allow King County to lead the way among Adult Drug Court programs nationwide as it relates to developing and maintaining an official Drug Court housing program. KCDDC HCMs' presentation from the 2014 Washington State Drug Court Conference titled "Drug Court Housing Matters: How to Build a Drug Court Housing Case Management Program" created much interest and inquiry from Drug Court programs throughout the country (and as far as New Zealand). Continuing to fund and expand the KCDDC Housing Program could help facilitate possible grant funding through the US Bureau of Justice Assistance: Drug Court Enhancement Grants to evaluate the KCDDC Housing Program for use as a nationwide model.

Strategy Title: Enhancement Services for King County Adult Drug Diversion Court

Strategy No: 15a –Drug Court: Expansion and Enhancement of Recovery Support Services

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.
- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.
- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

This strategy funds critical gaps in services to individuals in the King County Adult Drug Diversion Court. State funding that supports drug courts can only be used for Division of Alcohol and Substance Abuse approved chemical dependency treatment and transportation services. In order to succeed, drug court defendants need a broad range of recovery support services. The services must address not only the needs and circumstances of the general drug court population, such as lack of employment and housing, but also those needs endemic to specialized populations served by the program, such as young adults and women. Research is clear that providing additional recovery support services increases the likelihood of long term success and reduces recidivism in both substance use and criminal behavior. Proposed services include:

- Access to employment and training through dedicated linkage to MIDD strategy 2b.
- Housing case management services.
- Access to evidence-based treatment such as multisystemic therapy and wraparound services adapted for the young adult drug court population (ages 18 to 24)
- Access to increased evidence-based treatment for women with co-occurring disorders, substance abuse and other disorders related to trauma such as post-traumatic stress and borderline personality disorders.
- Access to suboxone treatment. A medication approved for the treatment of opiate dependence. Currently, opiate dependent clients receiving methadone must go to a

limited number of outpatient clinics. Opiate dependent clients can receive suboxone instead of methadone and receive services in traditional outpatient agencies. This change will provide more patients the opportunity to access treatment.

- Access to an educational program – *CHOICES*. Designed for adult offenders with learning disabilities and/or attention deficit disorders.

◊ *B.* Reason for Inclusion of the Strategy

The proposed services will increase the likelihood of long-term recovery for drug court participants, and decrease jail days, hospitalization and use of other crisis services. The specific strategies have been identified and prioritized for the following reasons:

- **Access to employment and training** - 65% of participants in King County Drug Court are unemployed.
- **Access to housing and housing support services** - 53 % of King County Drug Court participants have been homeless during the prior 6 months. An estimated 40% are homeless at the time that they opt-in to the program; an estimated 200 will be in need of housing or residing in subsidized housing at any one time. According to a 2004 report on drug courts and public policy, housing has been identified by most drug court programs as the most immediate and critical need presented by many participants. The report further notes that regardless of the quality of treatment and other services provided, a defendant who returns daily to a drug using environment will have little chance of overcoming his/her addiction.[65]

  Internal housing case management services are needed to assist participants with acquiring supportive recovery oriented housing that will be made available through MIDD and other funding sources. The housing case manager will provide linkage to necessary services and assist participants in overcoming obstacles to permanent housing such as lack of rental history, prior criminal and poor credit history.
- **Enhanced treatment for young adults - Access to evidence-based treatment and ancillary services for the young adult population (ages 18 to 24).** Drug Court participants in this age category would benefit from multi-systemic therapy, wraparound and other proven treatments currently reserved for youth under age 18. The services would be adapted and individualized for the 18 to 24 year old drug court population currently being served in a specialized age-appropriate program.
- **Enhanced and expanded treatment for women with co-occurring disorders undergoing treatment in a women's program**. Currently approximately 150 women are enrolled in drug court, 15% are enrolled in a specialized women's

[65] *Drug Courts --Just the Beginning: Getting Other Areas of Public Policy in Sync***.** Caroline S. Cooper, Research Professor. Justice Programs Office, School of Public Affairs, American University, Washington D.C. 2003-2004.

program at Harborview Addictions Program. Studies have shown that a majority of women involved in the criminal justice system suffer from trauma-related disorders and are in need of specialized services. Summary Observations from "Information Relevant to Female Participants in Drug Courts:" prepared by: Bureau of Justice Administration Drug Court Clearinghouse Project Date: February 10, 2007,reports that although significantly more males than females are enrolled in drug courts, many programs report that women participants appear to be more heavily involved with drugs and a drug "lifestyle"(including prostitution) by the time they become involved in the criminal court process than men; this situation necessarily bears on the likelihood of a woman's success in the program and the special needs they will likely present –

Three of the most significant of which are:

- The need for clean and sober housing
- The need for support in dealing with negative relationships which likely keep many women in drugs (e.g., economic, domestic violence, etc.); and
- The need to deal with the impact of physical and other abuse they have likely experienced. [66]

- **Access to the Adult CHOICES program for offenders with learning disabilities and/or Attention Deficit Disorders**. King County District Court has referred offenders with learning disabilities and/or attention deficit disorders to the CHOICES program designed to address offenders' difficulties in social skills, anger management, decision making and problem solving since 1989. Graduates of the CHOICES program re-offend 49% less than individuals in the comparison group; the comparison group included people who were screened, received an intake interview and were seen as appropriate for the program but never enrolled or attended classes. These statistics have been consistent since 1988.[67]

  Researchers have found that compared to the general population, the offender population, especially those in corrections facilities needing special education include at least 50% of adult prisoners**.** [68]

  Although, King County Drug Court defendants have not been screened for learning disabilities and attention deficit disorder to discern prevalence, a 1998 study of 512 King County Drug Court participants revealed that 31% did not have a high school degree or GED. [69]

◊ *C. Service Components/Design*

[66] BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT CLEARINGHOUSE: FREQUENTLY ASKED QUESTIONS SERIES: Information Relevant to Female Participants in Drug Courts: Prepared By: BJA Drug Court Clearinghouse Project Date: February 10, 2007.BJA

[67] Learning Disabilities Association of Washington: CHOICES Adult History and Overview July 7, 2007.

[68] Understanding the Complexities of Offenders' Special Learning Needs, Weisel, Laura, et. al from Winters, 1997; Mears and Aron, 2003).

[69] King County Drug Court Evaluation, Final Report, M.M. Bell, Inc. February 27, 1998, p. 39.

Expansion and enhancement of services for King County Drug Diversion Court participants, including, access to employment and training, access to evidence-based treatment for the young adult population (ages 18 to 24), housing case management services, and enhancement and expansion of services for women with co-occurring, substance abuse and trauma related conditions. The strategy also includes a plan to provide classes designed to attend to social and emotional difficulties posed by learning disabilities and attention deficit disorders.

◊ *D. Target Population*
King County Adult Drug Court participants

◊ *E. Program Goal*
Enhance and expand King County's Adult Drug Diversion Court's recovery support services.

◊ *F. Outputs/Outcomes*
450 individual participants will benefit from one or more of the proposed expanded services annually.

1. Reduce substance use and related criminal activity.
2. Provide resources and support to assist drug dependent offenders in the acquisition of skills necessary for the maintenance of sobriety.
3. Reduce the impact of drug related cases on criminal justice resources.

2. Funding Resources Needed and Spending Plan
Enhancement Services for King County Adult Drug Diversion Court will have an annual cost of $325,000.

The spending plan is as follows:

Dates	Activity	Funding
Sept – Dec 2008	Funding for 1.5 County FTE Housing Case Manager Position	$38,000
	Expansion of contract for young adult services, 1 FTE (salary, benefits, administrative overhead).	$22,000
	Expansion of contract by 1 FTE to allow expansion of women's group and enhancement of services for women with co-occurring disorders and trauma-related disorders.	$33,000
	Funding for suboxone for women in drug court women's group, to be added to existing contract.	$3000

	Contract with the Learning Disabilities Association of Washington to provide the Choices Adult Program to drug court participants.	$11,000
	Total Funds 2008	**$107,000**
Jan – Dec 2009	Funding for 1.5 County FTE Housing Case Manager Position Expansion of contract for young adult services, 1 FTE (salary, benefits, administrative overhead). Expansion of contract by 1 FTE to allow expansion of women's group and enhancement of services for women with co-occurring disorders and trauma-related disorders. Funding for suboxone for women in drug court women's group, to be added to existing contract. Contract with the Learning Disabilities Association of Washington to provide the Choices Adult Program to drug court participants.	$115,000 $65,000 $100,000 $10,000 $35,000
	Total Funds 2009	$325,000
2010 and onward	Ongoing program cost	$ 358,000
Ongoing Annual	**Total Funds**	**$358,000**

3. Provider Resources Needed (number and specialty/type**)**

◊ *A. Number and type of Providers* (and where possible FTE capacity added via this strategy)

This strategy will provide funding for: 1.5 County FTE's, 2 contract FTEs through contracts with 2 separate treatment providers and 1 contract for delivery of services from a nonprofit organization, as follows:

- 1.5 County FTE housing case managers, internal to King County Adult Drug Court Program.
- Funding for 1 contract FTE for provision of evidence-based services to young adults (ages 18 to 24) in the adult drug court program will be added to a current contract.

- Funding for 1 contract FTE for expansion of women's group and enhancement of services for women with co-occurring disorders and trauma-related disorders, including suboxone, will be added to a current contract.
- Drug Court will enter into a contract with the Learning Disabilities Association of Washington the CHOICES program to treat 42 offenders. King County District Court and Community Correction Alternatives Program will inform the contract between Drug Court and the CHOICES Program.

◊ *B. Staff Resource Development Plan and Timeline* (e.g. training needs, etc)

Dates:	Activity:
June – August 2008	Recruit for County Housing Case Management positions.
Sept – Dec 31, 2008	Hire housing case management positions
Sept – Dec 31, 2008	Add funds to existing contract for young adult services.
Sept – Dec 31, 2008	Add funds to existing contract for expansion of women's group and enhancement of services for women with co-occurring disorders and trauma-related disorders, including suboxone.
Sept – Dec 31, 2008	Contract with the Learning Disabilities Association of Washington Adult Choices Program
January 1, 2009	Fully operational programs

◊ *C. Partnership/Linkages*

King County Drug Court will continue to partner with King County Mental Health Chemical Abuse and Dependency Services, other criminal justice agencies, community treatment providers, residential facilities and housing programs.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

- Housing case manager positions will be recruited and in place September 2008.
- Amendments to an existing contract between the Department of Judicial Administration Drug Court Program and treatment providers for provision of evidence-based treatment services for young adults and expansion and enhancement of services for drug court women participants will be in place by September 2008.
- Contract with the Learning Disabilities Association of Washington Adult Choices Program will be in place in September 2008.

◊ *B. Procurement of Providers*

Not Applicable

◊ *C. Contracting of Services*

Amendment to an existing contract between the Department of Judicial Administration Drug Court Program and a treatment provider for provision of evidence-based treatment services for young adults will be in place by September 2008.

Amendment to an existing contract between the Department of Judicial Administration Drug Court Program and a treatment provider for provision of additional services for a drug court women's group will be in place by September 2008.

A contract between Department of Judicial Administration Drug Court Program and the Learning Disabilities Association of Washington will be in place by September 2008.

◊ *D. Services Start Date(s)*
◊ September 2008

New Concept Submission Form

#14
Working Title of Concept: Adult Drug Diversion Court Recovery-Oriented Housing
Name of Person Submitting Concept: Mary K.C. Taylor
Organization(s), if any: King County Department of Judicial Administration – Adult Drug Diversion Court
Phone: 206-477-0795
Email: Mary.Taylor@kingcounty.gov
Mailing Address: 516 3rd Ave. #E609 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.
*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.

King County Drug Diversion Court (KCDDC) provides eligible defendants charged with felony drug and property crimes, the opportunity for drug treatment and access to other ancillary services and support to assist in the acquisition of skills necessary for maintenance of recovery. The goals of the program include reducing substance use and related criminal activity, and deceasing reliance on incarceration for its participants. Successful completion of the four phases of KCDDC results in the dismissal of felony charges, and ultimately the reduction of future barriers due to criminal history.
In order to more fully accomplish the program's goals, KCDDC is requesting MIDD funding to expand substance-abuse related services, specifically, recovery-oriented housing. The concept of KCDDC recovery-oriented housing can be described as the provision of a safe and stable transitional housing unit for up to one year. The majority of the units would be single adult units, however up to 5 would accommodate families. Recovery-oriented housing includes on-site case management services that focus on educational/vocational/employment and permanent housing goals and recovery for participants active in KCDDC.
Case managers at the housing site work closely with KCDDC housing case managers who screen, refer, and monitor Drug Court participants and serve as the liaisons between the Court and the housing site. KDCCD's funding request also includes an addition of 10 hours per week to the 1.5 KCDDC housing case

manager positions. KCDDC is also requesting additional funding to provide finanacial assistance for move-in costs for 50% of the participants who successfully complete the recovery-oriented housing program and transition to permanent housing.

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.

The concept of providing recovery-oriented transitional housing to KCDDC participants presents an opportunity to stably house vulnerable substance abusing individuals while decreasing the use of jail, work release, and night shelters as temporary housing options. The National Association of Drug Court Professionals in Volume II of the Adult Drug Court Best Practice Standards describes the need for services to address conditions that are likely to interfere with drug court participants' reponse to substance abuse treatment. Housing is described as an important service to increase Drug Court participant success. The best practice standard states "participants are unlikely to succeed in treatment if they do not have a safe, stable and drug-free place to live. The preferable course of action is to provide housing assistance, where indicated, beginning in the first phase of Drug Court and continuing as needed throughout participants' enrollment in the program" (National Association for Drug Court Professionals, 2015).

An average of 55% of defendants referred to KCDDC are homeless or in housing crisis at the time of referral. The average number of KCDDC participants on the wait list for single adult housing in recent years is 75. Currently, there are 100 people on the waitlist. KCDDC participants are waiting an average of 8-12 weeks to obtain a unit within housing sites available to Drug Court. Those on the wait list are coming out of jail, work release, in-patient treatment, shelter/street or are in a housing crisis in the community.

3. How would your concept address the need?
Please be specific.

Residential instability and homelessness are serious barriers to success in the Drug Court program. Conversely, recovery oriented transitional housing improves program compliance and participant graduation. Of the 580 people who have graduated from KCDDC since 2011, 44% accessed Drug Court housing. Access to a more predictable, stable, recovery-oriented inventory of housing would substantially reduce the wait time in jail or work release for homeless drug court participants. Robust wrap around case management and coordinated case planning between agencies focused on improved housing options, access to employment and education resources, continued life skills development and recovery support would assist drug court participants in establishing a foundation for continued productivity and stability in their lives. KCDDC's concept of recovery-oriented housing recognizes that relapse is a part of recovery and incorporates a model of case management that supports Drug Court participants through relapse with the goal of retaining them in housing.

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

KCDDC participants with substance abuse and/or co-occurring disorders who are homeless and/or in housing crisis.

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.

Successful implementation of this program would include a number of positive results and outcomes. We anticipate a significant decrease in wait times for KCDDC participants to enter recovery-oriented

housing. Currently, KCDDC participants are waiting an average of 8-12 weeks with our present housing inventory. Wait times are currently measured in our database and are routinely analyzed for fluctuation. Decreased wait times due to increased housing capacity will ultimately lead to less reliance on the use of jail, work release, and night shelters as temporary housing for those waiting to enter recovery-oriented housing. Our current wait list tracking system includes data regarding KCDDC participants' use of jail, work release and night shelters while awaiting Drug Court housing. This data is collected and updated daily by housing case managers.

Including financial assistance for move-in costs for KCDDC participants after successful completion of the recovery-oriented housing program will likely result in an increase in next-step housing placements due to these added resources. This outcome will be measured and evaluated by tracking successful next-step housing placements. This data can then be compared to our current data for next-step housing placements that do not include move-in financial assistance. In the past, we have collected data on the correlation between placement in recovery-oriented housing and engagement in employment/education/vocational services. This information was collected via a monthly report submitted by the agency providing housing. Continuing to explore the connection between housing and achievement towards employment/education/vocational goals will be evaluated in this concept via intake and exit data collected. From 2011-2015, 44% of KCDDC graduates accessed our transitional housing program. That is a total of 254 graduates. If allowed to execute our recovery-oriented housing program concept on a larger scale, we plan to track graduation and treatment retention rates of all KCDDC participants placed in housing, and in turn evaluate the impact of our housing program in these key areas.

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 Reentry:** 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?

Providing recovery-oriented housing supports the substance abusing KCDDC participant in maintaining his/her recovery which improves overall health, and allows the participant to focus on healthy living generating a positive health outcome. Once in recovery and with continued compliance, participants are able to successfully graduate from the KCDDC program and have their felony charge(s) dismissed, producing a positive justice outcome. Participants in recovery and in recovery-oriented housing are able to work on goals around next-step housing as well as employment and education as they continue to gain overall stability in their lives. Further reunification with family and rebuilding relationships are common benefits of those in recovery and lead to positive social outcomes.

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.

The recovery-oriented housing concept requires an agency that is able to provide transitional housing that embodies a recovery-oriented approach to case management, provides access to vocational/employment/educational services, possesses a willingness to partner with KCDDC, and has proven expertise in working with the criminal-justice involved population. Additionally, an agency that specializes in young adult housing and services would be critical.

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:	**$ 265,000 per year, serving 30 people per year**
Partial Implementation:	**$ 445,000 per year, serving 53 people per year**
Full Implementation:	**$ 670,000 per year, serving 80 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*.