

MIDD Briefing Paper

BP 20 Identifying and Intervening in Behavioral Health Disorders through Implementing Actuarial Risk and Need Assessment in King County Jails

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: Individuals who experience behavioral health issues have increased rates of incarceration.¹ The first step required to reduce recidivism is the development and implementation of a validated risk and need assessment platform in King County.² Only when the risk and needs are properly identified can appropriate planning and treatment result, allowing the County to direct resources to those most likely to benefit from services and position the jail and the King County Community Corrections Division (CCD) to partner with providers in an effort to reduce recidivism consistent with national best practices. At present, a cross-system criminal justice and behavioral health work team are working with the Washington State University Criminal Justice Institute to develop a comprehensive jurisdictional risk/need assessment tool for King County that, when applied countywide, will not only identify the risk of re-offense but will specifically categorize the criminogenic needs of the individual.

This concept seeks support for additional Personal Recognizance (PR) Investigators employed by the King County Department of Adult and Juvenile Detention (DAJD) and assigned to the CCD Intake Services Unit to administer a risk/need assessment for a subpopulation of individuals who are incarcerated in DAJD adult facilities for at least four days and no more than 180 days, are not subject to Washington State Department of Corrections (DOC) supervision, will not be transferred to another jail or jurisdiction and will be releasing to King County.

Collaborators:

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

Name	Role	Organization
Rochelle Carter	Corrections Program Supervisor	DAJD/Community Corrections Division
Mike Stanfill, Ph.D.	Psychiatric Services Manager	Public Health—Seattle & King County/Jail Health Services
Honorable Donna Tucker	Presiding Judge	King County District Court

¹ Steadman, HJ, Osher, FC, Robbins, PC, Case, B, Samuels S. "Prevalence of Serious Mental Illness Among Jail Inmates." *Psychiatric Services*, 60, 6, (2009): 761-765.

² King County Recidivism Reduction and Re-entry Strategic Planning, Progress Report I, Submitted by Patty Noble-Desy (July 2015). Available at <http://aqua.kingcounty.gov/Council/agendas/LJEM/20151027-LJEM-packet.pdf>. Accessed 12/29/15.

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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?**

Individuals who experience behavioral health issues have increased rates of incarceration.³ The first step required to reduce recidivism is the development and implementation of a validated risk and need assessment platform in King County.⁴ Only when the risk and needs are properly identified can appropriate planning and treatment result, allowing the County to direct resources to those most likely to benefit from services and position the jail and the King County Community Corrections Division (CCD) to partner with providers in an effort to reduce recidivism consistent with national best practices. At present, a cross-system criminal justice and behavioral health work team are working with the Washington State University Criminal Justice Institute to develop a comprehensive jurisdictional risk/need assessment tool for King County that, when applied countywide, will not only identify the risk of re-offense but will specifically categorize the criminogenic needs of the individual.

Following preliminary scoping conversations with several internal and community stakeholders during 2014, an initial population of focus emerged: individuals with a behavioral health disorder who are high utilizers of the King County Jail, the Familiar Faces. These individuals commonly experience complex chronic health conditions, histories of trauma, substance use, and chronic homelessness or instability in housing and other aspects of their lives. To that end, this concept seeks support for additional Personal Recognizance (PR) Investigators employed by the King County Department of Adult and Juvenile Detention (DAJD) and assigned to the CCD Intake Services Unit to administer a risk/need assessment for a subpopulation of individuals who are incarcerated in DAJD adult facilities for at least four days and no more than 180 days, are not subject to Washington State Department of Corrections (DOC) supervision, will not be transferred to another jail or jurisdiction and will be releasing to King County.

The Familiar Faces population, to the extent possible, will be included in the priority population. Data on Familiar Faces (see Table 1 below) show that they are somewhat more likely to be male and non-white than the overall jail population.⁵

³ Steadman, HJ, Osher, FC, Robbins, PC, Case, B, Samuels S. "Prevalence of Serious Mental Illness Among Jail Inmates." *Psychiatric Services*, 60, 6, (2009): 761-765.

⁴ King County Recidivism Reduction and Re-entry Strategic Planning, Progress Report I, Submitted by Patty Noble-Desy (July 2015). Available at <http://aqua.kingcounty.gov/Council/agendas/LJEM/20151027-LJEM-packet.pdf>. Accessed 12/29/15.

⁵ Srebnik, 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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Table 1: Racial disproportionality of the Familiar Faces population (Source: Familiar Faces data)

Race	2013 N	2013 %	2014 N	2014 %	Combined 2013-2014 N	Combined 2013-2014 %	Unique persons in jail (2013)*	KC adult population (census)
White	603	47.4%	679	54.2%	1282	50.8%	63.7%	69.6%
Black	544	42.7%	456	36.4%	1000	39.6%	26.6%	6.1%
Native	51	4.0%	51	4.1%	102	4.0%	2.6%	0.8%
Asian	70	5.5%	59	4.7%	129	5.1%	6.3%	16.8%
Other/Unk	5	0.4%	7	0.6%	12	0.5%	0.6%	2.3%
TOTAL	1273	100.0%	1252	100.0%	2525	100.0%		

*The percentage of White race goes down by approximately four percent when examining total bookings rather than unduplicated people (i.e., whites are less likely to have multiple bookings).

Following completion of the risk /need assessment, those who are identified as likely having a substance use (65%⁶) or serious mental health disorder (20%⁷) will be invited to participate in the development of a Recidivism Reduction and Community Re-entry Plan using Screening, Brief Intervention, and Referral to Treatment (SBIRIT)⁸ interviewing, and an evidence-based Risk Need Responsivity Simulation Tool⁹ developed by George Mason University. This work considers all relevant individual risk/need information while factoring local recidivism drivers and develops an individualized community re-entry plan designed to measure and reduce recidivism factors.

With signed permission from the individual and after conferring with defense counsel, information obtained from the risk/need assessment will be shared with any potential service providers in the community or release planning staff in the jail. In some cases, this information may be shared with programs that operate inside the jail. The Prosecuting Attorney's Office and the Department of Public Defense will be parties to a Memorandum of Understanding that assures the purpose and product of this work to be limited to the collection of data for program and resources planning and for use by the participant and any potential service providers they may choose to release their information to, with written and signed documentation, to assist with re-entry and ongoing services in the community:

"Many states and counties are developing programs to allow offender re-entry into society ahead of scheduled release. With budget cuts and improved assessment and other efficacy measurement tools, these programs can reduce correctional system costs and overhead while hopefully not increasing the risk to the community. ...re-entry programs are a key in reducing recidivism, and Assessments.com's intake-assessment-case plan process is ideally suited to serve this purpose. Information tracking clients can be shared between agencies and providers, while keeping secure agency specific information confidential."¹⁰

⁶ <http://www.casacolumbia.org/newsroom/press-releases/2010-behind-bars-ii>. Accessed 12/29/15.

⁷ Aufderheide, Dean H. and Brown, Patrick H. "Crisis in Corrections: The Mentally Ill in America's Prison." Corrections Today, Volume 67, Issue 1, (February 2005): 30 to 33. Cited from <http://healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safetypublic-health-model/> on 12/31/15.

⁸ <http://www.samhsa.gov/sbirt>. Accessed 12/29/15.

⁹ https://www.gmuace.org/research_rnr.html. Accessed 12/29/15.

¹⁰ https://www.assessments.com/content/juvenile_justice_software.htm. Accessed 1/12/16.

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Goals: If King County begins to identify and address individuals risk and criminogenic needs consistent with best practices, a reduction in the return to custody among adult individuals with SUDs and/or serious mental illness is expected. This new concept addresses a currently unmet need and represents a critical and necessary initial component in the application of alternatives that can result in overall reduced county expenses. It includes better meeting the behavioral health needs of the participants by providing them a specific and unique plan of action designed to address their behavioral health needs and decrease their likelihood of further criminal justice involvement.

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 checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

The Mental Illness and Drug Dependency (MIDD) Seventh Annual Report noted, as best practices for re-entry services¹¹, the comprehensive risk and need assessment of those incarcerated in the jails is imperative to improve the countywide system. Such assessment is important to guide case management, implement programs with fidelity, and provide more robust community monitoring¹² to facilitate re-entry and enhance recovery for individuals in need of mental health and/or substance use disorder (SUD) services who are exiting jails or court-ordered to CCD alternatives.

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.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University noted that 65 percent of incarcerated populations meet medical criteria for a SUD and only 11 percent receive treatment.¹³ There are 10 times more persons with mental health problems in prisons and jails than in state psychiatric hospitals in the United States (U.S.).¹⁴ Although King County books fewer people into jail than other large metropolitan jurisdictions, Mike West, Project/Programs Analyst, Department of Adult and Juvenile Detention (DAJD), estimates that current rates for incarcerated persons with mental health disorders likely exceeds national averages and King County is at least as likely as the national average for arrestees with SUDs.¹⁵ For example, data collected from the Global Appraisal of Individual Needs-Short Screener (GAIN-SS, validated)¹⁶ screenings conducted at the CCD Community Center for Alternative Programs (CCAP) in 2011 reveal the that 91 percent of CCAP participants (N=527) likely have

¹¹http://www.kingcounty.gov/~media/health/MHSA/MIDD_ActionPlan/Reports/150616_MIDD_Seventh_Annual_Report.ashx?la=en. Accessed 12/29/15.

¹² Mental Illness and Drug Dependency Seventh Annual Report, Page 41 (February 2015).

¹³ Ibid, <http://www.casacolumbia.org/newsroom/press-releases/2010-behind-bars-II>.

¹⁴ <http://america.aljazeera.com/articles/2014/4/8/mental-illness-prison.html>. Accessed 12/29/15.

¹⁵ Conversation with Mike West, Project/Programs Analyst IV, King County DAJD on 1/4/16. Opinion based on proportional DAJD psychiatric housing data after the King County Jail (KCCF and MRJC) census declined from 2008 through 2012.

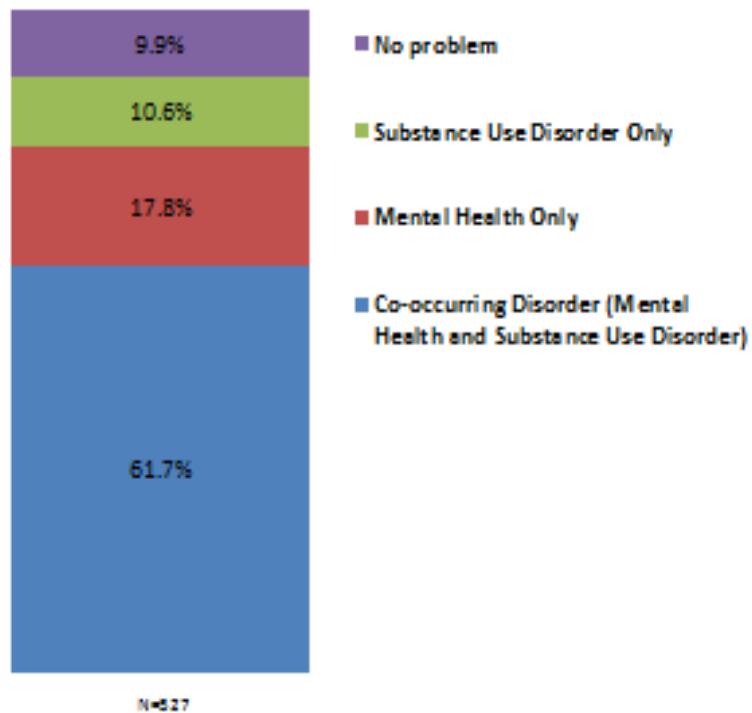
¹⁶ <http://gaincc.org/GAINSS>. The GAIN-SS is a screening instrument only, not a comprehensive needs assessment.

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a behavioral health disorder and nearly 62 percent likely suffer from co-occurring mental health and SUDs as shown in Figure 1:¹⁷

Figure 1: Behavioral Health Treatment Needs of CCAP Participants (Source: GAIN-SS screenings at CCAP)

Behavioral Health Treatment Needs of CCAP Clients Based on GAIN-SS Data from Calendar Year 2011



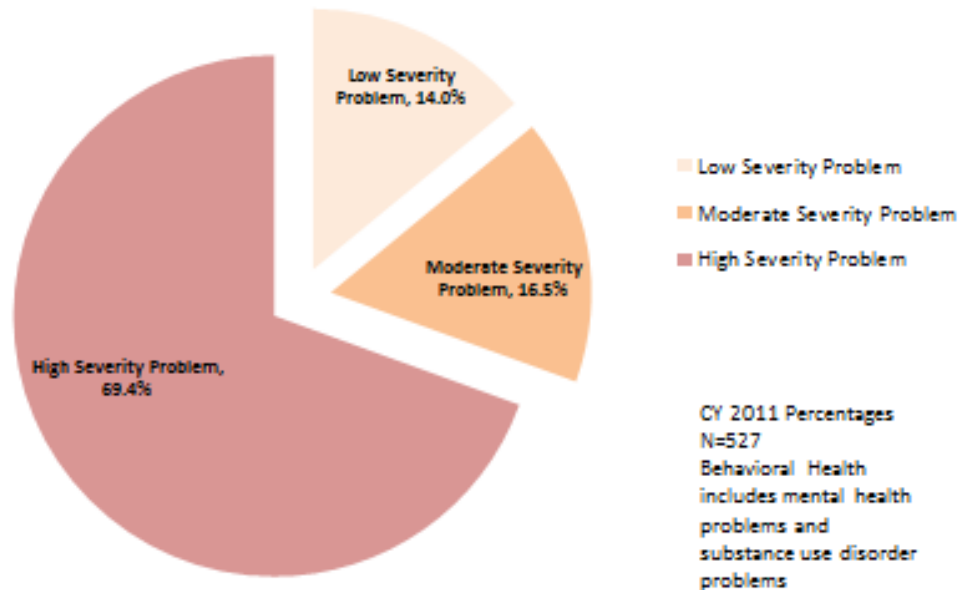
The same GAIN-SS dataset (2011) revealed that over 69 percent likely have a high severity problem as shown in Figure 2:¹⁸

Figure 2: CCAP Participants – Behavioral Health Problem by Severity (Source: GAIN-SS screenings at CCAP)

¹⁷ GAIN-SS screenings conducted by Sound Mental Health clinicians at CCAP and reported to Assessments.com. Data were analyzed and presented by Geoff Miller, King County MHCADSD, via PowerPoint Presentation in 2012.

¹⁸ Ibid, Geoff Miller (2012).

Community Center for Alternative Programs Behavioral Health Problem by Severity of the Problem



King County books about 25,000 unique persons annually in the two adult jails, the King County Correctional Facility (KCCF) in Seattle and the Maleng Regional Justice Center (MRJC) in Kent. Given these estimates, over 16,000 of those booked annually will have a SUD and 5,000 will have a major mental health disorder. Without conducting a comprehensive risk and need assessment, the County is not only underestimating the numbers of persons cycling through our jails who are in need of specific substance and mental health interventions, but we are systematically failing to identify and, therefore, failing to make plans to address these major behavioral health issues that very likely contributed to their arrest in the first place.

In 2014, 1076 individuals received King County Jail Health release planning services.¹⁹ Currently, those targeted to receive such services are generally high need and medically fragile. While this work is important, the number served is inadequate if the jail is to assume a more robust role as a partner in the continuum of care. The Department of Community and Human Services/Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), Public Health—Seattle & King County/Jail Health Services, DAJD, Prosecuting Attorney's Office, Department of Public Defense and the King County Executive's Office of Performance, Strategy and Budget (PSB) support the County's goals of reducing recidivism and enhancing re-entry opportunities via this proposed new concept. These agencies have expressed a desire to partner in the application of best practices beginning with the idea that discharge planning begins at intake, particularly for those with behavioral health disorders.

¹⁹ Data collected by King County Jail Health Services in 2014.

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At present, actuarial risk and need assessments are not conducted within the King County criminal justice system and hence this basic and necessary information is not used in planning, developing, referring or providing mental health and/or SUD services to incarcerated adults or those court-ordered to CCD alternatives. Further, the administration of the risk needs assessment will also assist DAJD classification and Jail Health psychiatric personnel to better classify individuals booked into jail, further promoting a safe jail environment for staff and inmates. Overall, the current situation represents a systemic flaw in the King County criminal justice service delivery continuum.

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

By implementing the validated Risk/ Need Assessment, King County will be establishing baseline data for use in the jail and CCD that will reliably inform resource allocation, case management, program development, and referral and community practices for individuals with behavioral health disorders who are justice involved. Furthermore, the development of a Recidivism Reduction and Community Re-entry Plan that addresses behavioral health needs, and the addition of an SBIRT interview, with each participant will increase the likelihood of fewer individuals returning to jail for mental health and/or substance use related behaviors that result in criminal charges and are associated with a lack of risk intervention and appropriate, needs-based community referral.

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.

Consistently, national criminal justice literature has deemed the application of an actuarial risk and need assessment as an evidence-based practice for identifying and better addressing all client needs while reducing recidivism for the criminal justice involved population.²⁰ The MIDD Seventh Annual Report noted that the comprehensive risk and need assessment of incarcerated individuals is imperative in order to improve the countywide system; such assessment is important to guide case management, implement programs with fidelity, and provide more robust community monitoring²¹ to ensure the right treatment is accessed at the right time in the right amount for the right client.

A report published by the Council of State Governments Justice Center entitled *Reducing Recidivism: States Deliver Results* (June 2014) shows positive criminal justice outcomes in eight states that achieved reductions in statewide recidivism in recent years: Colorado, Connecticut, Georgia, North Carolina, Pennsylvania, Rhode Island, South Carolina, and Wisconsin. The report focuses on statewide recidivism data compiled by the National Re-entry Resource Center (NRRC) for adults released in 2007 and 2010 with a three-year follow-up period.²² The report also features examples of recidivism reduction strategies, practices and policies that these eight states implemented. A consistent strategy applied by these states, backed by research, is the application of an actuarial risk and need assessment:

Using risk and need assessments to inform case management

“Research shows that correctional programs with the greatest impact on recidivism sort individuals based on their risk of reoffending. Risk and need assessment tools examine both

²⁰ Source: <https://csgjusticecenter.org/re-entry/publications/reducing-recidivism-states-deliver-results/>. Accessed 12/29/15.

²¹ Ibid, MIDD Seventh Annual Report (February 2015).

²² Council of State Governments Justice Center, *Reducing Recidivism: States Deliver Results*. New York (2014).

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static (historical and/or demographic) and dynamic (changeable) criminogenic needs (also known as criminogenic risk factors) that research has shown to be associated with criminal behavior and make someone more likely to reoffend.”²³

Other effective strategies include investing in community-based treatment, promoting continuity of care from incarceration to the community, tailoring approaches to individual needs, and providing incentives for participation in programs designed to reduce likelihood of reoffending.²⁴

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

As noted previously, national criminal justice literature has deemed the application of an actuarial risk and need assessment as an evidence-based practice for identifying and better addressing all client needs while reducing recidivism for the criminal justice involved population.²⁵

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?

Some jurisdictions in the U.S. have been able to reduce their rates of recidivism through the complete application of evidence-based practices with fidelity, of which risk and need assessment is foundational.²⁶ At present, King County is unable to assess, monitor, or track performance outcomes based on risk and need. This lack of jurisdictional process and data collection impedes the County’s ability to match behavioral health involved clients to the proper level of service necessary to disrupt their criminal justice involvement or make informed improvements to the behavioral health and criminal justice service delivery continuum. The implementation of the comprehensive risk and needs assessment of incarcerated individuals in King County will guide case management and appropriate services placement.

Current work is in process within the Executive’s Office and DAJD to assure the development of the risk/need assessment instrument by Washington State University (WSU) over the next six to nine months. The data collection processes, storage and reporting functions will be provided by Assessments.com, who are the data assurance providers for WSU and their risk/need instruments developed for offender re-entry. WSU will provide data analysis and program evaluation. Anticipated outcomes include reduced re-incarcerations, increases in accessing treatment, and longer periods of community tenure for individuals assessed and linked to appropriate treatment.

Outcome Indicators: The indicators will include identification of individuals in need of behavioral health interventions, specific and targeted referrals for this population, identified risk level and criminogenic needs that can be used to inform jail practices for this population, and an individualized plan to reduce the likelihood of re-offense. With a plan developed, referral sources are better able to direct participants to viable community-based programs that are prepared to address their risks and needs and will document their admission to appropriate programs in the community. In the event of a return to

²³ https://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf, Page 4. Accessed 12/31/15.

²⁴ Ibid, https://csgjusticecenter.org/wp-content/uploads/2014/06/ReducingRecidivism_StatesDeliverResults.pdf, Page 4.

²⁵ <https://csgjusticecenter.org/re-entry/publications/reducing-recidivism-states-deliver-results/>. Accessed 12/29/15.

²⁶ <https://csgjusticecenter.org/nrrc/publications/states-report-reductions-in-recidivism-2/> and <https://csgjusticecenter.org/re-entry/publications/reducing-recidivism-states-deliver-results/>. Accessed 12/31/15.

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custody in King County, the client risk/need profile and the Community Re-entry Plan will be reviewed to determine what did not work well and what can be done differently to achieve a positive outcome.

Data Sources: The applicable county agency involved will enter risk/need assessment results and referral information into their proprietary database or an alternative data repository identified by the County. Upon admittance of referrals to services at community-based agencies under contract with MHCADSD, all services data will be uploaded by these community-based providers to the MHCADSD Information System. The Jail booking data are provided to MHCADSD from all of the jails that operate in King County. Thus, re-incarceration and jail days data will continue to be tracked to determine recidivism outcomes. Psychiatric hospital admission and discharge data are available to MHCADSD from Western State Hospital, community hospitals, and evaluation and treatment facilities that serve publicly funded residents of King County, and will continue to be tracked.

C. Populations, Geography, and Collaborations & Partnerships

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 checked="" 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 type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input 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 checked="" 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.

The target population consists of individuals with mental health and/or SUDs, including Familiar Faces, who are incarcerated or court-ordered to a CCD alternative for variable lengths of stay. It is important to implement an evidence-based, informed criminal justice continuum in the King County Jail and CCD. The proposed limited scale implementation will assess the female population at the MRJC and a portion of the male population at the KCCF or MJRC who are incarcerated for at least four and no more than 180 days, are not subject to DOC supervision, will not be transferred to another jail or jurisdiction and will be releasing to King County. The populations served in this proposal will not primarily be individuals who are served by Jail Health Services release planners; rather, they will be in addition to those on release planner caseloads. However, at the participant's request, risk and need information collected can be available for release planning as appropriate and useful.

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- 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**

DAJD houses incarcerated individuals at two adult facilities in Seattle (KCCF) and Kent (MRJC) who come from all areas of King County and, to a lesser extent, from outside King County. CCD participants also come from all areas of King County. CCAP represents the largest direct service program in CCD. Based on data collected by CCD from June 2014 through June 2015²⁷, CCAP participants reside in the following areas:

- Seattle = 38 percent
- South King County = 32 percent
- East King County = 7 percent (includes Snoqualmie Valley)
- North King County = 5 percent (primarily Northshore area)
- Other = 8 percent
- Homeless = 10 percent

- 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.**

DAJD and CCD Administration, Jail Health Services, the Prosecuting Attorney's Office, the Department of Public Defense, Courts, community providers, and the King County Executive's Office are all partners currently working together in this endeavor as members of the Recidivism Reduction and Re-entry Policy Work Team. They will continue to be vital partners for success, along with the King County Department of Community and Human Services.

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 Care Reform and the Health and Human Services Transformation are important drivers for this proposal. These initiatives will enhance the publicly funded service delivery system in King County, particularly for marginalized populations such as those who are criminal justice involved. The King County Executive's Recidivism Reduction and Re-entry (RRR) strategies represent enhanced focus on jail re-entry in order to impact recidivism rates in King County. The RRR also has a close connection to the King County Equity and Social Justice (ESJ) Initiative²⁸, a critical aspect of this proposal given that the King County Jails (KCCF and MRJC) are overrepresented by persons of color, particularly Blacks/African Americans, as presented below (2014 data²⁹).

Table 2: King County Jail bookings by Race (Source: DAJD Detention and Alternatives Report, 2014)

RACE	BOOKINGS		UNIQUE PERSONS	
	N	Percent	N	Percent

²⁷ Cited from Adult Operational Master Plan (AJOMP) III preliminary study results presented to the AJOMP III Steering Committee by the Honorable Jim Rogers, King County Superior Court, Chief Criminal Judge on November 16, 2015.

²⁸ <http://www.kingcounty.gov/elected/executive/equity-social-justice.aspx>. Accessed 1/6/16.

²⁹ King County DAJD Detention and Alternatives Report, Bookings and Unique Persons Incarcerated by Demographics - Calendar Year 2014. Cited on 12/31/15 from:

http://www.kingcounty.gov/~media/courts/detention/documents/KC_DAR_Monthly_Breakouts_CY2014.ashx?la=en.

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White	21,804	62.7%	15,810	64.7%
Black/African American	9,657	27.8%	6,256	25.6%
Asian/Pacific Islander	2,094	6.0%	1,571	6.4%
Native Amer./Alaska Nat.	934	2.6%	587	2.4%
Other/Mixed Race	235	0.6%	190	0.7%

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?

It is the intention of this proposal to utilize and retool duties of existing County staff as well as hiring some additional staff to accomplish the work. This effort may involve collective bargaining if the current and newly funded positions do not align with an existing County job description. As retooling of current job duties of PR Investigators is anticipated, assignments can be delegated among the staff working alternative shifts. As this work will be placed within CCD, the Public Safety Employees Union Local 519 will need to be involved.

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?

If linked services, informed by the comprehensive risk/need assessment, 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. 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*,³⁰ which provides some guideposts for community-based agencies to align with the populations they serve and ensure that services are culturally responsive and informed.

Community-based treatment providers will still need to conduct a validated clinical assessment prior to admitting a referred individual to treatment. Although useful for referral and matching purposes, implementing a comprehensive risk/need assessment will not replace the need to conduct a validated clinical assessment, which is required by Washington Administrative Code for access to SUD treatment in Washington State and necessary to determine the appropriate level of care (e.g. outpatient vs. residential inpatient treatment). Ideally, a validated clinical assessment would be administered to all individuals who come into contact with the criminal justice system prior to case disposition by the court. Indeed, many of the individuals in the target population may be better served via direct diversion by law enforcement/first responders to community-based care and supports without booking into jail.

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?

At present, actuarial risk and needs assessments are not conducted within the King County criminal justice system and hence this basic and necessary information is not used in planning, developing, referring or providing mental health and/or SUD services to incarcerated adults or those court-ordered to CCD alternatives. The lack of jurisdictional process and data collection impedes the ability to match behavioral health involved clients to the proper level of service necessary to disrupt their criminal justice

³⁰ https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards. Accessed 1/4/16.

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involvement or make informed improvements to the behavioral health and criminal justice service delivery continuum. Hence, many individuals remain untreated and continue to be re-arrested and re-incarcerated. This situation represents a systemic flaw in the current continuum of services in King County for individuals transitioning from incarceration to community-based care.

- 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?**

For the past seven to ten years, needs assessments have been conducted in the jails by King County Jail Health Services' release planners and community-based agency staff, including criminal justice liaisons, boundary spanners, and re-entry case managers. However, these collective staff persons are working with a very small number ('tip of the iceberg') of incarcerated individuals. The vast majority of incarcerated adults are not assessed in King County. A comprehensive, systematic approach is needed.

Alternatively, rather than hiring County staff, a Request for Proposals (RFP) may be issued to contract with a community-based agency to conduct the in-custody risk/needs assessments. This approach would be much less accountable to DAJD and more difficult to manage.

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 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 proposal fits with Health Care Reform and the Health and Human Services Transformation within a continuum of care. These initiatives will enhance the publicly funded service delivery system in King County, particularly for marginalized populations, such as those who are criminal justice involved. The King County Executive's RRR strategies represent enhanced focus on jail re-entry in order to impact recidivism rates in King County.

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

Administering a comprehensive, actuarial risk/needs assessment prior to an individual transitioning from jail, and referring the individual to needed services upon release from custody, represents a person-centered approach and is rooted in all the principles of recovery and self-determination. Trauma informed referral to community care is a vital and critical aspect of this approach.

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

This proposal, which encompasses the RRR strategies, has a close connection to the King County ESJ Initiative by obtaining critical risk/need assessment information to match re-entry services to individuals who are overrepresented by persons of color, with an enhanced focus on jail re-entry in order to impact recidivism rates in King County.

Following is a table comparing King County Jail bookings with the King County census by race, which shows that people of color are overrepresented in the jail, particularly Blacks/African Americans.

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Table 3: Racial disproportionality of King County Jail bookings

RACE	JAIL BOOKINGS ³¹		KING COUNTY CENSUS ³²	
	N	Percent	N	Percent
White	21,804	62.8%	1,325,845	70.1%
Black/African American	9,657	27.8%	119,801	6.7%
Asian/Pacific Islander	2,094	6.0%	298,119	8.9%
Native Amer./Alaska Nat.	934	2.7%	18,076	1.9%
Other/Mixed Race	235	0.7%	355,485	12.4%
TOTAL	34,724	100.0%	2,079,967	100.0%

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.)?

The addition of formal risk and needs assessment work to the existing PR Investigator work unit is expected to align their current work practices and products with improved and current best practices. Funds are requested to hire 3.0 full-time equivalent (FTE) Personal Recognizance (PR) Investigators to administer a comprehensive, actuarial risk/need assessment to approximately 2460 individuals after jail booking, and refer individuals to needed services upon release from the KCCF and the MRJC. Additionally, a 1.0 FTE Corrections Program Supervisor (CPS) is proposed to support implementation and assure quality assurance, and data accuracy and reporting fidelity. Other resources needed to implement the new concept include physical office/cubicle space for the new positions (including a telephone, computer with Internet access, and access to a copy machine, printer and fax machine).

2. Estimated ANNUAL COST. \$100,001-500,000 Provide unit or other specific costs if known.

Maximum funding in the amount of \$470,900 per year is requested to fund 4.0 FTE (3 FTE PR Investigators, 1 FTE supervisor) within the DAJD/CCD Intake Services Unit to conduct approximately 2460 assessments per year. Annual salary/wage plus benefits equals \$112,725 per PR Investigator FTE based on 2016 hourly rates at the top step. Labor costs in the first few years of implementation would obviously be lower as some (or most) of these positions will be filled with new employees or those with less seniority. The balance of \$20,000 per year is requested for overhead costs, materials, and staff training.

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

Clinical needs assessments are currently being conducted on a limited basis by various social workers either working in the jail (Jail Health Services staff) or accessing the jail (community-based agency staff). Examples include release planners; contracted criminal justice liaisons, boundary spanners, and re-entry case managers from Sound Mental Health; jail case monitors/chemical dependency professionals contracted through Therapeutic Health Services or assigned by the King County Department of Community and Human Services' Diversion and Re-entry Services section; and veterans re-entry case managers assigned by the Washington State Department of Veterans Affairs (WDVA).

³¹ http://www.kingcounty.gov/~media/courts/detention/documents/KC_DAR_Monthly_Breakouts_CY2014.ashx?la=en.

³² 2014 King County Census Estimate: <http://quickfacts.census.gov/qfd/states/53/53033.html>. Accessed 1/7/16.

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The King County Jail Health Services and Sound Mental Health positions are currently funded by County MIDD supplantation. The jail case monitors are funded by County MIDD supplantation and federal Grant-In-Aid. The WDVA veteran re-entry case managers are funded by the King County Veterans and Human Services Levy and Washington State Veterans' Relief funds.

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

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

In cooperation with the unit supervisor, a comprehensive process walk and job analysis of the current PR Investigators work load, practices and outputs will be necessary prior to developing proposed position changes needed to meet the objectives of this new risk need work. DAJD will need to collectively bargain with the Public Safety Employees Union Local 519 to determine if this body of work fits within the existing PR Investigator job class without modification. It will take six months to a year from award to hire all applicable staff to conduct the risk/need assessments at KCCF and the MRJC, and provide necessary staff training on the instrument before full implementation occurs.

b. What are the steps needed for implementation?

Once the position is collectively bargained, new staff will need to be recruited and hired. New and existing staff will be fully oriented and trained in their new duties, processes and methods. Office/cubicle space will need to be secured along with office furniture and telecom equipment.

c. Does this need an RFP?

No, an RFP is not required. However, if the decision is made to fund this proposal and competitively bid the work, then an RFP will be necessary and time to implementation would be the same (six months to a year).

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?

Based on multiple conversations with DAJD/CCD, Jail Health Services, King County District Court, and the Department of Public Defense (DPD), this body of work is best located within the existing Intake Services Unit (PR Investigators) housed in the jail and under the leadership of the Community Corrections Division. The Prosecuting Attorney's Office and the DPD will be parties to a Memorandum of Understanding that assures the purpose and product of this work to be limited to the collection of data for program and resources planning, and for use by the participant and any potential service providers they may choose to release their information to, with written and signed permission.

Current work is in process within the Executive's Office and DAJD, as supported by the King County Council, to assure the development of the risk need assessment instrument by Washington State University over the next six to nine months. The data collection processes, storage and reporting functions will be provided by Assessment.com, who are the data assurance providers for WSU and their Risk Need instruments. WSU will provide data analysis and program evaluation. This MIDD briefing paper links to ES 11a ES 12a BP 52 79 80 (Jail Re-entry System of Care).

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Working Title of Concept: Identifying and Intervening in Behavioral Health Disorders through Implementing Actuarial Risk and Need Assessment in King County Jails

Name of Person Submitting Concept: William Hayes

Organization(s), if any: Division of Adult and Juvenile Detention, Jail Health, PAO, Public Defense, PSB

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1. Describe the concept.

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

The Bureau of Justice and the Vera Institute of Justice note in 2015, that 50% of the U.S. Jail population has mental health issues and 68% have a history of chemical dependency. King County Jail estimates that current rates for incarcerated persons with substance use disorders exceeds national averages and we are at least as likely as the national average for arrestees with major mental health needs. Consistently, national criminal justice literature has deemed the application of an actuarial risk and need assessment as an evidence based practice for identifying and better addressing all client needs while reducing recidivism for the criminal justice involved population. Noted in the Seventh Annual MIDD report, (pg 41) as best practices for re-entry services, the comprehensive risk and need assessment of those incarcerated in our jails is imperative as we strive to improve our county wide system by providing such assessment to guide case management, implement programs with fidelity and provide more robust community supervision as well as to provide the right treatment, at the right time in the right amount to the right client. At present, such assessments are not conducted within the King County adult criminal justice system and hence this basic and necessary information is not used in planning, developing, referring or providing substance abuse or mental health services to incarcerated persons or to the persons being referred for Community Corrections Division alternatives programs. This is a systemic flaw in the King County criminal justice service delivery continuum. As King County has established the need to develop a comprehensive Recidivism Reduction and Re-entry Strategic Operation and Implementation Plan to stem the rate of recidivism, the first step required is the development and implementation of a County validated risk and need platform. At present, a cross system criminal justice and behavioral health work team are working with Washington State University Criminal Justice Institute to develop a comprehensive King County jurisdictional risk and need assessment tool that when applied county-wide will not only identify the risk of re-offense but will specifically categorize the criminogenic need of the individual. Only when the risk and needs are properly identified can appropriate planning and treatment result, allowing the county to direct resources to those most likely to benefit from services and position the jail and Community Corrections Division to partner with providers in an effort to reduce recidivism consistent with national best practices. In 2014, 1076 individuals received jail-based release planning services. Currently those targeted to receive such services are generally high need and medically fragile. While this work is important, this number is inadequate if the jail is to assume a more robust role as a partner in the continuum of care. DAJD, Jail Health, PAO, Public Defense and PSB support the county's goals of reducing recidivism and enhancing re-entry opportunities and this proposed concept. It is our desire to partner in the application of best practices beginning with the idea that discharge planning begins at intake particularly for those with substance use and mental health disorders. To that end, funding is requested for staff to administer a Risk/Needs Assessment for a portion of those persons that are incarcerated in the jail for at least 4 and no more than 180 days, are not subject to DOC supervision, will not be transferred to another jail or jurisdiction and will be releasing

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to King County. Following the completion of the Risk /Need Assessment, those who are identified as likely (estimated to be at least 68%) have a substance use or other behavioral health disorder will be invited to participate in the development of a Recidivism Reduction and Community Re-entry Plan using Screening Intervention and Referral to Treatment (SBIRT) interviewing and an evidence based risk need responsivity tool developed by George Mason University. This work considers all relevant individual risk/need information while factoring local recidivism drivers and develops an individualized community re-entry plan designed to measure and reduce recidivism factors.

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.

Due to the fact that King County books fewer people into jail than other large metropolitan jurisdictions, the ones we do book are most likely the highest need of the substance involved and mentally ill population. King County books about 35,000 persons annually in the two metropolitan jails. Given the above estimates, over 23,000 of those booked annually will suffer with substance use disorder and at least 17,500 will have mental health issues. The problem at least in part is that without a comprehensive Risk and Need Assessment we are not only under estimating the numbers of persons cycling through our jails that are in need of specific substance and mental health interventions, but we are systematically failing to identify and therefore make plans to address these major behavioral health issues that very likely contribute to their arrest in the first place. If we begin to identify and address individuals risk and criminogenic needs consistent with best practices, we can expect to see a reduction in the return to custody among the addicted and mentally ill. This concept is a currently unmet need and is a critical and necessary initial component in the application of alternatives that can result in overall reduced county expenses while better meeting the behavioral health needs of the participants by providing them a specific and unique plan of action designed to address their behavioral health needs and decrease their likelihood of further criminal justice involvement.

3. How would your concept address the need?

Please be specific.

By implementing the validated Risk/ Need Assessment, King County will be establishing baseline data for use in the jail and the Community Corrections Division that will be able to reliably inform resource allocation, case management, program development, and referral and community practices for the addicted and mentally ill population. Further, the development of a Recidivism Reduction and Community Re-entry Plan that address behavioral health needs and the addition of SBIRT interview with each participant, will increase the likelihood of fewer persons returning to the jail for addiction and mental health related behaviors that result in criminal charges and are associated with a lack of risk intervention and appropriate, need based community referral.

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

Substance involved and mentally ill persons incarcerated in the jail are our target population. This is a first and necessary step in implementing evidence based informed criminal justice continuum in the King County Jail and Community Corrections Division. This implementation will serve a prioritized population of persons that are incarcerated for a variable length of stay. The proposed small scale implementation will serve the female population at the Regional Justice Center and a portion of the males that are incarcerated in the jail for at least 11 and no more than 180 days, are not subject to DOC supervision, will not be transferred to another jail or jurisdiction and will be releasing to King County. The partial implementation will serve a portion of the same population but will include those that are housed in the

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jail between 4 and 180 days. The population served in this proposal will not be participants in the existing release planning work conducted by current Jail Health Release Planning Staff

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.

Jurisdictions like King County have been able to reduce their rates of recidivism by up to 30% through the complete application of evidence based and fidelity adherent practices of which risk and need assessment is foundational. At present, King County is unable to assess, monitor, or track performance outcomes based on risk and need. This lack of jurisdictional process and data collection impedes our ability to match behavioral health involved clients to the proper level of service necessary to disrupt their criminal justice involvement or make informed improvements to the behavioral health and criminal justice service delivery continuum. The measurable outcomes will include identification of clients in need of behavioral health interventions, specific and targeted referrals for this population, identified risk level and criminogenic needs that can be used to inform booking/charging practices for this population and an individualized plan to reduce the likelihood of re-offense. With a plan developed, we are better able to direct participants to viable community based programs that are prepared to address their risks and needs and will document their admission to the community based programs. In the event of a return to custody in King County, the client risk/need profile and the Re-entry Plan can be reviewed to determine what did not work well and what can be done differently to achieve a positive outcome. At this time neither this practice nor data is available.

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?

The goal is to identify and better address the needs of those persons incarcerated in the King County Jail and those referred to and served by the King County Community Corrections Division that have substance use and mental health disorders. Without proper assessment that defines risk level and identifies the criminogenic needs that must be addressed to improve their individual outcomes, King County will continue to be hindered by using intuitive guesswork rather than the evidence based science that supports matching clients with the proper level of classification, supervision, potential early release or diversion from confinement, and placing them in the appropriate intervention to best address their mental health and substance use disorders.

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.

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Jail and Community Corrections Administration, Jail Health, the Prosecuting Attorney's Office, the Office of Public Defense, Courts, Community Providers and the County Executive's Office are all partners currently working together in this endeavor as members of the Recidivism Reduction and Re-entry Policy Work Team. They will continue to be vital partners for successes.

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: \$ 700,000 per year, serving 3466 people per year

Partial Implementation: \$ 1,100,000 per year, serving 5031 people per year

Full Implementation: \$ per year, serving 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.