King County

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

Evaluation of the

Forensic Intensive Supported Housing (FISH)

Program

Prepared by Genevieve Rowe

Research Assistance provided by Titus Chembukha

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Introduction

The King County Forensic Intensive Supported Housing program, FISH, is a unique program designed to fill a gap in housing and mental health services for a specific population of homeless adults who are involved in the criminal justice system. FISH is funded by the King County Veterans and Human Services Levy and is one of the services meeting the Levy Objective:

> Develop and implement stronger preventive measures to avoid or prevent homelessness, and create or preserve supportive housing for those who are homeless or at risk of homelessness to achieve the goal of ending homelessness in King County by increasing knowledge of effective housing first programs.

FISH is administered by the Mental Health, Chemical Abuse and Dependency Services Division and implemented by Sound Mental Health.

The purpose of the FISH program is to promote community stability while reducing high-end service costs for program participants. Since the program model is new, a comprehensive evaluation of the first two years of FISH services was conducted to ensure that the program was operating as expected and realizing its goals. This report describes the FISH program, its target population, and presents the findings from the detailed evaluation.

Target Population

The FISH program serves two populations:

- Homeless adults who are unable to participate in Mental Health Court because they have been found to be not legally competent to stand trial and their charges have been dropped.
- Homeless adult U.S. military veterans with a mental health disorder in a King County or municipal jail eligible for King County Veterans Levy Program.

FISH will serve 60 homeless veterans and non-veterans from the two target populations.

Program Description

The three Mental Health Courts in King County, City of Seattle Municipal Mental Health Court (MHC), King County District Court Regional MHC and City of Auburn MHC, are a good option for many of those arrested in King County whose crimes are due to their mental health issues. These courts effectively merge the criminal justice and human services systems by providing intensive community supervision with legal leverage and access to services.

There are, however, some individuals with mental health disorders who have been arrested who do not meet criteria for Mental Health Court. Upon assessment:

- these individuals are deemed not competent to stand trial, so their charges are dropped and
- they do not meet civil commitment criteria, so they cannot be involuntarily hospitalized.

For these individuals, Mental Health Court is not an option. They are released into the community without services or supervision. This often leads to an ongoing cycle of arrest, competency evaluation, dismissal due to lack of competency, release to the community, and re-arrest. The Forensic Intensive Supportive Housing program, FISH, was designed to address this specific population.

A unique feature of the FISH program is the boundary spanner. The role of the boundary spanner is to work closely with the Mental Health Courts, jail staff, and county/jail psychiatric staff to identify and engage individuals whose charges are likely to be dropped due to lack of competency. Individuals are assessed for other FISH criteria such as homelessness. This early and frequent engagement is essential so that these individuals can be housed and referred for services when they are released to the community. The boundary spanner provides cross-system problem solving for these people so that they can access the services they need once their case has been dismissed and the Mental Health Court no longer has jurisdiction. The boundary spanner also receives referrals from King County Veterans Services. Once the boundary spanner has determined eligibility for FISH, the rest of the FISH team becomes involved in the engagement and enrollment process.

Services provided by FISH are comprehensive and include:

- Housing with support services
- Assertive engagement to recovery based treatment
- Intensive case management
- Integrated Dual Disorder Treatment (IDDT)
- Medication management
- 24-hour crisis services
- Forensic peer support
- Education and employment assistance

FISH is a Housing First program. All participants are homeless when they enter the program. Participants are housed first without any requirement to participate in services. Housing is permanent and time unlimited. A mix of housing options is available. Most participants are placed in cluster housing with support staff on-site 24/7. Some participants reside in scattered site housing with support services provided by the FISH team. Respite housing is also provided when needed.

The FISH program is an intensive supportive housing first project that is tailored to provide effective prevention and intervention strategies for those most at-risk and most in need to reduce or prevent more acute illness, high-risk behaviors, incarceration and other emergency medical or crisis responses. The Housing First approach consists of providing housing to participants without requiring participation

in mental health and substance use disorder treatment, however, treatment is continually offered and provided when participants consent.

Services include:

- Time-unlimited services provided from a recovery and resiliency perspective
- Provide vocational training and help participants find and keep jobs
- Housing support and stability services
- Medication management
- Benefits assistance
- Intensive Case Management/Assertive Engagement
- Integrated mental health and substance abuse treatment
- 24-hour crisis services

Fidelity

The FISH program model provides integrated mental health and substance abuse treatment via the evidence-based Integrated Dual Disorder Treatment (IDDT) program. An IDDT fidelity review was conducted in July 2011 to provide feedback to the FISH team as to how well they were implementing IDDT services within the FISH program. The average fidelity score received was 2.8 out of 5.0.

The FISH team received high marks in program philosophy, training, client choice, outreach, pharmacological treatment, long-term services, and interventions to reduce negative consequences. The reviewers made very positive comments including:

> *"This is a model program of outreach. The team partners and is present in the type of formal and informal systems where clients struggling with complex mental illness and substance abuse issues are most likely to be found. The community/neighborhood based services focus on the primary needs of its participants … and coordinates with local police, courts, jails, ER to best manage and support a recovery process."*
>
> *"The 'Coffee with Kelly' group is an ingenious strategy aimed at de-stigmatizing medication and prescribers."*
>
> *"Documentation, interventions, groups, and community connections are targeted specifically and strategically to reduce negative consequences (i.e. safe housing, needle exchange, partnership with police & courts, safety groups). The working relationship with the neighborhood police who are first call responders and who attend the FISH staff meetings on occasion, has had a notable direct impact on reducing negative consequences with attempts to resolve crisis and potential crisis in a proactive manner."*

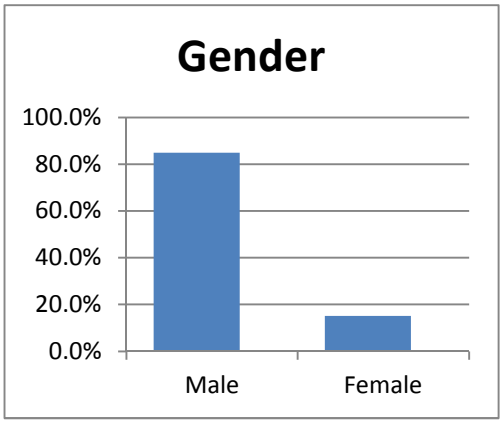
Several of the areas that did not receive high marks were related to the provision of treatment services. Reviewer comments included:

> *"Nearly every treatment activity would fall under the 'engagement' phase based on stage-wise treatment, which does not demonstrate a focused approach in planning or treatment to strategically move clients forward."*
>
> *"Can access dual diagnoses groups at the main SMH campus—although few have engaged in any of those available groups and there is no strategic focus to increase participation or tailor a group to this population to increase potential attendance."*
>
> *"Although a fundamental requirement of the program, substance abuse issues are only on the treatment plan if identified by the client. And even when identified by the client, there is little indication of substance abuse counseling as an intervention."*

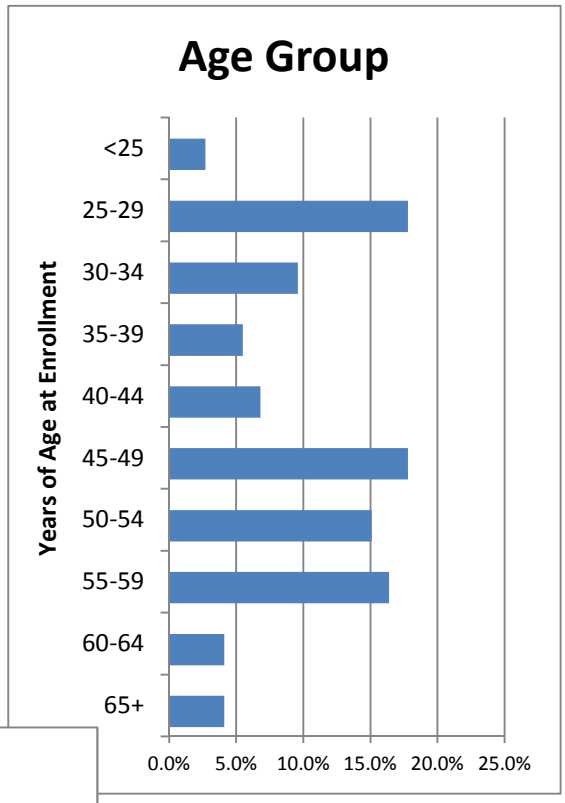
Unfortunately at the time of the fidelity review the team did not include a designated substance abuse specialist although they were recruiting to fill the position.

Demographic Characteristics of FISH Participants

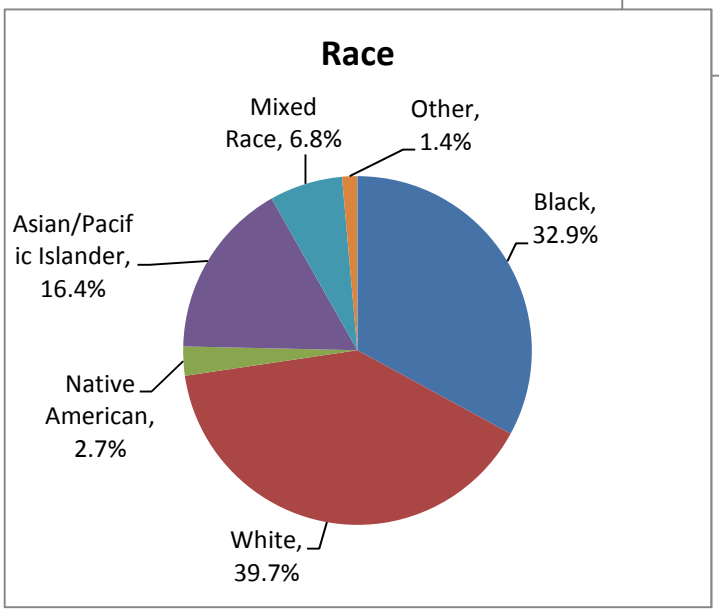
FISH began providing services on April 1, 2009 and by December 31, 2011, had served 73 individuals. All participants were homeless when they entered the program.



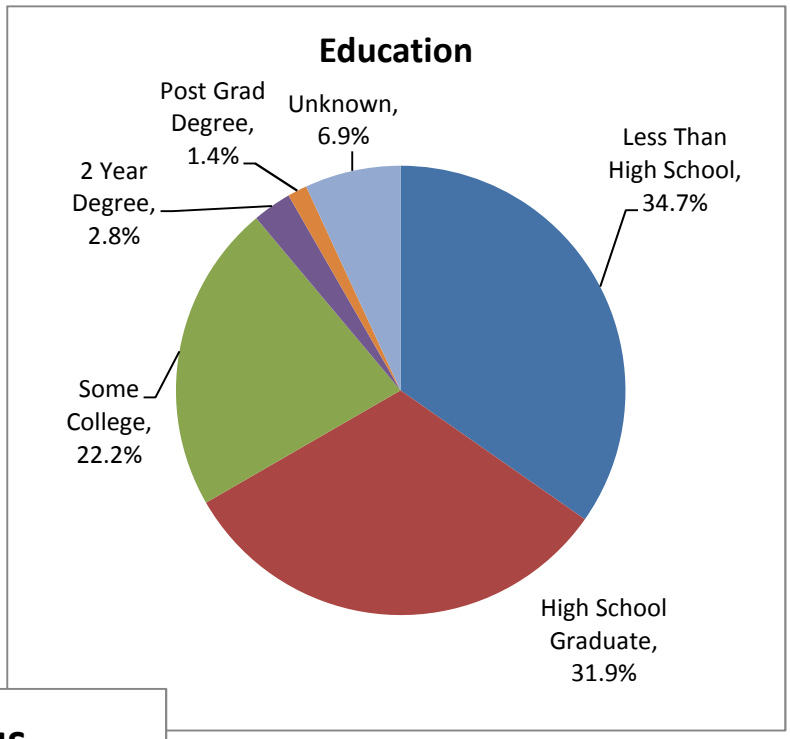
The majority of FISH participants are male, 85 percent, versus 15 percent female. The average age of a FISH participant at enrollment is 44 years. The range of ages served is wide, from 21 years to 75 years at enrollment.

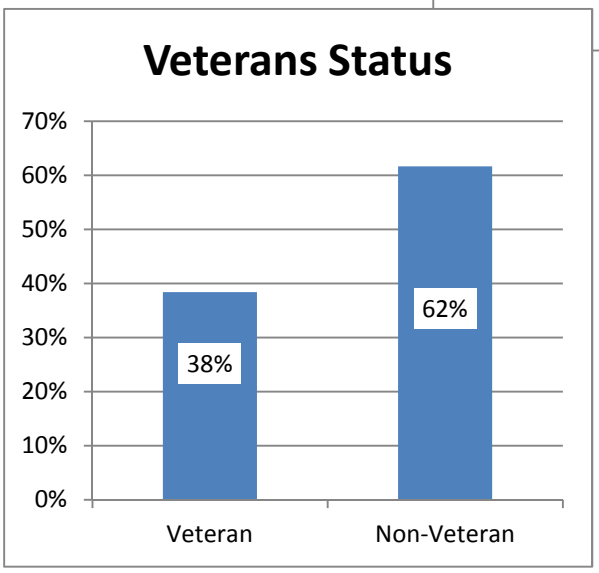


Approximately 40 percent of FISH participants are White, 33 percent African American or Black, 16 percent Asian or Pacific Islander, seven percent mixed race, three percent Native American, and one percent other. Seven percent are of Hispanic ethnicity.

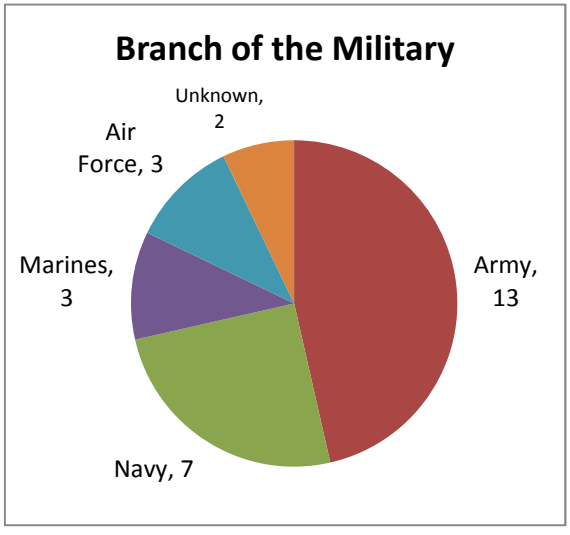


About 60 percent of FISH participants have a high school education or better. Thirty-five percent have less than a high school degree.





Twenty-eight FISH participants have been veterans of the United States Military; approximately 40 percent of those served by the program. Twenty-four had Honorable Discharges, two had General Discharges, and the discharge status of two participants is unknown. Most served in the Army.



Quantitative Outcomes

The quantitative outcomes measured in the FISH evaluation include jail bookings and days, sobering center admissions, psychiatric hospitalizations and days, and days in the community. Baseline measures are taken in the year prior to enrollment in FISH. These baseline measures are compared to the same measure after participating in FISH for one year and again after participating for two years. FISH participants are divided into two cohorts, Cohort One consists of those individuals who have been in the program for between one and two years as of December 31, 2011. Cohort Two consists of those who have been in the program for at least two years as of December 31, 2011. Of the 73 individuals who have been enrolled in FISH , 36 have participated for at least two years (Cohort Two), 25 have participated for one year (Cohort One), and 12 have participated for less than a year (most outcomes are not measured for this group).

Housing retention is another quantitative outcome. Housing retention is measured following initial placement in FISH supported housing and is not compared to a baseline.

Results of the quantitative outcomes analysis follow.

Housing Retention

FISH is a Housing First program and all FISH participants are homeless when they enter the program. Program staff attempt to place clients in permanent supported housing as soon as possible. Clients may accept only housing from the program; they do not have to agree to receive treatment to be provided housing.

Of the 73 individuals who have enrolled in FISH, 67 have been placed into permanent housing. Of the 67 who have been in the program for at least six months, 64 have been placed into permanent housing. Housing retention was measured for those 64 participants who had entered permanent housing and been enrolled in the program for at least six months.

Fifty-nine of these housed participants (92%) have retained housing for at least a six month period. Among the 25 participants who have been in the program between for at least one year but less than two years, 11 have retained housing for at least 12 months (44%) and an additional nine have retained housing for six months (36%). Among the 36 participants who have been in the program for two years, 18 have had 24 months of continuous housing (50%), 12 have had 12 months of continuous housing (33%), and four have had six months of housing (11%).

Jail Bookings and Days

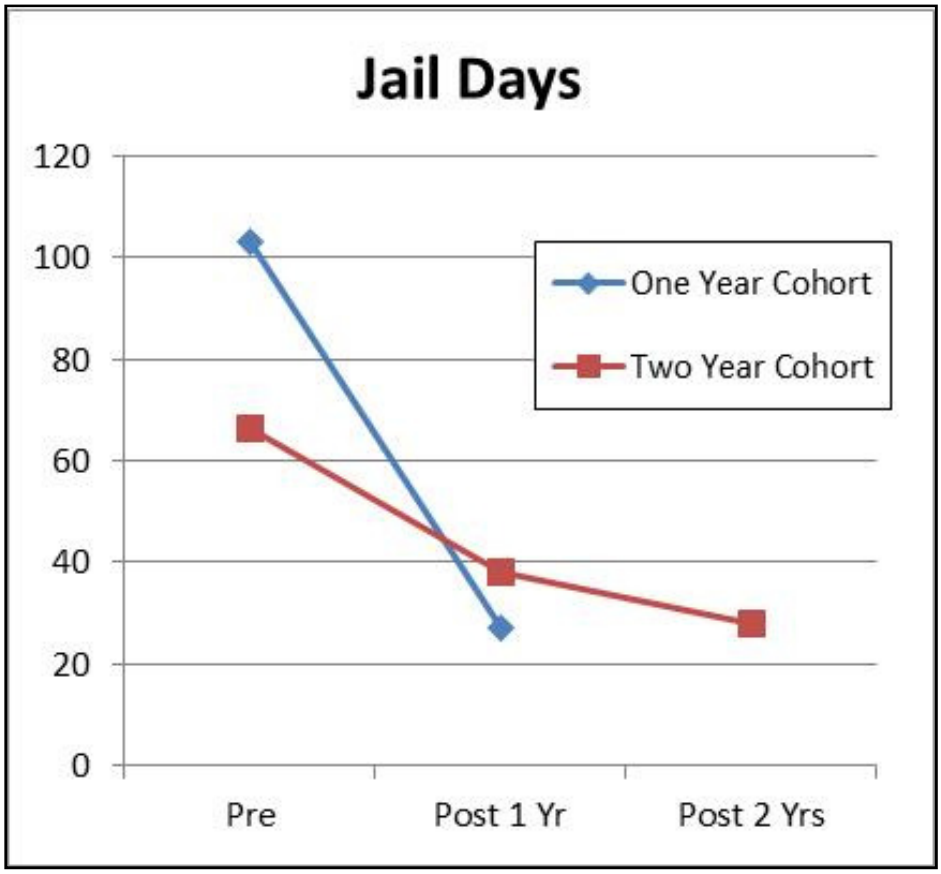
Jail bookings and days were calculated using data from the King County Department of Adult and Juvenile Detention, six municipal jails (Auburn, Enumclaw, Kent, Kirkland, Issaquah and Renton) and the South Correctional Entity (SCORE). Note that out of county jail use and Department of Corrections (prison) use is not included. The data presented here may under represent criminal justice system use.

In the year prior to enrollment, all FISH participants combined for a total of 317 jail bookings and 6345 days in jail. Cohort One, those who have been in the program for one year, contributed 89 bookings and 2582 days to the pre-FISH totals. In the first year post-FISH Cohort One's bookings declined to 44 and days in jail declined to 679 – declines of 51 percent and 74percent respectively. Both declines are statistically significant (p<.01).

Average Jail Bookings and Days

	Bookings			Days		
	One Year Pre-	One Year Post-	Two Years Post-	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)						
Average	3.6	1.8		103.3	27.2	
Change		-1.8**			-76.1**	
%Change		-51%			-74%	
Cohort Two (N=36)						
Number	4.9	2.0	1.6	66.5	38.2	27.9
Change		-2.9*	-0.4		-28.3*"	-10.3
%Change		-59%	-22%		-43%	-27%

* Statistically significant (p < .05)
** Statistically significant (p < .01)
" Using non-parametric statistical test



Cohort Two, those who have been in FISH for two years, contributed 177 bookings and 2394 days to the pre-FISH totals. In the first year post-FISH enrollment, this cohort's bookings declined to 72 and declined further to 56 in the second post-FISH year. The first year's 59 percent decrease is statistically significant ($p<.05$) while the second year's 22 percent decrease is not. This cohort also reduced the number of jail days to 1375 in the first post year and to 1003 in the second post year. The 43 percent decline from the pre year to the first post year is statistically significant while the smaller decline in the second year is not.

Psychiatric Hospital Admissions and Days

All FISH participants combined for a total of 67 psychiatric hospital admissions and 2803 psychiatric hospital days in the year prior to enrollment. Cohort One, those who have been in the program for one year, accounted for 26 admissions and 1396 days in the pre-enrollment year. This cohort reduced admissions and days to 17 and 748 respectively in the first year after enrollment. Average admissions were 1.04 pre-FISH declining to .68 post-FISH. Average days hospitalized were 55.8 in the year prior to enrollment declining to 29.9 in the year post-FISH. These large declines are not statistically significant.

Average Psychiatric Hospital Admissions and Days

	Admissions			Days		
	One Year Pre-	One Year Post-	Two Years Post-	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)						
Average	1.0	0.7		55.8	29.9	
Change		-0.4			-25.9	
%Change		-35%			-46%	
Cohort Two (N=36)						
Number	0.6	1.1	1.3	23.3	48.7	38.2
Change		0.4*"	0.3		25.4	-10.5
%Change		66%	25%		109%	-22%

* Statistically significant ($p < .05$)

" Using non-parametric statistical test

Many FISH participants did not use psychiatric hospital services. In Cohort One, 17 of 25 used psychiatric hospital services during the evaluation period. Averages are higher when calculated for users only. Among users average admissions were 1.53 in the pre-FISH year and 1.00 in the first post year. Days declined from an average of 82.1 pre-FISH to 44 post-FISH. Among users, eight decreased the number of admissions while six increased admissions in the first year. Nine users decreased the number of days hospitalized and seven increased days in the first year. This inconsistency among a small number of individuals results in a non-statistically significant change.

Average Psychiatric Hospital Admissions and Days - Users Only						
	Admissions			Days		
	One Year Pre-	One Year Post-	Two Years Post-	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=17)						
Average	1.5	1.0		82.1	44.0	
Change		-0.5			-38.1	
%Change		-35%			-46%	
Cohort Two (N=22)						
Number	1.1	1.7	2.2	38.1	79.7	62.6
Change		0.7*"	0.5		41.6	-17.2
%Change		65%	26%		109%	-22%

* Statistically significant ($p < .05$)

" Using non-parametric statistical test

Cohort Two, those who have been in FISH for two years, experienced a different pattern. This cohort increased the average number of admissions from .64 pre-FISH to 1.06 in the first year post-FISH and again to 1.33 in the second post-FISH year. Days hospitalized increased from an average of 23.3 pre-FISH to 48.7 in the first post-FISH year declining to 38.2 in the second post-year. Twenty two of the 36 individuals in this cohort used psychiatric hospital services. Among users average admissions climbed from 1.05 pre-FISH to 1.73 to 2.18 in the two years post-FISH. Averages days pre-FISH were 38.1 increasing to 79.7 in the first post year and decreasing to 62.6 in the second post year.

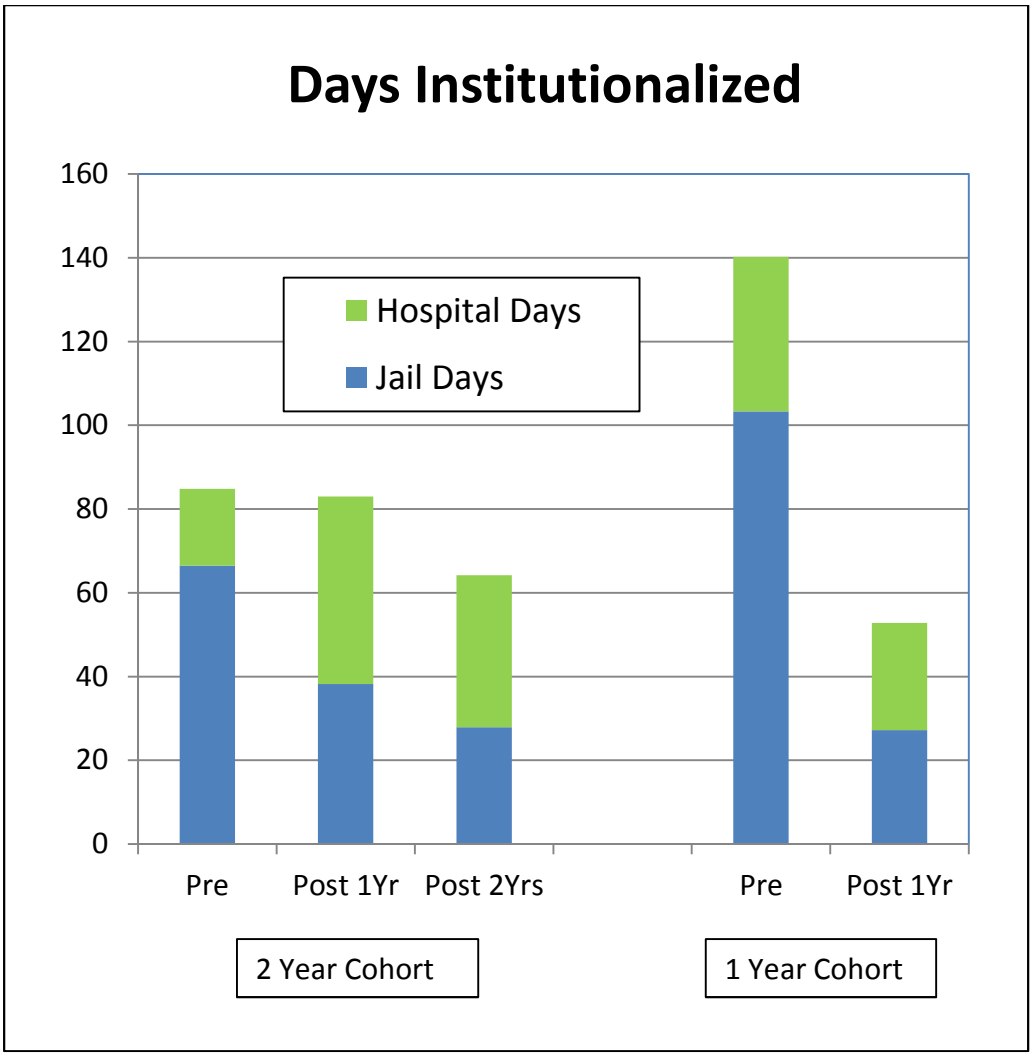
Days Institutionalized and Days in the Community

Combining and unduplicating jail days and psychiatric hospital days provides a measure of the total days an individual is institutionalized in a restrictive setting. It also shows whether or not a FISH participant has substituted days in a psychiatric hospital in the post period for days in jail in the pre period and vice versa. Conversely this process also provides a measure of the days an individual is in the community. Days in the community is an important outcome measuring the time an individual is in a non-restrictive environment with the potential to interact with family and friends, seek education or employment, enjoy leisure activities, and work on their recovery.

In the first year after enrollment, the majority of FISH participants spent fewer days in jail, but some increased their time in psychiatric hospitals. For Cohort One, combining days spent in both jail or hospital shows an overall decline in institutionalized days of 62 percent post-FISH – a statistically significant result. There is a corresponding significant increase in days in the community for this cohort.

Average Days Institutionalized and in the Community						
	Days Institutionalized			Days in the Community		
	One Year Pre-	One Year Post-	Two Years Post-	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)						
Average	140.2	52.8		224.8	309.9	
Change		-87.4**			85.1**	
%Change		-62%			38%	
Cohort Two (N=36)						
Number	84.8	83.0	64.2	280.2	278.1	300.8
Change		-1.9	-18.8*"		-2.1	22.8*"
%Change		-2%	-23%		-1%	8%

* Statistically significant ($p < .05$)
** Statistically significant ($p < .01$)
" Using non-parametric statistical test



Cohort Two experienced virtually no change in the number of days institutionalized or in the community in the first year post-FISH. The significant declines in jail days experienced by this cohort in the first year have been offset by increases in psychiatric hospital days. Larger declines in days institutionalized are experienced in the second post-FISH year and are statistically significant.

Dutch Shisler Service Center Admissions

Only 18 of the 73 FISH participants have used sobering support services. These 18 individuals combined for 453 admissions to the sobering center in the year prior to FISH. Of these 18 individuals, six have been in the program for one year, Cohort One, and eight have been in FISH for two years, Cohort Two. In the year following FISH enrollment, users in both cohorts experienced very large declines in admissions. Very small numbers result in only Cohort Two's decline being statistically significant. This cohort increased the number of admissions in the second year, but not significantly.

Average Sobering Center Admissions - Users Only			
	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=6)			
Average	27.8	1.0	
Change		-26.8	
%Change		-96%	
Cohort Two (N=8)			
Number	32.1	2.0	10.6
Change		-30.1*"	8.6
%Change		-94%	432%

* Statistically significant ($p < .05$)

" Using non-parametric statistical test

Combining both cohorts and analyzing first year results for all participants provides a larger sample for analysis. All 14 sobering center users who have been in FISH for at least one year combined for 424 admissions prior to FISH. This group decreased admissions to 22 in the first year post-FISH – a statistically significant decline of 95 percent ($p<.05$).

Crisis Services

King County MHCADSD provides 24/7 mental health crisis services and funds additional mental health crisis programs. As part of the service package for program participants, the FISH team assumes this responsibility and responds 24/7 to crisis situations involving FISH participants. During the year prior to FISH, all participants combined for a total of 350 crisis episodes. Cohort One experienced 111 crisis episodes in the pre-FISH period which declined to 45 in the post year. This 59 percent reduction is statistically significant.

Average Crisis Services			
	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)			
Average	4.4	1.8	
Change		-2.6**	
%Change		-59%	
Cohort Two (N=36)			
Number	4.6	3.4	1.9
Change		1.3*"	1.5
%Change		-27%	-45%

* Statistically significant (p < .05)
** Statistically significant (p < .01)
" Using non-parametric statistical test

Cohort Two also experienced a significant decline in the first year followed by a non-significant decline in the second year. Total crisis episodes for this cohort declined from 166 to 121 in the first post year and to 67 in the second post year.

Mental Health Court Authorizations

When a case is transferred to the Regional or Municipal Mental Health Courts (MHC), the court liaison submits an authorization to MHCADSD signifying the initiation of the case. These authorizations are used to measure the number of new MHC cases opened for FISH participants. Note that it does not measure of the number of court appearances.

During the year prior to enrollment in FISH, Cohort One participants combined for a total of 45 MHC authorizations. This number dropped to 16 in the year post-FISH. Fifteen participants decreased the number of MHC authorizations, two increased, and 8 remained the same. The average per participant declined from 1.8 to .64; a decline of 64% which is statistically significant.

Average MHC Authorizations			
	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)			
Average	1.8	0.6	
Change		-1.2*	
%Change		-64%	
Cohort Two (N=36)			
Number	1.1	1.0	0.7
Change		-0.1	-0.3
%Change		-7%	-30%

* Statistically significant ($p < .05$)

Cohort Two combined for 40 MHC authorizations prior to FISH enrollment declining to 37 in the first post year and 26 in the second post year. The average per participant declined from 1.11 pre-FISH to 1.03 in the first post year and .72 in the second post year. These smaller changes are not statistically significant. From the pre year to first year post-FISH, 14 participants decreased the number of MHC authorizations, five increased, and 17 did not change. From the first post year to the second post year, 11 participants decreased the number of MHC authorizations, five increased, and 20 remained the same.

Summary

The FISH program has been successful at housing and serving a very challenging high need population. There have been significant reductions in jail utilization among participants. Although some jail reductions have been offset by increases in psychiatric hospital use, there have been significant declines in overall days institutionalized in either jail or hospital. There has also been a corresponding increase in days in the community for FISH participants. Significant declines in use of sobering support services and crisis services were also experienced by FISH participants in the first year of the program.

The FISH population has significant mental health challenges. Participants in Cohort Two were referred to FISH in the first year of the program. It may be that these participants were very visible to Mental Health Court staff for their high need for services. For those that are severely ill, the transition into housing and services may have been stressful. This cohort did have slightly more crisis episodes in the first year of program participation than Cohort One. The increase in psychiatric hospitalizations experienced by Cohort Two may be the result of the FISH team responding to an escalation of symptoms. Hospitalization may be a more therapeutic response than time in jail. Total days institutionalized are declining for this cohort and the number of days in the community is increasing indicating that the situation for this group of FISH participants is improving overall. It is expected that as stabilization in housing and the community continues, hospital use will decline.

FISH Qualitative Evaluation

The qualitative evaluation involved structured interviews with all FISH staff (10 individuals), key-informants (6 individuals) and 20 randomly selected FISH participants. Key informants were individuals in the justice, mental health or law enforcement system who had contact with FISH participants and staff and were familiar with the program. The questions were designed to identify the impact of housing on this population and identify changes in participants that may not be measured in the quantitative analysis. Also of interest was the impact of the boundary spanner.

Boundary Spanner Role

The first person on the FISH team to meet a potential client was usually the boundary spanner. The boundary spanner was sited at the Seattle Municipal Court House to be in close proximity to the Seattle Municipal Mental Health Court and the King County Regional Mental Health Court (both referred to as MHC in this document). The boundary spanner built connections between FISH and court staff and jail release planners. As individuals progressed through the MHC process, the boundary spanner was notified and brought into the loop as soon as the question of competency was raised. In this way screening and outreach could begin before the potential client was released into the community. If the client was not appropriate for FISH (e.g. they were not homeless) other referrals could be made. If the potential client was a good match for FISH, the boundary spanner began to reach out to them. As the competency determination process unfolded, the boundary spanner could begin to engage potential clients in FISH housing and services once it was clear that the charges were going to be dropped and the individual released. This early engagement and integration with the court process was particularly important for this very hard to engage population.

> *It can take three or four tries, but they (clients) would kind of develop trust with this person.*

The boundary spanner's connection with both the MHC and the FISH treatment team supported the referral process and transition to FISH. Once enrolled in FISH, the boundary spanner provided ongoing support to clients and to the FISH team whenever they were involved with the MHCs.

The boundary spanner role was identified as an important component of the FISH program by all key-informants associated with the courts. The boundary spanner was seen as an essential resource. The proximity of the boundary spanner to the court strengthened the working relationship and enhanced communication. Court key-informants also reported that the boundary spanner provided a vital connection between MHC and treatment.

> *He came into our special court system and offered a much needed service.*
>
> *(The boundary spanner) is educated in the legal system so that he can connect two systems that traditionally haven't worked together, the mental health chemical dependency services system and the criminal justice system. He spans that boundary.*

> *Having that point person to go to makes communication easier; develops a better relationship with the court. It makes (FISH) the type of program that we can rely on, the court can rely on.*
>
> *Having a boundary spanner be in our meetings and be in court is very helpful because we can refer the person then and there.*

Court key-informants reported that the boundary spanner provided critical information when they needed to problem solve for defendants in the MHC.

> *It makes my job easier because we have a single point person instead of spending a lot of time playing phone tag or trying to figure out who the case manager is.*
>
> *The boundary spanner is basically connecting us to the treatment component. He is aware of what is going on in the case legally and he let us know what, treatment wise, is an option.*
>
> *He will … help the system understand what he was offering.*

Court key-informants expressed their frustration that they were unable to help some of the FISH clients through the court system. Once lack of competency was established and the case dismissed, the court role in connecting these individuals to services stopped, even though it was clear that the need for services was often acute. Working with the boundary spanner to connect these clients to essential services was important to court staff.

> *The judges are worried about finding someone incompetent and just letting them go.*
>
> *He engaged people that we couldn't engage legally and offered them help.*
>
> *…Making the program known to the defendant, and with everyone being on the same page, they can encourage the defendant to take advantage of the FISH program.*
>
> *I think from a public safety point of view, I have greater faith that the public is being protected because these defendants are being referred to FISH instead of just being on the streets.*
>
> *They are a very vulnerable group because they do fall through the cracks of the legal system.*

Many of the FISH clients interviewed acknowledged the boundary spanner as their entry into the program and particularly into housing.

> *He goes to the courts and gets homeless people who are coming out from the court room.*
>
> *They started helping me with housing.*

In addition to bringing knowledge of the treatment system to the court, the boundary spanner also brings knowledge of the legal system to the FISH team. Many FISH clients have ongoing complex relationships with the courts, yet most FISH staff do not have experience with the legal system. Having the boundary spanner bridge this gap is an efficient use of FISH staff resources.

> *Case managers are really busy and that taking time to go and understand the complexities of all the different court systems is just not possible, not practical.*

> *(He has) helped the FISH team learn and navigate through the criminal justice system in general.*

The boundary spanner played a key role during the start-up of the FISH program. Once FISH enrollment reached capacity, the boundary spanner role changed. Screening and engagement activities were substantially reduced and the role became more like a court liaison. The position also changed from full-time to half-time.

> *Now that we cannot refer, the boundary spanner role changes; they don't have to be present all the time.*

Serving the FISH Population

The population served by the FISH program is very high need and very vulnerable. They are very difficult to engage in services. One key-informant stated *"FISH clients are one step outside of the hospital"*. Those participants who were most successfully engaged in the program were identified as having a high level of motivation. Clients needed to be motivated to change and motivated to want housing to be most successful in the program.

> *I was sleeping on the streets with my friends for months and I finally decided that was not the way to go.*

The program also was reported to be more effective for those with mental health diagnoses of psychosis rather than personality disorder. Clients with less severe chemical dependency also reported more success in FISH.

The challenges of serving this population are many. All FISH clients have a history of homelessness; some have been homeless for years. Many of the clients have a history of trauma that impacts their ability to trust and engage with others.

> *Everybody within this population is coming from some kind of traumatic background.*

The majority of FISH staff and key-informants report that the severe mental health issues of this population are very challenging. The severity of their symptoms can make community based tasks difficult. It can sometimes be difficult to control impulses, resulting in unsafe behavior or behavior that brings them back into the legal system. Clients often refuse medications and sometimes refuse to even be assessed for treatment.

> *We are working with people who are actively psychotic; it can be very hard to communicate.*

> *Some of this population don't realize or accept that they are mentally ill.*

> *Trying to prevent them from shoplifting or doing these petty crimes is so difficult.*

These challenging behaviors can create safety concerns for staff, other clients, and the public. As a result of an assault on a staff member, FISH staff now work in pairs. The FISH team also works closely with community police to ensure FISH clients are not a risk to public safety.

> *We don't want the clients to find themselves in a situation where they are being attacked or they are attacking somebody.*

Drug and alcohol use exacerbate the challenges of serving this population. Many stated that drug and alcohol abuse was the biggest challenge of all.

Despite the many challenges FISH staff feel rewarded by working with these clients. They see the small day to day changes as clients begin to stabilize and grow and feel that they are helping those who truly need help.

> *When they are healthy and ready to converse with you about how far they have come is a very rewarding thing.*

Housing the FISH Population

Housing was viewed as an essential component of the FISH model by MHCADSD staff who designed the program. However, housing a population with serious mental health issues, many of whom have a long history of homelessness, has been challenging. Many FISH clients have difficulty following rules. Housing restrictions on visitors, noise, and conduct have taken some getting used to.

> *I can't have overnight guests and then I can only have one guest at a time.*

Getting FISH clients past the initial transition to housing could be more challenging than keeping the housing – in fact a few clients were never able to accept housing. A majority of the FISH staff noted that at first glance one might think that the participants didn't want to be housed.

> *When you put them in an apartment it is really foreign to them, so they just wander away.*

The homeless history was a great challenge to the program in that it took a while before the case managers were able to engage the participants fully.

> *A lot of them have been homeless for so long that they are kind of just used to it.*

Mental health symptoms such as paranoia and a history of trauma can have an impact on a client's willingness to be housed. At first, some participants would spend some of their nights on the streets and only a few nights in housing, but over time they were able to stabilize and remain in their housing full time.

> *It took a while to transition from sleeping outside to sleeping inside and that was kind of weird. (FISH Client)*
>
> *It is hard to find that balance between people who don't want to be housed or had past trauma around housing. (FISH Staff)*

Although there were challenges, there is consensus that housing is an essential component of FISH. Providing the participants with housing is seen by FISH staff as the first step towards the participants' recovery.

> *You look at the Maslow hierarchy of needs and down at the bottom there is shelter.*

Housing provided many benefits for FISH clients. Over 90 percent of the staff interviewed noted that housing provides the participants a chance to engage, to come to treatment and to meet their goals in a way that make sense to them.

> *It is hard to give clients on the streets services; how will you locate them?*
>
> *Once sheltered it is easier for them to take the next steps.*
>
> *Housing gives them the most stability to work on other issues.*
>
> *If they don't want housing it becomes a much slower process to get them involved.*

The intent of the Housing First approach within the FISH model was to provide a permanent, safe, supported environment so that participants could begin to address their mental health challenges and progress toward recovery. The results of the qualitative evaluation show that this is indeed happening. FISH staff report that they see participants begin to feel safer and more relaxed, develop goals in addition to housing, connect socially and start to plan for a future. Staff feel successful when FISH participants begin to smile and feel happier.

> *They are starting to get out of a cycle, starting to be happier.*
>
> *One client was referred to the FISH program after multiple referrals from police. Yesterday we were registering him for school.*
>
> *Most of our clients have been housed but they have never thought of having their own space.*
>
> *We see them grow; see them desire to feel comfortable in their space.*

Clients interviewed also reported the benefits of stable housing. After being housed, participants report that they enjoy the privacy of their own place, sleep better and are more relaxed. They are taking better care of themselves. They are able to be cleaner, wash their clothes, and not have to worry about food being available when they are hungry.

It gives me time to think, listen to my music.
I have rest now. I can sleep.
I don't have to worry about the police bothering me.
Being able to clean, cook, take showers and stuff. That is very nice to have a place that can do that.
I don't have to worry much about how I am going to get food or sleep.
I am fixing up. I got some pictures, a couple of tables and some plants and stuff.

I can take this key and a door will open and everything inside is mine.

It is a transition from the street life that you have been living for years to going to a home that you want to keep for years.

Program Elements

Overwhelmingly housing was cited as the most important FISH program element. It was also very important that housing be staffed 24/7 and that security be available. The boundary spanner and the close working relationship with the Mental Health Courts were also considered critical for program success by many. Also cited as important were the Integrated Dual Disorder Treatment (IDDT) model and the prescriber coming to see clients in the community. FISH staff reported that they communicated very well with each other and that this was important to the program's success.

There were many program elements that FISH staff felt were overlooked when designing the FISH model. Most felt FISH was understaffed given the severity of symptoms among clients, the high level of need and the safety risks.

When a crisis arises all of our attention is on this one person and we have to wait to get to other people.

They felt the staffing level should either increase or the number of participants decrease. The need for a nurse on staff was frequently cited. Others expressed a need for an administrative assistant and a dedicated vehicle.

Participant Satisfaction

When asked what they like best about the FISH program, the overwhelming majority of the participants were quick to mention housing.

I feel great. I am in heaven compared to where I was.

I have been here over a year. At first for a long time, I didn't believe it was my place.

Having access to medication and other supports were also frequently cited. Most participants interviewed appreciated that FISH helped them stay off the streets.

Thank you for getting me off the streets. I could have died on the streets.

My family was really happy that I got off the streets.

Participants also appreciated the support of the FISH staff, whether it was getting medications, help with finances, or just having someone to talk to.

I can always talk to the staff.

They help me with my finances.

They helped me with my meds.

They are always willing to help with a smile on the face.

Working together - that is kind of cool.

They care more than a job. I think they go beyond their pay grade.

Program Benefits

When asked about changes since they've been enrolled in FISH, some participants reported improvements in mental health symptoms and substance use. Some are beginning to enjoy social interactions and reconnect with family and friends. All those interviewed see the program as positive.

I have more control.
I don't drink heavy like I used to.
I am actually taking my meds.
I can think normally.
It is easier to stay out of trouble.
Now I am taking care of myself.
I call my relatives a lot.
I have gained friends.
I feel really good compared to where I was at before.

Many of the participants interviewed were thinking about their future and establishing goals – an important element in their recovery process. Many spoke of reestablishing family ties, especially with their children. They can now envision themselves doing things that many of us would consider routine, but for them have been unattainable.

I would like to see myself expand horizons.
I would like to go back to school.
I would like to be working.
Buy a car.
I will talk to my daughter in Virginia somewhere; reestablish some form of communication, and my grand kids.

I like fishing; hence I would like to do that.
Being on my own and taking care of my kids.
I would like to see my sons.

The impact of the FISH program has been felt on individual and system-wide levels.

The probation officer and the ambulance staff sometimes visit. They see this gentleman. They are like, "Oh my God. We thought he was dead," because he was such a high utilizer; has been always in jail, always in hospital. Since he has been in the program he has not been arrested once and he hasn't been in the hospital once. So to me that is success. (FISH Staff)

Now I can go home; I can call my place home and that is a very important thing to me. In the beginning I was feeling you have put me in this place and you probably will take it away from me. But now I have grown to accepting the fact that this is where I live. ***This is my home; it is not housing anymore.*** *It is my home and that makes a big difference." (FISH Participant)*

Summary

FISH participants significantly decreased jail bookings and days in the first year post enrollment. Cohort One reduced the average number of bookings from 3.6 to 1.8 per person – a decline of 51 percent. Cohort Two reduced average bookings from 4.9 to 2.0 per person – a decline of 59%. Cohort One reduced the average number of days in jail from 103.3 to 27.2 and Cohort Two reduced days from 66.5 to 38.2 – significant declines of 74 percent and 43 percent respectively.

In the first year after enrollment, the majority of FISH participants spent fewer days in jail, but some increased their time in psychiatric hospitals. For Cohort One, combining days spent in both jail or hospital shows an overall decline in institutionalized days of 62 percent post-FISH – a statistically significant result. Average days institutionalized declined from 140.2 to 52.8 per person thereby increasing the average time a FISH participant spent in the community by approximately 12 weeks.

Cohort Two did not experience a decline in the number of days institutionalized until the second year post-FISH. The significant declines in jail days experienced by this cohort in the first year were offset by increases in psychiatric hospital days. Days institutionalized declined on average from 83 to 64.2 per person in the second post-FISH year - a statistically significant decrease of 23 percent.

FISH participants also experienced declines in use of sobering support services and crisis services in the first year of enrollment.

The FISH program was the first in King County to incorporate a *boundary spanner* on the service team. As the liaison between the criminal justice system and the mental health treatment system, the boundary spanner built connections between FISH, court staff, jail release planners, hospital staff, and law enforcement. As individuals progressed through the MHC process, the boundary spanner was notified and brought into the loop as soon as the question of competency was raised. In this way screening and outreach could begin before the potential client was released into the community. The qualitative evaluation revealed how important this role was to the success of FISH:

- Early engagement and integration with the court process was particularly important for this very hard to engage population.
- Once enrolled in FISH, the boundary spanner provided ongoing support to clients and to the FISH team whenever they were involved with the MHCs.
- The boundary spanner was seen as an essential resource by all key-informants associated with the courts. The location of the boundary spanner close to the court strengthened the working relationship and enhanced communication.
- In the past, the court's role in connecting individuals to services stopped once lack of competency was established and the case dismissed, even though it was clear that the need for services was often acute. Working with the boundary spanner to connect these clients to essential services was important to court staff.
- Many FISH clients have ongoing complex relationships with the courts, yet most FISH staff do not have experience with the legal system. Having the boundary spanner bridge this gap was an efficient use of FISH staff resources.

The qualitative evaluation also highlighted the challenges in housing and serving this population. FISH participants have serious mental health issues and many have a long history of homelessness often making it difficult for them to understand and comply with housing rules and to undertake the basic tasks of everyday living. Mental health symptoms such as paranoia and a history of trauma can have an impact on a client's ability to trust and willingness to be housed; in fact, a few clients were never able to accept housing.

Those who worked with the FISH program report that the severe mental health issues of the participants were very challenging. It was sometimes difficult for participants to control impulses, resulting in unsafe behavior or behavior that brought them back into the legal system. Drug and alcohol use exacerbated the challenges of serving this population.

Although there were challenges, there was consensus that housing is an essential component of FISH. Once housed, FISH staff reported more success in engaging clients in services and providing medication. After being housed, participants report that they were better able to take care of themselves, enjoyed the privacy of their own place, slept better and were more relaxed. They were able to be cleaner, wash their clothes, and not have to worry about food being available when they were hungry. Once basic needs were addressed, participants were able to progress toward recovery. Many of the participants interviewed were thinking about their future and establishing goals. Participants reported improvements in mental health symptoms and substance use, enjoying social interactions and reconnecting with family and friends. All clients interviewed saw the program as positive.

The intent of the FISH program was to use a Housing First approach to provide a permanent, safe, supported environment so that participants could begin to address their mental health challenges and progress toward recovery while reducing their use of services. The results of this evaluation show that this is indeed happening.