



**King County**

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

**King County  
Criminal Justice Initiative**

Fourth Year Participants

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## Executive Summary

### I. Introduction

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

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

#### Service Programs

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

#### Process Improvements

- Criminal justice (CJ) liaisons
- Re-entry case management services
- Medical/chemical dependency release planning services via Jail Health Services
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker
- Department of Social and Health Services (DSHS) application worker
- Cross-system training

#### **Purpose of this report**

This report summarizes the first year outcomes for the fourth year cohort of participants in the CJI, including participants in the specialty-court COD, specialty-court Housing Voucher and CCAP IOP service programs. The evaluation report includes jail and clinical outcomes and length of treatment. Outcomes for the second year of the King County jail and municipal jail COD programs are also included.

This report also includes characteristics of persons served and documents their referrals to treatment and obtaining benefits as a result of assistance provided by the CJ liaisons or the ADATSA and DSHS benefit application workers during the fourth year of operation of the CJI process improvements.

## **II. Criminal Justice Initiative Service Program Highlights**

### **Co-Occurring Disorder (COD) Integrated Treatment**

The Co-occurring Disorder (COD) integrated treatment program enrolls individuals from the King County jail who are associated with the King County and Seattle municipal specialty drug and mental health courts and who have serious mental illnesses and substance use disorders. The program provides participants with housing, treatment and supports services. Ninety-eight people entered the specialty court COD program during the fourth year of the program, slightly more than in prior years. During the second year of the King County jail COD program 69 people were served, while the municipal jail COD program served 31, figures similar to the first year of these programs.

Jail bookings were significantly reduced from an average of 2.3 to an average of 1.8 for fourth-year participants of the specialty-court COD program when comparing their year prior to admission to their year subsequent to admission. Jail bookings were also significantly reduced from an average of 4.0 to an average of 2.8 for the King County jail COD program, while bookings were unchanged for municipal jail participants. Bookings were reduced for all but one year of the specialty court COD program and both years of the King County jail COD program. Jail days were statistically unchanged for these programs. About three-quarters (72 percent) of fourth-year specialty court-referred participants were re-incarcerated within one year of program admission (improved from prior years), while 72 percent of King County jail participants and 42 percent of municipal jail participants were re-incarcerated. The relatively lower rate for municipal jail participants reflects a much lower rate of incarceration prior to program participation. Clinical outcomes (reduced substance use and mental health symptoms and improved community functioning) continue to be strong for all programs.

### **Housing Voucher**

During the fourth year of operation, there were 136 people served by the specialty court housing voucher program, somewhat fewer than the previous two years. The CCAP housing voucher program served 41 individuals. Jail bookings were significantly reduced for specialty court participants from an average of 2.4 to an average of 1.5. Jail bookings for CCAP housing voucher participants were also significantly reduced from an average of 2.6 to an average of 1.8. Bookings have been reduced in each program year. Jail days were statistically unchanged for both programs. About two-thirds of fourth-year participants in both programs were re-incarcerated within one year of program entry prior years. During the fourth year, 35 percent of specialty court participants and 27 percent of CCAP participants obtained permanent housing which is similar to the rates in prior years. Those who stayed in services longer were more likely to obtain permanent housing.

### **CCAP IOP**

During the fourth year of operation, 263 people were served in the CCAP IOP, which represented a substantial increase over all prior years. Jail bookings were significantly reduced from an average of 2.0 to an average of 1.6. Bookings were reduced during all but one program year. Jail days significantly increased during the fourth year (and increased in all other years as well), indicating a substantial increase in length of stay. Prior reports suggest that by the second year following admission, jail days are reduced. Recidivism analysis shows that 75 percent of the fourth year participants were re-incarcerated within one-year of program entry, a rate that has risen slightly over the prior program years.

About two-thirds of the participants during the fourth year remained in the program for at least 90 days, and 46 percent completed treatment at CCAP or were transferred elsewhere to complete treatment; rates that have improved in the most recent year. Few showed reductions in substance use, a finding similar to prior years, and in part, due to difficulty obtaining information that accurately reflects the frequency of use at the point the participants were most recently in the community.

### **III. CJI Process Improvement Highlights**

Increasing numbers of targeted individuals are being linked with benefits, housing, and with drug/mental health and medical treatment upon release.

#### **Criminal Justice (CJ) Liaisons**

During the fourth year of the original CJ liaisons and third year of the southeast King County liaison a total of 1221 people were served (551 King County Corrections Facility (KCCF), 212 Regional Justice Center (RJC), 310 CCAP; South and East (SE) 148), a figure similar to two of the last three years. The southeast King County liaison serves both RJC and SE county municipal jails. Most clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). The rate for the CCAP liaison has steadily risen and in the fourth year, over half were referred to a benefit application worker. Referrals to mental health agencies were also common, particularly from the CCAP liaison.

While demographic and referral information is provided for CJ liaisons and other ‘connector’ services described below, we plan in the near future to also examine jail outcomes for people touched by these programs.

#### **Re-entry Case Management**

In May 2007, re-entry case manager service began to link jail inmates from CCD or jail that have mental illness and/or substance abuse disorders with treatment and support services in the community. During the first year, the re-entry case managers served 134 individuals; most referred from CCAP staff or CJ liaisons. Over two-thirds of participants were referred to housing resources and nearly as many to agencies that address basic needs or healthcare. Half were referred to mental health agencies. Rental assistance was provided to one-fourth of participants.

#### **Medical/Chemical Dependency Release Planning Services via Jail Health Services**

In January 2008, Jail Health Services began a release planner program to provide in-custody case management and placement upon release for inmate-patients with complex co-occurring mental health, substance abuse, and medical concerns. During the first year, the program served 609 people.

#### **ADATSA Application Workers**

During the fourth year, 376 individuals received an ADATSA screening representing a continued increase over prior years. Of those who completed an ADATSA screening, over 80 percent obtained ADATSA benefits. In future reports, screening for and attainment of ADATSA benefits will be described within the DSHS application workers section.

#### **Department of Social and Health Services (DSHS) Application Workers**

During the fourth year 2,251 referrals were made to the DSHS application workers representing a 23 percent increase from the previous year and a continued increase over prior years. During the fourth year, 57 percent of referrals completed a DSHS application which is also a continued and substantial increase over previous years. Over 60 percent those who applied for Medicaid and cash assistance received these benefits, and nearly all of those who applied for food stamps and SSI received them in all program years. Only about one-third of those applying for ADATSA benefits received them.

## Forensic Staff Training

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) developed a forensic staff training curriculum in 2009 intended for individuals identified by publicly-funded community mental health agencies in King County as the criminal justice interface and expert within each agency. Twenty-one individuals attended the first training in September 2009. The training provided an overview of the criminal justice system, information about accessing the jail, and mental health court processes. The program was very well-received by participants, and participants also commented that they wanted even more training in this area.

## IV. CJI Summary and Comparisons Across CJI Service Programs

Overall, 638 people were served under the CJI service programs during their fourth year. The number served was greater than the 463 served during the prior year (due largely to increases in participants in the CCAP IOP program) and comparable to the 663 served during the first year. The number of people served was similar to the prior year for COD and Housing voucher programs, but rose from 157 to 263 for the CCAP IOP program, an increase of 40.3 percent. During this reporting year, compared with the overall King County (KC) jail population, the CJI served a higher proportion of women (28 percent CJI vs. 13 percent KC jail) and a similar proportion of ethnic minority individuals (49 percent CJI vs. 46 percent KC jail). Nearly all targeted program participants had a chemical dependency problem at admission and two-thirds had a mental illness. Over half were homeless and few were employed.

CJI service programs are successful at significantly reducing the number of jail bookings for participants compared to their booking history prior to participation. The number of jail bookings for participants during the fourth year of the CJI was significantly reduced from an average of 2.2 during the pre-program years to an average of 1.6 during the year following program entry. All CJI service programs showed significant reduction in jail bookings with the exception of the municipal jail COD program. However, CJI programs are not successful at significantly reducing the number of jail days for participants within the first year after program admission; indeed jail days significantly increased for the CJI overall. This is due both to prior outstanding charges and to the tendency for participants to receive longer sentences when defendants appear before them repeatedly. However, a prior report showed that by the second year following admission to CJI programs, jail days were significantly reduced for the Housing Voucher and CCAP IOP programs, and the COD programs showed a trend in this direction. These findings support our recommendation (#7 below) to focus future reports on longer-term outcomes rather than just one-year results.

Although jail bookings were reduced, recidivism analysis showed that 69 percent of fourth-year CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to much earlier studies of King County jail recidivism that found that 69 percent of individuals with mental illnesses returned to jail within a year, and just above the range of 24-56 percent for post-booking jail diversion program elsewhere in the country. Of all crime types, bookings for drug crimes were reduced the most.

Clinical outcomes for CJI participants during the fourth year showed that nearly half (46 percent) of the CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the COD programs. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success. These findings are very similar to those found during prior years.

Total cost for the CJI programs for the year represented in this report was \$3.9 million of which \$2.6 million was King County funds.

## V. Recommendations and Actions Taken

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

1. Three out of the last four years of the specialty court referred COD integrated treatment program, demonstrated significant reductions in jail bookings. All program years also showed positive clinical outcomes. Recently, MHCADSD strengthened this program further to use evidence-based treatment models, including Integrated Dual Disorders Treatment and Moral Reconciliation Therapy.
2. Jail bookings were reduced for both years of the King County jail COD program, but not for the municipal jail COD program. The statistical ‘opportunity’ for reduction in jail bookings is constrained for the municipal jail COD participants because they come into the program with fewer jail bookings. Referrals from the municipal jails may be able to be served more cost-efficiently in less intensive offender-base programs already available within King County. Both programs, however, did show positive clinical outcomes.
3. The housing voucher program for individuals referred by specialty courts as well as from CCAP has shown significant reductions in jail bookings during all program years. However, as in past years, a high proportion of participants drop out of the program in less than 90 days and few of those individuals obtain permanent housing. As such, there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJ participants. It would be helpful to have dedicated permanent housing units, including support housing, earmarked for the Housing Voucher program via agreement with local landlords.
4. Three out of the last four years of the CCAP IOP program demonstrated significant reductions in jail bookings. Jail days significantly increased for this program, in part due to incarceration as a result of warrants that preceded program participation. Prior reports suggest that by the second year following admission, jail days are reduced. The program was shifted to a new provider just prior to the fourth year and this appears associated with an increased number of individuals served and improved program retention and jail outcomes relative to the third program year. The MHCADSD is exploring ways to obtain substance use data that more accurately reflect the frequency of use at the point the participants were most recently in the community.
5. The CJ liaisons served over a thousand individuals during the fourth year of that program, providing referrals to treatment, housing, and benefits. During the first year of the CCD re-entry case management program, 134 individuals were provided services to link them to needed treatment and housing. During the first year of the Jail Health Services release planner program 609 inmates with complex co-occurring and/or medical needs were referred to care. While 376 individuals were served by the ADATSA benefits application workers during its fourth year, detailed data will no longer be collected for this work effective February 2008. Instead, aggregate ADATSA data will be included with DSHS application worker data to show the number of ADATSA applications and, of these, the proportion of applicants who receive ADATSA benefits. ADATSA applicants must be determined financially eligible by a DSHS application worker before they can apply for ADATSA. The DSHS application workers received over two thousand referrals and completed applications for over a thousand people. The psychiatric medication program provided forty-five individuals being released from the Kent jail with medications. This is substantially reduced from the over 1000 people served in the first year of the program when more funding resources were available and the King County jail system was included. While demographic and referral information is provided for these ‘connector’ services, we plan in the very near future to also examine jail outcomes for people touched by these programs.

6. MHCADSD initiated quarterly Forensic Staff Trainings during the fall of 2009. Results from the first training show that it was very well-received and that more was desired. As such, Forensic Staff Training should be continued and possibly extended to a two-day format.
7. For CJI programs that have shown stable outcomes over at least three years (i.e., specialty-court COD, Housing Voucher, CCAP IOP), MHCADSD should focus evaluation resources on examining longer-term outcomes instead of one-year outcomes for each successive cohort entering these programs. This analysis will allow the programs to demonstrate whether jail use is further reduced even after participants complete CJI programming as one initial report suggests.
8. It would also be helpful to retrain the criminal justice network, including referring courts, about the profile of offender intended for each program so that participants most likely to benefit and succeed from the programs are referred. Along these lines, a document updating program descriptions and appropriate target populations will be disseminated in 2010.

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## **I. Introduction**

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

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

### **CJI Planning**

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

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

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

Service Programs

- Co-occurring disorder (COD) integrated treatment – linked to specialty drug and mental health courts
- Housing vouchers – specialty court and CCAP programs
- Mental health treatment vouchers
- Methadone vouchers
- Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)

Process Improvements

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

**Program Evaluation Questions, Design and Methods**

The original CJI evaluation included an outcome evaluation and process evaluation.

**Outcome Evaluation**

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

Table 1. Outcome Evaluation Questions By CJI Service Program

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

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

The outcome evaluation initially employed a pre-post comparison group design. Pre-program measures were compared with measures taken at the end of the program benefit period or at program discharge. Comparison groups of similar individuals for first year analyses were derived for the historical period before the CJI programs were implemented and for the period concurrent with CJI program implementation. First year analyses revealed that even with careful matching, the comparison groups were not comparable on key indices. As such, in subsequent reports, the investment of time and resources to obtain comparison groups was not made.

## Process Evaluation

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

Table 2. Process Evaluation Questions

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

\*Not evaluated for the housing voucher program

<sup>1</sup>Responsibility for evaluating the in-jail assessment was moved to the Community Corrections Division

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

## Changes Since Initiation of the CJI

Since the time of the initial planning, a number of service program and process improvement changes have been discontinued or added.

### Service Programs

- Added - King County jail COD program
- Added - Municipal jail COD program
- Discontinued - Mental health treatment voucher
- Discontinued - Methadone voucher

### Process Improvements

- Added - South King County criminal justice (CJ) liaison – municipal jails and RJC
- Added - Re-entry case management services
- Added - Medical/chemical dependency release planning services via Jail Health Services
- Added - Forensic Staff training

Largely the same outcome and process evaluation questions have been examined for these newer programs, with the exception that the more labor intensive processes of obtaining consumer, staff and stakeholder input (see below) were not conducted.

### **Data Collection Strategies**

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

Data from the MHCADSD information system (IS), the DSHS TARGET data system for chemical dependency treatment, and the King County jail system are also used. To supplement electronic records, supplemental outcome instruments were developed for the mental health voucher program, the COD treatment programs, and the methadone voucher program. Data collection spreadsheet templates for electronic submission were also designed for the housing voucher program, all CJ liaisons, the DSHS and ADATSA application workers, the medical/chemical dependency release planners, re-entry case management services, and the psychiatric medications program.

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

### **Purpose of Report**

This report summarizes the first year outcomes for the fourth year cohort of participants in the original CJI program. Specifically, outcomes are described for the fourth year of participants for the specialty-court COD program, specialty-court Housing Voucher, CCAP Housing voucher, and CCAP IOP service programs. Outcomes for the second year of the King County jail and municipal jail COD programs are also included. The evaluation report includes jail and clinical outcomes and length of treatment. Analyses include anyone who entered one of the targeted CJI programs, regardless of program completion.

The report also includes characteristics of persons served and referrals to treatment, services, and benefits that resulted from the fourth year of the original CJI process improvements. These improvements included work of the CJ liaisons, and ADATSA and DSHS benefit application worker positions. Characteristics of persons served and referrals for the first-year of the re-entry case management programs and the medical/chemical dependency release planning program are also included, as well as characteristics of the first three years of the psychiatric medication program.

## II. CJI Service Program Detail

### Chapter 1 Co-Occurring Disorder (COD) Integrated Treatment Program

#### I. Program Description

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

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

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

#### II. Results

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

##### Specialty Court-Referred COD Program

First program year - August 1, 2003 through July 31, 2004  
Second program year - August 1, 2004 through July 31, 2005  
Third program year - August 1 2005 through July 31, 2006  
Fourth program year - August 1, 2006 through July 31, 2007

##### A. Characteristics of Persons Served

Characteristics of individuals served during the four years of the COD program are presented below. During the fourth year, 98 unduplicated people entered the program (also 98 admissions – no one entered twice), which is greater than the number of admissions in any prior year.

Data from 2007 showed that the daily population in the King County jail included 13 percent women and 46 percent ethnic minorities. Thus, the COD program has served a higher proportion of females and a similar proportion of ethnic minority individuals compared to the jail population.

Table 3. Specialty-Court Referred COD Program - Characteristics of Persons Served

	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
Demographics	N=85	%	N=79	%	N=70	%	N=98	%
Gender- #/% female	29	34%	31	39%	31	44%	30	31%
Ethnicity								
Caucasian	45	53%	44	56%	32	46%	54	55%
African-American	26	31%	23	29%	32	46%	30	31%
Native American	5	6%	2	3%	1	1%	8	8%
Asian-Pacific Islander	4	5%	2	3%	0	0%	4	4%
Mixed or "other"	5	6%	8	10%	5	7%	2	2%
Hispanic (duplicated)	6	7%	10	13%	5	7%	7	7%
Age – Average (SD)	36.5	(9.6)	36.4	(9.0)	37.4	(9.1)	37.8	10.4
Mental illness diagnoses								
Depression	27	32%	26	33%	20	29%	29	30%
Bipolar	22	26%	21	27%	23	33%	30	31%
Schizophrenia spectrum	22	26%	15	19%	11	16%	28	29%
Other	14	16%	17	22%	16	23%	11	11%
Substance use May list >1 substance								
Cocaine	22	58%	55	70%	49	70%	62	63%
Alcohol	26	68%	49	62%	35	50%	65	66%
Marijuana	14	37%	35	44%	17	24%	49	50%
Opiates	7	18%	28	35%	18	26%	31	32%
Amphetamines	2	5%	28	35%	14	20%	21	21%
Homelessness (or unstable/temporary)								
Case manager report	54	64%	42	53%	40	57%	57	58%
Community functioning								
Global Assessment of Functioning (GAF) 0 - most severe 100 - superior functioning Average and (SD)	43.3	(7.9)	43.1	(6.8)	42.7	(5.6)	43.8	(4.9)
Problem Severity Summary 0 - above average 5 - extreme impairment Average and (SD)	2.3	(.6)	2.5	(.6)	2.4	(.6)	2.5	(.51)
Employment <sup>2</sup>	1	1%	3	4%	7	10%	8	8%

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

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

Analysis of diagnoses showed that over three-fourths of those served had major mental illnesses in addition to substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. Nearly two-thirds were homeless during the first year of the program, dropping slightly to somewhat over half for the second through fourth years. Few were employed.

## B. Outcome findings



## 1. Jail Outcomes

The report examines one-year jail outcomes for the first four years of program participants.

### Change in Jail Bookings and Days

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

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

The table below shows that COD program participants had significantly reduced jail bookings subsequent to program participation during the first and fourth program years, and the reduction was significant at the trend level during the third year. Jail days were statistically unchanged except for the second year, and they increased significantly that year, thus length of incarceration per booking increased. Bookings per days "at-risk" (i.e., not in jail) did not significantly change in any year. The proportion of individuals with no bookings increased during all program years.

Table 4. Specialty Court-Referred COD Program – Change in Average Jail Bookings and Days

Jail outcome indicator	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)		Fourth year cohort (N=98)	
	Pre <sup>1</sup>	Post	Pre	Post	Pre	Post	Pre	Post
Average jail bookings	3.4	2.7*	3.2	3.2	3.0	2.4 <sup>3</sup>	2.4	1.8*
Average jail days	52.5	60.3	49.9	69.1*	59.8	61.4	41.7	46.0
Bookings/month "at-risk" <sup>2</sup>	.37	.33	.34	.43	.35	.30	.25	.22
No jail use #(%)	5 (6)	17 (20)	7 (9)	10 (13)	5 (7)	16 (23)	16 (16)	27 (28)

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

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

<sup>2</sup>Bookings/month "at-risk" = # of bookings/(non-jail days/30)

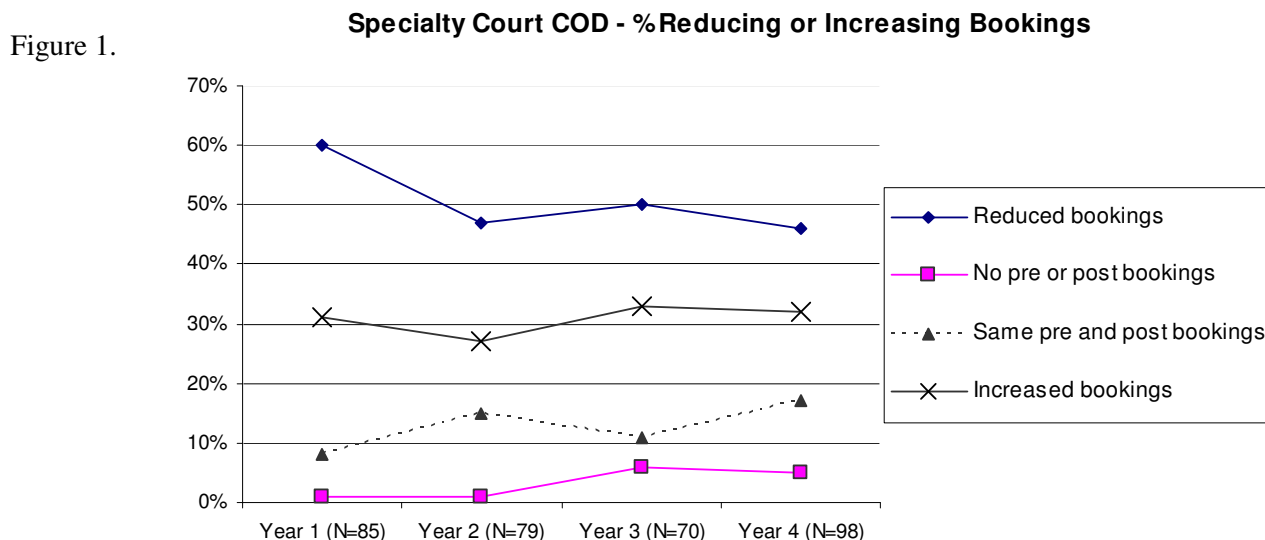
<sup>3</sup>Significant at trend level p=.07

The table below shows that COD participants used more jail days during the year following program participation than during the year prior to it for all program years.

Table 5. Specialty Court-Referred COD Program - Jail Days Detail

Jail day detail	First year cohort (N=85)	Second year cohort (N=79)	Third year cohort (N=70)	Fourth year cohort (N=98)
Pre period jail days	4458	3943	4187	4085
Post period jail days	5124	5462	4301	4503
Change in jail days	+666 (+15%)	+1519 (+39%)	+114 (+3%)	+418 (+10%)

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



Jail Recidivism

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

Table 6. Specialty Court-Referred COD Program - Jail Booking Recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)		Fourth year cohort (N=98)	
	Recidivists		Recidivists		Recidivists		Recidivists	
Total in cohort <sup>1</sup>	68	80%	69	87%	54	77%	71	72%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

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

Charge Severity

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

The table shows that there is not a clear pattern of crime types that were either increased or reduced for program participants. The proportion of crimes that were drug crimes rose for third-year participants, but fell for fourth-year participants. Non-compliance rose for second-and fourth-year participants, but fell for third year participants. Assaults rose for first- and fourth-year participants. Separate analyses showed that felonies as a proportion of all bookings decreased slightly from 49 percent to 42 percent for first year participants and from 46 percent to 41 percent for fourth-year participants. The proportion fell significantly from 63 percent to 54 percent for second year participants and from 65 percent to 52 percent for third year participants.

Table 7. Specialty Court-Referred COD Program - Change in Types of Crimes

Most Serious Offense (MSO)	First year cohort (N=85)		Second year cohort (N=79)		Third year cohort (N=70)		Fourth year cohort (N=98)	
	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)
Drugs	89 (31)	74 (33)	118 (47)	108 (42)	80 (38)	81 (49)	69 (30)	41 (23)
Property	53 (18)	38 (17)	42 (17)	29 (11)	43 (20)	32 (19)	37 (16)	32 (18)
Non-compliance	29 (10)	24 (11)	32 (13)	48 (19)	43 (21)	23 (14)	34 (15)	41 (23)
Assault	17 (6)	38 (17)	13 (5)	15 (6)	9 (4)	7 (4)	13 (6)	24 (13)
Criminal trespass	22 (8)	10 (4)	6 (2)	16 (6)	3 (1)	2 (1)	6 (3)	1 (1)
DUI	11 (4)	7 (3)	4 (2)	2 (1)	2 (1)	2 (1)	7 (3)	2 (1)
Domestic violence	10 (3)	5 (2)	2 (1)	4 (2)	12 (6)	3 (2)	14 (6)	7 (4)
Prostitution	9 (3)	4 (2)	6 (2)	1 (0)	0 (0)	2 (1)	4 (2)	3 (2)
Traffic	5 (2)	2 (1)	5 (2)	1 (0)	2 (1)	1 (1)	3 (1)	8 (4)
Robbery	0 (0)	3 (1)	4 (2)	0 (0)	1 (0)	0 (0)	5 (2)	4 (2)
Other	42 (15)	22 (10)	18 (7)	31 (12)	17 (8)	12 (8)	37 (16)	15 (8)
Total	287 (100)	227 (100)	250 (100)	255 (100)	212 (100)	165 (100)	229 (100)	178 (100)

## 2. Length of Treatment and Treatment Dispositions

The table below shows that the COD program retained two-thirds – three-fourths of participants enrolled during the first three years for at least nine months of the twelve-month benefit period, but this rate dropped to just over half for the fourth-year of participants. Extensions beyond the twelve-month benefit, requested by program staff for participants needing up to 90 additional days to solidify progress, have increased from four first-year participants, to nine second-year participants, ten third-year participants, and 19 fourth-year participants.

Table 8. Specialty Court-Referred COD Program - Length of Treatment

Length of treatment	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=85	%	N=79	%	N=70	%	N=98	%
0-90 days	4	5%	8	10%	6	9%	13	13%
91-180 days	11	13%	12	15%	7	10%	15	15%
181-270 days	14	16%	9	11%	5	7%	15	15%
271-365+ days	56	66%	50	63%	52	74%	55	56%

The table below shows that participants in all four years were most likely to be discharged because they reached the end of the COD program benefit period.

Table 9. Specialty Court-Referred COD Program - Disposition at Discharge

Disposition at discharge	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=85	%	N=79	%	N=70	%		
End of benefit/completed tx	28	33%	37	47%	41	59%	42	43%
Lost to contact	12	14%	15	19%	15	21%	19	19%
Refused further treatment	11	13%	14	18%	6	9%	12	12%
Transferred to other funding	19	22%	4	5%	1	1%	5	5%
Long-term incarceration	6	7%	5	6%	5	7%	11	11%
Moved	1	1%	2	3%	1	1%	1	1%
Transferred to other facility	0	0%	2	3%	1	1%	1	1%
Died	2	2%	0	0%	0	0%	2	2%
Other	6	7%	0	0%	0	0%	5	5%

### 3. Clinical Outcomes

The table below shows clinical outcomes for first through fourth year participants.

Table 10. Specialty Court-Referred COD Program - Clinical Outcomes

Changes from admission to discharge		First year cohort (N=85)	Second year cohort (N=79)	Third year cohort (N=70)	Fourth year cohort (N=98)
Substance use - <sup>1</sup> days/week (over multiple substance)	Reduced to ≤1 days/wk	33 (47%)	26 (34%)	28 (44%)	43 (44%)
	Partial reduction	16 (23%)	27 (36%)	12 (19%)	28 (29%)
	No change	13 (19%)	14 (18%)	14 (22%)	17 (17%)
	Increased	8 (11%)	9 (12%)	10 (16%)	10 (10%)
Time using in week <sup>1</sup> 1=none; 5=all/nearly all	Ave. @ admission (SD)	2.9 (1.3)*	4.3 (1.0)*	4.2 (.83)*	4.2 (.98)*
	Ave. @ discharge (SD)	2.4 (1.6)	3.1 (1.7)	2.7 (1.6)	2.4 (1.5)
Symptoms and community functioning (Problem Severity)	Improved	44 (52%)	29 (38%)	33 (47%)	39 (40%)
	No change	31 (36%)	34 (43%)	33 (47%)	47 (48%)
	Worsened	10 (12%)	16 (20%)	4 (6%)	12 (12%)
	Ave. @ admission (SD)	2.3 (.6)*	2.6 (.5)*	2.4 (.4)*	2.5 (.51)*
	Ave. @ discharge (SD)	2.1 (.6)	2.4 (.5)	2.1 (.5)	2.3 (.65)
Functioning (GAF)	Ave. @ admission (SD)	43.3 (7.9)*	43.1 (6.8)	42.7 (5.6) <sup>4</sup>	43.8 (4.9)*
	Ave. @ discharge (SD)	46.6 (8.5)	42.7 (6.7)	44.3 (5.2)	45.6 (6.6)
Housing <sup>2</sup>	Gained housing	10 (19%)	4 (10%)	10 (25%)	22 (38%)
	No change	38 (70%)	38 (90%)	24 (60%)	33 (59%)
	Type change	6 (11%)	0 (0%)	6 (15%)	3 (5%)
Employment <sup>3</sup>	Gained	5 (6%)	7 (9%)	4 (6%)	7 (7%)
	No change	80 (94%)	71 (90%)	64 (91%)	90 (92%)
	Lost employment	0 (0%)	1 (1%)	2 (3%)	1 (1%)

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

<sup>1</sup>percentages are taken out of 70 for the first year, 76 for the second year, 64 for the third year and 98 for the fourth year; remaining participants had unknown substance use at discharge

<sup>2</sup>Among the 54 (first year), 43 (second year), and 38 (third year) and 58 (fourth year) participants who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary/transitional housing are homeless.

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

<sup>4</sup>Significant at trend level (p=.06)

Participants in all years consistently showed significant reductions in substance use, mental health symptoms and community functioning at the time they were discharged from the program. The proportion of homeless

individuals who have gained housing has increased over the program years from under one-fifth of first-year participants to over one-third of the fourth-year participants. A small proportion of individuals gained employment through the program in all years.

**King County-Jail referred COD Program**

The COD program was expanded at the end of 2005 to take referrals from non-specialty courts involving inmates in the King County Correctional Facility (KCCF), Norm Maleng Regional Justice Center (RJC).

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

Second program year - November 1, 2006 through December 31, 2007

**A. Characteristics of Persons Served**

Characteristics of individuals served in the King-County jail COD program are presented below. During the first year, 66 people entered the program (53 from the KCCF; 13 from the RJC). During the second year, 69 people entered the program (50 from the KCCF; 19 from the RJC). The program served a higher proportion of females and a similar proportion of ethnic minorities compared to the overall King County jail population.

Table 11. King County Jail-Referred COD Program - Characteristics of Persons Served

Demographics	First year cohort (N=66)		Second year cohort (N=69)	
Gender- #/% female	22	33%	32	46%
Ethnicity				
Caucasian	38	58%	33	48%
African-American	21	32%	25	36%
Native American	3	5%	5	7%
Asian-Pacific Islander	1	2%	3	4%
Mixed or "other"	3	5%	3	4%
Hispanic (duplicated)	3	5%	7	10%
Age	Average=37.3 yrs SD=9.6		Average=38.3 yrs SD=8.7	
Mental illness diagnoses				
Depression	18	27%	18	26%
Bipolar	26	39%	27	39%
Schizophrenia spectrum	12	18%	10	14%
Other	10	15%	14	20%
Substance use				
May list >1 substance				
Alcohol	48	73%	54	78%
Cocaine	39	59%	54	78%
Marijuana	19	29%	28	41%
Opiates	13	20%	17	24%
Amphetamines	12	18%	17	24%
Homelessness	56	85%	50	72%
Community functioning				
Global Assessment of Functioning (GAF) 0- most severe; 100 - superior	Average=42.4 SD=4.6 Serious impairment		42.7	SD=5.3
Problem Severity Summary 0 - above average; 5 - extreme impairment	Average=2.4 SD=.4 Slight-marked impairment		2.4	SD=.67
Employment <sup>1</sup>	3	5%	2	3%

<sup>1</sup> A person is considered employed if they have part-time or full-time employment (not including volunteer work)

Over three-fourths of those served had major mental illnesses in addition to substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. Most of the King County jail-referred participants were homeless and few were employed.

## B. Outcome Findings

### 1. Jail Outcomes

#### Change in Jail Bookings and Days

The table below shows that participants in the King County jail COD program significantly reduced their number of jail bookings subsequent to program participation in both program years ( $p < .05$ ). Jail days were statistically unchanged for the King County jail group. Bookings per days "at-risk" (i.e., not in jail) did not significantly change for first-year participants and declined at the trend level for second-year participants. The proportion of individuals with no post-period bookings more than doubled for both program years.

Table 12. King County Jail-Referred COD Program - Change in Average Jail Bookings and Days

Jail outcome indicator	First year cohort (N=66)		Second year cohort (N=69)	
	Pre <sup>1</sup>	Post	Pre	Post
Jail bookings (average)	3.8 (3.6) <sup>2</sup>	2.6 (3.1)*	4.0 (3.4)	2.8 (3.2)*
Jail days (average)	71.2 (69.8)	75.9 (92.9)	78.4 (67.1)	68.4 (83.7)
Bookings/month "at-risk" <sup>3</sup>	.46 (.50)	.54 (1.9)	.49 (.45)	.40 (.51) <sup>4</sup>
No jail use	5 (8%)	17 (26%)	9 (13%)	19 (28%)

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

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

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

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

<sup>4</sup>Significant at trend level  $p = .06$

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

Table 13. King County Jail-Referred COD Program - Jail Day Detail

Jail day detail	First year cohort (N=66)	Second year cohort (N=69)
Pre period jail days	4696	5411
Post period jail days	5006	4720
Change in jail days	+310 (+7%)	-691 (-13%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same number of bookings comparing the year prior to program entry with the year following program entry. More than half of the King County jail participants reduced jail bookings in both program years.

Table 14. King County Jail-Referred COD Program - Proportions Increasing And Decreasing Jail Bookings

Proportion changing jail bookings	First year cohort (N=66)		Second year cohort (N=69)	
Reduced bookings	41	62%	39	56%
No pre or post bookings	2	3%	5	7%
Same # of pre and post bookings	6	9%	6	9%
Increased bookings	17	26%	19	28%

## Jail Recidivism

The table below shows jail recidivism analyses. About 3/4 of the King County jail participants in both ad at least one jail booking within the year following program entry.

Table 15. King County jail-referred COD program - jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=66)		Second year cohort (N=69)	
	Recidivists		Recidivists	
Total in cohort <sup>1</sup>	49	74%	50	72%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

## Charge Severity

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

Table 16. King County Jail-Referred COD Program - Change in Types of Crimes

Most Serious Offense (MSO)	First year cohort (N=66)		Second year cohort (N=69)	
	Pre	Post	Pre	Post
Non-compliance	88 (35%)	84 (49%)	100 (36%)	110 (57%)
Property	43 (17%)	13 (8%)	28 (10%)	13 (7%)
Drugs	45 (18%)	42 (24%)	54 (20%)	27 (14%)
Assault	14 (6%)	7 (4%)	21 (8%)	10 (5%)
Criminal trespass	8 (3%)	6 (3%)	21 (8%)	10 (5%)
DUI	12 (5%)	3 (2%)	1 (<1%)	2 (1%)
Domestic violence	11 (4%)	5 (3%)	13 (5%)	3 (2%)
Prostitution	3 (1%)	0 (0%)	5 (2%)	0 (0%)
Traffic	1 (0%)	1 (1%)	1 (1%)	1 (1%)
Robbery	0 (0%)	2 (1%)	2 (1%)	3 (2%)
Other	24 (10%)	10 (6%)	29 (11%)	14 (7%)
Total	249 (100%)	173 (100%)	275 (100%)	193 (100%)

The table above shows that the proportion of non-compliance crimes increased while the proportion of property crimes decreased. Drug crimes rose somewhat for first-year participants, but declined somewhat for second-year participants. The proportion of other crime categories changed little.

Separate analyses showed that felonies as a proportion of all bookings decreased slightly from 51 percent to 48 percent for first-year participants and from 56 percent to 48 percent for second-year participants when comparing the pre-365 day period with the post-365 day period. Neither change was statistically significant.

## 2. Length of Treatment and Treatment Dispositions

The table below shows that the jail-referred COD program was able to retain 59 percent of first-year participants and 66 percent of second-year participants for at least nine months of the twelve-month benefit period. Extensions beyond the twelve-month benefit were requested and received for four first-year participants and six second-year participants.

Table 17. King County Jail-Referred COD Program - Length of Treatment

Length of treatment	First year cohort (N=66)		Second year cohort (N=69)	
	N	%	N	%
0-90 days	21	32%	16	23%
91-180 days	7	11%	16	23%
181-270 days	11	17%	14	20%
271-365+ days	27	41%	23	33%

The table below shows that participants from the King County jail COD program were most likely to be discharged because they reached the end of the COD program benefit period and this pattern was particularly pronounced for second-year participants.

Table 18. King County Jail-Referred COD Program - Disposition at Discharge

Disposition at discharge	First year cohort (N=66)		Second year cohort (N=69)	
	N	%	N	%
Reached end of 12-month benefit/completed treatment	25	38%	51	74%
Lost to contact	18	27%	12	17%
Long-term incarceration	10	15%	4	6%
Refused further treatment	7	11%	0	0%
Transferred to OPB <sup>1</sup> /other funding	2	3%	1	1%
Moved	1	2%	0	0%
Transferred to different facility	2	3%	0	0%
Long-term hospitalization	0	0%	0	0%
Died	1	2%	1	1%
Other	0	0%	0	0%

<sup>1</sup>OPB= King County Mental Health Plan regular outpatient benefit

### 3. Clinical Outcomes

The table below shows that participants from the King County jail COD program achieved significant reductions in substance use during both program years. Slightly more than half of King County jail-referred participants reduced substance use. Participants also showed significantly improved mental health symptoms and community functioning. Twenty percent of homeless first-year participants gained housing while only a 6 percent of second-year participants did so. Few gained employment through the program.



Table 19. King County Jail-Referred COD Program - Clinical Outcomes

Changes from admission to discharge		First year cohort (N=66)	Second year cohort (N=69)
Substance use - days/week (over multiple substance)	Reduced to $\leq 1$ days/wk	19 (29%)	32 (47%) <sup>3</sup>
	Partial reduction	18 (27%)	7 (10%)
	No change	18 (27%)	17 (25%)
	Increased	11 (17%)	12 (17%)
Time using in week 1=none; 5=all/nearly all	Average @ admission	4.5 (SD=.9)*	4.2 (SD=.9)* <sup>3</sup>
	Average @ discharge	3.0 (SD=1.6)	2.7 (1.7)
Symptoms and community functioning (Problem Severity)	Improved	29 (44%)	32 (46%)
	No change	27 (41%)	28 (40%)
	Worsened	10 (15%)	9 (13%)
	Average @ admission	2.4 (SD=.4)*	2.4 (SD=.4)*
	Average @ discharge	2.2 (SD=.5)	2.2 (SD=.5)
Functioning (GAF)	Average @ admission	42.4 (SD=4.6)*	42.7 (SD=5.3)
	Average @ discharge	46.0 (SD=8.0)	43.4 (SD=6.8)
Housing <sup>1</sup>	Gained housing	11 (20%)	4 (6%)
	No change	45 (80%)	45 (65%)
	Type change	0 (0%)	1 (1%)
Employment <sup>2</sup>	Gained	1 (2%)	3 (4%)
	No change	65 (98%)	66 (96%)
	Lost employment	0 (0%)	0 (0%)

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

<sup>1</sup>Among the 56 (first year) and 50 (second year) participants who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.

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

<sup>3</sup>Second year cohort had 68 people with baseline and follow-up substance abuse values

### Municipal-Jail referred COD Program

As noted above, the COD program was expanded at the end of 2005 to take referrals from non-specialty courts involving inmates from municipal jails within the County.

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

Second program year - November 1, 2006 through December 31, 2007

#### A. Characteristics of Persons Served

Characteristics of individuals served in the COD program who were referred from municipal jails within King County are presented below. During the first year, 23 people entered the program and during the second year 31 people entered. The program served a much higher proportion of females and a much lower proportion of ethnic minorities compared to the King County jail population. It should be noted that suburban municipal jails may also have a lower proportion of overall ethnic minority inmates than the King County jail system.

Table 20. Municipal Jail-Referred COD Program - Characteristics of Persons Served

Demographics	First year cohort (N=23)		Second year cohort (N=31)	
Gender- #/% female	6	26%	15	48%
Ethnicity				
Caucasian	16	70%	31	100%
African-American	6	26%	0	0%
Native American	1	4%	0	0%
Asian-Pacific Islander	0	0%	0	0%
Mixed or "other"	0	0%	0	0%
Hispanic (duplicated)	1	4%	1	3%
Age - Average (SD)	37.1	(10.3)	34.5	(8.4)
Mental illness diagnoses				
Depression	7	30%	20	65%
Bipolar	7	30%	2	6%
Schizophrenia spectrum	3	13%	3	10%
Other	6	26%	6	19%
Substance use				
May list >1 substance				
Alcohol	16	70%	25	80%
Cocaine	12	52%	10	32%
Marijuana	10	43%	12	39%
Opiates	1	4%	3	10%
Amphetamines	11	48%	11	35%
Homelessness (or unstable/temporary)	12	52%	13	42%
Community functioning				
Global Assessment of Functioning (GAF) 0- most severe; 100 - superior	Average=40.1 Serious impairment	SD=4.1	42.1	SD=4.8
Problem Severity Summary 0 - above average; 5 - extreme impairment	Average=2.4 Slight-marked impairment	SD=.5	2.5	SD=.71
Employment <sup>2</sup>	1	4%	0	0%

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

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

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

As shown in the table below, most participants were referred from Auburn during both program years. City jails in Kirkland and Renton, which also could refer under this program, did not refer any participants during these years.

Table 21. Municipal Jail-Referred COD Program - Referring Jails

Jail	First year cohort (N=23)		Second year cohort (N=31)	
Auburn	13	57%	16	52%
Kent	6	26%	8	26%
Enumclaw	3	13%	4	13%
Issaquah	0	0%	3	9%

**B. Outcome findings**

1. Jail Outcomes

Change in Jail Bookings and Days

The table below shows that jail bookings for participants in the municipal-jail COD program did not change subsequent to program participation. Jail days significantly increased for first-year participants but did not change significantly for second-year participants. Bookings per days "at-risk" (i.e., not in jail) did not significantly change for either group. The relatively small sample sizes for each of the first two years of this program, constrain the opportunity to find statistically significant differences, however the absolute magnitude of the changes in jail utilization are also relatively small for this program. The proportion of individuals with no bookings did not change.

Table 22. Municipal jail-referred COD program - change in average jail bookings and days

Jail outcome indicator	First year cohort (N=23)		Second year cohort (N=31)	
	Pre <sup>1</sup>	Post	Pre	Post
Jail bookings (average)	2.4 (2.1) <sup>2</sup>	2.1 (2.2)	1.0 (1.5)	.8 (1.1)
Jail days (average)	55.7 (76.9)	71.6 (87.6)*	15.3 (32.2)	19.1 (39.0)
Bookings/month "at-risk" <sup>3</sup>	.35 (.59)	.30 (.38)	.09 (.15)	.08 (.11)
No jail use	5 (22%)	5 (22%)	18 (58%)	18 (58%)

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

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

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

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

The table below shows that, comparing the year prior to the program with the subsequent year, municipal jail participants used more days in the post period during both program years.

Table 23. Municipal Jail-Referred COD Program - Jail Day Detail

Jail day detail	First year cohort (N=23)	Second year cohort (N=31)
Pre period jail days	1282	475
Post period jail days	1646	593
Change in jail days	+364 (28%)	+118 (+25%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same number of bookings comparing the year prior to program entry with the year following program entry. While over a third of first-year participants reduced bookings, only one-quarter of second-year participants did so.

Table 24. Municipal Jail-Referred COD Program - Proportions Increasing or Decreasing Jail Bookings

Proportion changing jail bookings	First year cohort (N=23)		Second year cohort (N=31)	
Reduced bookings	9	39%	8	26%
No pre or post bookings	3	13%	14	45%
Same # of pre and post bookings	2	9%	2	6%
Increased bookings	9	39%	7	23%

Jail Recidivism

The table below shows jail recidivism analyses. About three-fourths of first-year participants had at least one jail booking within the year following program entry and this rate dropped considerably (to 42 percent) for second-year participants. This pattern should be viewed with caution as, second-year participants also had many fewer bookings than first-year participants at the point of entry into the program. It appears that the second-year cohort was a somewhat less jail-involved group at admission to the program than the first-year cohort.

Table 25. Municipal Jail-Referred COD Program - Jail Booking Recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=23)		Second year cohort (N=31)	
	Recidivists		Recidivists	
Total in cohort <sup>1</sup>	18	78%	13	42%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

Charge Severity

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

Table 26. Municipal Jail-Referred COD Program - Change in Types of Crimes

Most Serious Offense (MSO)	First year cohort (N=23)		Second year cohort (N=31)	
	Pre	Post	Pre	Post
Non-compliance	14 (25%)	18 (38%)	4 (13%)	2 (8%)
Property	14 (25%)	7 (15%)	7 (23%)	2 (8%)
Drugs	3 (5%)	3 (6%)	5 (17%)	8 (32%)
Assault	8 (15%)	7 (15%)	4 (13%)	4 (16%)
Criminal trespass	5 (9%)	2 (4%)	0 (0%)	0 (0%)
DUI	1 (2%)	0 (0%)	5 (17%)	4 (16%)
Domestic violence	1 (2%)	1 (2%)	0 (0%)	0 (0%)
Prostitution	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Traffic	3 (5%)	2 (4%)	2 (7 %)	1 (4%)
Robbery	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	6 (11%)	8 (17%)	3 (10%)	4 (16%)
Total	55 (100%)	48 (100%)	30 (100%)	25 (100%)

The table above shows that the proportion of crimes that were non-compliance increased for first-year participants, but decreased for second-year participants. The proportion of property crimes decreased for both program years. These changes should be interpreted with caution as the raw numbers are very small. Separate analyses showed that felonies as a proportion of all bookings remained relatively stable changing from 18 percent to 19 percent for first-year participants and it decreased slightly from 27 percent to 24 percent for second-year participants when comparing the pre-365 day period with the post-365 day period. Neither change was statistically significant.

## 2. Length of Treatment and Treatment Dispositions

The table below shows that the municipal jail-referred COD program was able to retain over two-thirds of participants for at least nine months of the twelve-month benefit period during the first year of the program and slightly under half of participants during the second year of the program.

Table 27. Municipal Jail-Referred COD Program - Length of Treatment

Length of treatment	First year cohort (N=23)		Second year cohort (N=31)	
	N	%	N	%
0-90 days	3	13%	1	3%
91-180 days	1	4%	7	23%
181-270 days	3	13%	10	32%
271-365+ days*	16	70%	13	42%

\*Second year cohort – 5 people received benefit extensions beyond 365 days

The table below shows that participants were most likely to be discharged because they reached the end of the COD program benefit period and this pattern was particularly pronounced for second-year participants.

Table 28. Municipal jail-referred COD program - disposition at discharge

Disposition at discharge	First year cohort (N=23)		Second year cohort (N=31)	
	N	%	N	%
Reached end of 12-month benefit/completed treatment	8	35%	21	68%
Lost to contact	4	16%	3	10%
Long-term incarceration	4	16%	3	10%
Refused further treatment	1	4%	4	13%
Transferred to OPB <sup>1</sup> /other funding	2	9%	0	0%
Moved	2	9%	0	0%
Transferred to different facility	0	0%	0	0%
Long-term hospitalization	1	4%	0	0%
Died	0	0%	0	0%
Other	1	4%	0	0%

<sup>1</sup>OPB= King County Mental Health Plan regular outpatient benefit

## 3. Clinical Outcomes

The table below shows that the program was effective in reducing substance abuse by participants. Mental health symptoms were significantly improved for second-year participants. Second-year homeless

participants also showed more success in gaining housing than first-year homeless participants. Over both program years, only one person gained employment within a year following program admission.

Table 29. Municipal Jail-Referred COD Program - Clinical Outcomes

Changes from admission to discharge		First year cohort (N=23)	Second year cohort (N=31)
Substance use - days/week (over multiple substance)	Reduced to $\leq 1$ days/wk	10 (43%)	23 (79%) <sup>3</sup>
	Partial reduction	7 (30%)	3 (10%)
	No change	5 (22%)	2 (7%)
	Increased	1 (4%)	1 (3%)
Time using in week 1=none; 5=all/nearly all	Average @ admission	4.0 (SD=1.0)*	3.7 (SD=1.1)* <sup>3</sup>
	Average @ discharge	2.5 (SD=1.5)	1.3 (SD=.6)
Symptoms and community functioning (Problem Severity)	Improved	3 (13%)	6 (19%)
	No change	15 (65%)	24 (77%)
	Worsened	5 (22%)	1 (3%)
	Average @ admission	2.4 (SD=.5)	2.5 (SD=.3)*
	Average @ discharge	2.5 (SD=.4)	2.3 (SD=.5)
Functioning (GAF)	Average @ admission	40.8 (SD=4.1)	42.2 (SD=5.0)
	Average @ discharge	41.8 (SD=4.0)	41.7 (SD=7.2)
Housing <sup>1</sup>	Gained housing	2 (17%)	5 (38%)
	No change	8 (67%)	7 (54%)
	Type change	2 (17%)	1 (8%)
Employment <sup>2</sup>	Gained	1 (4%)	0 (0%)
	No change	22 (96%)	31 (100%)
	Lost employment	0 (0%)	0 (0%)

\*significant change from admission to discharge based on t-test probability of  $\leq .0531$

<sup>1</sup>Among the 12 (first year) and 13 (second year) participants who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.

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

<sup>3</sup>Second year cohort had 29 people with baseline and follow-up substance abuse values

### III. Summary

During the fourth year of the specialty-court referred COD program 98 people entered, which is more than any prior year. The King County-jail referred program enrolled 69 participants during its second year and the municipal-jail referred program enrolled 31 participants during its second year, figures similar to the first years of those programs. In all years in all programs, more women and a similar proportion of ethnic minority individuals were served compared to the overall King County jail population, with the exception of the municipal jail-referred program which served proportionately fewer ethnic minority participants, though these jail populations also likely have fewer ethnic minority inmates. All programs served more than 50 percent homeless participants, except for the second year of the municipal-jail referred program. All participants had serious functional impairments related to their substance use and/or mental illnesses.

During this reporting year, the specialty-court and King County jail-referred COD programs were successful in reducing jail bookings, while the municipal-jail referred program was not. Specifically, jail bookings were significantly reduced from an average of 2.3 for the year prior to program admission to an average of 1.8 during the year following program admission for the fourth-year of specialty-court referred COD participants. All but the second year of the program also showed reductions at least at the trend level. Jail bookings were also significantly reduced from an average of 4.0 to an average of 2.8 for second-year participants in the King County jail-referred program, but there was no change for the municipal-jail referred program consistent with performance of these programs during their first year.

COD programs were not successful in reducing jail days. Specifically, jail days for participants in the specialty-court referred program were statistically unchanged, which has been the result for three of the four program years. Jail days were unchanged during both years of the King County jail-referred program, and jail days for the municipal-jail referred program significantly increased for first-year participants but did not change for second-year participants.

The number of previous jail bookings a participant has accrued at the time of program entry can be thought about as a proxy for re-incarceration ‘risk’ or severity – and the number of bookings at entry has varied over time and across programs. Specifically, the specialty-court referred program started with participants with an average of 3.4 bookings in the year prior to program entry, and this figure has steadily declined such that the fourth-year cohort had an average of 2.3 bookings at program entry. The King County jail-referred participants have been slightly more jail-involved, with an average of 3.8 prior bookings for the first-year cohort and 4.0 prior bookings for the second-year cohort. In contrast, municipal-jail referred participants have had less previous jail involvement, with an average of 2.4 prior bookings for the first-year cohort and only 1.0 for the second-year cohort. Programs serving individuals with fewer jail bookings during the year prior to program entry, such as the municipal-jail referred COD program, have less statistical ‘opportunity’ for improvement.

While jail bookings were reduced for the specialty-court and King County jail COD programs, nearly three-fourths of their participants were re-incarcerated within the year after program admission. Recidivism for the municipal jail COD program was relatively lower, underscoring the relationship of lower pre-program bookings to lower post-program bookings

Participants in all years of all COD programs showed significant reductions in substance use when discharged from the programs, while mental health symptoms for the specialty-court and King County jail-referred programs in all years but only for the second year of the municipal-jail referred program. A modest proportion of individuals in all programs in all years gained housing through the program and little change was shown in employment status.

A summary and comparison of all CJI service programs can be found in Section IV of this report.

## Chapter 2 Housing Voucher

### I. Program Description

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

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

### II. Results

#### Specialty-Court-Jail referred Housing Voucher Program

First program year - May 1, 2003 through April 30, 2004  
 Second program year - May 1, 2004 through April 30, 2005  
 Third program year - May 1, 2005 through April 30, 2006  
 Fourth program year - May 1, 2006 through April 30, 2007

#### A. Characteristics of Persons Served

Characteristics of individuals served during the first four years of the housing voucher program are presented below. During the fourth year 136 unduplicated people (accounting for 141 admissions), entered the program, a figure that has declined somewhat in each of the program years. More women were served in the housing voucher program compared to the overall jail population during all program years. A similar proportion of ethnic minority participants were served compared to the King County jail population.

Table 30. Specialty court-referred housing voucher program - characteristics of persons served

Demographics	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=189	%	N=159	%	N=147	%	N=136	%
Gender - #/% female	52	28%	49	31%	37	25%	31	23%
Ethnicity								
Caucasian	98	52%	94	59%	90	61%	67	49%
African-American	79	42%	60	38%	52	35%	51	38%
Native American	6	3%	2	1%	1	1%	3	2%
Asian-Pacific Islander	6	3%	3	2%	3	2%	2	1%
Hispanic (duplicated) <sup>1</sup>	14	7%	1	1	1	1	9	7%
Mixed or “other”	0	0	0	0	1	1%	4	3%
Age – Average (SD)	38.9	(9.1)	40.1	(9.9)	37.0	(9.8)	39.8	(10.0)

<sup>1</sup>Hispanic ethnicity was incomplete during year 1 and unavailable during years 2 and 3.



**B. Outcome Findings**

**1. Jail Outcomes**

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

Change in Jail Bookings and Days

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

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

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

Table 31. Specialty Court-Referred Housing Voucher Program – Change In Average Jail Bookings And Days

Jail outcome indicator	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)		Fourth year cohort (N=136)	
	Pre <sup>1</sup>	Post	Pre	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.7	2.2*	2.8	1.7*	2.8	1.9*	2.4	1.5*
Jail days (average)	50.9	44.6	39.3	36.3*	51.2	47.7	45.0	46.8
Bookings/month "at-risk" <sup>2</sup>	.30	.24*	.28	.18*	.31	.22*	.26	.19*
No jail use #(%)	13 (7)	46 (24)	18 (11)	57 (36)	22 (15)	47 (32)	26 (19)	53 (39)

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

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

<sup>2</sup>Bookings/month "at-risk"= # of bookings/(non-jail days/30)

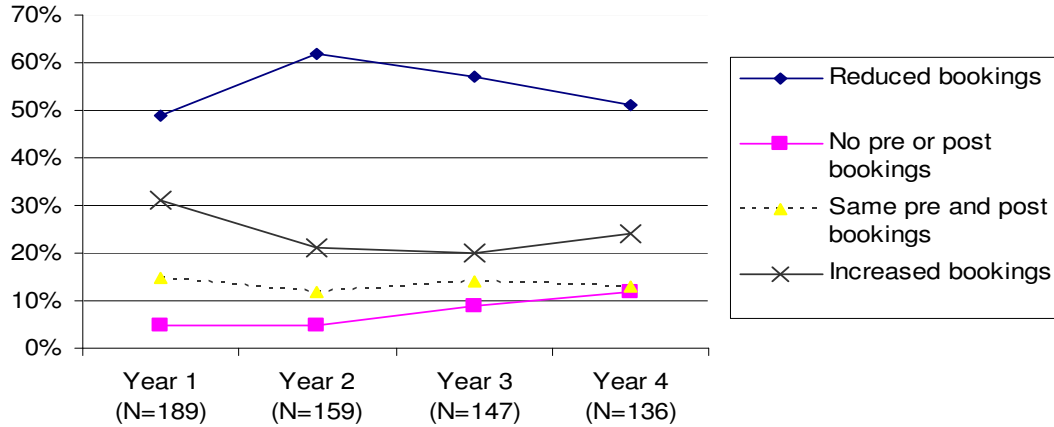
The table below shows that in the first three program years, participants reduced jail days, but days increased slightly for fourth-year participants.

Table 32. Specialty Court-Referred Housing Voucher Program – Jail Day Detail

Jail day detail	First year cohort (N=189)	Second year cohort (N=159)	Third year cohort (N=147)	Fourth year cohort (N=136)
Pre period jail days	9618	6248	7519	6119
Post period jail days	8427	5778	7018	6370
Change in jail days	-1191 (-12%)	-470 (-8%)	-501 (-7%)	+251 (4%)

The figure below shows the proportions of individuals who reduced or increased jail bookings. About half of the participants in all program years reduced bookings.

Figure 2. Specialty Court Housing Voucher - % Reducing or Increasing Bookings



Jail Recidivism

The table below shows jail recidivism analyses. During the fourth year, 63 percent of participants had a jail booking within the year following program entry, comparable or slightly lower than prior years.

Table 33. Specialty Court-Referred Housing Voucher Program – Jail Booking Recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)		Fourth year cohort (N=136)	
	Recidivists		Recidivists		Recidivists		Recidivists	
Total in cohort <sup>1</sup>	143	76%	102	64%	100	68%	86	63%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

Charge Severity

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

Table 34. Specialty Court-Referred Housing Voucher Program – Change In Types Of Crimes

Most Serious Offense (MSO)	First year cohort (N=189)		Second year cohort (N=159)		Third year cohort (N=147)		Fourth year cohort (N=136)	
	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)
Drugs	288 (57)	291 (70)	246 (56)	188 (70)	198 (48)	159 (57)	147 (45)	105 (50)
Property	46 (9)	37 (9)	55 (13)	23 (9)	66 (16)	35 (13)	46 (14)	24 (12)
Non-compliance	48 (9)	39 (9)	44 (10)	18 (7)	55 (13)	26 (9)	36 (11)	20 (10%)
Assault	24 (5)	13 (3)	13 (3)	4 (1)	21 (5)	12 (4)	24 (7)	22 (11)
Criminal trespass	18 (4)	3 (1)	13 (3)	5 (2)	22 (5)	5 (2)	20 (6)	8 (4)
DUI	11 (2)	5 (1)	10 (2)	2 (1)	2 (0)	1 (0)	8 (2)	5 (2)
Domestic violence	8 (2)	2 (<1)	10 (2)	1 (0)	13 (3)	7 (3)	7 (2)	5 (2)
Prostitution	9 (2)	0 (0)	4 (1)	1 (0)	1 (0)	3 (1)	0 (0)	0 (0)
Traffic	6 (1)	1 (<1)	9 (2)	2 (1)	3 (1)	0 (0)	0 (0)	2 (1)
Robbery	1 (<1)	1 (<1)	4 (1)	2 (1)	1 (0)	2 (1)	0 (0)	2 (1)
Other	50 (10)	26 (6)	32 (7)	22 (8)	33 (8)	28 (10)	40 (12)	15 (7)
Total	509 (100)	418 (100)	440 (100)	268 (100)	415 (100)	278 (100)	328 (100)	208 (100)

The table above shows that while overall crimes were reduced, drug offenses as a proportion of all crimes increased while proportions of other MSO crime categories remained largely unchanged or slightly reduced.

A separate analysis showed that felonies as a proportion of all bookings decreased significantly for fourth-year participants from 54 percent to 39 percent when comparing the pre-365 day period with the post-365 day period. Reductions for second- and third- and fourth-year participants were also significant, and there was a non-significant reduction for first-year participants.

## 2. Length of Treatment and Treatment Dispositions

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

Table 35. Specialty Court-Referred Housing Voucher Program – Length of Service

Length of treatment	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=189	%	N=159	%	N=147	%	N=136	%
0-90 days	105	56%	72	45%	80	54%	64	47%
91-180 days	38	20%	37	23%	34	23%	28	21%
181+ days	46	24%	50	32%	33	22%	44	32%

Slightly more than one-third (35 percent) of the fourth-year housing voucher participants obtained permanent housing, comparable to the second year and a stronger result than for the first and third years.

Table 36. Specialty Court-Referred Housing Voucher Program – Dispositions at Discharge

Disposition at discharge from program	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=189	%	N=159	%	N=147	%	N=136	%
<b>Obtained permanent housing</b>	<b>54</b>	<b>29%</b>	<b>60</b>	<b>38%</b>	<b>41</b>	<b>28%</b>	<b>48</b>	<b>35%</b>
Lost to contact	32	17%	23	14%	25	17%	14	10%
Discharged due to multiple positive UAs	30	16%	23	14%	13	9%	18	13%
Discharged due to bench warrant	15	8%	9	6%	5	3%	6	4%
Discharged due to behavioral problems	14	7%	10	6%	8	5%	5	4%
Discharged due to rule violations	13	7%	8	5%	25	17%	16	12%
In inpatient treatment	15	8%	7	4%	10	7%	4	3%
In custody	7	4%	11	7%	11	7%	11	8%
Died	0	0%	1	1%	0	0%	0	0%
End of voucher	3	2%	1	1%	4	3%	3	2%
Other (left court; moved; refused, had baby, transferred to other program)	6	3%	6	4%	5	3%	11	8%

## 3. Clinical Outcomes

The primary outcome for the housing voucher program is obtaining permanent housing. The proportion of admissions that resulted in obtaining permanent housing is shown above. The table below shows that the likelihood of obtaining housing increased substantially with participant's time in the program. Specifically, less than one-fifth of those who exited services within three months obtained permanent housing. Half to two-thirds of those who receive an extension of the six-month benefit obtain housing.

Table 37. Specialty Court-Referred Housing Voucher – Length of Stay for Participants Who Obtain Housing

Time in program	First year (N=54)		Second year (N=60)		Third year (N=41)		Fourth year (N=48)	
	N	%	N	%	N	%	N	%
0-90 days	7	13%	5	8%	9	22%	9	19%
91-180 days	13	24%	15	25%	12	29%	9	19%
181+ days	34	63%	40	67%	20	49%	30	63%

**CCAP –Referred Housing Voucher Program**

**A. Characteristics of persons served**

Characteristics of the first four years of the CCAP-referred individuals served by the housing voucher program are presented below. Forty-one unduplicated people entered the program during the fourth year, a figure substantially greater than in any prior year. A greater percentage of women and a slightly smaller proportion of ethnic minorities were served in the housing voucher program compared to their proportions of the overall King County jail population.

Table 38. CCAP-Referred Housing Voucher Program - Characteristics of Persons Served

Demographics	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=17	%	N=12	%	N=17	%	N=41	%
Gender - #/% female	3	18%	3	25%	4	24%	9	22%
Ethnicity								
Caucasian	8	47%	7	58%	9	53%	25	61%
African-American	4	24%	4	33%	5	29%	11	27%
Native American	1	6%	0	0%	0	0%	0	0%
Asian-Pacific Islander	0	0%	0	0%	1	6%	3	7%
Hispanic (duplicated) <sup>1</sup>	0 <sup>1</sup>	0%	1 <sup>1</sup>	8%	2	12%	2	5%
Mixed, “other”, unk	4	24%	0	0%	0	0%	0	0%
Age – Average (SD)	39.0	(9.8)	41.2	(9.0)	38.1	(9.9)	34.8	(10.8)

<sup>1</sup>Hispanic ethnicity was unavailable during year 1 and incomplete during year 2.

Because the program served small numbers of people during each of the first three years of the program, these years are combined for analysis of jail outcomes. The table below shows that jail bookings and bookings per days “at-risk” (i.e., not in jail) were significantly reduced subsequent to program participation for both the first 3-year group and fourth-year participants. Jail days increased (but not significantly). The proportion of people with no jail bookings increased substantially.

Table 39. CCAP-Referred Housing Voucher Program - Change in Average Jail Bookings and Days

Jail outcome indicator	First 3 years cohort (N=46)		Fourth Year cohort (N=41)	
	Pre <sup>1</sup>	Post	Pre	Post
Jail bookings (average)	1.93	.96*	2.6	1.6*
Jail days (average)	16.8	34.7	27.1	40.5
Bookings/month "at-risk" <sup>2</sup>	.18	.10*	.23	.16*
No jail use #(%)	13 (28%)	20 (43%)	3 (7%)	14 (34%)

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

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

<sup>2</sup>Bookings/month “at-risk”= # of bookings/(non-jail days/30)

The table below shows that in program participants doubled their jail days during the first three years of the program and fourth-year participants increased by 49 percent. These changes are not statistically significant due to the very large variation in jail days among participants.

Table 40. CCAP-Referred Housing Voucher Program - Jail Day Detail

Jail day detail	First three years cohort (N=46)	Fourth year cohort (N=41)
Pre period jail days	773	1112
Post period jail days	1595	1661
Change in jail days	+822 (+106%)	+549 (+49%)

The analysis below shows the numbers of individuals who reduced, increased, or had the same number of bookings comparing the year prior to program entry with the year following program entry. A little more than half of the participants in both the year 1-3 cohort and in the year-four cohort reduced bookings.

Table 41. CCAP-Referred Housing Voucher Program - Proportions Increasing or Decreasing Jail Bookings

Proportion changing jail bookings	First three years cohort (N=46)		Fourth year cohort (N=41)	
Reduced bookings	26	57%	24	59%
No pre or post bookings	7	15%	3	7%
Same # of pre and post bookings	5	11%	5	12%
Increased bookings	8	17%	9	22%

### Jail Recidivism

The table below shows jail recidivism analyses. During the first three years, 57 percent of participants had a jail booking within the year following program entry, a rate that rose slightly for fourth-year participants; however this group also had more prior bookings at program admission.

Table 42. CCAP-Referred Housing Voucher Program - Jail Booking Recidivism

1- year jail recidivism (any post-period booking)	First three years cohort (N=46)		Fourth year cohort (N=41)	
	Recidivists		Recidivists	
Total in cohort <sup>1</sup>	26	57%	27	66%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

### Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period and post-365 day period. The table shows that the proportion of drug and property offenses declined while the proportion of non-compliance charges increased. Other MSO crime categories remained largely unchanged. This pattern is also shown for the CCAP IOP program in the next chapter of this report.

Table 43. CCAP-Referred Housing Voucher Program - Change in Types of Crimes

Most Serious Offense (MSO)	First three years cohort (N=46)		Fourth year cohort (N=41)	
	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)
Drugs	33 (37)	15 (34)	44 (42)	13 (20)
Property	24 (27)	8 (18)	19 (18)	8 (13)
Non-compliance	7 (8)	8 (18)	13 (12)	28 (44)
Assault	4 (4)	3 (7)	7 (7)	4 (6)
Criminal trespass	4 (4)	1 (2)	1 (1)	0 (0)
DUI	6 (7)	2 (5)	3 (3)	0 (0)
Domestic violence	1 (1)	0 (0)	4 (4)	3 (5)
Prostitution	0 (0)	0 (0)	2 (2)	0 (0)
Traffic	2 (2)	2 (5)	2 (2)	1 (2)
Robbery	1 (1)	1 (2)	0 (0)	1 (2)
Other	7 (8)	4 (9)	10 (10)	6 (9)
Total	89 (100)	44 (100)	105 (100)	64 (100)

A separate analysis showed that for participants in years 1-3 felonies as a proportion of all bookings decreased significantly from 53 percent to 42 percent when comparing the pre-365 day period with the post-365 day period. For fourth-year participants, there was reduction from 66 percent to 49 percent, which was statistically significant.

2. Length of Treatment and Treatment Dispositions

The two tables below show that during the first three years of the program 41 percent left the program within 90 days, increasing to 71 percent for fourth-year participants. However, the rate of participants obtaining housing did not change, with slightly more than one-quarter of participants in both groups obtaining permanent housing.

Table 44. CCAP-Referred Housing Voucher Program – Length of Service

Length of treatment	First three years cohort		Fourth year cohort	
	N=46	%	N=41	%
0-90 days	19	41%	29	71%
91-180 days	11	24%	6	15%
181+	16	35%	6	15%

Table 45. CCAP-Referred Housing Voucher Program - Dispositions at Discharge

Disposition at discharge from program	First three years cohort		Fourth year cohort	
	N=46	%	N=41	%
<b>Obtained permanent housing</b>	<b>12</b>	<b>26%</b>	<b>11</b>	<b>27%</b>
Lost to contact	9	20%	5	12%
Discharged due to multiple positive UAs	4	9%	2	5%
Discharged due to bench warrant	1	2%	2	5%
Discharged due to behavioral problems	1	2%	0	0%
Discharged due to rule violations	7	15%	7	17%
In custody	7	15%	6	15%
End of voucher	2	4%	1	2%
Other (left court; moved; refused, had baby, transferred to other program)	3	7%	0	0%

### 3. Clinical Outcomes

The primary outcome for the housing voucher program is obtaining permanent housing. The proportion of admissions that resulted in obtaining permanent housing is shown above. The table below shows that the likelihood of obtaining housing increases somewhat with participant's time in the program.

Table 46. CCAP-Referred Housing Voucher Program - Length of Stay for Participants Who Obtained Housing

Time in program	First three years cohort (N=11)		Fourth year cohort (N=12)	
	N	%	N	%
0-90 days	1	9%	4	33%
91-180 days	4	36%	2	17%
181+ days	7	64%	5	42%

### III. Summary

During the fourth year of operation 136 unduplicated people entered the specialty court housing voucher program, a figure that has declined somewhat in each of the program years. The program served a higher proportion of females and a similar proportion of ethnic minority participants than are represented in the overall King County jail population. The CCAP housing voucher program served 41 people during its fourth year, a figure substantially greater than in any prior year. A higher proportion of women and a slightly lower proportion of ethnic minorities were served in the housing voucher program compared to their proportions in the overall King County jail population.

The number of jail bookings for fourth-year participants was significantly reduced for specialty court housing voucher participants from an average of 2.4 during the pre-program year to an average of 1.5 during the year following entry into the program. Similarly, the CCAP housing voucher program showed a significant reduction from an average of 2.6 bookings to an average of 1.6 bookings. Jail days increased but not significantly for both programs.

About two-thirds (63 and 66 percent respectively) of fourth-year specialty court and CCAP housing voucher participants were re-incarcerated within one year of program entry. Felonies as a proportion of all bookings were reduced significantly for both programs.

Nearly half of the fourth-year specialty court housing voucher participants and nearly three-fourths of the CCAP housing voucher participants exited services within three months. Those who stayed in services longer are more likely to obtain permanent housing. Overall, 35 percent of fourth-year specialty court housing voucher participants and 27 percent of CCAP housing voucher participants obtained permanent housing. Currently dedicated permanent supportive housing units available to housing voucher recipients are limited to Downtown Emergency Service Center's Morrison building and Plymouth Housing Group's Begin-at-Home programs which work very well for participants, however both are typically full with infrequent vacancies. It would be helpful to have dedicated permanent housing units, including support housing, earmarked for the Housing Voucher program via agreement with local landlords.

A summary and comparison of all CJI service programs can be found in Section IV of this report.

## Chapter 3

### Intensive Outpatient (IOP) Chemical Dependency Treatment at the Community Center for Alternative Programs (CCAP)

#### I. Program Description

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

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

#### II. Results

First program year - April 1, 2004 through March 31, 2005

Second program year - April 1, 2005 through March 31, 2006

Third program year - April 1, 2006 through March 31, 2007

Fourth program year - April 1, 2007 through March 31, 2008

##### A. Characteristics of Persons Served

Characteristics of individuals served during the first four years of the CCAP IOP are shown below. The number of people entering the program has steadily increased from 87 the first year to 263 in the fourth year. The fourth year is also the first year that Sound Mental Health has been the treatment provider. The program served a higher proportion of females and a similar proportion of ethnic minorities compared to the overall jail population. Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by about half of the participants. We did not analyze methamphetamine separately in the first two years, but found that slightly over half of "other drug" users during the third and fourth years were using methamphetamine. The percentage of participants who are homeless has increased slightly from 21 percent in the first year to about 30 percent during the most recent two years. Few participants are employed at admission.

Table 47. CCAP IOP Program Characteristics of Persons Served

	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=87	%	N=136	%	N=157	%	N=263	%
Demographics								
Gender- #/% female	21	24%	44	32%	37*	24%	63	24%
Ethnicity								
Caucasian	45	52%	81	60%	92	60%	114	43%
African-American	36	41%	36	26%	34	22%	102	39%
Native American	4	5%	4	3%	3	2%	10	4%
Asian-Pacific Islander	1	1%	5	4%	8	5%	13	5%
Mixed or "other"	1	1%	10	7%	16	10%	24	9%
Hispanic (duplicated)	1	1%	9	7%	7	5%	16	6%
Age – Average (SD)	32.8	(10.7)	35.5	(10.9)	35.6	(10.4)	34.4	10.7

\*4 third-year participants were not matched to state TARGET data are so are missing from analyses - % are taken from 153



Table 47. CCAP IOP Program Characteristics of Persons Served (Cont'd)

Substances used (may report more than one)	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=87	%	N=136	%	N=157	%	N=263	%
Alcohol	68	78%	74	54%	91*	61%	169*	65%
Marijuana	54	62%	65	48%	75	51%	159	61%
Cocaine	39	45%	68	50%	54	36%	117	45%
Heroin	11	13%	19	14%	20	14%	38	15%
Other (non-tobacco)	34	39%	56	41%	59	40%	86	33%
<b>Homelessness</b>								
DSHS DBHR data	18	21%	37	27%	44	30%	74	29%
<b>Community functioning</b>								
Employed	12	14%	14	11%	17	11%	20	8%

\*Admission data only available for 148 third-year participants. For fourth-year participants admission substance use data were available for 261 and homelessness and employment data were available 259 - % are taken from these Ns

**B. Outcome Evaluation**

1. Jail Outcomes

The report examines one-year jail outcomes for first through fourth years of program participants.

Change in Jail Bookings and Days

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

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

The table below shows that jail bookings were significantly reduced for fourth-year participants from an average of 2.0 bookings during the year prior to program admission compared with an average of 1.6 booking during the year following admission. Significant reductions were also shown for first- and second-year participants. Bookings per days "at-risk" (i.e., not in jail) declined significantly for first year participants.

Jail days increased significantly for all program years indicating increased length of stay per booking in the post-period. The proportion of people with no bookings increased from "pre" to "post" program years for the first two years of participants.

Table 48. CCAP IOP Program Change in Average Jail Bookings and Days

Jail outcome indicator	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)		Fourth year cohort (N=263)	
	Pre <sup>1</sup>	Post	Pre	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.0 <sup>2</sup>	1.3*	1.9	1.5*	1.7	1.6	2.0	1.6*
Jail days (average)	22.5	44.7*	26.2	48.4*	23.4	57.3*	25.3	51.9*
Bookings/month "at-risk" <sup>3</sup>	.19	.15*	.19	.19	.17	.18	.20	.19
No jail use #(%)	16 (18)	33 (38)	36 (26)	41 (30)	45 (29)	44 (28)	71 (27)	68 (26)

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

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

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

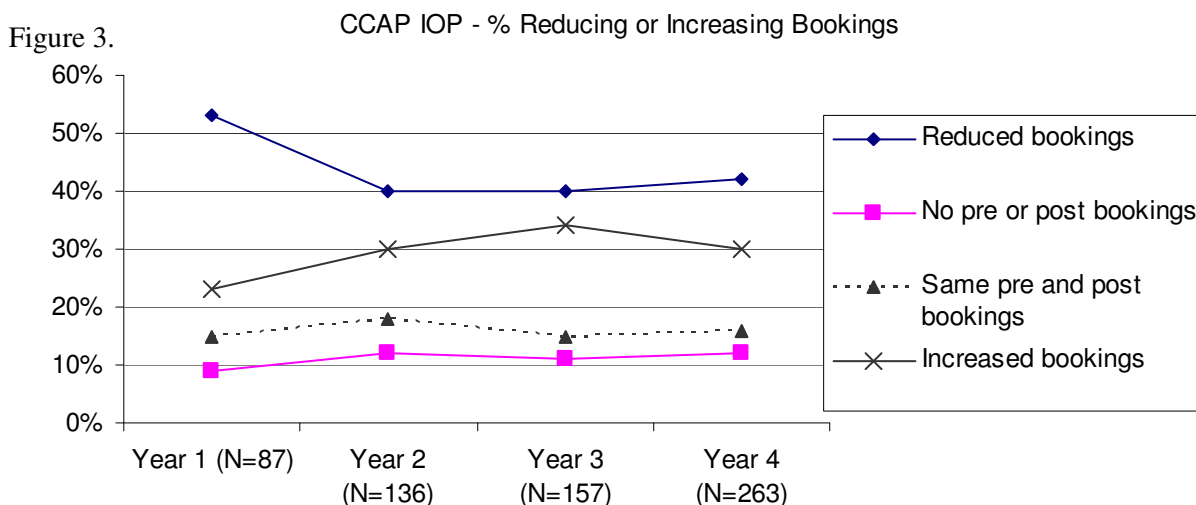
<sup>3</sup>Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The table below shows that CCAP IOP participants doubled or nearly doubled jail days during the year following program participation compared with the year prior to program admission for all program years.

Table 49. CCAP IOP Jail Day Detail

Jail day detail	First year cohort (N=87)	Second year cohort (N=136)	Third year cohort (N=157)	Fourth year cohort (N=263)
Pre period jail days	1953	3565	3679	6670
Post period jail days	3885	6576	8999	13656
Change in jail days	+1932 (+99%)	+3011 (+84%)	+5320 (+145%)	+6986 (+105%)

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



### Jail Recidivism

The table below shows jail recidivism analyses. The rate of participants having at least one booking during the year following program admission has risen over the program years from 62 percent for first-year participants to 75 percent for fourth-year participants.

Table 50. CCAP IOP Program Jail Booking Recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)		Fourth year cohort (N=263)	
Total recidivists in cohort <sup>1</sup>	54	62%	95	70%	113	72%	195	75%

<sup>1</sup>Some individuals may not have had any bookings within the prior year

### Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period compared with the post-365 day period. Non-compliance charges as a proportion of all bookings increased from "pre" to "post" for participants in all program years. This suggests that people in contact with the CCAP IOP program and its associated increased "surveillance" become incarcerated on non-compliance charges (or 'old' charges) at an increased rate following their program admission. This phenomenon could partially explain the increases in jail days shown in tables above.

The proportions of other crime categories remained largely unchanged, though the proportion of drug crimes dropped somewhat for fourth-year participants.

Separate analyses showed that felonies as a proportion of all bookings increased (but not significantly) from 44 percent to 45 percent for first year participants, 42 percent to 51 percent for second year participants, and 50 percent to 57 percent for third year participants when comparing the pre-365 period with the post-365 day period. The rate also increased from 47 percent to 54 percent for fourth year participants, and this increase was significant.

Table 51. CCAP IOP program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=87)		Second year cohort (N=136)		Third year cohort (N=157)		Fourth year cohort (N=263)	
	Pre #(%)	Post #(%)	Pre #(%)	Post #(%)	Pre #(%)	Post #(%)	Pre #(%)	Post #(%)
Drugs	86 (49)	53 (47)	78 (30)	61 (30)	73 (27)	65 (27)	171 (32)	108 (25)
Property	28 (16)	20 (18)	44 (17)	34 (17)	48 (18)	36 (15)	92 (17)	56 (13)
Non-compliance	3 (2)	11 (10)	40 (15)	45 (22)	44 (16)	73 (30)	104 (19)	154 (36)
DUI	16 (9)	11 (10)	16 (6)	4 (2)	9 (3)	7 (3)	8 (1)	6 (1)
Domestic violence	10 (6)	0 (0)	17 (6)	9 (4)	14 (5)	10 (4)	21 (4)	7 (2)
Assault	6 (3)	3 (3)	14 (5)	8 (4)	21 (8)	9 (4)	35 (7)	21 (5)
Criminal trespass	4 (2)	3 (3)	4 (2)	5 (2)	10 (4)	1 (<1)	13 (2)	1 (<1)
Traffic	6 (3)	3 (3)	5 (2)	3 (1)	4 (1)	10 (4)	17 (3)	11 (3)
Prostitution	0 (0)	0 (0)	6 (2)	2 (1)	4 (1)	1 (<1)	5 (1)	0 (0)
Robbery	0 (0)	1 (1)	3 (1)	4 (2)	2 (1)	5 (2)	8 (1)	11 (3)
Other	17 (10)	8 (7)	35 (13)	30 (15)	42 (15)	27 (11)	61 (11)	56 (13)
Total	176 (100)	113 (100)	262 (100)	205 (100)	271 (100)	244 (100)	535 (100)	431 (100)

## 2. Length of Treatment and Treatment Dispositions

The CCAP IOP was designed as a 90-day on-site intervention. The table below shows that for the first three program years, about half of the participants left within 60 days. Fourth-year participants showed a different pattern with a much higher proportion remaining in the program for at least 90 days, primarily due to clients being retained in IOP services elsewhere in the community upon discharge from CCAP after accessing publicly-funded benefits.

Table 52. CCAP IOP Program Length of Treatment

Length of treatment	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=87	%	N=136	%	N=157	%	N=263	%
0-30 days	23	26%	32	24%	33*	21%	11	4%
31-60 days	29	33%	36	26%	44	28%	37	14%
61-90 days	16	18%	34	25%	36	23%	40	15%
91+ days	19	22%	34	25%	43	28%	175	66%

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

The table below shows that the proportion of participants who complete treatment or were transferred elsewhere to complete treatment has risen from 38 percent of first-year participants to 46 percent of fourth-year participants. Most of the remaining individuals withdrew, were lost to contact or were incarcerated.

Table 53. CCAP IOP Program Dispositions At Discharge

Disposition at discharge	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=87	%	N=136	%	N=157	%	N=263	%
Completed treatment	21	24%	31	23%	35*	24%	76	29%
Transferred to complete tx	12	14%	5	4%	23	16%	45	17%
Withdrew or lost to contact	44	51%	55	40%	32	22%	102	39%
Incarcerated	8	9%	23	17%	40	27%	28	11%
Inappropriate admission	0	0%	3	2%	8	5%	1	<1%
Funds exhausted	0	0%	5	4%	2	1%	0	0%
Rule violation	2	2%	4	4%	8	5%	8	3%
Other	0	0%	10	7%	0	0%	3	1%

\*Third year cohort discharge data available on 148 people - % taken from 148

### 3. Clinical Outcomes

All of the first year participants who completed treatment (n=21; 24 percent of those served) were reported to be no longer using drugs or alcohol. Data regarding substance use at discharge from CCAP for those who did not complete treatment was not available.

For the second year of the program, at discharge six participants (4 percent) were no longer using their primary drug, while three had a partial reduction and three increased. All remaining participants (out of 135 - one had unknown use) showed no change in substance use. Employment status did not change for any of the participants in either year. We are not confident in the accuracy of these data. However, the service providing agency has since changed and we are thus unable to either determine or improve data accuracy.

More data were available for third- and fourth- year program participants, however the patterns remained similar to year two. Few participants showed reduced substance use or gains in housing or employment. A portion of individuals are rated as having ‘no’ substance use frequency at admission due to being in a controlled environment during the month prior to admission (the time over which the frequency rating is to be evaluated). This could potentially mask real changes in use when in the community. We are working with the state substance abuse administration, the Division of Behavioral Health and Recovery (DBHR), and providers to determine how to best obtain information that more accurately reflects the frequency of substance use when participants were most recently in the community.

Table 54. CCAP IOP - Clinical Outcomes – Third and Fourth Program Years

Changes from admission to discharge		Third year cohort (N=157) <sup>1</sup>	Fourth year cohort (N=263) <sup>1</sup>
Substance use - days/month (over multiple substance)	Reduced to no substance use	7 (5%)	7 (3%)
	Partial reduction	4 (3%)	6 (2%)
	No change	47 (32%)	148 (60%)
	Increased	4 (3%)	7 (3%)
	No use at admission	86 (58%)	80 (32%)
Housing <sup>2</sup>	Gained housing	10 (23%)	2 (3%)
Employment <sup>3</sup>	Gained	2 (1%)	6 (2%)

<sup>1</sup> Outcome data was available for 148 third-year participants and 248 fourth-year participants - % are taken from these Ns

<sup>2</sup> Among the 44 (third year) and 74 (fourth year) participants initially homeless. Temporary/transitional housing considered homeless.

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

### III. Summary

During the fourth year of operation there were 263 unduplicated people who entered the CCAP IOP program, which represented a substantial increase over all prior years. This was also the first year that Sound Mental Health was the treatment provider. The program served a higher proportion of females and a similar proportion of ethnic minorities compared with the overall jail population. Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by about half of the participants except during the third year. Nearly a third of third-year participants were homeless at admission and only 8% were employed at admission.

Jail bookings were significantly reduced from an average of 2.0 bookings during the year prior to program admission to an average of 1.6 booking during the year following program admission. Significant reductions were also shown during the first two program years. Participants in all program years increased jail days, indicating a substantial increase in length of stay. A previous report showed that while jail days increased during the first year following program entry for the CCAP IOP first-year cohort; they significantly *decreased* by the second year following admission. Recidivism analysis shows that 75 percent of the fourth year participants were re-incarcerated within one-year of program entry, a rate that has risen slightly over the program years.

Analysis of charge severity showed that non-compliance charges as a proportion of all bookings increased from "pre" to "post" for participants in all program years. This suggests that people in contact with the CCAP IOP program and associated increased "surveillance" become incarcerated on non-compliance charges (or 'old' charges) at an increased rate following their program admission. This phenomenon could partially explain increased jail days.

For the first three program years, about half of the participants left within 60 days. Fourth-year participants showed a different and improved pattern with about two-thirds remaining in the program for at least 90 days. Along these lines the proportion of participants who complete treatment at CCAP, or who were transferred to complete treatment has risen from 38 percent of first-year participants to 46 percent of fourth-year participants.

Few participants showed reductions in substance use, a finding similar to prior years and in part due to difficulties in obtaining information that accurately reflects the frequency of substance use prior to program participation when participants were most recently in the community, rather than in a controlled environment.

A summary and comparison of all CJJ service programs can be found in Section IV of this report.



### III. CJI Process Improvements Detail

#### Chapter 1 Criminal Justice (CJ) Liaisons

##### I. Program Description

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

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

A CJ liaison position was added in South and East King County in January 2006 as part of the expansion of the COD program to non-specialty court participants, specifically inmate-clients at the RJC and the municipal jails in King County. This position was implemented primarily, but not exclusively, to screen and identify appropriate inmate-clients in South and East King County for linkage to the non-specialty court COD program sited in South King County and operated by Sound Mental Health. Like the other CJ liaisons, this position also provides assistance to inmate-clients regarding discharge planning, obtaining benefits, and providing linkage to other community-based services.

##### II. Results

###### King County Jail Liaisons

First program year - September 1, 2003 through August 31, 2004  
Second program year - September 1, 2004 through August 31, 2005  
Third program year - September 1, 2005 through August 31, 2006  
Fourth program year - September 1, 2006 through August 31, 2007

##### A. Characteristics of Persons Served

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

Most individuals served by jail-based liaisons had mental health and/or chemical dependency problems. Somewhat fewer of those served by the CCAP-based liaison had such problems. Substance use rates for individuals seen by the CCAP liaison dropped to 0 beginning in the fourth year, as all CCAP participants presenting with substance use problems began to be referred to on-site chemical dependency professionals not the CJ liaisons. CCAP participants are currently referred to the CJ liaison only for mental health and housing related issues. The primary reason for this change was the increasing census at CCAP. During the first two years, about half of those served by the RJC liaison were homeless, rising to about three-fourths during the third and fourth years, while fewer of those served by the KCCF and CCAP liaisons were homeless.

Table 55. CJ Liaisons – Characteristics of Persons Served

Characteristic	Gender	Age	Presenting Problems		
First year cohort	#/% Female	Average Age (SD) <sup>1</sup>	MH problem	CD problem	Homeless
KCCF (N=618)	248 (40%)	34.4 (9)	343 (56%) <sup>2</sup>	432 (70%) <sup>3</sup>	133 (22%) <sup>2</sup>
RJC (N=492)	128 (26%)	36.2 (10)	287 (58%)	457 (93%)	251 (51%)
CCAP (N=237)	84 (35%)	38.3 (10)	79 (33%)	55 (23%)	52 (22%)
Second year cohort					
KCCF (N=620)	198 (32%)	36.1 (9.9)	438 (71%)	388 (63%)	54 (9%)
RJC (N=650)	186 (29%)	35.9 (8.9)	365 (56%)	619 (95%)	317 (49%)
CCAP (N=508)	168 (33%)	36.5 (11.3)	276 (54%)	160 (31%)	211 (42%)
Third year cohort					
KCCF (N=518)	148 (29%)	36.8 (9.9)	464 (90%)	401 (77%)	238 (50%)
RJC (N=353)	88 (25%)	37.1 (9.4)	233 (66%)	327 (93%)	266 (75%)
CCAP (N=399)	143 (36%)	37.1 (11.1)	287 (72%)	293 (73%)	120 (30%)
Fourth year cohort					
KCCF (N=551)	163 (30%)	37.1 (10.0)	442 (80%)	401 (73%)	268 (49%)
RJC (N=212)	86 (41%)	37.0 (9.4)	197 (93%)	183 (86%)	152 (72%)
CCAP (N=310)	113 (36%)	36.2 (10.9)	246 (79%)	0 (0%)	131 (42%)

<sup>1</sup>15 missing DOB in year 1 and 41 missing year 2 for direct referral to ADATSA/DSHS

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

<sup>3</sup>Missing data for 45 direct referrals to ADATSA/DSHS

Table 56. CJ Liaisons – Ethnicity of Persons Served

Ethnicity	White	Black/African-American	Native American	Asian/Pacific Islander	Hispanic	Other/unk
Third year cohort						
KCCF (N=518)	257 (50%)	216 (42%)	13 (3%)	16 (3%)	11 (2%)	5 (1%)
RJC (N=353)	200 (57%)	118 (33%)	17 (5%)	5 (1%)	13 (4%)	0 (0%)
CCAP (N=399)	221 (55%)	138 (35%)	10 (3%)	8 (2%)	20 (5%)	2 (1%)
Fourth year cohort						
KCCF (N=551)	251 (46%)	239 (43%)	22 (4%)	21 (4%)	11 (2%)	3 (<1%)
RJC (N=212)	119 (56%)	79 (37%)	5 (2%)	1 (<1%)	8 (4%)	0 (0%)
CCAP (N=310)	158 (51%)	111 (36%)	8 (3%)	6 (2%)	27 (9%)	0 (0%)

## B. Referral Sources



One way to assess the degree to which liaisons are integrated within the systems in which they work is to examine their referral sources. If all expected referral sources are represented, we could conclude that the liaisons are sufficiently known and are functioning adequately in the views of referral sources. The table below shows that integration is partially demonstrated by a high rate of referrals to liaisons from Jail Health Services (particularly for the KCCF liaison); court and corrections referrals are more infrequent. Inmate self-referral for assistance was the most frequent referral source for the RJC liaison. All CCAP referrals are from courts and so they are not included in the table.

Table 57. CJ Liaisons – Referral Sources

Referral sources*	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	KCCF	RJC	KCCF	RJC	KCCF	RJC		RJC
	N=618	N=492	N=620	N=650	N=518	N=353	N=(551)	N=(212)
Self	297 (48)	295 (60)	80 (13)	411 (63)	38 (7)	200 (57)	182 (33%)	107 (50%)
Jail Health	255 (41)	91 (18)	499 (80)	131 (20)	367 (71)	81 (23)	248 (45%)	80 (38%)
Defender Assoc.,	19 (3)	10 (2)	14 (2)	30 (5)	60 (12)	15 (4)	58 (11%)	5 (2%)
Courts/judges	21 (3)	16 (3)	4 (1)	18 (3)	3 (1)	20 (6)	6 (1%)	1 (<1%)
Other liaison	1 (<1)	18 (4)	1 (<1)	11 (2)	3 (1)	7 (2)	4 (1%)	2 (1%)
RJC/DAJD staff	2 (<1)	14 (3)	0 (0)	25 (4)	0 (0)	0 (0)		0 (0%)
PO	1 (<1)	12 (2)	0 (0)	7 (1)	5 (1)	0 (0)	2 (<1%)	0 (0%)
Mental health case manager	6 (1)	6 (1)	4 (1)	0 (0)	11 (2)	1 (<1)	8 (1%)	1 (<1%)
DSHS/ADATSA	0 (0)	5 (1)	2 (<1)	6 (1)	2 (<1)	3 (1)	3 (1%)	2 (1%)
DOC CCO	2 (<1)	2 (<1)	9 (1)	0 (0)	15 (3)	24 (7)	20 (4%)	8 (4%)
Other/Unknown	10 (2)	23 (4)	7 (1)	11 (2)	14 (3)	2 (1)	20 (4%)	6 (3%)

### C. Treatment Linkages

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

As the table shows, most clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). The rate for the CCAP liaison has steadily risen and in the fourth year, over half were referred to a benefit application worker. Liaison referrals to mental health agencies were also common, particularly from the CCAP liaison. We are not currently able to determine whether linkage to services referred has actually occurred.

Table 58. CJ Liaisons – Referrals Out

Referrals out	DSHS/ ADATSA /GAU /GAX	Justice Resource Center	Mental health agencies (includes COD)	Corrections/ Court (attny, PO, judge, social worker, DOC, JHS, liaisons)	Housing and HOST	Specialty courts <sup>2</sup>	Employ -ment	CD, JODET, AA, NA	Medical /dental/ other
First year cohort									
KCCF (N=618)	309 (50%)	48 (8%)	137 (22%)	76 (12%)	45 (7%)	86 (14%)	1 (<1%)	27 (4%)	10 (2%)
RJC (N=492)	331 (67%)	5 (1%)	76 (15%)	64 (13%)	4 (1%)	49 (10%)	0 (0%)	36 (7%)	1 (<1%)
CCAP (N=237)	91 (38%)	-----	68 (29%)	1 (1%)	39 (16%) <sup>3</sup>	----	65 (27%)	40 (17%)	23 (10%)
Second year cohort									
KCCF (N=620)	367 (59%)	114 (18%)	144 (23%)	114 (18%)	49 (8%)	76 (12%)	3 (<1%)	40 (6%)	2 (<1%)
RJC (N=650)	623 (96%)	239 (37%)	32 (5%)	73 (11%)	8 (1%)	7 (1%)	1 (<1%)	28 (4%)	3 (<1%)
CCAP (N=508)	248 (49%)	-----	268 (53%)	0 (0%)	182 (36%)	----	50 (10%)	0 (0%)	0 (0%)
Third year cohort									
KCCF (N=518)	346 (67%)	102 (20%)	161 (31%)	300 (58%)	65 (13%)	57 (11%)	2 (<1%)	51 (10%)	5 (1%)
RJC (N=353)	168 (48%)	322 (91%)	33 (9%)	13 (4%)	231 (65%)	4 (1%)	9 (3%)	7 (2%)	2 (1%)
CCAP (N=399)	175 (44%)	-----	296 (74%)	0 (0%)	107 (27%)	----	2 (1%)	---	1 (<1%)
Fourth year cohort									
KCCF (N=551)	226 (41%)	48 (9%)	137 (25%)	202 (37%)	48 (9%)	45 (8%)	7 (1%)	23 (4%)	13 (2%)
RJC (N=212)	117 (53%)	38 (18%)	82 (39%)	81 (38%)	63 (30%)	5 (2%)	2 (1%)	4 (2%)	2 (1%)
CCAP (N=310)	162 (52%)	-----	235 (76%)	0 (0%)	137 (44%)	----	8 (3%)	----	1 (<1%)

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

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

<sup>3</sup> Housing vouchers became available within CCAP July 2004 - 4 were provided during the two months of this reporting period

<sup>4</sup> Not reported after Oct 2005

## SE King County Jail Liaison

At the beginning of 2006 a CJ liaison was hired to work in the South and East King County area with referrals from both the RJC and the area's municipal jails.

First program year – January 1, 2006 through December 31, 2006

Second program year – January 1, 2007 through December 31, 2007

Third program year – January 1, 2008 through December 31, 2008

### A. Characteristics of Persons Served

Characteristics of individuals served during the first, second, and third years of the SE King County CJ liaison program are presented in the table below. Only limited demographic information was collected during these years, however a more complete set of participant characteristics will be available beginning in 2009. During the first three years, the liaison served higher proportion of females than are in the King County jail population.

Table 59. SE King County Jail Liaison - Characteristics of Persons Served

	First year cohort		Second year cohort		Third year cohort	
Demographics	N=108	%	N=160	%	N=148	%
Gender- #/% female	38	35%	56	35%	39	26%
Age – Average (SD)	37.0	(10.6)	37.6	(9.6)	36.2	(11.1)

## B. Referral Sources

The number of participants referred from each of the SE King County jails is shown in the table below. Most participants were from Auburn or Kent municipal jails. During the third year of the program, RJC responsibilities shifted to this liaison and therefore are substantively represented for the first time during the third year.

Table 60. SE King County CJ Liaison – Referral Sources

Referral sources	First year cohort N=108		Second year cohort N=160		Third year cohort N=148	
	N	%	N	%	N	%
Auburn	38	35%	77	48%	82	55%
Kent	50	46%	57	36%	21	14%
Enumclaw	11	10%	7	4%	5	3%
Issaquah	6	6%	12	8%	7	5%
Kirkland	0	0%	1	1%	0	0%
Renton	3	3%	5	3%	5	3%
RJC	0	0%	1	1%	28	19%

## III. Summary

During the fourth year of the King County CJ liaison program, 551 individuals were served by the KCCF liaison, 212 by the RJC liaison, and 310 by the CCAP liaison. A higher proportion of females and similar proportion of ethnic minorities were served than are in King County jail population as a whole.

Most clients served by the KCCF and RJC liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). The rate for the CCAP liaison has steadily risen and in the fourth year, over half were referred to a benefit application worker. Liaison referrals to mental health agencies were also common, particularly from the CCAP liaison

At the beginning of 2006, a CJ liaison was hired to work in the South and East King County area with referrals from both the RJC and the area's municipal jails. The liaison served 108 individuals during the first year, rising to 160 during the second year and 148 during the third year. The program served a higher proportion of females and a similar proportion of ethnic minority individuals compared to the overall jail population.

Most referrals were from Auburn or Kent municipal jails. During the third year of the program, RJC responsibilities shifted to this liaison and therefore are substantively represented for the first time in that year. Additional demographic data and information regarding referrals to services and treatment will be available starting with fourth-year participants.

## Chapter 2 Re-entry Case Management Services Program

### I. Program Description

**Program Overview:** Reentry case management services are targeted at Community Corrections Division (CCD) participants and jail inmates with mental illness and/or substance abuse disorders who are transitioning from a CCD program or jail to treatment and support services in the community. The program is operated by Sound Mental Health (SMH) and initial referrals were made in April 2007. Reentry services are provided for up to 90 days per person, including rental assistance for those participants who are at risk of homelessness.

**Target Population:** CCD participants and jail inmates (any jail within King County) with mental illness and/or substance abuse disorders who are transitioning from a CCD program or jail to treatment and support services in the community. Priority access is given to referrals made by CCAP staff, CJ liaisons, or Jail Health Services release planners. Eligible participants must be unable to obtain re-entry case management services from another source.

### II. Results

First program year – May 1, 2007 through April 30, 2008

#### A. Characteristics of Persons Served

Characteristics of individuals served during the first year of the re-entry case management program are presented in the table below. A higher proportion of females and slightly higher proportion of ethnic minority participants were served than are in the King County jail population as a whole.

Table 61. Re-entry Case Management - Characteristics of Persons Served

Demographics	First year cohort N=134	
	N	%
Gender- #/% female	39	29%
Ethnicity		
Caucasian	62	46%
African-American	46	34%
Native American	9	7%
Asian-Pacific Islander	10	7%
Mixed or "other"	7	5%
Hispanic (duplicated)	6	4%
Age	Ave.=36.8	SD=10.7

#### B. Referral Sources

Sources of participant referrals to the re-entry case management program are shown below. Most referrals to this program come from CCAP and CJ liaisons, consistent with the prioritization of this program for referrals from CCAP staff, CJ liaisons and JHS release planners.

Table 62. Re-entry Case Management – Referral Sources

Referral sources	First year cohort N=134	
	N	%
CCAP	35	26%
CJ liaison or release planner - KCCF	40	30%
CJ liaison or release planner – RJC	24	18%
Work/Educ Release (WER)	20	15%
Self	6	4%
Defender’s Association	4	3%
Other/Unknown	5	4%

### C. Linkage to Treatment and Supports

Re-entry case managers address a wide range of needs with referrals “out”, which are listed below. Over two-thirds of participants were referred to housing resources. Nearly as many participants were referred to agencies that address basic needs/healthcare or mental health care. Half were referred to mental health agencies. Fewer were referred to substance abuse or employment services.

Table 63. Re-entry Case Management - Referrals Out

Referrals “out”	First year cohort N=134	
	N	%
Housing	90	67%
Basic needs/health	79	60%
Mental health agencies	67	50%
Substance abuse agencies	39	29%
Employment/vocational/education	32	24%
HGAP rental assistance approved	33	25%

As noted above, 33 participants during the first year of the program received Homeless Grant Assistance Program (HGAP) rental assistance (funded by the state Department of Commerce). The average amount of the grants were \$1,362 (SD=\$477) with \$390 as the smallest grant and \$3,050 as the largest.

### D. Length of Intervention

The re-entry case management program is designed as a 90-day program. As shown in the table below, only a small proportion of participants continued to receive re-entry supports after 90 days had elapsed.

Table 64. Re-entry Case Management – Length of Treatment

Length of treatment	First year cohort N=134	
	N	%
0-30 days	39	29%
31-60 days	40	29%
61-90 days	36	27%
91+ days	19	14%

### **III. Summary**

In May 2007 re-entry case management services began to link jail inmates with mental illness and/or substance abuse disorders who are transitioning from a CCD program or jail with treatment and support services in the community. During its first year, the re-entry case managers served 134 individuals. The program served a higher proportion of females and a slightly higher proportion of ethnic minority individuals compared to the overall jail population.

Most referrals to the re-entry case management program were from CCAP staff, CJ liaisons, or Jail Health Services release planners. Over two-thirds of participants were referred to housing resources and nearly as many to agencies that address basic needs or healthcare. Half were referred to mental health agencies. Rental assistance was provided to one-fourth of participants.

## Chapter 3 Medical/Chemical Dependency Release Planning Services via Jail Health Services

### I. Program Description

**Program Overview:** The King County Jail Health Services' release planners provide in-custody case management and placement services upon release to skilled nursing and hospice care facilities, referral to chemical dependency services, and collaboration with the criminal justice liaisons with especially complex, high-need inmate-patients with co-occurring disorders and medical concerns.

**Target Population:** King County Correctional Facility (KCCF) and Maleng Regional Justice Center (RJC) inmates with chemical dependency and co-morbid medical disorders.

### II. Results

First year – January 1, 2008 through December 31, 2008

#### A. Characteristics of Persons Served

During the first year of the program, release planning served a higher proportion of females and a similar proportion of ethnic minorities were served compared to the overall jail population.

Table 65. JHS Release Planners - Characteristics of Persons Served

Demographics	First year cohort N=609	
	N	%
Gender- #/% female	200	33%
Ethnicity <sup>1</sup>		
Caucasian	337	55%
African-American	221	36%
Native American	23	4%
Asian-Pacific Islander	28	5%
Age	Ave.=38.4	SD=12.1

<sup>1</sup>Hispanic ethnicity is not currently available

#### B. Service Contacts

Release planners provided an average of 3.1 service contacts (SD=3.5) to each of the 609 individuals served during the first year with 253 people (42 percent) receiving only one contact.

### III. Summary

In January 2008, Jail Health Services began a release planner program to provide in-custody case management and placement services upon release for inmate-patients with complex needs including co-occurring mental health and substance abuse disorders and medical concerns. During its first year, the release planners served 609 individuals. The program served a higher proportion of females and a similar proportion of ethnic minority individuals compared to the overall jail population.

## Chapter 4 ADATSA Application Worker

### I. Program Description

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

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

### II. Results

First program year - February 1, 2004 through January 31, 2005

Second program year - February 1, 2005 through January 31, 2006

Third program year - February 1, 2006 through January 31, 2007

Fourth program year - February 1, 2007 through January 31, 2008 – FINAL YEAR for reporting data separately from the DSHS application workers

#### A. Characteristics of Persons Served

During the fourth year of the program, 376 people received an ADATSA screening; a figure that has grown in each of the program years. The table below shows that a higher proportion of females and a similar proportion of ethnic minorities were served by the ADATSA application workers compared to the overall jail population.

Table 66. ADATSA Application Worker - Characteristics of Persons Served

Demographics	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=142	%	N=251	%	N=319	%	N=376	%
Gender- #/% female	45	32%	85	34%	79	25%	98	26%
Ethnicity								
Caucasian	101	58%	123	49%	170	53%	228	61%
African-American	43	30%	75	30%	106	33%	99	26%
Native American	14	10%	34	14%	28	9%	32	9%
Asian-Pacific Islander	1	1%	6	2%	11	3%	11	3%
Mixed or "other"	3	2%	12	5%	2	1%	0	0%
Hispanic (duplicated)	1	1%	6	2%	16	5%	19	5%
Unknown	0	0%	1	<1%	2	1%	6	2%
Age - Ave (SD)	Ave.=35.5	(9.0)	Ave.=35.8 <sup>1</sup>	(9.6)	Ave.=35.0	(10.3)	35.5 <sup>2</sup>	10.0

<sup>1</sup>3 people missing DOB   <sup>2</sup>11 people missing DOB



**B. Referral Sources**

During the fourth year of the program, like the third year, most referrals were from DSHS application workers. About half of the participants self-referred during the first program year as this was prior to the introduction of DSHS worker pre-screening and referrals from Intake Services. A modest proportion of referrals come from the courts and Jail Health Services. There was a decline in referrals from Intake Services PR/screeners from third year to the fourth year which is offset by increased referrals from courts and defender organizations. This is due to a change in referral procedures that no longer encourage direct referrals for treatment from Intake Services.

Table 67. ADATSA Application Worker - Referral Sources

ADATSA referral sources	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=326	%	N=251	%	N=319	%	N=376	%
Self	160	49%	0	0%	0	0%	1	<1%
DSHS workers	22	7%	188	75%	215	67%	282	75%
Intake services/PR screeners	0	0%	27	11%	53	17%	3	1%
CJ liaison	46	14%	0	0%	20	6%	1	<1%
Jail Health Services	45	14%	1	<1%	0	0%	41	11%
Courts/judges/AGs office	17	5%	29	12%	0	0%	22	6%
PO	16	5%	0	0%	0	0%	0	0%
RJC/DAJD jail staff	4	1%	0	0%	10	3%	2	1%
Community agencies	2	1%	0	0%	0	0%	0	0%
Community Corrections	0	0%	4	2%	0	0%	0	0%
DOC	1	<1%	0	0%	0	0%	5	1%
Defender organizations	1	<1%	0	0%	0	0%	11	3%
Other/unknown	12	4%	2	1%	21	7%	8	2%

**C. Success in Obtaining ADATSA Benefits**

The table below shows that of those who complete an ADATSA screening, nearly all obtains ADATSA benefits. This pattern has been consistent throughout all program years.

Table 68. ADATSA Success in Obtaining Benefits

ADATSA	First year cohort (N=142 screened)		Second year cohort (N=251 screened)		Third year cohort (N=319 screened)		Fourth year cohort (N=340 screened)	
	N	%	N	%	N	%	N	%
Obtained ADATSA benefit or determined eligible for services	122	80%	220	88%	260	82%	285	84%

**III. Summary**

During the fourth year, 376 individuals received an ADATSA screening, representing a continued increase over prior years. A higher proportion of females and a similar proportion of ethnic minorities were served compared to the jail population. Of those who completed an ADATSA screening, over 80 percent obtained ADATSA benefits.

King County will no longer track this level of detail for the ADATSA application workers effective February 2008. Instead, aggregate ADATSA data will be profiled in future reports in the section entitled “DSHS Application Worker” to show the number of ADATSA applications and, of these, the proportion of applicants who receive ADATSA benefits. The ADATSA applicants must be determined financially eligible by a DSHS application worker before they can apply for ADATSA.

## Chapter 5 DSHS Application Workers

### I. Program Description

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

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

### II. Results

First program year - May 1, 2004 through April 30, 2005  
 Second program year - May 1, 2005 through April 30, 2006  
 Third program year - May 1, 2006 through April 30, 2007  
 Fourth program year – May 1, 2007 through April 30, 2008

#### A. Characteristics of persons served

During the fourth program year, 2251 referrals were made to the DSHS applications workers resulting in 1208 applications completed. These figures represent continued and substantial increases over prior years. The proportion of applications relative to referrals also increased. Referrals who did not have an application completed typically did not have a release date within 45 days of referral, were released too soon to be screened, or only needed to check on their existing DSHS funding status.

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

Table 69. DSHS Application Workers – Characteristics of Persons Served

Demographics	First year cohort N=1259 referrals		Second year cohort N=1562 referrals		Third year cohort N=1828 referrals		Fourth year cohort N=2251 referrals	
	N=298	%	N=377	%	N=809	%	N=1280	%
Applications								
Gender- #/% female	99	33%	125	33%	223	28%	379	30%
Ethnicity								
Caucasian	178	60%	265	70%	516	64%	759	59%
African-American	103	35%	91	24%	236	29%	400	31%
Native American	15	5%	13	3%	34	4%	76	6%
Asian-Pacific Islander	2	1%	7	2%	23	3%	40	3%
Mixed or "other"	0	0%	1	<1%	0	0%	5	<1%
Hispanic (duplicated)	7	2%	6	2%	20	2%	44	3%
Age – Average (SD)	34.7	(10.1)	35.6	(9.8)	(36.2)	(10.2)	35.4	(10.5)

**B. Referral Sources**

The data below show that most of the referrals for the DSHS application workers were self-referrals from inmates themselves. Other prominent referral sources included CCAP and Jail Health Services.

Table 70. DSHS Application Workers - Referral Sources

DSHS referral sources	First year cohort		Second year cohort		Third year cohort		Fourth year cohort	
	N=1259	%	N=1562	%	N=1828	%	N=2251	%
Self	541	43%	649	42%	1017	56%	865	38%
CCAP	374	30%	469	30%	231	13%	499	22%
Jail Health Services	113	9%	276	18%	159	9%	188	8%
Courts	198	16%	74	5%	61	3%	44	2%
Defender associations	9	1%	51	3%	37	2%	97	4%
DOC	7	1%	9	<1%	12	1%	14	1%
CJ liaison	7	1%	0	0%	30	2%	111	5%
Psychiatric hospital	0	0%	14	1%	135	7%	118	5%
Jail transition/re-entry	0	0%	14	1%	62	3%	18	1%
Mental health center	3	<1%	1	<1%	0	0%	15	1%
Probation/parole	2	<1%	3	<1%	45	2%	37	2%
DSHS workers (transfer)	0	0%	0	0%	28	2%	16	1%
Municipal jails	0	0%	0	0%	0	0%	191	8%
Medical hospital	0	0%	0	0%	0	0%	16	1%
Other/unknown	5	<1%	2	<1%	11	<1%	22	1%

**C. Success in Obtaining DSHS Benefits**

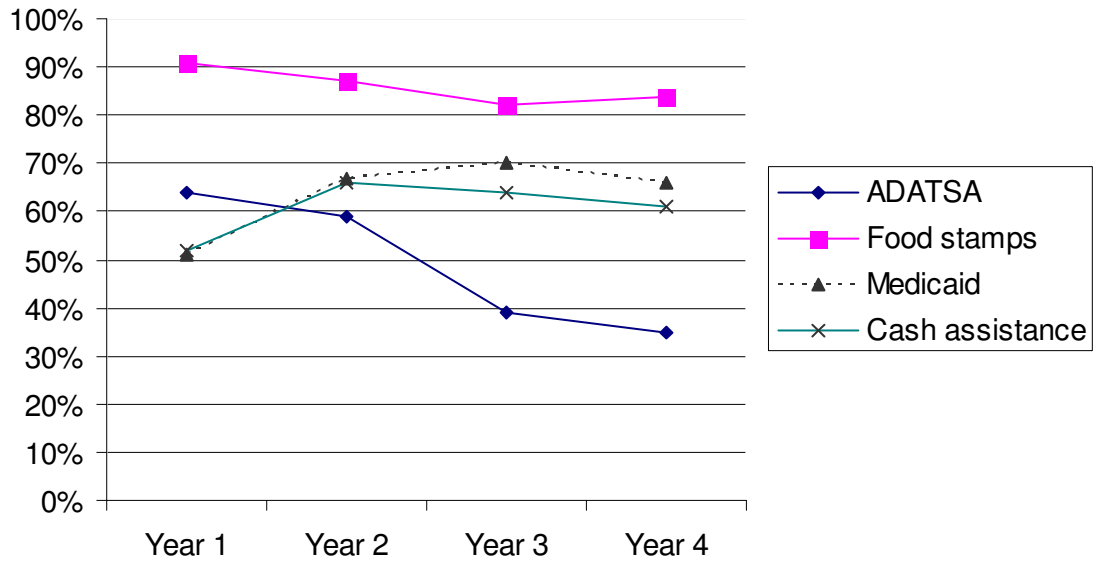
DSHS benefits received by those completing an application are shown below. Over 60 percent of those who applied for Medicaid and cash assistance received them. This pattern was also true for ADATSA benefits during the first and second years of the program; however, the rate dropped notably during the third and fourth years. Nearly all of those who applied for food stamps and federal Supplemental Security Income (SSI) received them in all program years.

Table 71. DSHS Application Workers - DSHS Benefits Received

DSHS benefits	First year cohort N=298		Second year cohort N=377		Third year cohort N=809		Fourth year cohort N=1280	
	Applied	Received	Applied	Received	Applied	Received	Applied	Received
ADATSA	119	76 (64%)	162	96 (59%)	339	131 (39%)	539	191 (35%)
Food stamps	149	135 (91%)	206	180 (87%)	333	274 (82%)	891	744 (84%)
Medicaid	78	40 (51%)	166	111 (67%)	427	297 (70%)	737	484 (66%)
Cash assistance	86	45 (52%)	162	107 (66%)	378	242 (64%)	666	407 (61%)
SSI	8	7 (88%)	0	0% (0%)	18	15 (83%)	31	26 (84%)

Change over time in the proportion of benefit received of those applied for is shown in the graph below. SSI is not shown because proportions are unstable due to very low numbers of applications.

Figure 4. DSHS Application Workers - Proportion Receiving Benefit for Each Application Type



### III. Summary

During the fourth program year 2251 referrals were made to the DSHS application workers representing a continued and substantial increase over prior years. During the fourth year, 57 percent of referrals completed a DSHS application, which is also a substantial increase over previous years. A higher proportion of females and a slightly lower proportion of ethnic minorities completed an application compared to the overall jail population.

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

For those who completed an application, over 60 percent of those who applied for Medicaid and cash assistance received them, and nearly all of those who applied for food stamps and SSI received them. Only about one-third of those applying for ADATSA benefits received them.

## Chapter 6 Forensic Staff Training

### I. Program Description

**Program Overview:** In September 2009 MHCADSD initiated quarterly Forensic Staff Trainings. The intent of the training is to train staff in mental health agencies (under the King County Regional Support Network) to more effectively work with clients who become involved with the criminal justice system at all levels (Municipal, County and State).

Staff attending become familiar with the various ways to make contact with consumers at the jail and will become the staff designated to have "rolodex" access for face to face visits in jail. They will also gain the expertise to work with the broader criminal justice system to better advocate and help clients navigate this complicated and very difficult system.

The initial single full-day training includes:

- Context and the Criminalization of the Mentally Ill
- Systems Overview (State, County, Cities)
- Basics of the Path of a Case in the Criminal Justice system (Arrest, Booking into Jail, Court, Probation)
- Opportunities for Intervention
- Accessing the Jail (Application, Step by Step)
- Mental Health Courts (Eligibility, Referring, Working with Probation)
- Criminal Justice Information/Research (Web-based, Points of Contact in the System) and How to Navigate

Staff can receive **Forensic Staff Certification** from MHCADSD if they also do all of the following:

- Visit the King County District Mental Health Court
- Visit the City of Seattle Municipal Mental Health Court
- Shadow their agency's assigned Jail Health Services Release Planner inside the County jail(s)
- Tour the Dept of Corrections Seattle Criminal Justice Center Offices (1550 4<sup>th</sup> Ave S. Seattle, WA) meet the Special Needs Unit and Seattle Day Reporting Program Staff
- Attend Yearly King County and State of Washington DOC Collaboration Day
- Attend the Mock Mental Health Court sponsored by MHCADSD staff to better understand court processes

**Target Population:** The target populations for this training are forensic staff and/or jail liaisons identified by publicly-funded community mental health agencies in King County to serve as the criminal justice interface and expert within each agency. These specialized forensic staff are to serve as experts and consultants to other staff throughout their mental health agency.

### II. Results

Twenty-one individuals attended the first training in September, 2009. They were a mix of individuals who identified themselves as current forensic staff (N=9), supervisors (N=6), CJI staff (N=3), and staff from specialty carve out programs (N=2) (one person did not report job type).

On a five-point scale, overall satisfaction with the program was rated highly, with all but one respondent reporting that they were either “very satisfied” or “satisfied” (average rating 4.3; SD=.9)

Seventeen of the 21 (81 percent) respondents reported that they would like the training to be longer. Fourteen of 16 respondents recommended the training be two days rather than one.

Respondents also rated the degree to which the training helped their understanding of the criminal justice system in King County on a 4-point scale from “not at all” (1) to “very much” (4). The average rating was 3.7 (SD=.6)

Eighteen of 20 (90 percent) respondents also reported that they “strongly agree” or “agree” that the training should be required for all treatment providers designated to work with clients who become involved in the CJ system.

Seventeen participants provided responses to open-ended questions that asked for things that the participant would “change” about the training or other comments about the training. Their responses are below

Table 72. Forensic Staff Training – Participant Comments

Positive comments	N	Suggestions/Areas for improvement	N
Enjoyable, great, good energy, great trainer	6	Longer time	8
Good handouts	3	More info on courts	4
		More detail regarding CIT and ITA	2
		Clearer definition of forensic staff and role in relation to case manager	2
		A bit disorganized (esp. DOC, CCO sections)	2

Other comments suggested by one person included having more small group time, a short video, more inmate scenarios, more detail on probation, and Jail Health Service, and less information regarding police.

### III. Summary

Early results from the Forensic Staff Training show that it was very well-received by participants and that they wanted more detail and longer training. As such, the program should be continued and possibly extended.

#### IV. CJI Summary and Comparisons across CJI Service Programs

This chapter summarizes participant characteristics and jail and clinical outcomes for the fourth year of ss the five CJI client service programs.

##### A. Characteristics of Persons Served

Participant characteristics during the fourth year of the original CJI service programs plus the second year of the King County jail and municipal jail COD programs are summarized below. A total of 638 individuals entered CJI service programs during this year, which is greater than the 463 who entered during the prior year and comparable to the 663 who were served during the first year. As noted elsewhere, during the third year, the mental health and methadone voucher programs were no longer in operation, and the COD program was expanded to develop programs for non-specialty court-referred individuals from the King County jail and municipal jails. The number of people served was similar to the prior year for COD and Housing voucher programs, but rose from 157 to 263 for the CCAP IOP program.

Data from 2007 showed that the daily population in the King County jail included 13 percent women and 46 percent ethnic minorities. Therefore, during this reporting year the CJI served a higher proportion of women and a similar proportion of ethnic minority individuals compared to the overall jail population. Nearly all CJI participants had a chemical dependency problem and over half were homeless.

Table 73. CJI Year 4 Participant Characteristics

Characteristic	COD specialty court N=98	COD KC jail* N=69	COD muni jail* N=31	Housing voucher N=136	CCAP Housing voucher N=41	CCAP IOP N=263	Total CJI N=638
Gender - #/% female	30 (31%)	32 (46%)	15 (48%)	31 (23%)	9 (22%)	63 (24%)	180 (28%)
Ethnicity							
Caucasian	54 (55%)	33 (48%)	31 (100%)	67 (49%)	25 (61%)	114 (43%)	324 (51%)
African-American	30 (31%)	25 (36%)	0 (0%)	51 (38%)	11 (27%)	102 (39%)	219 (34%)
Native American	8 (8%)	5 (7%)	0 (0%)	3 (2%)	0 (0%)	10 (4%)	26 (4%)
Asian-Pac Islander	4 (4%)	3 (4%)	0 (0%)	2 (1%)	3 (7%)	13 (5%)	25 (4%)
Mixed or "other"	2 (2%)	3 (4%)	0 (0%)	9 (7%)	2 (5%)	24 (9%)	40 (6%)
Hispanic (duplicated)	7 (7%)	7 (10%)	1 (3%)	4 (3%)	0 (0%)	16 (6%)	35 (5%)
Age – Average (SD)	37.8 (10.4)	38.3 (8.7)	34.5 (8.4)	39.8 (10.0)	34.8 (10.8)	34.4. (10.7)	36.5 (10.2)
Mental illness at admission	Required	Required	Required	49 (36%) <sup>2</sup>	Not avail	Not avail.	206 (67%) <sup>1</sup>
Chemical dependency at Admission	Required	Required	Required	87 (64%) <sup>2</sup>	Not avail	Required	548 (92%) <sup>1</sup>
Homeless at admission	57 (58%)	50 (72%)	13 (42%)	Required	Required	74 (29%) <sup>3</sup>	371 (58%)
Employed at admission	8 (8%)	2 (3%)	0 (0%)	Not avail.	Not avail	20 (8%) <sup>3</sup>	30 (7%) <sup>1</sup>

Data presented are for the second year of the COD KC jail and muni jail programs

<sup>1</sup>% taken out of total of programs for which data were available

<sup>2</sup>Based on which specialty (drug or mental health) referred participant- likely underestimates prevalence

<sup>3</sup>Homelessness and employment data were available for 259 participants - % are taken from 259



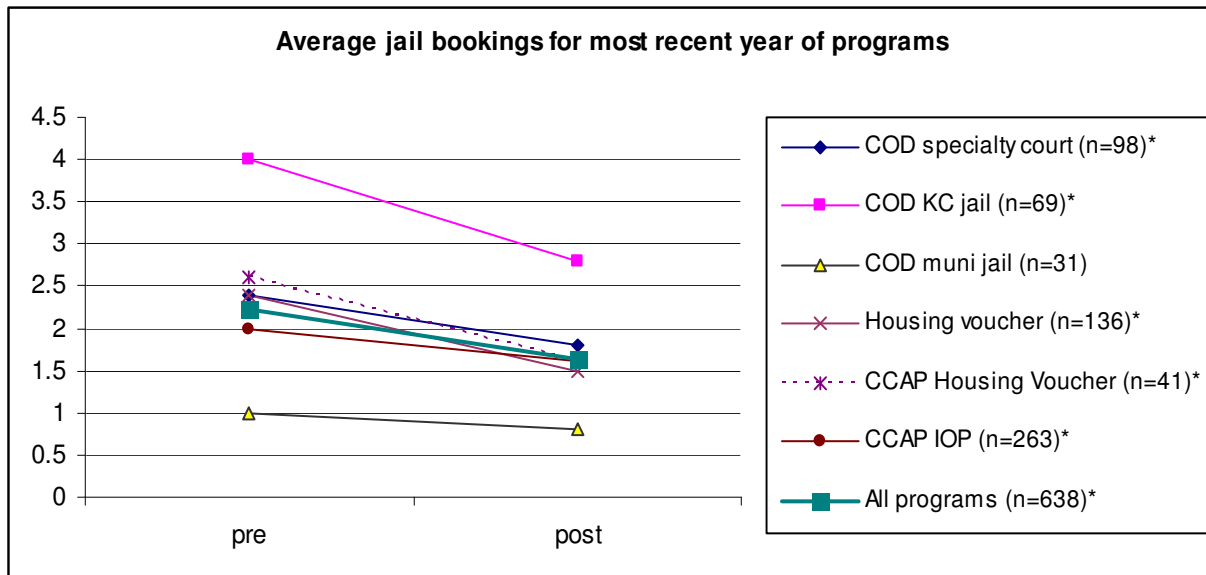
## B. Outcome Findings

### 1. Jail Outcomes

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

The figure below shows that participants during this reporting year overall demonstrated a significant reduction in jail bookings from an average of 2.2 bookings during the pre-program year to an average of 1.6 during the year following program admission ( $p < .05$ ). All programs showed significant reduction in jail bookings with the exception of the municipal jail COD program. This program has a small number of participants, constraining the opportunity to find statistical significance and participants also had the lowest amount of pre-program bookings (average of 1.0), which also reduces the likelihood of finding reductions in bookings. The Housing Voucher program has shown significant reductions in bookings during all program years, the COD specialty court program has shown a reduction in all but the second year. The King County jail COD program showed significant reductions during each of its first two years, but the municipal jail COD program did not. The CCAP IOP showed a significant reduction in all but the third year.

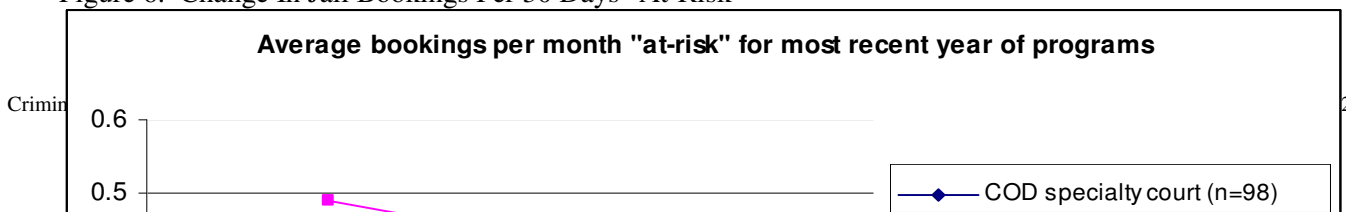
Figure 5. Change in Jail Bookings



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

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

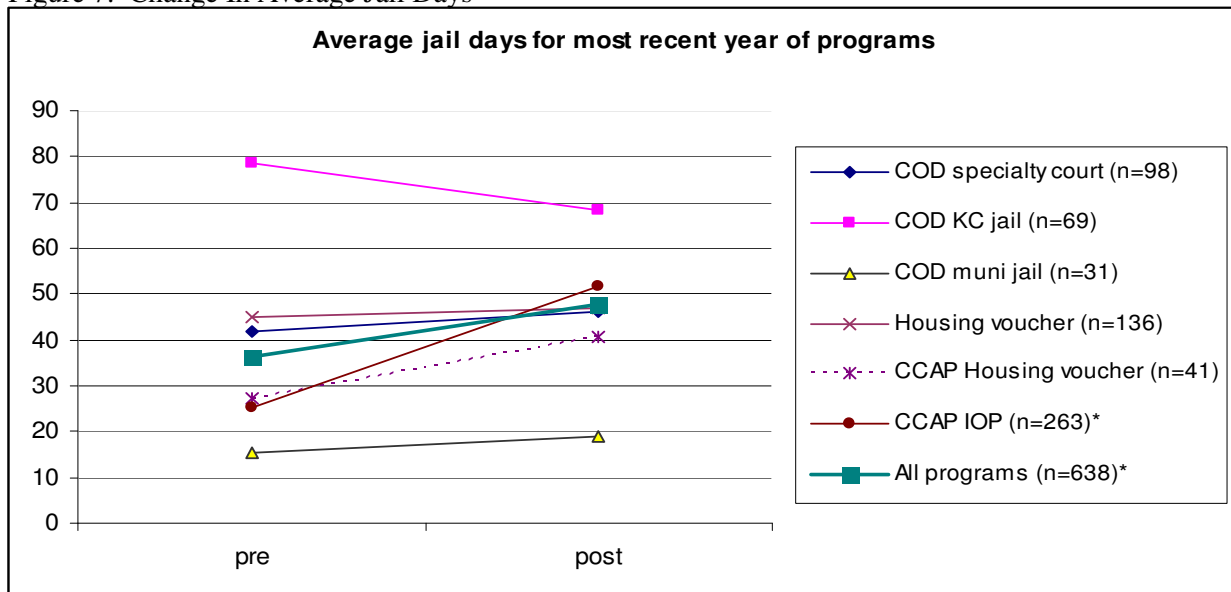
Figure 6. Change In Jail Bookings Per 30 Days "At-Risk"



<sup>1</sup>Significant at trend level p=.06

The figure below shows that participants during this reporting year of CJ programs overall demonstrated a significant increase in jail days ( $p < .05$ ) driven largely by an increase for the CCAP IOP program. These data indicate that while jail bookings declined, the length of each booking (days incarcerated) increased, in part, due to the imposition of longer sentences on individuals with existing criminal histories. A substantial number of these individuals were jailed on outstanding warrants for offenses that had been committed prior to their participation in these programs. The pattern is similar to prior years. However, a prior report showed that by the second year following admission to CJ programs, jail days were significantly reduced for the Housing Voucher and CCAP IOP programs, and the COD programs showed a trend in this direction. These findings suggest that we should focus future reports on longer-term outcomes.

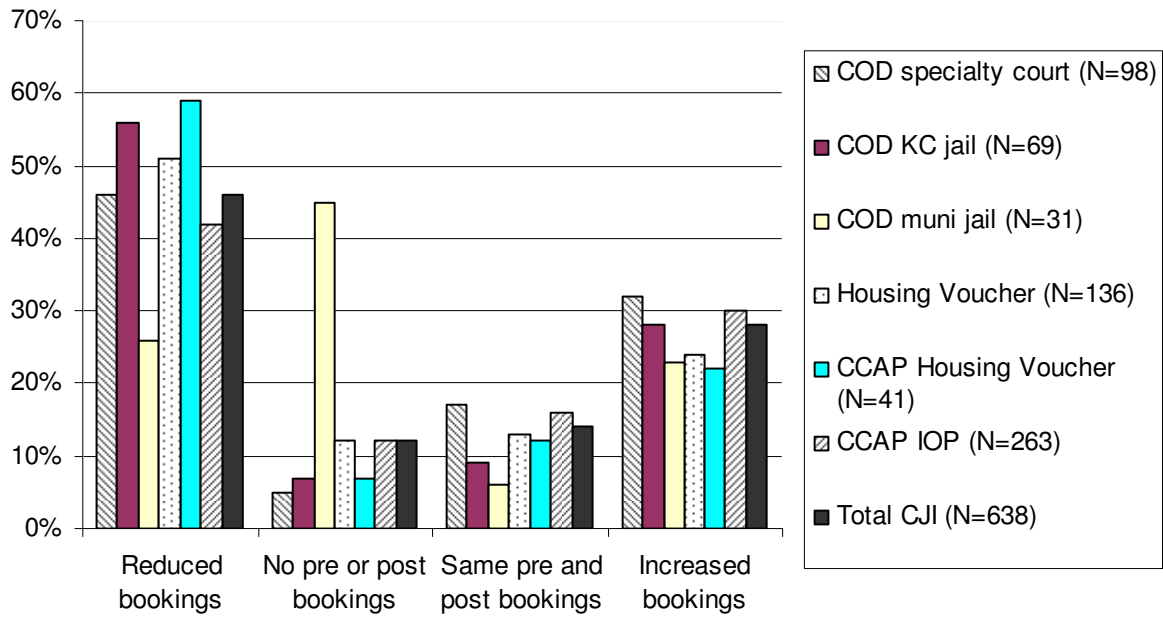
Figure 7. Change In Average Jail Days



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

The figure below shows the proportions of individuals who reduced, increased, or had the same number of bookings comparing the year prior to program entry with the year following program entry. During this reporting year of the CJI, just under half (46 percent) of the participants reduced bookings and an additional 14 percent had the same number of pre- and post-period bookings (including those with no bookings during either period). These figures are very similar to prior years.

Figure 8. **Proportions Reducing or Increasing Jail Bookings**



Change in Charge Severity

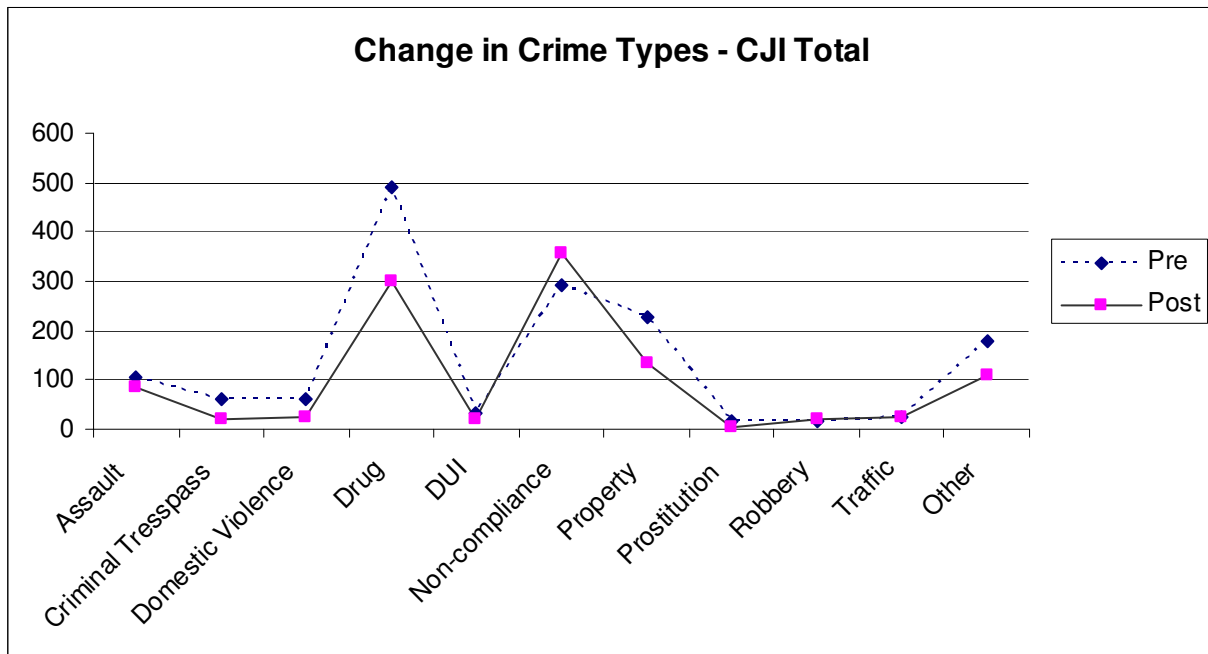
Most serious offense (MSO) crime category was used for analysis of charge severity. The table and figure below show the rates of all MSO crime categories during the pre-365 day period and post-365 day period. Overall the number of crimes was reduced by 27 percent, with drug crimes accounting for most of this reduction (13 percent). The only crime type to increase was Non-compliance. This pattern is similar to prior years.

Table 74. CJI Year 4 Participants - Change In Types Of Crimes

Most Serious Offense (MSO)	COD Specialty Court	COD KC jail	COD muni jail	Housing voucher	CCAP Housing voucher	CCAP IOP
	N=98	N=69	N=31	N=136	N=41	N=263
Pre total	229	275	30	328	105	535
Post total	178	193	25	208	64	421
Drugs	-28 (-12%)	-27 (-10%)	+3 (+10%)	-42 (-13%)	-31 (-30%)	-63 (-12%)
Property	-5 (-2%)*	-15 (-5%)	-5 (-17%)	-22 (-6%)	-11 (-10%)	-36 (-7%)
Criminal trespass	-5 (-2%)	-11 (-4%)	0 (0%)	-12 (-4%)	-1 (-1%)	-12 (-2%)
Domestic violence	-7 (-3%)	-10 (-4%)	0 (0%)	-2 (-1%)	-1 (-1%)	-14 (-3%)
Traffic	+5 (+2%)	0 (0%)	-1 (-3%)	+2 (+1%)	-1 (-1%)	-6 (-1%)
Non-compliance	+7 (+3%)	+10 (+4%)	-2 (-6%)	-16 (-5%)	+15 (+14%)	+50 (+9%)
DUI	-5 (-2%)	+1 (<+1%)	-1 (-3%)	-3 (-1%)	-3 (-3%)	-2 (<-1%)
Prostitution	-1 (<-1%)	-5 (-2%)	0 (0%)	0 (0%)	-2 (-2%)	-5 (-1%)
Robbery	-1 (<-1%)	+1 (<+1%)	0 (0%)	+2 (+1%)	+1 (+1%)	+3 (+1%)
Assault	+11 (+5%)	-11 (-4%+)	0 (0%)	-2 (-1%)	-3 (-3%)	-14 (-3%)
Other	-22 (-10%)	-15 (-5%)	+1 (+3%)	-25 (-8%)	-4 (-4%)	-5 (-1%)
Total	-51 (-22%)	-82 (-30%)	-5 (-17%)	-120 (-37%)	-41 (-39%)	-104

\* + indicates increase; - indicates decrease; % is of the Pre-total crimes figure

Figure 9. Change in Crime Types



Jail Recidivism

The table below shows jail recidivism analyses. Although participants reduced the number of jail bookings from the "pre" to the "post" period as shown above, 69 percent nevertheless had at least one jail booking within the year following program entry. This rate of recidivism is similar to the recidivism rate found for offenders with mental illness who do not have co-occurring substance abuse disorders leaving the King County jail (69 percent), and somewhat above rates found (24-56 percent) for jail diversion programs elsewhere in the country.

Overall recidivism rates rose from the first year (62 percent) to the second year (70 percent) of the CJI but have remained relatively constant since then (72 percent third year; 69 percent current year).

Table 75. CJI Year 4 Participants - Jail Booking Recidivism

1- Year Jail Recidivism (Any Post-Period Booking)	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP Housing voucher	CCAP IOP	Total CJI
	N=98	N=69	N=31	N=136	N=41	N=263	N=638
Recidivists <sup>1</sup>	71 (72%)	50 (72%)	13 (42%)	86 (63%)	27 (66%)	195 (74%)	442 (69%)

<sup>1</sup>May not have had any booking within the prior year

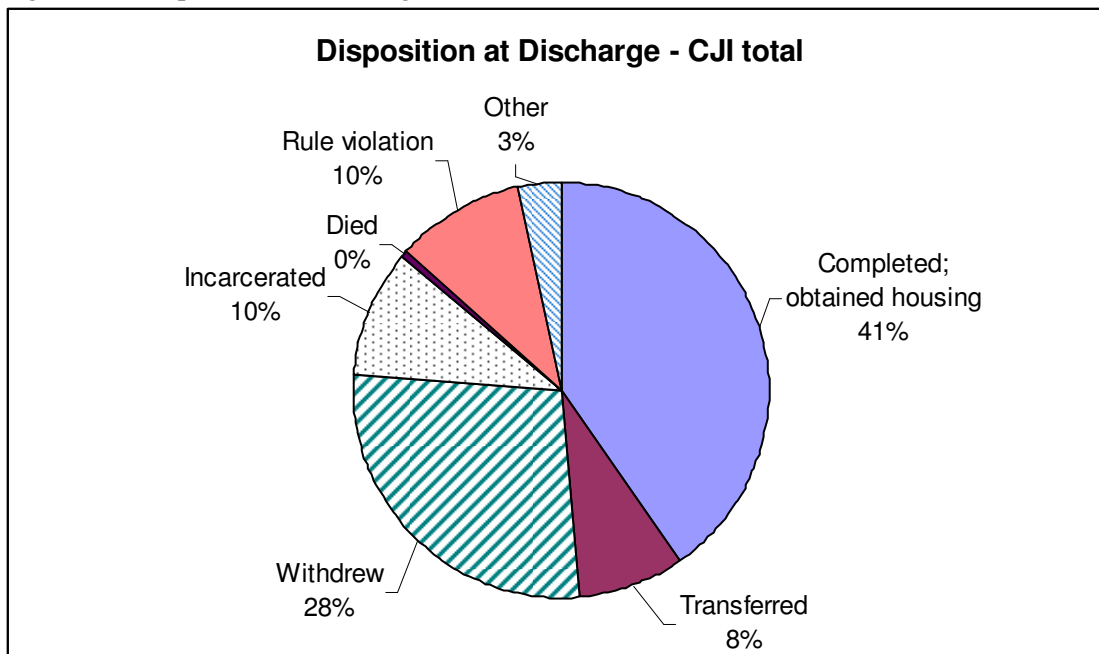
## 2. Disposition at Discharge

The table and figure below shows that 46 percent of the CJI participants either completed the designed service program or were transferred for continued service in another program. However, slightly more than half have less successful dispositions, with a substantial proportion withdrawing from treatment before the end of the service period. This pattern was very similar to that found during prior years of participants. Analyses presented in earlier reports suggest that those who complete treatment have more positive jail outcomes.

Table 76. CJI Year 4 Participants - Disposition At Discharge

	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP Housing voucher	CCAP IOP
Positive dispositions	N=98	N=69	N=31	N=136	N=41	N=263
Reached end of benefit/ completed program/ obtained housing	42 (43%)	51 (74%)	21 (68%)	50 (37%)	12 (29%)	76 (29%)
Transferred to other funding or facility, extended program	6 (6%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	45 (17%)
Negative dispositions						
Withdrew, lost to contact, moved	32 (33%)	12 (17%)	7 (23%)	14 (10%)	5 (12%)	102 (39%)
Incarcerated	11 (11%)	4 (6%)	3 (10%)	11 (8%)	6 (15%)	28 (11%)
Died	2 (2%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rule violation	0 (0%)	0 (0%)	0 (0%)	45 (33%)	11 (27%)	8 (3%)
Other	5 (5%)	0 (0%)	0 (0%)	11 (8%)	0 (0%)	4 (2%)

Figure 10. Disposition at Discharge



### 3. Clinical Outcomes

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

Table 77. CJI Year 4 Participants - Clinical Outcomes

Clinical Outcomes	COD specialty court	COD KC jail	COD muni jail	Housing voucher	CCAP Housing voucher	CCAP IOP
	N=98	N=69	N=31	N=136	N=41	N=263
Reduced substance use	++	++	++	n/a	n/a	+
Reduced mental health symptoms	++	++	++	n/a	n/a	n/a
Increased housing stability	+	+	+	+	+	+
Increased employment	+	+	0	n/a	n/a	+

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

### D. Summary

A total of 638 people were served under the CJI service programs during this reporting year. The number served was greater than the 463 served during the prior year (due largely to increases in participants in the CCAP IOP program) and comparable to the 663 served during the first year. The number of people served was similar to the prior year for COD and Housing voucher programs, but rose from 157 to 263 for the CCAP IOP program. During this reporting year, the CJI served a higher proportion of women and a similar proportion of ethnic minority individuals compared to the overall jail population. Nearly all had a chemical

dependency problem at admission and two-thirds had a mental illness. Over half were homeless and few were employed.

Participants during this reporting year overall demonstrated a significant reduction in jail bookings from an average of 2.2 bookings during the pre-program year to an average of 1.6 during the year following program admission. All programs showed significant reduction in jail bookings with exception of the municipal jail COD program. Jail days significantly increased for the CJI overall after one year, driven by an increase for the CCAP IOP program. This pattern indicates increased lengths of incarceration per post-period booking, due both to prior outstanding charges and to the tendency for participants to receive longer sentences when defendants appear before them repeatedly. However, a prior report showed that by the second year following admission to CJI programs, jail days were significantly reduced for the Housing Voucher and CCAP IOP programs, and the COD programs showed a trend in this direction. These findings support our recommendation (#7 in next chapter) to focus future reports on longer-term outcomes rather than just one-year results.

Although jail bookings were reduced, analysis of recidivism (having a least one post-period booking) showed that 69 percent of CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to prior reports of 69 percent King county jail recidivism rate for those with mental illness, and just above the range of 24-56 percent for post-booking jail diversion program elsewhere in the country. Bookings for drug crimes showed the greatest reduction among all crime types.

Clinical outcomes for CJI participants during this reporting year showed that nearly half (46 percent) of the CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the COD programs. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success.

Total cost for the CJI programs for the year represented in this report was \$3.9 million of which \$2.6 million was King County funds.

## V. Recommendations and Actions Taken

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

1. Three out of the last four years of the specialty court referred COD integrated treatment program, demonstrated significant reductions in jail bookings. All program years also showed positive clinical outcomes. Recently, MHCADSD strengthened this program further to use evidence-based treatment models, including Integrated Dual Disorders Treatment and Moral Reconciliation Therapy.
2. Jail bookings were reduced for both years of the King County jail COD program, but not for the municipal jail COD program. The statistical ‘opportunity’ for reduction in jail bookings is constrained for the municipal jail COD participants because they come into the program with fewer jail bookings. Referrals from the municipal jails may be able to be served more cost-efficiently in less intensive offender-base programs already available within King County. Both programs, however, did show positive clinical outcomes.
3. The housing voucher program for individuals referred by specialty courts, as well as from CCAP, has shown significant reductions in jail bookings during all program years. However, as in past years, a high proportion of participants drop out of the program in less than 90 days and few of those individuals obtain permanent housing. As such, there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. It would be helpful to have dedicated permanent housing units, including support housing, earmarked for the Housing Voucher program via agreement with local landlords.
4. Three out of the last four years of the CCAP IOP program demonstrated significant reductions in jail bookings. Jail days significantly increased for this program, in part due to incarceration as a result of warrants that preceded program participation. Prior reports suggest that by the second year following admission, jail days are reduced. The program was shifted to a new provider just prior to the fourth year and this appears associated with an increased number of individuals served and improved program retention and jail outcomes relative to the third program year. The MHCADSD is exploring ways to obtain substance use data that more accurately reflect the frequency of use at the point the participants were most recently in the community.
5. The CJ liaisons served over a thousand individuals during the fourth year of that program, providing referrals to treatment, housing, and benefits. During the first year of the CCD re-entry case management program, 134 individuals were provided services to link them to needed treatment and housing. During the first year of the Jail Health Services release planner program 609 inmates with complex co-occurring and/or medical needs were referred to care. While 376 individuals were served by the ADATSA benefits application workers during its fourth year, detailed data will no longer be collected for this work effective February 2008. Instead, aggregate ADATSA data will be included with DSHS application worker data to show the number of ADATSA applications and, of these, the proportion of applicants who receive ADATSA benefits. All ADATSA applicants must be determined financially eligible by a DSHS application worker before they can apply for ADATSA. The DSHS application workers received over two thousand referrals and completed applications for over a thousand people. The psychiatric medication program provided forty-five individuals being released from the Kent jail with medications. This is substantially reduced from the over 1000 people served in the first year of the program when more funding resources were available and the King County jail system was included. While demographic and referral information are provided for these ‘connector’ services, we plan in the very near future to also examine jail outcomes for people touched by these programs.



6. MHCADSD initiated quarterly Forensic Staff Trainings during the fall of 2009. Results from the first training show that it was very well-received and that more was desired. As such, Forensic Staff Training should be continued and possibly extended to a two-day format.
7. For CJI programs that have shown stable outcomes over at least three years (i.e., specialty-court COD, Housing Voucher, CCAP IOP), MHCADSD should focus evaluation resources on examining longer-term outcomes instead of one-year outcomes for each successive cohort entering these programs. This analysis will allow the programs to demonstrate whether jail use is further reduced even after participants complete CJI programming as one initial report suggests.
8. It would also be helpful to retrain the criminal justice network, including referring courts, about the profile of offender intended for each program so that participants most likely to benefit and succeed from the programs are referred. Along these lines, a document updating program descriptions and appropriate target populations will be disseminated in 2010.