

EXECUTIVE SUMMARY

Introduction

The King County Forensic Assertive Community Treatment program (FACT) is an enhancement of an evidence-based practice to serve adults with serious mental illness, who also have a history of homelessness or who are at high risk of becoming homeless, and have extensive criminal histories. FACT provides housing and intensive community-based recovery oriented services with the goal of reducing use of the criminal justice system, reducing use of inpatient psychiatric services, improving housing stability and promoting community tenure. During the period documented in this report, 2008 through 2011, FACT was funded by the Washington State Department of Commerce's Homeless Grant Assistance Program (HGAP) and the Veterans and Human Services Levy, administered by King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), and implemented by Sound Mental Health (SMH). A total of 56 individuals have been served by FACT; the first 51 individuals to be enrolled are the subjects of this evaluation.

Evaluation Design

The FACT program targeted a population with very high use of the King County Correctional Facility – 252 individuals who combined for a total of 3491 bookings and 50,708 days incarcerated during a 33 month period. Since the number of potential enrollees was much higher than the capacity of FACT, half of the target population was randomly allocated to a comparison group who would receive services as usual and half became the pool of eligibles referred to FACT. This process resulted in a very rigorous evaluation design. When comparing FACT outcomes to the comparison group, differences in FACT are more likely attributable to the program rather than resulting from changes in the larger treatment and criminal justice systems.

Findings

FACT achieved its primary goal of reducing criminal justice system utilization. FACT participants achieved statistically significant reductions in combined jail and prison bookings and days in the first year. These reductions are sustained through the second and third years. Of note is that FACT participants averaged higher criminal justice system utilization in the year prior to enrollment than non-enrollees in the eligible pool. The agency providing FACT services, SMH, enrolled those with the highest need for services and achieved these reductions.

- FACT participants experienced a 45 percent reduction in jail and prison bookings in the first year. Average bookings per person dropped from 5.2 in the year prior to FACT enrollment to 2.9 during the first year of FACT. This is a statistically significant decline.
- FACT participants also experienced a statistically significant decline in days incarcerated. Total days in either jail or prison dropped from 5952 in the year prior to FACT enrollment to 3664 during the first year of FACT; a 38 percent reduction. Average days incarcerated per person dropped from 117 in the year prior to FACT to 72 in the first year post-FACT – a reduction of more than six weeks per person.

FACT participants also reduced their utilization of inpatient psychiatric services, although the decrease was not statistically significant.

- During the first year of FACT, psychiatric hospital admissions declined 25 percent and psychiatric hospital days declined 44 percent – large, but non-statistically significant, declines. Use of psychiatric hospital services was low; fewer than half of the participants had any use during the evaluation period. Among those who were hospitalized the range of change varied widely including some increases in admissions and days. The small number of users and the wide variation in utilization makes changes difficult to detect statistically.

In the first year of program participation, FACT enrollees significantly decreased their amount of time institutionalized as measured by combined days in jail, prison or inpatient psychiatric hospital. Combining these outcomes will show whether declines in criminal justice system use is offset by increases in inpatient psychiatric hospital use.

- FACT participants reduced total days institutionalized from 7200 in the year prior to enrollment to 4442 in the first year post – a statistically significant 38 percent decrease. Thirteen of the 51 participants measured had reduced their days institutionalized to zero in the first year.
- On average participants were institutionalized for 141 days in the pre-FACT period – approximately 20 weeks per person. In the first year post-FACT, average days institutionalized dropped to 87 – a decline of more than seven weeks per person.
- Subsequent years show no statistical change but there are slight fluctuations. After the initial declines, FACT participants remain institutionalized on average for two to three months each year.

The decreases in days institutionalized translates to significant increases in days in the community for FACT participants. Additionally, this increase in community exposure did not increase the likelihood of

an incarceration. The booking rate per month of community exposure declined for FACT participants – a very positive result.

- Bookings per month of community exposure declined from .7 to .3 per person per month in the first year – a statistically significant decline.

When evaluated next to the random comparison group receiving services as usual, FACT participants have better, more consistent results.

- The comparison group also reduced jail and prison bookings and days but the reduction in days was less than for FACT and was not statistically significant.
- Like FACT, there were no statistically significant reductions in use of inpatient psychiatric hospital services by the comparison group. Use of this service was generally low by both FACT and the comparison group making statistical changes harder to detect.
- Reductions in days institutionalized for the comparison group were not as great as those experienced by FACT participants. Conversely, increases in days in the community were not as great for the comparison group as FACT.

Key Qualitative Findings

- Despite differing system cultures and goals, FACT successfully bridges the judicial, detention, and treatment systems. Through provision of 24/7 crisis intervention and support services in client homes, in jail, at the agency, and on the street, FACT increases continuity of care, expands housing options, and reduces client institutionalization.
- Many FACT clients need extensive assistance learning how to appropriately use housing (e.g. toileting hygiene, food/garbage management, safety, neighbor relations, etc.) and often need to be re-housed multiple times before they are successfully stabilized.
- Stable housing contributes to reduced incarceration, improved quality of life, and the ability of clients to begin to focus on recovery. Overall, clients greatly valued housing.
- Clients' ability to engage with staff, take their medications, and avoid drug use predict their ability to be successful.
- Building upon the existing program foundation with better fidelity to the ACT model will likely continue to improve outcomes and quality of life for participants and open up the program to others who need this level of service.

The qualitative evaluation revealed that collaboration with the criminal justice system, especially the courts, is critical to achieving these positive outcomes. While significant changes in quantitative outcomes were not usually found after the first year, the qualitative evaluation results describe other

positive changes that were occurring once a participant was housed in the community. Participants were becoming more integrated in the community, learning to care for themselves, to shop and cook, make and keep appointments, feeling safer, and beginning to set personal goals and plan for the future.

The evaluation shows that housing this population is challenging and that housing stability may take time to achieve. At the end of the evaluation period, 23 FACT participants had been stable in housing for a year or more. Only sixteen FACT participants had been continuously housed since their first placements. Housing challenges included initial resistance from participants around housing, finding appropriate housing options for this population, and teaching participants skills necessary to live independently.

Overcoming these challenges was worthwhile as housing was perceived as making an extraordinary difference for FACT participants by all who contributed to the qualitative evaluation. Stakeholders spoke to noticing reduced incarcerations, the ability to address other issues, increased motivation to stay out of jail, and improved treatment compliance when participants were housed. Staff spoke to stability, increased medication compliance, ease of finding clients and helping them to meet their obligations and appointments, reductions in jail time, and improved physical and emotional health when clients were housed. Participants spoke to peace of mind, privacy, freedom, safety, and self-worth. All participants interviewed unanimously endorsed having their own place as very important to them.

Recommendations

The FACT program has made substantial progress toward its primary objectives of stabilizing participants in the community, promoting recovery, and reducing use of the criminal justice system. The intent of these recommendations is to build upon this existing foundation in ways that improve outcomes and quality of life for participants and open up the program to others who need this level of service.

- Improve FACT's fidelity to the evidence-based ACT model including:
 - Expand chemical dependency treatment via the evidence-based IDDT model
 - Implement person centered individual treatment plans
 - Expand vocational services and rehabilitative services
 - Implement the exit and graduation strategy
- Continue collaboration between FACT and the criminal justice system to further reduce use of the criminal justice system.
- Design step-down support services for FACT participants who may not need FACT level services, but are not yet ready for graduation. As participants become more stable in the community, a level of support that is less than FACT but greater than standard outpatient mental health services may be

more appropriate. The goal is twofold - promote recovery and independence in participants and make FACT available to more who need this intensive level of treatment.

- Review FACT staffing to determine if the current configuration meets the needs of a forensic ACT program. The additional criminal justice system tasks and safety concerns related to this population may require changes to the standard ACT staffing model.