



**King County**

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

**KING COUNTY  
CRIMINAL JUSTICE INITIATIVE**

Final Report  
First-year participants

July, 2007

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## EXECUTIVE SUMMARY

### I. Introduction

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 were high users of the jail and/or individuals who had substance use disorders and mental illnesses who were not otherwise eligible for service enrollment, or were 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 which 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 for inmates being released or participating in community alternatives to incarceration, and five process improvements to train stakeholders and assist inmates to connect to treatment services and publicly-funded benefits. 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
- 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

#### Purpose of this report

This report summarizes 1-year outcome and process evaluation findings. The outcome evaluation includes jail and clinical outcomes for the CJI treatment programs -- COD treatment, housing voucher, mental health treatment voucher, methadone voucher and the CCAP IOP chemical dependency treatment programs. Process evaluation findings are presented for these programs including engagement rates, service utilization, length of treatment, use of evidence-based practices and participant and stakeholder satisfaction.

The process evaluation also includes all evaluation data (e.g., characteristics of persons served, program impacts, participant and stakeholder views) for CJI process components -- criminal justice (CJ) liaisons,

ADATSA and DSHS benefit application workers, cross-system training, and the enhanced screening and assessment in jail.

After a brief Introduction (Section I), Section II provides outcome and selected process evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program. Outcome and process evaluation details are provided in these chapters. Section IV includes chapters for evaluation findings of each CJI process improvement. Section V describes recommendations from the first year of the CJI and actions that have been taken relative to those recommendations.

## II. Summary and Comparisons across CJI Service Programs

A total of 663 people were served under the CJI service programs during their first year. A slightly higher proportion of women and a similar proportion of ethnic minorities were served compared to the overall jail population. Nearly all had a chemical dependency problem at admission and nearly half had a mental illness. About 2/3 were homeless and few were employed. Jail and clinical outcomes and program satisfaction are discussed below.

The number of jail bookings for participants during the first year of the CJI was significantly reduced from an average of 2.2 during the pre-program year to an average of 1.8 during the year following program entry. The COD, Housing voucher and CCAP IOP programs showed significant reductions in bookings, while the methadone and mental health voucher programs did not. Jail days did not significantly change, indicating increased jail days per incarceration although overall charge severity did not change.

While jail bookings were reduced, recidivism analysis showed that 67% of CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to the 69% King County Jail recidivism rate for those with mental illness, and above the range of 24-56% for post-booking jail diversion programs elsewhere in the country. Participants with the highest rate of pre-program bookings had the highest rates of recidivism.

Length of treatment and completing treatment positively affected jail outcomes, indicating that the longer a person stays in treatment, the greater their reduction in jail use. In addition, men showed an increase in jail days and women showed a decrease, and recidivism was more likely for people who were homeless and younger.

The average daily population of individuals with mental health or substance abuse problems in King County jails increased as a proportion of the overall jail population. This could be due to improved identification of these populations, which was a goal of the CJI.

About half of CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the COD program, however the methadone voucher program was very successful in reducing substance use. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success.

Participants reported improved coping, reduced substance use and symptoms, and increased productive activity. Housing, employment, family and social relationship improvements were less often reported. Participants showed generally high general satisfaction across the CJI programs. Satisfaction was highest for the housing voucher and COD programs. Participants were only moderately satisfied with the process and time it takes to obtain housing within both programs for which this question was relevant (COD and housing voucher). Participants reported that "getting to the program" was difficult for the mental health voucher, methadone and CCAP IOP programs. Opportunity to see a psychiatrist when needed was rated poorly for those programs for which this issue was relevant (COD and mental health voucher). Participant satisfaction

with opportunity to self-determine treatment goals was also rated less highly for the mental health voucher and CCAP IOP.

Staff satisfaction was strong except for the mental health voucher program. Staff expressed desire for longer programs and improvements in the amount and types of housing. Stakeholder satisfaction was strong for all programs and highest for the methadone voucher, housing voucher and CCAP IOP programs.

### **III. CJI Service Program and Process Improvement Highlights**

#### **A. Co-Occurring Disorder (COD) integrated treatment**

During the first year of operation 85 people entered the program, and program demand exceeded capacity during the second six months. Jail bookings were significantly reduced; however, 80% of COD participants were re-incarcerated within one year of program entry. Jail days and charge severity were unchanged. Participants showed significant reductions in substance use, mental health symptoms, and community functioning. Client-reported outcomes included improved coping skills, and reduced substance use and symptoms. Client and staff satisfaction was generally high, while stakeholder satisfaction was somewhat lower. Strengths reported included intersystem collaboration, the inclusion of housing, integrated chemical dependency and mental health treatment, and positive staff qualities.

#### **B. Mental health voucher**

During the first year of operation, 40 people entered the program. Jail bookings, jail days, and charge severity were unchanged. About half (48%) of the participants were re-incarcerated within one year of program entry. Clinicians reported that participants showed no significant clinical improvements; however participants reported reduced symptoms, more productive activity and improved coping skills. Client satisfaction was strong, and they were particularly pleased with staff qualities, the focus on recovery and information provided to help them manage symptoms. Staff and stakeholders showed only modest satisfaction levels. Due to weak program outcomes, the program was discontinued at the end of 2005.

#### **C. Methadone voucher**

During the first year of the operation, 262 people entered the program. The first 106 referrals were from the Needle Exchange program, and thereafter individuals were referred from the jail. Jail bookings, jail days and charge severity were unchanged for participants overall. However, jail-referred individuals showed a trend toward reduced jail bookings. Nearly 2/3 (61%) of the participants were re-incarcerated within one year of program entry. Four-fifths of the participants (79%) reduced their primary substance use (almost all heroin). There was also a significant reduction in the amount of money participants spent on illicit drugs. Client and stakeholder satisfaction were high, while staff satisfaction was modest. Clients reported reduced substance use, increased productive activity, improved coping skills and family relationships. They were especially pleased with program staff and the variety of groups available to meet their needs. Staff and stakeholders were happy with clients' easy access to the program and the variety of service offered.

#### **D. Housing Voucher**

During the first year of operation, there were 208 total admissions into the program for 189 unduplicated people. Jail bookings were significantly reduced; however, 76% of the participants were re-incarcerated within one year of program entry. Jail days and charge severity were unchanged. Overall, 28% of participants obtained permanent housing. Of those who remained in the program more than 90 days, 51% obtained permanent housing. Most of those who obtained permanent housing required an extension of

the 6-month benefit. Clients, staff and stakeholders reported high program satisfaction. Strengths reported included staff qualities, clients learning responsibility and self-sufficiency, and services provided where and when needed.

**E. Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)**

During the first year of operation, 87 people entered the program. Jail bookings were significantly reduced, while jail days significantly increased, indicating a substantial increase in jail days per booking. Nearly 2/3 of participants (59%) were re-incarcerated within one year of program entry. Charge severity was unchanged. Clients showed reduced substance use, and clients also reported improved coping skills. Clients reported moderate satisfaction, while staff and stakeholders reported high satisfaction. Strengths reported included the variety of classes, staff qualities, a focus on recovery, and intersystem communication and collaboration.

**F. Criminal justice (CJ) liaisons**

During the first year of operation, the CJ liaisons served 1347 referrals. About half (54%) were referred to a DSHS benefits application worker, and 20% were referred for mental health treatment. Staff and stakeholders were generally satisfied with the program. Strengths included staff qualities, intersystem collaboration and communication, and community linkages.

**G. Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker**

During the first year of operation, 325 referrals were made to the ADATSA application worker. The rate of persons referred who completed an ADATSA screening rose from 35% during the first six months to 73% during the second six months as eligibility criteria became clearer and more referrals were pre-screened by the DSHS worker. Of those who were screened, over 3/4 ultimately received ADATSA benefits. Stakeholders reported high satisfaction, particularly regarding connecting inmates with benefits prior to release from jail and processing applications quickly.

**H. Department of Social and Health Services (DSHS) application worker**

During the first year of operation, 1259 referrals were made to the DSHS application workers. About a quarter of those referred completed a DSHS application. More than half of those who needed ADATSA benefits, cash assistance, or SSI received those benefits. Nearly all who needed food stamps received them. Stakeholder satisfaction was moderate, and program strengths were staff qualities, intersystem communication and collaboration, and quick access to benefits.

**I. Cross-system training**

Nine trainings were provided and reached a total of 257 participants. Four trainings to human services audiences provided information on the corrections and legal systems. Five trainings to corrections audiences focused on how CJI programs operate. Participants reported increased knowledge and that they would recommend the trainings. The trainings were recorded and made available on CD-ROM.

**J. Enhanced screening and assessment in jail**

An enhanced screening interview that examined mental health and substance abuse issues, background information, and recommendations for community services was implemented for individuals seen within the Superior court arraignment calendar who might be released to community alternatives to jail. A total of 457 individuals received the enhanced screening during the first full year of implementation (2006), and nearly half were released to either a community alternative (28%) or on personal recognizance (18%).

One-third (33%) were flagged as having a mental health and/or chemical dependency problem that warranted comprehensive assessment.

#### **IV. Recommendations and Actions Taken**

1. The COD integrated treatment program demonstrated significant reductions in jail bookings and positive clinical outcomes. Satisfaction with the program was high, and toward the end of the first year demand for the program exceeded capacity. These findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts. Outcomes should be monitored following this change. Process evaluation findings suggested that areas for improvement included improving fidelity to evidence-based COD treatment, reducing time to obtain housing (see also housing voucher recommendations below), opportunities for participants to see a psychiatrist when desired, and opportunities for clients to determine their own treatment goals.
2. The mental health voucher program showed little evidence of reduction in jail utilization, clinical improvements were inconsistent, and program satisfaction was modest even after increasing the program length from six to nine months. The program was consequently discontinued, with no new admissions after September, 2005.
3. Participants in the methadone voucher program referred from the jail during the second six-month cohort showed a trend toward reduction in jail bookings; a somewhat more promising outcome than for the first cohort referred from the Needle Exchange program. A very high proportion of program participants from both cohorts substantially reduced their substance use, and satisfaction with the program was high. Areas identified for improvement included increasing use of evidence-based practices, improving linkages with jail referral sources, clarifying funding strategies for individuals who exhaust voucher funds, and determining ways to increase access to housing and mental health services. Due to lack of funding, there were no new admissions to the program from June, 2005 through September, 2006.
4. Of all the CJI programs, the housing voucher program showed the strongest outcomes regarding reductions in jail utilization. Satisfaction with the program was high. Increasing participant retention, providing decent quality transitional housing outside of high drug use areas, and improving the rate of participants obtaining permanent housing were identified as areas for improvement for this program. Recommendations included working with housing authorities and funders to determine ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. In 2006, the housing broker began charging program participants a maximum of 30% of their income per month for those individuals with income. These client fees are being used to 1) secure additional housing units to reduce wait lists (e.g., recently reached agreement to obtain new housing via New Life Homes located in the University District), and 2) provide landlord incentives for upgrading/repairing dedicated housing units and replacing damaged furniture. As a result, the quality of transitional housing has improved.
5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reduction in jail bookings though increased jail days. Staff and stakeholder satisfaction was high and client satisfaction moderate. Areas identified for improvement included increasing client retention and examining the role of pre-trial status of participants to this issue. Many participants were placed back in custody solely because of a single positive urinalysis, and over 60% of early discharges were for pre-trial participants who can be discharged from CCAP at any time due to case dismissal, plea bargaining and the like. It was also suggested that the program consider a more flexible schedule for participants who are ready for and actively seeking employment. Along these lines, the Learning Center has recently begun to provide GED testing and linkage to pre-employment and employment services. Determining a method for collecting more complete and meaningful clinical outcome data was also recommended.

6. CJ liaisons. Satisfaction with the liaison positions was high among stakeholders but modest among the liaisons themselves. Areas for improvement identified included improving role clarity and consistency of expectations across sites, and strengthening linkage and engagement of clients with community-based services. Additional training along these lines was provided to staff.
7. ADATSA application worker. Satisfaction with the ADATSA application worker was high. Areas for improvement included clarifying referral processes and criteria. As these improvements were made, the rate of referrals for which ADATSA screenings were completed rose substantially.
8. DSHS application worker. Satisfaction with the DSHS application worker was modest. Areas for improvement included increasing visibility of the worker within the jail and clarifying referral criteria. To increase visibility, effective May 1, 2007, an office inside the jail was obtained for the DSHS financial application worker assigned to the King County Correctional Facility.
9. Enhanced screening and assessment in the jail. While 3,515 felony arraignment cases were potentially eligible for the enhanced screening and assessment, only 457 completed this process. Individuals were screened out based on danger to the community, flight risk, or the presence of a judicial hold, and 17% were not screened due to a shortage of staff. The CCD may want to consider refining the eligible population for the enhanced screening process or hiring additional PRIs to handle the volume of inmates eligible for the screening..