



King County

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

**KING COUNTY
CRIMINAL JUSTICE INITIATIVE**

One-year Outcomes for
Second Year Participants

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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 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 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, 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 the first year outcomes for the second year cohort of participants in the CJI. 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 program. Length of treatment is the sole process evaluation component presented for these programs.

This report also includes characteristics of persons served and treatment linkages for the CJ liaisons and characteristics of persons served and success in obtaining benefits for the ADATSA and DSHS benefit application workers.

After a brief Introduction (Section I), Section II provides selected evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program in which detailed evaluation findings are provided. Section IV includes chapters for each CJI process improvement in which evaluation findings are provided. 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 457 people were served under the CJI service programs during their first year. During the second year, the methadone voucher program participants were reduced by over 80% while CCAP IOP participants increased by about 50% compared with the first year of the CJI programs. During the second 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 about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the second year of the CJI was significantly reduced from an average of 2.5 during the pre-program years to an average of 1.9 during the year following program entry. The housing voucher, methadone voucher, and CCAP IOP programs showed significant reductions in bookings, while the COD and mental health voucher programs did not. Jail days did not significantly change for the CJI participants overall, but were reduced significantly for housing voucher participants and increased significantly for the COD and CCAP IOP programs indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, recidivism analysis showed that 70% of CJI participants during the second year 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 program elsewhere in the country. In general, participants with the highest rate of pre-program bookings had the highest rates of recidivism. Drug and property crimes were reduced the most for both first- and second-year participants.

Across all jail outcomes, the housing voucher and methadone voucher programs showed the strongest results during the second year. Compared with the first year of participants, the housing voucher program continued to show the strongest results, the CCAP IOP mixed results (with significantly reduced bookings but significantly increased days), and the mental health voucher program weak results. The methadone program performed better during the second year compared with the first year, while the COD program performed more poorly.

Nearly half of the second-year 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. These findings are very similar to those found for first year participants.

III. CJI Service Program and Process Improvement Highlights

A. Co-Occurring Disorder (COD) integrated treatment

During the second year of operation 79 people entered the program, comparable to the 85 who entered during the first year. Jail bookings for second year participants were not reduced, showing an average of 3.2 during both the pre-program year and year following entry into the program. However, jail bookings were significantly reduced for both of the first two years taken together. While jail bookings were reduced, recidivism analysis showed that 87% of first year participants were re-incarcerated within one-year of program entry, slightly higher than the 80% found for first year participants. Jail days increased

significantly for second year participants. Charge severity was reduced for second year participants. Participants showed significant reductions in substance use, mental health symptoms, and community functioning.

B. Mental health voucher

During the second year of operation, 37 people entered the program, comparable to the 40 who entered during the first year. Jail bookings did not change for second year participants, with an average of 1.5 during the pre-program year and an average of 1.3 during the year following program entry. Jail days and charge severity were also unchanged. Nearly half (49%) of the second year of participants were re-incarcerated within one year of program entry. These findings are similar to those found for first year participants. No significant improvements were shown for either first- or second-year program participants with respect to clinician-reported mental illness symptoms, functioning or employment. Due to weak program outcomes, the program was discontinued at the end of 2005.

C. Methadone voucher

During the second year of the operation 46 people entered the program, all referred from the King County jail. Due to funding discontinuation a few months into the year, this figure was sharply reduced compared to the 262 who entered during the first year. Jail bookings were significantly reduced for second year participants, from an average of 3.0 during the pre-program year to an average of 2.0 during the year following program entry. Jail days and charge severity were unchanged for both years of participants. About three-quarters (74%) of the participants second year participants were re-incarcerated within one year of program entry. Jail outcomes were stronger for the second year than for the first year, but consistent with those from the second half of the first year during which referrals also came from the jail. During the first half of the first year, referrals largely came from the Needle Exchange program. Four-fifths of the second year participants reduced their primary substance use (almost all heroin). More than half of the participants reduced use of secondary substances, which was mostly cocaine. There was also a significant reduction in the amount of money participants spent on illicit drugs.

D. Housing voucher

During the second year of operation, there were 181 total admissions into the program for 159 unduplicated people, just slightly lower than the 189 unduplicated people who entered during the first year. The number of jail bookings for second year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.7 during the year following entry into the program. The second year of participants showed a somewhat greater reduction than the first year. Jail days declined significantly for the second year of participants and non-significantly for the first year of participants. About two-thirds (64%) of second year participants were re-incarcerated within one year of program entry. Charge severity was also reduced significantly for the second year, but not the first. Overall, 38% of participants obtained permanent housing, an improvement from the 28% found during the first year. Over half of the second year participants left services within three months and few of those individuals obtained permanent housing. However, of those who remained in the program more than 90 days, 51% obtained permanent housing.

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

During the second year of operation 136 people entered the program, an increase from the 87 served during the first year. Jail bookings were significantly reduced for second-year participants from an average of 19 during the pre-program year to an average of 1.5 during the year following entry into the program. Jail days, in contrast, were significantly increased, indicating a substantial increase in length of

stay. More than 2/3 of second year participants (70%) were re-incarcerated within one year of program entry. Charge severity was unchanged. Few participants during the second year showed reduced substance use; however, questions about data accuracy hampered interpretation of these results.

F. Criminal justice (CJ) liaisons

During the second year of operation, the CJ liaisons served 1778 referrals, somewhat more than the 1347 served during the first year. More than half of the clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common.

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

During the second year of operation, 251 individuals received an ADATSA screening, nearly double the 142 screened during the first year. Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

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

During the second year of operation, 1562 referrals were made to the DSHS application workers, somewhat more than the 1259 received during the first year. About a quarter of those referred completed a DSHS application. Others 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. Nearly two-thirds of those who applied for ADATSA benefits, Medicaid or cash assistance received them. Nearly all of those who applied for food stamps received them.

IV. 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. During the first year of the COD integrated treatment program participants demonstrated significant reductions in jail bookings and positive clinical outcomes. During the second year, clinical outcomes remained strong, but jail outcomes were weaker. First year findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts which began shortly after the end of the second year. Outcomes should be monitored following this change.
2. The second year of mental health voucher program participants showed little evidence of reduced jail utilization or improvements in clinical outcomes. These results were similar to those found for first year participants. The program was discontinued at the end of the second year, with no new admissions after September, 2005.
3. Participants in the methadone voucher program during the second year of the program showed significant jail reductions as well as substantially reduced substance use. Jail outcomes were improved compared with the first year of the program. During both the second half of the first year and the entire second year, referrals were from the jail, rather than the Needle Exchange program. Jail-referred participants in both periods had more pre-program bookings as well as greater reductions in bookings. Due to lack of funding, admissions to the program were discontinued June, 2005, halfway through the second year. A small amount of new funding allowed for a new cohort of 19 individuals to be admitted in October, 2006. No additional County funding is anticipated. However, financial workers assigned to the jails will prioritize this population for assistance with applying for DSHS funding and subsequent referral to

publicly funded chemical dependency treatment, including opiate substitution treatment, in the community.

4. The housing voucher program shows the strongest jail outcomes of all the CJI programs. In both the first and second years of the program, participants showed significant reductions in bookings, and in the second year jail days were also significantly reduced. However, as about half of the participants drop out of the program in less than 90 days and only 38% obtain permanent housing, 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.
5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reductions in jail bookings though significantly increased jail days. These results were similar to those found for first year participants. Areas identified for improvement continue to include increasing client retention; however retention is affected by the courts' ability to place participants back in custody for a single positive urinalysis or case dismissal or plea bargaining of pre-trial participants which comprise the majority of the program. Linking participants with employment training and reintegration were also recommended after the first year of the program. Via a collaborative effort with the King County Community Corrections Division, the addition of re-entry case managers and coordination with South Seattle Community College's vocational programming have recently begun to address this issue. Finally, problems with data accuracy also affected our ability to confidently draw conclusions about program outcomes. Recently, the service provider agency has been changed and we anticipate that data accuracy will be improved.
6. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,591 people; about one-third more than during the first year. Individuals served were linked with essential benefits and community-based treatment and other services. The ADATSA application worker was originally assigned to assist CCAP participants and city jail inmates in addition to King County Jail inmates. However, due to a rapidly increasing workload, the ADATSA application worker position was reconfigured to focus exclusively on referrals involving inmates of the King County Jail. A service provider agency was recruited to assist in completing ADATSA assessments and applications for inmates of city jails and those who are out of custody.