



**King County**

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

**KING COUNTY  
CRIMINAL JUSTICE INITIATIVE**

Third 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 third year cohort of participants in the CJI. Third year outcomes for the COD, Housing Voucher and CCAP IOP service programs are included. The mental health and methadone voucher programs did not have a third year of operation. The evaluation report includes jail and clinical outcomes and length of treatment.

This report also includes characteristics of persons served and treatment linkages for the third year of operation of the CJI process improvements including CJ liaisons and characteristics of persons served and success in obtaining benefits for the third year of the ADATSA and DSHS benefit application workers.

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

A total of 463 people were served under the CJI service programs during their third year. During the third year, the methadone and mental health voucher programs were no longer operating, while two new COD programs accepted participants from non-specialty court referrals from the King County jail and municipal jails. The number of participants served within the specialty-court COD program, Housing Voucher program and CCAP IOP were similar to the second year of the CJI. During the third 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 about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the third year of the CJI was significantly reduced from an average of 2.6 during the pre-program years to an average of 2.0 during the year following program entry. The specialty court-referred and King County jail-referred COD programs and the Housing Voucher program showed significant reductions in bookings. Jail days significantly increased for the CJI participants indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, recidivism analysis showed that 72% of third-year 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 just above the range of 24-56% for post-booking jail diversion program elsewhere in the country. Of all crime types, property crimes were reduced the most.

Clinical outcomes for CJI participants during the third year showed that nearly half (41%) of the CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the specialty court-referred and King County jail-referred 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 for first and second year participants.

## III. CJI Service Program Highlights

### Co-Occurring Disorder (COD) integrated treatment

During the third year of operation 70 people entered the specialty-court referred COD program, comparable to the 85 and 79 who entered during the prior two years. During the first year of the jail-referred program, 66 people entered from the King County jail, while 23 entered from municipal jails.

Jail bookings were reduced at a trend level for third year specialty-court participants from an average of 3.0 during the pre-program year to an average of 2.4 during the year following entry into the program. Jail bookings were also significantly reduced for King County jail-referred participants from an average of 3.8 to an average of 2.6, while bookings were unchanged for municipal jail participants. Jail days were statistically unchanged for the specialty-court third year participants and the King County jail-referred participants, but increased significantly for municipal jail participants. About three-quarter (77%) of third year specialty court-referred participants were re-incarcerated within one year of program admission (improved from the first and second years), comparable to the 74% for King

County jail participants and 78% for municipal jail participants. Felonies as a proportion of all bookings fell significantly for the second straight year for the specialty-court referred participants, but not for either jail-referred program.

Overall, the specialty-court COD program jail outcomes for third-year participants largely rebounded to those found during the first year of program operation and the clinical outcomes (reduced substance use and mental health symptoms and improved community functioning) continue to be strong. Jail and clinical outcomes were also positive for the King County jail-referred COD program participants. Jail outcomes were not positive for the municipal jail-referred participants and clinical outcomes were mixed, possibly due to the small sample size.

### **Housing voucher**

During the third year of operation, there were 147 unduplicated people (166 admissions) who entered the housing voucher program, somewhat fewer than the previous two years. As is shown in figures 1 and 2 above, the number of jail bookings for third-year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.9 during the year following entry into the program. All three years showed significant reductions in jail bookings. Jail days were statistically unchanged for third-year participants, as was the case for first-year participants; however jail days declined significantly for the second-year participants. About 2/3 (68%) of third-year participants were re-incarcerated within one year of program entry, similar to the 64% during the second year but lower than the 76% during the first year. Felonies as a proportion of all bookings were reduced significantly for third-year participants as was also shown for second-year participants, but not for first-year participants. During the third year, 28% of participants obtained permanent housing which was comparable to the rate during the first year (28%) and lower than the rate during the second year (38%). Those who stayed in services longer were more likely to obtain permanent housing.

### **CCAP IOP**

During the third year of operation, there were 157 unduplicated people who entered the CCAP IOP, which represented an increase over both prior years. The number of jail bookings for third-year participants was unchanged with an average of 1.7 during the pre-program year to an average of 1.6 during the year following entry into the program. This represented a change from prior years in which jail bookings were significantly reduced. Participants in all three program years increased jail days, indicating a substantial increase in length of stay. Recidivism analysis shows that 72% of the third year participants were re-incarcerated within one-year of program entry, a rate that has risen slightly over the three program years. About a third of the participants during the third year completed treatment at CCAP or were transferred elsewhere to complete treatment. Few showed reductions in substance use. Changes in participant characteristics over the three years (e.g., increased homelessness and co-occurring mental illnesses) may have affected the program results and make it difficult to draw conclusions regarding year-to-year comparisons.

## **IV. CJI Process Improvement Highlights**

### **Criminal justice (CJ) liaisons**

During the third year of the program the CJ liaisons served a total of 1270 referrals (518 KCCF, 353 RJC, 399 CCAP), somewhat lower than the peak of 1778 referrals during the

second year and similar to the 1347 referred during the first year. One explanation for the decrease in referrals processed is that during the third year, the CJ liaison's work began to include assessing inmates for eligibility to the jail-referred (non-specialty court) COD program described above. These referrals take more time to process, resulting in less staff time for other types of referrals. Most 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, particularly from the CCAP liaison.

### **Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application workers**

During the third year, 319 individuals received an ADATSA screening representing a substantial increase over the 251 screened during the second year and 142 screened during the first year. Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

### **Department of Social and Health Services (DSHS) application workers**

During the third year 1828 referrals were made to the DSHS application workers representing a substantial increase over the 1562 during the second year and 1259 during the first year. During the third year, 44% of referrals completed a DSHS application which is also a substantial increase over previous years. For those who completed an application, nearly 2/3 of those who applied for Medicaid and cash assistance received them. The rate was similar for receiving ADATSA benefits during the first two years of the program, but fell during the third year. One contributor to this issue was initiating access to the COD program for referrals from non-specialty courts (i.e., courts other than drug and mental health courts) at the end of 2005. CJ liaisons (who refer to the ADATSA workers) prioritized this population and these individuals are likely to have applied for ADATSA then been found eligible for COD (including GAU/GAX due to a co-occurring mental illness) which would mean that their ADATSA application would be denied. Nearly all of those who applied for food stamps received them in all program years.

## **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. During the first and third years of the specialty court referred COD integrated treatment program, participants demonstrated significant reductions in jail bookings, but not during the second year. During all three years participants showed positive clinical outcomes. In light of inconsistent jail outcomes, MHCADSD will restructure approximately half of the funding for this program to use a different model that focuses more specifically on forensic issues and obtaining housing for participants who are homeless. This restructured program could provide a convenient natural comparison group to test the relative effectiveness of the two models, if participants are selected into the new program in a comparable fashion to selection for the original program.

The COD program was extended at the end of 2005 to referrals from non-specialty court inmates via the King County jail and municipal jails. First-year jail and clinical outcomes were positive for the King County jail-referred COD program but less so for the municipal jail-referred program. It is possible that the weaker outcomes for the municipal jail COD

program were due to the small sample size or unmeasured differences in the populations served. As such, this program should be re-evaluated at the end of its second year, combining results from both years if there is insufficient sample size to analyze them separately.

2. The housing voucher program has shown significant reductions in jail bookings during all three years of the program, and during 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 less than 30% obtained permanent housing during the first and third years of the program (38% during the second year), 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. MHCADSD is engaged in ongoing discussions with funders to provide dedicated permanent supportive housing vouchers for this population in order to address the participant retention problem.
3. The CCAP IOP program did not show significant reductions in jail bookings during the third year; however reductions had been shown during the prior two years. Jail days were not reduced during any of the years. The moderate falloff in jail outcomes during the third year could be due both changes in the severity of the client population (e.g., homelessness, COD, etc.) as well as significant staff turnover, as discussed above. Staffing problems were also exacerbated by lack of a full-time on-site program supervisor, which was added starting at the beginning of the fourth program year (April 2007), when a new provider agency was contracted with to provide services. MHCADSD staff is monitoring jail and clinical outcomes for clients served by the new provider agency and are exploring ideas about how to address the substantial proportion of CCAP clients needing substance abuse treatment who also have co-occurring mental illnesses.
4. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,417 people during the third year; about the same as during the second year and about one-third more than during the first year. Individuals served were referred to essential benefits and community-based treatment and other services. During the third year of these programs we did not have the ability to determine whether referrals, particularly from the CJ liaisons, resulted in actual linkage to treatment and services. Midway through 2007 re-entry case managers were hired to help assure that individuals referred by the CJ liaisons are successfully linked to services. Re-entry case managers meet with inmates prior to release to enhance pre-release engagement. Very recently, this program has been extended to referrals from Jail Health Services. Data from this program should be available within a year.