



King County

Criminal Justice Initiative

Community Center for Alternative Programs

Intensive Outpatient Chemical Dependency Treatment Program

Two Year Outcomes Subsequent to Program Changes

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

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Executive Summary

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 not otherwise eligible for service enrollment, or are applying for publicly funded benefits and services.

The CJI planning process resulted in development of 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. One of those programs is the chemical dependency Intensive Outpatient Program (IOP) at the Community Center for Alternative Programs (CCAP).

The CCAP IOP program began in April 2004. In 2007, changes to the program warranted reevaluation of participant outcomes. A new provider agency, Sound Mental Health (SMH), was selected via a request for proposal process in late 2006, and subsequently the treatment curriculum was enhanced and improvements in staff training were implemented. Moreover, the number of IOP treatment slots increased incrementally from 24 in early 2007, to the present capacity of 48 participants.

This report specifically summarizes first and second year jail and clinical outcomes for the first year cohort of participants in the CCAP IOP program subsequent to programmatic changes.

Participants

During its first year of the CCAP IOP following program changes (2007 - 2008), 264 unduplicated people were served. This was also the first year that SMH 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 nearly half of the participants. At admission, nearly a third of the participants were homeless and only seven percent were employed.

Results

Findings from the evaluation of the first year cohort of participants following changes to the CCAP IOP program included:

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- Jail bookings were significantly reduced for each of the two years following program admission.
- Jail days increased significantly from the year prior to program admission to the first year following admission, then leveled off during the second year following admission.
- The year one re-incarceration rate was 74 percent, dropping to 52 percent by the second year.
- Bookings related to non-compliance charges increased (in number and as a proportion of all bookings) from the year prior to program admission to the year following admission, mitigating what would have been even greater reductions in jail bookings.
- The proportion of felony crimes increased slightly from the year prior to program admission to the year following admission, and dropped back to prior levels or below by the second year following admission.
- Over two-thirds of the participants (69 percent) were retained in treatment for at least 90 days, transitioning to IOP treatment in community-based settings with other funding.
- Nearly half (47 percent) of the 2007 - 2008 cohort completed treatment or were transferred to other facilities to complete treatment, a rate higher than the 27 - 40 percent in past years of the program.

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Background

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 CJI planning process resulted in development of 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. One of these programs is the chemical dependency Intensive Outpatient Program (IOP) at the Community Center for Alternative Programs (CCAP).

The CCAP IOP program began in April 2004. Changes to the program in 2007 prompted reevaluation of participant outcomes. A new provider agency, Sound Mental Health (SMH), was selected via a request for proposals in late 2006, and subsequently the treatment curriculum was enhanced and improvements in staff training were implemented. The number of IOP treatment slots has also increased from 24 in early 2007 to the present capacity of 48 participants.

Purpose of This Report

This report specifically summarizes first and second year jail and clinical outcomes for the first year cohort of participants in the CCAP IOP program subsequent to programmatic changes.

Results are analyzed for the participants during the year following the CCAP IOP program changes (July 2007- June 2008) and for those served during the first year of the program (April 2004 - March 2005) as a point of reference.

Program Description

The CCAP IOP program began April 2004 operated by Community Psychiatric Clinic. The treatment curriculum was enhanced beginning April 2007 with a new provider agency, SMH. The program provides state certified intensive outpatient treatment for up to three months. A minimum of nine hours per week of individual and group treatment is 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 provider agency staff housed within the CCAP facility.

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Participants

The target population for the CCAP IOP program is adult offender-clients who are court ordered to CCAP for 30 service days or longer by King County District Court or King County Superior Court, and who are chemically dependent.

Characteristics of individuals served during the year following the CCAP IOP program changes (2007 - 2008) are shown below, as well as for the first year 2004 - 2005 cohort. More people entered the program during 2007 - 2008 than during the first year of the program (2004 - 2005). There was a steady increase over all years of the program. The program served a higher proportion of females than the overall jail population (which typically is less than 20 percent female) and a similar proportion of ethnic minorities compared to the overall jail population.

Table 1. CCAP IOP Program Characteristics of Persons Served

	First year cohort 2004 - 2005		Program change cohort 2007 - 2008	
	N=87	%	N=264	%
Demographics				
Gender- #/% female	21	24%	57	22%
Ethnicity				
Caucasian	45	52%	134	51%
African-American	36	41%	107	41%
Native American	4	5%	10	4%
Asian-Pacific Islander	1	1%	10	4%
Mixed or "other"	1	1%	1	<1%
Hispanic (duplicated)	1	1%	Not avail.	n/a
Age – Average (SD)	32.8	10.7%	34.4	10.9%
Substances Used			N=260	
Alcohol	68	78%	161	62%
Marijuana	54	62%	155	60%
Cocaine	39	45%	116	45%
Heroin	11	13%	46	18%
Methamphetamine	Not broken out		48	18%
Other (non-tobacco)	34	39%	49	19%
Community Status			N=259	
Homeless	18	21%	77	30%
Employed (full or PT/temp)	12	14%	17	7%

Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by nearly half of the participants. The percentage of participants who are homeless at program entry has increased from 21 percent in the first year to about 30 percent during the year following program changes. Few participants are employed at admission.

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Results

Jail Outcomes

The report examines first and second year outcomes for the first year cohort of program participants subsequent to programmatic changes (July 2007 - June 2008) and for those served during the first year of the program (April 2004 - March 2005) as a point of reference.

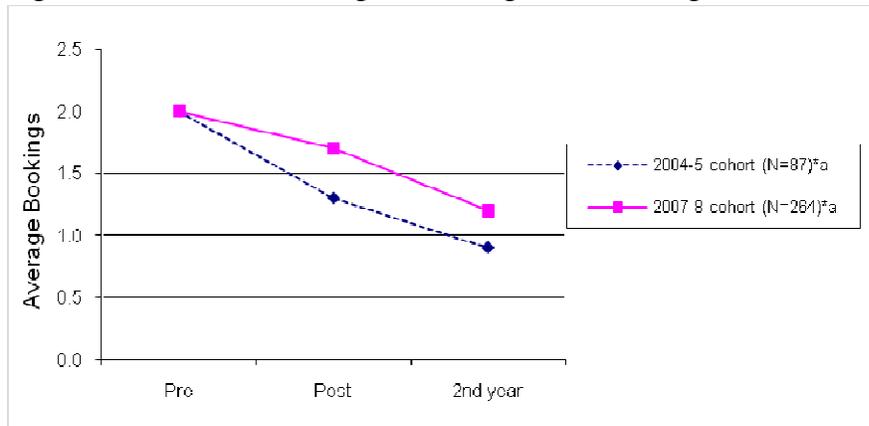
Change in Jail Bookings and Days

Jail utilization during the year prior to and two years following program entry is shown below. The figure depicts the timeframes for analyses. As the specific booking associated with a participant's selection for a criminal justice program cannot be consistently identified, we have deemed the "index booking" as the booking closest to the date the participant began the program with a release date no more than 45 days prior of the program start. Index bookings are omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization. The "pre" period is defined as the 365 days prior to an index booking. For individuals without an index booking, "pre" bookings are bookings within 365 days prior to program start. "Post" Year 1 bookings are those that occur within the 365 days following program admission, while "Post Year 2" bookings occur within 730 days of admission.

365 days "pre"	"Index booking" (release <45 days before program start - omitted from analysis)	Program start	365 days "post" – Year 1	730 days "post" – Year 2
People without index booking 365 days "pre"			365 days "post" – Year 2	730 days "post" – Year 2

Figure 1 shows change in average per person jail bookings.

Figure 1. CCAP IOP Change in Average Jail Bookings

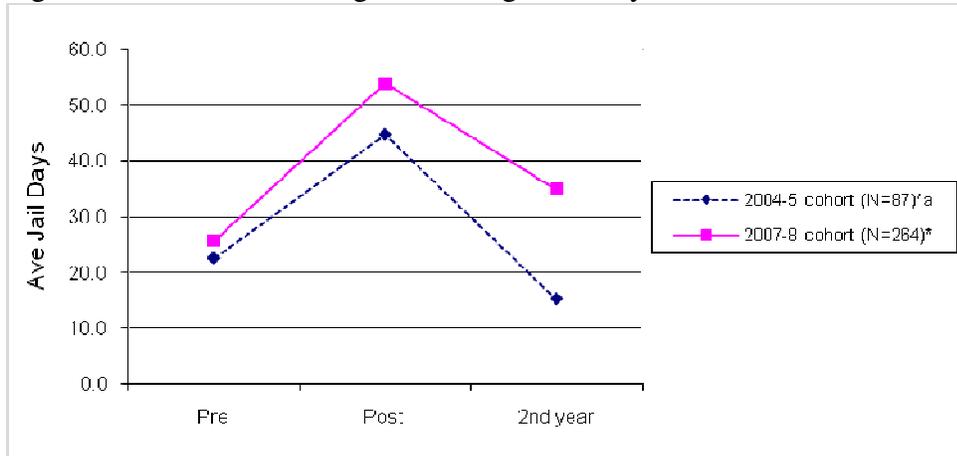


*statistically significant difference (p<.05) from "Pre" to "Post" based on Wilcoxon Signed ranks test (non-parametric)
a= statistically significant difference (p<.05) from "Pre" to 2nd Year based on Wilcoxon Signed ranks test (non-parametric)

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The figure shows that for both the first year (2004 - 2005) and (2007 - 2008) participants jail bookings declined significantly during the first and second years following program admission. Figure 2 shows change in average per person jail days. Jail days increased significantly during the first year following admission for both cohorts. Jail days decreased significantly by the second year following admission for the 2004 - 2005 cohort, but not for the 2007 - 2008 cohort.

Figure 2. CCAP IOP Change in Average Jail Days



*statistically significant difference ($p < .05$) from "Pre" to "Post" based on Wilcoxon Signed ranks test (non-parametric)
a= statistically significant difference ($p < .05$) from "Pre" to 2nd Year based on Wilcoxon Signed ranks test (non-parametric)

Figure 3 shows the proportions of individuals from each CCAP IOP cohort who reduced or increased bookings. The data show that a higher proportion of the 2004 - 2005 cohort reduced bookings than the 2007 - 2008 cohort. And, not surprisingly, a higher proportion of individuals reduced bookings by the second year (>50 percent for both cohorts) following admission compared with the first year following admission.

Figure 3. CCAP IOP Proportions Increasing and Reducing Jail Bookings



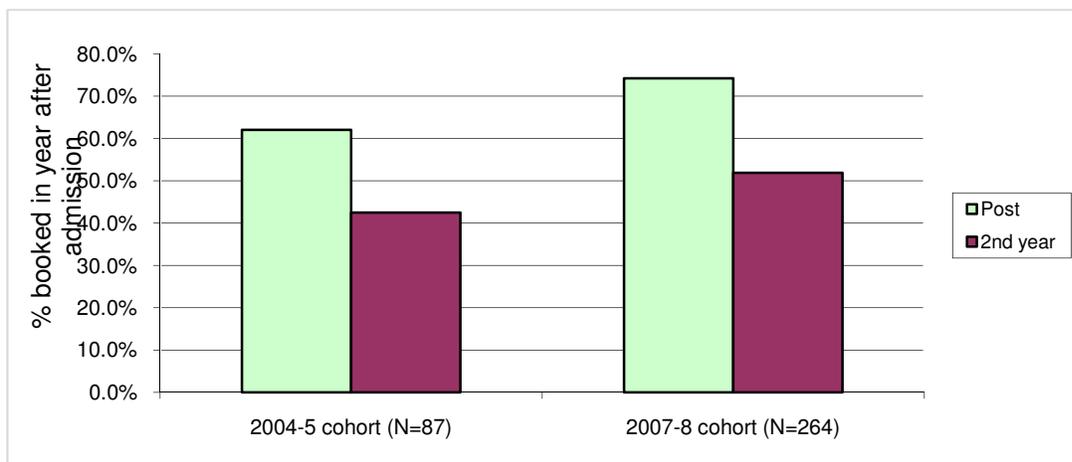
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Jail Recidivism

Figure 4 shows jail recidivism analyses. Sixty-two percent of the first year CCAP IOP participants had a jail booking within the year following program entry (38 percent with no bookings). This rate declined substantially to 43 percent during the second year following program admission (57 percent with no bookings). For the 2007 - 2008 cohort, the first-year recidivism rate was 74 percent (26 percent with no bookings), dropping to 52 percent (48 percent with no bookings) during the second year following program admission.

While it may appear that the 2004 - 2005 cohort had slightly better jail outcomes (i.e., lower jail bookings, days, and recidivism), the differences are quite small and the criminal “severity” of the population served has increased. Specifically, the proportion of bookings for felonies has increased. Further, the proportion of pre-trial participants has also increased from 35 percent for the 2004 - 2005 cohort to 75 percent for the 2007 - 2008 cohort and it continues to increase (see companion report, “The Relationship of Intensive Outpatient Chemical Dependency Treatment at CCAP to Community Corrections Placements”). This high proportion of pre-trial participants could be expected to lead to increased bookings subsequent to program entry and trial. Indeed, one could argue that incarcerations during the first year following program entry should not even be analyzed, as we would expect them to decrease very little or not at all given that the vast majority of participants are pre-trial. That we have found significant decreases in bookings during the first year following program entry is very promising.

Figure 4. CCAP IOP Recidivism



Charge Severity

Figure 5 shows changes in the proportion of most serious offense (MSO) crime types for bookings over the three measurement periods.

While overall bookings for both 2004 - 2005 and 2007 - 2008 cohorts fell from “pre” to “post” and more so by the second year following program admission (see Figure 1), the proportion of

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bookings in which the MSO was a non-compliance charge rose substantially (see Figure 5). The raw number of bookings for non-compliance charges rose over the three time points (see Appendix A), mitigating what would have otherwise been more substantial reductions in bookings. Figure 6 shows that the downward slope of average jail bookings is nearly flat for bookings related to non-compliance charges while the slope for bookings related to all other charges is steeper than for all bookings taken together as shown in Figure 1. Figure 4 also shows that the proportion of bookings in which the MSO was a felony rose for both cohorts from the “pre” to “post” periods but then tailed off to “pre” levels or below by the second year following program admission. See also Appendix A for detailed charge data.

Figure 5. Non-compliance and Felony MSOs as a Percentage of Total Bookings

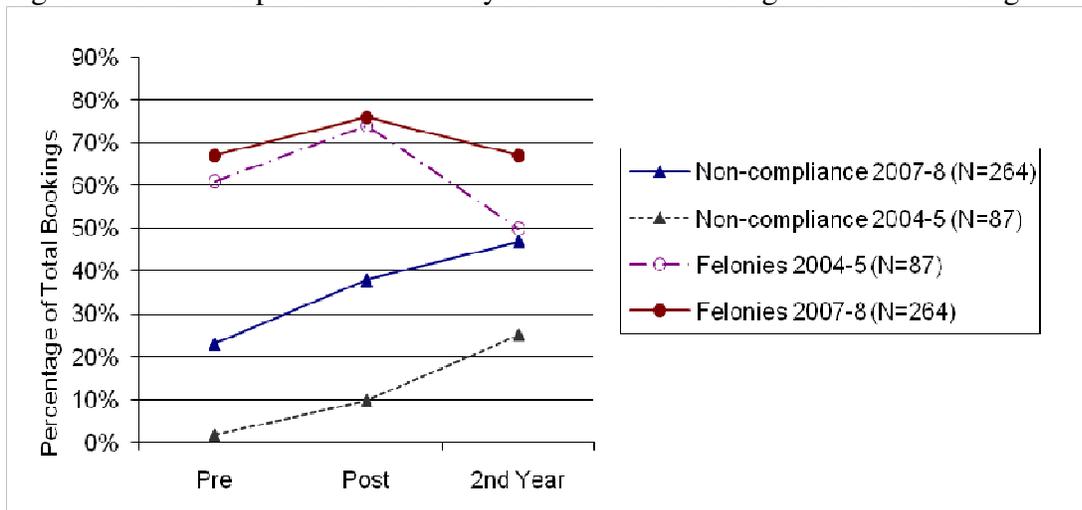
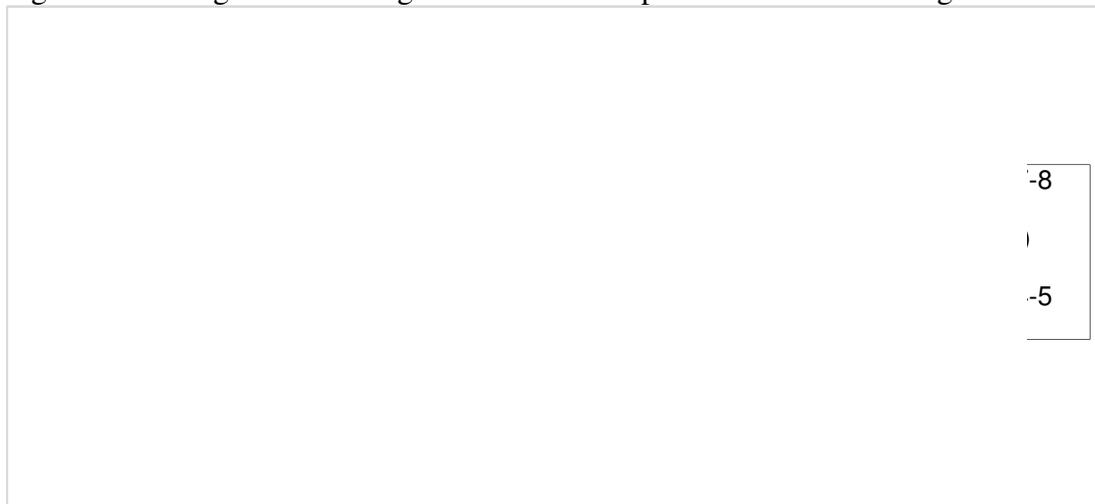


Figure 6. Average Jail Bookings due to Non-compliance and Other Charges



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Length of Treatment and Treatment Dispositions

The CCAP IOP was designed as a 90-day on-site intervention. For the first three years of the program about half of the participants left within 60 days (data not shown). Participants during the year following program changes (2007 - 2008) 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 2. CCAP IOP Program Length of Treatment

Length of treatment	2004 - 2005 cohort		2007 - 2008 cohort	
	N=87	%	N=264	%
0-30 days	23	26%	7	3%
31-60 days	29	33%	25	9%
61-90 days	16	18%	49	18%
91+ days	19	22%	183	69%

Table 3 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 nearly half (47 percent) for participants of the 2007 - 2008 cohort. Most of the remaining individuals withdrew, were lost to contact or were incarcerated

Table 3. CCAP IOP Program Dispositions at Discharge

Disposition at discharge	2004 - 2005 cohort		2007 - 2008 cohort	
	N=87	%	N=264	%
Completed treatment	21	24%	74	28%
Transferred to complete treatment	12	14%	50	19%
Withdrew or lost to contact	44	51%	100	38%
Incarcerated	8	9%	28	11%
Rule violation	2	2%	9	3%
Other	0	0	3	1%

Clinical Outcomes

Complete data was not available for first year CCAP IOP participants. As such, our point of reference is the most recent year of the CCAP IOP program prior to program changes (the third year cohort) which showed little reduction in substance use or gains in housing or employment. The pattern of outcomes for the 2007 - 2008 cohort is similar, though somewhat better regarding the proportion who gained housing. There continue to be questions as to the accuracy of the substance use data. Further, a portion of individuals were rated as having no substance use frequency at admission due to being in a controlled environment prior to admission (the time over which the frequency rating is to be evaluated). This problem creates an underrepresentation of substance use upon initiation of treatment and also masks potential changes in substance use.

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Table 4. CCAP IOP - Clinical Outcomes – Third and Fourth Program Years

Changes from admission to discharge		Third year cohort (N=157) ¹	2007 - 2008 cohort (N=264)
Substance use - days/month (over multiple substance)	Reduced to no substance use	7 (5%)	5 (2%)
	Partial reduction	4 (3%)	6 (2%)
	No change	47 (32%)	106 (43%)
	Increased	4 (3%)	12 (5%)
	No use at admission	86 (58%)	120 (48%)
Housing ²	Gained housing	10 (23%)	33 (44%)
Employed (full or PT)	Gained	2 (1%)	9 (3%)

¹Substance use outcome data was available for 148 third-year participants – and 249 for 2007 - 2008 cohort % are taken from these Ns

²Among the 44 (third year) and 75 (2007 - 2008 cohort) participants initially homeless -temporary/transitional housing is homeless

Summary

During the year following changes in the operation of the CCAP IOP program (2007 - 2008), there were 264 unduplicated people who were served. This was also the first year that SMH 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 nearly half of the participants. At admission, nearly a third of the participants were homeless and only seven percent were employed.

For this same 2007 - 2008 cohort, jail bookings were significantly reduced from an average of 2.0 bookings during the year prior to program admission to an average of 1.7 bookings during the year following program admission, and 1.2 during the second year following admission. Jail days increased significantly from the year prior to program admission to the first year following admission, indicating a substantial increase in length of stay. There was no significant change in jail days comparing the year prior to program admission to the second year following admission. Prior cohorts had shown a decrease in jail days by the second year following admission. Recidivism analysis shows that 74 percent of the 2007 - 2008 cohort were re-incarcerated within one year of program entry, dropping to 52 percent by the second year.

The reduction in overall bookings occurred despite an increase in the number of bookings for non-compliance charges. The impact of these non-compliance charges would appear to be mitigating what would have been even greater reductions in jail bookings during the first year. The proportion of crimes that were felonies increased slightly from the year prior to program admission to the year following admission, but dropped back to prior levels or below by the second year following admission.

Although the CCAP IOP program is designed as a 90-day intervention, over two-thirds of the 2007 - 2008 cohort (69 percent) were retained in treatment for at least 90 days, transitioning to IOP treatment in community-based settings with other funding.

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Nearly half (47 percent) of the 2007 - 2008 cohort completed treatment or were transferred to other facilities to complete treatment, a rate higher than in past years of the program. 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.

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Appendix A

Detailed Charge Data

Table 1. Charge Detail 2004 - 2005 Cohort

Most Serious Offense (MSO)	2004 - 2005 Cohort (N=87)					
	Pre		Post - Year 1		Post - Year 2	
Drugs	86	49%	53	47%	25	31%
Property	28	16%	20	18%	7	9%
Non-compliance	3	2%	11	10%	20	25%
DUI	16	9%	11	10%	4	5%
Traffic	6	3%	3	3%	5	6%
Domestic violence	10	6%	0	0%	3	4%
Assault	6	3%	3	3%	2	3%
Criminal trespass	4	2%	3	3%	3	4%
Robbery	0	0%	1	1%	1	1%
Other	17	10%	8	7%	10	13%
Total	176	100%	113	100%	80	100%

Table 2. Charge Detail 2007 - 2008 Cohort

Most Serious Offense (MSO)	2007 - 2008 Cohort (N=264)					
	Pre		Post - Year 1		Post - Year 2	
Drugs	177	34%	120	27%	50	16%
Non-compliance	121	23%	169	38%	148	47%
Property	81	15%	50	11%	28	9%
Assault	30	6%	18	4%	17	5%
Robbery	11	2%	20	4%	8	3%
Domestic violence	20	4%	2	0%	7	2%
DUI	9	2%	4	1%	7	2%
Criminal trespass	10	2%	1	0%	2	1%
Traffic	13	2%	11	2%	11	3%
Other	54	10%	50	11%	30	10%
Total	526	100%	445	100%	308	100%