

Impact of DCHS-Supported Programs on Jail Use

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Introduction

Since 2005, the Department of Community and Human Services (DCHS) has joined with partners in the criminal justice system and community providers to build a system of services to serve as alternatives to incarceration and to improve access to housing and treatment for persons with mental illness and chemical dependency. Those efforts have resulted in marked reductions in participant use of criminal justice.

Intersection of Jail Use and Mental Health

An analysis of adults who had at least one King County jail booking during 2011 was conducted to estimate mental illness prevalence and treatment needs. The study found that:

- Nearly a quarter (22.4%) were identified as having significant mental health needs.
- Of those, about half (49.4%) received mental health treatment through the King County Regional Support Network (RSN), the publicly funded mental health system managed by DCHS to serve low-income King County residents.
- Those with an identified mental health need had twice the mean number (average) jail days and four and a half times the median number of jail days as those without a mental health issue (46.9 vs. 22.5 and 18 vs. 4, respectively).
- There is a strong correlation between jail frequent utilizers (those who cycle in and out of jail) and serious mental health conditions. Nearly two-thirds (63.1%) of the top 10 percent of high utilizers of jail services and 70 percent of the top five percent of frequent jail utilizers had significant mental health needs. A separate 2012 analysis found that nearly all (94%) of the top one percent of jail frequent utilizers are known to the King County RSN.

DCHS-Supported Programs are Helping to Reduce Jail Utilization

The majority of individuals participating in a variety of DCHS-supported programs designed to reduce jail use and jail recycling are significantly reducing their recycling through the jails and are reducing jail bookings, and in many instances, jail days.

Reducing jail days is important because length of stay (LOS) is the largest driver of the jail average daily population (ADP). While the median LOS in the King County Correctional Facility is two days, the persons

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with long jail stays drive the average LOS up to 20 daysⁱ. Reducing bookings is even more important, as someone who is not booked is not spending any time in jail.

A number of evaluations of DCHS-supported programs targeted to jail users are demonstrating positive results. Where possible, trends for those served in specific DCHS programs were compared against trends for the larger population or a matched comparison group not receiving these services. Most of the DCHS-supported programs see an immediate drop in bookings. Many see an initial increase in jail days, followed by later reductions. This initial increase is due to a variety of factors: use of incarceration as a program sanction; people still dealing with outstanding charges from prior to program participation; some may be likely to get longer sentences if they re-offend. Evaluation highlights demonstrating reduced jail use by DCHS program participants is presented in the attached appendix.

Housing Reduces Jail Use

Multiple evaluations conducted locally and nationally have demonstrated that providing housing – particularly permanent supportive housing and “housing first” models that don’t require a commitment to sobriety or treatment as a condition for moving in – results in dramatic reductions in jail and use of other emergency systems.

Examples of the impressive impact of DCHS-supported permanent supportive housing programs on jail use are found in data on Coordinated Entry, 1811 Eastlake, the Forensic Assertive Community Treatment (FACT) program, and the Forensic Intensive Supportive Housing (FISH) program, all highlighted in the appendix.

Multiple factors contribute to the dramatic impact of these programs.

- Being housed eliminates the motivation for individuals to commit crimes in order to get off the street, out of the cold or to get fed. It is not uncommon for homeless individuals to commit crimes in order to get a break from the street where they can have a warm bed and a hot meal.
- Being housed reduces the likelihood of committing “crimes of homelessness” that include low level misdemeanors such as public urination, public inebriation, loitering, and pan handlingⁱⁱ.
- Being housed eliminates time spent on the street, reducing the opportunity to come to the attention of law enforcement.
- Being housed with supports increases the motivation and opportunity to access and remain engaged with treatment and recovery.

- Jail use outcomes for DCHS permanent supportive housing programs vary by target population, with high utilizer programs typically demonstrating average jail use reductions of one-third to two-thirds compared to use prior to entry into a housing program.

Declining King County Correctional Facility Population

Since 2006, the annual adult Average Daily Population (ADP) in the King County Correctional Facility (KCCF) and the Regional Justice Center (RJC), known together more informally as county jail, has declined from a high of 2,658 in 2006 to a year-to-date low of 1,935 thus far in 2013. This is similar to the 1,946 ADP for 2012 and is roughly a 29 percent drop in ADP.

Jail populations are declining nationwide. The decline in the King County ADP is consistent with these trends, although the local drop in ADP is greater and has been going on for a longer time. Nationally, the jail ADP peaked in 2008 and declined by 6.4 percent through 2011ⁱⁱⁱ, while in King County, the jail ADP peaked in 2006 and has declined by about 29 percent during that time^{iv}. King County has a per capita incarceration rate that is 55 percent of the national average.

What is the Relationship Between DCHS Criminal Justice Programs and King County's Declining Jail Population?

It is important to bear in mind that DCHS programs only reach a targeted segment of those at risk for being incarcerated: those who are primarily low-income individuals (<200% of federal poverty level) and typically with accompanying mental illness or substance abuse issues. Programs supported by DCHS are most likely to reach the small but costly segment of the jail population that is frequently re-incarcerated and who require a higher level of both service and custodial resources while incarcerated.

Many theories abound both nationally and locally, but it is difficult to clearly pinpoint causes for the dropping ADP. There are likely a number of contributing factors:

- Nationally and locally, there appears to be a leveling out of more serious offenses.
- Locally, the Washington State Department of Corrections has decreased the number of King County jail beds they contract for, from a high of 450 in 2010 (although they never used more than about 400) to 120 in 2013. This is about a 70 percent drop in King County jail beds being used by the state.
- Bookings by the Seattle Police Department (SPD) have dropped by half. A variety of factors may be influencing SPD, King County Sheriff, and other jurisdictional policing practices. These include:
 - Resource reductions associated with a faltering economy have resulted in fewer hours of law enforcement personnel on the street. With fewer person hours in the field, police may be prioritizing higher level crimes and may be more inclined to avoid arresting individuals for lower level crimes.

- Crisis Intervention Training and the Mobile Crisis Team, both supported through the King County Mental Illness and Drug Dependency one-tenth of one percent dedicated sales tax known as the “MIDD,” may be inclining the police to employ alternatives to arrest to manage situations in which mental illness or drug use is playing a role.
- Implementation of innovative diversion programs, such as Law Enforcement Assisted Diversion (LEAD), a diversion-oriented collaboration between the city and the county, is making a small contribution to reducing arrests.
- Changes in filing standards and sentencing guidelines have both had impacts, the measurement of which falls outside the scope of this report.
- Implementation of the Community Center for Alternative Programs (CCAP), Work and Education Release, and Electronic Home Detention programs provide alternatives to traditional incarceration and are siphoning a small percent of the jail population into these community corrections programs.
- The increase in availability of permanent supportive housing, including housing programs adapted for forensic populations with mental illness, are contributing to reduced ‘recycling’ through the jail of repeat offenders. (See appendix for more details.)
- Length of stay is one of the greatest drivers of the jail population. Interventions that reduce length of stay ultimately have some impact on the population.
- The implementation of innovative and evidence-based programs for criminal justice-involved populations, such as the MIDD-supported specialty courts, inmate treatment programs, and jail release planning are having impacts on recidivism.
- While it is too new to have had much impact yet, the new MIDD-supported Crisis Solutions Center that opened in summer 2012 is anticipated to divert significant numbers of individuals from the KCCF.

The criminal justice diversion programs provided by DCHS are providing opportunities for individuals to access the treatment services they need to achieve recovery and more stable lives in the community. Those programs are also helping to reduce jail bookings and jail days. Evaluations of the DCHS-supported programs detail the impacts of the programs and are provided in the attached appendix.

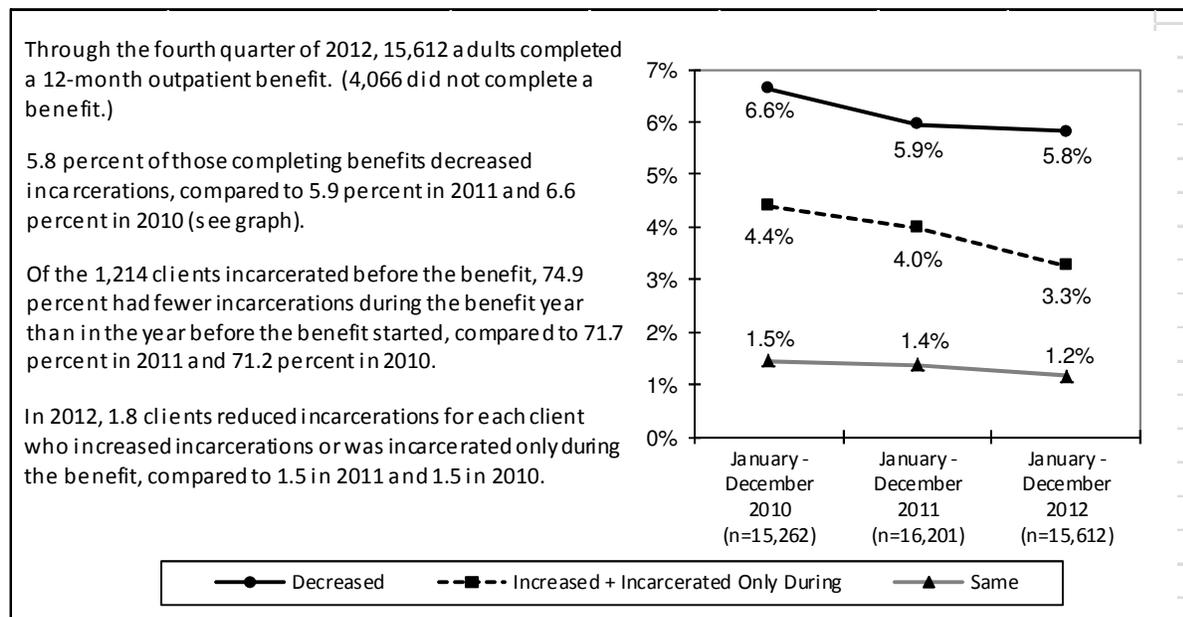
APPENDIX - Selected Evaluation Results: Impacts of DCHS Programs on Jail Bookings and Length of Stay

System Results

Mental Health Outpatient Services

While most individuals who receive mental health outpatient treatment are not involved in the criminal justice system, a small proportion of this population does become involved. The chart below shows changes in incarcerations for criminal justice-involved recipients of these services during the past three years^v.

Figure 1: Mental Health Outpatient Services and Jail Use



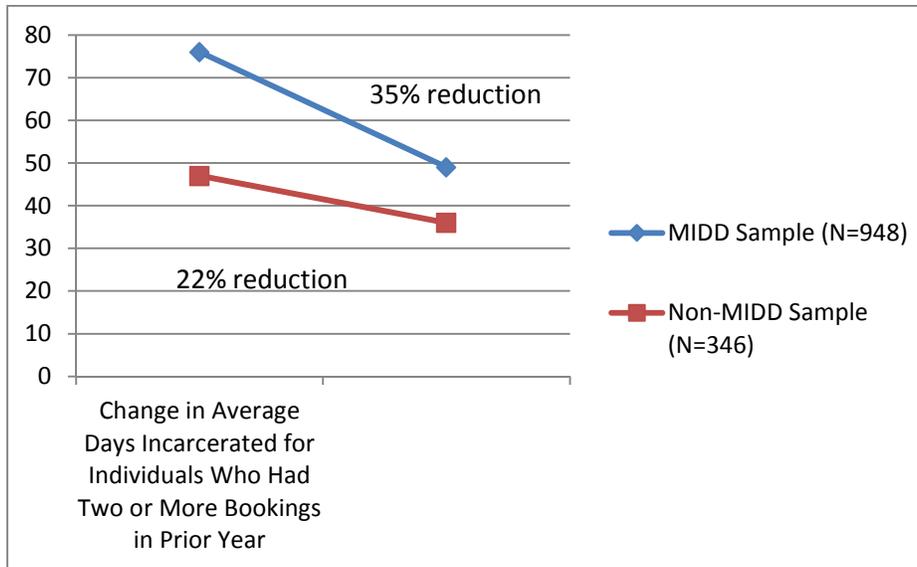
Mental Illness and Drug Dependency (MIDD) Supported Services

An analysis for the MIDD Third Annual Report (February 2011) found that jail utilization for a sample of 2,060 people with at least one jail booking *decreased by more than 23 percent* during the year following MIDD service initiation. The average number of jail bookings in the year prior to their MIDD start was 1.95, dropping to 1.50 during their first year in MIDD services. Average days in jail dropped from 44.27 to 33.88 days.

A later analysis compared jail use reductions for the initial MIDD outcomes sample with system-wide jail use reductions over time. Factors influencing the overall population trend in reduced jail use over time were identified as changes in policing practices, prosecution filing standards, and sentencing guidelines. Looking at jail data between October 1, 2006 and September 30, 2010, the systemic reductions in jail bookings/days for all users were outpaced by the MIDD sample reductions.

Additional exploration of the data showed that jail users in the MIDD population were much more likely to have multiple jail bookings than general population jail users. In order to make a more valid comparison between MIDD and non-MIDD jail use, only those with two or more bookings during matched “pre” periods (higher utilizers) were selected for the next analysis phase. The resulting MIDD sub-sample (N=948) *showed an average pre to post reduction of 76 days to 49 days (a 35% decline)* vs. the non-MIDD sub-sample (N=346) with an average decrease from 47 to 36 days (a 22% decline)^{vi}.

Figure 2: MIDD Service Utilization and Jail Use



More detailed information on jail outcomes of individual MIDD-supported programs is available in MIDD reports online:

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/Reports.aspx>

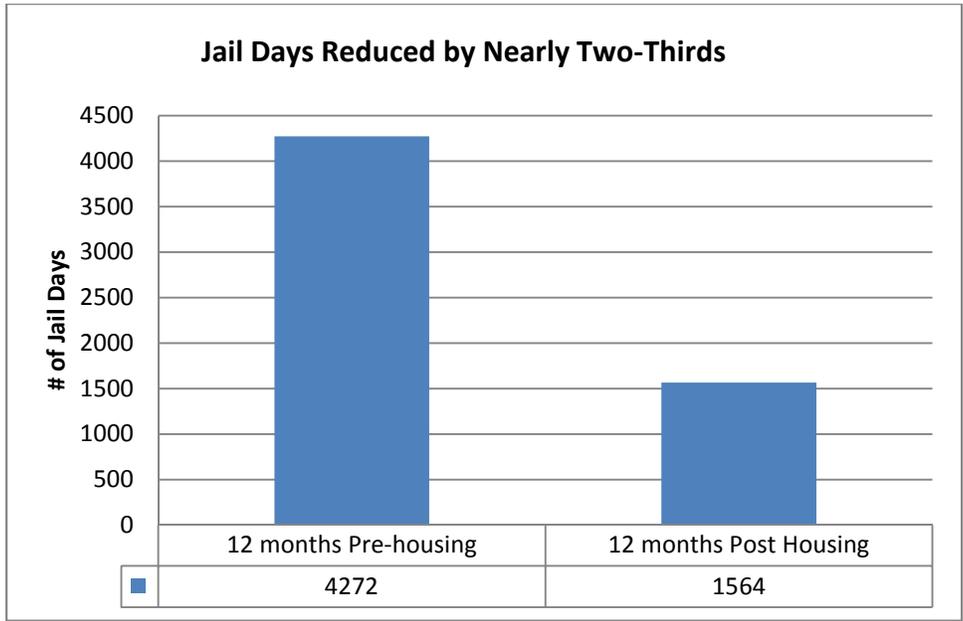
Coordinated Client Entry for Permanent Supported Housing

King County is unique in the country for having a countywide program that prioritizes access to limited permanent supported housing programs based on high system use or vulnerability.

Staff of the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) has developed a scoring rubric for service utilization and uses a validated instrument for scoring vulnerability that was developed by DESC, a local service provider that specializes in serving chronic populations. This identifies individuals with repeated system involvement or highest vulnerability. MHCADSD examined individuals who were placed in housing through the coordinated entry process in 2011, comparing their use one year prior to housing to the year after they were housed^{vii}. The findings are significant.

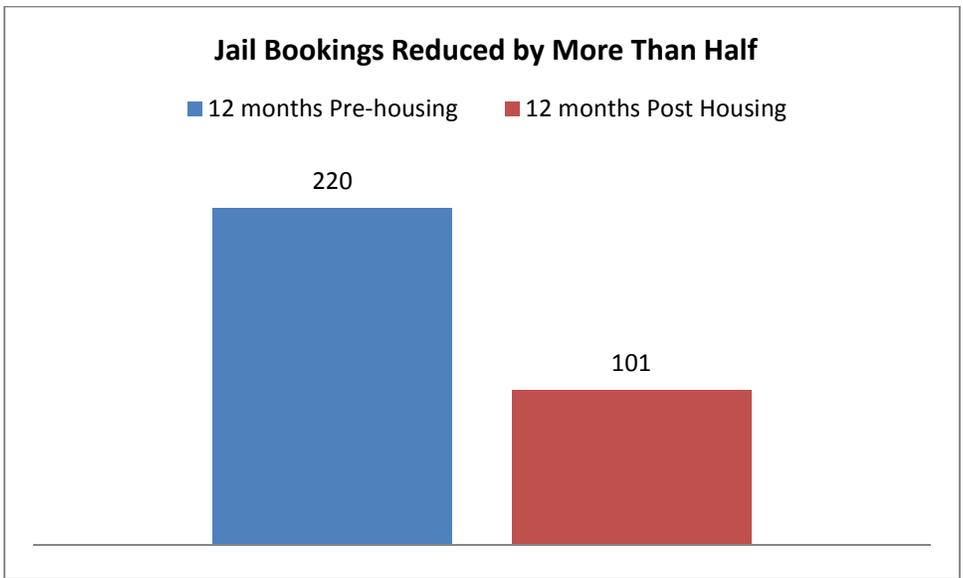
- **Jail days declined by 63.4 percent** – from 4,272 to 1,564 days. This corresponds to a statistically significant drop in mean jail days (t= 4.1, p <.001, 179 df).

Figure 3: Coordinated Entry Impacts on Jail Days



- **Jail admissions declined by 54.1 percent** – from 220 to 101 episodes. This corresponds to a statistically significant drop in mean bookings ($t= 5.2, p <.001, 179 \text{ df}$)

Figure 4: Coordinated Entry Impacts on Jail Bookings



Individual Program Results

1811 Eastlake

The 1811 Eastlake is a Seattle-based housing first program operated by DESC and supported with King County dollars that provides housing with no sobriety or treatment requirements for high-service

utilizers with chronic alcohol problems. A 2009 Journal of the American Medical Association (JAMA) article demonstrated significant system cost-offsets for this program, finding that median jail bookings per person per month declined from 0.2 in the year prior to housing to zero at six and 12 months for those housed. Median jail days per person per month declined from 0.5 in the prior year to zero at six and 12 months^{viii}. This compared with median jail bookings remaining the same at six months (0.2 per person per month) for a comparison group that remained unhoused, and with median jail days per person per month declining from 0.6 to 0.4 for the same comparison group.

Forensic Assertive Community Treatment (FACT)

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. The current program can serve a maximum of 50 people at a time. A randomized controlled study of the King County FACT program^{ix} found that:

- **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 5,952 in the year prior to FACT enrollment to 3,664 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.
- 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.

Forensic Intensive Supportive Housing (FISH)

The Forensic Intensive Supportive Housing (FISH) program serves homeless adults who are unable to participate in Mental Health Court because they have been found to be not legally competent to stand trial and their charges have been dropped, and who do not meet standards for involuntary commitment. FISH also serves homeless adult U.S. military veterans with a mental health disorder who are in a King County or municipal jail and are eligible for the King County Veterans Program. It is a housing first program providing intensive support, with a capacity to serve 60 people at a time.

In the year prior to enrollment, all FISH participants combined for a total of 317 jail bookings and 6,345 days in jail*. Cohort One, those who have been in the program for one year, contributed 89 bookings and 2,582 days to the pre-FISH totals. In the first year post-FISH, Cohort One's bookings declined to 44

and days in jail declined to 679 – declines of 51 percent and 74 percent respectively. Both declines are statistically significant ($p < .01$).

Table 1: Average Jail Bookings and Days for FISH Program Participants

Average Jail Bookings and Days (*includes municipal bookings and days as well as KCCF)						
	Bookings			Days		
	One Year Pre-	One Year Post-	Two Years Post-	One Year Pre-	One Year Post-	Two Years Post-
Cohort One (N=25)						
Average	3.6	1.8		103.3	27.2	
Change		-1.8**			-76.1**	
%Change		-51%			-74%	
Cohort Two (N=36)						
Number	4.9	2.0	1.6	66.5	38.2	27.9
Change		-2.9*	-0.4		-28.3**	-10.3
%Change		-59%	-22%		-43%	-27%

* Statistically significant ($p < .05$)

** Statistically significant ($p < .01$)

" Using non-parametric statistical test

Cohort Two, those who have been in FISH for two years, contributed 177 bookings and 2,394 days to the pre-FISH totals. In the first year post-FISH enrollment, this cohort’s bookings declined to 72 and declined further to 56 in the second post-FISH year. The first year’s 59 percent decrease is statistically significant ($p < .05$), while the second year’s 22 percent decrease is not. This cohort also reduced the number of jail days to 1,375 in the first post-year and to 1,003 in the second post year. The 43 percent decline from the pre-year to the first post-year is statistically significant, while the smaller decline in the second year is not^x.

Criminal Justice Connector Programs

DCHS supports a number of initiatives designed to reduce subsequent jail use by improving linkage and connection to community based supports for individuals being released from jail to the community, such as housing, mental health and drug treatment, and benefits. Programs are specialized and are targeted to specific populations with mental health/and or chemical dependency needs. The programs include jail health release planners, criminal justice liaisons, and re-entry case managers.

Jail Health Services Release Planning

A 2012 report looked at DCHS-supported Jail Health Services Release Planning, which links inmate-patients with co-occurring substance abuse disorders and medical concerns within the KCCF and the RJC with skilled nursing, hospice, and chemical dependency services. The report compared the results from the first two program years (2008-2009) for participants and a comparison group randomly-selected among those referred to, but not served by, the program^{xi}.

Both groups show significant reductions in jail bookings from the year “pre” to the year “post” service. Only the participant group showed significant reduction in jail days. Because the two groups differed significantly on baseline jail bookings and jail days, a statistical analysis called ANCOVA was run that adjusts for these differences. The analyses showed a significant group by time interaction, indicating that the rate of change between groups differed such that the participant group showed a significantly greater decline in jail bookings and in jail days than the comparison group. Over half (53%) of the participants and 42 percent of the comparison group reduced jail bookings.

Figure 5. Change in Average Per Person Jail Bookings

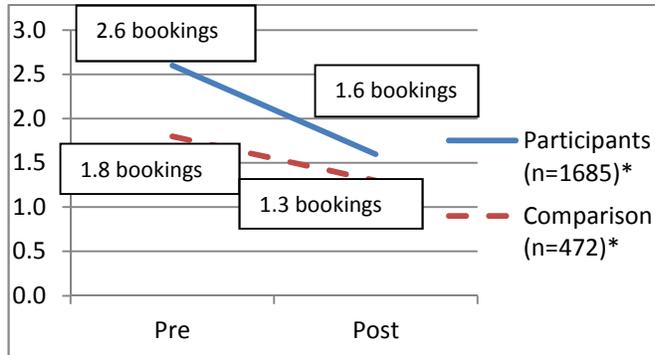
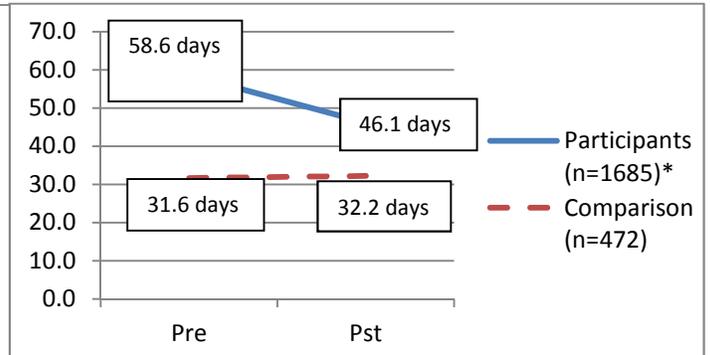


Figure 6. Change in Average Per Person Jail Days

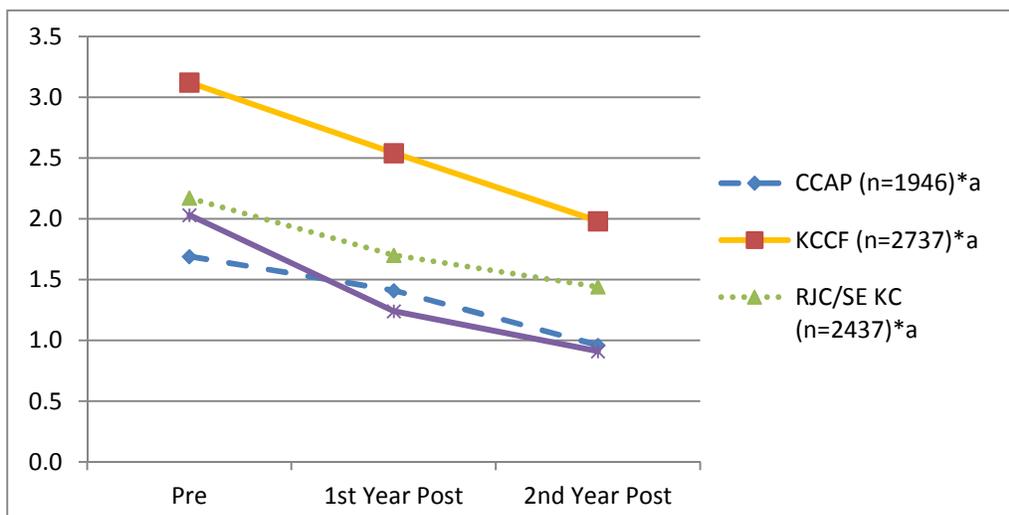


*Statistically significant based on Wilcoxon Signed ranks test (non-parametric)

Another report provided a six-year analysis of outcomes for individuals served by all connector programs at KCCF, RJC/SE and CCAP. Overall findings are that the populations served significantly reduced their jail bookings the year after service, and that jail days often increase the first year following service, but decline significantly the second^{xii}. Selected findings are highlighted below for the criminal justice liaisons and case management re-entry. The full report is available online at

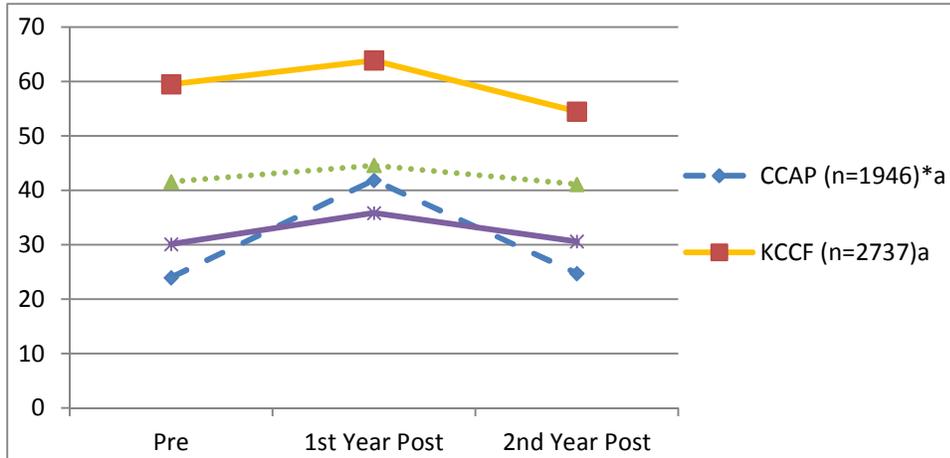
<http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJ%20Reports.aspx>

Figure 7: Criminal Justice Liaison Clients – Change in Average Per Person Jail Bookings



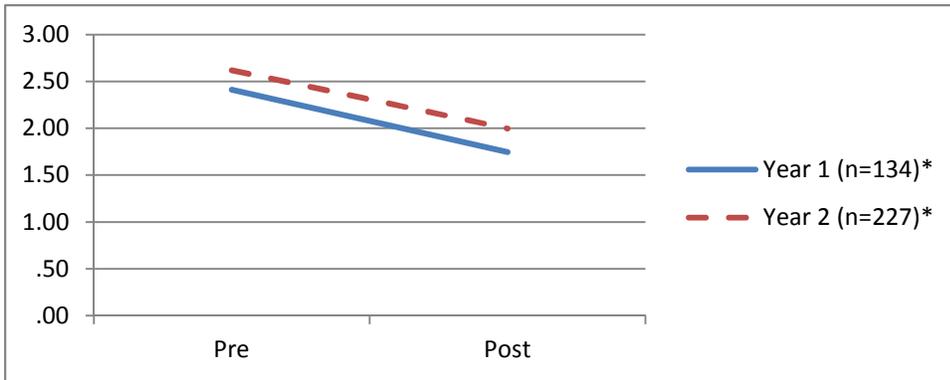
*=statistically significant at p<.05 based on Wilcoxon Signed ranks test (non-parametric) comparing pre to 1st year post
a=statistically significant at p<.05 based on Wilcoxon Signed ranks test (non-parametric) comparing pre to 2nd year post

Figure 8: Criminal Justice Liaison Clients – Change in Average Per Person Jail Days



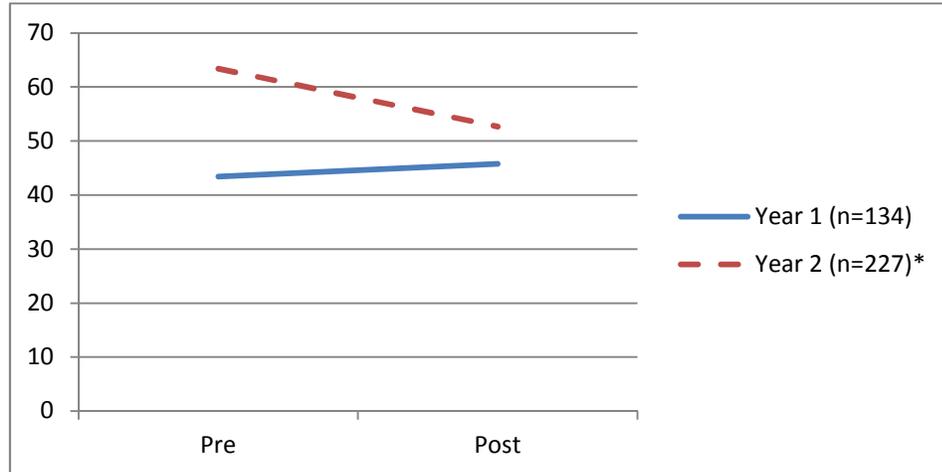
*=statistically significant at $p < .05$ based on Wilcoxon Signed ranks test (non-parametric) comparing pre to 1st year post
 a=statistically significant at $p < .05$ based on Wilcoxon Signed ranks test (non-parametric) comparing pre to 2nd year post

Figure 9: Re-entry Case Management – Change in Average Per Person Jail Bookings



*statistically significant based on Wilcoxon signed ranks test (non-parametric)

Figure 10: Re-entry Case Management – Change in Average Per Person Jail Days



*statistically significant based on Wilcoxon signed ranks test (non-parametric)

A number of other programs are part of the DCHS Criminal Justice Initiatives, including Co-Occurring Disorders Integrated Treatment, Housing Vouchers, and the CCAP Intensive Outpatient Program. As the time period evaluated for these initiatives is earlier than the time period evaluated for this report, the results are outside the scope of this report. The Criminal Justice Initiative Fourth Year Evaluation Report at: <http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJI%20Reports.aspx>

Website Locations of Referenced DCHS Reports

2012 Mental Health Report Card

<http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx>

MIDD Reports

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/Reports.aspx>

FACT, FISH, Criminal Justice Connector Reports

<http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJI%20Reports.aspx>

Criminal Justice Initiative Fourth Year Evaluation Report

<http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJI%20Reports.aspx>.

ⁱ Conversation with Mike West, DAJD, March 20, 2013

ⁱⁱ <http://www.socialsciences.uottawa.ca/ipc/pdf/IPC-Homelessness%20report.pdf>

ⁱⁱⁱ <http://bjs.gov/content/pub/pdf/jim11st.pdf>

^{iv} <http://your.kingcounty.gov/aimshigh/search2.asp?JSDetainOffendersApp>

^v KCRSN 2012 Fourth Quarter Report Card (Srebnik)

^{vi} MIDD year 4 progress report 2012 (Kimmerly)

^{vii} 2012 Veterans & Human Services Levy Evaluation Progress Report (Franzen)

^{viii} JAMA, April 1, 2009—Vol 301, No. 13

^{ix} FACT Evaluation Report, 2012 (Rowe). See:

<http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJI%20Reports.aspx>

^x Forensic Intensive Supported Housing (FISH) Evaluation Report 2012 (Rowe)

<http://www.kingcounty.gov/healthservices/MHSA/CriminalJustice/CJI%20Reports.aspx>

^{xi} JHS Release Planner Outcomes with Comparison Group, (Srebnik, 2012)

^{xii} Connector Program Update April 2012 (Srebnik)