SEATTLE-KING COUNTY

Report to the King County Executive

CREATING A SEAMLESS PUNISHMENT/TREATMENT SYSTEM FOR SUBSTANCE ABUSING OFFENDERS

June 19, 1998

FORWARD

*The first order of business for local government is to protect its citizens. The proposal described in the following document addresses public safety in the context of the single, most prevalent offender behavior in King County and across the nation: **alcohol and other drug abuse**. All too often the failure to effectively rehabilitate our region's criminal offenders can be traced to inadequate linkage of our criminal justice and chemical dependency treatment systems. Offenders, many of whom must confront complicated, daily challenges to their mental health, home life, chemical dependency treatment and criminal rehabilitation, often make choices which result in recidivism and reincarcaration. Consequently, people in great need wind up "falling through the cracks," with jail becoming their only safety net.*

Creating a seamless punishment and chemical dependency treatment system potentially offers enormous community benefit. The most striking opportunity may be in the creation of rational sentencing policies linked to a prescribed chemical dependency regimen. By helping the offender achieve an alcohol and other drug- and crime-free lifestyle, public safety is better protected - and jail time becomes a more effective sanction for unhealthy choices.

Moving toward linked chemical dependency treatment and criminal justice systems will be a daunting endeavor. It involves a paradigm shift in the way clear and realistic sentencing goals are established, and requires that collaboratively developed treatment regimens be explicitly articulated. It will take time and trust for decision makers to begin to share common ways of approaching some very challenging cases. The following proposal establishes a coordinated planning effort to pilot ideas which can have a positive impact on a target group of repeat alcohol and other drug abusing offenders. It offers an opportunity to better understand the "cracks" between our systems and healthier options for those offenders committed to addressing their own challenging needs.

Seattle/King County

DRUG INVOLVED OFFENDER TASK FORCE

VISION STATEMENT

The Seattle/King County *Drug Involved Offender Task Force* recognizes that alcohol and other drug abuse is a significant, and often primary, contributing factor in the criminal behavior of the majority of offenders in Seattle/King County. Policies, processes and programs that center on these offenders need to function in a coordinated and collaborative fashion to be most effective.

Criminal justice and alcohol and drug treatment officials exercise discretion in rendering sanction and service decisions for adult, alcohol and other drug involved offenders in Seattle/King County and its suburban municipalities. Those decisions shall be based on principles of equity, fairness and non-discrimination, with a concern for cost efficiency and satisfaction from the public that justice is being served.

It is the VISION of the Seattle/King County *Drug Involved Offender Task Force* that there shall be a continuum of services and sanctions available to alcohol and other drug involved offenders which provides offender and system accountability. This continuum shall provide appropriate measures of punishment and treatment for offenders in a collaborative and seamless manner in order to affect offender behavioral change, reduce offender recidivism, reduce the victimization of the public and enhance public safety.

Criminal justice and alcohol and other drug services in Seattle/King County shall be based on individualized treatment plans that are part of a coordinated, comprehensive continuum that ensures continuity of care, intervention at the earliest point possible in the criminal justice system, relapse prevention and offender rehabilitation.

April 30, 1998

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Seattle/King County

DRUG INVOLVED OFFENDER TASK FORCE

Report to the King County Executive

CREATING A SEAMLESS PUNISHMENT/TREATMENT SYSTEM FOR SUBSTANCE ABUSING OFFENDERS: THE KING COUNTY/SEATTLE DEMONSTRATION PROJECT

Executive Summary

National, state and local studies consistently show epidemic proportions of substance abuse (alcohol and other drugs) by offenders, thus adding to the complexity of societal responses needed to effectively reduce crime. In many studies, substance abuse is reported among 60% to 80% of offenders in the adult criminal justice system with only a small proportion of them actually receiving treatment. Moreover, it is estimated that up to 15% of those incarcerated in local jails suffer from a major mental illness. Finally, a recent study of a random, stratified King County Jail sample revealed that 23% of "high impact" jail inmates (with reported substance abuse and 3 or more bookings in a year) suffer from co-occurring substance abuse and mental disorders.

Studies that show such correlation between treatment and reduced crime suggest the need for a change in public policy. These studies suggest that the public safety mission of the adult criminal justice system may be met without the relatively high costs associated with incarceration. Rather, a more balanced approach of community treatment and swift and certain sanctions for substance abusing offenders is an effective approach to reducing crime. Therefore, public and elected officials should call for productive and well coordinated systems of services that reduce criminal behavior, reduce the number of victims of alcohol/drug-associated crime, and are cost effective.

Seattle and King County officials, through the *Drug Involved Offender Task Force*, have begun to evaluate the current policies which govern chemical dependency treatment services, have reviewed current utilization of existing resources for efficiency, and have determined that there is great potential for improved policies and dedicated funding for alcohol/drug involved offenders. The Task Force has determined that collaboration between state and local criminal justice agencies is a prerequisite for improved approaches and represents the first step in this collaboration.

Seattle-King County officials advocate for the use of appropriate criminal justice sanctions to ensure that alcohol/drug-dependent offenders are placed in effective, culturally relevant treatment programs. All too often, offenders avoid addressing their addiction, do their "time" in jail, and return to alcohol/drug abusing behavior in the community. Recovery from addiction is tough... it is easier to do the "time" in jail and not address the underlying alcohol/drug problem. Being tough on crime is being tough on offender behavior, and the most prevalent offender behavior is alcohol/drug abuse.

Given the often competing and contradictory goals of the justice and treatment delivery systems, efforts at collaboration on specific offender case management planning and supervision/treatment delivery will fail without significant agreement between the justice and service delivery systems on how to plan, collaborate, coordinate, implement, monitor and evaluate their joint approaches. Collaboration needs to occur locally in relationship to offender supervision and treatment, and in terms of coordinating policy, funding and the critical issue of sharing information so that sentencing and case management decisions are made with accurate, complete and timely information.

Three interrelated issues must be effectively addressed within the criminal justice and chemical dependency treatment systems in Seattle/King County if efforts to use a combination of punishment and treatment as a crime fighting strategy are to be successful: 1) the ability to monitor offender alcohol/drug use through variable drug testing protocols, 2) the ability to provide effective chemical dependency treatment to offenders for a sufficient length of time to reduce the recurrence of relapse, and 3) the ability for system professionals to use the full range of sanctions for swift and certain punishment - coupled with seamless service delivery - to respond to offender behavior.

These issues can only be effectively addressed within the context of concrete assessment of offender risk and need, and joint case planning and management. In order to have a system-wide impact, a collaborative relationship between professionals in the justice and treatment networks must exist which is based upon principles and policies to guide their interaction and funding. The provision of supervision and treatment must be based on the monitoring and reporting of offender alcohol and drug testing and treatment results in a system which functions effectively both within and outside of the jail system. The *Drug Involved Offender Task Force* offers this Report to the King County Executive as the recommended strategic planning effort to improve the coordination of substance abuse policy and funding for offenders in the justice and treatment systems.

Summary Recommendations

1. Create a Demonstration and Evaluation Project: The Task Force recommends a Demonstration Project be developed and funded which will be tested during a two to three year period on a well-defined and limited target population of certain alcohol and other drug abusing, repeat offenders. The specific recommendations of the Task Force will be

shared with other task forces and projects in the community so that implementation is a collaborative effort which will, as much as possible, address multiple concerns (i.e., Drug Court, Mental Health Court, and Chronic Public Inebriate or CPI Initiative). The Demonstration Project will be evaluated for cost effectiveness and impact on offender treatment objectives and re-arrest. Based on the results of the demonstration, overall system improvements may be pursued.

2. Identify Components of a Treatment/Punishment Continuum: The Task Force has identified the essential components of a treatment/punishment regimen including: a) alcohol/drug screening and testing, b) risk and need assessment, c) collaborative supervision and treatment planning, d) graduated sanctions policy guidelines, e) probation supervision/intensive case management of treatment service delivery, f) establishment of an Accountability Reporting Center, g) designation of disciplinary jail beds, h) establishment of a Regional Enforcement Unit, and I) the need to address relapse prevention at all levels in the continuum of services.

3. Establish Mechanism for Improved Information Sharing and MIS Coordination: Management Information System (MIS) integration projects must include careful planning and a specific detailing of the scope of work if they are to be successful. It is recommended that during the implementation phase of the Demonstration Project, a Work Group should collaborate with the Bureau of Unified Services (BUS), which is currently analyzing information sharing needs between the mental health and chemical dependency treatment communities, and regional criminal justice MIS integration and coordination efforts. The King County Information Resource Council (IRC) would assist in this effort. The Demonstration Project initially will not involve suburban municipal courts per se, but data must be gathered from these jurisdictions to insure data integrity and completeness. MIS collaboration will focus on three areas: data accessibility and long term strategies to improve MIS coordination; the design of offender tracking and evaluation methodology; and legal issues regarding client information sharing.

4. Next Steps: Evaluate Adaptive Implementation and Ongoing Funding: The Task Force recommends that the King County Executive appoint an Implementation Planning Task Force for the Demonstration Project which would develop the specific time frame for the implementation process, determine the scope of policies and processes needed to effectively institute the Project, identify and oversee the individuals and/or agencies needed to design and agree upon the policies and processes, and recommend an agency for the initiation and actual implementation of the Demonstration Project. Finally, an "Integrated Funding" Workgroup should be appointed to determine options and forums for collaborative funding decisions which would improve interagency and system-wide efficiency. This Workgroup should be conjoined with Mental Health Court, Jail Alternative Services (JAS), BUS, the CPI Initiative and the Triage Center for informed, collective planning around integrated funding.

CHAPTER ONE

The Problem and Response

Alcohol & Other Drug Abuse and Crime

National, state and local studies consistently show epidemic proportions of substance abuse (alcohol and other drugs) by offenders[1] thus adding to the complexity of societal responses needed to effectively reduce crime. In many studies, substance abuse is reported among 60% to 80% of offenders in the adult criminal justice system with only a small proportion of them actually receiving treatment.

- A recent analysis by the Seattle-King County Department of Public Health estimates nearly 2,500 adult offenders booked annually into the North Rehabilitation Facility (NRF) are being reprocessed by the courts for re-offenses. More than 60% of these recidivists need treatment. Approximately 600[a] King County inmates per year (based on 1997 data) have not only been in jail before but have started a treatment milieu at NRF or the Regional Justice Center (RJC).[2] With an average length of stay of 20 days, these offenders who recycle through the system again and again may have an actual *annual* length of stay of more than 90 days but never completed treatment.

- The U.S. Bureau of Justice Statistic's *Sourcebook for Criminal Justice Statistics,* indicates that 60 - 80% of felony and misdemeanant offenders have some level of dependence or are abusing alcohol or some other substance. The *Sourcebook* estimates only 8% of offenders in need of substance abuse treatment are actually receiving services nationwide.

- The January, 1998 *CASA Report* (National Center on Addiction and Substance Abuse at Columbia University) shows an 80% correlation between imprisonment and alcohol/drug involvement (1.4 million of 1.7 million inmates in local jails and state and federal prisons) and some striking news on the linkages between recidivism and alcohol/drug involvement: while 41% of first offenders have an alcohol/drug abuse history, the number jumps to 63%

[a] This figure includes only those inmates admitted to a formal chemical dependency treatment regimen at NRF or the RJC. Every NRF resident, for example, receives some level of program services including alcohol and other drug education, vocational training, adult basic education and/or GED preparation, life skills training, parenting and health education, family care, and/or mental health evaluation and group therapy. It is important to note that pre-trial felons are not eligible for NRF unless cleared by the King County Office of Prosecuting Attorney.

for those with two prior convictions and 81% for those with five or more; *50% of state parole and probation violators were under the influence of drugs, alcohol or both when they committed their new offense*.[3]

- Local figures correlate with national estimates. According to the Seattle/King County Department of Public Health, only 47 of the 1,400 offenders booked into the King County Jail (KCJ) per month who need chemical dependency treatment, regardless of amenability, are actually receiving it at NRF or the RJC while under the supervision of the Department of Adult Detention. Another 75 offenders per month receive alcohol and other drug Education which, combined with admissions to treatment, represents about 8.6% of those in need of substance abuse services. An estimated 17,000 felony and misdemeanant adult inmates (based on extrapolated 1997 KCJ booking data) are in need of substance abuse services per year; less than 1,500 are actually receiving such services.[4]

- The ARREST Study, conducted by the state Division of Alcohol and Substance Abuse, concluded that approximately 11 people per day (4,092 unduplicated offenders per year), booked into the King County Jail, are *assessed as needing treatment, recognize that they need treatment, and have made some attempt to seek treatment during the previous 12 months*.[5] This sub-population represents about 24% of inmates in need of treatment per year.

- According to preliminary data analyzed for a study of the misdemeanant offender population in the Seattle/King County criminal justice system, 10% of misdemeanants accounted for 71% of all misdemeanant jail bed days in 1995[6].

- Analysis of a random, stratified sample of 300 King County Jail (KCJ) booking records in 1996 revealed that 8% of inmates are mentally ill and 10% are homeless. The proportion of mental illness and homelessness escalates among high risk and high impact populations: 13% of substance abusing offenders (misdemeanant and felony) are mentally ill and 16% are homeless; 23% of substance abusing offenders with three or more KCJ bookings in a year are mentally ill and 18% are homeless. The rates are highest among substance abusing misdemeanants with three or more KCJ bookings in a year: 30% are mentally ill and/or homeless.

Economic Impact on King County

A study recently released by the National Institutes of Health (NIH), estimates the economic cost of alcohol and other drug abuse and dependency to society was $276 billion in 1995.[7] This estimate represents $1,049 for every man, woman, and child living in the United States. Based on these figures, the economic impact on King County in 1995 was $1,693,000,000. The new study reports that alcohol abuse and alcoholism generated about 60% of the estimated costs ($1.02 billion in King County), while drug abuse and dependence accounted for the remaining 40% ($677.2 million).

The distribution of alcohol and other drug abuse costs differed significantly. Two-thirds ($679.6 million in King County) of the costs of alcohol abuse and alcoholism in 1995 related to lost productivity, either due to alcohol-related illness (45.7% or $464.3 million) or premature death (21.2% or $215.4 million). Most of the remaining societal costs were in the form of health care expenditures to treat alcohol use disorders and the medical consequences of alcohol consumption (12.7% or $129 million), property and administrative costs of alcohol-related motor vehicle accidents (9.2% or $93.5 million), and various additional costs of alcohol-related crime (8.6% or $87.4 million). About 45% of the overall costs is borne by alcohol abusers, alcoholics and members of their households; 39% by federal, state, and local governments; 10% by private insurance; and 6% by victims of alcohol involved offenders.

For drug abuse, nearly 60% ($396.2 million in King County) of the estimated costs in 1995 were associated with drug-related crime. These costs included lost productivity of crime victims and drug involved, incarcerated offenders (20.4% or $138.2 million); lost legitimate production due to drug-related criminal careers (19.7% or $133.4 million); and other costs of drug-related crime, including drug trafficking interdiction efforts, property damage, and law enforcement, legal, and corrections services (18.4% or $124.6 million). Most of the remaining costs of drug abuse resulted from premature deaths (14.9% or $100.9 million), lost productivity due to drug-related illness (14.5% or $98.2 million), and health care expenditures (10.2% or $69.1 million). About 44% of the overall cost burden is borne by drug abusers, chemically dependent individuals and members of their households; 46% by governments; 3% by private insurance; and 7% by victims of drug involved offenders.

Prior to this study, the most recent comprehensive estimates of alcohol and other drug abuse costs were based on 1985 data. According to a National Institute on Drug Abuse Media Advisory, the new cost estimates increased by 42% for alcohol and 50% for other drugs over the period,

> ...after accounting for the increases that would be expected due to inflation and population growth. Over 80 percent of the increase in estimated costs of alcohol abuse can be attributed to changes in data and methodology employed in the new study; this suggests that the previous study significantly underestimated the costs of alcohol abuse. In contrast, over 80 percent of the increase in estimated costs of drug abuse is due to real changes in drug-related emergency room episodes, criminal justice expenditures, and service delivery patterns. Estimates of the costs of drug abuse have shown a steady and strong pattern of increase since 1977[8].

The study authors assert that increasing drug abuse costs can be explained by the emergence of the crack cocaine and HIV epidemics in the 1980's, an eightfold increase in incarcerations for drug offenses, and about a three-fold increase in crimes directly attributed to drugs.

Incapacitation, Supervision and Treatment as a Response

National and state studies show that effective treatment for offenders can reduce their relapse and subsequent criminal activities. These findings should guide the role of substance abuse treatment in the criminal justice system:

- The National Association of State Alcohol and Drug Abuse Directors reports that, based on studies conducted on hard-core drug addicts, the overall experience in most states showed a high correlation between successful treatment and reduced criminal activity.[9]

- The U.S. Department of Justice (DOJ) reports that the majority of evaluations of chemical dependency treatment outcomes show positive indications of reduced alcohol/drug use and criminality for those individuals who remain in treatment several months. The literature also indicates that the use of compulsory treatment can be a valuable tool in inducing chemically dependent offenders into treatment.[10]

- A California study established the cost-effectiveness of treatment when considering crime costs: criminal activity of 2,000 randomly selected participants declined by two-thirds after treatment; the greater the length of treatment, the greater the decline: each day of treatment paid for itself on the day it was received, primarily through an avoidance of crime.[11]

- A recent study in Ohio concludes that appropriate treatment for offenders results in substantial cost reductions for taxpayers, treatment pays for itself several times over, and most significantly, criminal justice involvement of participants dropped dramatically from 60% before treatment to 19% the year after treatment.[12]

- An ADATSA (Alcoholism and Drug Addiction Treatment and Support Act) Treatment Outcomes Study (November 1994), conducted by the Washington State Department of Social and Health Services, found a significant savings ($563 per offender) in overall taxpayer costs among clients who are felony offenders, even though cost increases were noted for publicly funded services (i.e., treatment and aftercare). The overall favorable cost avoidance effect was due to reduced confinement costs.[13] The study also revealed higher substantive employment rates for those felony offenders who completed all ADATSA treatment (25% employed) versus those obtaining some treatment (14% employed). Finally, a trend was found for felony offenders who completed all treatment to have higher average monthly earnings than those offenders who failed to complete treatment.

Studies that show such correlation between treatment and reduced crime suggest the need for a change in public policy. These studies suggest that the public safety mission of the adult criminal justice system may be met without the relatively high costs associated with incarceration. Rather, a more balanced approach of community treatment and swift and certain

sanctions, including jail, for substance abusing offenders is an effective approach to reducing crime.

Therefore, public and elected officials should call for productive and well coordinated systems of services that reduce criminal behavior, reduce the number of victims of alcohol/drug-associated crime, and are cost effective.

Seattle and King County officials, through the *Drug Involved Offender Task Force* (refer to Appendix A for the Task Force Participant List), have begun to evaluate the current policies which govern chemical dependency treatment services, have reviewed current utilization of existing resources for efficiency, and have determined that there is great potential for improved policies and dedicated funding for "drug involved" offenders[b]. The Task Force has determined that collaboration between state and local criminal justice agencies is a prerequisite for improved approaches. Their finding is consistent with national experts on criminal justice and treatment issues; for example, the Department of Justice has stated:

> ...state and local policymakers should consider the effectiveness of using criminal justice sanctions to get appropriate drug-dependent offenders into treatment and keeping them in treatment long enough to reduce both drug and, hopefully, criminal activity. If drug treatment is to serve as an alternative to incarceration for some offenders, policymakers need to address the issues related to the identification of drug-involved offenders, the monitoring of drug dependent offenders while in treatment, and appropriate mechanisms for ensuring public safety[14].

Seattle-King County officials should advocate for the use of appropriate criminal justice sanctions to ensure that alcohol/drug-dependent offenders are placed in effective treatment programs. All too often, offenders avoid addressing their addiction, do their "time" in jail, and return to alcohol/drug abusing behavior in the community. Recovery from addiction is tough... it is easier to do the "time" in jail and not address the underlying alcohol/drug problem. Being tough on crime is being tough on offender behavior, and the most prevalent offender behavior is alcohol/drug abuse.

[b] "Drug involved offender" is defined as any arrestee determined to be in need of chemical dependency treatment pursuant to any of four conditions: 1). The offender has a past 18 month substance abuse disorder as defined by DSM-III-R: a diagnosis of lifetime dependence or abuse AND has used a substance in the past 18 months AND has experienced an abuse or dependence symptom in the past 18 months; OR, 2). The offender does not have a past 18 month substance abuse use disorder but self-reports a problem with alcohol and/or drugs at any time in his or her life, and continued regular use of that substance over the past 18 months (regular use is defined as drinking an average of 3 drinks per drinking day at least once per week, or during the past year, using marijuana at least 50 times or using any illicit drug at least 11 times during the past 18 months; OR, 3). The offender has received treatment for substance abuse during the past year; OR, 4). The offender exhibited heavy use of any substance over the past 18 months, whether or not he/she self-reported a problem at any point in their life (heavy use is defined as drinking an average of 4 drinks per drinking day at least 3 to 4 times per week, or using any illicit drug 50 times or more during the past 18 months. (Cited from ARREST Study; 1997).

Immediate and long-term savings to King County and contracting municipalities and agencies would be realized if correctional treatment services were systematically implemented in a manner that provides a continuum of services, extending beyond incarceration, and maximizes treatment completion rates. Moreover, significant cost avoidance would be realized by eliminating the need for additional jail beds in King County.

Coordinating Interaction between the Justice and Treatment Systems

Given the often competing and contradictory goals of the criminal justice and alcohol and other drug (AOD) service delivery systems, efforts at collaboration on specific offender case management planning and supervision/treatment delivery will fail without significant agreement between the justice and service delivery systems on how to plan, collaborate, coordinate, implement, monitor and evaluate their joint approaches. Collaboration needs to occur locally in relationship to offender supervision and treatment, and in terms of coordinating policy, funding and the critical issue of sharing information so that sentencing and case management decisions are made with accurate, complete and timely information.

Coordinated Planning

Components of treatment and punishment approaches (services and sanctions) have been addressed through joint planning in Seattle/King County by the *Drug Involved Offender Task Force*. In order for successful implementation to take place, agreements must be made for collaborative policy and procedure through the development of letters of agreement, conditions of contractual relationships or through other methods. Critical to the success of these agreements is clarity in understanding the "rules of engagement" and the inclusion of measures to monitor the implementation of the agreements. Policies made at the management level must be monitored at the case level. Joint training is an essential ingredient in the implementation of any policy, process or program.

> The lack of proper, cross-systems planning and coordination has led to failure by offender-clients in treatment or in the criminal justice system (or both), and it is the individual offender who is seen as responsible for the failure. A more comprehensive view of the failures of these individuals, set in the context of the systems in which they occur, makes it obvious that in many cases the failure is as much that of the two systems as it is of the individual... a planning group that spans the treatment and criminal justice systems and the community they both serve must engage in wide-ranging discussions centered around new information, and be willing to head in new directions and challenge old boundaries in a way that will have a positive impact on treatment services for the AOD-abusing offender.
>
> Such a group can mediate the two goals that must be served simultaneously in a system that combines some form of intermediate sanctions with treatment: 1) to protect public

safety and 2) to help the offender achieve a drug-and crime-free life. To develop effective policies and programs, a jurisdiction must appreciate both goals and understand how one serves the other. The group can also demonstrate that the two systems have other common goals and concerns, and that building a consensus is possible.[15]

Policy Development

The Task Force is recommending a "strategic framework" which outlines comprehensive and collaborative efforts to deal with the multiple problems of the substance abusing offender. This strategic framework will be integrated with other efforts in the city and county to address concerns related to public inebriation and homelessness as well as efforts to coordinate and integrate management information systems[16]. This effort has been guided by a series of principles which establish a philosophical framework and vision for accomplishing specific goals and objectives. The strategic framework helps answer many of the critical substantive questions which were brought to the attention of the Task Force as they began their deliberations:

- ♦ What are the shared values or principles of criminal justice and treatment service delivery professionals? Can these shared values help unify the two systems?

- ♦ Which group(s) of offenders is the top priority? What are their specific characteristics that make them different from other non-targeted groups?

- ♦ What is the value of standardized, common screening and assessment tools? Does their value outweigh the factors against using them? If so, which ones should be adopted? How do we address the needs of limited English Speaking offenders?

- ♦ How can services required for offender treatment and accountability (screening, assessment, supervision planning, treatment and supervision delivery, collaborative case management, and relapse prevention) be efficiently provided? What steps can be taken to assure quality, culturally relevant treatment service delivery and variable alcohol and drug testing protocols so that treatment and accountability go hand in hand? How can we assure the appropriate level of treatment of offenders who are in the system regardless of whether they are incarcerated?

- ♦ What types of graduated sanctions and services are needed (in addition to those already in existence) in order to complete the treatment/accountability continuum? How can these be implemented across multiple court jurisdictions to assure consistency and accountability for all offenders in the target population while maintaining the individual discretion of the judiciary?

- ♦ How will offender specific and treatment data be shared while protecting client confidentiality? Which databases should be integrated first to get the most "bang for the buck?" How can we minimize paperwork while maximizing access to essential information?

How should interagency agreements be formalized to assure consistency and accountability among all system components?

- What communication and joint decision-making forums can be established so that the criminal justice and chemical dependency treatment systems become better integrated?
- What priority level should substance abusing offenders have for funding decisions? How do we respond to other constituencies in need of chemical dependency treatment that are presently under funded (i.e., working poor)?
- How will the enormous funding needs of the substance abusing offender population be achieved over time? What mix of additional resources and reallocation of existing resources is needed, and will it be sufficient to address this problem in the short term? In the long term?

This strategic framework is critical because it will provide guidance on how local and state agencies respond to substance abusing offenders and the way that local, state and federal funds are spent. Given the epidemic proportions of substance abuse by offenders and the degree that these addictions drive criminal behavior, this policy has enormous potential consequences for public safety.

In order to accomplish this new policy approach, associations, agencies and individuals have been working in both systems through the Task Force to focus on the scope of the problem and the subsequent need for a policy and funding framework, have developed approaches to increase cooperation and collaboration and then put the strategic plan into motion. This was the task put before the *Drug Involved Offender Task Force* which has been fortunate that the federal Center for Substance Treatment (CSAT), an agency with a national perspective on corrections and substance abuse programming, has provided funding to help facilitate the effort.

Taking an overall, policy and strategic planning approach to help address the challenges of improved integration of the criminal justice and treatment delivery systems is consistent with the findings of the National Task Force on Correctional Substance Abuse Strategies[17] which recommended in its landmark Report, *Intervening with Substance-Abusing Offenders: A Framework for Action:*

> Each state should develop a correctional substance abuse action plan (that) would guide the development and implementation of programs for substance abusing offenders throughout state and local correctional jurisdictions.

As a starting point, the Task Force developed a set of value-driven principles which have guided their work and will guide the implementation of their recommendations. These principles are outlined in the next chapter. (A detailed discussion of the issues, concerns and questions regarding the principles can be found in Appendix B).

CHAPTER TWO

System-wide Reform

Guiding Principles for Task Force Deliberations

A. The Task Force shall recommend to Seattle and King County (including all of the municipalities within King County), a plan which will ensure the establishment of policies, goals and performance outcomes for federal, state and locally supported programs for any offender who is abusing substances and who is under the jurisdiction of the adult justice system, whether incarcerated or under community supervision in order to increase offender and system accountability[c] and better protect public safety.

Substance abuse and criminal justice services shall be based on individualized treatment plans part of a coordinated, comprehensive continuum which shall ensure continuity of care, relapse prevention and offender rehabilitation. A "seamless" system of service delivery that achieves results that correct criminal behavior - including abusing substances - best serves the community and the victims of crime.

B. In order to reduce duplication of effort and to increase shared goals and objectives, there shall be an integrated delivery system for the provision of high quality[d] , culturally relevant substance abuse treatment, mental health treatment, vocational rehabilitation, General Equivalency Diploma (GED) preparation and testing, life skills training and referral to other services as needed for targeted offenders.

C. The level of formal treatment[e] for offenders charged with alcohol/drug offenses or who

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[c] Offender accountability includes the reduction of recidivism through meaningful supervision, monitoring and reporting with predictable and consistent consequences for violations; system accountability includes cost-effectiveness which will require identification of the offender population most amenable to treatment (to reduce wasteful spending); agreement and consistency in the sharing of information.

[d] High quality services must be predicated on sound system integration principles which includes: the sharing of individual and aggregate data, collaborative planning, the identification of shared clientele and the agreement of shared responsibility for those clients, and the sharing of resources (revenue, personnel and materials).

[e] "Formal treatment" has three *levels* of treatment with multiple treatment *options* in each: the *Pretreatment Service level* includes primary prevention and early intervention; the *Outpatient Treatment level* includes non-intensive outpatient treatment, intensive outpatient treatment, methadone maintenance treatment, day treatment, partial hospitalization; the *Inpatient and Residential Treatment level* includes medically monitored (or managed) intensive inpatient treatment, short-term non-hospital intensive residential treatment, intensive residential treatment, psychosocial residential care, and therapeutic community treatment. Treatment may be provided in other residential facilities such as half-way houses and group homes.

are using substances will be based upon an ongoing supervision and treatment plan that is developed for each offender through a collaborative effort between criminal justice and treatment professionals, as early as the pre-trial stage of the adjudication process or as part of a presentence investigation report to the judiciary. The supervision and treatment plan will identify the most cost-effective and appropriately restrictive methods to achieve the outcome that the offenders use of alcohol/drugs will be reduced if not eliminated and, thereby, pose less risk to the public.

D. Testing for use of alcohol or other drugs within a system of graduated sanctions and interventions, within the context of individual judicial discretion, is an important and effective part of the overall supervision and treatment plan by holding the offender accountable for his/her behavior.

E. Criminal justice and treatment services will be made available in a timely and effective manner based upon the individual needs of the offender, system capacity and considerations of public safety through a "purchase of service"[f] or other appropriate funding concept. Evaluation of the service delivery system and individual service providers will be based on measures of cost-effectiveness and the result of service delivery.

G. A priority for the allocation of local, state and federal substance abuse treatment funds will be to make available a broad range of treatment services[g], including alcohol and drug testing, for persons under the supervision of the justice system.

H. Local and state policies and practices should be adopted which ensure that substance abusing offenders receive consequences and supervision that are effective when considering outcome and cost. A continuum of sanctioning options must be available to the judiciary which can provide offender accountability and enhance public safety; these include both incarcerative and non-incarcerative sanctions in consideration of correctional costs. Violations must be readily detected with swift and certain apprehension for violation in order to maintain the public trust.

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[f] Purchase of services refers to contracts paid on a per usage basis rather than an annual grant or funding commitment.

[g] The broad range of treatment services referred to here includes the same services defined as "formal treatment" and has three *levels* of treatment with multiple treatment *options* in each: the *Pretreatment Service level* includes primary prevention and early intervention; the *Outpatient Treatment level* includes non-intensive outpatient treatment, intensive outpatient treatment, methadone maintenance treatment, day treatment, partial hospitalization; the *Inpatient and Residential Treatment level* includes medically monitored (or managed) intensive inpatient treatment, short-term non-hospital intensive residential treatment, intensive residential treatment, psychosocial residential care, and therapeutic community treatment. Treatment may be provided in other residential facilities such as half-way houses and group homes.

Collaboration with Other Task Forces and Initiatives in King County

Given the plethora of issues in an urban center the size of Seattle/King County, it comes as no surprise that a series of efforts to improve system integration are occurring simultaneously in the jurisdiction. In particular, the Task Force will work with three other study groups and an existing program in order to collaborate on recommendations which affect all of the populations under study:

- *The Chronic Public Inebriate Systems Solutions Committee*: This committee was the result of a public/private partnership begun under the auspices of then King County Council member Ron Sims. The outcome has been a public health and public safety approach to chronic street populations. It is a multi-strategy approach that includes both services and sanctions. Recommendations include product restrictions, changes in landlord-tenant laws, increases in treatment capacity and case management, and increased accountability for service providers and recipients.

- *The Mentally Ill Offender Task Force*: This Task Force was appointed by King County Executive Ron Sims to review and address the issues related to mentally ill offenders and existing commitment laws for this population. The convening of local experts in this area was prompted by the tragic fatal stabbing of a retired Seattle Fire Department captain in August 1997. The Task Force developed recommendations for "where the systems that handle mentally ill offenders can be improved and strengthened[18]" and identified potential legislative solutions now being considered. This Task Force has completed its work with a recommendation to implement a local Mental Health Court, resulting in the convening of the Mental Health Court Task Force.

- *The Bureau of Unified Services* (BUS): This initiative was proposed jointly by the Seattle-King County Department of Public Health and the Department of Community and Human Services. The King County Council approved it in October 1997. BUS will create an appropriate continuum of services and "attempt to improve and enhance access to care at the front end of each system for those individuals who present both mental health and chemical dependency problems[19]."

- *The Jail Alternative Service* (JAS): This program is available to non-violent misdemeanants with histories of chemical dependency and/or mental illness who have contact with the criminal justice system. Pre-booking, post-booking and pre-release services are available at the KCJ. Services include transitional case management and linkage to ongoing care in addition to long-term, intensive case management for the highest users of jail and treatment system services.

Moreover, the King County Drug Court, initiated in August 1994, is a diversionary program option that provides treatment in lieu of incarceration. The program accepts cases in which the defendant was arrested on felony drug possession charges and has no prior adult convictions for sex or violent offenses, or current charges for drug dealing. Eligible defendants can elect to participate in the program or proceed with traditional court processing. Those who choose the Drug Court program participate in a three phase treatment program lasting 12 to 15 months. Participants who fail to comply with program requirements are subject to penalties including issuance of bench warrants, jail time or termination. Those who complete the program graduate and their criminal charges are dismissed.

As the initiatives described above and the *Drug Involved Offender Task Force* progressed with their work, key players in each of the groups met to compare their findings and recommendations so that common themes and approaches could be cross-pollinated in some of the study groups' reports. This is particularly important with respect to the Drug Involved Offender and Mental Health Court Pilot Projects, which may entail sharing the same resources and services. To date, common recommendations include the need for crisis response involving law enforcement, initial client assessment, and screening and referral to care. Each group has reached the conclusion that a triage or day reporting center is needed which is multi-disciplinary, multi-jurisdictional, responds to the needs of all stakeholders, and assures swift and sure consequences for non-compliant clients.

Moreover, each group is recommending the concept of a "No Wrong Door" continuum of services. The Drug Court, Mental Health Court and Demonstration Project described herein should all be the "right" doorways into the continuum. An array of available support services, some shared by all systems and programs, is needed that can manage similar, different and overlapping populations targeted by the criminal justice system. The single most important systems and program component required in such a multi-disciplinary, multi-jurisdictional environment is collaborative case management of the offender client. Finally, cross-systems information-sharing and evaluation of outcomes are essential.

A Systems Integration Resolution was adopted by the Task Force Core Group on June 10, 1998 (see Appendix C). This document asserts our resolve "to support the ongoing evolution and development of a responsible and accountable continuum of services that calls for the free and open sharing of information, planning, clientele and resources in order to obtain critically needed services for both our target population as well as the equally troubled target populations of other committees, task forces, work groups, and planning entities in King County."

Creating a Seamless System

Policy, process and programmatic changes are inherent in the implementation of a "seamless" system which prioritizes services and asserts accountability for substance abusing offenders. From a broader perspective, the realization of a new continuum of services and sanctions for this population also entails significant implications for organizational change. This Task Force has recognized that the "seams" between the administrative entities, service sub-systems and jurisdictions to be involved in the Demonstration Project hinder collaboration and continuity of care. Identifying and surmounting systemic barriers will be required for the proposed continuum to achieve its goals; this process also holds the potential to inform meaningful, innovative, system-wide organizational reform.

As characterized during Task Force deliberations, the environment within which substance abusing offenders are currently managed is actually a complex set of sub-systems, contrary to common references to the "criminal justice system" and the "human service delivery system." Planning for the implementation of the Demonstration Project should therefore be mindful of the role and function of the existing components of each sub-system for the later purpose of repositioning, combining and/or replacing them. This view will, more importantly, inform the development of the core components of the proposed treatment/punishment continuum, including:

- Screening and Testing
- Assessment
- Supervision and Treatment Planning
- Relapse Prevention
- Case Management
- Accountability Reporting Center
- Regional Enforcement Unit
- Management Information Systems
- Continuum Oversight and Management

The inter-organizational relationships that currently define the workings of the Seattle-King County governmental environment are dictated by departmental structure. In many cases, effective coordination is dependent solely on collegial relations between staff in key positions; a change in staff chemistry can enhance or eliminate coordination. Planning for the Demonstration Project should therefore also attend to the development of a continuum within which collaboration is institutionalized. Consideration should be given to the structure and purview of the existing departments that will be involved in the proposed continuum, with a commitment to alter such structures if needed to accommodate the new service continuum.

As in many disciplines, “form follows function,” implying that reorganizational efforts should be informed by the lessons learned as the Demonstration Project is implemented. Course corrections, functional revisions and changes should be approached as responses to problems encountered during implementation and operation, acknowledging that change may need to occur at the most basic organizational levels.

The recommendations and outcomes of this Task Force, together with those derived from the groups focused on Chronic Public Inebriates and Mentally Ill Offenders, speak to the fundamental role of government in addressing the safety of the community and each individual citizen. In order to more effectively fulfill this role, the organization of government will likely need to change.

CHAPTER THREE

The Task Force respectfully offers fourteen recommendations for consideration by the King County Executive.

Creating a Seattle/King County Demonstration Project

The Seattle/King County *Drug Involved Offender Task Force* recommends the development of a "demonstration project" to determine the efficacy of new approaches to cross-system integration between the criminal justice and the substance abuse service delivery systems. This Demonstration Project will be developed, integrated and implemented with other task forces in the community. The Task Force identified a target population consistent with the recommendations of other similar efforts engaged in Seattle/King County, and is recommending specific components of a treatment and accountability continuum. These items are each discussed in detail in the sections that follow.

RECOMMENDATION # 1: CREATE A DEMONSTRATION PROJECT

The Task Force recommends a Demonstration Project be developed and funded which will be tested during a two to three year period on a well-defined and limited target population. The specific recommendations of the Task Force will be integrated with other task forces and projects in the community so that implementation is a collaborative effort which will, as much as possible, address multiple concerns (i.e. Drug Court, Mental Health Court, and Chronic Public Inebriate Initiative). The Demonstration Project will be evaluated for cost effectiveness and impact on offender treatment objectives and re-arrest. Based on the results of the demonstration, overall system improvements may be pursued.

General Case Studies describing the process into treatment and other program services for appropriate defendants in the current environment versus the proposed Demonstration Project are included in Appendix D.

Target Population

The Task Force decided early in the development phase of the project to identify a specific target population which will be identified at booking, randomly enrolled and receive the benefit of enhanced services (those offenders not enrolled will be treated as they have been in the past, in other words, no offenders will be denied treatment).

The Task Force began the process with a general understanding that the target population would tend to be misdemeanant defendants, but not exclusively, who constantly “recycle” through the system and, because of their short length of stay, never successfully complete a treatment regimen. The Misdemeanant Study cited earlier shows that over 70% of all the jail beds used in the King County jail by misdemeanants are used by only 10% of the misdemeanant population. In 1995, 67,751 misdemeanants were processed through the local court systems, so the group of 10% “high impact” misdemeanants was expected to represent approximately 6,775 duplicated offenders. A sub-group of this population (those that are “drug involved”) was examined by its specific characteristics such as types of charges, number and types of prior convictions, previous dispositions, history of substance abuse involvement and/or treatment.

But only a subgroup of these offenders will be targeted for the Demonstration Project: those that are amenable to treatment.

In order to collaborate successfully with the Chronic Public Inebriate Systems Solutions Committee and the Mentally Ill Offender Task Force, it was determined that those offenders who are homeless and those with co-existing mental health disorders would be included in the project - if not outright targeted for services. As cited earlier, anecdotal reports from jail-based clinicians in King County strengthened the resolve of the Task Force on this issue because they indicated a strong correlation between recidivism and offender co-morbidity factors (chemical dependency and mental illness). They also stated that prevalent ancillary problems among this population include learning disabilities, lack of education and vocational skills, primary health problems and homelessness.

Finally, based on a rough estimate, it was expected that approximately 500 offenders per year would be targeted, with half of them, or 250 enrolled. The Target Population Study, funded through a technical assistance grant from the national Center for Substance Abuse Treatment (CSAT) was designed to examine these assumptions and identify the specific characteristics of the population targeted for the Demonstration Project.

The Target Population Study: Confirmation of Task Force Assumptions

As a result of The Misdemeanor Study, records on 38,142 bookings in the King County jail were available for review. A random, stratified sample of 300 was drawn from this pool so that they reflected the demographics and criminal justice characteristics of the 38,142 bookings. In this way, the 300 records could be closely examined with confidence that their characteristics match the total population. The total sample was examined to determine those offenders who are alcohol and/or drug involved and then further examined to determine the number and characteristics of those which have a “high impact” on the system, that is, have three or more bookings in a year; finally, this group was categorized by felony, misdemeanor and felony investigation cases. Relevant findings on the Total Sample (300 bookings) include the following:

- *Charge*: 25% of the offenders were felons, 66% misdemeanants, 9% investigations.
- *Alcohol/drug Involved*[h]: 36% across the board; 47% of felons, 31% of misdemeanants, 41% of investigations.
- *High Impact*[i] *Bookings*: 35% were felons, 59% misdemeanants, 6% investigations.
- *Alcohol/drug Involved who are High Impact*: 21% across the board, 45% of the felons, 45% of the misdemeanants, 10% of the investigations.
- *Proportion of Total who are High Impact and Alcohol/Substance Abuse Involved*: 7.3% across the board; 3% of felons, 3.7% misdemeanants, .7% investigations.

The next section examines the characteristics of the high impact, alcohol/drug involved target population based on the Target Population Study.

Target Population Numbers and Characteristics

It is estimated that 3% of the felons and nearly 4% of misdemeanants booked into the jail annually will be targeted. These are offenders who are "high impact" meaning they are booked at least three times per year, and they are alcohol/drug involved. In terms of numbers, using the Total Sample as a guide, this equates to 1,144 felons annually and 1,411 misdemeanants.

However, only those amenable to treatment will be enrolled; this reduces the numbers to at least 252 felons and 508 misdemeanants annually[j] for an estimated total of 760 offenders eligible for enrollment. Of these, as many as 50% (or 380) would actually be enrolled with the other 50% receiving no additional services through the Demonstration Project for purposes of evaluation. This number of 380 does not include those whose charge or record renders them ineligible[k] nor does it discount offenders in jurisdictions which may not begin as part of the Demonstration Project. Based on the sample, the following characteristics can be expected in the target population:

- **Charge**: *Non-violent charge*: 82% across the board, felons 70%, misdemeanants 82%

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[h] Note: Actual percentages are probably higher due to number where alcohol/drug involvement was unknown: felons 16%, misdemeanants 29%, investigations, 15%.

[i] "High Impact" represents those offenders with three (3) or more King County Jail bookings in a year.

[j] The study shows that at least 22% of the felons are amenable to treatment and 36% of the misdemeanants as evidenced by recently actively seeking or having been enrollment at some time in treatment.

[k] Eligible defendants will also be screened for their public safety risk, including prior criminal history, and likelihood of flight. Policies will need to be established which define acceptable limits for current charge and offender history of conviction (i.e. the number and type of prior convictions). The treatment program for each individual will take into account these factors. The issue of in-custody versus out-of-custody treatment will be made based on offender risk management considerations. The issue of charge exclusion will not be determined until the Implementation Phase of the Project.

- **Prior Arrests**: *3-5 Prior Arrests*: 32% across the board, felons 40%, misdemeanants 30%
6-13 Arrests: 32% across the board, felons 20%, misdemeanants 40%
14-21 Arrests: 18% across the board, felons 30%, misdemeanants 10%
22+ Arrests: 18% across the board, felons 10%, misdemeanants 20%

- **Mentally Ill**: 23% across the board, felons 20%, misdemeanants 30%
- **Homeless**: 18% across the board, felons 10%, misdemeanants 30%
- **Both**: 5% across the board, felons 0%, misdemeanants 10%

- **Bookings**[l]: *3 annual bookings*: 50% across the board, felons 50%, misdemeanants 50%
4 annual bookings: 32% across the board, felons 40%, misdemeanants 20%
5 annual bookings: 5% across the board; felons 10%, misdemeanants 10%
6 annual bookings: 9% across the board, felons 0%, misdemeanants 10%
7 annual bookings: 5% across the board, felons 0%, misdemeanants 10%

- **Days Jailed**[m]: *1 to 14 days*: 41% across the board, felons 30%, misdemeanants 60%
15 to 30 days: 9% across the board, felons 10%, misdemeanants 0%
31 to 90 days: 36% across the board, felons 50%, misdemeanants 20%
91 to 180 days: 9% across the board, felons 0%, misdemeanants 20%
181+ days: 5% across the board, felons 10%, misdemeanants 20%

- **Max Jail**[n]: *1 to 14 days*: 32% across the board, felons 10%, misdemeanants 60%
15 to 30 days: 14% across the board, felons 30%, misdemeanants 0%
31 to 90 days: 32% across the board, felons 50%, misdemeanants 0%
91 to 180 days: 18% across the board, felons 0%, misdemeanants 40%
181+ days: 5% across the board, felons 10%, misdemeanants 0%

- **Jurisdiction**: *Seattle*: 41% overall; misdemeanants 60%
King County: 54% overall; felons 90%, misdemeanants 40%

- **Court**: *Municipal*: 27% overall; 60% of misdemeanants
District: 23% overall ; 40% of misdemeanants
Superior: 45% overall; 90% of felons

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[l] Data depict annual bookings into the King County Jail only; thus, these figures are probably underestimated because some offenders may have been booked into a municipal or out-of-county jail(s) during the period studied. The numbers of prior arrests, however, are accurate.

[m] Total days jailed associated with 1996 bookings. These figures do not include any days jailed in municipal or out-of-county settings.

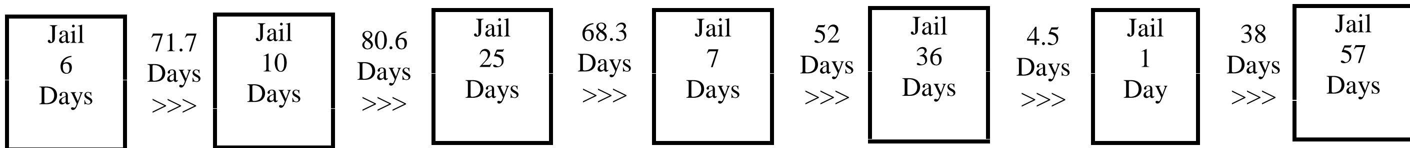
[n] Longest consecutive period in jail in 1996. A finding in the analysis which is noteworthy when considering the booking and length of stay patterns of misdemeanants who were booked into the jail at least 7 times in a year: misdemeanants were in jail for about 8 days the first four times they were booked, with an average of about 75 days in between bookings; then, the next three bookings occurred about every 30 days with an average length of stay of about 32 days. For felons, a similar pattern was found.

DOC: 5% overall; 10% of felons

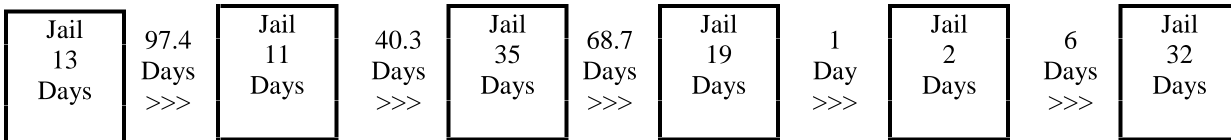
- **Demographics**: *Mean Age*: 29 years
  Gender: Male 86%, Female 14%
  Race: 50% Caucasian, 45% African American, 5% Asian

These findings show that there exists a high impact population of offenders, generally misdemeanant defendants (but not exclusively) who constantly "recycle" through the system and, because of their short length of stay, never successfully complete a treatment regimen. The following chart shows the average length of stay per booking and average number of days between King County Jail bookings for this high impact population with substance abuse problems:

Misdemeanants: overall average lengths of stay - 15.2 days



***Felons: overall average length of stay - 20.1 days**



*Includes felony investigations

RECOMMENDATION # 2: TARGET POPULATION
Felony and misdemeanor offenders from Seattle-based courts booked in King County jails who are "high impact," (i.e. three or more bookings in a twelve month period), and who are alcohol/drug involved and amenable to treatment will be targeted for the Demonstration Project; half of those will be enrolled allowing for an experimental research design study to begin at the outset of the Project. This target population includes offenders who are mentally ill and/or homeless. Efforts are being made to ensure coordination with other initiatives targeting these populations.

DISCUSSION

In summary, it appears that the enrolled target population could be as high as 380 annually; however, when assuming a 20% "exclusion factor" due to charge, record, jurisdiction or other factors, the number is reduced to approximately 300 offenders annually. Assuming a fairly even rate of enrollment throughout the year, this would equate to about 25 offenders per month. Assuming an average length of program enrollment to be about 90 days, approximately 75 program slots would be required. These assumptions are used in the analysis of costs.

For a complete review of the Target Population Study, please refer to Appendix E.

CHAPTER FOUR

Components of a Treatment Continuum

The research literature is consistent in its recommendations regarding the components of the most successful approaches to chemical dependency treatment. Three interrelated issues must be effectively addressed within the criminal justice and human service delivery systems if efforts to use community corrections as a crime fighting strategy are to be successful: 1) the ability to monitor offender alcohol/drug use through variable drug testing protocols, 2) the ability to provide effective chemical dependency treatment to offenders for a sufficient length of time to reduce the recurrence of relapse and eventually eliminate the alcohol/drug abuse, and 3) the ability for system professionals to use the full range of sanctions and services in their communities to respond to offender behavior. These issues can only be effectively addressed within the context of concrete assessment of offender risk and need, and collaborative case planning and management. The generally accepted components of successful chemical dependency treatment for offenders[20] within the context of punishment and control options available in Seattle/King County are discussed below.

First Component : Alcohol and Other Drug Abuse Screening & Testing

Description: Services for alcohol and drug involved offenders cannot begin if the offender is in need of detoxification. Therefore, the first step is to ensure that appropriate detoxification has occurred as a prerequisite for intake. The intake process should begin with screening to assist preliminary decision making about the types of treatment which may be needed. Screening is often done through a brief, validated questionnaire generally performed by an agency that has no financial stake in a particular treatment. Many offenders can be identified for relatively inexpensive alcohol and other drug education at this point in the process. Not all offenders who have substance abuse histories need substantial treatment.

Status: In Seattle/King County, pre-trial substance withdrawal screening is conducted by the pre-booking officer at the King County Jail. Additional screening is done to determine appropriateness for the Medical or Psychiatric Unit. Classification screening is conducted by the Jail Inmate Classifications Section to determine eligibility and appropriateness for inmate placement. Classification staff are currently asking each offender at the time of booking whether or not they have a substance abuse problem (self report with a “yes” or “no” response). While the pre-trial screening process works adequately for its intended purpose, there is duplication of screening throughout the system which is not a good use of limited resources. For example, while the Washington State Department of Corrections (DOC) has a screening tool in place, it has not been systematically integrated/merged into treatment program databases.

Offender treatment needs do not solely determine inmate placement. Jail placement criteria are based on multiple factors, some of which may preclude an inmate from being transferred to the two in-house jail treatment programs: the North Rehabilitation Facility (NRF) in Shoreline and the Regional Justice Center (RJC-treatment program is run by NRF staff) in Kent.

RECOMMENDATION # 3: ALCOHOL & DRUG SCREENING & TESTING
Collaborative consultation is needed for appropriate jail and NRF/RJC clinical staff to assist in selecting, installing and utilizing a validated and standardized substance abuse screening tool which can be briefly and efficiently administered by minimally trained staff to all new pre-trial and commitment bookings, and interpreted by qualified professionals. All stakeholders must adopt systemic policies and procedures to respond to standardized screening. The recommended screening tool is the Substance Abuse Subtle Screening Inventory (SASSI), but other screening tools will be considered including urinalysis testing. If screening suggests the need, subsequent assessment must be continuous, built upon and refined as the client moves along through the system. Alcohol and drug testing must be frequent, random and result in review of treatment and sanction services.

DISCUSSION

The Task Force is helping to create an atmosphere where it is acknowledged that various stakeholders are, in fact, sharing clients already and that there is a need to more intelligently and pro-actively share data, planning opportunities and resources. Due to the large numbers of offenders moving through the system, addressing these issues beginning with a target population of "high utilizers" (regardless of whether they are booked or non-jail, out-of-custody cases) is critical in order to test the approach and refine it before considering expansion.

Another population to consider for screening is Intensive Pre-Trial Supervision Program felony defendants who are under supervision of the KCJ's Supervised Release staff. If found guilty, these inmates will eventually be sentenced to jail or prison for, most likely, significant periods; thus, they may be appropriate candidates for the Demonstration Project during the initial or subsequent phase.

A major consideration regarding the target population concerns limiting the size of the jurisdiction of the project, that is, start the experiment from a limited pool and expand as efficiently as possible once policy, process and program issues have been addressed. Expansion to extended areas of jurisdiction should only be made once confidence in the process is achieved. For example, in the greater Seattle metropolitan area, there are several municipal jails at which offender targeting might eventually take place, but to begin an untested process in all of these jails would entangle the Demonstration Project with difficult process issues even before offender services could begin.

The issue of jurisdiction also applies to the courts. There are numerous independent municipal courts and nine (9) divisions of King County District Court. Since judges in courts of limited jurisdiction operate under an indeterminate sentencing system, subject to reversal only for abuse of discretion, it makes proper screening, access to information, and consistent application of sanctions by judges very difficult.

Similarly, the implementation process must respond to the issue of timely screening for out-of-custody defendants, where there is often a long delay between the alleged crime and their initial court appearance. Providing screening and assessment for in-custody clients is a simple matter compared to the complexity of providing such services to the non-custody population. For example, the "right to counsel" during the screening process is a consideration which is much easier to address with in-custody clients. Limiting the experiment could help resolve these problems. The Demonstration Project should begin with in-custody cases in a finite number of courts or departments within a court.

Eventually, due to the successes of the Demonstration Project, screening may be expanded for all offenders[o]. Because there is a need to look at concurrent screening for both criminal justice and chemical dependency treatment systems as the initial qualifier test, the SASSI is ideal because it examines both issues. In order for the screening to be effective, the screeners need access to full criminal histories for both pre-trial and commitment bookings and must be able to obtain information in a timely manner from agencies that have previously screened an offender.

The current limitation of screening/testing leading to treatment at RJC or NRF will be expanded to include treatment referrals to other residential and outpatient service options within and outside of the jail system which are addressed later in this report. (It must be noted that this screening is not an on-going clinical evaluation to determine the frequency and intensity of treatment).

Implementation Issues:

- *Access*: The first issue of implementation concerns the size of the experimental jurisdiction, i.e. limiting access of project services to a realistic number of jails and courts. This requires a clear implementation plan with target dates for services to begin in the agreed upon jurisdiction and target dates for expansion into a larger geographic area. The issue of access concerns the number of jails and courts which will participate as well as the type of offender, (i.e., the inclusion of felons into the target pool). The issue of felons is important because of the existence of the Drug Court as an experiment of its own. The relationship of the Demonstration Project and the Drug Court must be explicit, particularly considering that most eligible felons do not participate or opt out of Drug Court.

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[o] For example, eventually, since not all offenders are booked, non-booked offenders might be targeted for a one-time intervention/educational approach.

An implementation plan for expansion of services will include the ability for screening and testing through some type of “circuit rider” approach will need to be implemented in order to provide the service for offenders on hold in other/non-King County jails .

- *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem-solving mechanism is needed to assure on-going productive relations between and among all parts of the system.

- *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. For example, probation staff need access to SIP screening data; judges need access to prior screening and assessment data, etc. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

- *Training*: King County triage planners must be included in the development and implementation of this recommendation which must include training to administer, score and interpret the SASSI. Moreover, there must be a sufficient number of employees with at least minimum qualifications to perform the functions needed to implement this recommendation. There needs to be explicit discussion on how the training of court personnel, defenders, and other criminal justice staff will take place in order to accomplish the “cultural change” proposed in this Report.

Second Component: Risk and Need Assessment

Description: The delivery of appropriate criminal justice-based treatment services is dependent upon assessments that are sensitive to risk, need and responsivity[21]. The assessment process builds from the screening process as it involves a more in-depth evaluation of the offender, including individual and family psychosocial review, which provides the assessment staff an understanding of clients’ needs, their motivation for treatment, and what substance abuse disorders may be present. In addition to an assessment of need, offenders should be assessed through the use of validated risk assessment instruments for their propensity for violence and, if possible, community failure and criminal activity. There is often confusion in the human service delivery system about the differences between screening and risk/need assessment. The table below explains the difference in function and service provision.

	Screening & Testing	*Risk & Needs Assessment*
Function	Determine eligibility for the program and establish history	Determines the nature and extent of care plan and who will provide criminal justice and treatment elements
Providers	Criminal justice system agencies; King County Assessment Center	Criminal justice system agencies; Treatment providers (government and private, non-profit agencies)

Status: In Seattle/King County, offender risk and need assessment is performed by various agencies using different assessment instruments. For example, a single client may be fully assessed for chemical dependency by a community-based substance abuse or mental health services agency prior to arrest; s/he is briefly screened for substance abuse problems during the pre-trial phase after arrest; if transferred to NRF or the RJC, the client/inmate may be fully assessed and, if appropriate, placed in treatment; after release from custody, the client may be fully assessed again, if referred for completion of treatment or aftercare, by a probation counselor or community-based treatment intake specialist. Thus, the same individual may be screened and/or tested three or more times using different assessment instruments at a cost of $84.60 per assessment[p]. One reason that this is occurring is because staff do not always trust assessments done by other agencies.

RECOMMENDATION # 4: RISK & NEED ASSESSMENT

Duplication of assessments must be reduced in order to maximize efficiencies and reduce costs. Initial assessment should follow the publicly funded client through the treatment process; assessments should be continually updated and modified periodically based on client progress and changing need. The Task Force recommends a coordinated continuum of assessment/triage services using uniform, standardized assessment format/tools for the target population with brokered referrals based on need. In this model, qualified professionals conduct a comprehensive assessment of each client and send the recommendations to the court. The assessment will determine eligibility - including an exclusion process - and identify specific needs. It will include a general plan for a continuum of care and identify any barriers to treatment or other recommended services. The risk and needs assessment will be completed as soon as possible during the criminal justice process by a licensed chemical dependency or probation counselor.

DISCUSSION

Similar to the discussion regarding screening, assessors need access to criminal justice offender history information. In order to reduce duplication and increase efficiency, the offender's substance abuse history is also critical. The challenge is to obtain substance abuse histories from chemical dependency treatment programs within the context of federal confidentiality regulations. In order to realize maximum benefit to the system and to the offender/client, access

[p] Title XIX and King County reimbursement rate effective July 1997.

to the offender and to the information needed to complete the assessment must be made within a reasonable period of time. Similarly, reporting to the various stakeholders who need the information for release, sentencing and treatment planning services will need to be done in a timely manner.

In order for this to take place there must be adequate resources to provide the assessment as well as the treatment specified by the treatment plans. Many professionals would agree that the current system has the appropriate “menu” of modalities (e.g., detoxification, outpatient treatment, inpatient treatment), but that the system already suffers from insufficient capacity. One major missing component, however, is the lack of case management services.

Thus, the current funding base will be increased and diversified with quality assurances built into the system to ascertain access (the medical provider system needs to be examined for potential adaptation for a quality assurance process).

The issue of the type or types of assessment tools to use is also critical. The Addiction Severity Index (ASI), recommended by the Task Force, could be used or key stakeholders could collaborate to design a new and unique assessment tool. Regardless of the approach, a major challenge to the system will be in regard to agreements on the tool or tools to use and attempting to reach agreement on the use of those instruments in as widespread a way as possible.

In spite of the tremendous costs to the taxpayer of the substance abusing offender population, the state ADATSA System has been unable to make offenders a priority population. Clearly, in order for a demonstration project to succeed, there must be policy, process and programming agreements and funding in place for the target population to ensure full and efficient access and admissions for appropriate placements and, to the extent possible, a virtually seamless movement of offender/clients between modalities. While it is expected that treatment services will be made available for the target population through its full funding, the Task Force is realistic: some clients may be placed on waiting lists and referred to appropriate support services (e.g., AA, NA) until openings are available. This in turn supports the notion of a “staggered” implementation approach whereby services are limited to a finite number of jails and courts as the inability to provide services will negatively affect the validity - and credibility - of the demonstration. Since virtually all state funding is categorical and the State is unable, at this point, to make criminal justice populations a priority through ADATSA, explicit funding streams will need to be achieved to make the experiment work.

Assessment and continuum of care management are a shared function of both criminal justice and chemical dependency treatment service providers. Mental health and other primary or ancillary issues need to be assessed as well by pertinent, qualified assessors and providers. This will require an overt strategy by representatives of criminal justice and chemical dependency treatment agencies involved in the task force plus key staff of state DASA and King County DASAS: ADATSA Assessment Center, Cedar Hills, NRF and contracted private, non-profit vendors.

All program elements must be developed by the task force. Different/decentralized programs should be philosophically the same and linked electronically. Assessment services must:

- ✓ have no financial stake in treatment agencies or services if it is found that this will improve referral, treatment or services.
- ✓ have close supervision/oversight;
- ✓ broker referrals based on need and treatment availability;
- ✓ utilize standardized assessment tool(s); any clinician reading the client file should be able to reach the same/similar recommendations.

Collaborative case management is critical to make this model work with caseloads no larger than 30 to 1.

Given that this demonstration will be re-defining the issue of voluntary vs. mandatory treatment, irrespective of pending charges and disposition, there is a need to revisit the Involuntary Treatment regulations which are currently under review by other task forces (e.g., the *Mentally Ill Offender Task Force*).

Implementation Issues

- *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem -solving mechanism is needed to assure on-going productive relations between and among all parts of the system. Further, there will be a need to define issues of "reasonable timeliness" throughout the initiative.

- *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

- *Training*: King County triage planners must be included in the development and implementation of this recommendation which must include training to administer, score and interpret the assessment instruments which are identified for the target population. Moreover, there must be a sufficient numbers of employees with at least minimum qualifications to perform the functions needed to implement this recommendation.

- *Access*: One of the access challenges will be to obtain substance abuse histories from treatment programs within the context of federal confidentiality regulations. Another issue

relates to records protection and purging mechanism and the storage and/or purging of information gathered on subjects who are found not guilty or who are ultimately not eligible for consideration for the project. (Note: those offenders not involved in the Demonstration Project will access services through the existing service network).

Third Component: Supervision & Treatment Planning

Description: Once completed and analyzed by treatment and criminal justice professionals, an offender risk and needs assessment results in the design of a culturally relevant treatment/supervision plan which is reviewed in detail by the offender and his/her family. This individualized Supervision/Treatment Plan will provide the approaches and guidelines that will be used to reduce alcohol/drug abuse and criminal activity of offender clients and the criteria for measuring treatment progress. The type, scope and intensity of the treatment[q] will be specified as well as the monitoring and sanctioning options[r] which will be used to assist in the modification of the offenders' behavior. Special consideration must be given chemically dependent offenders who are being processed through the court.

Courts should define a range of graduated sanctions that the supervising agent may be authorized to implement. Any court approved supervision plan which incorporates substance abuse treatment should contain behavioral and accountability goals for the individual offender. The supervising agent should have the flexibility to work with the offender to determine how the behavioral goals will be achieved, including any changes to specific supervision conditions, as long as the revised supervision conditions meet the behavioral goals that have been issued by the court.

Status: In Seattle/King County, program and treatment planning for in-custody offenders is performed by triage staff at the North Rehabilitation Facility (approx. 100 beds) and Regional Justice Center (approx. 48 beds) under a 1997 interdepartmental agreement between the Department of Public Health and the Department of Adult Detention. Substance abuse treatment services are not currently available at the downtown King County Correctional Facility.

[q] There are three *levels* of treatment with multiple treatment *options* in each: the *Pretreatment Service level* includes primary prevention and early intervention; the *Outpatient Treatment level* includes non-intensive outpatient treatment, intensive outpatient treatment, methadone maintenance treatment, day treatment, partial hospitalization; the *Inpatient and Residential Treatment level* includes medically monitored (or managed) intensive inpatient treatment, short-term non-hospital intensive residential treatment, intensive residential treatment, psycho-social residential care, and therapeutic community treatment. Treatment may be provided in other residential facilities, such as half-way houses and group homes, and should be specific (e.g., gender specific) and relevant to clients cultural and special needs.

[r] Supervision and sanctioning responses generally begin with supervised probation or parole and a variety of non-incarcerative sanctions which can be used to assert offender accountability such as electronic monitoring, day reporting, residential placement and supervision, and drug testing. Incarcerative options (with court involvement) include short terms in jail and, if all other less restrictive and less costly options are exhausted, imprisonment.

Appropriate clients at NRF and the RJC are assigned a primary counselor and provided with a core treatment process and individualized programming; a Fast Track Program is also available for amenable short-term patients. Each case is reviewed on a regular basis, according to state law, and updated or revised as necessary. Treatment planning for eligible, diverted defendants is performed by the King County Drug Court in conjunction with a contracted, community-based treatment agency.

In Seattle/King County, treatment options are limited to those inmates eligible for placement at NRF and the RJC. Some judges attempt to court-order treatment without understanding that certain offenders may not be eligible for various reasons. Thus, a judge has no way of knowing whether the defendant will actually receive treatment or not. Inmate placement is solely up to the KCJ Classifications Unit. In other words, inmates placed and detained downtown at the King County Correctional Facility (24-Hour Secured, Electronic Home Detention, Work Education Release or medical/psychiatric units) **cannot** participate in treatment because such services are not available.

Furthermore, certain inmates at NRF or the RJC may not be admitted to treatment due to short length of stay, out-of-county hold, disciplinary reasons or unwillingness to participate. The average cost of institutional care plus treatment at NRF is approximately $48 per bed per day (FY 98). The average cost at the RJC is approximately $70 per bed per day (FY 98). Post-release options include probation services, and community-based treatment and aftercare for those who are able to pay. Probation caseloads are approaching 300 per Probation Counselor resulting in obviously limited case management capability. Finally, local law enforcement is inundated with warrants and has a limited ability to serve them. Escapees, however, are sought aggressively by local police and the King County Jail with a high apprehension rate.

RECOMMENDATION # 5: SUPERVISION & TREATMENT PLANNING
Culturally relevant program and treatment planning should be provided for appropriate, targeted misdemeanants and felons beginning with those identified in the Demonstration Project recommended by the Drug Involved Offender Task Force. Additionally, steps should be taken to assure accountable chemical dependency treatment for targeted offenders on Electronic Home Detention, Work Release, community supervision programs. Supervision planning and treatment planning should be conducted collaboratively by qualified staff in each discipline, conjoint with other systems/programs where the offender may be involved . When completed, essential planning elements should be shared among all stakeholders, including the court.
Furthermore, a series of accountability options are recommended to help provide high offender accountability in the Seattle/King County criminal justice and treatment systems. These options include: integrated case management in concert with reduced probation caseloads for offender supervision, a day reporting or "Accountability Reporting Center" for non-incarcerated offenders, a Regional Warrant Enforcement Unit for "swift and certain" apprehension of violators, and disciplinary jail beds for violators. The use of these options will be guided by a judicial "graduated sanctions" policy which guides, but does not mandate, judicial response to offender behavior.

Fourth Component: Relapse Prevention/Abstinence

Description: As most practitioners are aware, many offenders repeatedly attempt to quit their involvement with alcohol/drugs without success. For chemically dependent individuals, personal and social pressures become factors leading toward relapse, especially when combined with physical symptoms. The psychological symptom of denial even further blocks the road toward successful treatment and abstinence. However, given guidance through individualized chemical dependency treatment plans, training and support to overcome personal and social pressures and on-going monitoring and feedback, many offenders can maintain abstinence. These personal and social factors include: inadequate skills to deal with the social pressure to use alcohol/drugs, frequent exposure to "high risk situations" that have led to alcohol/drug use in the past, physical or psychological reminders of past alcohol/drug use, inadequate skills to deal with emotional and interpersonal conflicts, desires to test their personal control over alcohol/drug use, recurrent thoughts and physical desires to use alcohol/drugs, other stressors related to their return to the community after incarceration and their current status in the criminal justice system.[s]

Chemically dependent offenders can receive training and support to gain specific self-control skills which include strategies to deal with physical, mental and emotional cravings, how to handle high risk situations which often result in relapse, how to develop and maintain

[s] Mental Health Services Administration, Center for Substance Abuse Treatment, *Relapse Prevention and the Substance Abusing Criminal Offender; Treatment Assistance Protocol (TAP) Series #8,* 1993, Washington, D.C.

alcohol/drug free relationships, etc. In many respects, the overall goal of the supervision and treatment plan is to overcome these factors which usually lead to relapse and to maintain abstinence from alcohol/drugs. Thus, relapse prevention and abstinence are critical to maintain a crime-free life style for the alcohol/drug involved offender.

Status: In Seattle/King County, relapse prevention is attended to by community based human services agencies (aftercare) in conjunction with mandatory participation in 12-Step Programs as mandated by the Court and monitored by jurisdictional adult probation services. While many professionals in the criminal justice system understand the need to manage offender cases according to individualized treatment plans, there is still a need for training throughout the system to make certain that this understanding is widespread and consistent.

RECOMMENDATION # 6: RELAPSE PREVENTION/AOD ABSTINENCE
Education and collaboration are needed for criminal justice, corrections, chemical dependency treatment professionals and mental health providers working with the substance abusing offender to ascertain their understanding of and support for case management approaches which emphasize relapse prevention and abstinence. Relapse prevention cannot be achieved without abstinence. Offender/clients who fails treatment must suffer consequences. It is recommended that the first treatment failure be re-evaluated by the chemical dependency counselor and the court to ensure the treatment and monitoring plan is adequate. It is important that the client be amenable to treatment. However, after re-evaluation the client must understand that consequences will be exacted for future non-compliance. Relapse prevention should be addressed at all levels in the continuum of services.

DISCUSSION

Successful offender relapse prevention has a tremendous impact on the criminal justice system and society in general in terms of: public safety, public health, incarceration diversion, reduction in new offenses by the target population,and reduction in case filings and treatment discharges for cause. Recovery from addiction ensures both a positive fiscal impact in these areas through cost savings. But in order to work, case managers must have the sufficient resources to monitor and respond to offender compliance in an atmosphere of clear understanding about the nature of relapse and the individual roles all stakeholders - and the offender - must play in relapse prevention.

Relapse should not be an expectation. There are thousands of alcoholics and addicts who have not relapsed after their first exposure to treatment and AA. Offenders must not be given permission to relapse. However, when relapse does occur (which is frequent with offenders), it must be used as a cause for increasing intervention efforts and applying graduated sanctions. The key to a successful demonstration initiative is the design of an effective system of criminal justice sanctions, treatment interventions and self-help group work.

Case management is the key to relapse prevention. Effective case management requires a clear understanding on the part of the client about the pitfalls to sobriety which must be avoided and, on the part of the case manager, access to ancillary services and effective sanction and service responses to relapse. Maintenance of sobriety is critical regardless of where a person is along the continuum of care. Effective relapse prevention requires a coordinated effort by people knowledgeable in the subject of treatment and relapse prevention who clearly understand their role in the process of care and are willing to communicate freely without "turf issues." In short, all criminal justice and service delivery professionals must be clear about and follow the recommendations of the individualized treatment plan.

Chemical dependency treatment is a specialty that requires specific training and certification. Applicable criminal justice personnel may need to become more knowledgeable about the nature of chemcial dependency so that they are clearer about the purposes of the primary counselor's recommendations for the well being of the offender-client and can become effective partners in relapse prevention. Judges need to be educated that while each violation/relapse will be different from case to case, there are ways to attempt to standardize responses so that offenders can be made aware at the beginning of the case management process of the likely consequences should they fail to adhere to their responsibilities. The development of a graduated sanctions policy, which will include a range of likely responses to non-compliance, is a key element to relapse prevention.

The therapeutic use of data, such as urine analysis results, is valuable when dealing with relapse prevention and abstinence. It not only allows for unarguable monitoring but becomes the basis for counseling and, when appropriate, the reformulation of individualized treatment plans. However, it should be noted that there are many other variables which must be taken into consideration when monitoring treatment compliance (for example, the adherence to the specific objectives of the treatment plan, attendance at AA and NA meetings, behavior in counseling sessions).

Implementation Issues

- *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem -solving mechanism is needed to assure on-going productive relations between and among all parts of the system. Any weakness perceived in the system by the offender/client opens the door for non-compliance.

- In order for effective communication to take place, implementation strategies must be collaborative between several organizations in Seattle/King County:

  - ✓ North Rehabilitation Facility and Regional Justice Center Treatment Program staff;
  - ✓ Community-based Treatment Providers;

- ✓ Courts;
- ✓ Probation;
- ✓ Sheriff's Department (Regional Warrant Enforcement);
- ✓ Mental Health Services Providers.

- *Management Information*: Successful implementation will include the ability to access offender information within various management information systems within the context of appropriate confidentiality standards. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

- *Training*: King County triage planners must be included in the development and implementation of this recommendation which should include training to fully understand and incorporate relapse prevention and abstinence strategies into offender treatment and sanction approaches. Implementation plans should include training in several national and international models: C. DiClemente – Harm Reduction Model; T. Gorski – Relapse Prevention Model; S. Brown – Developmental Model of Recovery. Gorski's work is particularly valuable as he was the first to formally incorporate relapse prevention into chemical dependency treatment planning.

CHAPTER FIVE

Components of an Offender Accountability Continuum

As stated earlier, three interrelated issues must be effectively addressed if efforts to use community corrections as a crime fighting strategy are to be successful: the ability to monitor offender alcohol/drug use through variable drug testing protocols, the ability to provide effective chemical dependency treatment to offenders for a sufficient length of time to reduce the recurrence of relapse and eventually eliminate the alcohol/drug abuse, and the ability for system professionals to use the full range of sanctions and services in their communities to respond to offender behavior. An overview of research literature clearly indicates that effective reduction of recidivism for alcohol and other drug involved offenders can only be accomplished with the following principles in mind:

1.) Official punishment without the introduction of criminal justice-based chemical dependency treatment services does not work.
2.) Providing correctional treatment services that are inconsistent with the principles of risk, need and responsivity does not work.
3.) What works is the delivery of clinically and psychologically appropriate correctional treatment service, under a variety of setting conditions that may be established by the criminal sanction.[22]

The generally accepted components of an accountability continuum in the context of successful chemical dependency treatment for offenders are discussed below.

Fifth Component: Graduated Sanctions Policy Guidelines

Description: The use of the various components in the treatment/punishment continuum needs to be driven by policies and processes developed with and agreed upon by the judiciary. This policy will include specific criteria for sanctioning, the process of sanctioning, and the use of the options; for example, it may be agreed than non-incarcerative sanctions can be used at the discretion of case managers without returning to court under a specially designed court order for the target population. In terms of how this policy affects alcohol/drug involved felons, it will need to be reviewed within the context of the felony Drug Court.

While the Demonstration Project will begin in only a limited jurisdiction, judges throughout the system will be educated about the Project and the graduated sanctions policy guidelines for the target population. Initial sentences must be long enough for the average defendant to successfully complete the program, recognizing the potential for non-jail sanctions throughout the process, and driven by the criminal conduct and history for which the defendant is being sentenced.

The development of a graduated sanctions policy which will guide judicial responses to offender behavior is critical because the Project participants must know at the beginning of the case management process the likely responses to aberrant behavior. Similarly, case managers and treatment providers must be clear about the likely judicial responses so they can frankly and accurately discuss options regarding the offender-client. Finally, consistency in responses is needed to make certain that equity and fairness principles are applied. In order for such a policy to be honored, the judiciary must be part of the planning process and must agree to the guidelines before they are instituted.

Specific recommendations to the Court will be made through the case management system which will identify eligible offenders and prepare initial case management plans for judicial review. These case management plans will include a detailing of non-incarcerative responses to offender non-compliance so that if the recommendations are accepted, the court order will include the authority of probation agents to utilize the non-incarcerative sanctions appropriately. Moreover, the experiment will include the capability to detain offenders who are in violation of court order and are posing a risk to public safety.

RECOMMENDATION # 7: GRADUATED SANCTIONS POLICY GUIDELINES
The Task Force will work with the courts to further define the range of graduated sanctions for the target population that the supervising probation agent may be authorized to implement and a set of polices and procedures to implement those sanctions. Any court approved supervision plan which incorporates substance abuse treatment for the target population should contain behavioral and accountability goals for the individual offender. The supervising agent should have the flexibility to work with the offender to determine how the behavioral goals will be achieved, including any changes to specific supervision conditions, as long as the revised supervision conditions meet the behavioral goals that have been issued by the court. The Demonstration Project will employ both sanctions and services to address offender compliance so that negative consequences are swiftly and certainly responded to and positive offender behavior is rewarded.

DISCUSSION

Legal and practical issues regarding policies for felony cases will need to be worked out amongst the stakeholders. Sanctions for felony and non-felony cases should vary depending on the defendant, and should take into account the crime committed and criminal history, in addition to treatment needs. When a defendant fails to follow the supervision plan, the consequences must be timely, certain and consistent. This is true not only for sanctions imposed by the supervising agent, but for those imposed by the court. This will be especially challenging with non-felons, who are sentenced under an indeterminate system by which a judge is limited only by his or her good discretion, and who may appear in one of dozens of municipal or district courtrooms in King County. The Task Force should consider judicial sentencing guidelines, to be adopted by participating courts.

The Task Force needs to review pertinent statutes and regulations defined in applicable Revised Codes of Washington (RCWs) and Washington Administrative Codes (WACs) to ascertain the differences and similarities between felony and misdemeanor handling options, particularly pertaining to treatment conditions. For example, the Sentencing Reform Act (SRA) for felony cases places severe limitations on probation conditions which results in "affirmative conduct requirements" conditions on defendants. This is not a concern regarding people leaving prison on community custody (CCI[t]). However, the typical auto theft case sentence of 60 days in jail and 12 months community supervision, for example, does not allow for treatment conditions.

Misdemeanants can have treatment imposed by the court. Conditions for felony cases are limited by SRA: treatment can not be imposed, unless the judge ordered it at sentencing. Exceptions include First Time Offender Waiver (FTOW), CCI, or Special Sex Offender Sentencing Alternative (SSOSA) cases. Misdemeanors must obey all laws as a condition of their probation; felons cannot be ordered as such, except the cases previously identified (FTOW, CCI and SSOSA). Partial confinement, however, can be linked to day reporting and may provide more flexibility under the SRA.

The Task Force needs to review and develop more fully the range and scope of restrictions that can be combined with different chemical dependency treatment modalities. We need to assure that any new sentencing/sanction options are constructed against the context of the range of treatment options available. There will be legal and court restrictions. As stated above, misdemeanant and felony offender cases have different restrictions by law.[23]

Following is a summary table of Coercive Measures and Sanctioning Options cited from the National Institute of Corrections (NIC) and suggested by the Task Force as potential guidelines for a graduated sanctions policy:

Summary Listing of Coercive Measures and Sanctioning Options	
Warning Measures [Notice of consequences of subsequent noncompliance]	Admonishment/cautioning (administrative; judicial) Suspended execution or imposition of sentence
Injunctive Measures [Banning legal conduct]	Travel (e.g., from jurisdiction; to specific criminogenic locations) Association (e.g., with other offenders) Driving Possession of weapons Use of alcohol Professional activity (e.g., disbarment)
Economic Measures	Restitution, costs, fees and/or forfeitures Support payments Fines (standard; day fines)

[t] CCI differs from community supervision in the respect that offenders who violate terms or conditions of their DOC supervision may be sanctioned administratively by DOC without a formal court hearing.

Work-related Measures	*Community service (individual placement; work crew)* Paid employment requirements	
Education-related Measures	Academic (e.g., adult basic education/literacy; GED) Vocational training Life skills training	
Physical and Mental Health Treatment Measures	Chemical dependency (e.g., outpatient; inpatient; methadone) Psychological/psychiatric Adjunct treatment interventions (e.g., acupuncture treatment)	
Physical Confinement Measures	Partial or intermittent confinement	Home curfew Day reporting center Halfway house Restitution center Weekend detention facility/jail Outpatient treatment facility (e.g., chemical dependency/mental health)
	Full/continuous confinement	Full home confinement/house arrest Mental hospital Other residential treatment facility (e.g., chemical dependency) Boot camp Detention facility/jail Prison
Monitoring/Compliance Measures [May be attached to all other sanctions]	Required of the offender	Mail reporting Electronic home detention (phone check-in; active electronic monitoring device) Face-to-face reporting Urinalysis testing (random; routine)
	Required of the monitoring agent	Criminal records checks Sentence compliance checks (e.g., on payment of monetary sanctions; attendance/performance at treatment, work or educational sites) Third-party checks (family, employer, surety, service/treatment provider; via mail, telephone, in person Direct surveillance/observation (random/ routine visits and possibly search; at home, work, institution or elsewhere) Electronic home detention (regular phone check-ins and/or passive monitoring device)
SOURCE: National Institute of Corrections		

Implementation Issues

- *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. Collected information will be shared in an aggressive

and forthright manner between and among all stakeholders once an enrollee enters the demonstration program. One issue which must be addressed by MIS is the ability for the Project to notify local police departments of non-incarcerated project participants and their restrictions.

For example, courts need easy access to NRF/RJC data regarding those admitted to treatment; with this information, judges could restrict treatment patients from transfer to Electronic Home Detention or Work Release. All data from DOC, the courts, treatment providers, State DSHS and Probation Departments need to be accessible to all stakeholders. We need mutually agreed upon Release of Information Form and standards.

Sixth Component: Probation Supervision/Collaborative Case Management

Description: Case management provides linkages with service providers and between the criminal justice and treatment service delivery systems in an effort to assist clients with their special needs. Effective case management includes an understanding between all agencies as to their specific case management goals and responsibilities and ways to coordinate those roles. In many situations, the assignment of a "lead case manager" provides efficient coordination of all aspects of the treatment plan so that gaps in services, and the provision of services to fill those gaps, are readily identified.

Case management of offenders is particularly critical because offenders are usually receiving treatment as part of court or parole orders and their behavior while in treatment has significant legal consequences. Given the wide range of needs of the offender population (housing, medical, mental health, education, vocational, family and financial planning), helping clients and families negotiate and coordinate service delivery is particularly important as adverse environmental conditions, such as the loss of a job, may push offenders into relapse.

In order to hold offenders accountable for their own behavior and to reduce and eventually eliminate their use of substances, there must be system of timely, certain and appropriate sanctions if offenders have positive results from random testing for the use of alcohol and other substances. Ideally, such a system of sanctions would permit the supervision agent to immediately impose the standards and non-incarcerative sanctions without the prior approval of the court. The types of sanctions and criteria for their use should be included in any court approved supervision and treatment plan that is agreed to by offenders at the time of pre-trial release or sentencing.

Improved case management of substance abusing offenders has significant consequences to the success of treatment and the subsequent reduction of criminal behavior. The American Journal of Public Health reported in October of 1997 that case management enhancements improve short-term outcomes of treatment programs: offenders who were studied were more likely to remain in treatment long enough to reach a length of stay associated with more successful

treatment[u].

Coordinated case management helps reduce the likelihood that offender clients will manipulate the various systems involved in the delivery of supervision and treatment services, enhances the capability of all agencies to sufficiently address the full range offender needs and the community's need for offender accountability, as well as diminishes the risk of cross-system duplication and contraindicated service delivery.

Status: In Seattle/King County, most case management of the offender population is the responsibility of probation. Special, coordinated case management is limited to out-of-custody felony offenders adjudicated through the King County Drug Court[v]. Felony case management services are provided by TASC of King County under contract with the Department of Judicial Administration. Such services are virtually nonexistent for misdemeanant offenders.

RECOMMENDATION # 8: COLLABORATIVE CASE MANAGEMENT

Efficient case management of alcohol/drug involved offenders is necessary in order to assure public safety and offender rehabilitation. With probation caseloads in the Seattle/King County approaching 300 cases per Probation Counselor, intensive case management does not occur. It is recommended that specialized probation unit be created to supervise the target population which would allow an approximate 30 to 1 counselor-to-offender ratio in order to provide intensive case management, care coordination and systems collaboration. This project component must be linked to other case management services (e.g., Mental Health System, Chronic Public Inebriate Systems, TASC of King County) especially if/when clients enrolled in the Mental Health System are part of the population targeted for the Demonstration Project. The issue of effective, coordinated case management is the single most important factor which will contribute to the success of the Demonstration Project.

DISCUSSION

Case management should begin as early in the process as possible, prior to release from custody, and must be coordinated with jail-based treatment staff. Since probation already provides case management for offenders and has in place an infrastructure and the relationship with the Court, law enforcement, jail and treatment community, they are in a central position to conduct case management for the Demonstration Project as long as caseloads are of a manageable size: 30 to 1 or less. The existing probation services can be efficiently expanded through a specially trained[w]

[u] American Journal of Public Health, Volume 87, Number 10, *Improving Publicly Funded Substance Abuse Treatment: The Value of Case Management*, October, 1997.

[v] The Drug Court costs average approximately $542,000 per year for substance abuse treatment, including inpatient and opiate addiction treatment services, and serves approximately 30 new, eligible offenders per month (19 of which chose to participate in the program)

[w] The Special Unit case managers should be qualified chemical dependency counselors.

pilot unit which will provide intensive case management[x].

Case management services for the target population can only be effective if basic community-based services are available, and non-compliant clients are "swiftly and certainly" held accountable. For many of these offenders, failure to use existing services is a problem. In order for case management to move toward a "seamless" system, all key stakeholders will need to have a shared and common definition of case management terms and services. This will help to assure that referrals being made and received carry with them an understanding of service and performance. Common terms and shared expectations would better insure that the offender is held to the same standards and outcome measures regardless of where the person was in the system or who the provider of services would be. This doesn't mean that all programs are mirrors of each other, rather that when a term is used or an order made it means the same thing to all parties. In this way, a non-compliant person could less likely manipulate the system and would be held accountable appropriately. Moreover, if the project were to implement a shared management information system, then it is important that common terms are specifically defined, understood and agreed upon by all stakeholders.

Successful case management also requires shared philosophy, purpose and mission across all of the human delivery systems; communication is essential because the pilot project will be a coordinated multi-jurisdictional and multi-disciplinary approach. Alcohol/drug involved offenders cannot be successful in their attainment of abstinence without addressing the personal, cultural and social issues which often lead to relapse. Many offenders have multiple needs, and it is important that they have access to needed services which are key in treating the target population. An example is the offender who needs treatment but does not have the resources to get there. Part of the services provided might include unlimited bus passes, which would enable the offender to get to treatment and other programs. This would be true of other support services such as child care, housing, transportation, medical and financial assistance. Therefore, an extensive multi-disciplinary approach is an essential ingredient for success. Specialized programs and services will be needed for some clients, such as:

- ✓ culturally relevant and gender specific services;
- ✓ child care;
- ✓ transportation;
- ✓ transitional/sober housing;
- ✓ permanent housing;
- ✓ recovery houses and long-term, extended care beds;
- ✓ vocational, educational and employment

[x] This raises a concern about how "case management" will be specifically defined and how the existing Collective Bargaining Agreements would need to be adjusted to respond to the initiative. This may be the case particularly if the new positions were designed to have extensive field activity which may increase risk exposure to the case manager's safety. This concern will be addressed during the design of the implementation phase.

Approaches to assure this multi-disciplinary approach include cooperative agreements, user friendly case management services and financial incentives. The attainment of sufficient resources for the target population leads to the need to appropriately match clients to available services. Treatment and services must be tailored to offender need. The current situation for treatment placement is problematic since it is determined primarily by jail bed space and service availability[y].

Public Safety is the first and foremost consideration which will dictate case management decision especially the use of sanction such as recommending that an offender be sent to jail. There will need to be an overall standard, procedure and protocol with the caveat that the Court ultimately decides when return to custody should be invoked.

In summary, an effective case management policy linked with the other components of the sanction and service continuum will help assure:

- Accountability and compliance with Court Order (non-compliant program participants may be responded to with agreed upon sanctions - short of incarceration; others may need to be returned to court if the recommended sanction is incarceration).
- Swift response to program violators, absconders and non-compliant program participants with the imposition of immediate consequences;
- Variable levels of appropriate case management based on offender risk and need[z];
- That data/information is shared or made available in a timely manner;
- That expectations are realistic given the offense and ultimate consequences for non-compliance;
- Timely identification of program violators;
- Adequate law enforcement involvement and response.

Key stakeholders who will need to collaborate on case management policy, process and program design will need to include representatives from the following agencies and organizations:

- ✓ Courts/Judges
- ✓ Probation/Case Managers
- ✓ Treatment Providers

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[y] The attempts in the alcohol and drug treatment community to meet Washington Administrative Code (WAC) requirements for American Society of Addiction Medicine (ASAM) Patient Placement Criteria will help address some of the individualized treatment design issues with system-wide ASAM implementation later this year.

[z] At a minimum, there will be at least three levels of case management (frequent or daily, less frequent - perhaps weekly or bi-weekly - and infrequent, perhaps monthly or more). More levels of case management may be needed due to the complexity of a target population to better service areas of need. The levels will also be related to the graduated sanctioning process; depending on the target population, the definition and requirements of each level may be different. The standards of each level of case management will be clearly defined during the development of the implementation phase.

- ✓ Corrections/Jail
- ✓ Law Enforcement
- ✓ Prosecutors
- ✓ Public Defenders
- ✓ TASC of King County
- ✓ Veterans Program
- ✓ King County Department of Finance (Budget Office)
- ✓ State Division of Alcohol and Substance Abuse
- ✓ Suburban cities
- ✓ Housing resource staff
- ✓ Churches working with inmates (e.g., dealing with resettlement)
- ✓ Minority community advocates
- ✓ Special population advocates

Implementation Issues

- *Policy, Process and Program Design*: The optimum continuum will consist of fully agreed upon and jointly maintained array of graduated sanctions and interventions. Further investigation of the Detroit-Wayne County Model is needed; need to know how Detroit implemented a graduated system of sanctions and intervention as it relates to the Court and the Court's responsibility to impose sanctions for offenders. One concern is that every case is different and the Court may not be willing to support a project where pre-determined sanctions are mandated.

  A concern of some of the committee members is how case management is defined and to what extent Collective Bargaining Agreements would need to be addressed. This may be the case particularly if the new positions were designed to have extensive field activity which may increase risk exposure to the case manager's safety. This concern could not be fully addressed by the committee because a specific design for case manager duties has not been developed.

  We need a shared/common definition of case management terms and services. This will help to assure that referrals being made and received carry with them an understanding of service and performance expectations.

  The development of an multi-disciplinary approach (as discussed above) is essential; without these ancillary service needs being addressed, the target population will not succeed. Therefore the funding and availability of ancillary services must be addressed during the design of the implementation phase.

- *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem -solving mechanism is needed to assure on-going productive relations between and

among all parts of the system.

Criminal justice and substance abuse service delivery professionals, and the general public must be clearly aware of the case management approaches within the Demonstration Project. Public relations and dissemination of information suggestions include a full scale media campaign and a regional newsletter from all contributing agencies which might include:

- ✓ Successful client writes letter detailing success and parts that were integral to achieving positive outcomes;
- ✓ Staff would write-up "success" cases.

Regular meetings should be scheduled with housing, treatment, etc. The frequency of meetings should be based on the need for optimal communication, case staffings and the building and maintaining of professional relationships.

- *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

Case managers, as the overseers and coordinators of services for the offender, must have full and timely access to client-offender data and records. Information exchange MUST be free and open, and managed by a centralized gatekeeper. We will need to determine the jurisdictions involved - including Seattle-based courts and their associated costs; there must be fair allocation of resources across jurisdictions.

Seventh Component: Accountability Reporting Center

RECOMMENDATION # 9: CREATE AN ACCOUNTABILITY CENTER
An Accountability Reporting Center (ARC) will provide a "one-stop" service delivery hub for non-incarcerated offenders: General Equivalency Diploma (GED) preparation and testing, vocational rehabilitation, chemical dependency treatment, mental health treatment (ARC will also serve Mental Health Court clients and providers), chronic public inebriate services, community service assignments, electronic monitoring (for certain offenders) and other services will be available. The ARC will provide the linkage between the criminal justice, mental health and chemical dependency treatment systems when an offender is not under custody of the jail. The Demonstration Project will begin with one site for the ARC with the potential for expansion to "satellite facilities" if found to be cost effective.

DISCUSSION

Seattle/King County currently has only a limited capability for graduated sanctions, and resources are inadequate to apprehend and prosecute violators. It commonly takes 60 days or more before a Court hearing is scheduled. Often, little attempt is made to serve a warrant. Warrants must be served to hold offenders and the system accountable, with a hearing scheduled within 7 days of serving a warrant (this may require some type of "fast track" hearing schedule for violators). A key component of the continuum which will augment the ARC is a warrant enforcement capability.

In terms of graduated sanctions, a major component such as an ARC needs to be fully funded, with a capable and trained staff who can be effective in working with the alcohol/drug involved offender. The ratio of staff to clients must be limited and reasonable. The location and the design of the facility will be critical so that it supports its primary functions efficiently. Flexible hours will be important in order to work with employed offenders; in fact, a 24-hour per day/7 days per week operation should be considered with at least crisis response capability at night. Close networking with community-based agencies will also be essential. Location and accessability are major issues; siting must be addressed as early as possible in the implementation process.

In order for an Accountability Reporting Center to be successfully implemented, several agencies and organizations will need to collaborate in order to have a common taxonomy for the program and to develop common and agreed upon goals for the participants, and policies and procedures for the ARC (including eligibility criteria, such as functioning level of participants, frequency of contacts, offender fee assessment policy[aa], offender orientation[bb], confidentiality

[aa] Money is the biggest problem for offenders. The program should be fully funded. The integrity of the program

issues, etc.). Issues regarding the funding base, the administration and operation of the program, and ancillary service connections (for example, for housing, health services, etc.) would also be addressed by this group.

Simply put: the program will not work unless there is commonality of purpose among all criminal justice and treatment professionals. The agencies and organization which will need to be involved in program development (and eventually implementation and monitoring[cc]) are as follows:

- ✓ Jail staff
- ✓ Prosecutors and defense counsel representatives
- ✓ Department of Corrections representatives
- ✓ Probation staff
- ✓ Superior, District and Municipal Court Judges
- ✓ Chemical dependency staff
- ✓ Medical and dental clinic staff
- ✓ Vocational rehabilitation staff
- ✓ Veterans Program staff
- ✓ Mental health professionals
- ✓ Developmental disability specialists

The existing Day Reporting Center operated by the Department of Corrections will need to be examined in order to determine ways to collaborate or match these activities with a range of treatment modalities. After being screened using the SASSI or other instrument, services at the DOC Center include: Assessment using a standard tool such as the ASI, patient placement criteria such as those defined by the American Society of Addiction Medicine (ASAM), Intensive Outpatient Treatment, continuing care, relapse prevention, cognitive intervention, daily reporting, positive activities for 32 hours per week, support groups, evaluations and field contacts.

Implementation Issues:

- ❑ *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon

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should not depend on offenders ability to pay for services. Any offender fees should be administered using a sliding fee scale. Offender fees should be used to pay their legal debt.

[bb] For example, offenders must be clear about the expectations of the program; success will be easier to achieve if the offenders' schedules are routinized.

[cc] Monitoring the program during the initial implementation phase will be important because there must be an ability to change program components that are not working. Each component needs to know how the other will operate.

problem-solving mechanism is needed to assure on-going productive relations between and among all parts of the system. For example, the definition and criteria for failure and success needs to be determined (similar to the Drug Court where the final word would be from the Court, but treatment provider and supervising agency should have input). In order to expedite cases a special judge may need to be assigned as a liaison to the ARC.

- *Management Information*: Successful implementation will include the ability to access offender information within various management information systems within the context of appropriate confidentiality standards. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

- *Training*: King County triage planners must be included in the development and implementation of this recommendation which must include training to administer, score and interpret the SASSI. Moreover, there must be a sufficient numbers of employees with at least minimum qualifications to perform the functions needed to implement this recommendation.

Eighth Component: Disciplinary Jail Beds

RECOMMENDATION # 10: DISCIPLINARY JAIL BEDS
Disciplinary Jail Beds which will be used for temporary custody for any offenders found to be in violation of their court order is recommended; the specific number of beds will be determined based on projected need. These beds will always be available to ensure "swift and certain punishment" will be utilized only as a "last resort" when other graduated sanctions have been exhausted, and will be critical to the seamless approach envisioned by the Task Force.

DISCUSSION

Since the King County jail system does not currently refuse any inmate sentenced to jail, the allowance of disciplinary jail beds can readily take place. It is clear that the detention system must provide adequate space for non-compliant program participants and that the stay in the jail for non-compliance will not allow the offender to stop treatment. Therefore, treatment services for offenders must be available to those housed in the disciplinary jail beds.

Only the court can order offenders to jail so the process for removing an offender to a disciplinary jail bed would necessitate court action. The length of time an offender would be sentenced would be somewhat standardized via agreed upon guidelines, dependent on the seriousness of the violation, and contingent on the sentencing by the court. Specific services in the jail will be developed by the Task Force during the implementation planning stage including

but not limited to the use of the North Rehabilitation Facility or Regional Justice Center. Case management will continue while the offender is incarcerated so that treatment is continued without a lapse.

Key collaborators who will develop policy and procedure include at least the following agencies and organizations:

- ✓ Washington State Department of Corrections;
- ✓ King County Department of Adult Detention;
- ✓ King County District Court and Seattle Municipal Court Probation staff;
- ✓ Inpatient treatment providers in King County;
- ✓ Treatment providers that use clients to assist in operating businesses.

Implementation Issues

- ❑ *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem -solving mechanism is needed to assure on-going productive relations between and among all parts of the system.

- ❑ *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the Demonstration Project.

- ❑ *Training*: Jail staff must be trained on the policies and procedures for the project.

Ninth Component: Regional Enforcement Unit

RECOMMENDATION # 11: REGIONAL ENFORCEMENT UNIT
A Regional Enforcement Unit staffed by newly assigned and fully funded law enforcement officers whose responsibilities include responding immediately to offender violations of court orders is recommended. Based on alleged violations which contend that an offender is in non-compliance with a court order and behavior which clearly constitutes a threat to public safety, offenders could be immediately transported to jail and placed in the Disciplinary Beds until the appropriate judicial response to the violation is forthcoming. The Task Force recommends that the Regional Warrant Enforcement Unit be administered by the King County Department of Public Safety (Sheriff's Department) on a contract basis with other agencies and jurisdictions.

DISCUSSION

This component is essential for all others to work: public safety must be protected. Resources for this Unit must be dedicated and staffing must be sufficient to avoid backlogs. The Unit must be centralized, and tied into the MIS to assure timely access of information. Experienced law enforcement officers would need to be used as the offenders in the target population are experienced in ways to avoid detection and capture.

The Task Force envisions a Unit attached to an existing administrative structure, the Sheriff's Office is recommended**,** with "stand alone" funding which would hire police officers in good standing. Training and supervision would be standardized. Stringent offender check-in and immediate response standards would be in place before the project actually starts to assure immediate response for violations. The word must get out on the street that this Project cannot be easily beat.

Consideration to the type of detention which is allowed pursuant to public safety risk but without threat to due process, will be considered during the implementation planning phase of the Demonstration Project. Key collaborators would meet to develop policy and procedure and would include at least the following agencies and organizations:

- ✓ Sheriff's Office
- ✓ Seattle Police Department[dd]
- ✓ Public Defender's Association
- ✓ Prosecutor's Office
- ✓ Office of Suburban Cities
- ✓ Washington Association of Sheriffs and Police Chiefs (WASPC)

Implementation Issues

- ❑ *Communication*: Cross systems and interagency communication is essential. Being clear about roles and responsibilities is vital to a successful implementation, and an agreed upon problem -solving mechanism is needed to assure on-going productive relations between and among all parts of the system. Further, there will be a need to define issues of "reasonable timeliness" throughout the initiative.

- ❑ *Management Information*: Successful implementation will include the ability to access offender information from various management information systems within the context of appropriate confidentiality standards. The need for integrated hardware and software, as well as accompanying policies and procedures on the part of all participating providers is critical

[dd] Note: The Seattle Police Department is considering a Warrant Service Unit of commissioned officers to do field service of priority warrants; the connection between the Demonstration Project and this initiative should be explored.

to assure success. Collected information will be shared in an aggressive and forthright manner between and among all stakeholders once an enrollee enters the demonstration program.

- *Training*: King County triage planners must be included in the development and implementation of this recommendation which must include training to follow the policies and procedures of the Unit as well as establish the needed communication linkages with the other agencies involved in the process. Moreover, there must be a sufficient numbers of employees with at least minimum qualifications to perform the functions needed to implement this recommendation.

CHAPTER SIX

Requisite Technology and Resources

Information Coordination: Management Information Systems

In many ways, the provision of timely, relevant, complete and meaningful information to decision makers is the most important consideration in Seattle/King County. Decision makers who are charged with release, sentencing, and treatment decisions need to know the offender's background (prior charges and dispositions, prior treatment involvement), current charge and other relevant information to make those decisions. Decision makers need to know the extent to which program placement decisions resulted in successful compliance, whether the programs are serving the appropriate target populations, and how well they are working. System impact measures must be in place to determine the impact of policy and program decisions on court dockets, jail populations, program services delivery especially relapse prevention services[24].

During the Implementation Plan development phase of the Demonstration Project, the Task Force must determine the means by which offender, program and system data are going to be gathered, analyzed and reported. Methodology for offender and program monitoring and evaluations must be determined. The need for improved or new management information systems - and how they will interact - is one of the major challenges facing Seattle/King County.

If resources allow, a unified database should be developed to serve both the justice and treatment systems. The specific data elements to be collected and shared will be part of the strategic plan that is developed and implemented by the Task Force. Aside from basic demographic information, general data elements for such a system might include:

- ✓ Arrest records
- ✓ Prior charges and dispositions
- ✓ Probation status
- ✓ Screening results for chemical dependency
- ✓ Treatment history
- ✓ Treatment status
- ✓ Results of alcohol and drug tests
- ✓ Employment history
- ✓ Educational history
- ✓ Mental Health history , especially as it related to defendant's criminal involvement (e.g., competency and sanity issues).

To facilitate the creation of such a database, Seattle/King County will need to review the resources and capabilities of each of the primary agencies involved and determine the individual and joint responsibilities needed to accomplish a more unified data information system[ee]. In Seattle/King County, multiple agencies and jurisdictions using independent databases currently track such information. These agencies and data systems include:

- King County Police's name repository or master index used by law enforcement, Prosecutor's Office and the King County Jail (SeaKing Interface System);
- King County Police's Incident Reporting and Investigation System (IRIS)[ff];
- King County Jail's Subject In Process (SIP) System;
- King County Prosecutor's Management Information System (PROMIS);
- King County Superior Court Management Information System (SCOMIS);
- King County Superior Court Case Management Information System (CMIS);
- King County District Court Information System (DISCIS);
- Seattle Municipal Court Information System (MCIS);
- Washington State Department of Corrections' Offender Based Tracking System (OBTS);
- Washington State Division of Alcohol and Substance Abuse's Treatment and Report Generating Tool (TARGET);
- King County Mental Health Division Management Information System;
- Seattle/King County Information Linkages (SKIL Project - in design);
- Statewide warrant registry maintained by the Washington State Patrol: Washington Criminal Information System (WACIS);
- Municipal jails, police and court management information systems such as the Spillman Data Systems used in Federal Way, Des Moines, Auburn and Redmond.

In addition, numerous, small databases (some automated, some manual) are used to track special projects/programs and grant-related activities.

[ee] Note: Cross jurisdictional data sharing is the #1 issue or priority with a regional task force of Specialized Police Services.

[ff] IRIS, utilized and managed by the King County Sheriff's Department, is the only existing reporting system for defendant incidents and investigations. It is owned by King County, but available at no cost to other agencies and jurisdictions

RECOMMENDATION # 12: MANAGEMENT INFORMATION SYSTEMS

Management Information System integration projects must include careful planning and a specific detailing of the scope of work if they are to be successful. It is recommended that during the implementation phase of the Demonstration Project, a Work Group should collaborate with the Bureau of Unified Services (BUS) which is currently analyzing information sharing needs between the mental health and chemical dependency treatment communities, and regional criminal justice MIS integration efforts. Key representatives of BUS are working with the Task Force. This effort would be assisted by the King County Information Resource Council (IRC). The Demonstration Project will not initially involve suburban municipal courts per se, but information must be gathered from these jurisdictions to insure target population data integrity and completeness.

This collaboration will focus on three areas: data accessibility and long term strategies to improve Management Information Systems (MIS); the design of offender tracking and evaluation methodology, and legal issues regarding client information sharing. The goals of these three focus areas are described as follows:

- **The goal of data accessibility will be to clarify, acknowledge and respond to difficulties with local and state management information systems which hinder data collection and analysis efforts and to develop short and long term strategies for data system access and development.**

- **The goal of designing offender tracking and evaluation approaches will be to develop guidelines for the design, development and implementation of methodology to monitor, measure and evaluate offender performance, system process and the impact of policies and programs.**

- **The goal of addressing legal/liability issues is to work with the King County Prosecuting Attorney's Office to review and resolve existing client information sharing barriers within the context of federal confidentiality laws.**

DISCUSSION

As a key component of the Seattle/King County *Drug Involved Offender Task Force* effort, a carefully constructed Management Information System (MIS) will serve both as a tracking and as an evaluation tool. The four primary components in developing such a system include:

1. The Vision of the Management Information System;
2. Data elements required for purposes of information flow and evaluation;
3. A review of current MISs to determine which ones contain these data elements and which MIS components would need to be developed/added; and,
4. Development of the necessary integration steps to create a seamless MIS.

Federal regulations regarding the sharing of confidential information must and will be adhered to

in the Demonstration Project, but some constituents may challenge such large scale information sharing. Nonetheless, the Task Force believes that this effort should proceed despite potential litigation risks.

Implementation Issues

- *Vision*: Key components of the MIS will include:
  - Information includes both criminal history and treatment information.
  - Information can be shared between criminal justice and treatment providers (confidentiality/legal issues must be addressed).
  - Ancillary information (e.g., housing, mental health, employment, etc…) is included.
  - Screens are easy to access, user friendly, and available to all service provider agencies involved in the program.
  - Funding must be obtained to address development, hardware/software, maintenance, and agency employee training.
  - Design must be flexible and scalable.

- *Elements of the Implementation Plan*: Three general activities will need to take place during the Implementation Phase to determine the scope of funding needed for MIS design, planning, and implementation, (including the purchase of hardware and the design of software):

  1. *Identify required data elements*: The Work Group will expand its membership to include representatives from end user organizations. This will allow for identification of the primary data elements needed to both track the defendant status and complete the necessary evaluation of the Drug Involved Offender Pilot Program. Wherever feasible, the data must be compatible with the definitions used in currently operating systems. This will reduce/eliminate double data entry and open the door for integration of data from other systems. Additionally, data components necessary to complete a full, critical evaluation of the pilot program must be identified and made a part of any resulting MIS.

  2. *Match data elements captured by current MIS' with desired data elements*: Existing MISs will be reviewed to determine if the data elements identified above are currently being captured; then, the Work Group will determine what new MIS abilities would need to be developed to capture data elements not already in existing systems. This step will involve agency representatives knowledgeable in both data elements and their respective management information systems.

  3. *Develop project plan to integrate existing systems and develop new systems as necessary*: This step will involve primarily informational systems staff, with end users providing input regarding usability and ease in access.

Chemical Dependency Treatment and Corrections Program Funding

Seattle/King County currently spends upwards of $5,429,000 annually on direct and community-based and substance abuse treatment services, and $1,435,000 on ancillary services through the Department of Public Health, Division of Alcoholism and Substance Abuse Services. An additional $800,000 is spent on substance abusing offenders in correctional-based treatment programs located at the North Rehabilitation Facility and the Regional Justice Center[25]. Aside from the latter, these expenditures are not determined through any type of cross-agency collaboration and many Seattle/King County treatment and correctional professionals agree that more joint planning and service delivery would greatly enhance the provision of substance abuse services in the jurisdiction.

State departments and agencies can have a dramatic impact on the extent to which local agencies and governments plan, develop and implement substance abuse services for offenders. Funding priorities, administrative and program policies, contracts and other administrative structures should augment and support local efforts rather than put up barriers. Mental health and substance abuse treatment funding are allocated separately from the State of Washington resulting in an uncoordinated service delivery system for dually disordered clients. The state Division of Alcohol and Substance Abuse and state Mental Health Division have collaborated and co-funded some important and successful projects, but few specifically directed at offender populations. BUS was charged with making recommendations to the Executive and County Council regarding services for this population and is currently discussing the benefits of pooled funding to more efficiently and effectively serve the dually disordered clients in King County. Similar or inclusive discussions with recommendations are needed regarding criminal justice and substance abuse funding from the State.

RECOMMENDATION # 13: FUNDING

Given that the Demonstration Project described herein is a multi-jurisdictional model, the securing of funding from local (municipal and county), state and federal resources is justified and essential. The Task Force submitted an unsuccessful grant application to the National Institute of Justice and will continue to look for other opportunities. Private foundations, moreover, should be approached for potential funding. Although initial costs of the project are significant, they are substantially less than other modalities including incarceration (with or without program services), felony offender day reporting and long-term residential treatment. The Task Force recommends that an Integrated Funding Work Group be formulated to investigate full scale initial costs of the Demonstration Project, identify viable resources, and calculate long term savings/costs avoidance.

The cost estimate for the Demonstration Project (basic components only) is $953 per month per participant. Compared to other modalities, these estimates are: 58% less than the state prison rates, 55% less than the King County Jail mean rate, 47% less than residential treatment, 23% less than the state's Day Reporting Center, and 82% less than long term hospitalization. Finally, the societal costs associated with alcohol and other drug involved offender behavior are enormous and increasing. Status quo is costing society much more.

DISCUSSION

Question #1: What are the Demonstration Project cost-offsets and service costs likely to be for approximately 300 enrollees per year vis-à-vis other modalities of service?

The monthly costs per inmate/resident/patient in the following modalities are:

Modality	***Daily Rate****	***Monthly Rate****
State Prison	$74.75 x 30 days	$2,242.50
King County Correctional Facility	$70 x 30 days	$2,100.00
North Rehabilitation Facility (NRF)*		
...with full treatment and ancillary services	$45 x 30 days	$1,350.00
...with minimal treatment and ancillary services	$38 x 30 days	$1,140.00
State DOC's Day Reporting Center	$59 x 21 days	$1,239.00
Mental Health Hospital	$175 x 30 days	$5,250.00
Cedar Hills Addiction Treatment	$60 x 30 days	$1,800.00
Demonstration Project including ARC		$ 953.00 (projected)
*Rates obtained from the Washington State Department of Corrections, King County Department of Adult Detention and Seattle-King County Department of Public Health. NRF rates include off-site services at the RJC (RJC pre-treatment services are provided by NRF counseling staff). Some NRF programs are funded from revenues generated via jail industries.		

The projected budget for the Demonstration Project was calculated using the following estimates of personnel and basic program components (contracted services, MIS and evaluation costs are excluded):

- Case Management: 10.0 Full Time Equivalent (FTE) specialized probation counselors/case managers + 1.0 clerical support +1.0 administrative support staff person = **12.0 FTE's**
- Chemical Dependency Counselors (CDC's): 2.0 state licensed CDC FTE's working day shift + 1.0 FTE evening shift (all sited @ ARC) = **3.0 FTE's**
- Mental Health Counselors: 1.0 state licensed mental health counselor FTE working day shift and 1.0 FTE evening shift (both sited @ ARC) = **2.0 FTE's**
- Housing Specialist: One housing referral specialist working flexible hours = **1.0 FTE**
- Regional Enforcement Unit: 1.5 commissioned law enforcement officer FTE's x 3 shifts => 4.5 FTE's x 1.6 (vacation, training and sick coverage) => 7.2 FTE Warrant Servers + 1.0 FTE clerical + 0.8 FTE administrative support + 0.875 maintenance + 0.125 extra help = **10.0 FTE's**.

FTE Salaries: Specialized probation counselors/case managers @ $40,000 ea.
Chemical dependency counselors @ $32,000 ea.

Mental health counselors @ $30,000 ea.
Housing Specialist @ $28,000 ea.
Clerical support staff @ $24,000 ea.
Administrative support staff @ $48,000 ea.
Regional Enforcement Unit warrant servers @ $70,000 ea.
Maintenance staff @ $24,000 ea.

Fringe Benefits: Calculated @ salaries x 45% (0.45)

Training & Orientation: 7.2 warrant servers x $30,000 = $216,000 (includes academy training)
18.0 case managers, counselors & housing spec. x $5,000 = $90,000
Subtotal - Training and Orientation = $306,000

Supplies and Services: Establish @ 35% of sum of FTE salaries + fringe benefits

Program and Office Space: Assume space needs of 64 square feet per FTE + an equivalent amount for "common areas" = 128 square feet per FTE

Projected Annual Operating Budget:

Staffing:

Specialized case managers @ $40,000 x 10	= $400,000
Chemical dep. counselors @ $32,000 x 3	= $ 96,000
Mental health counselors @ $30,000 x 2	= $ 60,000
Housing Specialist @ $28,000 x 1	= $ 28,000
Clerical support @ $24,000 x 2	= $ 48,000
Administrative support @ $48,000 x 1.8	= $ 86,400
Regional warrant servers @ $70,000 x 7.2	= $504,000
Maintenance/Extra help @ $24,000 x 1	= $ 24,000

Total Staff Salaries = 27 FTE's **$1,246,400**

Fringe Benefits
Salaries x 0.45 ....**$560,880**

Training & Orientation …………………………......**$306,000**

Supplies and Services
Salaries + fringe benefits x 0.30………….…………...**$542,184**

Space Utilization
128 square feet x $18 x 12 months x 27 FTE's ……….**$774,144**

Total Operating Budget…………………..................**$3,429,608**
Projected expense per participant per month..........................$953
NOTE: This operating budget assumes basic program components only including the ARC, case management, chemical dependency and mental health treatment, and regional enforcement. No "amenities" or services such as hygiene, postal, banking, property security, laundry or contracted services (e.g., educational and vocational training, library, life skills training, acupuncture) are included. Management information systems integration and evaluation costs are not included in these estimates.

The following table depicts the ratio of persons that could be served in the proposed Demonstration Project relative to those served in the same time frame in other modalities:

Modality	**Monthly Cost per Recipient**	**Monthly number of clients that could be served in ARC for the same outlay**
State Prison	$2,242.50	2.35
King County Correctional Facility	$2,100.00	2.20
North Rehabilitation Facility with treatment and ancillary services	$1,350.00	1.42
North Rehabilitation Facility without treatment and ancillary Services	$1,140.00	1.20
State Department of Corrections's Day Reporting Center	$1,239.00	1.30
Mental Health Hospital	$5,250.00	5.51
Cedar Hills Addiction Treatment Facility	$1,800.00	1.89
Demonstration Project	**$ 953.00**	**x x x**

Question#2: What are the potential funding sources and funding considerations?

Potential Funding Sources:

- Local: -King County Current Expense or special levy
  -City of Seattle General Fund or special levy
- State: -Department of Corrections (DOC)
  -Division of Alcoholism and Substance Abuse (DASA)

-Mental Health Division (MHD)
-Department of Community Trade and Economic Development (CTED)

- Federal: -Substance Abuse and Mental Health Services Administration (SAMHSA)
  -National Institute of Justice (NIJ) – "Breaking the Cycle" Demonstration Project
  -National Institute of Corrections (NIC)
  -Bureau of Justice Assistance (BJA) - the Byrne Program

- Private Foundations: (a sample selection only)
  -Robert Wood Johnson Foundation – Treatment, Violence Prevention
  -Ford Foundation – Post-services Employment Training
  -Kellogg Foundation – Community Empowerment

Funding Considerations:

The Edward Byrne Memorial State and Local Law Enforcement Assistance Program (the Byrne Program), created by the Anti-Drug Abuse Act of 1988, provides funding to state and local governments to improve criminal justice systems. These monies are allocated for new approaches and replication of effective programs and practices by state and local criminal justice agencies. The legislature authorized 26 purposes for Fiscal Year 1998 Byrne Program funds including programs to identify and meet the treatment needs of adult and juvenile chemically dependent offenders.

In 1997 Tulane University received $775,000 from the Byrne Program to fund Project Return: From Prison to Community, developed and implemented by Tulane University, as a cost-effective correctional option program that reduces reliance on incarceration. The program provides treatment and services to assist youthful and former offenders in the pursuit of lawful and productive conduct.

Other opportunities are found in the *Foundation Grants Index* for December 1997 which contains multiple listings of awards made under the following broad titles:

- ✓ Correctional Facilities
- ✓ Criminal Justice
- ✓ Crime/Law Enforcement
- ✓ Courts/Judicial Administration
- ✓ Crime/Violence Prevention

For example, in 1996, The Fortune Society in New York City received $3,150,000 from the Robert Wood Johnson Foundation (RWJ) for a five year grant to implement phase III of a community reintegration model to reduce substance abuse among jail inmates. Another example: In 1996, the American Bar Association Fund for Justice and Education received $482,219 in a two year grant from the RWJ Foundation to develop a unified family courts system to assist families with substance abuse problems.

Successful pursuit of foundation monies will likely be a critical component of the fiscal health of the services called for in this Report. For example, the presently allocated $800,000 for substance abuse treatment at NRF and the RJC represents funding for one year (FY98) after the last year of a voter approved, multi-year levy which expired on December 31, 1997. Should this allocation not be renewed or replaced – for whatever reason – the presence of foundation monies in the funding mix becomes even more critical to program viability. Ideally, this project needs to be positioned in such a way as to have a consistent, demonstrable, long-term funding stream with local dollars at the "core". These local dollars would be designated in such a way as to maximally leverage federal and state monies, as well as grants from private foundations. To do so, we must show evidence of a viable public-private partnership and a commitment to ongoing collaboration.

CHAPTER SEVEN

The Next Step

Adaptive Implementation of the Demonstration Project

Implementing the recommendations of the Task Force and designing the Demonstration Project policies, processes and programs will require a focused, highly specific and strategically developed implementation plan built upon a foundation of honest and open communication among local stakeholders. It is one thing to develop an original idea, practice or product (i.e. an *innovation*) and another thing altogether to change an operational system to accommodate the change (i.e. *implementation*). Systems, by their nature, are difficult to change: alterations to existing policies and procedures, ranging from structural changes to interpersonal interactions must take place in order for the new idea to take hold in the way it was intended.

Organizational change literature is a body of knowledge that is concerned with productivity, organization competence, manager effectiveness, and employee satisfaction. Within this body of knowledge are important contributions to the relationship of organizational change and policy implementation. The application of this information to the criminal justice arena is the subject of an erudite treatise by Harland and Harris, *Developing and Implementing Alternatives to Incarceration: A Problem of Planned Change in Criminal Justice*[26] which can serve as an excellent hand-book for an agency attempting to implement change in the criminal justice arena and related fields such as substance abuse service delivery. Harland and Harris, drawing on the work of such authorities of change as Zaltman and Duncan[gg], discuss the distinctions between *innovation* and *implementation* and, importantly, the distinctions between two separate phases of implementation, initiation and actual implementation:

> **Initiation**, the first phase, involves becoming aware of the need for change and exploring alternative solutions - awareness of an innovation can stimulate a belief that change is needed - shifts in attitude among key figures in the organization regarding the need for change, and a decision to implement a particular innovation... the importance of these distinctions is twofold: *organizational structures facilitating the initiation of change may inhibit the implementation process, and different types of resistance to change are found at different stages of the change process*[27].
>
> **Actual implementation** consists of instituting the organizational changes of policy, process and program by the agencies involved.

[gg] See for example, G. Zaltman & R. Duncan; Strategies for Planned Change, 1977

Zaltman and Duncan's studies of effective organization change show that different types of organizational structures are best suited for each of these phases; Harland and Harris summarize:

> ... the initiation of change is best facilitated by a loose organizational structure in which creativity is fostered and conflict is tolerated... Implementation, on the other hand, is likely to result in conflict and continual tinkering with plans that have been made within such an environment. A more formal, highly structured environment is, therefore, preferred for this phase of the change process.[28]

Obviously, if both the initiation phase and the actual implementation phase are managed by the same organization, which is often the case within human service agencies, it is not possible to have two distinct organizational cultures. However, if an agency is aware of the need for different approaches for each of the phases, then an approach can be designed which is bifurcated: initially, very adaptive and eventually, more highly structured. This approach would necessarily rely on a communication process which is grounded in clarity and collaboration, particularly at the initiation phase.[hh] As can be seen by the principles that Harland and Harris recommend, collaboration during the initiation phase is critical for the stakeholders' buy-in during the implementation phase.

The agency which will be assigned to oversee, initiate and implement the Demonstration Project policies, processes and programs will be instituting fairly radical changes in Seattle/King County. This agency must account for predictable resistances to the change process and design forums for planning and communication which will reduce the resistance. Work groups, task forces, and committees are well suited to collaborative decision making and, while such forums may be time consuming and, at times, frustrating, the end result is generally preferable to that which will occur in their absence: resistances winning out over the policy change.

Musheno, Polumbo et al, in their work *Community Corrections as an Organizational Innovation: What Works and Why*[29] describes this type of approach as a theory of "transformative rationality:"

> Organizational innovations require networks of people, inspired and coordinated by "change agents", working together to actualize policy principles they feel will enhance their work and esteem. Policies are adapted to local conditions without violating fundamental principles and policy implementors do more than carry out the directives of others; they are legitimate policymakers as well... innovative, organizational processes require *wide access to decision making* - the "empowerment" of those charged with the

[hh] A distinction is made here between "collaboration" and "cooperation": cooperation is concurrently approaching the same goal in a unified way (which literally can be done without ever sitting in the same room); collaboration, on the other hand, requires decisions to be made together (in terms of policy and strategy) and is virtually impossible without group meetings.

> implementation of community corrections... by enlisting the active involvement of workers in the articulation of policy, organizational morale, so vital to implementation, is bolstered.
>
> ... the successful implementation of policies such as community corrections requires *adaptive administration*. Community corrections programs are externally oriented because they lack the necessary resources to execute purpose, eligibility, and treatment strategy on their own (Thompson, 1967; Alderfer and Smith, 1982). These programs count on the cooperation of other criminal justice decision makers... in order to acquire clients...(and) to apply their ameliorative strategies... As Handler (1986, p. 182) points out: "The central, overarching fact (in service delivery) is decentralization, the presence of widespread discretion at the local level, the decisiveness of the local units in the implementation process."

The resistances that such "widespread access to decision making" may ameliorate are explained by Harland and Harris based on Zaltman's work:

> During the initiation phase, resistances include: a need to maintain stability, a fear that admitting to a need for change will be viewed as an admission of inadequacy, and a desire to protect existing domains of power and hierarchical relationships. During the implementation phase, however, resistance is often more direct and includes: attempts to modify the innovation itself, "feigned acceptance and utilization" passive compliance, claims of being manipulated or mistrusted, and "disillusionment because of false expectation." One can see that while resistance to change may be an ongoing concern, the nature of the resistance is likely to vary depending on the stage of the change process.

Harris and Harland continue by explaining a variety of approaches to use to reduce these resistances and then outline a set of tactical guidelines for implementation based on a review of change literature:

1. Provide for a broad a degree of participation in the change process consistent with the degree of resistance.
2. Make the change as compatible with existing values, beliefs and capabilities as possible.
3. Develop a means of demonstrating the innovation on a trial basis.
4. Design the implementation process so that changes are reversible.
5. Pace the implementation process so that it enhances the attractiveness of the innovation.
6. Include in the design a monitoring and feedback mechanism.

If these guidelines are followed, and it is certainly recommended that they will be, the Demonstration Project will be designed and implemented more readily and with less resistance than what otherwise may be encountered.

RECOMMENDATION # 14: IMPLEMENTATION PLANNING
It is the recommendation of the Task Force that the King County Executive appoint an Implementation Planning Task Force for the Demonstration Project which would develop the specific time frame for the implementation process, determine the scope of policies and processes needed to effectively institute the Project, identify and oversee the individuals and/or agencies needed to design and agree upon the policies and processes and recommend an agency for the initiation and actual implementation of the Demonstration Project.

DISCUSSION

Effective implementation of the policies, processes and programs envisioned by the Task Force for the Demonstration Project will require significant attention to creating an environment for growth: rooting the approach in strong, clearly defined administrative goals, collaborative policies and planning guidelines; straightforward support from state and local government leaders for a decentralized, policy driven, data informed decision making process; the formation of a local forum and process for analysis and decision-making; and the nurturing sustenance of equitable funding and technical assistance. (See Appendix F for the Task Force Time Line).

APPENDICES

A. Task Force Participant List

B. Guiding Principles for the Drug Involved Offender Task Force

C. Systems Integration Resolution

D. Case Studies: Status Quo vs. Demonstration Project

E. The Task Force Target Population Study

F. Task Force Planning Time Line

APPENDIX A

SEATTLE/KING COUNTY
DRUG INVOLVED OFFENDER TASK FORCE

Participant List

* The Honorable Ricardo Martinez, Magistrate Judge, United States District Court – Seattle (Chair)
* Dave Murphy, Program Analyst, Seattle-King County Department of Public Health (Project Manager)
Dennis Schrantz, Technical Assistance Consultant, Detroit, Michigan (Facilitator)

* Greg Anderson, Probation Counselor II, King County District Court Probation Services Division
Chief Jackson Beard, Criminal Investigation Division, King County Department of Public Safety
Curtis Breland, Assistant Regional Administrator, State Division of Vocational Rehabilitation
* The Honorable James Cayce, Presiding Judge, King County District Court
* Commander Ray Coleman, Division Manager, King County Dept. of Adult Detention-Kent Division
Jim Crane, Administrator, King County Office of Public Defense
Bill Dietrick, Business Area Manager, Downtown Seattle Association
Assistant Chief Harv Ferguson, Operations, Seattle Police Department
* Steve Freng, Prevention/Treatment Manager, Northwest High Intensity Drug Trafficking Area
* Sharon Fujita, Acting Director, Seattle Municipal Court Probation
Harvey Funai, Regional Administrator, Washington State Division of Alcohol and Substance Abuse
* The Honorable Judith Hightower, Judge, Seattle Municipal Court
Carol Hoeft, Executive Director, Eastside Recovery Center
* Paula Houston, Interim Division Manager, Division of Alcoholism & Substance Abuse Services
Ted Inkley, Criminal Division, Seattle City Attorney's Office
Captain Clark Kimerer, Investigations Bureau, Seattle Police Department
Chief Deputy Mark Larson, Criminal Division, King County Office of Prosecuting Attorney
Mary Anne McFarlane, Office of Correctional Operations, Washington State Dept. of Corrections
Lieutenant Bryan McNaghten, Kirkland Police Department
Chief David Purdy, Auburn Police Department
Harvey Queen, Washington State Department of Community, Trade and Economic Development
* Ethan Raup, Policy Director, King County Executive's Office
Chief John Rogers, Lake Forest Park Police Department
Tandra Schwanberg, Area Program Manager, Washington State Department of Corrections
Mike Shafer, Legislative Staff, Public Safety, Health & Technology Committee, Seattle City Council
Paul Sherfey, Acting Director, King County Judicial Administration
Cynthia Skow, Sentencing Advocate, Washington Defender Association
Patty Terry, Coordinator, Chemical Dependency Programs, Washington State Dept. of Corrections
Mike Tretton, Executive Director, Central Seattle Recovery Center
* Patrick Vanzo, Senior Manager, Public Health/Safety, Seattle-King County Dept. of Public Health
Art Wallenstein, Director, King County Department of Adult Detention
* David Wertheimer, Coordinator, Bureau of Unified Services
Diane Young, Director, Day Reporting Center, Washington State Department of Corrections

- Core Group Members

APPENDIX B

Guiding Principles
for the
SEATTLE/KING COUNTY
Drug Involved Offender Task Force

A. The Task Force shall recommend to Seattle and King County (including all of the municipalities within King County), a plan which will ensure the establishment of policies, goals and performance outcomes for federal, state and locally supported programs for any offender who is abusing substances and who is under the jurisdiction of the adult justice system, whether incarcerated or under community supervision in order to increase offender and system accountability[i] and better protect public safety.

Substance abuse and criminal justice services shall be based on individualized treatment plans part of a coordinated, comprehensive continuum which shall ensure continuity of care, intervention at the earliest point possible, relapse prevention and offender rehabilitation. A "seamless" system of service delivery that achieves results that correct criminal behavior - including abusing substances - best serves the community and the victims of crime.

ISSUES/CONCERNS/QUESTIONS

- This principle can only work if their is adequate funding, power sharing, a thorough plan of action to actually accomplish coordination, and significant training and education throughout both systems about the plan; otherwise, the systems will continue to work at cross purposes (for example, relapse resulting in supervision revocation and incarceration).
- Establishing policies and goals for a collection of programs supported by multiple funding streams and oversight agencies will likely entail *revising, re-defining, and/or consolidating* existing expectations for a complex set of stakeholders.
- It is difficult to provide meaningful treatment in the short time span of an average sentence (14 - 30 days); what is needed is service delivery which spans incarcerative and non-

[i] Offender accountability includes the reduction of recidivism through meaningful supervision, monitoring and reporting with predictable and consistent consequences for violations; system accountability includes cost-effectiveness which will require identification of the offender population most amenable to treatment (to reduce wasteful spending); agreement and consistency in the sharing of information.

incarcerative sanctions so that the treatment continuum is not broken by release but continues in the community.

- There needs to be more consistency in treatment services with a general agreement from service providers about the services available and delivered to the target population.

- These types of statement must be measured or they are meaningless; each statement needs to include - at some point - a description of how the outcome will be measured.

- Plan on having some treatment services NOT part of the "coordinated" plan; does the principle imply that service providers which do not receive government funding will not be part of the effort? Will this be voluntary? Who will enforce it? Where does the authority come from? Coordination of funding is very difficult and needs explicit agreements from the top down in order to be functional.

- The role of law enforcement needs to be clearly defined; for example, beyond being involved in the arrest of the offender, they could be involved in public education and prevention efforts.

- Working with federal and state agencies needs to involve a specific plan of action including but not limited to activities related to changes in current legislation. We need to form real partnerships with federal and state government agencies.

- Are we moving toward forced treatment? Is it effective? Are we establishing a quid pro quo between incarceration and treatment? Is the desire to reduce jail costs through the establishment of more "alternatives to incarceration" driving this process? If so, there will be disagreement from prosecutors.

    - There needs to be widespread agreement between the judiciary and probation about offender accountability measures if this principle is to be meaningful.

    - Be mindful of Sentencing Reform Act (SRA) as it applies to felons; what are the implications?

B. In order to reduce duplication of effort and to increase shared goals and objectives, there shall be an integrated delivery system for the provision of high quality[jj] substance abuse, culturally relevant substance abuse treatment, mental health treatment, vocational rehabilitation, General Equivalency Diploma (GED) preparation and testing, life skills training and referral to other services as needed for targeted offenders.

[jj] High quality services must be predicated on sound system integration principles which includes: the sharing of individual and aggregate data, collaborative planning, the identification of shared clientele and the agreement of shared responsibility for those clients, and the sharing of resources (revenue, personnel and materials).

ISSUES/CONCERNS/QUESTIONS

- Collaborative planning for supervision and sanction approaches is needed; treatment providers must be involved in the discussion; there needs to be more specificity about the "goals and objectives" referred to in the principle.

- Work must be done to establish ability to share information through automated information systems in order to meet this principle.

- Careful definition of "shared goals" and "local level" must take place; agreement may be easier if not tied to funding; the fact is that the money is already being spent but needs to be dedicated differently.

- Achievement of support from local government entities (Council, Mayor, etc.) is critical.

- The court system is not and will not be coordinated; issue of how to improve information sharing and agreement on goals and objectives throughout individual courts is the issue.

- What are the components of this "integrated system"? How does this/will this affect existing certification? How will this affect agencies that govern treatment programs?

- How will this be evaluated?

- This integration should enhance, not interfere, with effective service delivery from the clients' standpoint; should the services be not just available but required?

- The jail is a difficult place to achieve effective service delivery; it is instead, a punishment for the crime. The jail can have a role in pushing offenders toward community treatment.

- Will this re-prioritize access and eligibility within existing, limited capacities?

- Will this require some delineation of offender groups, i.e. targeted groups - at least to begin with - the use of the phrase "all substance abusing offenders" seems unrealistic; unless there is some staggered approach through the definition of several target populations in some order of priority.

- Will this have enough support to ensure reallocation of existing resources and the acquisition of new resources?

C. The level of formal treatment[kk] for offenders charged with alcohol/drug offenses or who are

[kk] "Formal treatment" has three *levels* of treatment with multiple treatment *options* in each: the *Pretreatment Service*

using substances will be based upon an ongoing supervision and treatment plan that is developed for each offender through a collaborative effort between criminal justice and treatment professionals, as early as during the pre-trial stage of the adjudication process or as part of a presentence investigation report. The supervision and treatment plan will identify the most cost-effective and least restrictive methods to achieve the outcome that the offenders use will be reduced if not eliminated and, thereby, pose less risk to the public.

ISSUES/CONCERNS/QUESTIONS

- This must be highly collaborative between criminal justice and treatment personnel in order to be effective; and, cannot be constrained by court orders which specific treatment levels and/or modalities: the bench must be willing to give "open-ended" orders and let the professional service planners and providers do their job in order to achieve court-related objectives for offender behavior.

- What instruments will be used to determine need for services, especially in light of the fact that "not all offenders need formal treatment"; i.e. if this is so, who will determine it and how and when? Will assessment be standardized? Centralized?

- The "treatment/supervision plan" must be easy to write and easy to track with minimal paperwork and must include the risk the offender poses for relapse in order to address public safety concerns; the timing of the development of the plan is critical especially when considering the vagaries of assessments: depending on who administers what assessment instrument when, the specification of treatment need will differ. Also, the timing of the planing is important: if it is done at pre-trial and defendant is found not guilty or charges are dropped or dismissed, what happens to plan?

- Keep in mind that pre-trial defendants have not been found guilty and coerced treatment is not an option at this stage in the criminal justice process and must be parr of legitimate release conditions pursuant to law.

- "Drug free" does not mean "crime free" especially if the issues of housing, employment, domestic violence, etc. are not addressed.

- Will we be constrained by existing approaches to funding and service delivery or will new approaches be created?

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level includes primary prevention and early intervention; the *Outpatient Treatment level* includes non-intensive outpatient treatment, intensive outpatient treatment, methadone maintenance treatment, day treatment, partial hospitalization; the *Inpatient and Residential Treatment level* includes medically monitored (or managed) intensive inpatient treatment, short-term non-hospital intensive residential treatment, intensive residential treatment, psychosocial residential care, and therapeutic community treatment. Treatment may be provided in other residential facilities such as half-way houses and group homes.

- What is needed to achieve the collaboration and buy-in of the existing treatment service delivery system?

- How will we evaluate effectiveness?

- What are qualifications of persons involved in the processes of assessment and treatment planning?

D. Testing for use of alcohol or other drugs with *a system of graduated sanctions and interventions* is an important and effective part of the overall supervision and treatment plan by holding the offender accountable for his/her behavior.

ISSUES/CONCERNS/QUESTIONS

- Need clarification on how results of drug tests will be used to facilitate recovery; testing is only one way to ensure accountability and may not be most effective method; there is too much emphasis on drug testing and this principle needs to be re-written. (During the implementation planning phase, stakeholders will need to respond to the question: what specifically ARE the other ways to ensure accountability and how can those measures be built into this principle; the point is accountability by whatever means are effective. The question is how does drug testing fit into a *continuum* of accountability measures?)

- One of the critical issues facing the Task Force is how to convince the "law and order" folks (i.e. law enforcement, prosecutors), and judges that the discretion historically reserved for the judiciary is going to be spread to probation and treatment professionals; therefore, getting agreement on specific graduated sanctions and the process for using them is the key.

- Don't assume that probation personnel are prepared for this discretion; many of them see violations as "black or white" i.e. jail or not; education and training is key.

- Consistency and flexibility are key here so that inequities do not occur but so that latitude based on offender differences is allowed.

- There is a lack of honest reporting now about the relapse of offenders because treatment professionals are fearful that relapse will be responded to with jail; how to overcome this lack of trust is critical; also, how to choose more honest and more effective service providers for piloting is important so that there are not accusations of "unfair trade practices".

- Failure to comply with the project requirements should be treated as an "escape" without need for additional court appearances. Drug testing is an absolute need.

- Graduated sanctions need to include electronic monitoring, day reporting, community service

work, work release with the use of jail time as a recourse for non-compliance.

- This will only work with a “swift and certain” apprehension capability.

- Imposing sanctions is the sole responsibility of the judiciary who can determine responses on a case-by-case basis in a consistent fashion. Public safety issues dictate that some offenders require incarceration for a lengthy period of time; another issue is the differing philosophies of prosecutors and judges and the need to create a flexible system to accommodate different approaches. (Editor’s note: the only sanctions that can be imposed without judicial interaction would be those *short of incarceration*; the details (process, options, etc.) would all need to be agreed upon by the judiciary before judges would agree to such an approach).

E. Criminal justice and treatment services will be made available in a timely and effective manner based upon the individual needs of the offender, system capacity and considerations of public safety through a “purchase of service”[1] or other appropriate funding concept. Evaluation of the service delivery system and individual service providers will be based on measures of cost-effectiveness and the result of service delivery.

ISSUES/CONCERNS/QUESTIONS

- Securing and designating funding, system capacity and dedication of services - especially in the treatment community, and target population prioritization must all be clear, agreed upon as each of these three issues needs vigorous and honest discussion. The current system is riddled with waiting lists because of limited resources.

- This will require fundamental change in the culture of the treatment community.

- Assessment for service need and actual service delivery must be done by separate, independent agencies.

- Timeliness is critical, i.e. service delivery must be made as soon as possible or the client is lost.

- Cost-effectiveness cannot be only factor driving the system; and the meaning of cost effective needs to be clearly defined, i.e. successful completion? Length of time between relapse or violation? “Attitude” change? Who would do the evaluation?

- Costs: who pays? How to cover costs for enormous number of indigent offenders? Should new agencies be created (or combined) that offer specialized services? Should government

[1] Purchase of services refers to contracts paid on a per usage basis rather than an annual grant or funding commitment.

agency(ies) be used and provide services “in-house”?

- Service outcomes or results of services needs to include the provision of effective treatment (and in the case of Criminal Justice agencies, protection) but must also include effective communication, information flow with the courts, and between justice and treatment agencies.

F. The delivery system will be designed to maximize the exchange of information between the criminal justice case management representative and the substance abuse service provider representative, thus assuring that service and sanction goals of the individual offender are fully integrated and that confidentiality requirements are effectively managed.

ISSUES/CONCERNS/QUESTIONS

- This is critical to maintain the public trust but must include accurate and complete reporting of relapses and violations and an understanding of the consequences of that reporting. This requires an aggressive approach to MIS development which must be primary.

- Let’s be careful not to make the confidentiality issue bigger than what it is: there are requirements and they will be met... we manage them, not the other way around. If any of these requirements need change, let’s take care of them... let’s not let current prohibitions curtail our creativity... but let’s be realistic about our vigorous, litigious defense bar and not let it hang us up.

- This will require more teamwork between systems than is now apparent... it is often driven by an “us vs. them” mentality; once agreements are made regarding goals, process, approach, etc. the issue of communication is critical - unless it is fully addressed, the changes we envision will collapse.

- Will an RCW change be needed to allow or require this?

- Define helpful role for law enforcement.

- Put it all on e-mail; we must all share info.

G. A priority for the allocation of local, state and federal substance abuse treatment funds will be to make available a broad range of treatment services[mm], including alcohol and drug

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[mm] The broad range of treatment services referred to here includes the same services defined as “formal treatment” and has three *levels* of treatment with multiple treatment *options* in each: the *Pretreatment Service level* includes primary prevention and early intervention; the *Outpatient Treatment level* includes non-intensive outpatient treatment, intensive outpatient treatment, methadone maintenance treatment, day treatment, partial hospitalization; the *Inpatient and Residential Treatment level* includes medically monitored (or managed) intensive inpatient treatment, short-term non-hospital intensive residential treatment, intensive residential treatment, psychosocial

testing, for persons under the supervision of the justice system.

ISSUES/CONCERNS/QUESTIONS

- This is largely a political issue so we need buy-off from major players at all government levels. It is political because the more "deserving" populations such as women and non-criminals are easier to fund without public backlash. And how about the balancing act with those on public assistance who are in need and not being served? This discussion and decision-making needs to take place within the context of determining the priority level of each of these needy populations so we can be clear about what we are about here. There are competing priorities in this community. We need to clearly identify a relatively narrow target population, determine the costs and the cost benefits and sell it based on reality not perceptions. Focus needs to be on BALANCE between funding for criminal and non-criminal clients.

- This will require both a re-prioritization of existing resources and new resources and is a huge issue which needs explicit and honest discussion before buy-in takes place.

- Need to consider the huge interests of the State on these matters... nearly a third of all state inmates come from this community and even more than a third are released here, we have got to figure out how to play this card so that funding flows.

- What role for law enforcement?

- There is not enough money to do all this; also, with an overemphasis on drug testing, what's left?

- We must address issues regarding housing and food or the likelihood of client success is greatly diminished.

- Good programs should get money; crappy programs should not.

H. Local and state policies and practices should be adopted which ensure that substance abusing offenders receive consequences and supervision that are effective when considering outcome and cost. A continuum of sanctioning options must be available to the judiciary which can provide offender accountability and enhance public safety; these include both incarcerative and non-incarcerative sanctions in consideration of correctional costs. Violations must be readily detected with swift and certain apprehension for violation in order to maintain the public trust.

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residential care, and therapeutic community treatment. Treatment may be provided in other residential facilities such as half-way houses and group homes.

ISSUES/CONCERNS/QUESTIONS

- Many drug abusers are incapable of being responsible in treatment absent incarceration; these need to be identified as "high risk/high need" and treated within the jail system - at least initially - until they can earn their way out; others can be treated in non-incarcerative settings.

- Define helpful role for law enforcement in offenders supervision process.

I. Suggestions for Other Principles; other Concerns/Issues/Questions[nn]:

- We need a principle which establishes the target population, when and how the targeting process will work and how we will attempt to involve the population in the new approach.

- A principle needs to be added which addresses the role of law enforcement in process; the ones included here appear to all begin after the point of arrest; this principle should address the role of police in the identification of offenders, the management of offender information, and offender accountability and supervision.

- Address cultural issues in a separate principle: meeting clients' needs in a culturally appropriate and sensitive manner needs to be included; for example: disabled, ethnic/racial minorities, elderly, youth, individuals with HIV/AIDS, etc.

- We need a separate principle which addresses the issue of unmanageably high probation caseloads.

- Need to consider separate principle regarding client self-sufficiency (for example, housing and employment).

- We need to examine and explain the role of prevention and drug education in the process.

- Released prison inmate violators should be sent to PRISON (not jail) for 30 to 60 day stints or at least be reimbursable for their stay in the local jail system.

- We need to be clear about our leverage with the client; are we advocating "forced treatment"? If so, let's be clear about it.

- To make this new approach work, we need to: determine if any RCW changes are needed, enlist political champions, achieve funding streams.

[nn] The only issues/suggestions recorded here are those which have NOT been addressed in re-writes or through other clarifications during the kick-off meeting.

- We need to attend to the fact of overlap with drug involved offenders with mental health problems - need to join forces, at some point with mental health officials to fully explore potential points of collaboration.

- We need to consider that criminal justice costs account for 64% of county budget (compared to 72% in Yakima and Pierce Counties); should we use cost control as measurable outcome?

- We need to consider early intervention approaches before criminal justice involvement and for first time offenders as well.

- We need to consider programs like drug court that identify offenders early and do not use the jail as the first option.

- We need to examine the offender population that is released from the jail directly into the community with no supervision.

- We need to examine the offender population that is released from prison (after an average length of stay of 2.4 years) with drug and alcohol problems.

- There are eight goals that these principles need to effectively address:[oo]

    1. A system which is *effective*, i.e. reduces criminal recidivism, while not compromising public safety (we need agreement about how we will define "success".

    2. A system which is *cost-effective* in terms of its use of limited funds. In part this means identifying the population most amenable to treatment, so we don't waste our money on those who are not amenable.

[oo] An effort has been made to incorporate these goals into the re-writing of the principles; however, they are included here as well so that the Task Force can review them and determine the degree to which they agree with these points and if so, the degree to which the re-writes now reflect these points.

3. A system which includes *meaningful supervision, monitoring and reporting* of progress. This means, in part, consistent reporting and manageable caseloads for probation.

4. A system which provides *accountability and predictable consequences* for violations. This means, in part, some agreement or consensus on the part of judges, probation counselors, etc., about what happens in the case of failure. The system shouldn't be seen by defendants as a way to *avoid* accountability (for example, some DUI deferred prosecution is seen as avoidance).

5. A system which *integrates* various components of the system and provides for adequate *sharing of relevant information*.

6. A system which understands the importance of dealing with *all chronic offenders* for whom drugs and/or alcohol are the cause of criminal behavior (and who are realistically amenable to treatment) and does not just focus on "serious" (i.e. felony) offenders.

7. A system guided by principles *other than* simply providing "alternatives to incarceration" and as simply a way to keep jail costs down.

8. Measurable goals for overall success of the programming and monitoring of those goals. This includes gathering and analyzing "outcome measures" which need to be determined during the initial implementation planning for the Project.

APPENDIX C

Seattle/King County Drug Involved Offender Task Force

Systems Integration Resolution

We, the undersigned members of the Seattle-King County *Drug Involved Offender Task Force* Core Group, wish to publicly advocate for health and human services systems integration, strong linkages with the criminal justice system and broadly based collaborations between and among governments, neighborhoods, providers, businesses and bureaucracies. The goal of these collaborations is to further the delivery of necessary and appropriate services to troubled street and offender populations experiencing frequent periods of incarceration, including persons with substance abuse and/or mental illness disorders. The lack of proper, cross-systems planning and coordination has led to perceived failure by chronic street and offender populations involved in treatment or the criminal justice system (or both), and it is the individual client who is seen as responsible for the failure. A more comprehensive view of the failures of these individuals makes it obvious that in many cases the failure is as much that of the uncoordinated systems as it is of the individual client.

While we intend to continue to advocate for a continuum of services for alcohol and other drug involved offenders in King County, we acknowledge the enduring and multiple needs of the larger population of individuals who could benefit from an integrated approach to care as well as the need for prudent resource management and programmatic accountability.

> **Toward these ends, we actively and enthusiastically RESOLVE to support the ongoing evolution and development of a responsible and accountable continuum of services that calls for the free and open sharing of information, planning, clientele and resources, in order to obtain critically needed services for both our target population as well as the equally troubled target populations of other committees, task forces, work groups, and planning entities in King County.**

This "No Wrong Door" continuum shall provide appropriate measures of treatment, survival services and sanctions for applicable clients in a well coordinated, collaborative manner in order to affect behavioral change, reduce recidivism, improve community livability, and enhance public health and safety.

Signed and adopted: **June 10, 1998**

APPENDIX D

Case Studies: Status Quo vs. Demonstration Project

Current Program and Procedures

Placement of appropriate, non-diverted defendants into in-custody treatment in the existing model involves some coordinated effort and serendipity. The existing model entails the following procedures. After arrest, defendants in King County are booked, when required or necessary, into the King County Correctional Facility (KCCF) - if the jurisdiction of arrest is located north of Interstate 90 - and into the RJC if the jurisdiction of arrest is located south of I-90. During the pre-booking process, the defendant is assessed for intoxication and the potential for alcohol or other drug (i.e., barbiturates, benzodiazepines) withdrawal. Other information regarding defendant's substance abuse, if applicable, may be available from previous booking records or other online sources (e.g., Jail Health Services). A formal screening for chemical dependency is not conducted at this point. The defendant then proceeds to the full booking process prior to housing placement.

Regardless of court recommendations for treatment or other interventions, housing placement is solely at the discretion of the KCJ Classifications Unit based on stringent inmate management criteria. This is noteworthy since on-site chemical dependency treatment is not provided at the KCCF and, therefore, unavailable to inmates housed in that facility. When substance abuse is indicated for a KCCF booking, the Classifications Unit attempts to place the inmate at NRF if eligible for low risk, community security supervision (NRF is a special detention facility with no fences or armed security staff). Inmates at higher risk must remain downtown at the KCCF; in certain cases, these inmates may be transferred to the RJC at the discretion of KCJ Classifications.

An inmate transferred to NRF, called a "resident," may be eligible for treatment if s/he has sufficient sentence or projected length of stay (minimum of 30 days). A limited number of short-term NRF residents are eligible for a Fast Track Treatment Program; such residents must have a minimum projected length of stay of 14 days. Overall, less than 20% of NRF residents are admitted to the state certified treatment program. Appropriate inmates booked into the RJC are eligible for treatment with a minimum security classifications (some medium security inmates may be eligible for the program under certain circumstances if approved by the Classifications Unit) and sufficient sentence or projected length of stay (30 days). Overall, less than 12% of RJC inmates are admitted to non-certified pre-treatment services.

Felony and misdemeanant offender-patients in chemical dependency treatment and/or pre-treatment services at NRF and the RJC are assigned a primary counselor and provided with a core regimen and individualized programming. Each case is reviewed on a regular basis, according to state law, and updated or revised as necessary. Over 60% of chemical dependency treatment admissions fail to complete the program or are released from custody prior to completion.[pp] Of those who fail to complete treatment, one-third are transferred to another detention facility prior to completion, 42% are released and 21% withdraw from the program; the remainder (approx. 2%) of these clients are returned to general population services.

All NRF residents, however, regardless of treatment eligibility or placement, receive some level of alcohol and other drug education, vocational, life skills training, crisis intervention, mental health evaluation and referral services. Such services are available to a lesser extent at the RJC. These ancillary services are needed and effective, but often provided in a preliminary fashion due to short lengths of stay and the lack of a continuum of services upon release from custody. Longer jail sentencing is not necessary to make the system more effective. What is needed is a continuum of services for substance abusing offenders that extends to out-of-custody status and into the community.

Upon release, NRF and RJC treatment participants are referred to community-based agencies for continued treatment, follow-up or aftercare. No hard data are available, but anecdotal reports from NRF and RJC counselors indicate that few of these individuals follow through on their appointments in the community, and fewer still actually complete treatment. With typically short jail stays, a drug involved offender may eventually complete in-custody treatment, but over an extended period with fragmented treatment experiences. Most offenders are not held accountable when released from custody unless monitored via an out-of-custody supervision program. With caseloads approaching 300 probationers, however, the level of supervision is limited. Intensive case management is virtually impossible.

Some judges attempt to court-order treatment without understanding that certain offenders may not be eligible for various reasons. Thus, a judge has no way of knowing whether the defendant will actually receive treatment or not. Furthermore, certain inmates at NRF or the RJC may not be admitted to treatment due to short length of stay, out-of-county hold, disciplinary reasons or unwillingness to participate. Finally, limited treatment information is automated for use by clinical staff, and the sharing of pertinent information across disciplines and jurisdictions is non-existent due to restrictive confidentiality laws and the lack of integrated or linked databases.

Treatment planning for eligible, diverted felony defendants is performed by the King County Drug Court in conjunction with a contracted, community-based treatment agency. Misdemeanant defendants are ineligible for Drug Court, operated by King Co. Superior Court.

[pp] Seattle/King County Department of Public Health, *King County North Rehabilitation Facility, Work Education Release and Regional Justice Center Program Services Reports by Month: 1997, Annual Report No.1, 1997.*

Demonstration Project

Placement of appropriate, non-diverted defendants into in-custody and out-of-custody treatment in the Demonstration Project will involve consistent, well coordinated effort with little serendipity. The proposed model entails the following procedures. A defendant is booked at the discretion of the arresting officer into the appropriate venue based upon existing KCJ policies and contracts. During the pre-booking process, the defendant's booking history and current case filing are reviewed. Case filings from Seattle Municipal Court, Seattle District Court and/or King County Superior Court will be targeted. Those cases with three or more KCJ bookings in the previous 12 months will be administered a standardized, valid screening instrument for chemical dependency.

The instrument will be administered by specifically trained screeners (to be determined) to approximately 1,450 defendants at the time of booking or after first court appearance during the first year, 120 per month or four per day. Test results will be automated for clinical use and to reduce the likelihood that defendants will be administered more than one screening test over time; validity diminishes with administration of the same test to an individual more than once. Therefore, the number of administered tests will decline in subsequent years of the project.

If found to be chemically dependent (projected n=750/year), the defendant will be randomly assigned to one of two groups: Demonstration Project or Comparison Group. Defendants assigned to the project will be referred to a case manager either during or upon completion of the booking process. At this point, the potential participant will be informed of the project, its components, requirements and expectations. It is anticipated that 20% (75) of the 375 potential participants will become ineligible for the project for various reasons (opt out, released, eligible for Drug Court), reducing the projected total to 300 participants per year or 25 per month.

Demonstration Project participants will be housed at NRF or the RJC where treatment staff are sited. When placed in a housing unit, each participant will be administered a comprehensive, validated risk and needs assessment (Addiction Severity Index or ASI) to guide the development of an individualized treatment plan. Appropriate in-custody project participants will be admitted to treatment within 48 hours of being assessed. Defendants who are released on personal recognizance ("PR'd") will be referred to a newly created Accountability Reporting Center (ARC) to be fully assessed, unless currently eligible for ADATSA services. Program participants on PR status prior to trial will be required to complete an assessment post-trial, if convicted, at the ARC if s/he has not already voluntarily done so.

If an individual was detained in jail pre-trial and is found guilty or pleas, s/he would continue in-custody treatment or report to the ARC if released and still under court supervision. If the detained individual is found not guilty, s/he will be ineligible for Project services and referred to appropriate community-based care.

Upon release from custody, project participants will be immediately referred to the ARC to continue and complete treatment. They will report to their assigned case manager (30:1 ratio of clients per case manager) who will coordinate service delivery. Each case will be reviewed on a regular basis, according to state law, and updated or revised as necessary. In addition to chemical dependency treatment, on-site mental health evaluation & treatment and ancillary services for appropriate clients will be available. Thus, a continuum of services will be created and release from custody will no longer result in incomplete and/or fragmented treatment. Upon graduation from treatment or termination of court supervision, project participants will be referred to community-based agencies for follow-up services or aftercare.

Judges will know whether the defendant will actually receive treatment or not, and will be updated electronically on participant status via the assigned case manager. Client information will be automated for use by clinical staff. Within the scope of federal confidentiality laws, pertinent information will be shared across disciplines and jurisdictions via integrated or linked databases.

Treatment planning for eligible, diverted felony defendants will continue to be performed by the King County Drug Court. Other felony cases may be referred from Superior Court to the Demonstration Project. The majority of project participants, however, will be misdemeanant defendants processed through Seattle Municipal Court and Seattle District Court Branch of King County District Court.

The offender-participant would be held accountable for non-compliance in a timely manner with swift and sure consequences. A graduated sanctions policy would be implemented to serve as guidelines for the judiciary to respond to non-compliance in a consistent manner. A Regional Enforcement Unit, staffed by commissioned officers through the Sheriff's Office, would be responsible for apprehending absconders and serving other priority warrants. Continued and/or severe non-compliance may result in disciplinary jail time.

The message to the offender will be clear and direct: treatment is available and comprehensive, but non-compliance will not be tolerated. The Demonstration Project will prove less effective if the offender and the intervening systems are not held accountable. With a comprehensive continuum of services and accountability measures in place, outcomes will be positive, public health enhanced and public safety protected.

APPENDIX E

Center for Substance Abuse Treatment Technical Assistance Report
Under Contract Number 270-95-0016

Technical Support to the Seattle-King County Drug Involved Offender Task Force

Identifying the Defining Characteristics of the High Impact Target Population
for
The Seattle-King County Demonstration Project

April 29, 1998

Katherine R. Malzahn-Bass

THE PROBLEM AND REQUEST FOR ASSISTANCE

Seattle and King County officials, through the Drug Involved Offender Task Force, are evaluating the current policies which govern drug treatment services, reviewing current utilization of existing resources for efficiency and are working to determine the potential for improved policies and substance abuse funding for "drug involved" offenders. The Task Force Coordinator, L. David Murphy, requested, through consultant Dennis Schrantz, assistance to statistically analyze and interpret data in two databases. One database contained basic demographic data on a random, stratified sample of 300 offenders booked into the King County Jail during 1996. The second data base contained criminal justice information on these same 300 offenders. This consultant was requested to provide technical support to the Seattle-King County Division of Alcoholism and Substance Abuse Services by helping them identify the defining characteristics of their high impact offenders or those who cycle through the King County Jail system at least three times per year. This consultant was to match the sample data provided by Chris Murray (private consultant) with data provided from the King County Jail system by Mr. Murphy to obtain charge and arrest history. The defining characteristics and other data relevant for decision making were to be represented graphically.

THE DATA: *Collection and Analysis Timeline*

April 9, 1998	The Task Force received permission from the Center for Substance Abuse Treatment (CSAT) to proceed with the statistical analysis of the targeted high impact population. The Clerical Staff at North Rehabilitation Facility (NFR), an extension of the King County Jail, immediately began retrieving data from their mainframe computer on the sample of 300 offenders.
April 14, 1998	Due to hardware problems the staff were able to gather information on only 200 of the 300 offenders before the data were transmitted to this consultant.
April 16, 1998	This consultant began to review the data transmissions and match the two spreadsheets, noting that basic demographic information, that had apparently been collected, was not included in the transmissions. She suggested that the Task Force may wish to include these data, as well. Preliminary frequency distributions and cross tabulations were run. The data seemed skewed toward the less involved offender. When Chris Murray, the consultant who had drawn the original sample of 300, was queried about the availability of the demographics he noted that analyzing 200 of the 300 sample would not be adequate. Since this sample was stratified, this consultant had, indeed, received data on only the lesser involved. Mr. Murray urged that it was essential that data for the entire sample by gathered.
April 20, 1998	The demographic data was received and matched to the database that had been created from the original two spreadsheets. Frequency distributions and cross tabulations were again to run to allow for additional analyzes.
April 21, 1998	The NRF staff began extracting the data on the additional 100 offenders.
April 23, 1998	This information was transmitted by the end of the work day and data analysis began in earnest.
April 26, 1998	Statistical information was transmitted to Dennis Schrantz, for finalizing the Task Force's report. This consultant and Mr. Schrantz communicated regularly to ensure that he had all the statistics necessary. Mr. Schrantz was concerned that no criminal history, offense

or jurisdiction data were available.

April 27, 1998 As the target population sample was narrowed to 22 cases, Mr. Murphy affirmed that there was a need to attempt to gather the offense, criminal history and jurisdiction information on this critical sample. Again, the NRF staff extracted these data from their mainframe on The spreadsheet was transmitted at the end of the workday on the 27th.

April 28, 1998 This consultant and Mr. Murphy had determined that a Microsoft PowerPoint slide show presentation would best suit the Task Force's needs. The first draft of the slide show was transmitted to Mr. Murphy for his review and input.

April 29, 1998 The final version of the PowerPoint slide show presentation was transmitted. A copy of this slide show is on the disk enclosed.

This timeline does not reflect the frequent and responsive communications between this consultant, Dave Murphy and Dennis Schrantz. This was an outstanding working partnership that allowed this portion of the project to be completed within the Task Force's time constraints even though enumerable obstacles presented themselves.

THE HYPOTHESES: *The Task Force's Target Population Expectations*

During the course of their investigations, the Task Force developed several hypotheses about their target high impact population.

First, they expected that their target population would tend to be misdemeanant offenders, but not exclusively, who constantly cycle through the system and, because, of their short length of stay, never successfully complete a treatment regimen.

Second, they expected that there would be a subgroup of this high impact population who were amenable to treatment as evidenced by their seeking treatment for their chemical dependency.

Third, they projected a strong correlation between recidivism and offender co-morbidity factors (chemical dependency and mental illness).

THE TARGET POPULATION STUDY: *Examination of Task Force Hypotheses*

As a result of The Misdemeanor Study, records on 38,142 bookings in the King County jail during 1996 were available for review. A random, stratified sample of 300 was drawn from this pool so that they reflected the demographics and criminal justice characteristics of the 38,142 bookings. In this way, the 300 records could be closely examined with confidence that their characteristics match the total population. The total sample was examined to determine those offenders who are alcohol and/or drug involved and then further examined to determine the number and characteristics of those which have a "high impact" on the system, that is, have three or more bookings in a year; finally, this group was categorized by felony, misdemeanor and investigation. Relevant findings on the Total Sample (300 bookings) include the following:

- *Charge*: 24% of the offenders were felons, 67% were misdemeanants, 9% were investigations.
- *AOD Involved*[qq]: 36% across the board; 47% of felons, 31% of misdemeanants, 41% of investigations.
- *High Impact Bookings* (that is, three times or more in a year): 32% were felons , 62% were misdemeanants, 6% were felony investigations.
- *AOD Involved who are High Impact*: 21% across the board, 41% were felons, 50% were misdemeanants, 9% were felony investigations.
- *Proportion of the Total who are High Impact, Alcohol/Substance Abuse Involved*: 7.3% across the board; 3% of felons, 3.7% misdemeanants, .7% investigations**.**

Felony and misdemeanor offenders who are "high impact", that is are booked annually at least three times, and who are AOD involved will be targeted for the Demonstration Project; half of those who are amenable to treatment will be enrolled. The next section examines the characteristics of the high impact, AOD involved target population based on the Target Population Study.

Target Population Numbers and Characteristics

It is estimated that 3% of the felons and nearly 4% of misdemeanants booked into the jail annually will be targeted. These are offenders who are "high impact" meaning they are booked at least three times per year, and they are AOD involved. In terms of numbers, using the Total Sample as a guide, this equates to 1,144 felons annually and 1,411 misdemeanants.

However, only those amenable to treatment will be enrolled; this reduces the numbers to at least 252 felons and 508 misdemeanants annually[rr] for an estimated total of 760 offenders eligible for enrollment. Of these, as many as 50% (or 380) would actually be enrolled with the other 50% receiving no additional services through the Demonstration Project for purposes of evaluation. This number of 380 does not include those whose charge or record renders them ineligible[ss] nor does it discount offenders in jurisdictions which may not begin as part of the Demonstration

[qq] Note: Actual percentages are probably higher due to number where Alcohol and other Drug (AOD) involvement was unknown: felons 16%, misdemeanants 29%, investigations, 15%.

[rr] The study shows that at least 22% of the felons are amenable to treatment and 36% of the misdemeanants as evidenced by recently actively seeking or having been enrollment at some time in treatment.

[ss] Eligible defendants will also be screened for their public safety risk, including prior criminal history, and likelihood of flight. Policies will need to be established which define acceptable limits for current charge and offender history of conviction (i.e. the number and type of prior convictions). The treatment program for each individual will take into account these factors. The issue of in-custody versus out-of-custody treatment will be made based on offender risk management considerations. The issue of charge exclusion will not be determined until the Implementation Phase of the Project.

Project. Based on the sample, the following characteristics can be expected in the target population:

- **Charge**: *Non-violent charge*: 82% across the board, felons 70%, misdemeanants 82%

- **Prior Arrests**:
  3-5 Prior Arrests: 32% across the board, felons 40%, misdemeanants 30%
  6-13 Prior Arrests: 32% across the board, felons 20%, misdemeanants 40%
  14-21 Prior Arrests: 18% across the board, felons 30%, misdemeanants 10%
  22+ Prior Arrests: 18% across the board, felons 10%, misdemeanants 20%

- **Mentally Ill**: 23% across the board, 20% felons, misdemeanants 30%

- **Homeless**: 18% across the board, 10% felons, misdemeanants 30%

- **Both**: 5% across the board, 0% felons, misdemeanants 10%

- **Bookings**:
  3 annual bookings: 50% across the board, felons 50%, misdemeanants 50%
  4 annual bookings: 32% across the board, felons 40%, misdemeanants 20%
  5 annual bookings: 5%, felons 10%, misdemeanants 10%
  6 annual bookings: 9%, felons 0%, misdemeanants 10%
  7 annual bookings: 5%, felons 0%, misdemeanants 10%

- **ALOS**: 18 days across the board, 20 days for felons, 15 days for misdemeanants

- **Days Jailed**:
  1 to 14 days: 41% across the board, felons 30%, misdemeanants 60%
  15 to 30 days: 9% across the board, felons 10%, misdemeanants 0%
  31 to 90 days: 36% across the board, felons 50%, misdemeanants 20%
  91 to 180 days: 9% across the board, felons 0%, misdemeanants 20%
  181+ days: 5% across the board, felons 10%, misdemeanants 20%

- **Max Jail**[tt]:
  1 to 14 days: 32% across the board, felons 10%, misdemeanants 60%
  15 to 30 days: 14% across the board, felons 30%, misdemeanants 0%

[tt] One finding in the analysis is noteworthy when considering the booking and length of stay patterns of misdemeanants who were booked into the jail at least 7 times in a year: misdemeanants were in jail for about 12 days the first four times they were booked, with an average of about 74 days in between bookings; then, the next three bookings occurred about every 32 days with an average length of stay of about 31 days. For felons, a similar pattern was found.

31 to 90 days: 32% across the board, felons 50%, misdemeanants 0%
91 to 180 days: 18% across the board, felons 0%, misdemeanants 40%
181+ days: 5% across the board, felons 10%, misdemeanants 0%

- **Jurisdiction**:
  Seattle: 41% overall; misdemeanants 60%
  King County: 54% overall; felons 90%, misdemeanants 40%
  State DOC: 5% overall; felons 10%

- **Court**: *Municipal*: 27%; misdemeanants 60%
  District: 23%; misdemeanants 40%
  Superior: 45%; felons 90%
  DOC: 5%, felons 10%

- **Demographics**:
  Average Age: 29 years
  Gender: Male 86%, Female 14%
  Race: 50% Caucasian, 45% African American, 5% Asian

In summary, it appears that the enrolled target population could be as high as 380 annually; however, when assuming a 20% "exclusion factor" due to charge, record, jurisdiction or other factors, the number is reduced to approximately 300 offenders annually. Assuming a fairly even rate throughout the year for enrollment, this would equate to about 25 offenders per month. Assuming an average length of program enrollment to be about 90 days, approximately 75 program slots would be required. These assumptions are used in the analysis of costs.

CONCLUSIONS: ***Hypotheses Supported***

Hypothesis 1*: the high impact target population will to be misdemeanant offenders, but not exclusively, who constantly cycle through the system.*

- Fifty percent (50%) of the high impact substance abusing population are misdemeanants; 41% felons.
- Fifty percent (50%) of these misdemeanants have four or more bookings during the course of a year; 50% of the high impact felons.
- Sixty percent (60%) of these misdemeanants never remained in jail for longer than 14 days. The average length of stay for misdemeanants was 15.2 days indicating that the majority remained jailed for approximately two weeks during their longest stay in the King County Jail system. A review of the average length of stay timeline, demonstrates that the vast majority of the high impact misdemeanants are housed for eight days.
- Thirty percent (30%) of the high impact felons remained in jail for fourteen days or less, with

an average length of stay of 20.1 days (including felony investigations).
Conclusion: Hypothesis supported

Hypothesis 2*: A subgroup of this high impact population will be amenable to treatment as evidenced by their seeking treatment for their chemical dependency.*

- Twenty percent (20%) of the high impact misdemeanant population sought treatment for their chemical dependency.
- Forty percent (40%) of the high impact felon population sought treatment for their chemical dependency.

Conclusion: Hypothesis supported

Hypothesis 3*: A strong correlation exists between recidivism and offender co-morbidity factors (chemical dependency and mental illness).*

- Seventy-eight percent (78%) of the sample subset that was not drug/alcohol involved (193 of 300) and had only one booking during the year compared to 60% of the substance abusing subset (107 of 300 via self report).
- Only 6% of the non drug/alcohol involved population was booked three or more times during the course of the year, compared to 21% of the substance abusing subset.
- Seventy percent (70%) of the high impact misdemeanants had six or more prior arrests.
- Sixty percent (60%) of the high impact felons had six or more prior arrests.
- Thirty percent (30%) of the high impact misdemeanants had been arrested 14 or more times, compared to 40% of the high impact felons.
- Thirty percent (30%) of the high impact misdemeanants were diagnosed as mentally ill.
- Thirteen percent (13%) of the total substance abusing subset (107 of 300) were diagnosed as mentally ill.
- Only 5% of the non drug/alcohol involved subset (193 of 300) were diagnosed as mentally ill.

Conclusion: Hypothesis supported

APPENDIX F

DRUG INVOLVED OFFENDER TASK FORCE

Planning Time Line

Phase I: Pre-Planning

February - April, 1997

- ☒ Building on work done by the national Center for Substance Abuse Treatment (CSAT) on-site in 1995[a], CSAT consultant provides overview of problems in jurisdiction regarding drug involved offenders, many of whom repeatedly "cycle through" the jail and treatment systems without completing treatment[b].

June - December, 1997

- ☒ "Core group" of key decision makers is formed to investigate potential responses to CSAT findings and travels in the Fall of 1997 to Detroit, Michigan to visit site of Criminal Justice (CJ) & Alcohol or Drug Abuse Service Delivery (AOD) systems which are building toward "seamless" service delivery for certain drug involved offenders.

- ☒ Core group prepares general listing for County Executive to consider in order to improve local systems; focus is on assessment, increased services and sanctions and Management Information System (MIS) development[c].

- ☒ County Executive collaborates with Seattle city government to form full Task Force to investigate options for system improvement for certain offenders. Task Force Chair (Judge Ricardo Martinez) and Project Manager (Dave Murphy) named.

- ☒ CSAT Technical Assistance (TA) sought and funded for first stage of planning; preliminary Plan of Action for planning phase developed as first effort of TA.

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[a] "Site Visit Report"; Women's Recovery Program, King County Division of Alcoholism and Substance Abuse Services; September 27 & 28, 1995; Steven J. Shapiro, CSAT Project Officer & Thelma Robinson, State Project Officer.

[b] See CSAT funded "Jail Based Demonstration Technical Assistance Report", April 14 & 15, 1997.

[c] See, "Seattle-King County Task Force Issues and Goals"; Memorandum from Dave Murphy to D. Schrantz dated 10/30/97.

Phase II: Development of Recommendations to King County Executive

January, 1998

☒ Task Force Project Manager and consultant prepare first *Issue Paper* for Task Force which describes problems and series of broad, potential responses based on prior TA, core group recommendations and site-visit to Detroit.

☒ Task Force "kick off" meeting held (1/13,14/98). General principles, goals, objectives, broad general options considered by Core Group approved by full Task Force; committee assignments made to further develop recommendations on sanctions and services.

☒ 2nd draft of *Issue Paper* prepared which includes results of committee work on each of general recommendations: issues, concerns, elements of effective policy, key collaborators needed for successful policy development, general plans of action.

February, 1998

☒ 2nd TA request to CSAT sought and approved to frame specific policy, sanction and service recommendations for "demonstration project" through facilitated process.

☒ Task Force expanded and convened (on 2/20/98) to approve demonstration project approach and begin process to involve wide range of CJ and AOD professionals to finalize policy, sanction and service recommendations; approve development of specific "target population."

☒ Task Force Chair and Project Manager briefed the King County Council's Law, Justice and Human Services Committee on the demonstration project.

☒ 3rd TA request to CSAT sought for development by 4/24/98 of specific target population (offender characteristics which differentiate the group from other groups) for highly evaluated demonstration project based on review of data on misdemeanant and felony populations moving through the court, jail and treatment systems.

March, 1998

☒ Task Force Project Manager invited to attend National Institute of Justice (NIJ) "Breaking the Cycle" planning conference. NIJ seeking jurisdictions which will focus efforts on "... criminal justice resources on reducing drug use among offenders, and commensurately reducing crime... (through)... collaboration by every part of local justice system."[d]

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[d] See U.S. Department of Justice, Office of Justice Programs, National Institute of Justice letter to Dave Murphy dated February 12, 1998 which outlines "Breaking the Cycle" goals and objectives.

☒ Issue Paper re-drafted (3/20/98)[e] to include re-writes of recommendations based on committee work and other considerations.

☒ Task Force meeting scheduled for 3/26/98 to approve specific (but preliminary) recommendations to County Executive (pending final decisions on target population), review per unit costs for services and sanctions, discuss potential funding options, develop Plan of Action for MIS development[f].

April, 1998

☒ Preliminary Report (4/27/98)[g] to County Executive prepared for Task Force review.

☒ Target Population Report completed (4/29/98).

☒ Project Manager submits "Breaking the Cycle" Research Demonstration Project Proposal/Concept Paper to NIJ on behalf of the Task Force.

☒ Final Phase II Task Force meeting convened (4/30/98) to modify draft recommendations to County Executive and outline Phases III through VI of initiative.

May, 1998

☒ Task Force Core Group meets to review and approve draft recommendations (pending stakeholder review and feedback).

☒ Task Force Project Manager and other Core Group Members meet with other task forces, committees and initiatives in Seattle-King County to coordinate efforts.

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[e] Dave Murphy edits to Schrantz 3/18; Schrantz back to Murphy 3/19 for distribution to Task Force for 3/26 Task Force meeting.

[f] There were 7 Work Groups appointed to develop preliminary recommendations for full Task Force discussion; by 3/26 all but 2 finished their work so preliminary recs were made at the meeting in 5 policy areas with general agreements on the remaining two. Dave Murphy will transmit the remaining two Work Group responses to D. Schrantz by 4/10 so they can be developed into new Issue Paper sections. In the meantime, Murphy will re-work the other 5 sections based on the responses at the meeting as well as other responses expected in writing from members who were unable to attend the 3/26 meeting. These re-worked sections will be transmitted to Schrantz by 4/10 and the next (and last) draft of the Issue Paper will be completed by mid-April. Murphy will use this draft as the basis for preliminary application (concept paper) for federal "Breaking the Cycle" consideration (the Task Force agreed that while funding is NOT expected, it is worth a try).

[g] Schrantz draft to Murphy 4/27 for distribution to Task Force for 4/30 meeting; time frame assumes target population data available no later than 4/24.

Phase III: Executive Review & Response

June, 1998

- ☒ Draft recommendations sent to wide array of stakeholders as final opportunity for revisions immediately prior to submission County Executive.

- ☒ Task Force Project Manager is notified from NIJ that the Breaking the Cycle proposal/concept paper submitted on behalf of the Task Force was rejected.

- ☒ Systems Integration Resolution adopted by Core Group (6/10/98).

- ☒ Final Report submitted to County Executive with copies to the King County Council, Mayor of Seattle, Seattle City Council and Regional Law, Justice and Safety Committee (6/19/98).

- ☒ County Executive is briefed on the Report (6/26/98) and common recommendations among the other active task forces and initiatives in Seattle/King County.

July, 1998

- ☒ County Executive, in collaboration with City of Seattle and other jurisdictions, reviews recommendations and determines commitment for implementation; prioritizes recommendations and considers potential county funding.

- ☐ County Executive and other officials issue new charge to Task Force to develop implementation strategies for specific recommendations and priorities.

Phase IV: Development of Strategic Implementation Plan

- ☐ TA request developed and submitted to the GAINS Center in NYC for assistance with Implementation Plan development and possible Core Group site visit to innovative, collaborative program for similar target population.

August, 1998

- ☐ 4th CSAT TA request (for MIS development) completed and submitted.[h]

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[h] CSAT has indicated limited funding is available for effort.

- Seattle City Council's Public Safety, Health and Technology Committee is briefed by Core Group Members.

- Funding and dedicated staff resources sought from King County, City of Seattle and State Department of Corrections to continue implementation planning efforts.

September - December, 1998

- Implementation Task Force convenes to develop "Implementation Plan" based on priorities of County Executive, City of Seattle and other jurisdictions.

- Funding Subcommittee/Work Group is planned, recruited and convened to seek resources for implementation of the Demonstration Project.

- Town Meeting is scheduled via the Seattle City Council for public discourse and input on the recommendations and Implementation Plan.

Phase V: Implementation

January - June, 1999

- Demonstration Project Oversight Committee recruited and convened.

- Funding achieved through variety of local city and county, state and federal funding sources as well as private foundations.

July, 1999 - December, 1999 and beyond

- Implementation of initiative with quarterly monitoring and evaluation reports to Demonstration Project Oversight Committee which meets four times per year to oversee implementation process.

ENDNOTES

[1] U.S. Department of Justice, Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics,* Washington, D.C.

[2] Seattle/King County Department of Public Health, *King County North Rehabilitation Facility, Work Education Release and Regional Justice Center Program Services Reports by Month: 1997,* Annual Report No. 1, 1997

[3] The National Center on Addiction and Substance Abuse at Columbia University (CASA), *Behind Bars: Substance Abuse and America's Prison Population,* New York, N.Y., January 1998.

[4] Ibid at Endnote 2.

[5] Department of Social and Health Services, *Arrestee Estimates of Substance Abuse Treatment Need (ARREST) Study,* Division of Alcohol and Substance Abuse, Report No. 4-22, September 1997

[6] Interview with Chris Murray regarding the *Misdemeanant Study* for the City of Seattle, King County, and the State of Washington, February 10, 1998.

[7] National Institute on Drug Abuse (NIDA) Media Advisory, *Economic Costs of Alcohol and Drug Abuse Estimated at $246 Billion in The United States*, National Institutes of Health, U.S. Department of Health and Human Services, May 13, 1998.

[8] Ibid at Endnote 7.

[9]. National Association of State and Alcohol and Drug Abuse Directors, *Invest in Treatment for Alcohol and other Drug Problems: It Pays,* 1994.

[10]. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, *Treatment Options for Drug Dependent Offenders: A Review of the Literature for State and Local Decisionmakers,* National Criminal Justice Association, 1990.

[11]. California Department of Alcohol and Drug Programs, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment,* 1994.

[12]. Ohio Department of Alcohol and Drug Addiction Services, *Cost Effectiveness Study of Alcohol and Other Drug Treatment Programs,* October 1997, Columbus, Ohio.

[13] Department of Social and Health Services, *ADATSA Treatment Outcomes: Employment and Cost Avoidance, An eighteen month follow-up study of indigent persons served by Washington State's Alcoholism and Drug Addiction Treatment and Support Act,* Office of Research and Data Analysis, Report No. 4-19, November 1994.

[14]. Ibid at Endnote 8.

[15]. See for example, U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *Combining Substance Abuse*

Treatment with Intermediate Sanctions for Adults in the Criminal Justice System; Treatment Improvement Protocol (TIP) Series #12, 1994, Washington, D.C.

[16]. Bureau of Unified Services (BUS); Mentally Ill Offender Task Force; Chronic Public Inebriate Initiative.

[17]. The National Task Force on Correctional Substance Abuse Strategies was comprised of correctional practitioners representing jails, prisons, and community corrections, as well as researchers and substance abuse treatment specialists and representatives of six federal agencies. Their report was published in 1991 and is available from the National Institute of Corrections.

[18]. King County Regional Support Network, *Mental Health Update: Sims convenes MIO task force*, System Change *News*: October 1997, p. 6.

[19]. King County Regional Support Network, *Mental Health Update: Council approves mental health/chemical dependency proposal*, System Change *News*: October 1997, p. 1.

[20]. Ibid at Endnote 13.

[21] Andrews, D.A., *An overview of treatment effectiveness: Research and clinical principles,* Department of Psychology, Carleton University, Ottawa, Canada: March 1994, p.3.

[22] Ibid at Endnote 21.

[23] The work sheets turned in by several Task Force participants explored this issue. Decisions regarding these issues need to take place once the target population - which is expected to include felons - is defined and quantified.

[24]. See for example, Mental Health Services Administration, Center for Substance Abuse Treatment, *Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System; Treatment Improvement Protocol (TIP) Series #12, Chapter 6, pages 68 -69,* 1994, Washington, D.C.; and same source, *Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment; TIP Series #14, Chapter 4.*

[25] Seattle/King County Department of Public Health, Division of Alcoholism and Substance Abuse Services, Operating Budget, Fiscal Year 1997.

[26] *Developing and Implementing Alternatives to Incarceration: A Problem of Planned Change in Criminal Justice;* University of Illinois Law Review; Volume 1984, Number 2.

[27] Ibid at Endnote 26, p. 330, emphasis added.

[28] Ibid at Endnote 26, p. 330.

[29] *Community Corrections as an Organizational Innovation: What Works and Why;* Journal of Research in Crime and Delinquency, Vol. 26, No.2, May 1989.