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

# KING COUNTY
# CRIMINAL JUSTICE INITIATIVE

Final Report
First-year participants

July, 2007

Prepared by
Debra Srebnik, Ph.D.

# EXECUTIVE SUMMARY

## I. Introduction

King County Council adopted the Adult Justice Operational Master Plan (the Plan) in November 2002, which paved the way for the Criminal Justice Initiative (CJI). The Plan recommended that a portion of the expected savings from the closure of the North Rehabilitation Facility and Cedar Hills Addiction Treatment facility be used for alternatives to 24-hour secure detention in King County correctional facilities. The primary objectives of developing jail alternatives were to reduce both the jail population and recidivism. A particular emphasis was placed on developing services for inmates who were high users of the jail and/or individuals who had substance use disorders and mental illnesses who were not otherwise eligible for service enrollment, or were applying for publicly-funded benefits and services.

The Department of Community and Human Services initiated a cross-departmental CJI planning group in March, 2003 to determine which programs would be developed and delivered. The group was supported by a National Institute of Corrections Technical Assistance Grant. With the assistance of consulting facilitators and a review of relevant literature, the group settled on developing ten CJI programs -- five service programs to provide housing, mental health and chemical dependency treatment services for inmates being released or participating in community alternatives to incarceration, and five process improvements to train stakeholders and assist inmates to connect to treatment services and publicly-funded benefits. Specifically, the CJI planning group determined that the following programs would be developed:

Service Programs

- Co-occurring disorder (COD) integrated treatment
- Housing vouchers
- Mental health treatment vouchers
- Methadone vouchers
- Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)

Process Improvements

- Criminal justice (CJ) liaisons
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker
- Department of Social and Health Services (DSHS) application worker
- Cross-system training
- Enhanced screening and assessment in jail

Purpose of this report

This report summarizes 1-year outcome and process evaluation findings. The outcome evaluation includes jail and clinical outcomes for the CJI treatment programs -- COD treatment, housing voucher, mental health treatment voucher, methadone voucher and the CCAP IOP chemical dependency treatment programs. Process evaluation findings are presented for these programs including engagement rates, service utilization, length of treatment, use of evidence-based practices and participant and stakeholder satisfaction.

The process evaluation also includes all evaluation data (e.g., characteristics of persons served, program impacts, participant and stakeholder views) for CJI process components -- criminal justice (CJ) liaisons,

ADATSA and DSHS benefit application workers, cross-system training, and the enhanced screening and assessment in jail.

After a brief Introduction (Section I), Section II provides outcome and selected process evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program. Outcome and process evaluation details are provided in these chapters. Section IV includes chapters for evaluation findings of each CJI process improvement. Section V describes recommendations from the first year of the CJI and actions that have been taken relative to those recommendations.

## II. Summary and Comparisons across CJI Service Programs

A total of 663 people were served under the CJI service programs during their first year. A slightly higher proportion of women and a similar proportion of ethnic minorities were served compared to the overall jail population. Nearly all had a chemical dependency problem at admission and nearly half had a mental illness. About 2/3 were homeless and few were employed. Jail and clinical outcomes and program satisfaction are discussed below.

The number of jail bookings for participants during the first year of the CJI was significantly reduced from an average of 2.2 during the pre-program year to an average of 1.8 during the year following program entry. The COD, Housing voucher and CCAP IOP programs showed significant reductions in bookings, while the methadone and mental health voucher programs did not. Jail days did not significantly change, indicating increased jail days per incarceration although overall charge severity did not change.

While jail bookings were reduced, recidivism analysis showed that 67% of CJI participants were re-incarcerated within one year of program entry. This recidivism rate was similar to the 69% King County Jail recidivism rate for those with mental illness, and above the range of 24-56% for post-booking jail diversion programs elsewhere in the country. Participants with the highest rate of pre-program bookings had the highest rates of recidivism.

Length of treatment and completing treatment positively affected jail outcomes, indicating that the longer a person stays in treatment, the greater their reduction in jail use. In addition, men showed an increase in jail days and women showed a decrease, and recidivism was more likely for people who were homeless and younger.

The average daily population of individuals with mental health or substance abuse problems in King County jails increased as a proportion of the overall jail population. This could be due to improved identification of these populations, which was a goal of the CJI.

About half of CJI participants had positive treatment dispositions. The strongest clinical outcomes were shown for the COD program, however the methadone voucher program was very successful in reducing substance use. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success.

Participants reported improved coping, reduced substance use and symptoms, and increased productive activity. Housing, employment, family and social relationship improvements were less often reported. Participants showed generally high general satisfaction across the CJI programs. Satisfaction was highest for the housing voucher and COD programs. Participants were only moderately satisfied with the process and time it takes to obtain housing within both programs for which this question was relevant (COD and housing voucher). Participants reported that "getting to the program" was difficult for the mental health voucher, methadone and CCAP IOP programs. Opportunity to see a psychiatrist when needed was rated poorly for those programs for which this issue was relevant (COD and mental health voucher). Participant satisfaction

with opportunity to self-determine treatment goals was also rated less highly for the mental health voucher and CCAP IOP.

Staff satisfaction was strong except for the mental health voucher program. Staff expressed desire for longer programs and improvements in the amount and types of housing. Stakeholder satisfaction was strong for all programs and highest for the methadone voucher, housing voucher and CCAP IOP programs.

## III. CJI Service Program and Process Improvement Highlights

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

During the first year of operation 85 people entered the program, and program demand exceeded capacity during the second six months. Jail bookings were significantly reduced; however, 80% of COD participants were re-incarcerated within one year of program entry. Jail days and charge severity were unchanged. Participants showed significant reductions in substance use, mental health symptoms, and community functioning. Client- reported outcomes included improved coping skills, and reduced substance use and symptoms. Client and staff satisfaction was generally high, while stakeholder satisfaction was somewhat lower. Strengths reported included intersystem collaboration, the inclusion of housing, integrated chemical dependency and mental health treatment, and positive staff qualities.

### B. Mental health voucher

During the first year of operation, 40 people entered the program. Jail bookings, jail days, and charge severity were unchanged. About half (48%) of the participants were re-incarcerated within one year of program entry. Clinicians reported that participants showed no significant clinical improvements; however participants reported reduced symptoms, more productive activity and improved coping skills. Client satisfaction was strong, and they were particularly pleased with staff qualities, the focus on recovery and information provided to help them manage symptoms. Staff and stakeholders showed only modest satisfaction levels. Due to weak program outcomes, the program was discontinued at the end of 2005.

### C. Methadone voucher

During the first year of the operation, 262 people entered the program. The first 106 referrals were from the Needle Exchange program, and thereafter individuals were referred from the jail. Jail bookings, jail days and charge severity were unchanged for participants overall. However, jail-referred individuals showed a trend toward reduced jail bookings. Nearly 2/3 (61%) of the participants were re-incarcerated within one year of program entry. Four-fifths of the participants (79%) reduced their primary substance use (almost all heroin). There was also a significant reduction in the amount of money participants spent on illicit drugs. Client and stakeholder satisfaction were high, while staff satisfaction was modest. Clients reported reduced substance use, increased productive activity, improved coping skills and family relationships. They were especially pleased with program staff and the variety of groups available to meet their needs. Staff and stakeholders were happy with clients' easy access to the program and the variety of service offered.

### D. Housing Voucher

During the first year of operation, there were 208 total admissions into the program for 189 unduplicated people. Jail bookings were significantly reduced; however, 76% of the participants were re-incarcerated within one year of program entry. Jail days and charge severity were unchanged. Overall, 28% of participants obtained permanent housing. Of those who remained in the program more than 90 days, 51% obtained permanent housing. Most of those who obtained permanent housing required an extension of

the 6-month benefit. Clients, staff and stakeholders reported high program satisfaction. Strengths reported included staff qualities, clients learning responsibility and self-sufficiency, and services provided where and when needed.

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

During the first year of operation, 87 people entered the program. Jail bookings were significantly reduced, while jail days significantly increased, indicating a substantial increase in jail days per booking. Nearly 2/3 of participants (59%) were re-incarcerated within one year of program entry. Charge severity was unchanged. Clients showed reduced substance use, and clients also reported improved coping skills. Clients reported moderate satisfaction, while staff and stakeholders reported high satisfaction. Strengths reported included the variety of classes, staff qualities, a focus on recovery, and intersystem communication and collaboration.

**F. Criminal justice (CJ) liaisons**

During the first year of operation, the CJ liaisons served 1347 referrals. About half (54%) were referred to a DSHS benefits application worker, and 20% were referred for mental health treatment. Staff and stakeholders were generally satisfied with the program. Strengths included staff qualities, intersystem collaboration and communication, and community linkages.

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

During the first year of operation, 325 referrals were made to the ADATSA application worker. The rate of persons referred who completed an ADATSA screening rose from 35% during the first six months to 73% during the second six months as eligibility criteria became clearer and more referrals were pre-screened by the DSHS worker. Of those who were screened, over 3/4 ultimately received ADATSA benefits. Stakeholders reported high satisfaction, particularly regarding connecting inmates with benefits prior to release from jail and processing applications quickly.

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

During the first year of operation, 1259 referrals were made to the DSHS application workers. About a quarter of those referred completed a DSHS application. More than half of those who needed ADATSA benefits, cash assistance, or SSI received those benefits. Nearly all who needed food stamps received them. Stakeholder satisfaction was moderate, and program strengths were staff qualities, intersystem communication and collaboration, and quick access to benefits.

**I. Cross-system training**

Nine trainings were provided and reached a total of 257 participants. Four trainings to human services audiences provided information on the corrections and legal systems. Five trainings to corrections audiences focused on how CJI programs operate. Participants reported increased knowledge and that they would recommend the trainings. The trainings were recorded and made available on CD-ROM.

**J. Enhanced screening and assessment in jail**

An enhanced screening interview that examined mental health and substance abuse issues, background information, and recommendations for community services was implemented for individuals seen within the Superior court arraignment calendar who might be released to community alternatives to jail. A total of 457 individuals received the enhanced screening during the first full year of implementation (2006), and nearly half were released to either a community alternative (28%) or on personal recognizance (18%).

One-third (33%) were flagged as having a mental health and/or chemical dependency problem that warranted comprehensive assessment.

## IV. Recommendations and Actions Taken

1. The COD integrated treatment program demonstrated significant reductions in jail bookings and positive clinical outcomes. Satisfaction with the program was high, and toward the end of the first year demand for the program exceeded capacity. These findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts. Outcomes should be monitored following this change. Process evaluation findings suggested that areas for improvement included improving fidelity to evidence-based COD treatment, reducing time to obtain housing (see also housing voucher recommendations below), opportunities for participants to see a psychiatrist when desired, and opportunities for clients to determine their own treatment goals.

2. The mental health voucher program showed little evidence of reduction in jail utilization, clinical improvements were inconsistent, and program satisfaction was modest even after increasing the program length from six to nine months. The program was consequently discontinued, with no new admissions after September, 2005.

3. Participants in the methadone voucher program referred from the jail during the second six-month cohort showed a trend toward reduction in jail bookings; a somewhat more promising outcome than for the first cohort referred from the Needle Exchange program. A very high proportion of program participants from both cohorts substantially reduced their substance use, and satisfaction with the program was high. Areas identified for improvement included increasing use of evidence-based practices, improving linkages with jail referral sources, clarifying funding strategies for individuals who exhaust voucher funds, and determining ways to increase access to housing and mental health services. Due to lack of funding, there were no new admissions to the program from June, 2005 through September, 2006.

4. Of all the CJI programs, the housing voucher program showed the strongest outcomes regarding reductions in jail utilization. Satisfaction with the program was high. Increasing participant retention, providing decent quality transitional housing outside of high drug use areas, and improving the rate of participants obtaining permanent housing were identified as areas for improvement for this program. Recommendations included working with housing authorities and funders to determine ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. In 2006, the housing broker began charging program participants a maximum of 30% of their income per month for those individuals with income. These client fees are being used to 1) secure additional housing units to reduce wait lists (e.g., recently reached agreement to obtain new housing via New Life Homes located in the University District), and 2) provide landlord incentives for upgrading/repairing dedicated housing units and replacing damaged furniture. As a result, the quality of transitional housing has improved.

5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reduction in jail bookings though increased jail days. Staff and stakeholder satisfaction was high and client satisfaction moderate. Areas identified for improvement included increasing client retention and examining the role of pre-trial status of participants to this issue. Many participants were placed back in custody solely because of a single positive urinalysis, and over 60% of early discharges were for pre-trial participants who can be discharged from CCAP at any time due to case dismissal, plea bargaining and the like. It was also suggested that the program consider a more flexible schedule for participants who are ready for and actively seeking employment. Along these lines, the Learning Center has recently begun to provide GED testing and linkage to pre-employment and employment services. Determining a method for collecting more complete and meaningful clinical outcome data was also recommended.

6. CJ liaisons. Satisfaction with the liaison positions was high among stakeholders but modest among the liaisons themselves. Areas for improvement identified included improving role clarity and consistency of expectations across sites, and strengthening linkage and engagement of clients with community-based services. Additional training along these lines was provided to staff.

7. ADATSA application worker. Satisfaction with the ADATSA application worker was high. Areas for improvement included clarifying referral processes and criteria. As these improvements were made, the rate of referrals for which ADATSA screenings were completed rose substantially.

8. DSHS application worker. Satisfaction with the DSHS application worker was modest. Areas for improvement included increasing visibility of the worker within the jail and clarifying referral criteria. To increase visibility, effective May 1, 2007, an office inside the jail was obtained for the DSHS financial application worker assigned to the King County Correctional Facility.

9. Enhanced screening and assessment in the jail. While 3,515 felony arraignment cases were potentially eligible for the enhanced screening and assessment, only 457 completed this process. Individuals were screened out based on danger to the community, flight risk, or the presence of a judicial hold, and 17% were not screened due to a shortage of staff. The CCD may want to consider refining the eligible population for the enhanced screening process or hiring additional PRIs to handle the volume of inmates eligible for the screening..

# TABLE OF CONTENTS

# LIST OF TABLES AND FIGURES

**Appendix B**



**Appendix D**



**Appendix E**

# SECTION I. INTRODUCTION

King County adopted the Adult Justice Operational Master Plan (the Plan) in November 2002 which paved the way for the current Criminal Justice Initiative (CJI). The Plan recommended that a portion of the expected savings from closure of the North Rehabilitation Facility and Cedar Hills Addiction Treatment facility be used for alternatives to secure detention in King County correctional facilities. The primary objective for the use of these funds was to both reduce the jail population and recidivism. The Plan stressed that secure detention should be reserved for those who are a public safety or flight risk or who have failed in community alternatives to secure detention. A particular emphasis was placed on developing alternatives to secure detention and services for inmates who were high users of the jail and/or individuals with substance use disorders and mental illnesses and who were not otherwise eligible for service enrollment. Jail alternatives developed through the CJI were intended to preserve public safety, provide an appropriate level of sanctioning for criminal offenses, be cost effective and acceptable to the courts, and reduce the risk of re-offense and recidivism. In addition, the alternatives were not intended for people who otherwise would not have been incarcerated (i.e., net-widening).

The rationale for focusing on individuals with substance use and mental illnesses stemmed from their disproportionately high jail usage. For example, among those with drug or alcohol-related charges, inmates with co-occurring psychiatric disorders (COD) had nearly double the average length of stay in King County jails. Further, people with CODs represented 60% of District Mental Health Court (DMHC) cases and 41% of Drug Diversion Court cases. About one-third of specialty drug and mental health court clients were also homeless. Among those with ten or more jail bookings in a year, all were homeless. A presumption of the CJI planning process was that at least a subset of these individuals could be safely and more appropriately served with community-based interventions.

**CJI Planning**

The Department of Community and Human Services initiated a cross-departmental CJI planning group in March 2003 to determine which programs would be developed and delivered. The group was supported by a National Institute of Corrections Technical Assistance Grant.

The group consisted of representatives from the county's mental health and chemical dependency services administration (MHCADSD), jail and corrections leadership, staff from the Jail Health Service, and specialty courts. With the assistance of consulting facilitators, the group reviewed relevant research and best practice information, including information from model programs in Multnomah County in Oregon and Broward County in Florida. Findings from these reviews are briefly summarized in a logic model presented in Appendix A. In addition, the group discussed gaps in the current service system. This discussion revealed weak coordination between the specialty courts and their respective treatment systems, complex bureaucratic systems for inmates to obtain entitlements and treatment, inmate homelessness following release from jail, limited case management for individuals released pre-trial, little expertise in the provision of evidence-based care for this population, and little coordination of community care for people released from jail.

Based on information reviewed, the group reached consensus to develop ten CJI programs -- five client service programs to provide housing, mental health and chemical dependency services, and five process improvements to train stakeholders and assist inmates to connect to treatment services and publicly-funded benefits. A decision was made that overall program management would be provided by (MHCADSD).

Specifically, the group decided that the following five client service programs and five process improvements would be developed:

Service programs
- Co-occurring disorder (COD) integrated treatment
- Housing vouchers
- Mental health treatment vouchers
- Methadone vouchers
- Intensive outpatient (IOP) chemical dependency treatment at the Community Center for Alternative Programs (CCAP)

Process improvements
- Criminal justice (CJ) liaisons
- Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker
- Department of Social and Health Services (DSHS) application worker
- Cross-system training
- Enhanced screening and assessment in jail

A logic model (Appendix A) depicts the assumptions made by the group based on information reviewed, inputs for each program, and central activities and functions of the programs. The model also shows expected outcomes and system impacts. This information was derived from a set of 24 interviews with key stakeholders in the CJI process. External and unanticipated factors that could impact effectiveness of the programs are also listed, and were developed based on discussions with MHCADSD administration.

**Program Evaluation Questions, Design and Methods**

The CJI evaluation included an outcome evaluation and process evaluation.

**Outcome evaluation**

CJI outcome evaluation questions were developed based on stakeholder interviews as discussed above. The table below shows outcome evaluation questions for each of the five CJI service programs.

Table 1. Outcome evaluation questions by CJI service program

| Outcome evaluation questions | COD | Mental Health Vouchers | Methadone Vouchers | Housing Vouchers | CCAP IOP Chemical Dependency treatment |
|---|---|---|---|---|---|
| 1. Reduced jail bookings and jail days | X | X | X | X | X |
| 2. Convictions[1] | X | X | X | X | X |
| 3. Reduced substance use | X | | X | | X |
| 4. Reduced mental health symptoms | X | X | | | |
| 5. Increased housing stability | X | | | X | |
| 6. Improved community functioning | X | X | X | | |
| 7. Disposition at service completion | X | X | X | X | X |
| 8. Participant-reported impacts | X | X | X | X | X |
| 9. Reduced jail ave. daily pop. (ADP) | | | | | |

[1]Analysis of convictions was dropped from the evaluation as jail bookings were determined to be more proximal and relevant

The outcome evaluation employed a pre-post comparison group design. Pre-program measures were compared with measures taken at the end of the program benefit period or at program discharge. Comparison groups of similar individuals were derived for the historical period before the CJI programs were implemented and for the period concurrent with CJI program implementation.

**Process evaluation**

CJI process evaluation questions were derived from the same stakeholder interviews as was used for the outcome evaluation questions. The table below shows evaluation questions related to CJI service program processes as well the five CJI process improvements.

Table 2. Process Evaluation Questions

| CJI Service Programs |
|---|
| 1. What proportion of individuals offered CJI programs engage in treatment?* |
| 2. What is the volume of services used by participants?* |
| 3. How long do participants stay in treatment?* |
| 4. Are services satisfactory to participants? |
| 5. Are treatment programs using evidence-based practices? |
| 6. Are programs satisfactory to stakeholders? |
| CJ Liaisons/Linkage improvements |
| 1. Are CJ liaisons integrated? |
| 2. Are linkages to treatment consistently made? |
| 3. Has the number of linkages to treatment increased? |
| Cross-system training |
| 1. Has training reached all relevant groups? |
| 2. Have training participants gained knowledge regarding treatment and CJ systems? |
| ADATSA and DSHS application workers |
| 1. Are more ADATSA and DSHS applications completed pre-release? |
| Enhanced screening and assessment in jail[1] |
| 1. Is assessment process sound and feasible? |
| 2. Is assessment process identifying all MH/CD cases for the courts? |
| 3. Are referrals of MH/CD cases to specialty drug and MH courts increasing? |
| 4. Are the courts provided sufficient information re: MH/CD to determine a disposition |

*Not evaluated for the housing voucher program

[1]Responsibility for evaluating the in-jail assessment was largely transferred to the Community Corrections Division

Process evaluation questions were typically examined using a post-only design without comparison groups.

**Data collection strategies**

A large number of data collection strategies were used in the CJI evaluation. Participant and staff telephone interviews and stakeholder surveys were developed. Participant interviews were conducted as close to participants' program discharge point as was feasible. Staff interviews and stakeholder surveys were conducted when a given program had been operational for six months.

Data from the MHCADSD information system (IS), the DSHS TARGET data system for chemical dependency treatment, and the King County jail system was also used. To supplement electronic records, outcome instruments were developed for the mental health voucher program, the COD treatment program, and the

methadone voucher program. Data collection spreadsheet templates for electronic submission were also designed for the housing voucher program, CJ liaisons, and the DSHS and ADATSA application workers.

Additional information regarding the evaluation design, data collection, and instruments is available upon request.

**Purpose of this report**

This report summarizes 1-year outcome and process evaluation findings. The outcome evaluation includes jail and clinical outcomes for the CJI treatment programs -- COD treatment, housing voucher, mental health treatment voucher, methadone voucher and the CCAP IOP chemical dependency treatment program. Process evaluation findings are presented for these program including engagement rates, service utilization, length of treatment, use of evidence-based practices and participant and stakeholder satisfaction.

The process evaluation also includes all evaluation data (e.g., characteristics of persons served, program impacts, participant and stakeholder views) for CJI process components -- criminal justice (CJ) liaisons, ADATSA and DSHS benefit application workers, cross-system training, and the enhanced screening and assessment in jail.

Section II provides outcome and selected process evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program. Outcome and process evaluation details are provided in these chapters. Section IV includes chapters for all evaluation findings of each CJI process improvement. Section V describes recommendations from the first year of the CJI and actions that have been taken relative to those recommendations.

# SECTION II.
# SUMMARY AND COMPARISONS ACROSS CJI SERVICE PROGRAMS

This chapter summarizes participant characteristics, jail and clinical outcomes and participant, staff and stakeholder satisfaction across the five CJI client service programs.

## A. Characteristics of persons served

Participants during the first year of the five CJI client service programs are summarized below. Overall, the programs served a slightly higher proportion of women (30%) than the overall jail population (12% women based on 2003 jail census data) and a similar proportion of ethnic minority individuals. The Housing voucher and CCP IOP programs served more African-Americans than other programs, while the COD program served a wider range of ethnic minorities. The CCAP IOP program served somewhat younger participants than other CJI programs. The mental health vouch program, which was discontinued shortly after its first year, served a somewhat lower proportion of men and ethnic minorities than other CJI programs. Nearly all CJI participants had a chemical dependency problem at admission and nearly half had a mental illness. About 2/3 were homeless and few were employed.

A small number (n=24) of people participated in more than one CJI program during its first year. Fourteen participated in the Housing voucher and COD programs (typically in that order), while 8 participated in the methadone program and another CJI program, and 2 participated in the Housing voucher and CCAP IOP.

Table 3. CJI characteristics of persons served

| Characteristic | COD | Mental health voucher | Methadone voucher | Housing voucher | CCAP IOP | Total CJI |
|---|---|---|---|---|---|---|
| | N=85 | N=40 | N=262 | N=189 | N=87 | N=663 |
| Gender- #/% female | 29 (34%) | 15 (38%) | 83 (31%) | 52 (28%) | 21 (24%) | 200 (30%) |
| Ethnicity | | | | | | |
| Caucasian | 45 (53%) | 29 (73%) | 171 (65%) | 98 (52%) | 45 (52%) | 390 (59%) |
| African-American | 26 (31%) | 8 (20%) | 60 (23%) | 79 (42%) | 36 (41%) | 209 (31%) |
| Native American | 5 (6%) | 2 (5%) | 22 (8%) | 6 (3%) | 4 (5%) | 39 (6%) |
| Asian-Pacific Islander | 4 (5%) | 1 (3%) | 4 (2%) | 6 (3%) | 1 (1%) | 16 (2%) |
| Mixed or "other" | 5 (6%) | 0 (0%) | 5 (2%) | 0 (0%) | 1 (1%) | 11 (2%) |
| Hispanic (duplicated) | 6 (7%) | 1 (3%) | 2 (1%) | 14 (7%) | 1 (1%) | 24 (4%) |
| Age | Ave.=36.5 SD=9.6 | Ave.=38.6 SD=9.7 | Ave.=41.7 SD=9.8 | Ave.=38.9 SD=9.1 | Ave.=32.8 SD=10.7 | Ave. 38.9 |
| Mental illness at admission | 85 (100%)[2] | 40 (100%)[2] | 41[1] (20%) | 75 (40%) | 3 (3%) | 244 (40%)[1] |
| Chemical dependency at admission | 85 (100%)[2] | 29 (73%) | 262 (100%)[2] | 150 (79%) | 87 (100%)[2] | 615 (92%) |
| Homeless at admission | 54 (64%) | 19 (48%) | 132[4] (51%) | 189 (100%)[2] | 18 (21%) | 412 (62%) |
| Employed at admission | 1 (1%) | 3 (8%) | 16[5] (6%) | Not avail. | 12 (14%) | 32 (7%)[3] |

[1]Data available for 209 participants; CJI total denominator 612
[2]Characteristic is an eligibility requirement for the program
[3]Out of 476 [4]Out of 260 [5]Out of 252

## B. Outcome findings

1. Jail outcomes

This report examines one-year jail outcomes for the first year of CJI participants. Comparison group analyses were conducted for the first six months of individual CJI programs and are shown in Appendix B.

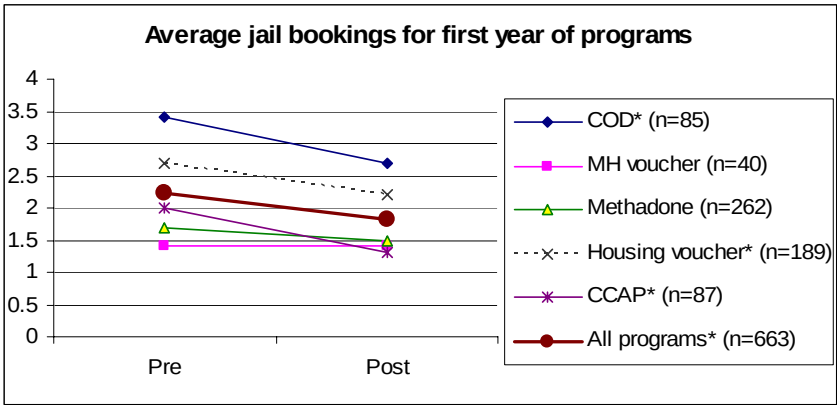
Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start. Such bookings that launched participants into CJI program are omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization. The "pre" period is defined as the 365 days prior to an index booking. For individuals without an index booking, "pre" bookings are bookings within 365 days prior to program start. The "post" period is a booking that occurs within the 365 days following program admission.

<table>
<tr><td>365 days "pre"</td><td>"Index booking"<br>(release <45 days before program start - omitted from analysis)</td><td rowspan="2">Program start</td><td>365 days "post"</td></tr>
<tr><td colspan="2">People without index booking<br>365 days "pre"</td><td>365 days "post"</td></tr>
</table>

The figures below show change in jail bookings, days, and bookings per days at-risk across the CJI programs. The number of jail bookings for participants during the first year of the CJI was significantly reduced from an average of 2.2 during the pre-program year to an average of 1.8 during the year following program entry (see Figure 1). Programs showing significant reductions were the COD, housing voucher and CCAP IOP programs.

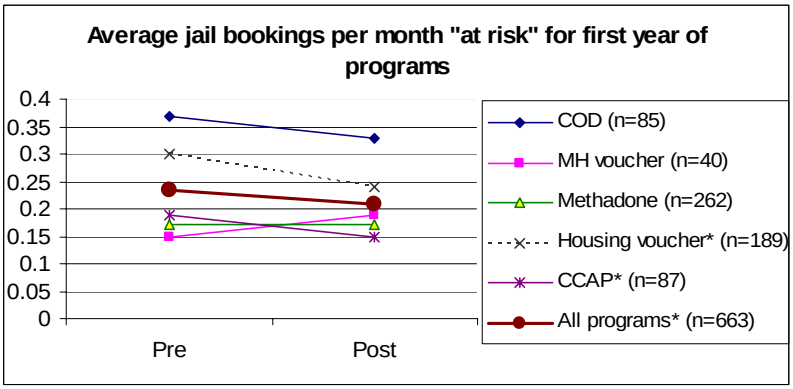
Figure 1. CJI change in jail bookings




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

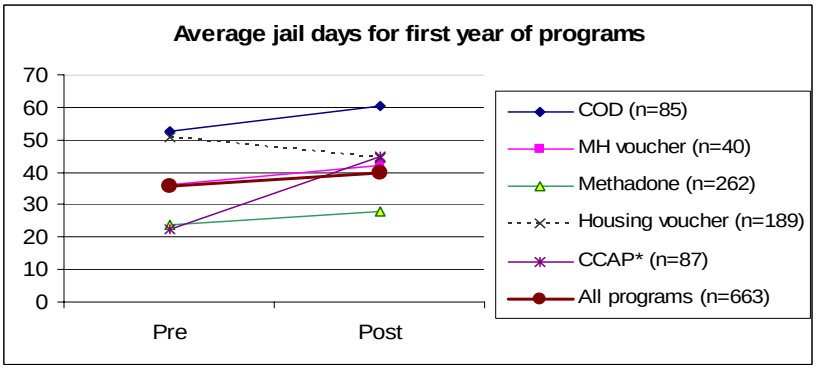
A similar pattern is shown in the figure below for bookings per month "at-risk" i.e., 30 days in which the person was not incarcerated.

Figure 2. CJI change in jail bookings per 30 days "at-risk"




The figure below shows that participants during the first year of CJI programs overall showed no significant change in jail days. However, jail days increased significantly for the CCAP IOP program. These data indicate that while jail bookings declined, the length of each booking (days) increased. This is, in part, due to the imposition of longer sentences on individuals with existing criminal histories.

Figure 3. CJI change in average jail days




The two figures below show jail days and bookings by quarter. The first four quarters are the "pre" period and the four last quarters are the "post" period. The legend is the same as for the figures above. The figures show that overall CJI program jail bookings were flat during the "pre" period then drop consistently over the four "post" period quarters, with a particularly notable drop between the first and second post quarter. Jail days are reduced surrounding entry into the programs – during the transition from pre to post – then rise somewhat after the second post quarter. This rise might be associated with some participants dropping out of services (see "Predictors of change in jail days" on next page).

Figure 4. CJI average bookings by quarter

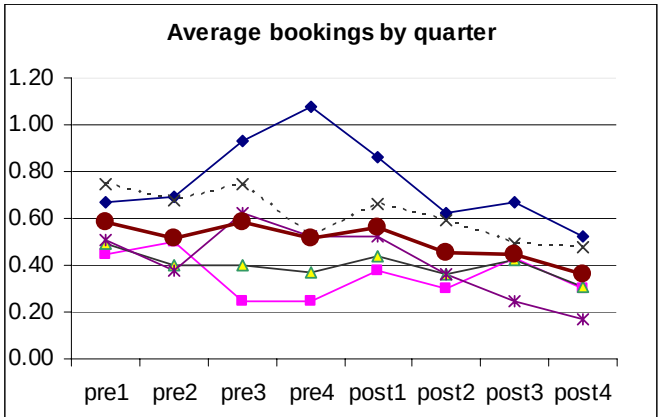
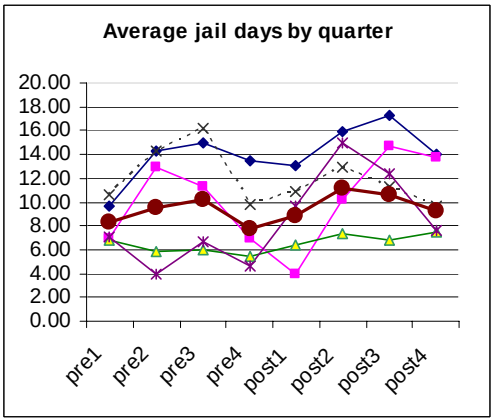



Figure 5. CJI average jail days by quarter



The absolute number of jail days across the five CJI programs increased by 5% (2602 days). The housing voucher program participants reduced jail utilization by 1,191 days, while other programs increased (mental health voucher - 177 days, COD - 666 days, methadone voucher - 1018 days, CCAP IOP - 1932 days). The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. During the first year of the CJI, nearly half (45%) of participants reduced bookings and an additional 24% had the same number of pre- and post-period bookings (including those with no bookings during either period). The COD program had the strongest results, followed by the CCAP IOP, and Housing voucher program.

Table 4. CJI proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | COD | Mental health voucher | Methadone voucher | Housing voucher | CCAP IOP | Total CJI |
|---|---|---|---|---|---|---|
| | N=85 | N=40 | N=262 | N=189 | N=87 | N=663 |
| Reduced bookings | 51 (60%) | 15 (38%) | 97 (37%) | 92 (49%) | 46 (53%) | 301 (45%) |
| No pre or post bookings | 1 (1%) | 8 (20%) | 54 (21%) | 9 (5%) | 8 (9%) | 80 (12%) |
| Same # of pre and post bookings | 7 (8%) | 7 (18%) | 25 (10%) | 29 (15%) | 13 (15%) | 81(12%) |
| Increased bookings | 26 (31%) | 10 (25%) | 86 (33%) | 59 (31%) | 20 (23%) | 201 (30%) |

Jail recidivism

The table below shows jail recidivism analyses. Although participants reduced the number of jail bookings from the "pre" to the "post" period as shown above, about 2/3 (67%) nevertheless had a least one jail booking within the year following program entry. This rate of recidivism is similar to the recidivism rates found for mentally ill offenders leaving the King County jail (69%), and somewhat above rates found (24-56%) for jail diversion programs elsewhere in the country. The COD and Housing voucher programs had the highest rate of recidivism, however participants in these programs also had the highest rate of jail bookings prior to entering the programs. Both programs showed significant reductions in jail bookings as shown above.

Table 5. CJI jail booking recidivism

| 1- year jail recidivism (any post-period booking) | COD | Mental health voucher | Methadone voucher | Housing voucher | CCAP IOP | Total CJI |
|---|---|---|---|---|---|---|
| | N=85 | N=40 | N=262 | N=189 | N=87 | N=663 |
| Recidivists[1] | 68 (80%) | 19 (48%) | 162 (62%) | 143 (76%) | 54 (62%) | 446 (67%) |

[1]May not have had any booking within the prior year

Predictors of change in jail use and recidivism

Predictors were examined for the following three outcomes taking all CJI programs together:
Change in jail days from pre to post (continuous variable)
Change in jail bookings from pre to post (continuous variable)
Recidivism (categorical variable)

The following categorical predictor variables were examined: gender, race (white/nonwhite), CJI program, cohort, homelessness at admission, mental health problem at admission, substance use at admission, and

treatment completion (remaining in treatment for the maximum program length). Three continuous predictor variables were examined: age, days in treatment, and treatment ratio (days in treatment/program designed length). Because these were exploratory analyses, predictors that were significant at $p<.05$ as well as trend level ($p<.10$) are reported. More information about the rationale and methods for these analyses can be found in Appendix C.

Predictors of change in jail bookings and days

People who completed treatment showed a decrease in average jail days while non-completers showed an increase (Mann-Whitney $z=-2.72$; $p=.007$). Similarly, treatment completers showed a larger decline in jail bookings than did non-completers (Mann-Whitney $z=2.14$; $p= .032$). It should be noted that people who complete treatment may differ from non-completers in important unmeasured ways, suggesting caution when interpreting these findings. Detailed analysis of the role of treatment completion to jail outcomes can be found in Appendix D.

CJI program was found to significantly influence change in jail bookings (chi-square=9.22; df=4; $p=.056$). All programs showed a decline in bookings, however, those in the COD program showed the greatest decline and those in the mental health voucher program the least. Similarly, CJI program was significantly related to change in jail days (chi-square=10.26; df=4; $p = .036$). The CCAP IOP showed a large increase in jail days from pre to post, while the COD, mental health voucher and methadone voucher programs showed moderate increases and the housing voucher program showed a decline.

Men showed an increase in jail days from pre to post, while women showed a decrease (Mann-Whitney $z=2.05$; $p = .04$). Those who were homeless showed a smaller increase in jail days than those who were not (chi-square = 2.70; df=1; $p=.10$), possibly because the largest concentration of homeless individuals were in the housing voucher program which showed the strongest jail outcomes among CJI programs.

Correlations of age, days in treatment, and treatment ratio with change in jail bookings and days were significant, but weak ($r=-.07$ to $-.13$). As age increased, the amount of jail bookings and days during the post-period, relative to the pre-period, declined. The oldest group used fewer jail days during the post period relative to the pre period, while jail days for other age groups remained constant or increased. Likewise, as days in treatment and treatment ratio increased, there was greater reduction in jail bookings and days during the post-period - relative to the pre-period.

Predictors of recidivism

Recidivism for the CJI was defined as having a least one jail booking during the one-year "post" period. CJI program, treatment completion, homelessness at admission, age, treatment days, and treatment ratio were significantly related to recidivism. Using bivariate analyses (individuals variables analyzed with the recidivism outcome), recidivism was more likely for participants who: were homeless at admission (chi-square =23.8; df=1; $p<.001$), were in the COD and housing voucher programs (chi-square = 24.1, df=4; $p<.0001$), were younger (Mann Whitney $z=-3.44$; $p = .001$), did not complete treatment (chi-square = 41.8; df=1; $p<.0001$**),** had fewer treatment days (Mann Whitney $z=-5.94$; $p < .001$, and a smaller treatment ratio (Mann Whitney $z=-7.26$; $p < .001$).

A multivariate logistic regression model was significant ($X^2=74.03$; df=10, $p=.001$) although it only accounted for 16% of the variability of recidivism. Largely the same variables were significant predictors of recidivism within the model. Specifically:

- People who did not complete treatment had 2.77 times the odds of recidivism than those who completed treatment.
- CJI program had a strong effect on recidivism. Using the mental health voucher program as the arbitrary comparison, all but the COD program (at 2.83 times the odds of recidivism) had lower odds of recidivism (CCAP IOP odds=.56; methadone odds=.83; housing voucher odds=.87).
- Homelessness nearly doubled the odds of recidivism (odds =1.97) compared to being housed.
- Younger participants had a greater likelihood of recidivism than older ones. Using those over age 50 as the comparison, those age 18-29 had over twice the odds of recidivism (odds=2.3) and those between 30-39 and 40-49 had, respectively, 1.67 and 1.77 times the odds of recidivism.
- Those with a mental health problem at intake had .53 (about half) of the odds of recidivism than those without mental health problems.

Charge Severity

Analysis of charge severity for the CJI participants overall revealed that felonies as a proportion of all bookings did not change significantly from 49% during the "pre" period to 47% during the "post" period. Most serious offense (MSO) crime category was used for this analysis. To understand these data more fully, the table below shows the rates of all MSO crime categories during the pre and post periods. Of all the crime types, drug crimes were reduced the most, and this was particularly true for the CCAP IOP.

Table 6. CJI change in types of crimes

| Most Serious Offense (MSO) | COD | Mental health voucher | Methadone voucher | Housing voucher | CCAP IOP | Total CJI |
|---|---|---|---|---|---|---|
| | N=85 | N=40 | N=262 | N=189 | N=87 | N=663 |
| Pre total | 287 | 57 | 432 | 509 | 176 | 1,461 |
| Post total | 227 | 56 | 400 | 418 | 113 | 1.214 |
| Drugs | -15 (-5%)* | -1 (-2%) | 0 (0%) | +3 (<+1%) | -33 (-19%) | -46 (-3%) |
| Property | -15 (-5%) | 0 (0%) | -4 (-1%) | -9 (-2%) | -8 (-5%) | -36 (-2%) |
| Criminal trespass | -12 (-4%) | +2 (+4%) | -1 (<-1%) | -15 (-3%) | -1 (-1%) | -27 (-2%) |
| Domestic violence | -5 (-2%) | -3 (-5%) | 0 (0%) | -6 (-1%) | -10 (-6%) | -24 (-2%) |
| Traffic | -3 (-1%) | 0 (0%) | -11 (-3%) | -5 (-1%) | -3 (-2%) | -22 (-2%) |
| Non-compliance | -5 (-2%) | +7 (+12%) | -21 (-5%) | -9 (-2%) | +8 (+5%) | -20 (-1%) |
| DUI | -4 (-1%) | -5 (-9%) | +1 (<+1%) | -6 (-1%) | -5 (-3%) | -19 (-1%) |
| Prostitution | -5 (-2%) | 0 (0%) | +2 (<+1%) | -9 (-2%) | 0 (0%) | -12 (-1%) |
| Robbery | +3 (+1%) | +2 (+4%) | +4 (+1%) | 0 (0%) | 0 (0%) | +9 (+1%) |
| Assault | +21 (+7%) | -1 (-2%) | +4 (+1%) | -11 (-2%) | -3 (-2%) | +10 (+1%) |
| Other | -20 (-7%) | -2 (-4%) | -6 (+1%) | -24 (-5%) | -8 (-5%) | -60 (-4%) |
| Total | -60 (-21%) | -1 (-2%) | -32 (-7%) | -91 (-18%) | -63 (-36%) | -247 (-17%) |

* + indicates increase; -indicates decrease; % is of the Pre-total crimes figure (e.g., 15/287=5%)

The role of bookings for non-compliance offenses to jail outcomes

A separate examination was conducted to determine whether bookings for non-compliance offenses accounted for a substantial proportion of post-period bookings. Non-compliance offenses are offenses for not

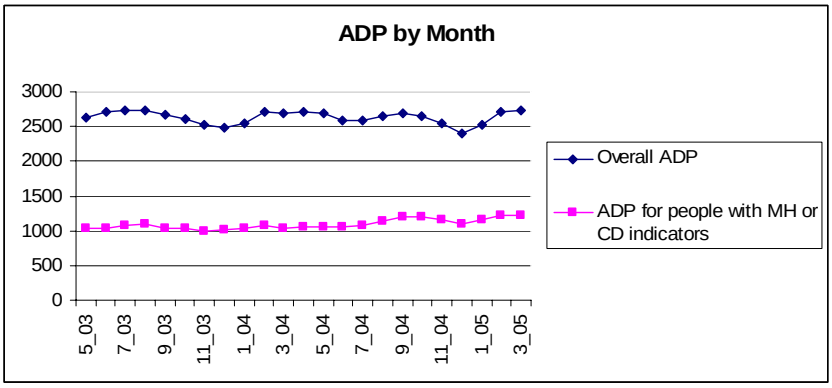
complying with some type of court order from a prior offense. These prior offenses could have occurred before the CJI programs started and so bookings related to them could artificially inflate the number of bookings during the post-CJI period. The analysis revealed that overall CJI programs the proportion of non-compliance bookings changed little from 9.8% of all pre-period bookings to 9.4% of post-period bookings. Jail days related to non-compliance bookings also changed little from 16.0% of all pre-period days to 13.9% of post-period days. Indeed, while total jail days were slightly higher during the post period (26,445) compared with the pre period (23,843), jail days related to non-compliance dropped slightly from 3,760 to 3,617. Taken together, these data suggest that bookings for non-compliance offenses do not account for changes in jail use over all CJI programs. However, non-compliance bookings accounted for the highest proportion of increase in bookings for the mental health voucher and CCAP IOP programs. Because the CCAP IOP also showed a significant increase in jail days, we examined whether bookings related to non-compliance disproportionately accounted for the increase for this program. We found that non-compliance bookings only accounted for 10% of the increase in jail days for the CCAP IOP program.

Average daily population of inmates with mental health or substance abuse problems

The first year of operations for all CJI programs occurred between May, 2003 and March, 2005 as the programs began at different times throughout 2003 and early 2004. During this period, the Average Daily Population (ADP) in the King County jail for people with either a mental health or chemical dependency indicator (or both) was calculated as a proportion of the overall jail ADP. A mental health indicator was defined as a booking in which a mental health housing unit bed was used or in which a "psych status flag" was indicated by classification staff. A chemical dependency indicator was defined as a booking in which an alcohol or drug "flag" was indicated by classification staff or the charge release code was "drug court".

The graph below shows that neither overall ADP nor ADP for those with mental health or chemical dependency indicators changed markedly over the evaluation period. ADP for people with a mental health or chemical dependency indicator as a proportion of the overall ADP actually increased significantly from 40% during the first 12 months of the period to 44% during the subsequent 11 months ($t=5.6$, $df=12.9$; $p<.01$). This could be due to improved identification of individuals with these issues within the jail setting since one of the intents of the CJI is to identify and serve this population.

Figure 6. Jail ADP and ADP for people with mental health or chemical dependency indicators




2. Dispositions at treatment completion

The table below shows that nearly half of participants either completed the designed service program or were transferred for continued service. However, slightly more than half had less successful dispositions with a substantial proportion withdrawing from treatment before the end of the service period. There was considerable variability among CJI programs, with the CCAP IOP and housing voucher programs having fewer participants completing treatment than other CJI programs.

Table 7. CJI disposition at discharge

| | COD | Mental health voucher | Methadone Voucher | Housing voucher | CCAP IOP | Total CJI |
|---|---|---|---|---|---|---|
| Positive dispositions | N=85 | N=40 | N=262 | N=208[1] | N=87 | N=682 |
| Reached end of 12-month benefit/completed program/ obtained housing | 28 (33%) | 20 (50%) | 2 (1%) | 61 (29%) | 21 (24%) | 132 (19%) |
| Transferred to other funding or facility, extended program | 19 (22%) | 8 (20%) | 131 (49%) | 2 (1%) | 12 (14%) | 172 (25%) |
| Negative dispositions | | | | | | |
| Withdrew, lost to contact, moved | 24 (28%) | 11 (27%) | 68 (26%) | 41 (20%) | 44 (51%) | 188 (28%) |
| Incarcerated | 6 (7%) | 1 (2%) | 7 (3%) | 7 (3%) | 8 (9%) | 29 (4%) |
| Died | 2 (2%) | 0 (0%) | 2 (1%) | 0 (0%) | 0 (0%) | 4 (1%) |
| Inpatient treatment | 0 (0%) | 0 (0%) | 0 (0%) | 18 (9%) | 0 (0%) | 18 (3%) |
| Rule violation | 6 (7%) | N/A | 52 (20%) | 79 (38%) | 2 (2%) | 139 (20%) |

[1]There were 208 total referrals admitted during the first year of the program, although only 189 were unduplicated people. Dispositions for all admissions were included in this analysis in earlier reports and are thus retained in this summary report.

3. Clinical outcomes

Below is an overview of the clinical outcomes examined in the CJI. The strongest clinical outcomes were shown for the COD program, however, the methadone voucher program was very successful in reducing substance use. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success. Detailed analysis of clinical outcomes can be found within the following chapters that present data specific to each CJI program.

Table 8. CJI clinical outcomes

| Clinical Outcomes | COD | Mental health voucher | Methadone Voucher | Housing voucher | CCAP IOP |
|---|---|---|---|---|---|
| | N=85 | N=40 | N=262 | N=189 | N=87 |
| Reduced substance use | ++ | | ++ | | + |
| Reduced mental health symptoms | ++ | + | | | |
| Increased housing stability | + | | | + | |
| Improved community functioning | ++ | 0 | + | | |

++ substantial and/or statistically significant positive outcome; + some evidence of positive outcome; 0 no change

4. Participant-reported program impacts

Interviews were conducted with a sample of CJI service program participants to obtain information regarding satisfaction and their perspective on the impacts of the programs. Shown below, participants reported a wide range of positive impacts from all of the CJI programs. Improved coping, reduced substance use and symptoms, and increased productive activity were the positive impacts most consistently reported. Housing, employment, family and social relationship improvements were less often reported. However, a high proportion of housing voucher participants reported improved housing, and nearly all methadone participants reported improved family relationships

Table 9. CJI participant-reported program impacts

| Participant-reported impacts<br>% "Agree" or "Strongly Agree" | COD<br>N= 22-36* | Mental Health voucher<br>N= 8-14 | Methadone<br>N=<br>38 - 48 | Housing voucher<br>N=<br>62 -77 | CCAP IOP<br>N=<br>14-20 |
|---|---|---|---|---|---|
| Deal more effectively w/problems | 84% | 79% | 89% | 71% | 80% |
| Not using drugs as much | 74% | N/A | 94% | 79% | 75% |
| Not craving drugs as much | 74% | N/A | 87% | 74% | 75% |
| Do more productive things | 76% | 86% | 91% | 80% | 65% |
| Symptoms not bothering as much | 82% | 93% | N/A | 69% | N/A |
| Physical health has improved | 68% | 64% | 79% | 64% | 72% |
| Better able to control life | 71% | 50% | 89% | 74% | 60% |
| Do better in social situations | 61% | 64% | 81% | 68% | 75% |
| Housing situation has improved | 61% | 50% | 62% | 80% | 64% |
| Better able to deal with crisis | 63% | 50% | 83% | 70% | 45% |
| Getting along better w/family | 45% | 50% | 89% | 64% | 37% |
| Do better in school and/or work | 59% | 38% | 74% | 65% | 20% |

*Sample sizes varied due to participants choosing not to respond to particular questions.

## C. Process evaluation findings

1. Client views

Participant satisfaction with CJI programs was derived from participant interviews. Results are shown in Tables 10 and 11 below. Participants showed generally high general satisfaction across the CJI programs, though fewer respondents in the COD, mental health voucher and CCAP would recommend the programs than those in the methadone and housing voucher programs. Ratings in which less than 2/3 of respondents satisfied were considered noteworthy. The process and time it takes to obtain housing showed poor satisfaction in both programs for which this question was relevant (COD and housing voucher). Participants reported that "getting to the program" was difficult for the mental health voucher, methadone and CCAP IOP programs. Opportunity to see a psychiatrist when needed was rated poorly for those programs for which this issue was relevant (COD and mental health voucher). Participants were also less satisfied with the opportunity to determine their own treatment goals in the mental health voucher and CCAP IOP programs. Participant views about program strengths and weaknesses are reported for each program in subsequent chapters of this report.

Table 10. CJI participant satisfaction with program components

| #/% responding "Agree" or "Strongly Agree" with statements below: | COD N=30-36* | Mental Health Voucher N=14 | Methadone N= 46-48 | Housing Voucher N=72-77 | CCAP N=15-20 |
|---|---|---|---|---|---|
| **General Satisfaction** | | | | | |
| I liked the services I received | 83% | 79% | 79% | 84% | 90% |
| If I had other choices, I'd still get service from this program | 71% | 71% | 73% | 82% | 80% |
| I'd recommend the program | **63%** | **64%** | 85% | 78% | **65%** |
| **Perception of Access** | | | | | |
| The location was convenient | 81% | 86% | 73% | 86% | **55%** |
| Staff were willing to see me when I needed it | 92% | 86% | 90% | 84% | 95% |
| Staff returned my calls within 24 hrs | 86% | 86% | NA | 82% | NA |
| Services were available at good times | 75% | 79% | 73% | 93% | 75% |
| I was able to get all the services I needed | 78% | 86% | 75% | 72% | 75% |
| Getting to the program was easy | 86% | **57%** | **42%** | 82% | **55%** |
| I was able to see a psychiatrist when I wanted | **61%** | **21%** | NA | NA | NA |
| **Appropriateness and Quality of Services** | | | | | |
| Staff believe I can grow, change and recover | 94% | 86% | 79% | 87% | 90% |
| I felt free to complain | 88% | 100% | **65%** | 77% | 84% |
| Staff told me side effects to watch for | 75% | 71% | 79% | NA | **64%** |
| Staff were sensitive to my cultural background | 80% | 100% | 80% | 71% | 74% |
| I obtained information to take charge of my illness | 79% | 100% | NA | NA | NA |
| I was given information about my rights | 86% | 100% | 79% | 81% | 100% |
| Staff encouraged me to take responsibility for how I live life | 92% | 86% | 85% | 91% | 100% |
| **Participation in Treatment Goals** | | | | | |
| I felt comfortable asking medication questions | 97% | 71% | 83% | NA | 93% |
| I, not staff, decided my treatment goals | 67% | **50%** | 79% | NA | **60%** |
| Staff are kind and non-judgmental | 89% | 93% | 72% | 90% | 75% |
| Staff understand what recovery is like | 89% | NA | 67% | NA | 75% |

*Sample sizes varied due to participants choosing not to respond to particular questions.

Table 11. CJI participant global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | COD N=30-36* | Mental Health Voucher N=14 | Methadone Voucher N= 44-48 | Housing Voucher N= 75-77 | CCAP IOP N=17-20 |
|---|---|---|---|---|---|
| Overall satisfaction | 81% | 86% | 89% | 89% | 84% |
| Process of getting housing | **58%** | NA | NA | **66%** | NA |
| Time to get housing | 66% | NA | NA | 51% | NA |
| Item rated on 4 -point scale -% "good" or "excellent" | | | | | |
| Overall quality | 75% | 79% | 89% | 82% | 70% |
| Quality of therapy | 82% | NA | NA | NA | NA |
| Counselor skills | 78% | NA | 78% | NA | 75% |
| Is current treatment "better", "worse", "same", than prior? | | | | | |
| % "better" than prior treatment | 70% | NA | 66% | NA | **59%** |

*Sample sizes varied due to participants choosing not to respond to particular questions.

2. Staff views

Line staff from all of the CJI service programs were interviewed regarding their satisfaction with the programs and their views of program strengths and weaknesses. Shown below, overall satisfaction was strong for all programs except the mental health voucher program. Satisfaction with program length (desire for longer programs) and housing issues were lower than for other areas assessed. Staff-reported strengths and weaknesses are reported for each program in subsequent chapters of this report.

Table 12. CJI staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | COD | Mental Health Voucher | Methadone Voucher | Housing Voucher | CCAP IOP |
|---|---|---|---|---|---|
| | N=9-10 | N=18-19 | N= 41-42 | N=3 | N=2 |
| Overall satisfaction | 80% | **53%** | 83% | 67% | 100% |
| Satisfaction with training and training opportunities | 90% | **32%** | 67% | NA | 100% |
| Satisfaction with therapy resources | 90% | NA | 71% | NA | 100% |
| Satisfaction with program resources | 70% | **56%** | NA | NA | NA |
| Satisfaction with program length | **50%** | **37%** | NA | NA | NA |
| Satisfaction with referrals | 89% | 89% | NA | 100% | NA |
| Satisfaction with amount of housing | **22%** | NA | NA | 67% | NA |
| Satisfaction with types of housing | **44%** | NA | NA | 67% | NA |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | |
| Overall quality | 100% | 95% | 95% | 100% | 100% |

3. Stakeholder views

Stakeholders for each program were interviewed regarding their satisfaction with the programs and their views of strengths and weaknesses. Stakeholders varied by program but included representatives from MHCADSD administration and service provider agencies for all programs, referring courts (COD, housing voucher, and CCAP IOP), Jail Health Service (methadone), criminal justice liaisons (mental health voucher), and the Community Corrections Division (CCAP IOP).

Stakeholder satisfaction results are reported below. Stakeholder satisfaction was strong for all programs and highest for the methadone voucher, housing voucher and CCAP IOP programs. Stakeholder-reported strengths and weaknesses are reported for each program in subsequent chapters of this report.

Table 13. CJI stakeholder satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | COD | Mental Health Voucher | Methadone Voucher | Housing Voucher | CCAP IOP |
|---|---|---|---|---|---|
| | N= 18-31 | N=13-24 | N= 8-13 | N= 18-26 | N= 12-22 |
| Overall satisfaction - "somewhat" or "very" | 74% | 71% | 100% | 92% | 86% |
| Referrals - "fairly" or "very" easy | 67% | 85% | 100% | 100% | 100% |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | |
| Overall quality - "good" or "excellent" | 87% | 83% | 100% | 100% | 90% |

## D. Summary

A total of 663 people were served under the CJI service programs during their first year. A slightly higher proportion of women and a similar proportion of ethnic minorities were served compared to the overall jail population. Nearly all had a chemical dependency problem at admission and nearly half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the first year of the CJI was significantly reduced from an average of 2.2 during the pre-program year to an average of 1.8 during the year following program entry. The COD, Housing voucher and CCAP IOP programs showed significant reductions in bookings, while the methadone and mental health voucher programs did not. Jail days did not significantly change. Jail bookings dropped consistently over the four "post" period quarters, while jail days were reduced in the quarters just before and after program entry.

Although jail bookings were reduced, analysis of recidivism (having a least one post-period booking) showed that 67% of CJI participants during the first year were re-incarcerated within one year of program entry. This recidivism rate was similar to the 69% King County jail recidivism rate for those with mental illness, and just above the range of 24-56% for post-booking jail diversion programs elsewhere in the country. Participants with the highest rate of pre-program bookings had the highest recidivism rates.

Length of treatment and completing treatment positively affected jail outcomes (jail bookings, days and recidivism), indicating that the longer a person stays in treatment, the greater their reduction in jail use. However, it should be noted that people who complete may differ from non-completers in important unmeasured ways, suggesting caution when interpreting these findings. There were also significant differences among CJI programs with respect to jail outcomes. Gender also affected jail outcomes with men showing an increase in jail days and women showing a decrease. Recidivism was more likely for people who were homeless and younger.

Charge severity, defined as felonies as a proportion of all jail bookings, was unchanged. Of all the crime types, drug crimes were reduced the most and this was particularly true for the CCAP IOP. Bookings for non-compliance offenses did not disproportionately account for changes in either jail bookings or jail days.

The jail average daily population of individuals with mental health or substance abuse problems increased somewhat as a proportion of the overall jail population. This could be due to improved identification of these populations, which was a goal of the CJI.

Clinical outcomes for CJI participants during the first year showed that about half of CJI participants completed treatment or were transferred for additional treatment. The strongest clinical outcomes were shown for the COD program, however the methadone voucher program was very successful in reducing substance use. The housing voucher and CCAP IOP programs focused respectively on improving housing stability and reducing substance use and each showed moderate success.

Participants reported improved coping, reduced substance use and symptoms, and increased productive activity. Housing, employment, family and social relationship improvements were less often reported. Participants showed generally high general satisfaction across the CJI programs, though somewhat fewer respondents in the COD, mental health voucher and CCAP would recommend the programs than those in the methadone and housing voucher programs. The process and time it takes to obtain housing showed poor satisfaction in both programs for which this question was relevant (COD and housing voucher). Participants reported that "getting to the program" was difficult for the mental health voucher, methadone and CCAP IOP programs. Opportunity to see a psychiatrist when needed was rated poorly in those programs for which this issue was relevant (COD and mental health voucher). Participants were also less satisfied with the opportunity to determine their own treatment goals in the mental health voucher and CCAP IOP programs.

Staff satisfaction was strong except for the mental health voucher program. Staff expressed desire for longer programs and improvements in the amount and types of housing. Stakeholder satisfaction was strong for all programs and highest for the methadone voucher, housing voucher and CCAP IOP programs.

# SECTION III. CJI SERVICE PROGRAM DETAIL

## CHAPTER 1
## CO-OCCURRING DISORDER (COD) INTEGRATED TREATMENT PROGRAM

### I. Program Description

**Program overview:** The COD treatment program began August, 2003. Services were provided by Community Psychiatric Clinic and Seattle Mental Health. The program provided up to 12 months of integrated outpatient mental health and chemical dependency treatment, case management, medication management, and housing stabilization. Services were located in the same agency and treated both disorders as primary. Caseloads were small (limited to 35 per agency or 70 combined, with a requirement of small staff-to-client ratios) and coordination was maintained with the court of referral.

**Target population**: Adult inmates with co-occurring mental health and chemical dependency problems who were referred from, and agreed to participate in ("opt in"), the King County Drug Diversion Court, King County District Mental Health Court or Seattle Municipal Mental Health Court ("specialty courts"). Participants must also have had one additional prior incarceration.

### II. Results

First six months - August 1, 2003 thru January 31, 2004

Second six months - February 1, 2004 thru July 31, 2004

### A. Characteristics of persons served

Characteristics of individuals served during the first year of the COD program are presented below. During the first six months 61 people entered the program, while only 24 entered during the second six months due to reaching maximum program capacity.

Data from 2003 showed that the daily population in the King County jail included 12% women and 41% ethnic minorities. Thus, the COD program served a higher proportion of females and a similar proportion of ethnic minorities compared to the jail population. During the second six months, a higher proportion of ethnic minorities were served.

Table 14. COD program characteristics of persons served

| | First 6-month cohort | | Second 6 month-cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Demographics | N =61 | % | N=24 | % | N=85 | % |
| Gender- #/% female | 20 | 33% | 9 | 38% | 29 | 34% |
| Ethnicity | | | | | | |
| Caucasian | 34 | 56% | 11 | 46% | 45 | 53% |
| African-American | 18 | 30% | 8 | 33% | 26 | 31% |
| Native American | 3 | 5% | 2 | 8% | 5 | 6% |
| Asian-Pacific Islander | 3 | 5% | 1 | 4% | 4 | 5% |
| Mixed or "other" | 3 | 5% | 2 | 8% | 5 | 6% |
| Hispanic (duplicated) | 6 | 10% | 0 | 0% | 6 | 7% |
| Age | Average= 37.0 yrs | SD=10 | Average= 36.1 yrs | SD=8.5 | Average= 36.5 yrs | SD=9.6 |

Table 14. COD program characteristics of persons served (cont'd)

| | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Mental illness diagnoses | N=61 | % | N=24 | % | N=85 | % |
| Depression | 20 | 33% | 7 | 29% | 27 | 32% |
| Schizophrenia spectrum | 18 | 30% | 4 | 17% | 22 | 26% |
| Bipolar | 14 | 23% | 8 | 33% | 22 | 26% |
| Other | 9 | 15% | 5 | 21% | 14 | 16% |
| Substance use<br>May list >1 substance | N=14[1] | | N=24 | | 38 | |
| Alcohol | 9 | 64% | 17 | 71% | 26 | 68% |
| Cocaine | 8 | 57% | 14 | 58% | 22 | 58% |
| Marijuana | 6 | 43% | 8 | 33% | 14 | 37% |
| Opiates | 1 | 7% | 6 | 25% | 7 | 18% |
| Amphetamines | 0 | 0% | 2 | 8% | 2 | 5% |
| Homelessness<br>(or unstable/temporary) | | | | | | |
| Case manager report to KC Mental Health Plan Information System (IS) | 38 | 62% | 16 | 67% | 54 | 64% |
| Community functioning | | | | | | |
| Global Assessment of Functioning (GAF) | Average=43.2 serious impairment | SD=8.1 | Average= 42.9 | SD=7.4 | Average= 43.1 | SD=7.9 |
| Problem Severity Summary | Average=2.3 slight-marked impairment | SD=.6 | Average=2.5 | SD=.5 | Average= 2.3 | SD=.6 |
| Employment[2] | 1 employed | 2% | 0 employed | 0% | 1 | 1% |

[1]Substance use information was collected starting January, 2004 -- referrals from the first five months (i.e., Aug-Dec, 2003) of the six-month cohort are not represented

[2]A person is considered employed if they have part-time or full-time employment

Diagnoses show above demonstrated that those served had major mental illnesses as well as substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. About two-thirds were homeless.

## B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first year of program participants. Comparison group analyses were conducted for the first six months of the program and are shown in Appendix B.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.

| | | | |
|---|---|---|---|
| 365 days "pre" | "Index booking" (release <45 days before program start - omitted from analysis) | Progra | 365 days "post" |
| People without index booking 365 days "pre" | | | 365 days "post" |

The table below shows that COD program participants in the first six-month cohort, and overall during the first year, significantly reduced the number of jail bookings subsequent to program participation. Jail days remained statistically unchanged, thus length of incarceration per booking increased. Bookings per days "at-risk" (i.e., not in jail) decreased, but not significantly. The proportion of individuals with no bookings increased.

Table 15. COD program change in average jail bookings and days

| Jail outcome indicator | First 6-month cohort (N=61) | | Second 6-month cohort (N=24) | | Total first year (N=85[3]) | |
|---|---|---|---|---|---|---|
| | Pre[1] | Post | Pre | Post | Pre | Post |
| Jail bookings (average) | 3.5 (2.3)[1] | 2.7 (2.1)* | 3.0 (2.8) | 2.5 (3.4) | 3.4 (2.4) | 2.7 (2.6)* |
| Jail days (average) | 52.1 (54.4) | 59.6 (61.2) | 53.1 (64.6) | 62.0 (75.3) | 52.5 (57.1) | 60.3 (65.0) |
| Bookings/month "at-risk"[2] | .37 (.29) | .31 (.30) | .37 (.50) | .36 (.63) | .37 (.35) | .33 (.42) |
| No jail use | 2 (3%) | 8 (13%) | 3 (13%) | 9 (38%) | 5 (6%) | 17 (20%) |

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)
[1]Standard deviation shown in ( )
[2]Bookings/month "at-risk"= # of bookings/(non-jail days/30)
[3]One person participated in both the first and second six-month cohort (i.e., is duplicated), but is retained in the analyses

The jail day detail table below shows that COD participants used about 7% more jail days during the year following program participation than during the year prior to it.

Table 16. COD program jail day detail

| Jail day detail | First 6-month cohort (N=61) | | Second 6-month cohort (N=24) | | Total first year (N=85) | |
|---|---|---|---|---|---|---|
| Pre period jail days | 3183 | 47% | 1275 | 46% | 4458 | 47% |
| Post period jail days | 3635 | 53% | 1489 | 54% | 5124 | 53% |
| Total jail days | 6816 | 100% | 2764 | 100% | 9582 | 100% |
| Change in jail days | +452 | +7% | +214 | +8% | +666 | +7% |

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 60% of program participants reduced bookings during its first year of operation.

Table 17. COD program proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | First 6-month cohort (N=61) | | Second 6-month cohort (N=24) | | Total first year (N=85) | |
|---|---|---|---|---|---|---|
| Reduced bookings | 36 | 59% | 15 | 63% | 51 | 60% |
| No pre or post bookings | 0 | 0% | 1 | 4% | 1 | 1% |
| Same # of pre and post bookings | 4 | 7% | 3 | 13% | 7 | 8% |
| Increased bookings | 21 | 34% | 5 | 21% | 26 | 31% |

Jail recidivism

The table below shows jail recidivism analyses. Although participants reduced the number of jail bookings from the "pre" to the "post" period as shown in Table 15 above, a high proportion nevertheless had a least one jail booking within the year following program entry. Recidivism was somewhat lower for participants in the second six-month cohort compared with first six-month cohort.

Table 18. COD program jail booking recidivism

| 1- year jail recidivism (any post-period booking) | First 6-month cohort | | | Second 6-month cohort | | | Total first year | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Recidivists | | N | Recidivists | | N | Recidivists | |
| Total in cohort[1] | 61 | 53 | 87% | 24 | 15 | 63% | 85 | 68 | 80% |
| People with "index" booking | 54 | 47 | 87% | 16 | 11 | 69% | 70 | 58 | 83% |
| People with any "pre" booking | 59 | 51 | 86% | 21 | 13 | 62% | 80 | 64 | 80% |

[1]May not have had any booking within the prior year

Recidivism rates from this program were higher than local and national jail rates, possibly due to courts selecting the most challenging individuals to participate in the program. For example, of all people booked within calendar year 2003 within the King County jail system (most of whom did not have complicating mental health and chemical dependency problems), 49% had another booking within 365 days of their initial release date. Rates from the early 1990's in our jail system show one year recidivism at 69% for mentally ill offenders and 60% for non-mentally ill offenders (Harris and Koepsell, 1996). In other studies, one-year recidivism rates for people with mental illness range from 24% to 56% (Solomon & Draine, 2002; Ventura, Cassel, Jacoby, Huang, 1998).

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings decreased slightly from 49% to 42% when comparing the pre-365 day period with the post-365 day period. Most serious offense (MSO) crime category was used for this analysis. To understand this trend more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period.

Table 19. COD program change in types of crimes

| Most Serious Offense (MSO) | First 6-month cohort (N=61) | | Second 6-month cohort (N=24) | | Total first year (N=85) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Drugs | 70 (33%) | 64 (38%) | 19 (26%) | 10 (17%) | 89 (31%) | 74 (33%) |
| Property | 32 (15%) | 28 (17%) | 21 (29%) | 10 (17%) | 53 (18%) | 38 (17%) |
| Assault | 8 (4%) | 24 (14%) | 9 (12%) | 14 (23%) | 17 (6%) | 38 (17%) |
| Non-compliance | 23 (11%) | 17 (10%) | 6 (8%) | 7 (12%) | 29 (10%) | 24 (11%) |
| Criminal trespass | 19 (9%) | 7 (4%) | 3 (4%) | 3 (5%) | 22 (8%) | 10 (4%) |
| DUI | 5 (2%) | 4 (2%) | 6 (8%) | 3 (5%) | 11 (4%) | 7 (3%) |
| Domestic violence | 9 (4%) | 3 (2%) | 1 (1%) | 2 (3%) | 10 (3%) | 5 (2%) |
| Prostitution | 8 (4%) | 3 (2%) | 1 (1%) | 1 (2%) | 9 (3%) | 4 (2%) |
| Traffic | 5 (2%) | 1 (1%) | 0 (0%) | 1 (2%) | 5 (2%) | 2 (1%) |
| Robbery | 0 (0%) | 3 (2%) | 0 (0%) | 0 (0%) | 0 (0%) | 3 (1%) |
| Other | 35 (16%) | 13 (8%) | 7 (10%) | 9 (15%) | 42 (15%) | 22 (10%) |
| Total | 214 (100%) | 167 (100%) | 73 (100%) | 60 (100%) | 287 (100%) | 227 (100%) |

The table above shows that assaults rose and criminal trespass fell slightly while other MSO crime categories largely remained the same.

2. Dispositions at treatment completion

The table below shows that participants in the first 6-month cohort were most likely to be discharged simply because they reached the end of the COD program benefit period. During the second 6-month period, agencies providing treatment were able to shift more participants to other funding sources to permit continued treatment. However, a larger proportion were also lost to contact or refused further treatment.

Table 20. COD program disposition at discharge

| Disposition at discharge | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=61 | % | N=24 | % | N=85 | % |
| Reached end of 12-month benefit | 25 | 41% | 3 | 13% | 28 | 33% |
| Transferred to tier[1]/other funding | 11 | 18% | 8 | 33% | 19 | 22% |
| Lost to contact | 7 | 11% | 5 | 21% | 12 | 14% |
| Refused further treatment | 7 | 11% | 4 | 17% | 11 | 13% |
| Dropped from specialty court | 6 | 10% | 0 | 0% | 6 | 7% |
| Long-term incarceration | 3 | 5% | 3 | 13% | 6 | 7% |
| Died | 1 | 2% | 1 | 4% | 2 | 2% |
| Moved | 1 | 2% | 0 | 0% | 1 | 1% |

[1]Tier= King County Mental Health Plan level of authorized care
[2]As of January 2005, individuals referred to the COD program were able to complete treatment even if dropped from court

3. Clinical outcomes

The table below shows clinical outcomes for the first year of participants.

Table 21. COD program clinical outcomes

| Changes from admission to discharge[1,2] | | First 6-month cohort N=61 | Second 6-month cohort N=24 | Total first year N=85 |
|---|---|---|---|---|
| Substance use - days/week (over multiple substance) | Reduced to ≤1 days/wk | 23 (47%)[3] | 10 (48%)[3] | 33 (47%)[3] |
| | Partial reduction | 10 (20%) | 6 (29%) | 16 (23%) |
| | No change | 12 (24%) | 1 (5%) | 13 (19%) |
| | Increased | 4 (8%) | 4 (18%) | 8 (11%) |
| Time using in week 1=none; 5=all/nearly all | Average @ admission | 2.9 (SD=1.3)* | 2.9 (SD=1.4) | 2.9 (SD=1.3)* |
| | Average @ discharge | 2.4 (SD=1.7) | 2.5 (SD=1.4) | 2.4 (SD=1.6) |
| Symptoms and community functioning (Problem Severity) | Reduced | 29 (46%) | 15 (63%) | 44 (52%) |
| | No change | 24 (39%) | 7 (29%) | 31 (36%) |
| | Increased | 8 (13%) | 2 (8%) | 10 (12%) |
| | Average @ admission | 2.3 (SD=.6)* | 2.5 (SD=.5)* | 2.3 (SD=.6)* |
| | Average @ discharge | 2.1 (SD=.6) | 2.1 (SD=.6) | 2.1 (SD=.6) |
| Functioning (GAF) | Average @ admission | 43.2 (SD=8.1)* | 42.9 (SD=7.4)* | 43.1 (SD=7.9)* |
| | Average @ discharge | 45.8 (SD=6.9) | 48.7 (SD=11.5) | 46.6 (SD=8.5) |
| Housing[4] | Gained housing | 6 (16%) | 4 (25%) | 10 (19%) |
| | No change | 28 (74%) | 10 (63%) | 38 (70%) |
| | Type change | 4 (11%) | 2 (13%) | 6 (11%) |
| Employment[5] | Gained | 2 (3%) | 3 (13%) | 5 (6%) |
| | No change | 59 (97%) | 21 (87%) | 80 (94%) |
| | Lost employment | 0 (0%) | 0 (0%) | 0 (0%) |

*significant change from admission to discharge based on t-test probability of <=.05
[1]Admission-to-6 month results were generally weaker than admit-d/c results. Detailed data is available upon request
[2]For admit-to-discharge first six month analysis- substance use data at admission was not collected until January, 2004. As such, the analysis used admission data when available - otherwise 6-month data was used. Also, when d/c data showed no substance use and admission data was not available - interpretation is "reduced to <=1/week"
[3]% are taken from 49 (cohort 1); 21 (cohort 2); 70 (total) remaining people did not have two data collection points to compare
[4]Among the 38 (first six-month cohort) and 16 (second six-month cohort) clients who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.
[5]A person is considered employed if they have part-time or full-time employment

As shown in the table above, participants in the first six-month cohort and the overall year showed significant reductions in substance use, mental health symptoms and community functioning at the time they were discharged from the program. Participants in the second six-month cohort showed similar results, however, statistical significance was not reached for reduction in time spent using substances, likely due to the small sample size. A small proportion of individuals gained housing through the program and little change was shown in employment status.

4. Participant-reported program impacts

Participant-reported impacts are reported for participants who were able to be reached by telephone for interviews. Interviews were completed with 29 of the 61 clients in the first six-month cohort and 7 of the 24 participants in the second six-month cohort. The table below shows that participants reported considerable positive impacts of the COD program. Most prominently, participants reported improved coping skills, reduced substance use and cravings, and reduction in symptoms.

Table 22. COD program participant-reported program impacts

| Participant-reported impacts[1] | First 6-month cohort N=29 | | Second 6-month cohort N=7 | | Total first year N=36 | |
|---|---|---|---|---|---|---|
| "Agree" or "Strongly Agree" | N | % | N | % | N | % |
| Deal more effectively with problems | 26 | 90% | 6 | 86% | 32 | 84% |
| Symptoms not bothering as much | 21[2] | 78% | 7 | 100% | 28 | 82% |
| Not using drugs as much | 23 | 79% | 5 | 71% | 28 | 74% |
| Not craving drugs as much | 23 | 79% | 5 | 71% | 28 | 74% |
| Do more productive things | 20[3] | 77% | 5 | 71% | 25 | 76% |
| Better able to control life | 23 | 79% | 4 | 57% | 27 | 71% |
| Physical health has improved | 20[2] | 74% | 3 | 57% | 23 | 68% |
| Better able to deal with crisis | 21 | 72% | 3 | 57% | 24 | 63% |
| Housing situation has improved | 18 | 62% | 5 | 71% | 23 | 61% |
| Do better in social situations | 18 | 62% | 5 | 71% | 23 | 61% |
| Getting along better w/family | 13 | 45% | 4 | 57% | 17 | 45% |
| Do better in school and/or work | 12[4] | 67% | 1[5] | 25% | 13 | 59% |

[1]Attempts were made to reach participants at both 6- and 12-month points. When people were not reached for interviews near their 12-month point, 6-month interview data were used if available (12 in the first cohort; 4 in the second). Eight people were reached for interviews at both 6- and 12-month points - only their 12-month interview data were used.
[2]Two missing (n=27) [3]Three missing (n=26) [4]Eleven missing (n=18) [5]Three missing (n=3)

## C. Process evaluation findings

1. Service utilization

During the first six months of the program, 70 individuals were referred to the program and 61 began treatment (87% engagement). During the second six months, 31 individuals were referred and 24 began treatment (77 % engagement).

Outpatient mental health service data were drawn from the King County Mental Health, Chemical Abuse and Dependency Division (MHCADSD) Information System (IS) for services authorized under the COD program between service start and exit dates for each participant. Unbilled "searching" activities were not included in service hours, and days not in the community (e.g., in jail, hospital) during which services might be limited, were not removed. Based on these data, average hours of service per week are shown in the table below.

Table 23. COD program average service hours per week

| Average service hours/week | First 6-month cohort | | Second 6-month cohort | | Total First year | |
|---|---|---|---|---|---|---|
| | N=61 | % | N=24 | % | N=85 | % |
| <1 hour | 34 | 56% | 8 | 33% | 42 | 49% |
| 1 to <2 hours | 16 | 26% | 13 | 54% | 29 | 34% |
| 2 to <3 hours | 6 | 10% | 2 | 8% | 8 | 9% |
| 3 to <4 hours | 1 | 2% | 1 | 4% | 2 | 2% |
| 4 to <5 hours | 1 | 2% | 0 | 0% | 1 | 1% |
| 5+ hours | 3 | 5% | 0 | 0% | 3 | 4% |

During the first six months of the COD program, nearly half (44%) of the participants received an average of at least one hour of service per week (average 1.4 hours/week). The proportion of participants who received an average of more than one hour of service per week rose to 67% during the second six months of the program, and the average during that period was 1.3 hours/week; SD=.7), which was not significantly different than for the first six-month cohort.

The average length of treatment was 230.4 days (SD=72.4; range 28-347 days) for the first six-month cohort and 269.0 days (SD=112; range 23-364 days) for the second six-month cohort. Over 80% of participants in both periods completed at least six months of treatment as shown in the table below. Four participants were given extensions beyond 12 months (3 during the first six months; 1 during the second six months).

Table 24. COD program length of treatment

| Length of treatment | First 6-month cohort | | Second 6-month cohort | | Total First year | |
|---|---|---|---|---|---|---|
| | N=61 | % | N=24 | % | N=85 | % |
| 0-90 days | 2 | 3% | 2 | 8% | 4 | 5% |
| 91-180 days | 9 | 15% | 2 | 8% | 11 | 13% |
| 181-270 days | 8 | 13% | 6 | 25% | 14 | 16% |
| 271-365 days | 42 | 69% | 14 | 58% | 56 | 66% |

2. Evidence-based practices

Evidence-based practices are interventions that have shown empirical evidence of effectiveness. Interventions were selected for evaluation based on their inclusion in the Co-Occurring Disorders: Integrated Dual Disorders Treatment Evidence-based Practice resource kit (Substance Abuse and Mental Health Services Administration, 2003) or based on discussion with national experts in the field. Use of evidence-based practices was evaluated through the staff and client interviews. Four staff interviews representing both COD provider agencies were completed during the first six months of the program and six were completed during the second six months, typically with the same staff.

Staff reported that individual counseling, relapse prevention, motivational enhancement therapy (MET), and therapy at least once per week were employed with most program participants. Cognitive-behavioral therapy (CBT) was used less often. It should be noted, however, that sample sizes (Ns) of less than 10 are highly unstable and should be interpreted with caution.

Table 25. COD program staff-reported evidence-based practices

| Staff-reported > 50% of clients receiving evidence-based practice | First six months | | Second six months | | Total First year | |
|---|---|---|---|---|---|---|
| | N=4 | % | N=6 | % | N=10 | % |
| Individual counseling | 4 | 100 % | 5 | 83% | 9 | 90% |
| MET | 2 | 50% | 6 | 100% | 8 | 80% |
| Therapy at least 1/week | 3 | 75% | 5 | 83% | 8 | 80% |
| Relapse prevention | 3 | 75% | 4 | 80%[1] | 7 | 78%[1] |
| CBT | 1 | 25% | 3 | 50% | 4 | 40% |

[1]One "don't know"

About 2/3 of clients reached for interviews, reported use of evidence-based practices such as co-locating mental health and chemical dependency treatment, and appropriate frequency of therapy..

Table 26. COD program participant-reported evidence-based practices

| Participant self-report | First six months | | Second six months | | Total First year | |
|---|---|---|---|---|---|---|
| | N=29 | % | N=7 | % | N=36 | % |
| Have CD and MH treatment at same location | 17 | 59% | 6 | 86% | 23 | 64% |
| Receive group therapy at least once/week | 19 | 66% | 6 | 86% | 25 | 69% |
| Receive individual therapy at least once/week | 18 | 63% | 5 | 71% | 23 | 64% |

3. Client views

As part of the client interview, participants were asked open-ended questions about how the impacts of the program. Some of the comments participants made about the COD program were:

"The combination of chemical dependency and mental health treatment and meds is awesome"
"The counselor was always there for me"
"It supported me getting my life better"
"It helped me manage my thoughts so I do better; manage my illness"
"It helps me live life more productively - clean life away from drugs and alcohol"
"It totally changed my life"

The tables below show generally high client satisfaction with the program with some exceptions. Clients were particularly pleased with the quality of therapy, staff willingness to meet when needed, and staff's belief in the clients' recovery and encouragement to take responsibility for their own lives. Satisfaction with the process and amount of time to get housing was relatively lower as was satisfaction with access to a psychiatrist and being able to decide one's own treatment goals.

Table 27. COD program participant global satisfaction

| Items rated on 5-point scales - % of top two ratings | First six-month cohort | | Second six month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=29 | % | N=7 | % | N= 30-36 | % |
| Quality of therapy - "good" or "excellent" | 22 | 81%[3] | 6 | 86% | 28 | 82% |
| Counselor skills - "good" or "excellent" | 25 | 86% | 3 | 43% | 28 | 78% |
| Program satisfaction - "somewhat", "very" satisfied | 23 | 79% | 6 | 86% | 29 | 81% |
| Current treatment "better" than previous treatment | 18 | 78%[1] | 3 | 43% | 21 | 70% |
| Time to get housing - "somewhat", "very" satisfied | 17 | 65%[2] | 4 | 66%[4] | 21 | 66% |
| Quality of program - "good" or "excellent" | 23 | 79% | 4 | 57% | 27 | 75% |
| Process of getting housing -"somewhat", "very" satisfied | 15 | 56%[3] | 4 | 66%[4] | 19 | 58% |

[1]Six no response (n=23) [2]Three no response (n=26) [3]Two no response (n=27) [4]One no response (n=6)

Table 28. COD program participant satisfaction with program components

| % "Agree" or "Strongly agree" with statements below: | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=29 | % | N=7 | % | N= 34-36 | % |
| **General Satisfaction** | | | | | | |
| I liked the services I received | 24 | 83% | 6 | 86% | 30 | 83% |
| If I had other choices, I'd still get service here | 21 | 75%[1] | 4 | 57% | 25 | 71% |
| I'd recommend the program | 18 | 64%[1] | 4 | 57% | 22 | 63% |
| **Perception of Access** | | | | | | |
| Staff were willing to see me when I needed it | 26 | 90% | 7 | 100% | 33 | 92% |
| Getting into the program was easy | 24 | 83% | 7 | 100% | 31 | 86% |
| Staff returned my calls within 24 hrs | 23 | 82%[1] | 7 | 100% | 30 | 86% |
| The location was convenient | 23 | 79% | 6 | 86% | 29 | 81% |
| I was able to get all the services I needed | 22 | 76% | 6 | 86% | 28 | 78% |
| Services were available at good times | 22 | 76% | 5 | 71% | 27 | 75% |
| I was able to see a psychiatrist when I wanted | 18 | 62% | 4 | 57% | 22 | 61% |
| **Appropriateness and Quality of Services** | | | | | | |
| I felt free to complain | 28 | 97% | 4 | 57% | 32 | 88% |
| Staff encouraged me to take responsibility for how I live my life | 26 | 90% | 7 | 100% | 33 | 92% |
| Staff believe I can grow, change, and recover | 27 | 93% | 7 | 100% | 34 | 94% |
| Staff were sensitive to my cultural background | 23 | 79% | 5 | 83%[1] | 28 | 80% |
| I obtained information to take charge of my illness | 21 | 78%[2] | 6 | 86% | 27 | 79% |
| Staff told me side effects to watch for | 20 | 69% | 7 | 100% | 27 | 75% |
| I was given information about my rights | 25 | 86% | 6 | 86% | 31 | 86% |
| **Participation in Treatment Goals** | | | | | | |
| I felt comfortable asking medication questions | 29 | 100% | 6 | 86% | 35 | 97% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Staff are kind and non-judgmental | 25 | 86% | 7 | 100% | 32 | 89% |
| Staff understand what recovery is like | 25 | 86% | 7 | 100% | 32 | 89% |
| I, not staff, decided my treatment goals | 19 | 66% | 5 | 71% | 24 | 67% |

[1]One no response [2]Two no response

Open-ended questions regarding program strengths and weaknesses are shown below. Due to small sample sizes, responses from first and second six-month cohorts were combined for analysis.

Positive counselor qualities, learning how to manage mental health symptoms and substance use, having someone to talk to, and obtaining housing and medications were the most frequently reported strengths. Inadequate housing, lack of access to psychiatrists, group process issues and staffing issues were reported weaknesses of the program.

Table 29. COD program participant-reported strengths and weaknesses (n=35 -both six-month cohorts)

| Positive effects/strengths (35 of 35 people listed items) | N | % | Negative effects/weaknesses (25 of 35 people listed items) | N | % |
|---|---|---|---|---|---|
| Counselor qualities (easy to talk to; helpful, listening, empathetic, caring) | 16 | 46% | Not enough housing; housing in bad or distant neighborhood | 4 | 11% |
| Learned coping, MH and CD symptoms | 10 | 29% | Didn't see psychiatrist enough | 3 | 9% |
| Someone to talk to 1:1 | 9 | 26% | Cross talk in group; didn't control group | 3 | 9% |
| Housing; clean and sober housing | 6 | 17% | Staff turnover | 2 | 6% |
| Provided medication | 5 | 14% | Didn't receive medications | 2 | 6% |
| Stability; helped get back on track w/life | 5 | 14% | Need better counselors | 2 | 6% |
| Groups good | 3 | 9% | Wasn't listened to | 1 | 3% |
| Lots of services in one place | 3 | 9% | People using (substance use) | 1 | 3% |
| Deal with a lot of issues | 1 | 3% | Benefit period not long enough | 1 | 3% |
| Psych evaluation | 1 | 3% | Wrongly evicted | 1 | 3% |
| Help with education | 1 | 3% | Things stolen from apt | 1 | 3% |
| | | | Loss of hrs at work | 1 | 3% |
| | | | People tell you what to do | 1 | 3% |

4. Staff views

Four staff interviews representing both COD providers were completed during the first six months of the program, and 6 interviews were completed during the second six months, typically with the same staff. Although the sample sizes are small, responses for the two time periods could not be combined because the same staff were interviewed at both points.

Responses to rating scale questions, shown below, suggest high satisfaction during the first six months of the program but lower in the subsequent six months. Relatively low satisfaction was shown for program length and housing resources.

Table 30. COD program staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=4 | % | N=6 | % | N=9-10 | % |
| Overall satisfaction | 4 | 100% | 4 | 66% | 8 | 80% |
| Satisfaction with training and training opportunities | 4 | 100% | 5 | 83% | 9 | 90% |
| Satisfaction with therapy resources | 4 | 100% | 5 | 83% | 9 | 90% |
| Satisfaction with program resources | 4 | 100% | 3 | 50% | 7 | 70% |
| Satisfaction with program length | 4 | 100% | 1 | 17% | 5 | 50% |
| Satisfaction with referrals | 3 | 75% | 5 | 100%[1] | 8 | 89% |
| Satisfaction with amount of housing | 1 | 25% | 1 | 20%[1] | 2 | 22% |
| Satisfaction with types of housing | 2 | 50% | 2 | 40%[1] | 4 | 44% |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | | |
| Overall quality | 4 | 100% | 6 | 100% | 10 | 100% |

[1]One no response (n=5)

Responses to open-ended questions regarding program strengths and weaknesses are shown below.

Table 31. COD program staff-reported strengths and weaknesses

| Strengths/best things | First six months | | Second six months | | Weaknesses/worst things | First six months | | Second six months | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Access to treatment | 4 | 100% | 0 | 100% | Difficult population | 3 | 75% | 3 | 50% |
| Collaboration/ Communication | 2 | 50% | 4 | 66% | Staffing | 1 | 25% | 3 | 50% |
| Provision of COD | 2 | 50% | 2 | 33% | Lack of housing | 1 | 25% | 3 | 50% |
| Staff qualities | 2 | 50% | 3 | 50% | Some referrals need inpatient | 1 | 25% | 1 | 25% |
| Client-centered, individual treatment | 2 | 50% | 1 | 17% | Data requirements | 1 | 25% | 1 | 25% |
| Innovative program | 2 | 50% | 2 | 33% | Need crystal meth group | 1 | 25% | 0 | 25% |
| Workload | 1 | 25% | 0 | 0% | Need more CD training | 1 | 25% | 0 | 25% |
| $ help for clients | 1 | 25% | 0 | 0% | Need to educate probation/parole, Dept of Corrections, specialty courts | 0 | 25% | 1 | 25% |
| Seeing improvement | 1 | 25% | 1 | 17% | Communication/ info sharing | 1 | 25% | 0 | 0% |
| Paying for housing | 1 | 25% | 1 | 17% | Lack of leverage for client follow-through | 1 | 25% | 0 | 0% |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Small caseload | 0 | 0% | 1 | 17% | | | | | |
| Good supervision | 0 | 0% | 1 | 17% | | | | | |
| Client compliance | 0 | 0% | 1 | 17% | | | | | |

Access to treatment for individuals who otherwise would not receive treatment was a program strength as were intersystem collaboration, COD treatment, staff qualities and being part of an innovative program. Weaknesses or challenges were seen in serving the difficult population, staffing, and lack of housing.

5. Stakeholder views

Stakeholders from MHCADSD administration, agency administration, and specialty courts were surveyed regarding their views about the COD program. Shown below, stakeholders showed moderate levels of overall satisfaction during the first six months with marked improvement in satisfaction during the second six months.

Table 32. COD program stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=19 | % | N=12 | % | N= 18-31 | % |
| Overall quality - "good" or "excellent" | 16 | 84% | 10 | 91%[2] | 26 | 87% |
| Referrals - "fairly","very" easy to make referrals | 7 | 64%[1] | 5 | 71%[3] | 12 | 67% |
| Overall satisfaction -"somewhat", "very" satisfied | 12 | 63% | 11 | 92% | 23 | 74% |

[1]Eight no response (n=11) [2]One no response (n=11) [3]Five no response (n=7)

Specific strengths and weaknesses of the program as reported by stakeholders are shown below.

Table 33. COD program stakeholder-reported strengths and weaknesses

| Strengths | First 6 months N=19 | | Second 6 months N=12 | | Weaknesses | First 6 months N=19 | | Second 6 months N=12 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Comprehensiveness | 7 | 37% | 6 | 50% | Benefit period too short | 9 | 47% | 1 | 8% |
| Communication/ collaboration | 6 | 32% | 4 | 33% | Lack of suitable housing | 5 | 26% | 5 | 42% |
| Both MH & CD | 5 | 26% | 3 | 25% | Referral issues | 6 | 32% | 1 | 8% |
| Immediacy of services | 5 | 26% | | | Communication/ Collaboration | 6 | 32% | 1 | 8% |
| Strengths of staff | 1 | 5% | 2 | 16% | Staff issues/insufficient staff | 3 | 16% | 2 | 16% |
| Small caseload | 2 | 10% | | | Poor quality care | 4 | 21% | | |
| Housing options | 1 | 5% | 1 | 8% | Program capacity | | | 3 | 25% |
| Easily accessible | 1 | 5% | | | Inability to follow-up | 1 | 5% | | |
| Client-centered treatment | | | 1 | 8% | Lack of structure for clients | 1 | 5% | | |
| Resource for Drug Court | | | 1 | 8% | Lack of resources for clients | 1 | 5% | | |
| | | | | | Data challenges | 1 | 5% | | |
| | | | | | Lack of inpatient treatment | | | 1 | 8% |
| | | | | | Not enough involvement of | | | 1 | 8% |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | staff with client pre-release | | | | |

During the first and second six-month periods stakeholders suggested that the comprehensiveness of the program and its ability to address both mental health and chemical dependency services were strengths. Intersystem communication and collaboration was reported as a strength but also a weakness. Some stakeholders during the first six months felt that the benefit period was too short and that there were problems with program quality and the referral process. These concerns were not shown during the second six months. During the second six months the concern over lack of suitable housing increased as did concerns regarding lack of program capacity.

**D. Summary**

During the first six months of operation 61 people were served. Only 24 people entered the program during the second six months due to reaching the maximum program capacity. More women and minority group members were served compared to the jail population. Nearly two-thirds of participants were homeless and all had serious functioning impairments related to their substance use and/or mental illnesses.

The number of jail bookings for participants during the first year of the program was significantly reduced, from an average of 3.4 during the pre-program year to an average of 2.7 during the year following entry into the program. Jail days did not significantly change. Although jail bookings were reduced, recidivism analysis showed that 80% of COD participants during the first year were re-incarcerated within one-year of program entry. This recidivism rate was higher than King County Jail recidivism rates of 49% overall, and 69% for those with mental illnesses; and the range of 24-56% for post-booking jail diversion programs elsewhere in the country. Charge severity for COD participants was unchanged.

Clinical outcomes for participants in the first year of participants showed significant reductions in substance use, mental health symptoms and community functioning when they were discharged from the program. A small proportion of individuals gained housing through the program and little change was shown in employment status. Participant-reported impacts included improved coping skills, and reduced substance use and symptoms.

Client retention in the program was good and staff used some evidence-based practices. Client satisfaction was generally high, with particular strengths in quality of therapy, positive staff qualities, a focus on recovery, and opportunities to get housing and medications. Less satisfaction was shown with the time to get housing, ability to see a psychiatrist, and opportunity for clients to determine their own treatment goals.

Staff satisfaction with the program was generally high, while stakeholder satisfaction was somewhat lower. Staff and stakeholders viewed program strengths as intersystem collaboration, providing integrated chemical dependency and mental health treatment, and positive staff qualities. Areas for improvement included increasing housing and staffing.

# CHAPTER 2
# MENTAL HEALTH VOUCHER

## I. Program Description

**Program overview:** The mental health voucher program began October, 2003. The program provided up to 6 months of treatment. Services included client engagement, treatment planning, housing case management, placement, and stabilization, and linkage with support services. Initial vouchers were redeemed at one of seven community mental health agencies in King County as selected by the voucher recipient: Community Psychiatric Clinic, Consejo Counseling and Referral Services, Downtown Emergency Service Center, Highline-West Seattle Mental Health Center, Seattle Mental Health, Therapeutic Health Services, and Valley Cities Counseling and Consultation.

**Target Population:** The program was initially targeted for King County District Mental Health Court (DMHC) clients with mental illnesses not receiving Medicaid benefits, but who were presumptively Medicaid eligible and low users of the King County Jail. Within the first two months of the program, the DMHC received a federal grant to provide services comparable to the mental health voucher program. As such, the program transitioned from the DMHC to the King County Jail, specifically targeting adult offender-clients with mental illnesses who are involved with a King County non-specialty court (District or Superior), regardless of incarceration history. Screening for mental health voucher eligibility was conducted in the jail by the Criminal Justice Liaisons.

## II. Results

First six months - October 1, 2003 thru March 31, 2004

Second six months - April 1, 2004 thru September 30, 2004

### A. Characteristics of persons served

Characteristics of individuals served during the first year of the Mental Health Voucher program are shown below. While only 10 people entered the program during the first six-month period, 30 entered during the second six-month period. The program served a higher proportion of females and a slightly lower proportion of minorities than the overall jail population. Most participants had a major mental illness. More than half had co-occurring substance use. Functioning was seriously impaired by these problems. About half were homeless.

Table 34. Mental health voucher program characteristics of persons served

| | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Demographics | N=10 | % | N=30 | % | N=40 | % |
| Gender - #/% female | 1 | 10% | 14 | 47% | 15 | 38% |
| Ethnicity | | | | | | |
| Caucasian | 7 | 70% | 22 | 73% | 29 | 73% |
| African-American | 2 | 20% | 6 | 20% | 8 | 20% |
| Native American | 1 | 10% | 1 | 3% | 2 | 5% |
| Asian/Pac. | 0 | 0% | 1 | 3% | 1 | 3% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Islander | | | | | | |
| Hispanic (duplicated) | 0 | 0% | 1 | 3% | 1 | 3% |
| Age | Average=39.2 | SD=11.0 | Average=38.4 | SD=9.4 | Average=38.6 | SD=9.7 |

Table 34. Mental health voucher program characteristics of persons served (cont'd)

| | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Mental illness diagnoses | N=10 | % | N=30 | % | N=40 | % |
| Depression | 4 | 40% | 12 | 40% | 16 | 40% |
| Schizophrenia spectrum | 1 | 10% | 5 | 17% | 6 | 15% |
| Bipolar | 1 | 10% | 6 | 20% | 7 | 18% |
| Other | 4 | 40% | 7 | 23% | 11 | 28% |
| Substance use<br>Case manager reported | | | | | | |
| Current | 4 | 40% | 17 | 57% | 21 | 53% |
| Suspected or in remission | 2 | 20% | 6 | 20% | 8 | 20% |
| No substance use | 4 | 40% | 7 | 23% | 11 | 28% |
| Homelessness (or unstable/temporary) | | | | | | |
| Case manager reported | 2 | 20% | 17 | 57% | 19 | 48% |
| Community functioning | | | | | | |
| Global Assessment of Functioning (GAF) | Average=42.0 Serious impairment | SD=7.9 | 40.9 | SD=9.2 | 41.2 | SD=8.8 |
| Problem Severity Summary | Average=2.5 Slight-marked impairment | SD=.4 | Average= 2.1 | SD=.3 | Average = 2.2 | SD=.4 |
| Employment[1] | 1 employed | 10% | 2 employed | 69%[2] | 3 | 8% |

[1]A person is considered employed if they have part-time or full-time employment
[2]% taken from n=29 because 1 person was retired and not counted as eligible for employment

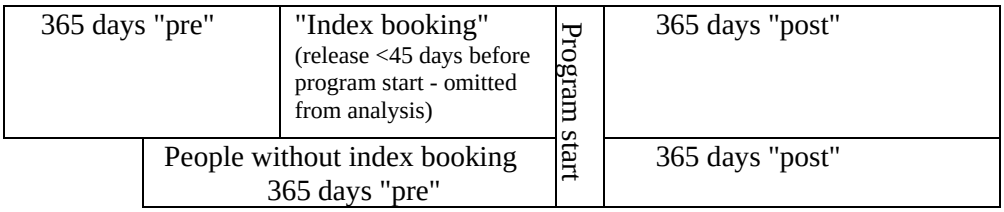
**B. Outcome findings**

1. Jail outcomes

The report examines one-year jail outcomes for the first year of program participants. Comparison group analyses were conducted for the first six months of the program and are shown in Appendix B.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start. Such bookings that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.




The table below shows that jail utilization for mental health voucher participants in the first and second six-month cohorts did not significantly change. Jail days increased (though non-significantly), thus length of incarceration per booking increased. Bookings per days "at-risk" (i.e., not in jail) increased non-significantly. However, the proportion of individuals with no bookings also increased.

Table 35. Mental health voucher program change in average jail bookings and days

| Jail outcome indicator | First 6-month cohort (N=10) | | Second 6-month cohort (N=30) | | Total first year (N=40) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Jail bookings (average) | 1.3 (1.3)[1] | 1.5 (2.8) | 1.4 (1.6) | 1.4 (1.8) | 1.4 (1.5) | 1.4 (2.0) |
| Jail days (average) | 19.9 (35.8) | 58.4 (95.3) | 41.8 (59.8) | 36.4 (58.1) | 36.3 (55.2) | 41.9 (68.5) |
| Bookings/month "at-risk"[2] | .12 (.12) | .29 (.63) | .16 (.21) | .16 (.23) | .15 (.19) | .19 (.37) |
| No jail use | 3 (30%) | 5 (50%) | 10 (33%) | 16 (53%) | 13 (33%) | 21 (53%) |

[1]Standard deviation shown in ( )
[2]Bookings/days "at-risk"= # of bookings/(non-jail days/30)

The jail day detail table below shows that the first six-month cohort of mental health voucher participants increased jail days while the second six month cohort decreased. Overall participants use 7% more jail days during the year following program participation than during the year prior to it.

Table 36. Mental health voucher jail day detail

| Jail day detail | First 6-month cohort (N=10) | | Second 6-month cohort (N=30) | | Total first year (N=40) | |
|---|---|---|---|---|---|---|
| Pre period jail days | 199 | 25% | 1254 | 53% | 1453 | 46% |
| Post period jail days | 584 | 75% | 1091 | 47% | 1675 | 54% |
| Total jail days | 783 | 100% | 2345 | 100% | 3128 | 100% |
| Change in jail days | +385 | +49% | -163 | -7% | +222 | +7% |

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. During the first year of operation, 38% of participants reduced bookings.

Table 37. Mental health voucher program proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | First 6-month cohort (N=10) | | Second 6-month cohort (N=30) | | Total first year (N=40) | |
|---|---|---|---|---|---|---|
| Reduced bookings | 3 | 30% | 12 | 40% | 15 | 38% |
| No pre or post bookings | 2 | 20% | 6 | 20% | 8 | 20% |
| Same # of pre and post bookings | 3 | 30% | 4 | 13% | 7 | 18% |
| Increased bookings | 2 | 20% | 8 | 27% | 10 | 25% |

Jail recidivism

The table below shows jail recidivism analyses. Approximately, half of the participants had a jail booking within the year following program entry. Those with an "index" booking or any "pre" period booking showed somewhat higher recidivism than those without such bookings.

Table 38. Mental health voucher program jail booking recidivism

| 1- year jail recidivism (any post-period booking) | First 6-month cohort | | | Second 6-month cohort | | | Total first year | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Recidivists | | N | Recidivists | | N | Recidivists | |
| Total in cohort[1] | 10 | 5 | 50% | 30 | 14 | 47% | 40 | 19 | 48% |
| People with "index" booking | 5 | 3 | 60% | 18 | 10 | 56% | 23 | 13 | 57% |
| People with any "pre" booking[1] | 7 | 4 | 57% | 20 | 11 | 55% | 27 | 15 | 56% |

[1]May not have had any booking in the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings did not change and was 34% during the pre-365 day period and 35% during the post-365 day period. Most serious offense (MSO) crime category was used for this analysis. To understand this trend more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period.

The table shows that for the first year of participants, non-compliance, robbery and criminal trespass rose, while domestic violence and DUIs fell and other MSO crime categories largely remained the same.

Table 39. Mental health voucher program change in types of crimes

| Most Serious Offense (MSO) | First 6-month cohort (N=10) | | Second 6-month cohort (N=30) | | Total first year (N=40) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Non-compliance | 3 (23%) | 8 (53%) | 18 (41%) | 20 (49%) | 21 (37%) | 28 (50%) |
| Drug | 0 (0%) | 0 (0%) | 6 (14%) | 5 (12%) | 6 (11%) | 5 (9%) |
| Domestic violence | 2 (15%) | 2 (13%) | 5 (11%) | 2 (5%) | 7 (12%) | 4 (7%) |
| Property | 2 (15%) | 0 (0%) | 3 (7%) | 5 (12%) | 5 (9%) | 5 (9%) |
| DUI | 1 (8%) | 1 (7%) | 5 (11%) | 0 (0%) | 6 (11%) | 1 (2%) |
| Assault | 3 (23%) | 0 (0%) | 1 (2%) | 3 (7%) | 4 (7%) | 3 (5%) |
| Robbery | 0 (0%) | 2 (13%) | 0 (0%) | 0 (0%) | 0 (0%) | 2 (4%) |
| Criminal trespass | 0 (0%) | 0 (0%) | 0 (0%) | 2 (5%) | 0 (0%) | 2 (4%) |
| Sex crimes | 0 (0%) | 1 (7%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (2%) |
| Other | 2 (15%) | 1 (7%) | 6 (14%) | 4 (10%) | 8 (14%) | 5 (9%) |
| Total | 13 (100%) | 15 (100%) | 44 (100%) | 41 (100%) | 57 (100%) | 56 (100%) |

2. Dispositions at treatment completion

The table below shows dispositions at the end of treatment. Half of program participants left services simply because their benefit period ended. The benefit period was increased from 6 months to 9 months effective January 1, 2005. Other service funding sources were found for 20% of participants, and other individuals left services due to being lost to contact, having moved or being incarcerated.

Table 40. Mental health voucher program disposition at discharge

| Disposition at discharge from treatment | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=10 | % | N=30 | % | N=40 | % |
| Benefit ended | 5 | 50% | 15 | 50% | 20 | 50% |
| Transferred to other funding | 2 | 20% | 6 | 20% | 8 | 20% |
| Lost to contact | 1 | 10% | 8 | 27% | 9 | 23% |
| Incarcerated near end of benefit | 1 | 10% | 0 | 0% | 1 | 2% |
| Move out of area | 1 | 10% | 0 | 0% | 1 | 2% |
| Refused/withdrew from service | 0 | 0% | 1 | 3% | 1 | 2% |

3. Clinical outcomes

The table below shows clinical outcomes for the first year of participants. Neither cohort showed significant improvements in mental illness symptoms, community functioning, or employment.

Table 41. Mental health voucher program clinical outcomes

| Change from admission to discharge | | First 6-month cohort N=10 | Second 6-month cohort N-=30 | Total first year N=40 |
|---|---|---|---|---|
| Mental illness symptoms and community functioning (Problem Severity) | Improved | 2 (20%) | 8 (27%) | 10 (25%) |
| | No change | 7 (70%) | 16 (53%) | 23 (58%) |
| | Worsened | 1 (10%) | 6 (20%) | 7 (17%) |
| | Average @ admission | 2.5 (SD=.4) | 2.1 (SD=.3) | 2.2 (SD=.4) |
| | Average @ discharge | 2.5 (SD=.4) | 2.1 (SD=.5) | 2.2 (SD=.5) |
| Functioning (GAF) | Average @ admission | 42.0 (SE=7.9) | 40.9 (SD=9.2) | 41.2 (SD=8.8) |
| | Average @ discharge | 42.4 (SD=7.8) | 42.1 (SD=7.7) | 42.2 (SD=7.6) |
| Employment[1] | Gained employment | 0 (0%) | 0 (0%) | 0 (0%) |
| | No change | 9 (90%) | 30 (100%) | 39 (97%) |
| | Lost employment | 1 (10%) | 0 (0%) | 1 (3%) |

*significant change from admission to discharge based on t-test probability of <=.05
[1]% taken from n=29 because 1 person was retired and not counted as eligible for employment

4. Participant-reported program impacts

Fourteen participants were reached for interviews, all from the second 6-month cohort.

The table below shows that participants reported a number of positive impacts of the mental health voucher program, most prominently: reduced symptoms, increased productive activity, and improved coping.

Table 42. Mental health voucher program participant-reported program impacts

| Participant-reported impacts | Second 6-month cohort N=14 | |
|---|---|---|
| "Agree" or "Strongly Agree" | N | % |
| Symptoms not bothering as much | 13 | 93% |
| Do more productive things | 12 | 86% |
| Deal more effectively with problems | 11 | 79% |
| Do better in social situations | 9 | 64% |
| Physical health has improved | 9 | 64% |
| Better able to control life | 7 | 50% |
| Better able to deal with crisis | 7 | 50% |
| Getting along better w/family | 7 | 50% |
| Housing situation has improved (n=12) | 6 | 50% |
| Do better in school and/or work (n=8) | 3 | 38% |

## C. Process evaluation findings

1. Service utilization

Of the 32 individuals who were given a mental health voucher during the first six months of operation, 17 began treatment (53%). Five people immediately converted to other funding and two entered treatment after the six-month period; thus 10 entered the voucher program. During the second six months 87 vouchers were given out of which 38 resulted in a person entering treatment (44%). Five immediately converted funding, and three began treatment after the six-month period; thus 30 entered the voucher program.

Outpatient mental health service data were drawn from the MHCADSD IS for services authorized under the Mental Health Voucher program between service start and exit dates for each participant. Unbilled "searching" activities were not included in service hours, and days not in the community (e.g., in jail, hospital) during which services might be limited, were not removed. These data show that participants in the first six-month cohort (n=10) received between 1 and 25 total hours of services over the six-month benefit period. The second six-month cohort (n=30) received between 0 and 33 hours of service. Over both periods, 36 of the 40 participants (90%) had an average of less than 1 hour of service per week.

Length of treatment matched the six-month benefit period for most participants. One person (10%) in the first six-month cohort was discharged after 57 days, while remaining participants (90%) completed the full six months. Five participants (17%) within the second six-month cohort were discharged between 110 and 143 days, while the remaining participants (83%) completed the full six months of the voucher.

2. Evidence-based practices

There is little consensus in the research literature as to the specific mental health treatment practices that lead to effectiveness for a broad unselected population of clients. Instead, interventions were selected based on best practices for community support (Stroul, 1989). These interventions are included as contract requirements. Use of these interventions was evaluated through staff and client interviews. Eleven staff interviews representing all of the mental health treatment providers were completed during the first six months of the program and eight were completed during the second six months, often with the same staff. Fourteen clients, all from the second six-month cohort, were reached for interviews.

Table 43. Mental health voucher program contract-required practices

| Client's receipt of contract-required practice | Staff report of >50% of clients receiving practice | | | | | | Client-report of receiving practice | |
|---|---|---|---|---|---|---|---|---|
| | First six months | | Second six months | | Total First year | | Second six months | |
| | N=11 | % | N=7 | % | N=18 | % | N=14 | % |
| Psychotropic medications | 10 | 91% | 5 | 71% | 15 | 83% | 9 | 75%[2] |
| Housing assistance | 10 | 91% | 4 | 67%[1] | 14 | 82% | 6 | 46%[3] |
| Help getting financial benefits | 10 | 91% | 4 | 57% | 14 | 78% | 9 | 64% |
| Substance abuse treatment | 6 | 55% | 5 | 71% | 11 | 61% | 5 | 42%[2] |
| Employment assistance | 5 | 45% | 4 | 67%[1] | 9 | 53% | 2 | 22%[4] |
| Individual counseling | 7 | 64% | 2 | 29% | 9 | 50% | 12 | 86% |
| Group therapy | 5 | 45% | 1 | 17%[1] | 6 | 35% | 12 | 86% |

[1]One "Don't know" (n=6) [2]Two no response (n=12) [3]One no response (n=13) [4]Five not reporting (n=9)

Staff reported that medications, housing assistance, and help obtaining financial benefits were provided to nearly all clients. The proportion receiving substance abuse treatment was comparable to the proportion of clients having substance use disorders. Clients reported about required practices somewhat differently than staff. Three-quarters of the clients reported receiving medication which is comparable to staff reports. However, clients were less likely to report receiving assistance with housing, substance abuse or employment than staff reports would suggest. In contrast, nearly all clients reported receiving individual and group counseling; with rates exceeding staff reports.

3. Client views

As part of the client interview, participants were asked open-ended questions about how the impacts of the program. Some of the comments participants made about the mental health voucher program were:

"I'm more hopeful, see progress"
"It gave focus to what I need to do and sense of responsibility"
"I learned to talk to others"
"I'm getting stability"
"I'm managing my illness"
"My counselor really went to bat for me - really believed in me"
"I'm not doing drugs or alcohol"
"I'm finally getting the help I need"

Responses to scaled satisfaction questions are shown in the tables below. Clients showed a high degree of global satisfaction with the mental health voucher program.

Table 44. Mental health voucher program participant global satisfaction

| Items rated on 5-point scales - % of top two ratings | N=14 | % |
|---|---|---|
| Program satisfaction - "somewhat" or "very" satisfied | 12 | 86% |
| Quality of program - "good" or "excellent" | 11 | 79% |

The table below shows that clients felt particularly satisfied with the program staff whom they saw as open, flexible, willing to see them when needed, focused on recovery and providing information needed for managing symptoms. Clients were less satisfied with opportunity to see a psychiatrist and to decide their own treatment goals.

Table 45. Mental health voucher program participant satisfaction with program components

| % "Agree" or "Strongly agree" with statements below: | N=14 | % |
|---|---|---|
| **General Satisfaction** | | |
| I liked the services I received | 11 | 79% |
| I'd recommend the program | 10 | 71% |
| If I had other choices, I'd still get service from here | 9 | 64% |
| **Perception of Access** | | |
| Staff were willing to see me when I needed it | 12 | 86% |
| Staff returned my calls within 24 hours | 12 | 86% |
| I was able to get all the services I needed | 12 | 86% |
| The location was convenient | 12 | 86% |
| Services were available at good times | 11 | 79% |
| Getting into the program was easy | 8 | 57% |
| I was able to see a psychiatrist when I wanted to | 4 | 21% |
| **Appropriateness and Quality of Services** | | |
| I obtained information to take charge of my illness | 14 | 100% |
| I was given information about my rights | 14 | 100% |
| I felt free to complain | 14 | 100% |
| Staff were sensitive to my cultural background | 14 | 100% |
| Staff encouraged me to take responsibility for how I live my life | 12 | 86% |
| Staff believe I can grow, change, and recover | 12 | 86% |
| Staff told me side effects to watch for | 10 | 71% |
| **Participation in Treatment Goals** | | |
| Staff are kind and non-judgmental | 13 | 93% |
| I felt comfortable asking medication questions | 10 | 71% |
| I, not staff, decided my treatment goals | 7 | 50% |

Results of open-ended questions regarding program strengths and weaknesses are shown below. Clients reported positive counselor qualities and groups were strengths. Others felt less satisfied with their counselors and the inability to get psychiatric medications was a program weakness.

Table 46. Mental health voucher program participant-reported strengths and weaknesses

| Positive effects/strengths (13 of 14 people listed items) | N | % | Negative effects/weaknesses (9 of 14 listed items) | N | % |
|---|---|---|---|---|---|
| Positive counselor qualities | 3 | 21% | Counselor not good | 3 | 24% |
| Groups helpful | 2 | 14% | Couldn't get medications; psychiatrist | 3 | 21% |
| Got medication | 1 | 7% | Hard to get into | 1 | 7% |
| Counselors helped me become aware of problems | 1 | 7% | Get in trouble for not attending when I have to work instead | 1 | 7% |
| Dealt with a lot of problems, not just mental health issues | 1 | 7% | Need better help with housing | 1 | 7% |
| Good daycare | 1 | 7% | | | |
| Having place to go | 1 | 7% | | | |
| Specific to my cultural needs | 1 | 7% | | | |
| Provide consistent service | 1 | 7% | | | |
| Referrals | 1 | 7% | | | |

4. Staff views

Eleven staff interviews representing all of the mental health voucher treatment providers were completed during the first six months of the program, and 8 interviews were completed during the second six months, often with the same staff. Although the sample sizes were small, responses for the two time periods could not be combined because the same staff were interviewed at both points.

Staff responses to rating scale questions, below, showed relatively weak satisfaction, particularly in terms of length of the benefit, and staff training. It should be noted that the benefit period was extended to 9 months effective January, 2005.

Table 47. Mental health voucher program staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=11 | % | N=8 | % | N= 18-19 | % |
| Satisfaction with referrals | 10 | 91% | 7 | 78% | 17 | 89% |
| Overall satisfaction | 5 | 45% | 5 | 63% | 10 | 53% |
| Satisfaction with program resources | 5 | 50%[1] | 5 | 63% | 10 | 56% |
| Satisfaction with program length | 4 | 36% | 3 | 38% | 7 | 27% |
| Satisfaction with amount of training | 4 | 40%[1] | 2 | 25% | 6 | 33% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Satisfaction with training opportunities | 5 | 46% | 1 | 13% | 6 | 32% |
| Item rated on 4 –point scale - % "good" or "excellent" | | | | | | |
| Overall quality | 10 | 91% | 8 | 100% | 18 | 95% |

[1]One no response (n=10)

Responses to open-ended questions regarding program strengths and weaknesses are shown below. Staff reported that a strength was providing access to treatment to individuals who otherwise would not receive services, consistent with the primary program goal of increasing access to treatment. Staff also enjoyed seeing clients improve. Staff reported that the program was not long enough, that clients often did not follow-through with attending treatment, and that it was problematic that the program did not cover psychotropic medications. A few staff reported a high paperwork burden, that the population was difficult to serve, and that staff needed more training.

Table 48. Mental health voucher program staff-reported strengths and weaknesses

| Strengths/best things | First six months | | Second six months | | Weaknesses/ worst things | First six months | | Second six months | |
|---|---|---|---|---|---|---|---|---|---|
| | N=16 | % | N=8 | % | | N=16 | % | N=8 | % |
| Access to treatment | 9 | 56% | 2 | 25% | Not long enough | 8 | 50% | 4 | 50% |
| Seeing improvement | 3 | 19% | 0 | 0% | Lack of client follow-through | 3 | 19% | 3 | 13% |
| Covers service while waiting for benefits | 1 | 6% | 2 | 25% | No access to medications | 3 | 19% | 1 | 13% |
| Communication | 0 | 0% | 2 | 25% | Paperwork | 3 | 19% | 1 | 13% |
| Good connection with CJ system | 1 | 6% | 1 | 13% | Difficult clients | 2 | 13% | 2 | 25% |
| Something innovative | 1 | 6% | 0 | 0% | Communication with jail/PO | 2 | 13% | 1 | 13% |
| Multiple services | 1 | 6% | 0 | 0% | Need training re: what's available | 2 | 13% | 1 | 13% |
| Not as much paperwork | 0 | 0% | 1 | 13% | Referral should come before jail release | 1 | 6% | 0 | 0% |
| Interesting population | 1 | 6% | 0 | 0% | Need substance use treatment | 0 | 0% | 1 | 13% |
| Not long wait | 0 | 0% | 1 | 13% | Need inpatient | 0 | 0% | 1 | 13% |
| | 0 | 0% | 0 | 0% | Big caseload | 1 | 6% | 0 | 0% |

5. Stakeholder views

Stakeholders from MHCADSD administration, agency administration and the criminal justice liaisons were surveyed regarding their views about the mental health voucher program. Stakeholders showed strong overall satisfaction with the program during the first six month period, but somewhat weaker satisfaction during the second six months.

Table 49. Mental health voucher program stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=16 | % | N=8 | % | N= 13-24 | % |
| Overall quality - "good" or "excellent" | 14 | 93%[1] | 5 | 63% | 19 | 83% |
| Referrals - "fairly" or "very" easy to make referrals | 7 | 78%[2] | 4 | 100%[3] | 11 | 85% |
| Overall satisfaction - "somewhat" or "very" satisfied | 12 | 75% | 5 | 50% | 17 | 71% |

[1]One no response (n-15) [2]Seven no response (n=9) [3]Four no response (n=4)

Shown below, stakeholders reported that rapid access to treatment not otherwise available was a program strength. During the first six months, clarity regarding referral criteria, intersystem communication and collaboration, and lack of suitable housing were reported as weaknesses. Lack of medication coverage and inability to provide court leverage for treatment or otherwise engage clients were reported as problematic in both time periods. Planned jail-based re-entry case management will assist with linkages to community-based treatment which should facilitate treatment engagement of mental health voucher participants.

Table 50. Mental health voucher program stakeholder strengths and weaknesses

| Strengths | First 6 months N=16 | | Second 6 months N=8 | | Weaknesses | First 6 months N=16 | | Second 6 months N=8 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Access to treatment not otherwise available | 7 | 44% | 4 | 50% | Inability to follow-up, Hard to engage, no shows | 4 | 25% | 5 | 63% |
| Easily accessible | 3 | 19% | 1 | 13% | Referral coordination, target population changes, unknown release date, paperwork | 4 | 25% | 1 | 13% |
| Immediacy of services | 2 | 13% | 2 | 25% | No medication coverage | 3 | 19% | 2 | 25% |
| Strengths of staff | 2 | 13% | 1 | 13% | Communication/ Collaboration | 4 | 25% | 0 | 0% |
| Communication/ Collaboration | 1 | 6% | 1 | 13% | Lack of suitable housing | 3 | 19% | 0 | 0% |
| Little paperwork | 1 | 6% | 0 | 0% | Benefit period too short | 1 | 6% | 1 | 13% |
| Client choice of agencies | 0 | 0% | 1 | 13% | Staff issues/ insufficient staff | 1 | 6% | 0 | 0% |
| | | | | | Program capacity | 0 | 0% | 1 | 13% |

## D. Summary

During the first six months of operation 10 people entered the mental health voucher program, increasing to 30 during the second six months. A slightly higher proportion of women, but a lower proportion of ethnic minorities was served compared with the jail population. All had seriously impaired community functioning associated with their mental illnesses.

The number of jail bookings for participants during the first year of the program was unchanged with an average of 1.4 during both the pre-program year and the year following entry into the program. Jail days also did not significantly change. Recidivism analysis showed that nearly half (48%) of the participants were re-incarcerated within one-year of program entry. This recidivism rate was comparable to King

County Jail recidivism rates of 49% overall; and better than the 69% rate for those with mental illnesses. It was also in the same range (24-56%) as for post-booking jail diversion programs elsewhere in the country. Charge severity was unchanged.

No significant improvements were shown for participants during the first year of the mental health voucher program with respect to clinician-reported mental illness symptoms, functioning or employment. However, participants themselves reported reduced symptoms, more productive activity, and improved coping skills.

Process evaluation findings for the mental health voucher program demonstrated good program retention but inconsistent use of best service practices (e.g., housing assistance, assistance with obtaining benefits). Clients reported high program satisfaction, especially with staff qualities such as openness sensitivity, flexibility, focus on recovery, and providing information to manage symptoms. Clients were less satisfied with their opportunities to see a psychiatrist and to decide their own treatment goals.

Staff and stakeholders reported modest satisfaction. While they reported that the program increased access to treatment – the primary goal of the program – they also reported problems with the short program length, clients not following through and attending treatment, lack of staff training, and the lack of medication coverage. Stakeholders also saw problems with referral criteria, intersystem communication, a lack of suitable housing, lack of medication coverage, and an inability to provide court leverage for treatment and or otherwise engage clients. The program length was increased from six to nine months in January, 2005. However, due to weak program outcomes, the program was discontinued as of the end of 2005.

# CHAPTER 3
# METHADONE VOUCHER

## I. Program Description

**Program overview:** The methadone voucher program began July, 2003. The program provided up to nine consecutive months of methadone treatment services that could have been extended on a case-by-case basis. The service included a daily dose of methadone provided by either of two community treatment agencies: Evergreen Treatment Services or Therapeutic Health Services (THS). Additional services provided by these two agencies included sobriety maintenance, psychosocial assessment and medical exams, re-entry and re-employment counseling, and HIV/AIDS counseling. THS provided courtesy dosing in the jail, which was methadone dosing for opiate-dependent inmates who were already in methadone treatment at the time of arrest. In 2006 Jail Health Services assumed courtesy dosing of this population. Jail Health Services also planned to begin inducting opiate-dependent inmates into treatment who were not previously enrolled in methadone therapy.

**Target Population:** To facilitate program startup and reduce existing waiting lists for treatment, initial methadone vouchers were provided to adult opiate-dependent clients accessing services provided by Seattle-King County Public Health Department's Needle Exchange Program. Previous investigations have shown that 93% of a sample of consecutive admissions to the Needle Exchange program had a history of incarceration, with 44% having incarcerations within the previous year. Beginning in April 2004 methadone vouchers issued through the CJI have been exclusively provided to opiate-dependent offender-clients about to be released from the King County Jail.

## II. Results

First six months - July 1, 2003 thru December 31, 2003 (Needle Exchange)

Second six months -April 30, 2004 thru September 30, 2004 (jail-referred)

## A. Characteristics of persons served

Characteristics of individuals served during the first year of the methadone voucher program are shown below. During the first six-month period, 106 people entered the program from the Needle Exchange program, and during the second six-month period 156 people entered the program from the King County jail system. A higher proportion of women and a lower proportion of ethnic minority group members were served compared to their representation in the jail population.

As expected, participants reported using heroin, though over two-thirds also reported using cocaine, and nearly a third also used alcohol. Over a third of the participants in the first six-month cohort were homeless, rising to over half for the second six-month cohort. Few participants were employed.

Table 51. Methadone voucher program characteristics of persons served

| Demographics | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=106 | % | N=156 | % | N=262 | % |
| Gender | 36 | 34% | 47 | 30% | 83 | 31% |
| Ethnicity | | | | | | |
| Caucasian | 58 | 55% | 113 | 72% | 171 | 65% |
| African-American | 35 | 33% | 25 | 16% | 60 | 23% |
| Native American | 6 | 6% | 16 | 10% | 22 | 8% |
| Asian-Pacific Islander | 3 | 3% | 1 | 1% | 4 | 2% |
| Mixed or "other" or unk | 4 | 4% | 1 | 1% | 5 | 2% |
| Hispanic (unduplicated) | 2 | 2% | 0 | 0% | 2 | 1% |
| Age | Average= 44.4 yrs | SD=9.2 | Average= 40.7 yrs | SD=13.3 | Average= 41.7 yrs | SD=9.8 |
| Substances used (may report more than one) | N=103 | | N=156 | | N=259 | |
| Heroin | 101 | 98% | 155 | 99% | 258 | 99% |
| Cocaine | 67 | 65% | 112 | 72% | 179 | 69% |
| Alcohol | 28 | 27% | 53 | 34% | 81 | 31% |
| Marijuana | 6 | 6% | 8 | 5% | 14 | 5% |
| Other (non-tobacco) | 9 | 9% | 29 | 19% | 38 | 15% |
| Homelessness | N=102 | | N=156 | | N=260 | |
| First 6 months DSHS DASA; Second 6 mos. JODET | 39 | 37% | 93 | 60% | 132 | 51% |
| Community functioning | N=94 | | N=156 | | N=252 | |
| Employed (DASA data) | 10 | 11% | 6 | 4% | 16 | 6% |

## B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first year of program participants. Comparison group analyses were conducted for the first six months of the program and are shown in Appendix B.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.

| | | | |
|---|---|---|---|
| 365 days "pre" | "Index booking" (release <45 days before program start - omitted from analysis) | Program start | 365 days "post" |
| People without index booking 365 days "pre" | | | 365 days "post" |

The table below shows that jail bookings for jail-referred methadone voucher program participants in the second six-month cohort were reduced at the trend level. The proportion of people with no bookings also increased for this cohort. No significant change was shown for these outcomes for participants in the first six-month cohort (referred from Needle Exchange) and overall for both cohorts. No significant change was shown for either cohort for jail days or bookings per days "at-risk" (i.e., not in jail). The proportion of individuals with no bookings increased slightly.

Table 52. Methadone voucher program change in average jail bookings and days

| Jail outcome indicator | First 6-month cohort (N=106) | | Second 6-month cohort (N=156) | | Total first year (N=262[4]) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Jail bookings (average) | 1.0 (1.2)[1] | 1.2 (1.7) | 2.1 (2.1) | 1.7 (1.8)[3] | 1.7 (1.9) | 1.5 (1.8) |
| Jail days (average) | 12.3 (20.8) | 16.3 (28.1) | 32.0 (46.0) | 35.9 (61.6) | 24.0 (39.1) | 27.9 (51.6) |
| Bookings/month "at-risk"[2] | .09 (.11) | .11 (.16) | .22 (.27) | .20 (.30) | .17 (.23) | .17 (.26) |
| No jail use | 51 (48%) | 51 (48%) | 35 (22%) | 49 (31%) | 86 (33%) | 100 (38%) |

[1]Standard deviation shown in ( )
[2]Bookings/month "at-risk"= # of bookings/(non-jail days/30)
[3]Significant at trend level (p=.07) based on Wilcoxon Signed ranks test (non-parametric)
[4]Six people participated in both the first and second six-month cohort (i.e., are duplicated), but are retained in the analyses

The jail day detail table below shows that methadone voucher participants overall used 7% more jail days during the year following program participation than during the year prior to it.

Table 53. Methadone voucher jail day detail

| Jail day detail | First 6-month cohort (N=106) | | Second 6-month cohort (N=156) | | Total first year (N=262) | |
|---|---|---|---|---|---|---|
| Pre period jail days | 1306 | 43% | 4990 | 47% | 6296 | 46% |
| Post period jail days | 1721 | 57% | 5593 | 53% | 7314 | 54% |
| Total jail days | 3027 | 100% | 10583 | 100% | 13610 | 100% |
| Change in jail days | +415 | +14% | +603 | +6% | +1018 | +7% |

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 37% of program participants reduced bookings during the program's first year of operation. More jail-referred second cohort participants reduced jail bookings than those referred from the Needle Exchange program who participated in the first six-month cohort.

Table 54. Methadone voucher program proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | First 6-month cohort (N=106) | | Second 6-month cohort (N=156) | | Total first year (N=262) | |
|---|---|---|---|---|---|---|
| Reduced bookings | 28 | 26% | 68 | 44% | 96 | 37% |
| No pre or post bookings | 41 | 39% | 14 | 9% | 55 | 21% |
| Same # of pre and post bookings | 6 | 6% | 19 | 12% | 25 | 10% |
| Increased bookings | 31 | 29% | 55 | 35% | 86 | 33% |

Jail recidivism

The table below shows jail recidivism analyses. Looking over the first year of operation, 62% of the participants had a jail booking within the year following program entry. Jail-referred participants in the second six-month cohort had somewhat higher recidivism than the first six-month cohort. Those with an "index" booking or any "pre" period booking showed somewhat higher recidivism than those without such bookings, and a higher proportion of second cohort participants had prior bookings.

Table 55. Methadone voucher program jail booking recidivism

| 1- year jail recidivism (any post-period booking) | First 6-month cohort | | | Second 6-month cohort | | | Total first year | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Recidivists | | N | Recidivists | | N | Recidivists | |
| Total in cohort[1] | 106 | 55 | 52% | 156 | 107 | 69% | 262 | 162 | 62% |
| People with "index" booking | 17 | 14 | 82% | 119 | 86 | 72% | 136 | 100 | 74% |
| People with any "pre" booking | 54 | 43 | 80% | 121 | 86 | 71% | 175 | 129 | 74% |

[1]May not have had any booking within the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings did not change and was 42% during the pre-365 day period and 41% during the post-365 day period. Most serious offense (MSO) crime category was used for this analysis. To understand the results more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period. The table shows that the proportion of most MSO crime categories was largely unchanged.

Table 56. Methadone voucher program change in types of crimes

| Most Serious Offense (MSO) | First 6-month cohort (N=106) | | Second 6-month cohort (N=156) | | Total first year (N=262) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Non-compliance | 18 (18%) | 25 (20%) | 107 (32%) | 79 (29%) | 125 (29%) | 104 (26%) |
| Drugs | 25 (25%) | 37 (29%) | 88 (27%) | 76 (28%) | 113 (26%) | 113 (28%) |
| Property | 29 (29%) | 33 (26%) | 70 (21%) | 62 (23%) | 99 (23%) | 95 (24%) |
| Prostitution | 3 (3%) | 3 (2%) | 15 (5%) | 17 (6%) | 18 (4%) | 20 (5%) |
| Traffic | 8 (8%) | 5 (4%) | 10 (3%) | 2 (1%) | 18 (4%) | 7 (2%) |
| Assault | 1 (1%) | 7 (5%) | 8 (2%) | 6 (2%) | 9 (2%) | 13 (3%) |
| Criminal trespass | 0 (0%) | 1 (1%) | 8 (2%) | 6 (2%) | 8 (2%) | 7 (2%) |
| Robbery | 1 (1%) | 6 (5%) | 5 (2%) | 4 (1%) | 6 (1%) | 10 (2%) |
| DUI | 0 (0%) | 0 (0%) | 5 (2%) | 6 (2%) | 5 (1%) | 6 (2%) |
| Domestic violence | 1 (1%) | 2 (2%) | 2 (1%) | 1 (0%) | 3 (1%) | 3 (1%) |
| Other | 14 (14%) | 9 (7%) | 14 (4%) | 13 (5%) | 28 (6%) | 22 (6%) |
| Total | 100 (100%) | 128 (100%) | 332 (100%) | 272 (100%) | 432 (100%) | 400 (100%) |

2. Dispositions at treatment completion

Of the 106 admissions in the first six-month cohort, nearly half (48%) extended their treatment beyond the voucher funding through either converting to other funding sources (24%) or receiving an extension of the voucher period (24%). The proportion extending treatment fell slightly (43%) for the second six-month cohort. Others were discharged prior to the 9-month benefit period most often for withdrawing from treatment or for rule violations.

Table 57. Methadone voucher program disposition at completion of 9-month benefit

| Disposition at benefit completion | First 6-month cohort (N=106) | | Second 6-month cohort (N=156) | | Total first year (N=262) | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Transferred to other funding for continued treatment | 25 | 24% | 52 | 33% | 77 | 29% |
| Withdrew, lost to contact, moved | 21 | 20% | 47 | 30% | 68 | 26% |
| Rule violation | 28 | 26% | 24 | 15% | 52 | 20% |
| Received extension of voucher | 25 | 24% | 15 | 10% | 40 | 15% |
| Transferred to other facility | 5 | 5% | 9 | 6% | 14 | 5% |
| Incarcerated | 1 | 1% | 6 | 4% | 7 | 3% |
| Deceased | 1 | 1% | 1 | 1% | 2 | 1% |
| Completed treatment | 0 | 0% | 1 | 1% | 1 | <1% |
| Funds exhausted | 0 | 0% | 1 | 1% | 1 | <1% |
| Total | 106 | 100% | 156 | 100% | 262 | 100% |

3. Clinical outcomes

Clinical outcomes for the first six-month cohort (referred from Needle Exchange program) and second six-month cohort (jail-referred) are shown below. Outcomes were measured at 9 months, or discharge if it occurred prior to 9 months in the program.

As the table shows, over three-quarters (79%) of participants during the first year of the program reduced their primary substance use (almost all heroin) either partially or to "no use" at all. Over half were no longer using any heroin. Over half had reductions in cocaine use and other secondary substance use. There was also a significant reduction in the amount of money participants spent on illicit drugs. About a third of participants reported reduced drug problem days. Employment was obtained by 17% of jail-referred second cohort participants, a somewhat higher rate than for those in the first six-month cohort.

Table 58. Methadone voucher program clinical outcomes

| Outcome indicator | First six month cohort (N=106) | | Second six-month cohort (N=156) | | Total first year (N=262) | |
|---|---|---|---|---|---|---|
| Primary substance | N=76[1] | | N=123 | | N=199 | |
| -reduced to "no use" | 37 | 49% | 68 | 55% | 105 | 53% |
| -partial reduction | 24 | 32% | 28 | 23% | 52 | 26% |
| -no change | 14 | 18% | 24 | 20% | 38 | 19% |
| -increased use | 1 | 1% | 3 | 2% | 4 | 2% |
| Secondary substance | N=58 | | N=103 | | N=161 | |
| -reduced to "no use" | 11 | 19% | 45 | 44% | 56 | 35% |
| -partial reduction | 16 | 28% | 23 | 22% | 39 | 24% |
| -no change | 25 | 43% | 25 | 24% | 50 | 31% |
| -increased use | 6 | 10% | 10 | 10% | 16 | 10% |
| Heroin | N=75 | | N=125 | | N=200 | |
| -reduced to "no use" | 36 | 48% | 69 | 55% | 105 | 53% |
| -partial reduction | 24 | 32% | 28 | 22% | 52 | 26% |
| -no change | 14 | 19% | 23 | 18% | 37 | 19% |
| -increased use | 1 | 1% | 5 | 4% | 6 | 3% |
| Cocaine | N=43 | | N=94 | | N=137 | |
| -reduced to "no use" | 6 | 14% | 35 | 37% | 41 | 30% |
| -partial reduction | 15 | 35% | 23 | 24% | 38 | 28% |
| -no change | 15 | 34% | 21 | 22% | 36 | 26% |
| -increased use | 7 | 16% | 15 | 16% | 22 | 16% |
| Change in drug expenses (average) | N=54 | | N=133 | | N=187 | |
| | $892 @ admission | $377 @ discharge* | $988 @ admission | $439 @ discharge* | $961@ admission | $421@ discharge* |
| Drug problem days | N=53 | | N=98 | | N=151 | |
| -reduced | 19 | 36% | 28 | 29% | 47 | 31% |
| -no change | 33 | 62% | 66 | 67% | 99 | 66% |
| -increased use | 1 | 2% | 4 | 4% | 5 | 3% |
| Alcohol problem days | N=53 | | N=78 | | N=131 | |
| -reduced | 1 | 2% | 8 | 10% | 9 | 7% |
| -no change | 50 | 94% | 67 | 86% | 117 | 89% |
| -increased use | 2 | 4% | 3 | 4% | 5 | 4% |
| Employment | N=96 | | N=156 | | N=252 | |
| -gained employment | 7 | 7% | 26 | 17% | 33 | 13% |
| -no change | 86 | 90% | 128 | 82% | 214 | 85% |
| -lost employment | 3 | 3% | 2 | 1% | 5 | 2% |

*statistically significant change using t-test $p<.05$

[1]Ns vary due to imperfect matches with DASA data and incomplete data. Percentages are derived from these Ns -- cases with known admission and discharge data

4. Participant-reported program impacts

About one-quarter of the participants in the first six-month cohort (N=23) were reached for interviews, while a smaller proportion of 156 participants in the second six-month cohort participants were interviewed (N=24).

Table 59. Methadone voucher program participant-reported program impacts

| Participant-reported impacts<br>% "Agree" of "Strongly Agree" | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=24 | % | N=24 | % | N=48 | % |
| Not using drugs as much | 23[1] | 100% | 21 | 87% | 44 | 92% |
| Do more productive things | 22[1] | 96% | 20[1] | 87% | 42[5] | 91% |
| Getting along better w/family | 20[2] | 95% | 20 | 83% | 40[2] | 89% |
| Deal more effectively with daily problems | 22[1] | 96% | 20 | 83% | 42 | 88% |
| Better able to control life | 22[1] | 96% | 20 | 83% | 42 | 88% |
| Not craving drugs as much | 20[1] | 87% | 21 | 88% | 41[1] | 87% |
| Better able to deal with crisis | 20[1] | 87% | 19 | 79% | 39[1] | 83% |
| Do better in social situations | 19[1] | 83% | 19 | 79% | 38[1] | 81% |
| Physical health has improved | 17 | 74% | 20 | 83% | 37 | 77% |
| Do better in school and/or work | 18[3] | 90% | 10[4] | 56% | 28[8] | 74% |
| I have more contact with people who support my recovery | Not asked | | 16 | 67% | 16 (of 24) | 67% |
| Housing situation has improved | 15[3] | 75% | 11[5] | 50% | 26[4] | 62% |
| I have gotten a job | 8[6] | 42% | 4[7] | 24% | 12[8] | 33% |

[1]One missing [2]Three missing [3]Four missing [4]Six missing [5]Two missing
[6]Five missing [7]Seven missing [8]Twelve missing

Participants who were reached for interviews reported a wide range of positive outcomes (shown above), most prominently reduced substance use, increased productive activity, improved coping, and improved family relationships. Fewer in the second six-month cohort (referred from jail) reported improvement in employment and housing, but more reported improved physical health.

## C. Process evaluation findings

### 1. Service utilization

Of the 148 people referred to the program during its first six months, 106 (72%) began treatment. During the second six months of the program, 454 people were referred to the program, though 132 were sent to prison leaving 322 eligible for participation. Of those, 146 (45%) began treatment.

The methadone voucher program was designed as a 9-month benefit. As the table below shows, 46% remained in treatment for more than nine months. An important aspect of the methadone voucher program is assisting participants to convert to a funding source that will enable treatment to continue past the voucher benefit period. The County is particularly interested in Medicaid funding as it provides the most stable long-term funding option. During the first six-month cohort, for example, 31% of those who entered without Medicaid, converted to Medicaid while in treatment.

Table 60. Methadone voucher program length of treatment

| | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Length of treatment | N=106 | % | N=156 | % | N=262 | % |
| 0-90 days | 12 | 11% | 40 | 26% | 52 | 20% |
| 91-180 days | 23 | 22% | 28 | 18% | 51 | 19% |
| 181-270 days | 18 | 17% | 20 | 13% | 38 | 16% |
| 271+ | 53 | 50% | 68 | 43% | 121 | 46% |

2. Evidence-based practices

Interventions were selected for evaluation based on review of relevant research and discussions with national experts in the field. Use of evidence-based practices was evaluated through staff and client interviews. During the first six months of the program 13 staff members were interviewed. During the second six months, 29 staff members were interviewed. Twenty-four clients of the 106 participants in the first six-month cohort were reached for interviews and 24 of the 156 participants were interviewed in the second six-month cohort.

Shown below, staff reported that individual counseling, relapse prevention, and having therapy at least once per week for at least 90 days were provided to most participants. Family therapy, CBT, and MET were provided less often. MET is often considered to be the treatment of choice for substance use disorders.

For clients, two additional practices were included: client knowledge of their methadone dose and having control over raising and lowering it – both were endorsed by nearly all respondents. Client reports of treatment received were generally consistent with staff reports, though fewer clients than staff reported receiving CBT possibly due to lack of familiarity with the terminology.

Table 61. Methadone voucher program evidence-based practices – staff report

| Evidence-based practice | Staff report of >50% of clients receiving practice | | | | | |
|---|---|---|---|---|---|---|
| | First six months | | Second six months | | Total | |
| | N=13 | % | N=29 | % | N=42 | % |
| Individual counseling | 13 | 100% | 29 | 100% | 42 | 100% |
| Therapy ≥ 90 days | 12 | 100%[4] | 23 | 88%[1] | 35 | 92%[3] |
| Relapse prevention | 8 | 80%[2] | 22 | 81%[2] | 30 | 81%[3] |
| CBT | 7 | 78%[3] | 12 | 46%[1] | 19 | 53%[6] |
| Therapy ≥ 1/week | 9 | 82%[2] | 15 | 56%[2] | 24 | 63%[3] |
| MET | 5 | 50%[1] | 6 | 26%[6] | 11 | 33%[8] |
| Family therapy | 1 | 11%[3] | 2 | 8%[1] | 3 | 9%[6] |

[1]Three "Don't know"; [2]Two "Don't know"; [3]Four "Don't know"; [4]One "Don't know"
[5]Six "Don't know" [6]Seven "Don't know" [7] Eight 'Don't know" [8]Nine 'Don't know'

Table 62. Methadone voucher program evidence-based practices – participant report

| Evidence-based practice | Clients report of receiving evidence-based practice | | | | | |
|---|---|---|---|---|---|---|
| | First six months | | Second six months | | Total first year | |
| | N=22 | % | N=23 | % | N=45 | % |
| Know what methadone dosage is | 21 | 96% | 23 | 96% | 44 | 96% |
| Report control over raising/lowering dosage | 21 | 96% | 21 | 91%[4] | 42 | 95%[4] |
| Therapy ≥ 90 days | 22 | 100% | 16 | 73%[4] | 38 | 86%[4] |
| Therapy ≥ 1/week | 14 | 70%[2] | 21 | 96%[4] | 35 | 83[1] |
| Individual counseling | 20 | 91% | 16 | 73%[4] | 36 | 82%[1] |
| Relapse prevention | 16 | 73% | 16 | 67% | 32 | 71% |
| MET | 5 | 33%[6] | 9 | 45%[1] | 14 | 40%[9] |
| Family therapy | 8 | 38%[4] | 2 | 9%[4] | 10 | 24%[2] |
| CBT | 2 | 14%[7] | 3 | 14%[2] | 5 | 14%[9] |

[1]Three "Don't know"; [2]Two "Don't know"; [3]Four "Don't know"; [4]One "Don't know"
[5]Six "Don't know" [6]Seven "Don't know" [7] Eight 'Don't know" [8]Nine 'Don't know' [9]Ten 'Don't know

Ancillary services, shown in the table below, were provided to clients only when needed. HIV/AIDS counseling and health/medical treatment were provided to most clients when needed as reported by both staff and clients. Assistance obtaining employment, education, legal help, and financial help were provided less often.

Table 63. Methadone voucher program ancillary services – staff report

| Ancillary service | Staff report of >50% of clients receiving service | | | | | |
|---|---|---|---|---|---|---|
| | First six months | | Second six months | | Total first year | |
| | N=13 | % | N=29 | % | N=42 | % |
| HIV/AIDS counseling | 7 | 54% | 18 | 62% | 25 | 60% |
| Health/medical | 7 | 54% | 15 | 52% | 22 | 52% |
| Employment assistance | 6 | 46% | 13 | 45% | 19 | 45% |
| Educational assistance | 4 | 31% | 8 | 28% | 12 | 29% |
| Financial assistance | 4 | 31% | 12 | 41% | 16 | 38% |
| Legal assistance | 4 | 31% | 6 | 21% | 10 | 24% |

Table 64. Methadone voucher program ancillary services – participant report

| Ancillary service | Clients reporting needing and receiving practice | | | | | |
|---|---|---|---|---|---|---|
| | First six months N=22 | | Second six months N=23 | | Total first year N=45 | |
| | Needed | Received | Needed | Received | Needed | Received |
| HIV/AIDS counseling | 3 | 3 (100%) | 7 | 7 (100%) | 10 | 10 (100%) |
| Health/medical | 13 | 7 (54%) | 10 | 10 (100%) | 23 | 23 (100%) |
| Financial assistance | 12 | 5 (42%) | 13 | 9 (69%) | 25 | 14 (56%) |
| Legal assistance | 6 | 2 (33%) | 7 | 2 (29%) | 13 | 4 (31%) |
| Employment assistance | 6 | 3 (50%) | 7 | 1 (14%) | 13 | 4 (13%) |
| Educational assistance | 4 | 0 (0%) | 4 | 0 (0%) | 4 | 0 (0%) |

3. Client views

As part of the client interview, participants were asked open-ended questions about how the impacts of the program. Some of the comments participants made about the methadone voucher program were:

"It allowed me to have a life and keep my job"
“It gave me sobriety and trust in my family”
“I've been able to be with my family, work on my health, think about school again”
“When I started, I was homeless, 180 lbs, doing narcotics, now I'm felony free-it's saving my life”
“I can go about my business like a normal person would”
“It gave opportunity to get out of lifestyle of using opiates; it’s not as easy as just not doing it”
“It stops me from stealing”
“I can get a job”
"I’ve gotten control of my destiny – I can foresee a time when I don't need any drugs"
“I'm clean; it's the best thing I could ever ask for”
“I'm not using, my life has changed, I wish everyone had this chance”

Client responses to rating scale satisfaction questions are shown in the two tables below.

Table 65. Methadone voucher program participant satisfaction with program components

| % "Agree" or "Strongly agree" with statements below: | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=24 | % | N=24 | % | N=46-48 | % |
| **General Satisfaction** | | | | | | |
| I'd recommend the program | 21 | 88% | 20 | 83% | 41 | 85% |
| I liked the services I received | 19 | 79% | 19 | 79% | 38 | 79% |
| If I had other choices, I'd still get services here | 18 | 75% | 17 | 67% | 35 | 73% |
| **Perception of Access** | | | | | | |
| Staff were willing to see me when I needed it | 22 | 92% | 21 | 91% | 43 | 90% |
| Services were available at good times | 19 | 79% | 16 | 67% | 35 | 73% |
| I was able to get all the services I needed | 18 | 75% | 18 | 75% | 36 | 75% |
| The location was convenient | 15 | 63% | 20 | 83% | 35 | 73% |
| Getting into the program was easy | 7 | 29% | 13 | 54% | 20 | 42% |
| **Appropriateness and Quality of Services** | | | | | | |
| I was given information about my rights | 20 | 83% | 18 | 78% | 38 | 79% |
| Staff encouraged me to take responsibility for how I live my life | 20 | 83% | 21 | 88% | 41 | 85% |
| Staff believe I can grow, change and recover | 19 | 79% | 29 | 83% | 38 | 79% |
| Staff told me side effects to watch for | 18 | 75% | 20 | 83% | 38 | 79% |
| Staff were sensitive to my cultural background | 16 | 73%[2] | 21 | 96% | 37 | 80% |
| I felt free to complain | 17 | 71% | 14 | 58% | 31 | 65% |
| **Participation in Treatment Goals** | | | | | | |
| I felt comfortable asking medication questions | 20 | 83% | 20 | 83% | 40 | 83% |
| I, not staff, decided my treatment goals | 20 | 83% | 18 | 75% | 38 | 79% |
| Staff are kind and non-judgmental | 15 | 65%[1] | 19 | 79% | 34 | 72% |
| Staff understand what recovery is like | 15 | 63% | 17 | 79% | 32 | 67% |

[1]One no response (n=23) [2]Two no response (n=22)

Table 66. Methadone voucher program participant global satisfaction

| Items rated on 5-point scales - % of top two ratings | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=24 | % | N=24 | % | N=44-48 | % |
| Quality of program - "good" or "excellent" | 21 | 91%[1] | 20 | 83% | 41 | 89% |
| Program satisfaction -"somewhat", "very" satisfied | 21 | 91%[1] | 20 | 83% | 41 | 89% |
| Current treatment "better" than prior treatment | 15 | 71%[2] | 14 | 61%[1] | 29 | 66% |
| Counselor skills - "good" or "excellent" | 16 | 67%[3] | 20 | 83% | 36 | 78% |

[1]One no response (n=23) [2]Three no response (n=21) [3]Two no response (n=22)

The tables show that participants reported generally high satisfaction. Clients were particularly pleased with staff willingness to meet when needed, encouragement to take responsibility, and openness to questions. Fewer clients were satisfied with the ease of getting into the program and feeling free to complain.

Open-ended questions regarding program strengths and weaknesses are shown below.

Table 67. Methadone voucher participant-reported strengths and weaknesses

| Positive effects/strengths (43 of 48 people listed items) | N | % | Negative effects/weaknesses (33 of 48 people listed items) | N | % |
|---|---|---|---|---|---|
| Staying clean and sober | 26 | 54% | More understanding; empathy; counselors who were addicts, inflexible, don't listen | 7 | 15% |
| Staff, director qualities - caring, treat you as a person, empathy, easy to talk to | 12 | 25% | Hard to get in; waitlists | 6 | 13% |
| Having groups; variety to meet needs; AA/NA; 1:1 | 10 | 21% | Side effects – (e.g., weight gain, sweating, GI problems, bad teeth) | 4 | 8% |
| Got life back; life changing; hope | 9 | 19% | Need better schedule – add p.m.- too strict about being late | 3 | 6% |
| Easy to get in/on methadone with voucher; no longer waiting | 5 | 10% | Should be able to have more positive urinalyses | 3 | 6% |
| Able to function, look for job, keep job | 4 | 8% | Vouchers should be longer, ongoing –not expire | 2 | 4% |
| Accepting responsibility | 4 | 8% | Jail doesn't dose | 2 | 4% |
| Housing; place to live | 3 | 6% | Need more control over dosing | 2 | 4% |
| Good at changing dose when needed | 3 | 6% | AA mtgs should be kept positive | 2 | 4% |
| Prevents stealing, prison | 3 | 6% | Coming for daily dosing | 1 | 2% |
| Like structure and rules and regulations | 3 | 6% | Shouldn't punish by taking meds | 1 | 2% |
| Convenient (in/out quick; open early) | 2 | 4% | Lack of confidentiality | 1 | 2% |
| All problems and concerns addressed | 2 | 4% | Methadone and housing should be set up when leave prison | 1 | 2% |
| More insight; learning; awareness | 2 | 4% | Counseling efficiently | 1 | 2% |
| Acupuncture | 1 | 2% | More work around relapse | 1 | 2% |
| Non-judgmental; non-punitive | 1 | 2% | | | |
| Don't have to worry about paying | 1 | 2% | | | |
| Staff allow you to give feedback | 1 | 2% | | | |
| Staff friendliness | 1 | 2% | | | |

Clients most often reported that the program helped them stay clean and sober. Clients appreciated positive staff qualities, having a variety of groups to meet their needs, and being able to get their lives and jobs back on track. Clients felt the voucher program made it easier to get into treatment, and that they learned from the program, and increased their insight and responsibility. Some clients reported that staff lacked understanding of their needs, and that methadone treatment is hard to get into. A few people mentioned side effects of methadone and wanting longer dosing hours.

4. Staff views

During the first six months of the program 13 staff were interviewed. During the second six months, 29 staff were interviewed. Staff responses to rating scale questions showed strong general satisfaction with the program, though somewhat weaker satisfaction with training opportunities. Although the sample sizes are small, responses for the two time periods could not be combined because some of the same staff were interviewed at both points.

Table 68. Methadone voucher program staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=13 | % | N=29 | % | N=41-42 | % |
| Overall satisfaction | 8 | 75%[1] | 26 | 90% | 34 | 83% |
| Training and training opportunities | 8 | 62% | 20 | 69% | 28 | 67% |
| Satisfaction with therapy resources | 9 | 69% | 21 | 73% | 30 | 71% |
| Satisfaction with ancillary services | 3 | 23% | 22 | 76% | 25 | 60% |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | | |
| Overall quality | 10 | 83%[1] | 29 | 100% | 39 | 95% |

[1]One no response (n=12)

Staff also reported open-ended responses regarding program strengths and weaknesses. As shown in the table below, staff reported that providing access to treatment to those who would not otherwise obtain treatment was a major strength, along with providing financial assistance and watching clients improve. Staff felt that the program benefit period (9 months) was too short, that caseloads were challenging, and that intersystem communication and information sharing needed improvement.

Table 69. Methadone voucher program staff-reported strengths and weaknesses

| Strengths/best things | First six months N=13 | | Second six months N=29 | | Weaknesses/worst things | First six months N=13 | | Second six months N=29 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Access to treatment | 5 | 38% | 7 | 24% | Not long enough | 6 | 46% | 7 | 24% |
| $ help to get methadone | 4 | 31% | 3 | 10% | Lack of housing | 4 | 31% | 5 | 17% |
| See clients improve, reduce drug use, jail | 4 | 31% | 5 | 17% | High caseload, overworked | 1 | 8% | 7 | 24% |
| Groups, team, referrals individualized treatment | 2 | 15% | 6 | 21% | No available mental health treatment | 4 | 31% | 3 | 10% |
| Staff qualities/attitudes | 2 | 15% | 6 | 21% | Communication with jail/orientation for clients | | | 4 | 14% |
| Respect to clients | | | 3 | 10% | Lack of funding | | | 4 | 14% |
| Gives hope | 1 | 8% | 1 | 3% | Paperwork | 1 | 8% | 2 | 7% |
| Psych staff | | | 2 | 7% | Difficult clients | 3 | 23% | | |
| Relaxed, supportive environment | | | 2 | 7% | Punished or discharged for relapse, missed dose | | | 3 | 10% |
| Communication/collaboration | | | 2 | 7% | Low pay | | | 3 | 10% |
| See client daily | 1 | 8% | | | Waitlists | 2 | 15% | | |
| Length of voucher | | | 1 | 3% | # of clients vs. quality | 1 | 8% | | |
| Freedom to set schedule with clients | | | 1 | 3% | Need to involve clients more in rules | | | 1 | 3% |
| Acupuncture | | | 1 | 3% | Need more case management | | | 1 | 3% |
| Family services | | | 1 | 3% | Wraparound services | | | 1 | 3% |
| Empirically-based treatment | | | 1 | 3% | | | | | |

5. Stakeholder views

Stakeholders from MHCADSD administration and Jail Health Services were surveyed regarding their views about the methadone voucher program. Stakeholders showed very high global satisfaction.

Table 70. Methadone voucher program stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=3 | % | N=10 | % | N= 8-13 | % |
| Overall quality - "good" or "excellent" | 3 | 100% | 10 | 100% | 13 | 100% |
| Referrals - "fairly" or "very" easy to make referrals | 2 | 100%[1] | 6[2] | 100% | 8 | 100% |
| Overall satisfaction - "somewhat" or "very" satisfied | 3 | 100% | 10 | 100% | 10 | 100% |

[1]One no response (n=2) [2]Four no response (n=6)

As shown in the table below, stakeholders reported that the program was easily accessible and provided immediate services. Intersystem communication was viewed as problematic during the first six months only, and no other problem was reported by more than one person.

Table 71. Methadone voucher program stakeholder-report strengths and weaknesses

| Strengths | First 6 months N=3 | | Second 6 months N=10 | | Weaknesses | First 6 months N=3 | | Second 6 months N=10 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Easily accessible | 1 | 33% | 4 | 40% | Communication/ collaboration | 3 | 100% | | |
| Immediacy of services post-jail | 1 | 33% | 1 | 10% | Suitable housing | 1 | 33% | | |
| Little administrative overhead | 1 | 33% | | | Referral issues | 1 | 33% | | |
| Access to service | | | 1 | 10% | Benefit too short | | | 1 | 10% |
| Services for needy clients | | | 1 | 10% | Proving withdrawal for eligibility | | | 1 | 10% |
| Getting clients at point of high motivation | | | 1 | 10% | Prioritizes inmates | | | 1 | 10% |
| Adds to continuum of care | | | 1 | 10% | In-treatment outcomes for evaluation | | | 1 | 10% |
| | | | | | Continuity of care coming out of jail | | | 1 | 10% |
| | | | | | Serving so many - care is compromised | | | 1 | 10% |

## D. Summary

During the first six months of operation 106 people entered the program, all from the Needle Exchange program. During the second six-month period 156 entered the program, almost all from the jail. The program served a higher proportion of females and a slightly lower proportion of minorities than were represented in the overall jail population. Thirty-seven percent of the first six-month cohort was homeless, and this rate increased to 58% for the second six-month cohort.

The number of jail bookings for the first 6-month cohort was unchanged but a trend reduction was shown for the second six-month cohort. Specifically, the average number of jail bookings for the second six-month cohort declined from 2.1 during the pre-program year to an average of 1.7 during the year following entry into the program. Jail days and charge severity were unchanged. Recidivism analysis showed that 51% of first cohort participants and 69% of second cohort participants (61% overall) were re-incarcerated within one-year of program entry. These rates were slightly higher than King County Jail recidivism rates of 49% overall, and for post-booking jail diversion programs elsewhere in the country (24-56%). Charge severity for participants remained unchanged.

Four-fifths of the participants during the first and second six-month cohort (81% and 78%; 79% overall) reduced their primary substance use (almost all heroin), and about half had no heroin use after 9-months of treatment, or discharge, whichever came first. There was also a significant reduction in the amount of money participants spent on illicit drugs. A high proportion of participants reported positive program impacts including reduced substance use and increased productive activity, improved coping skills, and improved family relationships.

Process evaluation findings for the methadone voucher program showed strong program retention, with nearly half of the participants receiving extensions beyond the 9-month program length. Evidence-based practices of individual counseling and relapse prevention, and clients being able to control their methadone dose were used consistently; however, cognitive-behavioral therapy, motivational enhancement therapy, and family therapy were used less often.

Clients reported high program satisfaction and were especially pleased with program staff, their openness and willingness to meet when needed, the opportunity to get clean and sober, and the variety of groups to meet their needs. Clients reported more problems with getting into the program (though the voucher helped), service convenience, staff being judgmental and not understanding recovery, and side effects of methadone.

Staff reported modest satisfaction; however, stakeholder satisfaction was higher. Staff and stakeholders believed the program increased immediate access to treatment post-release from jail – the primary goal of the program. Staff also reported that they enjoyed seeing clients improve, working with other staff, and having a variety of services to meet individual needs. However, they believed the program should be longer, and they saw problems with intersystem communication, lack of housing, high caseloads, and lack of mental health treatment. Stakeholders also found intersystem communication problematic during the first six months, though this concern did not continue during the second six months.

# CHAPTER 4
# HOUSING VOUCHER

## I. Program description

**Program overview:** The housing voucher program began in May, 2003. The program provided up to six consecutive months of housing services that covers case management services, rent and utilities subsidies, and security deposits. Clients were linked to an array of housing options including respite, clean and sober, abstinence-encouraged, and "client choice". Seattle Mental Health functioned as the housing broker and assigned a housing case manager to each voucher recipient. Case management services included permanent housing search, advocacy, and assistance in obtaining publicly-funded benefits. Coordination was maintained with the court of referral and the housing provider.

**Target population:** Individuals eligible for the program were King County Jail inmates and recently released persons who were homeless and who had chemical dependency problems or co-occurring mental health and chemical dependency problems. Homelessness was defined as being on the street, in a shelter or transitional setting for homeless individuals, being evicted within a week, being discharged from an institution where the individual had been for more than 30 days and has no housing, or having no housing and fleeing domestic violence. To be eligible for the program, individuals must also have been referred from King County Drug Diversion Court, King County District Mental Health Court, or Seattle Municipal Mental Health Court ("specialty courts").

## II. Results

First six months - May 1, 2003 thru October 31, 2003

Second six months - November 1, 2003 thru April 30, 2004

## A. Characteristics of persons served

Characteristics of individuals served during the first year of the housing voucher program are presented below. During the first six months, 86 people were served by the program, rising slightly to 103 in the second six months. The program served a higher proportion of women and ethnic minorities compared to the overall jail population.

Table 72. Housing voucher program characteristics of persons served

| Demographics | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=86[1] | % | N=103[1] | % | N=189 | % |
| Gender - #/% female | 25 | 29% | 27 | 26% | 52 | 28% |
| Ethnicity | | | | | | |
| Caucasian | 43 | 50% | 55 | 53% | 98 | 52% |
| African-American | 37 | 43% | 42 | 41% | 79 | 42% |
| Native American | 3 | 4% | 3 | 3% | 6 | 3% |
| Asian-Pacific Islander | 3 | 4% | 3 | 3% | 6 | 3% |
| Hispanic (duplicated) | 8 | 9% | 6[2] | 6% | 14 | 7% |
| Age | Average= 39.7 yrs | SD=8.7 | Average= 38.2 yrs | SD=9.4 | Average= 38.9 yrs | SD=9.1 |

Table 72. Housing voucher program characteristics of persons served (cont'd)

| Homelessness (self-report) | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=29 | | N=48 | | N=77 | |
| Time homeless before Voucher | Average= 31.8 months | SD=47.3 | Average= 18.1 months | SD= 23.1 | Average= 23.3 months | SD=32.2 |
| Meets federal definition of chronic homelessness (>1 year or 4 episodes in last 3 years) | 18 | 62% | 35 | 73% | 53 | 69% |

[1]During the first six months, there were 93 referrals (7 people had two referrals); during the second six months there were 115 referrals (12 people had two referrals)
[2]Ethnicity for the second six-month cohort undercounts Hispanic - due to incomplete data

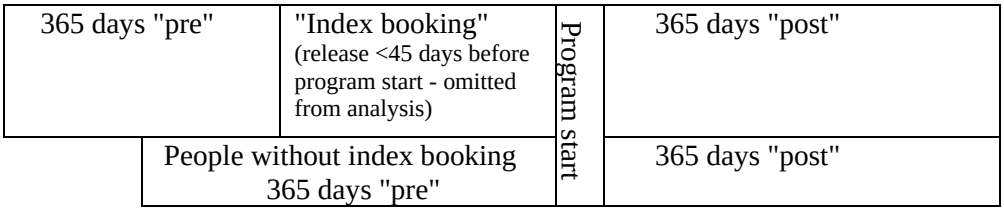
## B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first year of program participants. For the 19 people who were referred into the program twice during the six-month cohort analysis period, only the first admission was evaluated. However, the 17 people who participated in both of the two 6-month cohorts were retained in the analysis.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.




The table below shows that housing voucher participants in both six-month cohorts significantly reduced the number of jail bookings subsequent to program participation. Jail days declined (but not significantly) for the first six-month cohort but not second six-month cohort. Bookings per days "at-risk" (i.e., not in jail) decreased significantly for the first six-month cohort and both cohorts combined, and it was reduced at the trend level for the second six-month cohort. The proportion of participants with no bookings increased.

Table 73. Housing voucher program change in average jail bookings and days

| Jail outcome indicator | First 6-month cohort (N=86) | | Second 6-month cohort (N=103) | | Total first year (N=189)[4] | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Jail bookings (average) | 2.4 (1.8)[1] | 2.1 (2.2)* | 2.9 (2.1) | 2.3 (2.2)* | 2.7 (2.0) | 2.2 (2.2)* |
| Jail days (average) | 51.2 (57.8) | 37.8 (48.5) | 50.6 (55.4) | 50.3 (54.5) | 50.9 (56.3) | 44.6 (52.1) |
| Bookings/month "at-risk"[2] | .28 (.31) | .22 (.28)* | .32 (.29) | .26 (.33)[3] | .30 (.29) | .24 (.31)* |
| No jail use | 7 (8%) | 23 (27%) | 6 (6%) | 23 (22%) | 13 (7%) | 46 (24%) |

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)
[1]Standard deviation shown in ( )
[2]Bookings/month "at-risk"= # of bookings/(non-jail days/30)
[3]Significant at trend level (p=.07)
[4]Seventeen people participated in both the first and second six-month cohort (i.e., are duplicated), but are retained in the analyses

The jail day detail table below shows that housing voucher participants reduced their jail days by 7% during the year following program participation compared to the year prior to it.

Table 74. Housing voucher jail day detail

| Jail day detail | First 6-month cohort (N=86) | | Second 6-month cohort (N=103) | | Total first year (N=189) | |
|---|---|---|---|---|---|---|
| Pre period jail days | 4407 | 58% | 5211 | 50% | 9618 | 53% |
| Post period jail days | 3247 | 42% | 5180 | 50% | 8427 | 47% |
| Total jail days | 7654 | 100% | 10391 | 100% | 18045 | 100% |
| Change in jail days | -1160 | -15% | -31 | -<1% | -1191 | -7% |

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that half (49%) of the program participants during the first year reduced bookings.

Table 75. Housing voucher program proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | First 6-month cohort (N=86) | | Second 6-month cohort (N=103) | | Total first year (N=189) | |
|---|---|---|---|---|---|---|
| Reduced bookings | 40 | 47% | 52 | 50% | 92 | 49% |
| No pre or post bookings | 6 | 7% | 3 | 3% | 9 | 5% |
| Same # of pre and post bookings | 16 | 19% | 13 | 13% | 29 | 15% |
| Increased bookings | 24 | 28% | 35 | 34% | 59 | 31% |

Jail recidivism

The table below shows jail recidivism analyses. Three-quarters (76%) of the participants during the first year had a jail booking within the year following program entry.

Table 76. Housing voucher program jail booking recidivism

| 1- year jail recidivism (any post-period booking) | First 6-month cohort | | | Second 6-month cohort | | | Total first year | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Recidivists | | N | Recidivists | | N | Recidivists | |
| Total in cohort[1] | 86 | 63 | 73% | 103 | 80 | 78% | 189 | 143 | 76% |
| People with "index" booking | 51 | 41 | 80% | 49 | 44 | 90% | 100 | 85 | 85% |
| People with any "pre" booking | 79 | 62 | 78% | 97 | 77 | 79% | 176 | 139 | 79% |

[1]May not have had any booking within the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings decreased slightly from 64% to 60% over the first year of participants when comparing the pre-365 day period with the post-365 day period. Most serious offense (MSO) crime category was used for this analysis. To understand this trend more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period. The table shows that drug offenses increased while other MSO crime categories remained largely unchanged.

Table 77. Housing voucher program change in types of crimes

| Most Serious Offense (MSO) | First 6-month cohort (N=86) | | Second 6-month cohort (N=103) | | Total first year (N=189) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Drugs | 121 (58%) | 105 (60%) | 167 (55%) | 186 (77%) | 288 (57%) | 291 (70%) |
| Property | 24 (12%) | 23 (13%) | 22 (7%) | 14 (6%) | 46 (9%) | 37 (9%) |
| Non-compliance | 14 (7%) | 18 (10%) | 34 (11%) | 21 (9%) | 48 (9%) | 39 (9%) |
| Assault | 6 (3%) | 11 (6%) | 18 (6%) | 2 (1%) | 24 (5%) | 13 (3%) |
| Criminal trespass | 6 (3%) | 0 (0%) | 12 (4%) | 3 (1%) | 18 (4%) | 3 (1%) |
| DUI | 4 (2%) | 2 (1%) | 7 (2%) | 3 (1%) | 11 (2%) | 5 (1%) |
| Domestic violence | 3 (1%) | 1 (1%) | 5 (2%) | 1 (0%) | 8 (2%) | 2 (<1%) |
| Prostitution | 2 (1%) | 0 (0%) | 7 (2%) | 0 (0%) | 9 (2%) | 0 (0%) |
| Traffic | 5 (2%) | 1 (1%) | 1 (0%) | 0 (0%) | 6 (1%) | 1 (<1%) |
| Robbery | 0 (0%) | 0 (0%) | 0 (0%) | 1 (0%) | 1 (<1%) | 1 (<1%) |
| Other | 22 (11%) | 15 (9%) | 28 (9%) | 11 (5%) | 50 (10%) | 26 (6%) |
| Total | 208 (100%) | 176 (100%) | 301 (100%) | 242 (100%) | 509 (100%) | 418 (100%) |

2. Dispositions at treatment completion

As noted above, there were 208 total referrals admitted during the first year of the program, although only 189 were unduplicated people. The dispositions of all admissions were included in this analysis in earlier reports and are thus retained in this summary report.

Over a third of admissions during the first six months of the program resulted in obtaining permanent housing. There was somewhat less success during the second six months of the program.

Table 78. Housing voucher program dispositions at discharge

| Disposition at discharge from program | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=93 | % | N=115 | % | N=208 | % |
| **Obtained permanent/long-term housing** | **34** | **36%** | **24** | **21%** | **58** | **28%** |
| Lost to contact | 12 | 13% | 24 | 21% | 36 | 18% |
| Discharged due to multiple positive urinalyses | 10 | 11% | 23 | 20% | 33 | 16% |
| In inpatient treatment | 6 | 6% | 12 | 10% | 18 | 9% |
| Discharged due to rule violations | 8 | 9% | 8 | 7% | 16 | 8% |
| Discharged due to bench warrant | 7 | 8% | 8 | 7% | 15 | 7% |
| Discharged due to behavioral problems | 5 | 5% | 10 | 9% | 15 | 7% |
| In custody | 5 | 5% | 2 | 2% | 7 | 3% |
| Other (left court; moved; refused, transferred to COD program) | 4 | 4% | 2 | 2% | 6 | 3% |
| End of voucher | 1 | 1% | 2 | 2% | 3 | 1% |
| Unknown | 1 | 1% | 0 | 0% | 1 | <1% |

3. Clinical outcomes

As noted above, there were 208 total referrals admitted during the first year of the program, although only 189 were unduplicated people. Clinical outcomes of all admissions were included in this analysis in earlier reports and are thus retained in this summary report.

The primary outcome for the housing voucher program was obtaining permanent housing. The proportion of admissions that resulted in obtaining permanent housing is shown above. Below, we show that the likelihood of obtaining housing increased with the participant's time in the program. Specifically, over half of the participants exited services within three months, and few of these individuals obtained permanent housing. Nearly 90% of participants who obtain housing remain in the program for more than 90 days, and 2/3 required an extension of the 6-month benefit. Looking at the data in another way, about 3/4 (36 divided by 48) of the participants who stay 181+ days, obtain housing.

Table 79. Housing voucher program housing outcomes

| Time in program | First six-month cohort | | | | Second six-month cohort | | | | Total first year | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All | | Obtained permanent housing | | All | | Obtained permanent housing | | All | | Obtained permanent housing | |
| | N=93 | % | N=34 | % | N=115 | % | N=24 | % | N=208 | % | N=58 | % |
| 0-90 days | 48 | 52% | 3 | 9% | 69 | 60% | 4 | 17% | 117 | 56% | 7 | 12% |
| 91-180 days | 18 | 19% | 8 | 24% | 25 | 22% | 7 | 29% | 43 | 21% | 15 | 26% |
| 181+ | 27 | 29% | 23 | 67% | 21 | 18% | 13 | 54% | 48 | 23% | 36 | 63% |

4. Participant-reported program impacts

Participant-reported impacts are reported for participants who were able to be reached by telephone for interviews. Interviews were completed with 29 of the 86 participants (30%) in the first six-month cohort and 48 of the 103 participants (47%) in the second six-month cohort. Most participants reported a wide range of positive outcomes from the housing voucher program. The most frequently-reported positive impacts were reduced substance use, improved housing, more productive activity, and improved coping skills.

Table 80. Housing voucher program participant-reported program impacts

| Participant-reported impacts | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| "Agree" or "Strongly Agree" | N =29 | % | N=48 | % | N=62-77 | % |
| Housing situation has improved | 22 | 76% | 39[5] | 83% | 61 | 80% |
| Do more productive things | 25 | 86% | 36[5] | 77% | 61 | 80% |
| Not using drugs as much | 19[1] | 76% | 38[5] | 81% | 57 | 79% |
| Not craving drugs as much | 18[2] | 69% | 37[5] | 79% | 55 | 75% |
| Better able to control life | 20 | 69% | 36[5] | 77% | 56 | 74% |
| Deal more effectively w/problems | 18 | 62% | 37 | 77% | 55 | 71% |
| Better able to deal with crisis | 19 | 66% | 34[5] | 72% | 53 | 70% |
| Symptoms not bothering as much | 17[3] | 63% | 32[1] | 73% | 49 | 69% |
| Do better in social situations | 16[5] | 57% | 35[5] | 75% | 51 | 68% |
| Do better in school and/or work | 15[4] | 63% | 25[6] | 66% | 40 | 65% |
| Getting along better w/family | 15[3] | 56% | 31[2] | 69% | 46 | 64% |
| Physical health has improved | 19 | 66% | 30 | 63% | 49 | 64% |

[1]Four no response; [2]Three no response; [3]Two no response; [4]Five no response; [5]One no response; [6]Ten no response

## C. Process evaluation findings

1. Service utilization

During the first six months, 93 referrals (86 unduplicated people) engaged in the program. During the second six months, 115 referrals (103 unduplicated people) engaged in the program. As noted above, about half of the participants exited services within the first 90 days of the 6-month benefit.

2. Evidence-based practices

The evidence base for housing programs is an evolving area of inquiry. No specific indicators are available. However, offering a range of housing options and offering housing first, prior to encouraging individuals to participate in treatment, are discussed as emerging best practices.

The housing voucher program offers a range of housing -- including housing that requires participants to remain clean and sober, housing in which abstinence is encouraged, and client "choice" housing, in which there is a greater recognition that some individuals will continue to use illicit drugs. The housing voucher program attempts to engage participants in housing while simultaneously encouraging treatment engagement, rather than providing housing first, as emerging best practices suggest. At the same time,

participants need to show adequate engagement in treatment to remain in the specialty courts, which are the referral sources and monitoring arms for the program.

3. Client views

As part of the client interview, participants were asked open-ended questions about how the impacts of the program. Some of the comments participants made about the housing voucher program were:

"It gives you a chance to say out of trouble"
"Housing gives me free time to work on my recovery - it's something dependable"
"I'm able to go to the bathroom when I want, cook my food, not hassled by people"
"Housing is such a basic need - once you have that you can work on other concerns"
"I'm getting the help I need - if there's people supporting, you can grow to help yourself"
"Today I'm clean and sober, I'm working and making a difference "
"It's given me stability, self-worth, the opportunity to deal with my addiction
"I've never seen the system work so fast - I'm amazed"
"I got my daughter who lives with me in my own place now"
"It's giving me hope of building a better life"
"I got my own place - the 6 months were good - gave me time to seek employment without worrying about rent"
"I'm not using triage - I have support system, wash my clothes, almost kicked diabetes, getting back on sec 8 - get to cook for myself - awesome! – I don't have to share kitchen, first time I've been stable in 20 years"
"Today I have 8-1/2 months clean and sober - I have a relationship with my daughter - I am paying my bills, and child support"

Rating scale questions showed mixed levels of satisfaction with general satisfaction high, but notable dissatisfaction related to the process and amount of time it takes to obtain housing. Table 83 below shows that once a placement is made clients reported moderate levels of satisfaction, with weaker ratings for neighborhood safety. Satisfaction was higher for the second six-month cohort.

Table 81. Housing voucher program client global satisfaction

| Items rated on 5-point scales - % of top two ratings | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=29 | % | N=48 | % | N= 75-77 | % |
| Program satisfaction - "somewhat", "very" satisfied | 26 | 90% | 42[2] | 89% | 68 | 89% |
| Quality of program - "good" or "excellent" | 22 | 85% | 40[2] | 85% | 62 | 82% |
| Process of getting housing - "somewhat", "very" satisfied | 14[1] | 50% | 36 | 75% | 50 | 66% |
| Time to get housing - "somewhat", "very" satisfied | 13 | 45% | 25[3] | 54% | 38 | 51% |

[1]One no response (n=28) [2]One no response (n=47) [3]Two no response (n=46)

Table 82. Housing voucher program client satisfaction with initial (transitional) housing placement

| "Mostly satisfied", "Pleased" or "Delighted" (top 3 of 7-point scale) | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=27 | % | N=48 | % | N=75 | % |
| Safety where live | 15 | 56% | 42 | 88% | 57 | 76% |
| Overall satisfaction | 17 | 63% | 41 | 85% | 58 | 77% |
| Privacy | 19 | 70% | 33 | 69% | 52 | 69% |
| Rules | 17 | 63% | 38 | 79% | 55 | 73% |
| Freedom | 16 | 59% | 39 | 81% | 55 | 73% |
| Neighborhood safety | 13 | 48% | 30 | 63% | 43 | 57% |

Below, rating scale questions show generally high satisfaction, particularly with accessibility of services and staff being non-judgmental and encouraging clients to take responsibility for their own lives. Satisfaction ratings were somewhat higher for the second six-month cohort.

Table 83. Housing voucher program client satisfaction with program components

| "Agree" or "Strongly Agree": | First six-month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=29 | % | N=48 | % | N= 72-77 | % |
| **General Satisfaction** | | | | | | |
| I liked the services I received | 24 | 83% | 41 | 85% | 65 | 84% |
| If I had other choices, I'd still get service here | 22 | 76% | 40 | 85%[2] | 62 | 82% |
| I'd recommend the program | 23 | 79% | 39 | 81% | 62 | 78% |
| **Perception of Access** | | | | | | |
| Services were available at good times | 25 | 89%[1] | 45 | 96%[2] | 70 | 93% |
| Staff returned my calls within 24 hrs | 20 | 83% | 39 | 91%[4] | 59 | 82% |
| The location was convenient | 24 | 83% | 42 | 88% | 66 | 86% |
| Staff were willing to see me when I needed it | 23 | 79% | 40 | 87%[3] | 63 | 84% |
| Getting into the program was easy | 21 | 72% | 42 | 88% | 63 | 82% |
| I was able to get all the services I needed | 17 | 59% | 38 | 81%[2] | 55 | 72% |
| **Appropriateness and Quality of Services** | | | | | | |
| Staff encouraged me to take responsibility for how I live my life | 26 | 90% | 44 | 92% | 70 | 91% |
| Staff believe I can grow, change and recover | 25 | 86% | 42 | 88% | 67 | 87% |
| I was given information about my rights | 21 | 72% | 41 | 85% | 62 | 81% |
| I felt free to complain | 20 | 69% | 39 | 81% | 59 | 77% |
| Staff were sensitive to my cultural background | 18 | 62% | 36 | 77%[2] | 54 | 71% |
| **Participation in Treatment Goals** | | | | | | |
| Staff are kind and non-judgmental | 24 | 83% | 45 | 94% | 69 | 90% |

[1]One no response (n=28) [2]One no response (n=47) [3]Two no response (n-=46) [4]Five no response (n=43)

Responses to open-ended questions regarding program strengths and weaknesses are shown in the table below. Obtaining housing and qualities of the case managers were frequently-reported strengths. A number of clients also reported recovery-related outcomes including becoming stable, clean and sober, learning responsibility, and gaining self-sufficiency. The most prominent weakness reported was the location and physical condition of the housing provided, followed by restrictive rules (particularly regarding visitors) and difficulties with other tenants, long wait times for housing and thus wanting a longer program, needing more case manager contact, and not having enough privacy.

Table 84. Housing voucher program client-reported strengths and weaknesses

| Positive effects/strengths (73 of 77 listed items) | N | % | Negative effects/weaknesses (57 of 77 listed items) | N | % |
|---|---|---|---|---|---|
| Have housing/off street, own place | 33 | 43% | Run down housing, bad location | 15 | 19% |
| Case manager - helpful, listens, goes out of her way, makes calls, trustworthy, compassionate, someone to talk to, respectful, believes in clients, caring | 22 | 29% | Rules, can't have visitors, kids | 8 | 10% |
| Help to get clean and sober | 13 | 17% | Wild tenants, mental health patients, conflicts, harassment, drug dealing | 7 | 9% |
| Stability | 10 | 13% | Long wait to get housing | 6 | 8% |
| Help me learn responsibility, manage life, solve own problems | 9 | 12% | Need more case manager contact | 5 | 6% |
| Help me be better person, independence, self-sufficient | 9 | 12% | Not enough privacy | 5 | 6% |
| Chance for better life; back on feet | 8 | 10% | Need longer program | 5 | 6% |
| Easy to get in and transition from jail; immediate service | 7 | 9% | Felt like an institution (shared kitchen, bath) | 4 | 5% |
| Don't have to worry about rent/bills | 3 | 4% | Threatened, harassed by clients | 4 | 5% |
| Keep me safe | 2 | 3% | Background (no credit, crimes) makes it hard to get housing | 4 | 5% |
| Improved relationships with kids | 2 | 3% | Staff didn't care | 2 | 3% |
| Resources (e.g., worksource, classes) | 2 | 3% | Before you terminate someone - find out what their problem is | 2 | 3% |
| Determination not to be homeless again - see what I could end up as | 2 | 3% | Need to do more room checks, random urinalyses | 2 | 3% |
| Getting back to work | 2 | 3% | A lot of anger toward one staff | 1 | 1% |
| Agree w/what they are trying to say; put in plug for the judge | 1 | 1% | Should have something lined up when you get out of jail | 1 | 1% |
| Staying out of trouble | 1 | 1% | Could have on-site AA, NA mtgs | 1 | 1% |
| Not using the Crisis Triage Unit | 1 | 1% | My things were discarded | 1 | 1% |
| Getting sleep | 1 | 1% | Felt racism | 1 | 1% |
| Resources for work, education, meds, laundry, health care, food, clothes | 1 | 1% | Need a trained counselor - we solved problems on our own | 1 | 1% |
| Keep you accountable – if you use you can only get away w/it so long | 1 | 1% | More concentrated effort to help people with long-term housing | 1 | 1% |

4. Staff views

Two staff interviews were completed with the only two program staff during the first six months of the program, and only one of these staff members was available to interview during the second six months. Because the same people were interviewed twice, their responses for the two periods are not combined. However, firm conclusions cannot be drawn from these very small samples.

Shown below, staff reported strong global satisfaction but weaker satisfaction with housing resources.

Table 85. Housing voucher program staff global satisfaction

| Staff global satisfaction | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| Items rated on 5-point scales - % "somewhat" or "very" satisfied | N | % | N | % | N=3 | % |
| Referrals | 2 | 100% | 1 | 100% | 3 | 100% |
| Overall satisfaction | 1 | 50% | 1 | 100% | 2 | 67% |
| Housing resources and types | 1 | 50% | 1 | 100% | 2 | 67% |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | | |
| Overall quality | 2 | 100% | 1 | 100% | 3 | 100% |

Show below, staff reported the housing voucher program gave clients an opportunity to improve their lives. However, they felt the program was not long enough given the difficulty finding permanent housing. Staff also mentioned specialized housing needs such as those for methadone clients and people highly disabled by mental illness but who do not need full nursing home care.

Table 86. Housing voucher program staff-reported strengths and weaknesses

| Strengths/best things about program | First six month | | Second six months | | Weaknesses/worst things | First six months | | Second six months | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Client has chance to improve life | 2 | 100% | 1 | 100% | Not long enough | 2 | 100% | 1 | 100% |
| Hooking clients up with services | 1 | 50% | | | Lack of housing | 2 | 100% | | |
| Housing for those who'd fall thru cracks | | | 1 | 100% | High caseload | 1 | 50% | | |
| Be part of something innovative | 1 | 50% | | | Communication/ info sharing | 1 | 50% | | |
| | | | | | Poor quality housing | 1 | 50% | | |
| | | | | | Need housing for methadone clients | 1 | 50% | | |
| | | | | | Lack social services | 1 | 50% | | |
| | | | | | Need housing for people with more serious mental illness | 1 | 50% | | |
| | | | | | Lose housing due to using drugs | 0 | 0% | 1 | 100% |

5. Stakeholder views

Stakeholders from MHCADSD administration, agency administration and specialty drug and mental health courts were surveyed regarding their views about the housing voucher program. Shown below, stakeholders reported very high global satisfaction with the program.

Table 87. Housing voucher program stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=21 | % | N=5 | % | N= 18-26 | % |
| Overall quality - "good" or "excellent" | 21 | 100% | 5 | 100% | 26 | 100% |
| Referrals - "fairly" or "very" easy to make referrals | 15 | 100%[1] | 3[2] | 100%[2] | 18 | 100% |
| Overall satisfaction - "somewhat" or "very" satisfied | 19 | 90% | 5 | 100% | 24 | 92% |

[1]Six no response (n=15) [2]Two no response (n=3)

Positive staff qualities and accessibility of the program were strengths noted by stakeholders. Housing options were reported as a strength, but the lack of suitable housing (in general, but also for methadone clients) was the most frequently-reported weakness. Some stakeholders also felt the benefit period was too short and that intersystem communication and collaboration were problematic.

Table 88. Housing voucher program stakeholder-reported strengths and weaknesses

| Strengths | First 6 months N=21 | | Second 6 months N=6 | | Weaknesses | First 6 months N=21 | | Second 6 months N=6 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Easily accessible | 8 | 38% | 1 | 17% | Lack of suitable housing (not drug dealers; permanent) | 9 | 43% | 4 | 66% |
| Housing options | 3 | 14% | 3 | 50% | Benefit period too short | 5 | 24% | | |
| Strengths of staff | 3 | 14% | 1 | 17% | Communication/collaboration | 3 | 14% | | |
| Communication/ collaboration | 3 | 14% | | | Resources/housing for methadone clients | 2 | 10% | 1 | 17% |
| Case management | | | 2 | 33% | Staff isolation, lack of supervision | 2 | 10% | | |
| Access to treatment | | | 1 | 17% | Referral issues | 2 | 10% | | |
| | | | | | Storage for clients' belongings while they are in inpatient treatment | 2 | 10% | | |
| | | | | | Bridge funding for transition to program | 1 | 5% | | |
| | | | | | Staff issues/insufficient staff | 1 | 5% | | |
| | | | | | Need more structure at Angletree; but more flexibility at Mark Cooper | | | 1 | 17% |
| | | | | | Need follow-up to make sure services are obtained | | | 1 | 17% |

**D. Summary**

During the first six months of operation 86 unduplicated people entered the housing voucher program (93 total admissions into the program), rising to 103 unduplicated people (115 total admissions) during the second six months. The program served a higher proportion of females and ethnic minorities than in the overall jail population. All participants were homeless and had a substance abuse problem and/or co-occurring substance abuse and mental health problems.

The number of jail bookings for participants during the first year of the program was significantly reduced from an average of 2.7 during the pre-program year to an average of 2.2 during the year following entry into the program. Jail days did not significantly change. Recidivism analysis shows that 76% of program participants were re-incarcerated within one-year of program entry. This rate was somewhat higher than the King County Jail recidivism rate of 49% overall, 69% for those with mental illnesses, and range of 24-56% for post-booking jail diversion programs elsewhere in the country. Charge severity for program participants was not reduced.

Over half of the participants exited services within three months, and few of these individuals obtained permanent housing. However, of those who stay more than 90 days, 51% obtained permanent housing. Most of those who obtained permanent housing required an extension of the 6-month benefit. Overall, 28% of the participants obtained permanent housing. Participant-reported outcomes included reduced substance use and improved coping skills, housing, and increased productive activity.

Process evaluation findings for the housing voucher program showed that only about half of clients are retained for at least 90 days. Of those who obtain permanent housing, over half remain in the program greater than 180 days.

Clients reported high program satisfaction, and they were particularly pleased with having housing, having caring, flexible staff; having services provided when and where needed; having the opportunity to become stable, clean and sober, to learn responsibility, and to gain self-sufficiency. Clients were less satisfied with the time to get permanent housing and they desired a longer program. The most prominent program weakness reported was the location and physical condition of the transitional housing provided, followed by restrictive rules (particularly regarding visitors), difficulties with other tenants, and not having enough privacy.

Staff and stakeholders reported high program satisfaction, particularly with the accessibility of the program and positive staff qualities. Housing options were reported as a strength, but the lack of suitable housing (in general, but also for methadone clients) was the most frequently-reported weakness. Some stakeholders also felt the benefit period was too short and that intersystem communication and collaboration were problematic.

# CHAPTER 5
# INTENSIVE OUTPATIENT (IOP) CHEMICAL DEPENDENCY TREATMENT AT THE COMMUNITY CENTER FOR ALTERNATIVE PROGRAMS (CCAP)

## I. Program description

**Program overview:** The CCAP IOP treatment program began April, 2004. The program provided state-certified intensive outpatient treatment for up to 3 months. A minimum of nine hours per week of individual and group treatment was provided as well as assistance with obtaining publicly-funded benefits. Referral to a community provider was designed to occur at least 14 days prior to each participant's discharge from CCAP with a linkage/discharge plan developed with the aftercare provider agency. Strong coordination with Community Corrections and ancillary/support services was provided through this program by Community Psychiatric Clinic staff housed within the CCAP facility.

**Target Population:** Adult offender-clients who were court ordered to CCAP for 30 service days or longer by King County District Court or King County Superior Court and who were chemically dependent were eligible for the CCAP IOP treatment program.

## II. Results

First six months - April 1, 2004 thru September 30, 2004

Second six months - October 1, 2004 thru March 31, 2005

## A. Characteristics of persons served

Characteristics of individuals served during the first six months of the CCAP IOP are shown below. The program served a higher proportion of females and ethnic minorities compared to the overall jail population. Most participants used alcohol, over half used marijuana, and nearly half used cocaine. One-fifth were homeless and few were employed.

Table 89. CCAP IOP program characteristics of persons served

| | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Demographics | N=34 | % | N=53 | % | N=87 | % |
| Gender- #/% female | 9 | 26% | 12 | 23% | 21 | 24% |
| Ethnicity | | | | | | |
| Caucasian | 12 | 35% | 33 | 62% | 45 | 52% |
| African-American | 19 | 56% | 17 | 32% | 36 | 41% |
| Native American | 2 | 6% | 2 | 4% | 4 | 5% |
| Asian-Pacific Islander | 1 | 3% | 0 | 0% | 1 | 1% |
| Mixed or "other" | 0 | 0% | 1 | 2% | 1 | 1% |
| Hispanic (duplicated) | 1 | 3% | 1 | 2% | 1 | 1% |
| Age | Average= 30.6 yrs | SD=10.0 | Average= 34.2 yrs | SD=11.2 | Average= 32.8 yrs | SD=10.7 |

Table 89. CCAP IOP program characteristics of persons served (cont'd)

| Substances used (may report more than one) | First 6-month cohort N=34 | % | Second 6-month cohort N=53 | % | Total first year N=87 | % |
|---|---|---|---|---|---|---|
| Alcohol | 30 | 88% | 38 | 72% | 68 | 78% |
| Marijuana | 24 | 71% | 30 | 57% | 54 | 62% |
| Cocaine | 14 | 41% | 25 | 47% | 39 | 45% |
| Heroin | 3 | 9% | 8 | 15% | 11 | 13% |
| Other (non-tobacco) | 13 | 38% | 21 | 40% | 34 | 39% |
| Homelessness | | | | | | |
| DSHS DASA data | 7 | 21% | 11 | 21% | 18 | 21% |
| Community functioning | | | | | | |
| Employed (DASA data) | 7 | 21% | 5 | 9% | 12 | 14% |

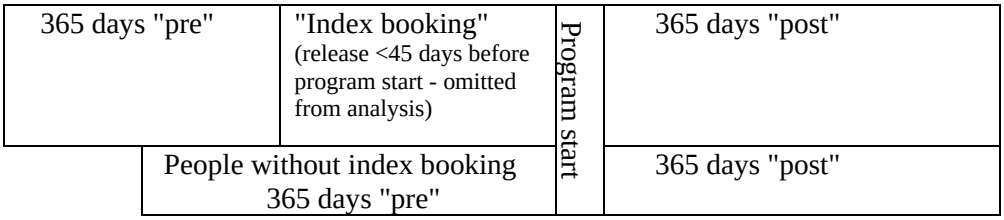
## B. Outcome Evaluation

1. Jail outcomes

The report examines one-year jail outcomes for the first year of program participants. Comparison group analyses were conducted for the first six months of the program and are shown in Appendix B.

Change in jail bookings and days

Jail utilization during the year prior to and the year following program entry is shown below. The figure below depicts the time frames for analyses. "Index bookings" are bookings with release dates within 45 days of program start or opt-in. Such bookings that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.




The table below shows that jail bookings and bookings per days "at-risk" (i.e., not in jail) declined significantly subsequent to program participation during the first year of the program. Jail days increased significantly indicating increased length of stay. The proportion of people with no bookings rose.

Table 90. CCAP IOP program change in average jail bookings and days

| Jail outcome indicator | First 6-month cohort (N=34) | | Second 6-month cohort (N=53) | | Total first year (N=87) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Jail bookings (average) | 1.8 (1.5)[1] | 1.3 (1.7) | 2.2 (2.2) | 1.3 (1.3)* | 2.0 (1.9) | 1.3 (1.5)* |
| Jail days (average) | 11.4 (20.8) | 47.8 (61.8)* | 29.5 (40.4) | 42.7 (60.3) | 22.5 (35.1) | 44.7 (60.6)* |
| Bookings/month "at-risk"[2] | .16 (.14) | .16 (.23) | 21.(.23) | .14 (.15)* | .19 (.20) | .15 (.18)* |
| No jail use | 4 (12%) | 14 (41%) | 12 (23%) | 19 (36%) | 16 (18%) | 33 (38%) |

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)
[1]Standard deviation shown in ( ) [2]Bookings/month. "at-risk"= # of bookings/(non-jail days/30)

The jail day detail table below shows that participants in the CCAP IOP program during its first year increased their jail days by 34% during the year following program participation compared to the year prior to it.

Table 91. CCAP IOP jail day detail

| Jail day detail | First 6-month cohort (N=34) | | Second 6-month cohort (N=53) | | Total first year (N=87) | |
|---|---|---|---|---|---|---|
| Pre period jail days | 388 | 19% | 1565 | 41% | 1953 | 33% |
| Post period jail days | 1624 | 81% | 2261 | 59% | 3885 | 67% |
| Total jail days | 2012 | 100% | 3826 | 100% | 5838 | 100% |
| Change in jail days | +1236 | +61% | +696 | +18% | +1932 | +34% |

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 53% of program participants during the first year reduced bookings.

Table 92. CCAP IOP program proportions increasing and decreasing jail bookings

| Proportion changing jail bookings | First 6-month cohort (N=34) | | Second 6-month cohort (N=53) | | Total first year (N=87) | |
|---|---|---|---|---|---|---|
| Reduced bookings | 18 | 53% | 28 | 53% | 46 | 53% |
| No pre or post bookings | 2 | 6% | 6 | 11% | 8 | 9% |
| Same # of pre and post bookings | 7 | 21% | 6 | 11% | 13 | 15% |
| Increased bookings | 7 | 21% | 13 | 25% | 20 | 23% |

Jail recidivism

The table below shows jail recidivism analyses. Sixty-two percent of the participants had a jail booking within the year following program entry.

Table 93. CCAP IOP program jail booking recidivism

| 1- year jail recidivism (any post-period booking) | First 6-month cohort | | | Second 6-month cohort | | | Total first year | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Recidivists | | N | Recidivists | | N | Recidivists | |
| Total in cohort[1] | 34 | 20 | 59% | 53 | 34 | 64% | 87 | 54 | 62% |
| People with "index" booking | 18 | 12 | 67% | 36 | 26 | 72% | 54 | 38 | 70% |
| People with any "pre" booking | 30 | 18 | 60% | 41 | 28 | 68% | 71 | 46 | 65% |

[1]May not have had any booking within the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings did not significantly change and were 44% during the pre-365 day period and 45% during the post-365 day period. Most serious offense (MSO) crime category was used for this analysis. To understand this trend more fully, the table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period.

The table above shows that non-compliance increased while property and traffic crimes declined and other MSO crime categories remained largely unchanged.

Table 94. CCAP IOP program change in types of crimes

| Most Serious Offense (MSO) | First 6-month cohort (N=34) | | Second 6-month cohort (N=53) | | Total first year (N=87) | |
|---|---|---|---|---|---|---|
| | Pre | Post | Pre | Post | Pre | Post |
| Drugs | 24 (39%) | 19 (42%) | 62 (54%) | 34 (50%) | 86 (49%) | 53 (47%) |
| DUI | 7 (11%) | 6 (13%) | 9 (8%) | 5 (7%) | 16 (9%) | 11 (10%) |
| Property | 8 (13%) | 3 (7%) | 20 (17%) | 17 (25%) | 28 (16%) | 20 (18%) |
| Non-compliance | 0 (0%) | 7 (16%) | 3 (3%) | 4 (6%) | 3 (2%) | 11 (10%) |
| Criminal trespass | 4 (7%) | 3 (7%) | 0 (0%) | 0 (0%) | 4 (2%) | 3 (3%) |
| Traffic | 4 (7%) | 1 (2%) | 2 (2%) | 2 (3%) | 6 (3%) | 3 (3%) |
| Domestic violence | 5 (8%) | 0 (0%) | 5 (4%) | 0 (0%) | 10 (6%) | 0 (0%) |
| Assault | 3 (5%) | 1 (2%) | 3 (3%) | 2 (3%) | 6 (3%) | 3 (3%) |
| Robbery | 0 (0%) | 0 (0%) | 0 (0%) | 1 (1%) | 0 (0%) | 1 (1%) |
| Other | 6 (10%) | 5 (11%) | 11 (10%) | 3 (4%) | 17 (10%) | 8 (7%) |
| Total | 61 (100%) | 45 (100%) | 115 (100%) | 68 (100%) | 176 (100%) | 113 (100%) |

2. Dispositions at treatment completion

The table below shows dispositions at the time treatment was discontinued. About one-quarter of participants completed treatment at CCAP, while a small proportion of additional participants transferred to other agencies to complete treatment. About a third of the participants in the first six-month cohort withdrew or were lost to contact, rising to 65% in the second six-month cohort. Re-incarceration as a reason for discharge declined from the first to the second six-month cohort.

Table 95. CCAP IOP program dispositions at discharge

| Disposition at discharge from program | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=34 | % | N=53 | % | N=87 | % |
| Completed treatment at CCAP | 9 | 26% | 12 | 23% | 21 | 24% |
| Transferred to complete treatment | 7 | 21% | 5 | 9% | 12 | 14% |
| Withdrew or lost to contact | 11 | 32% | 33 | 62% | 44 | 51% |
| Incarcerated | 6 | 18% | 2 | 4% | 8 | 9% |
| Rule violation | 1 | 3% | 1 | 2% | 2 | 2% |

3. Clinical outcomes

All (100%) of those who completed treatment in both six-month cohorts (n=21) were no longer using drugs or alcohol. This represents 24% of those served. These individuals were also no longer spending money on such substances or experiencing alcohol or drug "problem days". Substance use at discharge was not recorded for individuals not completing treatment at CCAP because the agency providing services was unable to determine their substance use. Employment status did not change for any participants.

4. Participant-reported program impacts

Eight participants out of 34 (24%) in the first six-month cohort were reached for interviews, and 12 of the 53 participants (23%) in the second six-month cohort were reached. These small samples are combined for analysis. Participants interviewed reported a number of positive outcomes (shown below), most prominently improved coping skills and reduced substance use.

Table 96. CCAP IOP participant-reported program impacts

| Participant-reported impacts<br>% "Agree" of "Strongly Agree" | N=20 | % |
|---|---|---|
| Deal more effectively w/problems | 16 | 80% |
| Not using drugs as much | 15 | 75% |
| Not craving drugs as much | 15 | 75% |
| Do better in social situations | 15 | 75% |
| Physical health has improved | 13[1] | 72% |
| Do more productive things | 13 | 65% |
| Housing situation has improved | 9[2] | 64% |
| Better able to control life | 12 | 60% |
| I have more contact with people who support my recovery | 8[3] | 47% |
| Better able to deal with crisis | 9 | 45% |
| Getting along better w/family | 7[4] | 37% |
| I have gotten a job | 3[5] | 30% |
| Do better in school and/or work | 2[5] | 20% |

[1]Two no response (n=18) [2]Six no response (n=14) [3]Three no response (n=17)
[4]One no response (n=19) [5]Ten no response (n=10)

**C. Process evaluation findings**

1. Service utilization

The CCAP IOP was designed as a 90-day benefit. The average length of treatment was 64.4 days (SD=45.0) for the first six-month cohort and 67.2 (SD=45.6) for the second six-month cohort. About two-thirds of the participants remained in treatment for less than 60 days. Two known reasons for early client discharges were that cases were placed back in custody with only one positive urinalysis and over 60% of clients were pre-trial status who could have been discharged from CCAP at any time due to case dismissal, plea bargaining and the like**.** About a third of the clients in the first six-month cohort remained in treatment longer than 90 days, dropping to 13% in the second six-month cohort.

Table 97. CCAP IOP program length of treatment

| Length of treatment | First six month cohort | | Second six-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=34 | % | N=45 | % | N=79 | % |
| 0-30 days | 10 | 29% | 12 | 27% | 22 | 28% |
| 31-60 days | 9 | 26% | 20 | 44% | 29 | 37% |
| 61-90 days | 4 | 12% | 7 | 16% | 11 | 14% |
| >90 days | 11 | 32% | 6 | 13% | 17 | 22% |

2. Evidence-based practices

Evidence-based interventions were selected for evaluation based on review of relevant research and discussions with national experts in the field. Use of evidence-based practices was evaluated through staff and client interviews. Two staff were interviewed approximately nine months after the program was initiated. Interviews were completed with 8 of the 30 clients in the first six-month cohort and 12 of the 53 clients in the second six-month cohort.

The table below shows that individual counseling, relapse prevention and AA/NA referrals were provided to most clients. Counselors also reported providing MET and stages of change, however clients did not report this possibly due to lack of recognition of the terminology.

Table 98. CCAP IOP program evidence-based practices

| Evidence-based practice | Staff reporting that >50% of clients receive practice | | Clients reporting receiving practice | |
|---|---|---|---|---|
| | N=2 | % | N=20 | % |
| Individual counseling | 2 | 100% | 19 | 95% |
| Relapse prevention | 2 | 100% | 13 | 65% |
| AA or NA support group referral | 2 | 100% | 13 | 65% |
| Stages of change | 2 | 100% | 5 | 25% |
| MET | 2 | 100% | 2 | 10% |
| Therapy ≥1/week | 1 | 50% | 17 | 85% |

The table below shows staff and client reports of provision of ancillary services. Most clients received help obtaining benefits and linkages to medical care when needed. Fewer received HIV/AIDS counseling or assistance obtaining employment.

Table 99. CCAP IOP program ancillary services

| Ancillary services | Staff reporting that >50% of clients receive practice | | Clients reporting needing and receiving practice N=20 | | |
|---|---|---|---|---|---|
| | N=2 | % | Needed | Received | % |
| Obtain benefits (e.g., DSHS) | 2 | 100% | 13 | 8 | 62% |
| Linkage to medical care | 1 | 50% | 7 | 6 | 86% |
| HIV/AIDS counseling | 1 | 50% | 2 | 1 | 50% |
| Assistance obtaining employment | 0 | 0% | 6 | 2 | 33% |

3. Client views

As part of the client interview, participants were asked open-ended questions about how the impacts of the program. Some of the comments participants made about the CCAP IOP program were:

“I felt understood”
“It’s keeping me out of jail”
“I’m staying clean and sober”

Responses to scaled satisfaction questions are shown in the tables below. Clients most consistently reported staff willingness to see them when needed, encouragement of client responsibility, belief in clients' recovery, providing information about rights, and openness to questions. A lower proportion of clients found the location convenient, and felt that they decided their own treatment goals.

Table 100. CCAP IOP program participant satisfaction with program components

| % "Agree" or "Strongly agree" with statements below: | N=20 | % |
|---|---|---|
| **General Satisfaction** | | |
| I liked the services I received | 18 | 90% |
| If I had other choices, I'd still get service from the program | 16 | 80% |
| I'd recommend the program | 13 | 65% |
| **Perception of Access** | | |
| Staff were willing to see me when I needed it | 18[1] | 95% |
| Services were available at good times | 15 | 75% |
| I was able to get all the services I needed | 13 | 75% |
| Getting into the program was easy | 12[2] | 75% |
| The location was convenient | 11 | 55% |
| **Appropriateness and Quality of Services** | | |
| Staff encouraged me to take responsibility for how I live life | 20 | 100% |
| I was given information about my rights | 20 | 100% |
| Staff believe I can grow, change, and recover | 18 | 90% |
| I felt free to complain | 16[1] | 84% |
| Staff were sensitive to my cultural background | 14[1] | 74% |
| Staff told me side effects to watch for | 9[3] | 64% |
| **Participation in Treatment Goals** | | |
| I felt comfortable asking medication questions | 14[4] | 93% |
| Staff are kind and non-judgmental | 15 | 75% |
| Staff understand what recovery is like | 15 | 75% |
| I, not staff, decided my treatment goals | 12 | 60% |

[1]One no response (n=19) [2]Four no response (n=16) [3]Six no response (n=14) [4]Five no response (n=15)

Clients showed a moderate degree of global satisfaction with the CCAP IOP program though only a little more than half of the clients felt that their treatment was better than past treatment.

Table 101. CCAP IOP program participant global satisfaction

| Items rated on 5-point scales - % of top two ratings | N=20 | % |
|---|---|---|
| Program satisfaction - "somewhat" or "very" satisfied | 16[1] | 84% |
| Counselor skills - "good" or "excellent" | 15 | 75% |
| Quality of program - "good" or "excellent" | 14 | 70% |
| Current treatment "better" than previous treatment | 10[2] | 59% |

[1]One no response (n=19) [2]Three no response (n=17)

Results of open-ended questions regarding program strengths and weaknesses are shown below. Clients reported a variety of positive counselor qualities. They also liked the variety of classes and that they were not all treatment-oriented. Some clients felt that attending all day was too long and some noted that it interfered with looking for employment. A few also reported that counselors didn’t listen.

Table 102. CCAP IOP program participant-reported strengths and weaknesses

| Positive effects/strengths (19 of 20 people listed items) | N | % | Negative effects/weaknesses (12 of 20 listed items) | N | % |
|---|---|---|---|---|---|
| Counselor qualities (e.g., helpful, straightforward, caring, listens, patient, good teacher, knowledgeable) | 6 | 30% | All day is too long | 3 | 15% |
| Liked counselors | 4 | 20% | Counselors dictate, don't listen | 3 | 15% |
| Lots of classes; classes teach a lot | 4 | 20% | No time to find a job | 2 | 10% |
| Touches many aspects of life – women's support, domestic violence, parenting, nutrition – not just treatment | 3 | 15% | Teaching is not tailored for different types of learning | 1 | 5% |
| Feedback from others | 2 | 10% | Some classes didn't apply | 1 | 5% |
| Tools to use in daily life | 2 | 10% | People in program hard to be with | 1 | 5% |
| Talking in classes | 1 | 5% | High client turnover | 1 | 5% |
| Linkage to DSHS | 1 | 5% | Counselors not well-informed | 1 | 5% |
| Linkage to aftercare | 1 | 5% | Didn't help me to get methadone | 1 | 5% |
| Linkage to housing | 1 | 5% | | | |
| Going 9 a.m. -4 p.m. gave structure | 1 | 5% | | | |

3. Staff views

Two staff were interviewed when the program had been in operation for approximately nine months. The table below shows that staff reported very high overall program satisfaction.

Table 103. CCAP IOP program staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | N=2 | % |
|---|---|---|
| Overall satisfaction | 2 | 100% |
| Satisfaction with amount of training | 2 | 100% |
| Satisfaction with training opportunities | 1 | 50% |
| Satisfaction with therapy resources | 1 | 50% |
| Item rated on 4 -point scale - % "good" or "excellent" | | |
| Overall quality | 2 | 100% |

Responses to open-ended questions regarding strengths and weaknesses of the program are shown below. Staff reported enthusiasm in seeing clients improve and staying out of jail. Linkages to community resources, employment and aftercare were reported as weaknesses.

Table 104. CCAP IOP program staff-reported strengths and weaknesses

| Strengths/best things | N | % | Weaknesses/worst things | N | % |
|---|---|---|---|---|---|
| See improvement | 2 | 100% | Resource linkages | 1 | 50% |
| Keep people out of jail | 1 | 50% | Getting clients employed | 1 | 50% |
| Access to services | 1 | 50% | State CDP requirements | 1 | 50% |
| Meet client where they are | 1 | 50% | Not enough follow-up after exit | 1 | 50% |
| | | | Long time to process client into program | 1 | 50% |

4. Stakeholder views

Stakeholders from MHCADSD administration, agency administration, community corrections, and referring courts were surveyed regarding their views about the CCAP IOP program. Stakeholders reported very high program satisfaction. Stakeholder-reported strengths and weaknesses are also shown below.

Table 105. CCAP IOP stakeholder satisfaction

| | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| Stakeholder satisfaction | N=11 | % | N=11 | % | N= 12-22 | % |
| Overall quality - "good" or "excellent" | 10 | 91% | 9 | 90%[2] | 19 | 90% |
| Referrals - "fairly", "very" easy to make referrals | 8 | 100%[1] | 4 | 100%[3] | 12 | 100% |
| Overall satisfaction -"somewhat", "very" satisfied | 9 | 82% | 9 | 90%[2] | 18 | 86% |

[1]Three no response (n=8) [2]One no response (n=10) [3]Seven no response (n=7)

Table 106. CCAP IOP stakeholder-reported strengths and weaknesses

| Strengths | First 6 months N=11 | | Second 6 months N=11 | | Weaknesses | First 6 months N=11 | | Second 6 months N=11 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Communication/ Collaboration | 3 | 27% | 5 | 45% | Insufficient staff - no backup; high turnover (delays assessment) | 3 | 27% | 3 | 27% |
| Staff attributes | 2 | 18% | 2 | 18% | CCAP orders not faxed to Kent in timely manner | 1 | 9% | | |
| Comprehensiveness | 2 | 18% | 1 | 9% | Public relations | 1 | 9% | | |
| Gives structure, accepting environment | | | 3 | 27% | Need enhanced MH services | 1 | 9% | | |
| Program increases court use of CCAP | | | 2 | 18% | Needs to be progressive and logically linked | 1 | 9% | | |
| Clients like it | | | 2 | 18% | Need outpatient CD treatment | 1 | 9% | 1 | 9% |
| Quality treatment | 1 | 9% | | | Need literacy/GED service | | | 1 | 9% |
| Assisting clients to be motivated for treatment and life skills | 1 | 9% | 1 | 9% | Need clear assessment and linkage to appropriate programs | | | 1 | 9% |
| Free to clients | 1 | 9% | | | Access to more housing | | | 1 | 9% |
| Availability | 1 | 9% | | | Having to be sanctioned to CCAP for >30 days | | | 1 | 9% |
| Case management | 1 | 9% | 1 | 9% | Need it in Kent | | | 1 | 9% |
| Flexible in meeting changing CCAP needs | | | 1 | 9% | Better linkage to community services | | | 1 | 9% |
| | | | | | Near dealers in park | | | 1 | 9% |
| | | | | | Disruptive when court removes clients w/o consultation w/staff | | | 1 | 9% |

Stakeholders reported that intersystem communication and collaboration, staff qualities, and program comprehensiveness are program strengths. The only problem reported by more than one person was insufficient staff and high turnover.

**D. Summary**

During the first six months of the program, 30 people were served, increasing to 53 during the second six months. The program served a higher proportion of females and a slightly higher proportion of minorities than are represented in the overall jail population.

The number of jail bookings for participants during the first year of the program declined significantly, from an average of 2.0 during the pre-program year to an average of 1.3 during the year following entry into the program. Jail days significantly increased indicating a substantial increase in length of stay. Recidivism analysis shows that 62% of program participants were re-incarcerated within one-year of program entry. This rate was similar to the King County Jail recidivism rate of 69% for those with mental illnesses, and the range of 24-56% for post-booking jail diversion programs elsewhere in the country. Charge severity for program participants was unchanged.

Over a third of the participants (38%) completed treatment at CCAP or were transferred elsewhere to complete treatment. All of those who completed treatment at CCAP had no substance use at discharge. Participants reported improved coping skills and reduced substance use.

Process evaluation findings from the CCAP IOP program showed that less than half of clients remained in the program for its 90-day length, and two-thirds leave within 60 days. Two known reasons for early client discharges were that cases were placed back in custody with only one positive urinalysis and over 60% of clients were pre-trial status who could have been discharged from CCAP at any time due to case dismissal, plea bargaining and the like. Evidence-based practices of individual counseling, relapse prevention and Alcoholics Anonymous/Narcotics Anonymous support groups were consistently used. Clients reported less use of motivational enhancement therapy and stages of change, however staff did report their use.

Clients reported moderate program satisfaction, being particularly pleased with the variety of classes, and with caring staff who were willing to meet when needed, were open to client views and encouraging of self-responsibility and recovery. Clients were less satisfied with their input into treatment goals, the program location, and attending for a full day.

Staff and stakeholders reported high program satisfaction. Staff were less satisfied with community-linkages and aftercare. Stakeholders were pleased with intersystem communication and collaboration, staff qualities, and program comprehensiveness, but felt staffing levels and turnover were problematic.

# SECTION IV. CJI PROCESS IMPROVEMENTS DETAIL

# CHAPTER 1
# CRIMINAL JUSTICE (CJ) LIAISONS

## I. Program description

**Program overview:** The three CJ liaisons began work September, 2003. One jail-based liaison was based at the King County Correctional Facility (KCCF) and another at the Regional Justice Center (RJC). They were responsible for serving non-opiate dependent inmate-clients with chemical dependency and/or mental health problems, screening and referring appropriate inmate-clients to the specialty courts for Co-Occurring Disorder (COD) and housing voucher programs, and directly issuing mental health vouchers to eligible clients prior to release from custody. They provided assistance to inmate-clients regarding discharge planning, obtaining benefits, and providing linkage to treatment and/or other community-based services. A third liaison was sited at CCAP. This staff person was responsible for engaging court-supervised out-of-custody individuals in on-site and post-discharge services, and facilitating a coping skills group for CCAP clients with mental health issues. All of the CJ liaisons provided mental health assessments and diagnostic evaluation, and they screened and referred presumptively eligible clients to appropriate staff to assist with applications for publicly funded benefits. They each provided discharge planning for treatment, case management, and support services in the community.

**Target Population:** Adult inmate-clients within the King County Jail who had a mental health and/or chemical dependency (non-opiate) problem, and who were not transferred to the state Department of Corrections or had an out-of-county hold, were able to be referred to a CJ liaison stationed at each jail venue. Offenders court ordered to the King County Community Center for Alternative Programs (CCAP) who were not eligible for other CCAP CJI programming (i.e., had a court order for less than 30 services days, were homeless or who were not chemically dependent), were able to be referred to the CJ liaison stationed at CCAP.

## II. Results:

First six months – September 1, 2003 thru February 28, 2004

Second six months – March 1, 2004 thru August 31, 2004

## A. Characteristics of individuals served

Characteristics of individuals served during the first six months of operation of the CJ liaisons are presented in the table below. A higher proportion of females were served than are in the jail population as a whole. The number of referrals served during the second six months was nearly double that of the first six months.

Shown below, most individuals served by CJ liaisons had mental health and/or chemical dependency problems and about a third were homeless.

Table 107. CJ liaisons characteristics of persons served

| Total referrals | First six months | | | Second six months | | | Total first year |
|---|---|---|---|---|---|---|---|
| | KCCF | RJC | CCAP | KCCF | RJC | CCAP | |
| | N=221 | N=179 | N=93 | N=397 | N=313 | N=144 | N=1347 |
| #/% female | 102 (46%) | 44 (25%) | 37 (40%) | 146 (37%) | 84 (27%) | 47 (33%) | 460 (34%) |
| | | | | | | | |
| Average Age[1] | Ave.=34.4 SD=9 | Ave.=36.2 SD=10 | Ave.=38.3 SD=10 | Ave.=36.2 SD=9.4 | Ave.=34.7 SD=9.5 | Ave.=36.2 SD=12.2 | Ave.=35.7 SD=9.8 |
| Presenting Problems | | | | | | | |
| MH problem | 156 (71%) | 104 (58%) | 19 (20%) | 187 (51%)[2] | 183 (58%) | 60 (42%) | 709 (54%)[2] |
| CD problem | 149 (67%) | 161 (90%) | 17 (18%) | 284 (81%)[3] | 296 (95%) | 38 (26%) | 945 (73%)[3] |
| Homeless | 82 (37%) | 65 (36%) | 14 (15%) | 51 (14%)[2] | 186 (59%) | 38 (26%) | 436 (33%)[2] |

[1]7 missing DOB during first six months; 108 missing (KCCF) second six months
[2]Missing data for 30 direct referrals to DSHS. [3]Missing data for 45 direct referrals to DSHS

**B. Outcome findings - Treatment linkages completed**

CJ liaisons provided a wide range of referrals "out" which are listed below. We were not able to determine whether individuals referred successfully connected with the referral agency, except for those referrals given a mental health voucher for which 46% successfully engaged in treatment.

Table 108. CJ liaisons referrals out

| Liaison referrals out | First 6 months | | | Second 6 months | | | Total first year |
|---|---|---|---|---|---|---|---|
| | KCCF N=221 | RJC N=179 | CCAP N=93 | KCCF N=397 | RJC N=313 | CCAP N=144 | Total N=1347 |
| DSHS/ADATSA | 71 (37%[1]) | 86 (48%) | 40 (43%) | 238 (60%) | 245 (78%) | 51 (35%) | 731 (54%) |
| MH agencies | 55 (26%) | 30 (17%) | 16 (17%) | 82 (21%) | 46 (15%) | 52 (36%) | 281 (21%) |
| Specialty court[2] | 55 (25%) | 34 (19%) | 0 (0%) | 31 (8%) | 15 (5%) | 0 (0%) | 135 (10%) |
| Corrections/court (attorney, PO, judge social worker, DOC, JHS, liaisons) | 30 (14%) | 17 (9%) | 1 (1%) | 46 (12%) | 47 (15%) | 0 (0%) | 141 (10%) |
| Substance abuse treatment; JODET; AA or NA; Needle Exchange | 4 (2%) | 3 (2%) | 15 (16%) | 23 (6%) | 33 (11%) | 25 (17%) | 103 (8%) |
| Housing (YWCA, shelters, Mom's +) | 29 (13%) | 3 (2%) | 11 (12%) | 16 (4%) | 1 (<1%) | 28[3] (19%) | 88 (7%) |
| Court (Justice) Resource Center | 14 (6%) | 3 (2%) | 0 (0%) | 34 (9%) | 2 (1%) | 0 (0%) | 53 (4%) |
| Employment | 0 (0%) | 0 (0%) | 27 (29%) | 1 (<1%) | 0 (0%) | 19 (13%) | 47 (3%) |
| Medical/dental/VA | 2 (1%) | 0 (0%) | 5 (5%) | 1 (<1%) | 0 (0%) | 6 (4%) | 14 (1%) |
| Other | 5 (2%) | 1 (1%) | 7 (8%) | 2 (1%) | 0 (0%) | 5 (3%) | 20 (1%) |

[1]Percentages do not add to 100% as liaisons may make more than one referral per client and some clients receive no referrals
[2]Drug Court referrals involve talking w/attorney or referring client to talk to attorney.
[3]Housing vouchers became available within CCAP July '04 - 4 were provided during the two months of this reporting period

About half of the clients served during the first year received a referral to benefit application workers, a rate that rose over the first year of the program. Specialty court referrals declined from the first six-month period to the second six-month period, while direct referrals to substance abuse treatment rose.

## C. Process evaluation findings

### 1. CJ liaison integration

One way the CJI evaluated the degree to which liaisons were integrated within the systems in which they worked was through examination of their referral sources. If all expected referral sources were represented, we could conclude that the liaisons were sufficiently known and functioning adequately in the views of referral sources. As shown below, the CJ liaisons took referrals from a wide range of sources, though the largest proportion of referrals were from the clients themselves suggesting that the liaisons were viewed as a resource by inmates. Liaison integration was partially demonstrated by a high rate of referrals to liaisons from Jail Health Services, though court and corrections referrals were more infrequent.

Table 109. CJ liaisons referral sources

| Referral sources* | First six months | | | | Second six months | | | | Total first year |
|---|---|---|---|---|---|---|---|---|---|
| | KCCF | | RJC | | KCCF | | RJC | | |
| | N=221 | % | N=179 | % | N=397 | % | N=313 | % | N=1347 |
| Self | 100 | 45% | 104 | 58% | 197 | 50% | 191 | 61% | 592 (44%) |
| Jail Health Services | 87 | 39% | 23 | 12% | 168 | 42% | 68 | 22% | 346 (26%) |
| MH roster | 0 | 0% | 16 | 9% | 0 | 0% | 1 | <1% | 17 (1%) |
| Defender Associations; clients attorney | 12 | 7% | 2 | 2% | 7 | 2% | 8 | 3% | 29 (2%) |
| Courts/judges | 6 | 3% | 9 | 5% | 15 | 4% | 7 | 2% | 37 (3%) |
| Other liaison | 0 | 0% | 11 | 6% | 1 | <1% | 7 | 2% | 19 (1%) |
| RJC/DAJD staff | 1 | 0% | 7 | 4% | 1 | <1% | 7 | 2% | 16 (1%) |
| PO | 1 | 0% | 3 | 2% | 0 | 0% | 9 | 3% | 4 (<1%) |
| Case manager at mental health agency | 3 | 1% | 1 | 1% | 3 | 1% | 5 | 2% | 12 (1%) |
| ADATSA worker | 0 | 0% | 0 | 0% | 0 | 0% | 5 | 2% | 5 (<1%) |
| DOC Community Corrections Officer | 0 | 0% | 0 | 0% | 2 | <1% | 2 | 1% | 4 (<1%) |
| Other/unknown | 7 | 4% | 3 | 2% | 3 | 1% | 3 | 1% | 16 (1%) |

*CCAP liaison not included - all referrals are from courts

### 2. Staff views

Staff interviews were completed with each of the three CJ liaisons during both the first and second six months of the program. Although the sample sizes are small, because the same staff were interviewed a both time points, responses for the two periods are not combined.

Shown below, staff reported high global satisfaction, though less satisfaction with availability of chemical dependency treatment resources and help for clients to obtain benefits and staff training opportunities.

Table 110. CJ liaison staff global satisfaction

| Items rated on 5-point scales - % "somewhat" or "very" satisfied | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=3 | % | N=3 | % | N=6 | % |
| Overall satisfaction | 3 | 100% | 2 | 66% | 5 | 83% |
| Clarity of job functions | 3 | 100% | 3 | 100% | 6 | 100% |
| Availability of MH treatment resources | 3 | 100% | 3 | 100% | 6 | 100% |
| Intra-agency integration | 2 | 66% | 3 | 100% | 5 | 83% |
| Clarity of referral relationships | 2 | 66% | 2 | 66% | 4 | 66% |
| Availability of chemical dependency treatment resources | 2 | 66% | 2 | 66% | 4 | 66% |
| Availability of help for clients to obtain benefits | 2 | 66% | 1 | 33% | 3 | 50% |
| Training opportunities | 1 | 33% | 0 | 0% | 1 | 17% |
| Item rated on 4 -point scale - % "good" or "excellent" | | | | | | |
| Overall quality | 3 | 100% | 3 | 100% | 6 | 100% |

Shown below, CJ liaisons reported that providing access to needed treatment, watching clients improve, and work autonomy were program strengths. Intersystem collaboration was viewed as a strength and weakness. Staff also reported that the population was difficult to serve, and a lack of housing resources for clients.

Table 111. CJ liaison staff-reported strengths and weaknesses

| Strengths/best things | First six months | | Second six months | | Weaknesses/worst things | First six months | | Second six months | |
|---|---|---|---|---|---|---|---|---|---|
| | N=3 | % | N=3 | % | | N=3 | % | N=3 | % |
| See improvement | 3 | 100% | | | Communication/ info sharing | 2 | 67% | 2 | 67% |
| Access to treatment | 3 | 100% | | | Difficult clients | 2 | 67% | 2 | 67% |
| Collaboration/ communication | 2 | 67% | 2 | 66% | Housing | 0 | 0% | 3 | 100% |
| Work autonomy | 2 | 67% | 1 | 33% | Lack of leverage and follow-through | 1 | 33% | 1 | 33% |
| Provide hope | 1 | 33% | 1 | 33% | Isolation | 1 | 33% | 1 | 33% |
| Available at CCAP | | | 1 | 33% | Being in jail (rules) | 1 | 33% | 0 | 0% |
| MH treatment vouchers | | | 1 | 33% | Opportunities limited by length of jail stay | 0 | 0% | 1 | 33% |
| | | | | | Need training to work with sex criminals | 1 | 33% | 0 | 0% |
| | | | | | Unless they go to MH courts, no medication | 1 | 33% | 0 | 0% |

3. Stakeholder views

Stakeholders from MHCADSD administration, agency administration, Jail Health Services, and specialty courts were surveyed regarding their views of the CJ liaisons. Stakeholders reported very high satisfaction with the CJ liaisons, particularly with the individual qualities of the liaisons themselves. The most notable weaknesses mentioned were a lack of community follow-up, inconsistency of practice between sites, a lack of role clarity, and the isolation of the liaisons. Planned jail-based re-entry case managers should facilitate community follow-up.

Table 112. CJ liaison stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=8 | % | N=8 | % | N=16 | % |
| Overall quality - "good" or "excellent" | 8 | 100% | 7 | 100%[2] | 15 | 100%[2] |
| Referrals - "fairly" or "very" easy to make referrals | 4 | 100%[1] | 5 | 100%[3] | 9 | 100%[4] |
| Overall satisfaction - "somewhat" or "very" satisfied | 7 | 88% | 8 | 100% | 15 | 94% |

[1]Four no response (n=4) [2]One no response (n=7) [3]Three no response (n=5) [4]Seven no response (n=9)

Table 113. CJ liaison stakeholder-reported strengths and weaknesses

| Strengths | First 6 months N=8 | | Second 6 months N=8 | | Weaknesses | First 6 months N=8 | | Second 6 months N=8 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Strengths of staff | 5 | 63% | 4 | 50% | Inability to follow-up; weak continuity of care | 1 | 13% | 3 | 38% |
| Easy access; staff available on last-minute basis | | | 2 | 25% | Inconsistency of practice from site to site | | | 3 | 38% |
| Communication/collaboration | | | 2 | 25% | Lack of role clarity | 2 | 25% | | |
| Linkages to community treatment | 1 | 13% | 1 | 13% | Staff isolation, lack of supervision | 2 | 25% | | |
| Access to treatment not otherwise available | 1 | 13% | | | No staff backup; understaffed | | | 2 | 25% |
| Will take special requests | 1 | 13% | | | Data challenges | 1 | 13% | | |
| Beginning service while in jail | | | 1 | 13% | Unclear referral process; target population | | | 1 | 13% |
| Proactive service | | | 1 | 13% | Need case management | | | 1 | 13% |
| | | | | | Lacks real support and appropriate salary | | | 1 | 13% |

## D. Summary

A total of 1347 referrals were received by the three CJ liaisons during the first year of operation. During the first six-month period, 493 referrals were served: 221 for the KCCF liaison, 179 for the RJC liaison, and 93 for the CCAP liaison. During the second year the referrals nearly doubled to 853: 396 for the KCCF liaison, 313 for the RJC liaison, and 144 for the CCAP liaison. The program served a higher proportion of

females than are represented in the overall jail population. Most referrals for jail-based liaisons were from inmates themselves or from Jail Health Services staff.

About half (54%) of the people referred to the CJ liaisons were referred out to a benefit application worker and the rate rose from the first to second six month periods. Twenty percent were referred to mental health treatment. Referrals to substance abuse treatment rose during the second six months compared to the first six months, while referrals to specialty courts fell. Information on the success of linkages to community-based agencies was not available, except for those referrals given a mental health voucher for which 46% successfully engaged in treatment. System integration of CJ liaisons was demonstrated by a high rate of referrals to liaisons from Jail Health Services.

Staff and stakeholders were generally satisfied with the program, though staff were unhappy with training opportunities, isolation, lack of housing, and challenging clients. Staff reported intersystem communication and collaboration as a strength and weakness. Stakeholders reported staff qualities, intersystem communication and collaboration as program strengths, and community linkages as both a strength and a weakness. Stakeholders also mentioned staff isolation, inconsistency of practice between sites, and lack of role clarity as weaknesses.

## CHAPTER 2
## ADATSA APPLICATION WORKER

### I. Program description

**Program overview:** An Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) application worker provided by the King County Assessment Center was assigned full-time to the CJI in January, 2004. The ADATSA application worker screened offender-clients referred from the DSHS application worker for financial eligibility and assisted offender-clients in applying for publicly funded chemical dependency treatment. The position was intended to increase the volume of offender-clients who were efficiently and effectively linked to needed chemical dependency treatment upon release.

**Target Population:** Eligible individuals were adult offender-clients within King County jails who had chemical dependency problems, were indigent, within 45 days of release from custody, without out-of-county holds, and not transferred to the State Department of Corrections.

### II. Results:

First six months - February 1, 2004 thru July 31, 2004

Second six months - August 1, 2004 thru January 31, 2005

### A. Characteristics of persons served

During the first six months, 248 referrals were received by the ADATSA worker, dropping to 78 during the second six months. This drop was largely due to introduction of the DSHS application worker who pre-screened referrals to the ADATSA worker to ensure that they met eligibility requirements.

During the first six months, about 2/3 of referrals to the ADATSA application worker did not complete an ADATSA screening, due largely to referrals not being within 45 days of release, a criterion for eligibility. During the second six months 73% of referrals completed an ADATSA screening, due to initiating the pre-screening procedure described above. Demographic characteristics were only collected for individuals who received an ADATSA screening. A higher proportion of females and a similar proportion of ethnic minorities were served by the ADATSA application worker compared to the jail population.

Table 114. ADATSA application worker - characteristics of persons served

| Demographics | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| | N=85 | % | N=57 | % | N=142 | % |
| Gender- #/% female | 30 | 35% | 15 | 26% | 45 | 32% |
| Ethnicity | | | | | | |
| Caucasian | 51 | 60% | 31 | 54% | 101 | 58% |
| African-American | 23 | 27% | 20 | 35% | 43 | 30% |
| Native American | 9 | 11% | 5 | 9% | 14 | 10% |
| Asian-Pacific Islander | 0 | 0% | 1 | 2% | 1 | 1% |
| Mixed or "other" | 2 | 2% | 1 | 2% | 3 | 2% |
| Hispanic (duplicated) | 1 | 1% | 0 | 0% | 1 | 1% |
| Age | Average =35.4 yrs | SD=8.8 | Average =35.7 yrs | SD=9.2 | Ave.= 35.5 | SD=9.0 |

2. Referral sources

The data below show that most of the referrals for the ADATSA application worker were from inmate self-referrals. CJ liaisons and Jail Health Services comprised nearly all remaining referrals during the first six months, though during the second six month referrals from the DSHS application worker began.

Table 115. ADATSA application worker referral sources

| ADATSA referral sources | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=248 | % | N=78 | % | N=326 | % |
| Self | 134 | 54% | 26 | 33% | 160 | 49% |
| DSHS workers | | | 20 | 26% | 20 | 6% |
| CJ liaison | 45 | 18% | 1 | 1% | 46 | 14% |
| Jail Health Services | 36 | 15% | 9 | 11% | 45 | 14% |
| Courts/judges | 9 | 3% | 8 | 10% | 17 | 5% |
| PO | 6 | 2% | 10 | 13% | 16 | 5% |
| RJC/DAJD jail staff | 4 | 2% | | | 4 | 1% |
| Kent CSO | 2 | 1% | | | 2 | 1% |
| Community agencies | 2 | 1% | | | 2 | 1% |
| DOC | | | 1 | 1% | 1 | <1% |
| Defender organizations | | | 1 | 1% | 1 | <1% |
| Other/unknown | 10 | 3% | 2 | 3% | 12 | 4% |

**B. Outcome findings - Success in obtaining ADATSA benefits**

The table below shows that a very high percentage of those screening for ADATSA benefits ultimately obtain those benefits.

Table 116. ADATSA success in obtaining benefits

| ADATSA clients obtaining benefits | First six months N=248 | | | Second six months N=78 | | | Total first year N=326 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Completed screening | Obtained ADATSA benefit | % | Completed screening | Obtained ADATSA benefit | % | Completed screening | Obtained benefit | % |
| | 85 | 80 | 94% | 57 | 42 | 74% | 142 | 122 | 86% |

**C. Process evaluation findings - Stakeholder views**

Stakeholders from MHCADSD administration and referral sources were surveyed regarding their views about the ADATSA application worker program. Stakeholders reported high satisfaction, particularly in connection with inmates on-site at jail and CCAP, and processing applications quickly to help get treatment. Having a cumbersome and confusing process for accessing the ADATSA application worker and the restriction of only serving an inmate if they are within 45 of release were reported weaknesses. These issues were resolved were the introduction of pre-screening by the DSHS application worker.

Table 117. ADATSA application worker stakeholder satisfaction

| Stakeholder satisfaction | First 6 months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=6 | % | N=12 | % | N=18 | % |
| Overall quality - "good" or "excellent" | 6 | 100% | 10 | 83% | 16 | 89% |
| Referrals - "fairly" or "very" easy to make referrals | 3 | 75%[1] | 9 | 90%[2] | 15 | 80%[3] |
| Overall satisfaction - "somewhat" or "very" satisfied | 5 | 83% | 8 | 67% | 13 | 72% |

[1]Two no response (n=4) [2]Two no response (n=10) [3]Three no response (n=15)

Table 118. ADATSA application worker stakeholder-reported strengths and weaknesses

| Strengths | First 6 months N=6 | | Second 6 months N=12 | | Weaknesses | First 6 months N=6 | | Second 6 months N=12 | |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | | N | % | N | % |
| Connecting with inmates prior to release and at CCAP | 3 | 50% | 5 | 42% | Access too cumbersome, confusing, barriers | 2 | 33% | 4 | 33% |
| Helps get CD treatment and meds | 1 | 17% | 2 | 17% | Need release-to-treatment; <45 days is hindrance | 1 | 17% | 3 | 25% |
| Quick applications | | | 3 | 25% | Lose clients when OOC | | | 2 | 17% |
| Staff attributes | 2 | 33% | | | Need it at RJC | | | 2 | 17% |
| Accessibility | | | 2 | 17% | Takes time for DSHS to generate referral | | | 1 | 8% |
| Communication/ collaboration | | | 1 | 8% | KC no longer funds Pathways | | | 1 | 8% |
| Access to shelters, food too | | | 1 | 8% | Need to screen at booking | | | 1 | 8% |
| | | | | | Need more assessments | 1 | 17% | | |
| | | | | | Some CCAP client are ineligible | 1 | 17% | | |
| | | | | | Coordination w/courts, DAJD | 1 | 17% | | |

**D. Summary**

A total of 325 referrals were made to the ADATSA application worker during the first year; 247 during the first six months, dropping to 78 during the second six months. This drop was partly due to introduction of the DSHS application worker who pre-screened referrals to the ADATSA worker. A higher proportion of females and a similar proportion of ethnic minorities were referred to the ADATSA worker compared to the overall jail population.

The rate of persons referred who completed an ADATSA screening rose from 35% during the first six months to 73% during the of second six months as eligibility criteria became clearer to referrals sources and more referrals were pre-screened by the DSHS worker. Of those screened, a very high proportion ultimately receive ADATSA benefits.

Stakeholders reported high satisfaction, particularly in connecting inmates with benefits prior to release from jail and processing applications quickly to help persons referred get treatment. Having a cumbersome and confusing process for accessing the ADATSA application worker and the restriction of only serving an inmate if that person is within 45 days of release were reported weaknesses. These issues were resolved were the introduction of pre-screening by the DSHS application worker.

# CHAPTER 3
# DSHS APPLICATION WORKER

## I. Program description

**Program overview:** A DSHS application worker began work in May, 2004. The application worker assisted potentially eligible offender-clients in applying for publicly funded benefits. The application worker assisted offender-clients at the KCCF half-time and CCAP half-time in applying for Title XIX-Medicaid or other publicly-funded benefits, including reinstatement of social security. RJC inmates were assisted by the existing Kent CSO. The application worker position was intended to increase the volume of offender-clients who were efficiently and effectively linked to needed benefits upon release.

**Target Population:** Eligible individuals were adult offender-clients within King County jails who had mental health and/or chemical dependency problems, were indigent, within 45 days of release from custody, without out-of-county holds, and not transferred to the State Department of Corrections.

## II. Results

First six months - May - October, 2004.

Second six months - November, 2004 - April, 2005

### A. Characteristics of persons served

During the first six months, 495 referrals were made to the DSHS application worker, rising to 764 during the second six month period. Demographic characteristics were only collected for individuals who received a DSHS application. A higher proportion of females and a similar proportion of ethnic minorities were served compared to the overall jail population.

Table 119. DSHS application worker – characteristics of persons served

| | First 6-month cohort | | Second 6-month cohort | | Total first year | |
|---|---|---|---|---|---|---|
| Demographics | N=120 | % | N=178 | % | N=298 | % |
| Gender- #/% female | 39 | 33% | 60 | 34% | 99 | 33% |
| Ethnicity | | | | | | |
| Caucasian | 72 | 60% | 106 | 60% | 178 | 60% |
| African-American | 41 | 34% | 62 | 35% | 103 | 35% |
| Native American | 6 | 5% | 9 | 5% | 15 | 5% |
| Asian-Pacific Islander | 1 | 1% | 1 | <1% | 2 | 1% |
| Mixed or "other" | 0 | 0% | 0 | 0% | 0 | % |
| Hispanic (duplicated) | 5 | 4% | 2 | 1% | 7 | 2% |
| Age | Average= 34.9 yrs | SD=10.0 | Average= 34.6 yrs | SD=10.1 | Average =34.7 | SD=10.1 |

2. Referral sources

The data below show that most of the referrals for the DSHS application worker were from inmates themselves, followed by CCAP, Seattle Municipal Court, and Jail Health Services.

Table 120. DSHS application worker referral sources

| DSHS referral sources | First six months | | Second six months | | Total first year | |
|---|---|---|---|---|---|---|
| | N=495 | % | N=764 | % | N=1259 | % |
| Self | 231 | 47% | 310 | 41% | 541 | 43% |
| CCAP | 164 | 33% | 210 | 27% | 374 | 30% |
| Seattle Municipal Court | 83 | 17% | 84 | 11% | 167 | 13% |
| Jail Health Services | 7 | 1% | 106 | 14% | 113 | 9% |
| Courts | 1 | <1% | 30 | 4% | 31 | 2% |
| CJ liaison | 7 | 1% | 0 | 0% | 7 | 1% |
| Defender associations | 1 | <1% | 8 | 1% | 9 | 1% |
| DOC | 1 | <1% | 6 | 1% | 7 | 1% |
| DESC | | | 3 | <1% | 3 | <1% |
| Assessment Center/CD ITA/ADATSA | | | 3 | <1% | 3 | <1% |
| Mom's Plus (social and health services for low income pregnant/parenting women) | | | 2 | <1% | 2 | <1% |
| PO | | | 2 | <1% | 2 | <1% |

**B. Outcome findings - Success in obtaining DSHS benefits**

Of the 495 referrals during the first six months, 120 completed a DSHS assessment (24%). Of the 764 referrals during the second six months, 178 received an assessment (23%). Others typically did not have a release date within 45 days of referral, were released too soon to be screened, or only needed to check on their existing DSHS funding status. DSHS benefits received by those obtaining an assessment are shown below. Over two-thirds of those who need ADATSA benefits, cash assistance and SSI received them during the first six months, with somewhat lower rates shown for the second six months. Nearly all who needed food stamps received them.

Table 121. DSHS application worker DSHS benefit received

| DSHS benefits | First six months N=120 | | Second six months N=178 | | Total first year N=298 | |
|---|---|---|---|---|---|---|
| | Applied | Received | Applied | Received | Applied | Received |
| ADATSA | 48 | 34 (71%) | 71 | 42 (59%) | 119 | 76 (64%) |
| Food stamps | 56 | 54 (96%) | 93 | 81 (87%) | 149 | 135 (91%) |
| Medicaid | 15 | 9 (60%) | 63 | 31 (49%) | 78 | 40 (51%) |
| Cash assistance | 26 | 17 (65%) | 60 | 28 (47%) | 86 | 45 (52%) |
| SSI | 5 | 4 (80%) | 3 | 3 (100%) | 8 | 7 (88%) |

## C. Process evaluation findings - Stakeholder views

Stakeholders from MHCADSD administration and referral sources were surveyed regarding their views about the DSHS application worker program. Stakeholder satisfaction was modest in the first six month and higher in the second six months.

Table 122. DSHS application worker stakeholder satisfaction

| | First 6 months | | Second 6 months | | Total first year | |
|---|---|---|---|---|---|---|
| Stakeholder satisfaction | N=8 | % | N=7 | % | N=15 | % |
| Overall quality - "good" or "excellent" | 4 | 50% | 6 | 86% | 10 | 67% |
| Referrals - "fairly" or "very" easy to make referrals | 4 | 67%[1] | 4 | 80%[2] | 8 | 73%[3] |
| Overall satisfaction - "somewhat" or "very" satisfied | 4 | 50% | 6 | 86% | 10 | 67% |

[1]Two no response (n=6) [2]Two no response (n=5) [3]Four no response (n=11)

Stakeholders reported that staff qualities, intersystem communication and collaboration, and quick access to benefits were program strengths. Not coming to the jail and unclear referral criteria were notable weaknesses.

Table 123. DSHS application worker stakeholder-reported strengths and weaknesses

| | First 6 months N=8 | | Second 6 months N=7 | | | First 6 months N=8 | | Second 6 months N=8 | |
|---|---|---|---|---|---|---|---|---|---|
| Strengths | N | % | N | % | Weaknesses | N | % | N | % |
| Staff attributes, knowledge | 2 | 25% | 1 | 14% | Staff need to come to jail | 3 | 38% | 2 | 29% |
| Communication/ collaboration | 1 | 13% | 2 | 29% | Referral criteria/ paperwork unclear (PEP incapacity approval waiver); hard to target program-eligibles in jail | | | 3 | 43% |
| Immediate access and coupons, food stamps; presumptive approval | 1 | 13% | 2 | 29% | Need release date | 1 | 13% | 1 | 14% |
| Applications while in jail | 2 | 25% | | | Sending back incomplete applications instead of working to complete | 1 | 13% | 1 | 14% |
| Essential service | 2 | 25% | | | Lag in getting worker set up | 1 | 13% | | |
| Place to live | 1 | 13% | | | Communication/ collaboration | 1 | 13% | | |
| Effective | 1 | 13% | | | Need presumptive approval for GAU | | | 1 | 14% |
| Ease of referral | | | 1 | 14% | | | | | |
| Quality services | | | 1 | 14% | | | | | |
| Continuity of care | | | 1 | 14% | | | | | |

**D. Summary**

A total of 1259 referrals were made to the DSHS application workers during the first year; 495 referrals during the first six months, rising to 764 during the second six months. A higher proportion of females and a similar proportion of ethnic minorities were referred compared to the jail population.

About a quarter of those referred completed a DSHS application. Others typically did not have a release date within 45 days of referral, were released too soon to be screened, or only needed to check on their existing DSHS funding status. More than half of those who needed ADATSA benefits, cash assistance, and SSI received them. Nearly all who needed food stamps received them.

Stakeholder satisfaction was moderate. Reported program strengths were staff qualities, intersystem communication and collaboration, and quick access to benefits, while weaknesses were not coming to the jail regularly and unclear referral criteria.

# CHAPTER 4
# CROSS-SYSTEM TRAINING

## I. Program description

**Program overview**: A trainer was hired in March 2004 to develop training for staff in King County human service and corrections setting. Nine trainings reached 257 participants between May and June, 2004. The four trainings provided to human service audiences focused on the corrections and legal systems. The five trainings provided to corrections staff focused on how CJI programs operate.

**Target population**: Trainings were anticipated to reach mental health treatment providers, chemical dependency treatment providers, Jail Health Services, King County Superior Court judges, CJ liaisons, District Court judges and probation officers, public defenders, prosecutors, King County Jail senior management, and housing managers associated with housing voucher program.

## II. Results

Nine trainings were provided with 257 people in attendance. Evaluation forms were provided to all participants and 165 were returned at the end of the training sessions (64% response rate).

Results are shown below and suggest that the trainings were differentiated by content -- participants at the CJI training most prominently learned about CJI programs; participants at the legal system training learned about legal court processes. Most participants felt they increased their knowledge and nearly all reported that they would recommend the training to others.

Table 124. Cross system training participant-reported information learned

| Information learned that will influence your work (coded from 4 similar questions) | How CJ Treatment Works N=80 | | Adversarial Legal System N=85 | |
|---|---|---|---|---|
| How CJ programs fit together, for better advocacy, referrals, options for clients, info to clients | 76 | 95% | 28 | 33% |
| Legal processes for specialty courts, sentencing | NA | NA | 51 | 60% |
| Tools for client advocacy | 12 | 15% | 27 | 32% |
| Perspective on legal system | NA | NA | 34 | 40% |
| More perspective on client experience | 5 | 6% | 18 | 21% |
| Relationship of specialty courts to other courts | NA | NA | 13 | 15% |
| Issues with competency to stand trial | NA | NA | 10 | 12% |
| Information to share with public, families of offenders | 4 | 5% | 5 | 6% |
| Information that we can provide to inmates | 7 | 9% | NA | NA |
| Rationale/perspective on CJI, program funding | 7 | 9% | NA | NA |
| Data on CJI process | 5 | 6% | NA | NA |
| Improved efficiency | NA | NA | 5 | 6% |
| Information on intake processes | NA | NA | 4 | 5% |
| Little/nothing | 14 | 18% | 8 | 9% |
| Increased in knowledge - top 2 ratings on 4-pt scale | 55 | 69% | 55 | 65% |
| Recommend training to others | 74 | 92% | 79 | 93% |

In other narrative comments, attendees suggested that more trainings be provided and trainings to other groups (e.g., human services, attorneys, courts staff (n=13), that trainings should be targeted more closely to the audience (n=8), and that more training time was needed (n=3).

**III. Summary**

Cross-system training occurred for King County human services and corrections staff in May and June, 2004. Nine trainings were provided to a total of 257 participants. The four trainings provided to human services audiences focused on the corrections and legal systems. The five trainings provided to corrections audiences focused on how CJI programs operate. Evaluations were provided by 64% of training attendees. Results showed that participants felt they increased their knowledge, and nearly all reported that they would recommend the training to others. The trainings were recorded and are available on CD-ROM.

# CHAPTER 5
# ENHANCED SCREENING AND ASSESSMENT IN THE JAIL

## I. Program description

**Program overview:** A new intake services model for the jail was initially proposed by King County Superior Court to standardize and provide up-to-date and more accurate offender information for in-custody first appearance defendants. Simultaneously, MHCADSD proposed an improved screening and assessment process in the jail for in-custody inmates with possible mental illness and/or chemical dependency treatment needs. These proposals were merged with the DAJD Personal Recognizance Section into a single program, called Intake Services, managed by the King County Community Corrections Division.

In 2005 the intake services interview process was enhanced to provide more detailed information at pre-trial felony arraignment hearings to permit judges to make the best possible decision about whether to keep a particular inmate incarcerated or, if not, into which community alternatives they might be safely released. The new policy envisioned three tiers of evaluation, with the highest level reserved for those charged with felonies:

*Level 1 screening* identified basic demographic and financial information, criminal history, and frank evidence of active mental illness or substance abuse (grossly disorganized behavior or alcohol on breath, etc.). Level 1 screening was provided without further screening only for inmates deemed very unlikely to be eligible for pre-trial release (e.g., extensive criminal history, flight or safety risk, etc.) or those who refused further screening.

*Level 2 screening* was the standard level of screening and a Level 1 was only done in place of this for the reasons described above. Level 2 screening provided more detail regarding criminal history, community ties, homelessness, community safety risk, and risks for substance abuse relapse, etc.

*Level 3 screening* was added for individuals scheduled for felony arraignment in the Superior Court. Level 3 screening included basic assessment of mental health and substance abuse issues, a more detailed background check, and specific recommendations for community services. Persons who appeared to have mental health or substance abuse problems were 'flagged' to a specialist for further evaluation.

After screening, inmates faced several possible dispositions: continued detention with subsequent court appearances or release on their own recognizance (either court-ordered, or authorized by Intake Service staff using sharply delineated criteria). The PRIs provided information that was used by the court when making decisions regarding community programming placements. The Community Corrections Division (CCD) provided this programming, and CCD community alternatives to incarceration included: Electronic Home Detention (EHD), Work/Education Release (WER), the Community Work Program, the Helping Hands Program, and the Community Center for Alternative Programs (CCAP).

**Target Population:** The target population for Level 3 screening was adult felony defendants scheduled for the King County Superior Court arraignment calendar.

## II. Results

Data examined was for the first full year of the enhanced Intake Services process - calendar year 2006. Additional background and details of analyses can be found in Appendix E.

### A. Characteristics of persons served

Total Number of Individuals Potentially Available for L3 Screening*: **N = 3515**

Total Level 3 (L3) Interviews Completed: **N = 457**

Non-L3 (3515 total *minus* 457 L3 interviewees.): **N = 3058**

*Based on being on Superior Court arraignment calendar

A third (33%) of those who did not proceed to a Level 3 interview were perceived as dangers to the community or flight risks and another 34% were subject to a judicial hold, such as an outstanding warrant.

Level 3 assessments were conducted for 457 unique inmates. The tables below show that individuals receiving Level 3 screening were predominantly male, about half ethnic minority, and about half young adult (<age 30). These proportions are similar to those of the general jail population.

Table 125: Gender of inmates receiving Level 3 assessment

| Gender | N | % |
|---|---|---|
| Male | 365 | 80% |
| Female | 92 | 20% |
| Total | 457 | 100% |

Table 126. Ethnicity of inmates receiving Level 3 assessment

| Ethnicity | N | % |
|---|---|---|
| Caucasian | 253 | 55% |
| African-American | 142 | 31% |
| Asian | 29 | 6% |
| Hispanic | 25 | 5% |
| Native American | 8 | 2% |
| Total | 457 | 100% |

Table 127. Age of inmates receiving Level 3 assessment

| Age | N | % |
|---|---|---|
| Under 20 (includes 6 juveniles) | 36 | 8% |
| 20 to 29 | 179 | 39% |
| 30 to 39 | 123 | 27% |
| 40 to 49 | 86 | 19% |
| 50 and older | 33 | 7% |
| Total | 457 | 100% |

2. Mental health and Chemical dependency "flags"

Level 3 interviewees could be assigned special 'flags' for having a mental health or chemical dependency problem or having a dual diagnosis (both mental health and chemical dependency). Of the 457 individuals receiving a Level 3 assessment, 33% (N = 151) were flagged as having a mental health or chemical dependency problem or a dual diagnosis.

3. Charge type

Charge information was available for individuals who received Level 3 assessments. Broadly speaking, property crimes accounted for the largest number of charges at 45% of the total, followed by violent offenses at 32% of the total.

**B. Outcome findings**

1. Release disposition

Out of 457 Level 3 interviewees, about half (54%) remained incarcerated with the balance either placed in CCD programming or released on their own recognizance.

Table 128: Release dispositions of individuals receiving Level 3 assessments

| Disposition | N | % |
|---|---|---|
| Remained incarcerated | 246 | 54% |
| Placed with Community Corrections Division | 129 | 28% |
| Released on own recognizance | 82 | 18% |
| Total | 457 | 100% |

2. Factors associated with release to the community

Analysis was done to determine whether an individual's likelihood of being released was significantly associated with their gender, age, ethnicity, charge type, or presence of a mental health, chemical dependency, or co-occurring disorders flag. Note that power analyses were not conducted for these analyses, so results should be viewed with caution when cell sizes are below 30.

Bivariate analyses of each variable with release disposition revealed that gender, age and presence of a mental health or chemical dependency flag were not significantly associated with release disposition. However, ethnicity was significantly related to release disposition ($p < 0.01$) with all non-Caucasian groups less likely to be released than Caucasians. Charge type was also related to release disposition ($p<.001$ - see table below) with violent crimes and miscellaneous crimes (the majority of which were violations of court orders and felons in possession of firearms) having the highest likelihood of continued detention.

Table 129. Relationship between charge type and release disposition for those with Level 3 assessment (n=457)

| Release disposition | Property | | Violent | | Sexual | | Drug | | Miscellaneous | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Community | 112 | 55% | 54 | 37% | 16 | 42% | 15 | 68% | 14 | 30% | 211 | 46% |
| Incarcerated | 93 | 45% | 91 | 63% | 22 | 58% | 7 | 32% | 33 | 70% | 246 | 54% |
| Total | 205 | 100% | 145 | 100% | 38 | 100% | 22 | 100% | 47 | 100% | 457 | 100% |

To partially test whether the relationship of ethnicity to release disposition was confounded by their independent relationship to charge type, we examined the relationship of ethnicity to charge type. Ethnicity was dichotomized as Caucasian/Non-Caucasian due to small samples of some ethnic groups. However, as noted above, all non-Caucasian groups showed a lower likelihood of release than Caucasians.

Table 130. Relationship between charge type and ethnicity for those with Level 3 assessment (n=439)[1]

| Release disposition | Violent | | Property | | Sexual | | Drug | | Miscellaneous | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Caucasian | 65 | 46% | 128 | 65% | 17 | 47% | 16 | 76% | 18 | 39% | 244 | 55% |
| Non-Caucasian | 75 | 54% | 68 | 35% | 19 | 53% | 6 | 24% | 28 | 61% | 195 | 45% |
| Total | 140 | 100% | 195 | 100% | 36 | 100% | 22 | 100% | 46 | 100% | 439 | 100% |

[1] Missing charge X ethnicity information for eighteen individuals charged in December, but overall is 96% complete

Chi-Square analysis was statistically significant ($p \leq 0.01$), suggesting an association between ethnicity and charge type. Specifically, non-Caucasians were more likely to have charge types that are less likely to be released to the community, such as violent crimes, sexual crimes, and miscellaneous crimes (which were comprised largely of violations of court orders and felons in possession of firearms as noted above).

## E. Summary

During calendar year 2006, 3,515 felony arraignment cases were potentially eligible for the enhanced Level 3 screening conducted by Intake Services PRI screeners. A total of 457 completed this process. The remaining individuals were screened out largely based on danger to the community, flight risk, or the presence of a judicial hold. A further 17% were placed on 'backlog' due to a shortage of staff.

Inmates receiving a Level 3 assessment were predominantly male (80%), about half (55%) were Caucasian, and approximately three-quarters (74%) were under 40 years of age. Property crimes accounted for the largest number of charges, at 45% of the total, followed by violent offenses at 32%. One third (33%) were flagged as having mental health, chemical dependency, or co-occurring disorders.

Of those receiving a Level 3 assessment, 54% remained incarcerated while the remaining were either ordered to community corrections (28%) or were released on their own recognizance (18%). Rates of release to the community or community corrections alternatives to incarceration did not differ across age, presence of mental illness or chemical dependency flags, or gender. However, ethnicity was related to whether an individual was released, with Caucasians released at higher rates than other ethnic groups. Similarly, among charge types, violent offenses, sexual offenses and miscellaneous offenses (largely violations of court orders and felon in possession of a firearm) were associated with a higher probability of remaining incarcerated, while drug offenses were associated with a relatively lower probability of remaining incarcerated. Ethnicity

was significantly related to charge type, with non-Caucasians more likely to have charges with a lower likelihood community release.

Limitations of the analysis included small sample sizes for some analyses, correlational design that cannot demonstrate causation, and delays in data recording within the Electronic Court Record System.

## SECTION V. RECOMMENDATIONS AND ACTIONS TAKEN

Below are recommendations based on the data included in this report and selected issues raised in prior reports where noted.

1. The COD integrated treatment program demonstrated significant reductions in jail bookings and positive clinical outcomes. Satisfaction with the program was high, and toward the end of the first year, referring courts wanted to refer more people to the program than there was program capacity to serve. These findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts. Outcomes should be monitored following this change. Process evaluation findings suggested that additional areas for improvement include improving fidelity to evidence-based COD treatment, reducing time to get housing (see also housing voucher recommendations below), opportunities for participants to see a psychiatrist when desired, and opportunities for clients to determine their own treatment goals.

2. The mental health voucher program showed little evidence of reduction in jail utilization, clinical improvements were inconsistent, and program satisfaction was modest even after increasing the program length from six to nine months. The program was consequently discontinued, with no new admissions after September, 2005.

3. Participants in the methadone voucher program referred from the jail within the second cohort showed a trend toward reduction in jail bookings; a somewhat more promising outcome than for the first cohort who were referred from the Needle Exchange program. A very high proportion of program participants from both cohorts substantially reduced their substance use and satisfaction with the program was high. Areas identified for improvement included increasing use of evidence-based practices, improving linkages with jail referral sources, clarifying funding strategies for individuals who exhaust voucher funds, and determining ways to increase access to housing and mental health services. Due to lack of funding, there were no new admissions to the program from June, 2005 through September, 2006.

4. The housing voucher program showed the strongest outcomes regarding reductions in jail utilization of all the CJI programs. Satisfaction with the program was high. Increasing participant retention, providing decent quality transitional housing not in high drug use areas, and improving the rate of participants obtaining permanent housing were identified as areas of focus for this program. Recommendations included working with housing authorities and funders to determine ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants. In 2006, the housing broker began charging program participants a maximum of 30% of their income per month for those individuals with income. The client fees are being used to 1) secure additional housing units to reduce wait lists (e.g., recently reached agreement to obtain new housing via New Life Homes located in the University District), and 2) provide landlord incentives for upgrading/repairing dedicated housing units and replacing damaged furniture. As a result, the quality of transitional housing has improved.

5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reduction in jail bookings though increases in jail days. Staff and stakeholder satisfaction was high and client satisfaction moderate. Areas identified for improvement include increasing client retention and examining the role of pre-trial status of participants to this issue. Many participants are placed back in custody solely because of a single positive urinalysis, and over 60% of early discharges were for pre-trial participants who can be discharged from CCAP at any time due to case dismissal, plea

bargaining and the like. It was also suggested that the program consider a more flexible schedule for participants who are ready for and actively seeking employment. Along these lines, the Learning Center has recently begun to provide GED testing and linkage to pre-employment and employment services. Determining a method for collecting more complete and meaningful clinical outcome data should also be considered.

6. CJ liaisons. Satisfaction with the liaison positions is high among stakeholders but modest among the liaisons themselves. Areas for improvement identified included improving role clarity and consistency of expectations across sites, and strengthening linkage and engagement of clients with community-based services. Additional training along these lines was provided to staff.

7. ADATSA application worker. Satisfaction with the ADATSA application worker was high. Areas for improvement include clarifying referral processes and criteria. As these improvements were made, the rate of referrals for which ADATSA screenings were completed rose substantially.

8. DSHS application worker. Satisfaction with the DSHS application worker is modest. Areas for improvement include increasing visibility of the worker within the jail and clarifying referral criteria. To increase visibility, effective May 1, 2007, an office inside the jail was obtained for the DSHS financial application worker assigned to the King County Correctional Facility.

9. Enhanced screening and assessment in the jail. While 3,515 felony arraignment cases were potentially eligible for the enhanced screening and assessment, only 457 completed this process. Individuals were screened out based on danger to the community, flight risk, or the presence of a judicial hold, and 17% were not screened due to a shortage of staff. The CCD may want to consider refining the eligible population for the enhanced screening process or hiring additional PRIs to handle the volume of inmates eligible for the screening..

10. Comparison group analyses in prior reports showed that participant groups were not comparable to comparison groups with regarding prior jail bookings and clinical severity. Although attempting to match comparison group members to program participants on key variables was considered, the added value of this analysis was considered small. As such, comparison group analyses were dropped from the evaluation.

**Bibliography**

Miller, W. & Rollnick, S. (2002). Motivational interviewing: Preparing people for change (2nd ed.). *New York, NY, US: Guilford Press.*

Office of the National Drug Control Policy (2000). *The National Drug Control Strategy: 2000 Annual Report*.

Stroul, B. (1989). Community support systems for persons with long-term mental illness: A conceptual framework. *Psychosocial Rehabilitation Journal. Vol 12(3), 9-26*

Washington State Department of Social and Health Services (2002). *Report to the legislature: Determining the value of opiate substitution treatment.*

**Appendix A - CJI Logic Model**

| Assumptions | Inputs | Activities | External and unanticipated factors | Outcomes | Impacts |
|---|---|---|---|---|---|
| AJOMP mandate to:<br>• reserve secure detention only for those who are a public safety or flight risk or who require secure detention as a graduated sanction<br>• develop alternatives to use of secure detention for adult offenders<br>• provide treatment options for persons significantly impaired by chemical dependency and/or mental illness and involved in the criminal justice (CJ) system<br><br>Rationale for focus on individuals with mental illnesses and chemical dependency and homelessness:<br>• Among inmates with drug or alcohol-related charges, inmates with co-occurring psychiatric disorders (COD) had nearly double the average length of stay in King County jails.<br>• People with CODs represent 60% of District Mental Health Court (DMHC) cases and 41% of Drug Diversion Court cases.<br>• DMHC and Drug Diversion Court note over 1/3 of clients are homeless.<br><br>Service gaps:<br>• The King County Criminal Justice Continuum of Care Work Group identified gaps in human services to clients involved in the criminal justice system in assessment, treatment, case management, and coordination<br>• Factors in Multnomah (OR) and Broward (FL) counties effective in their programs for criminal justice-involved populations with mental illnesses and chemical dependency. | Housing Voucher<br>• Contract with housing and case management provider<br>• Referrals from specialty drug and mental health courts<br><br>Methadone Voucher<br>• Contracts with two methadone agencies<br>• Referrals from Needle Exchange, Jail Health Services<br><br>Mental health voucher<br>• Contracts with six mental health agencies<br>• Referrals by CJ Liaisons non-specialty court clients with major mental illnesses<br><br>COD program<br>• Contracts with 2 COD treatment agencies<br>• Referrals from specialty drug and mental health courts<br><br>CJ Liaisons<br>• Contract with one agency to provide staff at both jails and CCAP | Housing Voucher<br>Intake, 6-months of housing, case management to obtain permanent housing, and assistance with entitlements.<br><br>Methadone Voucher<br>Intake, 9-months of methadone treatment, counseling, supportive services<br><br>Mental health voucher<br>Intake, 6-month mental health treatment (except medications), intensive first 3-months, supportive services<br><br>COD program<br>Intake prior to client release from jail, 12-months of integrated mental health and chemical dependency treatment, housing, case management, help with entitlements, employment<br><br>CJ Liaisons<br>Assessment, discharge planning, referrals to services and mental health vouchers; support to engage CCAP clients | Housing Voucher<br>• Criminal history, lack of rent history, behaviors, substance use, greatly limited housing options<br>• Delays initial housing placements led to purchase of dedicated beds.<br>• Difficulty keeping staffing levels<br><br>Methadone<br>• Confusion regarding relationship of TXIX funding to voucher<br>• Few TXIX slots<br>• Methadone maintenance is best provide long-term, so termination after 9 mos. may impede recovery<br><br>Mental health voucher<br>• Due to receipt of a similar grant by the DMHC, in November of 2003 the referrals for mental health vouchers shifted from the DMHC to non-specialty courts via the CJ liaisons, reducing court leverage on the clients to engage in treatment<br><br>COD program<br>• Lack of clarity re: clients who opt in, then out of specialty courts<br>• Some housing was inadequately provided at low-rent hotels<br>• Staff and director turnover at one agency at initiation of program<br><br>CJ Liaisons<br>• Lack of role clarity in relationship to Jail Health Service and drug and mental health court liaisons<br>• Jail Health Service restructuring and changing roles | Do participants show reductions in criminal activity, use of jail, substance use and mental health symptoms?<br><br>Do homeless participants gain housing stability?<br><br>Do participants increase productive community functioning and employment?<br><br>Do participants self-report positive impacts of the programs?<br><br>Are processes for linking to treatment and entitlements improved?<br><br>Do courts have improved information regarding risk, mental illness and substance use for placement decisions?<br><br>Are relevant staff knowledgeable regarding CJ program and legal processes? | Reduced jail average daily population, reduced cost for King County Department of Adult and Juvenile Detention.<br><br>Strengthening of coordination and cooperation between service providers, specialty and non-specialty courts, and Jail Health Services regarding the CJI client population<br><br>Improved capacity of community agencies to provide integrated chemical dependency and mental health services as well as housing<br><br>King County contributes to best practices for innovative programs. |

| Assumptions | Inputs | Activities | External and unanticipated factors | Outcomes | Impacts |
|---|---|---|---|---|---|
| Known features of effective programs for non-violent misdemeanants[1-7]:<br>• integrated housing, mental health, and chemical dependency services,<br>• involving key stakeholders from these agencies early in the planning process,<br>• "boundary spanners" between criminal justice, mental health and chemical dependency treatment fields,<br>• screening that happens as early as possible in an individual's contact with the CJ system,<br>• dedicated case managers who understand both the CJ and mental health and chemical dependency treatment systems,<br>• cross-agency collaboration and training across the CJ, mental health and chemical dependency disciplines and<br>• designated case management for pre-release planning that includes reinstatement of government benefits.<br>• sustained case management and housing resulted in positive outcomes for women in YWCA Women out of Corrections program<br>• methadone significantly reduces illicit opiate drug use and crime, and enhances social productivity. | DSHS and ADATSA application workers<br>• Agreements with DSHS and KC Assessment Center for two FTEs<br><br>Intensive Outpatient CD Treatment at CCAP<br>• Contract with community CD treatment agency for treatment at CCAP<br>• Referrals for individuals court-ordered to CCAP for at least 30 days<br><br>Cross-systems training<br>• Training consultant<br>• Training by staff from the King County Office of the Public Defender, Prosecutor's Office, and CJI Project Manager<br><br>In-jail assessment<br>• .5 FTE to develop in-jail assessment to support decisions for placement in jail alternatives<br><br>Project Management and Evaluation<br>• Project Manager<br>• .5 Program Evaluator<br>• .5 Research Assistant | DSHS and ADATSA Application workers<br>Assistance with applications for benefits (e.g., Medicaid, SSI<br><br>Intensive Outpatient CD Treatment at CCAP<br>Intake, 90-days of outpatient chemical dependency treatment at CCAP; 9 hours/week of group CD treatment, discharge planning<br><br>Cross-system training<br>Cross-systems training to service providers, overview of CJI, court processes. Nine trainings, 3 videotapes recorded for dissemination<br><br>In-jail assessment<br>Now combined with Intake Services Workgroup<br><br>Project Management and Evaluation<br>Contract management, program evaluation, stakeholder facilitation and coordination | DSHS and ADATSA Application workers<br>• Late hiring of ADATSA and DSHS application workers<br><br>Cross-system training<br>Difficulty executing contract for consultant trainer<br>Challenges to identify all appropriate audiences<br><br>In-jail assessment<br>New HIPAA compliance issues affected ability of Jail Health Service to make provide information to courts and CJ liaisons<br><br>Project Management and Evaluation<br>Resignation of Jim Harms, a Program Analyst for DAJD, has increased the data collection burden on the jail. | Has King County jail's average daily population of individuals with mental illnesses or chemical dependency been reduced? | |

[1]Borum, R. (1999). *Jail Diversion Strategies for Misdemeanor Offenders with Mental Illness Preliminary Report.* Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, Florida..
[2] Barr, H. (1999). Prisons and Jail: Hospitals of Last Resort: The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York. http://www.soros.org/crime/MIReport.htm
[3] Moreno, K. & Sobel, L. (2000). California's Mentally Ill Offender Crime Reduction Grant: Reducing Recidivism by Improving Care
[4] Bazelon Center for Mental Health Law. (2004). Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules
[5] National GAINS Center for People with Co-Occurring Disorders in the Criminal Justice System. (2001). Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders. Fact Sheet Series: Delmar, NY: The National GAINS Center.
[6]Vanzo, P. (2003) Preliminary Assessment: YWCA WOC Case Management Project, February 1, 2002 through January 31, 2003.
[7] National Institutes of Health, *Effective Medical Treatment of Heroin Addiction: NIH Consensus Statement 1997.* November 17-19, 1997 15(6).

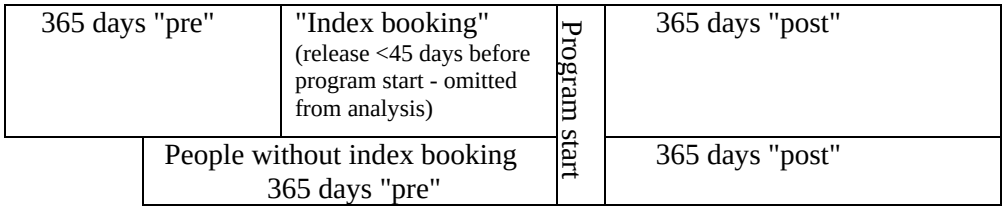
## Appendix B

### Jail Utilization Technical Information and Comparison Group Analyses

This appendix first details analysis strategies used for examining changes in jail bookings and jail days over time, comparing the year prior to program entry with the year following program entry. The second section describes comparison groups used for jail utilization analyses and results of those analyses.

1. Technical information regarding jail utilization analysis

Jail utilization prior to and following program entry was analyzed using the timeframes depicted in the figure below. "Index bookings," that launched participants into CJI programs were omitted from analyses so as not to unfairly bias results in favor of reductions in jail utilization.




The following rules were used in determining which jail bookings and days fell into the 365 days "pre" and "post" periods:

a. Jail days that extended beyond 365 days after the CJI program start date ("post-365 days") were omitted from analysis, even if they were associated with a booking that is within "post-365 days".
b. If jail days associated with a booking that began prior to the CJI program start date extended after the CJI program start date, the CJI program start date was moved ahead. Individuals started with a "clean slate".
c. Jail days within 365 days prior to the CJI program start date (or index booking - see #4) were considered "pre-365 days". Jail bookings that begin prior to "pre-365 days" but with days extending into "pre-365 days" were retained for analysis. Days associated with these bookings that were within "pre-365 days" were also retained; days before "pre-365 days" were omitted.
d. Jail bookings that immediately preceded CJI program start dates were considered "index" bookings and were omitted (censored) from analysis. Index bookings were defined as a booking with release date <45 days prior to CJI program start date.
e. Jail analyses used unduplicated people. If a person entered a program more than once within the evaluation period, the first admission was used.

2. Comparison group analyses

Results of comparison group analyses are presented for each CJI treatment program below.

Definition overview

Comparison group analyses for each CJI service program are described below. Comparison groups were included in analyses to determine whether program participants improve at the same or greater rate than comparable individuals.

Historical and concurrent comparison groups were analyzed for each program. Concurrent comparison groups were identified by referral sources during the same time period as participants were identified; while historic comparisons were identified during the prior year. To maximize comparability, comparison group members were selected from the same referral sources as participant groups (e.g., specialty courts, Needle Exchange program) and have comparable characteristics to participant groups (e.g., homelessness, co-occurring disorders).

Interpretation caveats

While the strategy of selecting based on referral source and characteristics assured certain aspects of comparability, it may have compromised others, particularly for analyses using concurrent comparison groups. For these analyses, there is some question as to why some individuals were referred to CJI programs and others were not. Anecdotal information suggests that specialty courts may have selected particularly challenging individuals and those who had failed other programs to participate in CJI programs. If this is true, comparability is seriously compromised. This potential problem is not at issue for analyses with historic comparison groups as these individuals were identified by referral sources before CJI programs were implemented.

It is noteworthy that many comparison group members were provided very similar treatment to participants. For example, participants ***and*** comparison group members referred from specialty courts (i.e., for COD and housing voucher programs) were all required to participate in treatment by virtue of their court involvement. Many Needle Exchange comparison group members also were provided treatment through other voucher programs -- the same treatment at the same agencies as participants.

Taking these caveats together, one can see that the comparison groups set a very "high bar" for program participant outcomes to surmount. If CJI programs showed stronger outcomes than comparison groups, it would strongly suggest that the programs provided programming that was more effective than other community-based treatment for these target populations. However, if CJI programs did not show significantly stronger outcomes than comparison groups one could conclude that that CJI programs simply provided increased access to similar (and similarly-effective) programs. If CJI programs showed weaker outcomes than comparison groups, it could be that the comparison groups were not truly comparable

3. Co-Occurring Disorder Treatment Program

Comparison group definition: Comparison group members for the COD program were individuals who opted-in to the specialty drug and mental health courts during the same period as the program participants (concurrent comparison) or during the year prior to program initiation (historic comparison). Comparison group members were identified by the specialty courts as having COD problems. By virtue of opting into a specialty court, these individuals were enrolled in treatment. Anecdotal reports suggested that individuals with the most challenging problems were selected to participate in the COD program. Thus, the COD participants might have been expected to have weaker outcomes than comparison group members.

The table below shows that COD program participants and one of the comparison groups in the first six-month cohort significantly reduced the number of jail bookings subsequent to program participation (or opt-in for comparison groups). Jail days increased slightly for participants and more notably for comparison group members. Bookings per days "at-risk" (i.e., not in jail) decreased but not significantly. COD program participants had significantly more jail bookings than comparison group members at program entry (Kruskal-Wallis non-parametric $X^2=27.8$, df=2, $p<.01$).

Table 1. COD program change in average jail bookings and days with comparison groups

| Outcome indicator | N | First six-month cohort | |
|---|---|---|---|
| Jail bookings (average) | | Pre 365 days | Post 365 days |
| -participants | 61 | 3.5 (SD=2.3) | 2.7 (SD=2.1)* |
| -concurrent comparison group | 87 | 2.1 (SD=2.5) | 1.5 (SD=1.9)* |
| -historic comparison group | 140 | 1.9 (SD=1.9) | 1.7 (SD=2.1) |
| Jail days (average) | | | |
| -participants | 61 | 52.1 (SD=54.4) | 59.6 (SD=61.2) |
| -concurrent comparison group | 87 | 25.6 (SD=43.2) | 33.6 (SD=47.8)* |
| -historic comparison group | 140 | 28.7 (SD=41.6) | 36.4 (SD=59.4) |
| Bookings per days "at-risk" # bookings/(non-jail days/30) | | | |
| -participants | 61 | .37 (SD=.29) | .31 (SD=.30) |
| -concurrent comparison group | 87 | .22 (SD=.39) | .16 (SD=.26) |
| -historic comparison group | 140 | .18 (SD=.19) | .19 (SD=.31) |

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

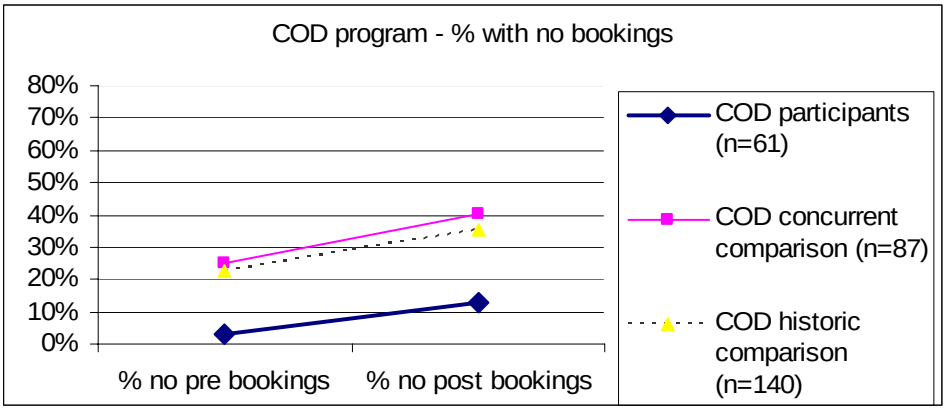
The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 59% of program participants reduced bookings, a higher proportion than that of comparison groups.

Table 2. COD program proportions increasing and decreasing jail bookings with comparison groups

| Group | N | Increased bookings | No pre or post bookings | Same # of pre and post bookings | Reduced bookings |
|---|---|---|---|---|---|
| -participants | 61 | 21 (34%) | 0 (0%) | 4 (7%) | 36 (59%) |
| -concurrent comparison group | 87 | 20 (23%) | 12 (14%) | 15 (17%) | 40 (46%) |
| -historic comparison group | 140 | 41 (29%) | 20 (14%) | 25 (18%) | 54 (39%) |

The graph below shows the proportion of people who had no bookings during the pre-365 day period compared with the post-365 days after program participation (or opt-in for comparison groups). Both participants and comparison groups increased the proportion of individuals with no bookings.

Figure 1 COD program – change in percentage with no bookings



Jail recidivism

The table below shows jail recidivism analyses. Most the participants and comparison group members had a jail booking within the year following program entry (or opt-in for comparison groups). Some participants had no recent prior booking. Recidivism rates are similar for those with an "index booking" (a booking with release date within 45 days of program start or opt-in), and those with any "pre" period booking. In all analyses, participants had somewhat higher recidivism than comparison group members.

Table 3. COD program jail booking recidivism with comparison groups

| Group | Total in cohort | 1-year recidivism for total in cohort[1] | People with "index" booking | 1- year recidivism for people with "index" booking | People with any "pre"-booking[2] | 1-year recidivism for people with any "pre" booking[3] |
|---|---|---|---|---|---|---|
| -participants | 61 | 53 (87%) | 54 | 47 (87%) | 59 | 51 (86%) |
| -concurrent comparison | 87 | 52 (60%) | 55 | 36 (65%) | 65 | 41 (63%) |
| -historic comparison | 140 | 90 (64%) | 103 | 72 (70%) | 108 | 78 (72%) |

[1]May not have had any previous booking
[2]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.
[3]A "pre" period booking could occur up to 365 days prior to program start. As such, the period over which recidivism is examined can be up to 2 years for this analysis.

This program demonstrated higher recidivism than local and national jail recidivism rates, possibly due to courts selecting the most challenging individuals to participate in the program. For example, of all people booked within calendar year 2003 within the King County jail system (most of whom did not have complicating mental health and chemical dependency problems), 49% had another booking within 365 of their initial release date. Rates from the early 1990's in our jail system show one year recidivism at 69% for mentally ill offenders and 60% for non-mentally ill offenders (Harris and Koepsell, 1996). In other studies, one-year recidivism rates for people with mental illness range from 24% to 56% (Solomon & Draine, 2002; Ventura, Cassel, Jacoby, Huang, 1998).

Overall, the COD program showed a significant impact on reducing jail utilization for participants. However, there are mixed findings with regarding to comparison group analyses. Comparison groups had lower recidivism; however a greater proportion of participants reduced bookings. Interpretations of these finding should be made with caution. Comparison group members had significantly lower jail utilization at baseline, and as noted, participants may have been among the most challenging cases. Thus, it is difficult to determine how well the COD program performed relative to treatment provided to the comparison groups. It could have performed comparably, but for a more complex and challenging population.

4. Mental Health Voucher Program

Comparison group definition: Comparison group members for the mental health voucher program were individuals who either opted-in to a specialty mental health court or had a jail booking with psych flag or psych unit flag between 7/6/02 and 3/13/04 (concurrent comparison) or 7/6/01 and 3/13/03 (historic). These date ranges were derived from the date range the program participants entered the program (range 308 days either side of median 5/10/03). Some of these individuals may have received treatment following release.

The table below shows that jail utilization of mental health voucher participants remained the same from the "pre" to the "post period. One comparison group showed no change and the other increased bookings. Bookings per days "at-risk" (i.e., not in jail) paralleled these findings. Jail days increased markedly (though non-significantly) for the participants and showed little change for comparison groups.

Table 4. Mental health voucher program change in average jail bookings and days with comparison groups

| Outcome indicator | N | First six months | |
|---|---|---|---|
| Jail bookings (average) | | Pre 365 days | Post 365 days |
| -participants | 10 | 1.3 (SD=1.3) | 1.5 (SD=2.8) |
| -concurrent comparison group | 136 | 1.7 (SD=1.9) | 1.1 (SD=1.6)* |
| -historic comparison group | 191 | 1.6 (SD=1.8) | 1.8 (SD=2.2) |
| Jail days (average) | | | |
| -participants | 10 | 19.9 (SD=35.8) | 58.4 (SD=95.3) |
| -concurrent comparison group | 136 | 32.7 (SD=50.7) | 22.6 (SD=41.9)* |
| -historic comparison group | 191 | 36.2 (SD=59.7) | 35.6 (SD=52.5) |
| Bookings per days "at-risk" # bookings/(non-jail days/30) | | | |
| -participants | 10 | .17 (SD=.15) | .29 (SD=.63) |
| -concurrent comparison group | 136 | .17 (SD=.22) | .12 (SD=.20)* |
| -historic comparison group | 191 | .20 (SD=.32) | .20 (SD=.28) |

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

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry.

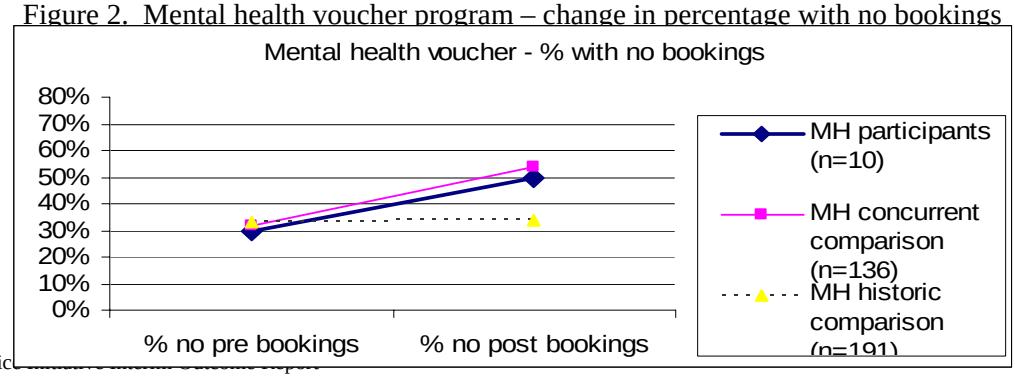
The table shows that 30% of program participants had reduced bookings, a slightly lower rate than for the two comparison groups.

Table 5. Mental health voucher program proportions increasing and decreasing jail bookings with comparison groups

| Group | N | Increased bookings | No "pre" or "post" bookings | Same # of "pre" and "post" bookings | Reduced bookings |
|---|---|---|---|---|---|
| -participants | 10 | 2 (20%) | 2 (20%) | 3 (30%) | 3 (30%) |
| -concurrent comparison group | 136 | 19 (14%) | 36 (26%) | 23 (17%) | 58 (43%) |
| -historic comparison group | 191 | 77 (40%) | 23 (12%) | 17 (9%) | 74 (39%) |

The graph below shows the proportion of people who had no bookings prior to and after program entry. Consistent with results shown above, participants and the concurrent comparison group increased the proportion of individuals with no bookings, while the historic comparison group decreased.

Figure 2. Mental health voucher program – change in percentage with no bookings



Jail recidivism

The table below shows jail recidivism analyses. Half of the participant group had a jail booking within the year following program entry. The proportion of participants who returned to jail within one year was similar to that for comparison group members. Some participants had no recent prior ("index") booking. "Index bookings" were not relevant for comparison group members who were given arbitrary program start dates.

Table 6. Mental health voucher program jail booking recidivism with comparison groups

| Group | Total in cohort | 1-year recidivism for total in cohort[1] | People with "index" booking[2] | 1-year recidivism for people with an "index" booking | People with any "pre" booking[2] | 1-year recidivism for people with any "pre" booking[3] |
|---|---|---|---|---|---|---|
| -participants | 10 | 5 (50%) | 5 | 3 (60%) | 7 | 4 (57%) |
| -concurrent comparison | 136 | 63 (46%) | N/A | N/A | 93 | 56 (60%) |
| -historic comparison group | 191 | 126 (66%) | N/A | N/A | 128 | 81 (67%) |

[1]Index booking is not relevant for mental health voucher comparison groups - they were given an arbitrary program start date
[2]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.
[3]A "pre" period booking could occur up to 365 days prior to program start. As such, the period over which recidivism is examined can be up to 2 years for this analysis.

The mental health voucher program showed mixed jail utilization results. Participants showed no overall average reduction in bookings; however 3 of the 10 participants did reduce the number of bookings. One comparison group showed reductions in the bookings, the other did not. One-year recidivism rates for participants were similar to recidivism rates for comparison groups. However, a larger sample size will be needed to draw firm conclusions.

It should be noted that comparison group members may or may not receive any treatment. Results suggested that participants receiving treatment vouchers may have had lower subsequent jail utilization (recidivism) than groups not consistently provided treatment access. These findings were consistent with the goal of the voucher program, which was to increase access to treatment. The treatment provided wes generally no different than usual community mental health care.

5. Methadone voucher

Comparison group definition: The concurrent and historic comparison groups for the methadone program were individuals who entered the Needle Exchange program during the time period range, or one year before, the program participants, respectively. Comparison group members' start dates were defined as the median length of time between Needle Exchange entry and methadone treatment entry for program participants added to the comparison group members' Needle Exchange entry date. Many comparison group members obtained the same type of treatment from the same agencies as the participant group.

Change in jail bookings and days

The table below shows that methadone voucher program participants showed little change in jail bookings, jail days, and bookings per days "at-risk" (i.e., not in jail). The same was true for the historic comparison group, however, the concurrent comparison group showed reduced bookings and jail days.

Table 7. Methadone voucher program change in average jail bookings and days with comparison groups

| Outcome indicator | N | First six months | |
|---|---|---|---|
| Jail bookings (average) | | Pre-365 days | Post-365 days |
| -participants | 106 | 1.0 (SD=1.2) | 1.2 (SD=1.7) |
| -concurrent comparison group | 292 | 1.0 (SD=1.5) | .6 (SD= 1.2)* |
| -historic comparison group | 208 | 1.0 (SD=1.4) | 1.1 (SD=1.7) |
| Jail days (average) | | | |
| -participants | 106 | 12.3 (SD=20.8) | 16.3 (SD=28.1) |
| -concurrent comparison group | 292 | 16.2 (SD=34.4) | 8.8 (SD=27.8)* |
| -historic comparison group | 208 | 18.3 (SD=38.2) | 16.8 (SD=35.4) |
| Bookings per days "at-risk" # bookings/(non-jail days/30) | | | |
| -participants | 106 | .09 (SD=.11) | .11 (SD=.16) |
| -concurrent comparison group | 292 | .09 (SD=.16) | .06 (SD=.13)* |
| -historic comparison group | 208 | .10 (SD=.15) | .11 (SD=.20) |

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

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry.

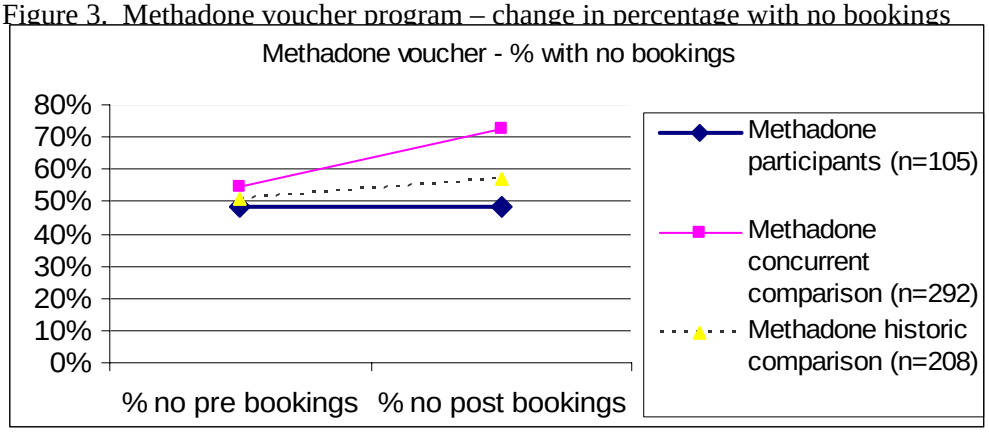
The table shows that 26% of program participants had reduced bookings, a rate between the comparison groups.

Table 8. Methadone voucher program proportions increasing and decreasing jail bookings with comparison groups

| Group | N | Increased bookings | No "pre" or "post" bookings | Same # of "pre" and "post" bookings | Reduced bookings |
|---|---|---|---|---|---|
| -participants | 106 | 31 (29%) | 41 (39%) | 6 (6%) | 28 (26%) |
| -concurrent comparison | 292 | 41 (14%) | 136 (47%) | 13 (4%) | 102 (35%) |
| -historic comparison group | 208 | 61 (29%) | 79 (38%) | 16 (8%) | 52 (25%) |

The graph below shows the proportion of people who had no bookings prior to and after program participation. Consistent with results shown above, participants and the historic comparison group show little change, while the concurrent comparison group increased the proportion of individuals with no bookings.

Figure 3. Methadone voucher program – change in percentage with no bookings



Jail recidivism

The table below shows jail recidivism analyses. About half of the participants and somewhat fewer comparison group members had a jail booking within the year following program entry. Some of these individuals had no recent prior booking. For those with an "index booking" or any "pre" period booking, recidivism rates were higher.

Table 9. Methadone program jail booking recidivism with comparison groups

| Group | Total in cohort | 1-year recidivism for total in cohort[1] | People with "index" booking | 1-year recidivism for people with an "index" booking | People with any "pre" booking[2] | 1-year recidivism for people with any "pre" booking[3] |
|---|---|---|---|---|---|---|
| -participants | 106 | 54 (51%) | 17 | 14 (82%) | 54 | 43 (80%) |
| -concurrent comparison | 292 | 80 (27%) | 52 | 30 (58%) | 133 | 57 (43%) |
| -historic comparison | 208 | 89 (43%) | 32 | 21 (66%) | 102 | 62 (61%) |

[1]May not have had any previous booking
[2]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.
[3]A "pre" period booking could occur up to 365 days prior to program start. As such, the period over which recidivism is examined can be up to 2 years for this analysis.

Overall, participants in the methadone voucher program showed little change in jail bookings or days, though a quarter of participants showed reduced jail bookings. Jail utilization also did not change for the historic comparison group; however the concurrent comparison group reduced jail use. One-year recidivism for comparison group members was somewhat lower than for participants.

Interpretations of these findings should be made with caution. People who had been on the Needle Exchange treatment wait-list the longest were selected to receive CJI treatment vouchers. It could be that this group is ineligible for other treatment programs due to particular challenges or clinical complexities. If so, the comparison group is not truly comparable, making determination of program performance difficult. It will be important to examine the performance of the methadone voucher program during the second six-month period, when participants were drawn from the jail rather than the Needle Exchange program.

6. Housing voucher

Comparison group definition: Comparison group members for the housing voucher program were individuals who opted-in to the specialty drug and mental health courts during the same period as the program participants (concurrent comparison) or during the year prior to program initiation (historic comparison). Like program participants, comparison group members were identified by the specialty courts as being homeless and having a chemical dependency problem. By virtue of opting into a specialty court, these individuals were enrolled into treatment.

Change in jail bookings and days

The table below shows that housing voucher participants and one comparison group significantly reduced the number of jail bookings subsequent to program participation (or opt-in for comparison groups) Jail days had a tendency to decline for participants and increase for comparison group members. Bookings per days "at-risk" (i.e., not in jail) decreased significantly for participants and not for comparison group members.

Table 10. Housing voucher program change in average jail bookings and days with comparison groups

| Outcome indicator | N | First six months | |
|---|---|---|---|
| Jail bookings (average) | | Pre-365 days | Post-365 days |
| -participants | 86 | 2.4 (SD=1.8) | 2.1 (SD=2.2)* |
| -concurrent comparison group | 35 | 2.6 (SD=2.4) | 1.9 (SD=2.4)* |
| -historic comparison group | 113 | 2.2 (SD=2.1) | 2.0 (SD=2.2) |
| Jail days (average) | | | |
| -participants | 86 | 51.2 (SD=57.8) | 37.8 (SD=48.5) |
| -concurrent comparison group | 35 | 31.3 (SD=44.9) | 40.7 (SD=59.8) |
| -historic comparison group | 113 | 33.2 (SD=46.2) | 53.4 (SD=72.7)* |
| Bookings per days "at-risk" # bookings/(non-jail days/30) | | | |
| -participants | 86 | .28 (SD=.31) | .22 (SD=.28)* |
| -concurrent comparison group | 35 | .26 (SD=.27) | .23 (SD=.37) |
| -historic comparison group | 113 | .22 (SD=.26) | .25 (SD=.34) |

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

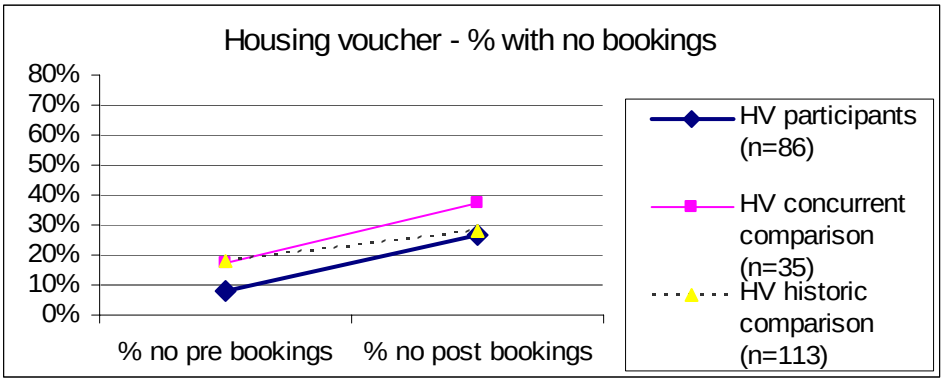
The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year prior to program entry with the year following program entry. The table shows that 47% of program participants reduced bookings, a rate between that for the comparison groups.

Table 11. Housing voucher program proportions increasing and decreasing jail bookings with comparison groups

| Group | N | Increased bookings | No "pre" or "post" bookings | Same # of "pre" and "post" bookings | Reduced bookings |
|---|---|---|---|---|---|
| -participants | 86 | 24 (28%) | 7 (7%) | 16 (19%) | 40 (47%) |
| -concurrent comparison | 35 | 6 (17%) | 4 (11%) | 6 (17%) | 19 (54%) |
| -historic comparison group | 113 | 37 (33%) | 10 (9%) | 23 (20%) | 43 (38%) |

The graph below shows the proportion of people who had no bookings prior to and after program participation (or opt-in for comparison groups). Consistent with results shown above, all groups increased the proportion of individuals with no bookings.

Figure 4. Housing voucher program – change in percentage with no bookings



Jail recidivism

The table below shows jail recidivism analyses. Over three-quarters of the participants had a jail booking within the year following program entry. Recidivism rates for comparison group members were similar.

Table 12. Housing voucher program jail booking recidivism with comparison groups

| Group | Total in cohort | 1-year recidivism for total in cohort[1] | People with "index" booking | 1-year recidivism for people with "index" booking | People with any "pre" booking[2] | 1-year recidivism for people with any "pre" booking[3] |
|---|---|---|---|---|---|---|
| -participants | 86 | 63 (73%) | 51 | 41 (80%) | 79 | 62 (78%) |
| -concurrent comparison | 35 | 22 (63%) | 29 | 19 (66%) | 29 | 19 (66%) |
| -historic comparison group | 113 | 81 (72%) | 89 | 68 (76%) | 93 | 71 (76%) |

[1]May not have had any previous booking
[2]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start.
[3]A "pre" period booking could occur up to 365 days prior to program start. As such, the period over which recidivism is examined can be up to 2 years for this analysis.

Overall, the housing voucher program showed a significant impact on reducing jail utilization for participants. However, participants did not consistently reduce utilization more than comparison groups. The proportions of individuals reducing jail bookings and one-year recidivism rates were similar between participants and comparison group members.

Comparison group members had somewhat lower jail utilization at baseline, supporting anecdotes that suggest that participants may have been among the most challenging cases seen by the specialty courts. Thus, it is difficult to determine how well the housing voucher program performed relative to treatment provided to the comparison groups. The program appears to have performed comparably, but for a more complex and challenging population.

**Appendix C**
**Predictors of Recidivism and Change in Jail Use**

## Predictors of recidivism and change in jail use

Regression models were developed for the following three outcomes taking all CJI program together:

change in jail days from pre to post (continuous)
change in jail episodes from pre to post (continuous)
recidivism (categorical)

The first step toward building the multivariate models was to examine the bivariate relationships of predictor variables to each of the dependent (outcome) variables.

The following categorical predictor variables were examined: gender, race (white/nonwhite), CJI program, cohort, homelessness at admission, mental health problem at admission, substance use at admission, and treatment completion. Three continuous predictor variables were examined: age, days in treatment, and treatment ratio (days in treatment/program designed length).

For categorical predictors and continuous dependent (outcome) variables, Mann-Whitney U and Median tests were run for each variable against each of the three outcomes. Spearman's rho correlations were measured for continuous predictors and all outcome variables. Chi square analyses were used for categorical predictors and the one categorical outcome of recidivism.

### The role of bookings for non-compliance offenses

A separate examination was conducted to determine whether bookings for non-compliance accounted for a substantial proportion of post-period bookings. . Non-compliance offenses were offenses for not complying with some type of court order from a prior offense. These prior offenses could have occurred before the CJI programs started and so bookings related to them could have "artificially" inflated the number of bookings during the post-CJI period. The analysis revealed that bookings for non-compliance offenses were not a notable proportion of either pre- or post-period bookings. Specifically, bookings for non-compliance accounted for 9.8% of all pre-period bookings and 9.4% of post-period bookings. Jail days related to non-compliance bookings were 16.0% of all pre-period days and 13.9% of post-period days. Indeed, while total jail days were slightly higher during the post period (26,445) compared with the pre period (23,843), jail days related to non-compliance dropped slightly from 3,760 to 3,617.

### Predictors of change in jail days

Race , cohort, chemical dependency problem at admission, and mental health problem at admission were not significantly related to change in jail days.

Gender, homelessness at admission, treatment completion and CJI program were significantly related to change in jail days at a trend level or better ($p<=.10$) using at least one of the non-parametric tests. Men showed an increase in jail days from pre to post, while women showed a decrease (Mann-Whitney test ($p = .04$; $z= 2.05$). Those who were homeless showed a smaller increase in jail days than those who were not ($p=.10$; chi-square = 2.704; df = 1). People who completed treatment showed a decrease in average jail days while non-completers showed an increase (Mann-Whitney U - $p=.007$; $Z=-2.721$; Median - $p<.0001$;chi-square = 18.003; df = 1).

CJI program was significantly related to change in jail days (Kruskal-Wallis ANOVA - p = .036; chi-square = 10.26, df=4). The CCAP IOP showed a large increase in jail days from pre to post, while the COD program and mental health and methadone voucher programs showed moderate increases and the housing voucher program showed a moderate decline.

Correlations between age, treatment ratio, treatment days and change in jail days were significant, but weak (r=-.07 to -.13). As age increased, the amount of jail days during the post-period - relative to the pre-period - declined. The oldest group used fewer jail days during the post period relative to the pre period while other groups did not. Likewise, as treatment days and treatment ratio increases, the amount of jail days during the post-period - relative to the pre-period – declined.

**Predictors of change in jail episodes**

Race, gender, cohort, homelessness, having a chemical dependency problem and having a mental health problem at admission were not related to change in jail episodes.

Treatment completion and CJI program were significantly related to change in jail episodes at a trend level or better ($p<=.10$) using at least one of the non-parametric tests. Treatment completers showed a larger decline in jail episodes than did non-completers, with $p<.05$ on both tests (Mann-Whitney – p= .032, Z= 2.141; $p<.0001$; Median test - $p<.0001$,chi-square = 15.999, df = 1 ). Using the Kruskal-Wallis test, CJI program was found to significantly influence change in jail episodes (p=.056; chi-square = 9.22; df = 4). All programs showed a decline in jail episodes, however, those in the COD program showed the strongest decline and those in the mental health voucher program the weakest.

Correlations between age, treatment ratio, treatment days and change in jail episodes showed statistically significant, but very weak (r=-.03 to -.09) relationships. As age and days of treatment increased, the amount of reduction in jail episodes from the pre-period to post-period tended to increase.

**Predictors of recidivism**

Gender, race, cohort, chemical dependency problem at admission and mental health problem at admission were not related to recividism.

Homelessness at admission, CJI program, treatment completion, age, treatment days, and treatment ratio were significantly related to recidivism. Specifically, recidivism was more likely for participants who: were homeless at admission ($p <.001$; chi-square =23.8; df=1), were in the COD and Housing voucher programs ($p < .0001$ chi-square = 24.1, df=4), were younger (Mann Whitney - p = .001, Z=-3.444; Median test - p = .027; chi-square = 5.31, d.f. = 1), did not complete treatment ($p < .0001$ chi-square = 41.8; df=1**),** had fewer treatment days (Mann Whitney - $p < .001$; Z=-5.941; Median test - $p<.001$, chi-square = 18.48, d.f. = 1), and a smaller treatment ratio (Mann Whitney – $p < .001$; Z=-7.262; Median test - $p<.001$, chi-square = 47.02, d.f. = 1).

**Multivariate model of predictors of recidivism**

Multivariate analyses are generally conducted to show the relationship of a set of predictor variables, in the presence of each other, to outcome variables. Such analyses take into account the interrelationships of predictor variables when determining the strength of relationships between predictors and outcomes. Because so many of the CJI predictor variables were categorical (e.g., race, treatment completion, mental health or chemical dependency problems at admission), the best analytic approach was to use a logistic regression model. Logistic

regression, however, requires that the dependent (outcome) variable also be binary. Of the outcomes examined for the CJI, only recidivism -- whether a person had at least one jail booking in the post-program admission period -- was binary. The logistic regression analysis could not examine change in jail days or episodes. Consequently, results for the logistic model cannot be compared directly to the tests on change from pre to post.

The logistic regression for predicting recidivism utilized the same set of predictor variables as the bivariate analyses. Fitting a logistic model to the data, where outcome was 'booked during post' (1 = booked, else = 0) and the predictor variables described above, the model was significant ($X^2$=74.03 df=10, p=.001). However, the Nagelkerke $R^2$ was a modest .16 indicating that the model accounted for only 16% of the variability of, or reasons for, recidivism.

The model showed that gender, race, cohort, chemical dependency problem at admission, treatment days and treatment ratio were not related to recividism. Homelessness and having mental health problem at admission, age, and treatment completion had a significant effect on recidivism. Specifically,

- Being homeless nearly doubled (multiplier of 1.97 ) the odds of recidivism (having a booking during the post period), compared to being housed

- Those with mental health problem had 52.9%, slightly more than half, of the odds of recidivism during the post period than those without mental health problem

- Age had a strong effect on the likelihood of recidivism:
  Those age 18-29 had 2.3 times the odds of recidivism than did those age 50 and over.
  Those age 30-39 had 1.76 times the odds of recidivism than did those age 50 and over.
  Those age 40-49 had 1.77 times the odds of recidivism than did those age 50 and over.

- A treatment completer had 36% of the odds of recidivism than did a non-completer.

- Program had a strong effect on the likelihood of a post booking. Using the mental health voucher program as the arbitrary comparison, all but participants in the COD program had less chance of recidivism than participants in the mental health voucher program. Specifically, compared to the mental health voucher program:
  Those in the CCAP IOP program had 55.8% of the odds of recidivism
  Those in methadone program had 83.1% of the odds of recidivism
  Those in Housing voucher program had 86.9% of the odds of recidivism
  Those in COD program had 283% of the odds of recidivism

## Appendix D
## Relationship of Treatment Completion to Jail Outcomes

The Community Corrections Division evaluation (January, 2006) recommended that program evaluations include analysis of outcomes of those who complete the intervention compared to those who do not. This analysis demonstrates the impact of treatment dosage and retention on key outcomes. This analysis for the CJI is shown below, but it should be noted that people who complete treatment may differ from those who do not in important unmeasured ways, such as treatment motivation, suggesting caution when drawing conclusions from this type of analysis.

People who completed the CJI treatment dosage were defined as people who had remained in treatment for the maximum program length defined in contracts (i.e., 180 days for housing voucher, 365 days for the Co-Occurring Disorder [COD] treatment program, 270 days for methadone, 90 days for CCAP Intensive Outpatient treatment [IOP], 180 days for mental health voucher). This is a conservative definition, as a person could have a clinically adequate treatment dosage without reaching the maximum allowed treatment length.

Table 1 below shows those jail outcomes for those with completed treatment dosage compared with those who did not. Those with completed treatment dosage show a significant reduction in jail bookings and bookings per days at-risk, while those who do not complete treatment did not show such a reduction. Jail days were reduced for the completers (at trend level) and increased significantly for non-completers. A caveat is that the group who completed treatment had a lower average number of bookings in the "pre" period, suggesting that they were a somewhat less challenging group than those who were not retained in treatment.

Table 1. Jail outcomes for those who do and do not complete the recommended treatment dosage (n=610)

| Jail outcome indicator | Completed dosage | | Shorter treatment | |
|---|---|---|---|---|
| | Pre[1] | Post | Pre | Post |
| Jail bookings (average) | 1.9 (2.0) | 1.4 (2.0)* | 2.4 (2.1) | 2.2 (2.1) |
| Jail days (average) | 29.7 (44.9) | 25.3 (44.9)[4] | 41.2 (52.9) | 49.9 (61.6)* |
| Bookings/month "at-risk"[3] | .20 (.26) | .15 (.29)* | .26 (.28) | .26 (.32) |

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)
[1]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start
[2]Standard deviation shown in ( )
[3]Bookings/month "at-risk"= # of bookings/(non-jail days/30)
[4]Trend at p=.08

Table 2 below shows those jail outcomes for those with positive treatment dispositions compared with those with negative dispositions. A disposition was considered positive if: housing voucher resulted in permanent housing; COD, mental health voucher and CCAP IOP completed treatment/benefit period or was transferred to ongoing treatment; and methadone voucher completed treatment or transferred or was still in treatment. Negative dispositions included being lost to contact, withdrawing from treatment, incarceration, hospitalization, and death.

Table 2. Jail outcomes for those who do and do not have a positive treatment disposition (n=598[4])

| Jail outcome indicator | Positive d/c disposition[4] | | Negative d/c disposition | |
|---|---|---|---|---|
| | Pre[1] | Post | Pre | Post |
| Jail bookings (average) | 2.0 (1.9) | 1.3 (2.0)* | 2.4 (2.1) | 2.2 (2.1) |
| Jail days (average) | 30.3 (44.9) | 24.5 (44.7)* | 40.1 (52.7) | 48.9 (60.9)* |
| Bookings/month "at-risk"[3] | .20 (.24) | .14 (.27)* | .26 (.30) | .26 (.33) |

*statistically significant based on Wilcoxon Signed ranks test (non-parametric)
[1]"Pre" program bookings are bookings that occurred during the 365 days prior to an index booking. For individuals without index bookings, "pre" bookings are bookings within 365 days prior to program start
[2]Standard deviation shown in ( )
[3]Bookings/month "at-risk"= # of bookings/(non-jail days/30)
[4]There are 598 records rather than 610 as 12 clients had "unknown" listed as the discharge disposition in electronic records

Those who had a positive treatment disposition showed a significant reduction in jail bookings and bookings per days at-risk, and those with negative treatment dispositions did not show such a reduction. Jail days were reduced significantly for the completers and increased significantly for non-completers. Again, the group with positive dispositions had a lower average number of bookings in the "pre" period, suggesting that they were a somewhat less challenging group.

Table 3 below shows recidivism for individuals with and without a completed treatment dosage and positive discharge disposition. Recidivism was defined as having at least one jail booking in the year subsequent to program admission. Similar to previous analyses, the data show that recidivism was significantly lower for those who completed the recommended treatment dosage or had a positive discharge disposition. The recidivism rate for those who completed treatment was within the range of jail diversion programs reported elsewhere in the country, while the rate for non-completers was considerably above.

Table 3. Jail booking recidivism

| 1- year jail recidivism | Yes | | | No | | |
|---|---|---|---|---|---|---|
| (any post-period booking) | N | Recidivists | | N | Recidivists | |
| Completed treatment dosage? | 254 | 135 | 53% | 356 | 277 | 78%* |
| Positive d/c disposition? | 220 | 107 | 49% | 378 | 294 | 78%* |

*Chi-square significant at p<.05

Table 4 shows the number of jail days for CJI participants with and without a completed treatment dosage and positive discharge disposition. Those who completed treatment and those with positive discharge dispositions showed reductions in jail days, while those with shorter treatment or negative discharge dispositions increase jail days did not. Further, correlation analysis showed that length-of-treatment (days) was negatively and significantly associated with recidivism (r=-.20, p<.01) and positively and significantly associated with reduction in jail days (r=.11, p<.01).

Table 4. Jail day detail

| Jail day detail | Yes | | | No | | |
|---|---|---|---|---|---|---|
| | Pre | Post | Change | Pre | Post | Change |
| Completed treatment dosage? | 7,538 | 6,416 | -1,122 | 14,675 | 17,748 | +3,073 |
| Positive d/c disposition? | 6,665 | 5,337 | -1,328 | 15,152 | 18,479 | +3,327 |

**Summary:** ***Jail outcome data showed that the longer a person stayed in treatment, the greater their reduction in jail days and jail bookings.*** Those who completed the full treatment dosage used over 1,000 less jail days in the year following treatment admission relative to the year prior to admission. In contrast, those who did not

complete treatment used over 3,000 more jail days in the year following treatment admission. Similarly, those with positive discharge dispositions showed greater reductions in jail bookings, jail days and recidivism.

**Appendix E**
**Enhanced Screening and Assessment Process for Intake Services**
**2006 Data Summary**

## A. Background

The Intake Services Unit of the Community Corrections Division of King County's Department of Adult and Juvenile Detention employed Personal Recognizance Investigators (PRIs) to screen newly booked inmates and document reference and address information, review Failure to Appear histories and compliance with court orders, summarize the criminal record, identify substance abuse and/or mental health issues, and assess victim and community safety concerns. This information was used by the court system to assign counsel, make bail and release decisions, and to determine the appropriateness of referral to community alternatives to incarceration.

In 2005 the intake services interview process was enhanced based on a proposal by the King County Superior Court. The judiciary felt that community alternatives were being underutilized by detained felony arrestees and that more detailed information at pre-trial felony arraignment hearings was needed to permit judges to make the best possible decision about whether to keep a particular inmate incarcerated or, if not, into which community alternatives they might be safely released.

To meet the goals of increasing participation in community alternatives and to expedite the release of inmates who were neither a danger to the community nor a flight risk, additional screeners were hired and the inmate screening process was revamped. The new policy envisioned three tiers of evaluation, with the highest level reserved for those charged with felonies:

*Level 1 screening* identified basic demographic and financial information, criminal history, and frank evidence of active mental illness or substance abuse (grossly disorganized behavior or alcohol on breath, etc.). Level 1 screening was provided without further screening only for inmates deemed very unlikely to be eligible for pre-trial release (e.g., extensive criminal history, flight or safety risk, etc.) or those who refused further screening.

*Level 2 screening* was the standard level of screening and a Level 1 was only done in place of this for the reasons described above. About 97% of PRI screenings were Level 2, supporting the model that this was the standard screening level. Level 2 screening provides more detail regarding criminal history, community ties, homelessness, community safety risk, and risks for substance abuse relapse, etc. Level 2 was also the highest level of screening for non-felony detainees and Investigation matters.

*Level 3 screening* was added in order to achieve the goals set forth by the judiciary of increased utilization of community release options and improved decision making at the felony arraignment calendar based on specified criteria from the court. While PRIs were responsible for screening all eligible newly booked inmates at both the King County Correctional Facility and Kent's Regional Justice Center, Level 3 interviews were prioritized for individuals scheduled for felony arraignment in the Superior Court. Level 3 screening included basic assessment of mental health and substance abuse issues, a more detailed background check, and specific recommendations for community services. Persons who appeared to have mental health or substance abuse problems were 'flagged' to a specialist for further evaluation.

The time required for a Level 3 screening was sometimes as long as 3 1/2 hours, depending on the experience of the PRI and the complexity of the particular case, although the most experienced screeners completed a

straightforward Level 3 screening in under an hour. Owing to the considerable workload involved (the King County Correctional Facility and the Regional Justice Center in Kent processed in excess of 60,000 bookings a year, with an average of 160 new inmates booked each day. Prioritized screening by PRI staff results in an average of 21,000 Level 2 or higher interviews a year) it was invariably necessary for PRIs to prioritize their time, interviewing inmates with a greater likelihood of release first and seeing those least likely to be released as time permitted.

After screening, inmates faced several possible dispositions: continued detention with subsequent court appearances or release on their own recognizance (either court-ordered, or authorized by Intake Service staff using sharply delineated criteria). PRI's provided information that was used by the court when making decisions regarding community programming placements. The Community Corrections Division (CCD) provided this programming, and CCD community alternatives to incarceration included: Electronic Home Detention (EHD), Work/Education Release (WER), the Community Work Program, the Helping Hands Program, and the Community Center for Alternative Programs (CCAP).

This report examines data collected over calendar year 2006 from the redesigned Intake Services system. The data specifically examined King County Correctional Facility and Regional Justice Center inmates scheduled for felony arraignment in the Superior Court. Basic demographic data was available for those screened at Level 1 or 2, while analysis of Level 3 data includes descriptive information regarding demographic characteristics, charge type, presence of mental health and chemical dependency "flags" and release disposition. Exploratory analysis also examined the relationship of the likelihood of being released to demographic characteristics, charge type, or presence of mental health or chemical dependency problems.

## B. Level 1 and 2 Screenings

This section provides information about all those persons booked at the King County Correctional Facility or Regional Justice Center in 2006 who were charged with felonies and so were potentially eligible for Level 3 screening interviews based on being on the Superior Court Arraignment calendar. These data do not reflect the other screenings conducted by PRI staff.

| | |
|---|---|
| Total Number of Individuals Potentially Available for L3 Screening: | **N = 3515** |
| Total L3 Interviews Completed: | **N = 457** |
| Non-L3 (3515 total *minus* 457 L3 interviewees.): | **N = 3058** |

A third (33%) of those who did not proceed to a Level 3 interview were perceived as dangers to the community or flight risks and another 34% were subject to a judicial hold, such as an outstanding warrant. In these cases the Personal Recognizance Screeners 'triaged' the inmate and did not offer an L3 interview based on the inmate's low likelihood of pre-trial release. Triaging was necessary given the impossibility of completing Level 3 interviews on all felony bookings given the time allowed and the staffing available. Other reasons inmates did not complete an L3 interview included referral to drug court or refusal to cooperate.

Table 1. Reasons that individuals screened did not proceed to Level 3 assessment

| Reasons | N | % |
|---|---|---|
| History of violence of failure to appear at court proceedings | 868 | 28% |
| Department of Corrections hold | 283 | 9% |
| Pending felony warrant | 260 | 9% |
| Fast Track for Trial | 230 | 8% |
| Index charge is Class A felony | 161 | 5% |
| Active warrant | 146 | 5% |
| Judicial hold from outside county | 118 | 4% |
| Probation violation | 107 | 4% |
| Serving another sentence | 96 | 3% |
| Refused interview | 56 | 2% |
| Drug court | 28 | 1% |
| Federal charge/hold | 28 | % |
| Fugitive warrant | 10 | <1% |
| Backlog - had already been to court when PRI approached them | 520 | 17% |
| Other | 147 | 5% |
| Total | 3058 | 100% |

## C Level 3 Data

Level 3 assessments were conducted for 457 unique inmates. Individuals receiving a L3 assessment were coded with brief demographic data, including gender, ethnicity, charge type, mental health and chemical dependency 'flags,' and release disposition. Detailed analysis of this group appears in the following tables.

The tables show that individuals receiving Level 3 screening were predominantly male, about half ethnic minority, and about half young adult (<age 30). These proportions are very similar to those of the general jail population.

1. Demographic information

Table 2: Gender of inmates receiving L3 assessment

| Gender | N | % |
|---|---|---|
| Male | 365 | 80% |
| Female | 92 | 20% |
| Total | 457 | 100% |

Table 3. Ethnicity of inmates receiving L3 assessment

| Ethnicity | N | % |
|---|---|---|
| Caucasian | 253 | 55% |
| African-American | 142 | 31% |
| Asian | 29 | 6% |
| Hispanic | 25 | 5% |
| Native American | 8 | 2% |
| Total | 457 | 100% |

Table 4. Age of inmates receiving L3 assessment

| Age | N | % |
|---|---|---|
| Under 20 (includes 6 juveniles) | 36 | 8% |
| 20 to 29 | 179 | 39% |
| 30 to 39 | 123 | 27% |
| 40 to 49 | 86 | 19% |
| 50 and older | 33 | 7% |
| Total | 457 | 100% |

2. Mental health and Chemical dependency "flags"

Level 3 interviewees could be assigned special 'flags' for having a mental health or chemical dependency problem or having a dual diagnosis (both mental health and chemical dependency). Of the 457 individuals receiving a Level 3 assessment, 33% (N = 151) were flagged as having a mental health or chemical dependency problem or a dual diagnosis.

3. Release disposition

Out of 457 Level 3 interviewees, about half (54%) remained incarcerated with the balance either placed in CCD programming or released on their own recognizance.

Table 5: Release dispositions of individuals receiving L3 assessments

| Disposition | N | % |
|---|---|---|
| Remained incarcerated | 246 | 54% |
| Placed with Community Corrections Division | 129 | 28% |
| Released on own recognizance | 82 | 18% |
| Total | 457 | 100% |

4. Charge type

Charge information was available for individuals who received a Level 3 screening. Broadly speaking, property crimes accounted for the largest number of charges at 45% of the total, followed by violent offenses at 32%.

Violent offenses:
Total: **32%** (N = 145)
- Assault: 79
- Robbery: 37
- Harassment: 16 ('unwanted contact' without injury)
- Kidnapping: 3
- Vehicular Assault: 4
- Intimidation of a Witness: 2
- Intimidation of a Public Servant: 1
- Vehicular Homicide: 1
- Drive by Shooting: 1
- Hit and Run: 1

Property offenses:
Total: **45%** (N = 205)
- Theft: 50
- Burglary: 45
- Possession of Stolen Property: 38
- Auto Theft: 27
- Forgery: 14
- Malicious Mischief: 11
- Trafficking in Stolen Property: 9
- Identify Theft: 9
- Bad Checks: 1
- Arson: 1

Sexual crimes:
Total: **8.3%** (N = 38)
- Failure to Register as Sexual Offender: 23
- Rape of a Child: 5
- Indecent Liberties with a Minor: 2
- Child Molestation: 2
- Possession of Child Pornography: 2
- Rape: 1
- Promoting Prostitution: 1
- Indecent Exposure: 1
- Luring a Minor or Disabled Person: 1

Drug violations:
Total: **4.8%** (N = 22)
Violation of Uniform Controlled Substance Act (unspecified): 22

Miscellaneous offenses:
Total: **10%** (N = 47)
- Violating a Court Order: 21
- Felon in Possession of a Firearm: 13
- Eluding: 6
- Phone Harassment: 3
- Perjury: 2
- Stalking: 1
- Escape: 1

## D. Factors associated with release to the community

Of individuals receiving a Level 3 assessment, an analysis was done to determine whether an individual's likelihood of being released was significantly associated with their gender, age, ethnicity, charge type, or presence of a mental health, chemical dependency, or co-occurring disorders flag. Note that power analyses were not conducted for these analyses, so results should be viewed with caution when cell sizes are below 30.

Table 6. Relationship between gender and release disposition for those receiving Level 3 assessment (n= 457)

| Gender | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Ordered to Community Corrections or Released on Personal Recognizance | 174 | 48% | 37 | 40% | 211 | 46% |
| Remained Incarcerated | 191 | 52% | 55 | 60% | 246 | 54% |
| Total | 365 | 100% | 92 | 100% | 457 | 100% |

Chi-square analysis was not statistically significant, suggesting that gender was not associated with release disposition.

Table 7. Relationship between age and release disposition for those receiving Level 3 assessment (n=457)

| Age | Under 20 yrs | | 20-29 yrs | | 30-39 yrs | | 40-49 yrs | | 50+ yrs | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Community | 21 | 58% | 84 | 47% | 51 | 41% | 42 | 49% | 13 | 39% | 211 | 46% |
| Incarcerated | 15 | 42% | 95 | 53% | 72 | 59% | 44 | 51% | 20 | 61% | 246 | 54% |
| Total | 36 | 100% | 179 | 100% | 123 | 100% | 86 | 100% | 33 | 100% | 457 | 100% |

Chi-Square analysis was not statistically significant, suggesting that age was not associated with release disposition.

Table 8. Relationship between ethnicity and release disposition for those receiving Level 3 assessment (n=457)

| Ethnicity | Caucasian | | African American | | Asian American | | Hispanic/ Latino | | Native American | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Community | 134 | 53% | 59 | 41% | 8 | 28% | 8 | 32% | 2 | 25% | 211 | 46% |
| Incarcerated | 119 | 47% | 83 | 59% | 21 | 72% | 17 | 68% | 6 | 75% | 246 | 54% |
| Total | 253 | 100% | 142 | 100% | 29 | 100% | 25 | 100% | 8 | 100% | 457 | 100% |

Chi Square analysis was statistically significant ($p \leq 0.01$), suggesting that ethnicity was associated with the decision to release an inmate, with all non-Caucasian groups less likely to be released than Caucasians. It should be noted, however, that the relationship of ethnicity to release disposition may have been in turn related to (or confounded by) other measured or unmeasured variables (e.g., charged offense) that were stronger predictors of release disposition. This hypothesis is partially tested and shown in Table 11 below.

Table 9. Relationship between mental health and chemical dependency flags and release disposition (n=457)

| Release disposition | With Flag | | No Flag | | Total | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Ordered to Community Corrections or Released on Personal Recognizance | 62 | 41% | 149 | 49% | 211 | 46% |
| Remained Incarcerated | 89 | 59% | 157 | 51% | 246 | 54% |
| Total | 151 | 100% | 306 | 100% | 457 | 100% |

Chi-Square analysis was not statistically significant, suggesting that the presence of a mental health, chemical dependency, or dual diagnosis flag was not associated with release disposition.

Table 10. Relationship between charge type and release disposition for those with Level 3 assessment (n=457)

| Release disposition | Property | | Violent | | Sexual | | Drug | | Miscellaneous | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Community | 112 | 55% | 54 | 37% | 16 | 42% | 15 | 68% | 14 | 30% | 211 | 46% |
| Incarcerated | 93 | 45% | 91 | 63% | 22 | 58% | 7 | 32% | 33 | 70% | 246 | 54% |
| Total | 205 | 100% | 145 | 100% | 38 | 100% | 22 | 100% | 47 | 100% | 457 | 100% |

Chi-Square analysis was statistically significant ($p \leq 0.001$), suggesting an association between the type of charged offense and release disposition, with violent crimes and the 'miscellaneous' category (the majority of which were violations of court orders and felons in possession of firearms) having the highest likelihood of detention.

As mentioned above, ethnicity was shown to be related to release disposition, however this could be due to ethnicity's relationship to other factors that were themselves related to release disposition. To partially test this hypothesis, we examined the relationship of ethnicity to charge type. Ethnicity was dichotomized as Caucasian/Non-Caucasian due to small samples of some ethnic groups. However, as noted above, all non-Caucasian groups showed a lower likelihood of release than Caucasians.

Table 11. Relationship between charge type and ethnicity for those with Level 3 assessment (n=439)[1]

| Release disposition | Violent | | Property | | Sexual | | Drug | | Miscellaneous | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Caucasian | 65 | 46% | 128 | 65% | 17 | 47% | 16 | 76% | 18 | 39% | 244 | 55% |
| Non-Caucasian | 75 | 54% | 68 | 35% | 19 | 53% | 6 | 24% | 28 | 61% | 195 | 45% |
| Total | 140 | 100% | 195 | 100% | 36 | 100% | 22 | 100% | 46 | 100% | 439 | 100% |

[1] Missing charge X ethnicity information for eighteen individuals charged in December, but overall is 96% complete

Chi-Square analysis was statistically significant ($p \leq 0.01$), suggesting an association between ethnicity and charge type. Specifically, non-Caucasians were more likely to have charge types that were less likely to be released to the community, such as violent crimes, sexual crimes, and miscellaneous crimes (which were comprised largely of violations of court orders and felons in possession of firearms as noted above).

## E. Summary

During calendar year 2006, 22,394 individuals were screened by Intake Services staff at the King County Correctional facility. Of these, there were 3,515 felony arraignment cases that were potentially eligible for the enhanced Level 3 screening. A total of 457 completed this process. The remaining individuals were screened out largely based on danger to the community, flight risk, or the presence of a judicial hold. A further 17% were placed on 'backlog' due to a shortage of staff. The CCD may want to consider whether additional PRI staff are needed or whether their priority population for Level 3 screening should be refined.

Inmates receiving a Level 3 assessment were predominantly male (80%), about half (55%) were Caucasian, and approximately three-quarters (74%) were under 40 years of age. Property crimes accounted for the largest number of charges, at 45% of the total, followed by violent offenses at 32%. One third (33%) were flagged as having mental health, chemical dependency, or co-occurring disorders.

Of those receiving a Level 3 assessment, 54% remained incarcerated while the remaining were either ordered to community corrections (28%) or were released on their own recognizance (18%). Rates of release to the community or community corrections alternatives to incarceration did not differ by age, presence of mental illness or chemical dependency flags, or gender. However, ethnicity was related to whether an individual was released, with Caucasians released at higher rates than other ethnic groups. Similarly, among charge types, violent offenses, sexual offenses and miscellaneous offenses (largely violations of court orders and felon in possession of a firearm) were associated with a higher probability of remaining incarcerated, while drug offenses were associated with a relatively lower probability of remaining incarcerated. Ethnicity was significantly related to charge type, with non-Caucasians more likely to have charges with a lower likelihood community release.

It must be emphasized that this analysis can only demonstrate a *correlation,* not *causation*. For example, ethnic differences in release rates may be related to other variables that are, in turn related to release, which our analyses bore out with respect to charge type. There may be yet other variables that are both independently associated with race and themselves predictive of the likelihood of pre-trial release. For example, it may be that unemployment or homelessness is strongly related to the decision to release and that a disproportionate percentage of ethnic minority individuals are among those that are homeless and/or unemployed. If more definitive information regarding predictors of release is desired, a more thorough study should be considered.

We also would like to note that analysis of Intake Services data was somewhat hampered by a substantial delay in recording data within the Electronic Court Record System. A single PRI screener entered data during time available after finishing screening responsibilities. The CCD may want to consider dedicating some resources to ensuring data completeness and timeliness. A typical guideline would be 95% complete data within 60 days of the screening event.

Finally, no power analysis was done prior to the study, so it is not possible to determine whether the available samples were sufficiently large to accurately measure true differences in disposition among the various categories. In particular, some ethnic minority groups and some charge types had small sample sizes. The smaller an individual sample set, the more likely it is that a true difference was not observed, or that an apparent difference would be disappear with a larger sample size.