



King County

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

**KING COUNTY
CRIMINAL JUSTICE INITIATIVE**

One-year Outcomes for
Second Year Participants

October, 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 are high users of the jail and/or individuals who have substance use disorders and mental illnesses who are not otherwise eligible for service enrollment, or are applying for publicly-funded benefits and services.

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

Service Programs

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

Process Improvements

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

Purpose of this report

This report summarizes the first year outcomes for the second year cohort of participants in the CJI. 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. Length of treatment is the sole process evaluation component presented for these programs.

This report also includes characteristics of persons served and treatment linkages for the CJ liaisons and characteristics of persons served and success in obtaining benefits for the ADATSA and DSHS benefit application workers.

After a brief Introduction (Section I), Section II provides selected evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program in which detailed evaluation findings are provided. Section IV includes chapters for each CJI process improvement in which evaluation findings are provided. 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 457 people were served under the CJI service programs during their first year. During the second year, the methadone voucher program participants were reduced by over 80% while CCAP IOP participants increased by about 50% compared with the first year of the CJI programs. During the second 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 about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the second year of the CJI was significantly reduced from an average of 2.5 during the pre-program years to an average of 1.9 during the year following program entry. The housing voucher, methadone voucher, and CCAP IOP programs showed significant reductions in bookings, while the COD and mental health voucher programs did not. Jail days did not significantly change for the CJI participants overall, but were reduced significantly for housing voucher participants and increased significantly for the COD and CCAP IOP programs indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, recidivism analysis showed that 70% of CJI participants during the second 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 above the range of 24-56% for post-booking jail diversion program elsewhere in the country. In general, participants with the highest rate of pre-program bookings had the highest rates of recidivism. Drug and property crimes were reduced the most for both first- and second-year participants.

Across all jail outcomes, the housing voucher and methadone voucher programs showed the strongest results during the second year. Compared with the first year of participants, the housing voucher program continued to show the strongest results, the CCAP IOP mixed results (with significantly reduced bookings but significantly increased days), and the mental health voucher program weak results. The methadone program performed better during the second year compared with the first year, while the COD program performed more poorly.

Nearly half of the second-year 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. These findings are very similar to those found for first year participants.

III. CJI Service Program and Process Improvement Highlights

A. Co-Occurring Disorder (COD) integrated treatment

During the second year of operation 79 people entered the program, comparable to the 85 who entered during the first year. Jail bookings for second year participants were not reduced, showing an average of 3.2 during both the pre-program year and year following entry into the program. However, jail bookings were significantly reduced for both of the first two years taken together. While jail bookings were reduced, recidivism analysis showed that 87% of first year participants were re-incarcerated within one-year of program entry, slightly higher than the 80% found for first year participants. Jail days increased

significantly for second year participants. Charge severity was reduced for second year participants. Participants showed significant reductions in substance use, mental health symptoms, and community functioning.

B. Mental health voucher

During the second year of operation, 37 people entered the program, comparable to the 40 who entered during the first year. Jail bookings did not change for second year participants, with an average of 1.5 during the pre-program year and an average of 1.3 during the year following program entry. Jail days and charge severity were also unchanged. Nearly half (49%) of the second year of participants were re-incarcerated within one year of program entry. These findings are similar to those found for first year participants. No significant improvements were shown for either first- or second-year program participants with respect to clinician-reported mental illness symptoms, functioning or employment. Due to weak program outcomes, the program was discontinued at the end of 2005.

C. Methadone voucher

During the second year of the operation 46 people entered the program, all referred from the King County jail. Due to funding discontinuation a few months into the year, this figure was sharply reduced compared to the 262 who entered during the first year. Jail bookings were significantly reduced for second year participants, from an average of 3.0 during the pre-program year to an average of 2.0 during the year following program entry. Jail days and charge severity were unchanged for both years of participants. About three-quarters (74%) of the participants second year participants were re-incarcerated within one year of program entry. Jail outcomes were stronger for the second year than for the first year, but consistent with those from the second half of the first year during which referrals also came from the jail. During the first half of the first year, referrals largely came from the Needle Exchange program. Four-fifths of the second year participants reduced their primary substance use (almost all heroin). More than half of the participants reduced use of secondary substances, which was mostly cocaine. There was also a significant reduction in the amount of money participants spent on illicit drugs.

D. Housing voucher

During the second year of operation, there were 181 total admissions into the program for 159 unduplicated people, just slightly lower than the 189 unduplicated people who entered during the first year. The number of jail bookings for second year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.7 during the year following entry into the program. The second year of participants showed a somewhat greater reduction than the first year. Jail days declined significantly for the second year of participants and non-significantly for the first year of participants. About two-thirds (64%) of second year participants were re-incarcerated within one year of program entry. Charge severity was also reduced significantly for the second year, but not the first. Overall, 38% of participants obtained permanent housing, an improvement from the 28% found during the first year. Over half of the second year participants left services within three months and few of those individuals obtained permanent housing. However, of those who remained in the program more than 90 days, 51% obtained permanent housing.

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

During the second year of operation 136 people entered the program, an increase from the 87 served during the first year. Jail bookings were significantly reduced for second-year participants from an average of 19 during the pre-program year to an average of 1.5 during the year following entry into the program. Jail days, in contrast, were significantly increased, indicating a substantial increase in length of

stay. More than 2/3 of second year participants (70%) were re-incarcerated within one year of program entry. Charge severity was unchanged. Few participants during the second year showed reduced substance use; however, questions about data accuracy hampered interpretation of these results.

F. Criminal justice (CJ) liaisons

During the second year of operation, the CJ liaisons served 1778 referrals, somewhat more than the 1347 served during the first year. More than half of the clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common.

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

During the second year of operation, 251 individuals received an ADATSA screening, nearly double the 142 screened during the first year. Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

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

During the second year of operation, 1562 referrals were made to the DSHS application workers, somewhat more than the 1259 received during the first year. 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. Nearly two-thirds of those who applied for ADATSA benefits, Medicaid or cash assistance received them. Nearly all of those who applied for food stamps received them.

IV. Recommendations and Actions Taken

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

1. During the first year of the COD integrated treatment program participants demonstrated significant reductions in jail bookings and positive clinical outcomes. During the second year, clinical outcomes remained strong, but jail outcomes were weaker. First year findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts which began shortly after the end of the second year. Outcomes should be monitored following this change.
2. The second year of mental health voucher program participants showed little evidence of reduced jail utilization or improvements in clinical outcomes. These results were similar to those found for first year participants. The program was discontinued at the end of the second year, with no new admissions after September, 2005.
3. Participants in the methadone voucher program during the second year of the program showed significant jail reductions as well as substantially reduced substance use. Jail outcomes were improved compared with the first year of the program. During both the second half of the first year and the entire second year, referrals were from the jail, rather than the Needle Exchange program. Jail-referred participants in both periods had more pre-program bookings as well as greater reductions in bookings. Due to lack of funding, admissions to the program were discontinued June, 2005, halfway through the second year. A small amount of new funding allowed for a new cohort of 19 individuals to be admitted in October, 2006. No additional County funding is anticipated. However, financial workers assigned to the jails will prioritize this population for assistance with applying for DSHS funding and subsequent referral to

publicly funded chemical dependency treatment, including opiate substitution treatment, in the community.

4. The housing voucher program shows the strongest jail outcomes of all the CJI programs. In both the first and second years of the program, participants showed significant reductions in bookings, and in the second year jail days were also significantly reduced. However, as about half of the participants drop out of the program in less than 90 days and only 38% obtain permanent housing, there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants.
5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reductions in jail bookings though significantly increased jail days. These results were similar to those found for first year participants. Areas identified for improvement continue to include increasing client retention; however retention is affected by the courts' ability to place participants back in custody for a single positive urinalysis or case dismissal or plea bargaining of pre-trial participants which comprise the majority of the program. Linking participants with employment training and reintegration were also recommended after the first year of the program. Via a collaborative effort with the King County Community Corrections Division, the addition of re-entry case managers and coordination with South Seattle Community College's vocational programming have recently begun to address this issue. Finally, problems with data accuracy also affected our ability to confidently draw conclusions about program outcomes. Recently, the service provider agency has been changed and we anticipate that data accuracy will be improved.
6. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,591 people; about one-third more than during the first year. Individuals served were linked with essential benefits and community-based treatment and other services. The ADATSA application worker was originally assigned to assist CCAP participants and city jail inmates in addition to King County Jail inmates. However, due to a rapidly increasing workload, the ADATSA application worker position was reconfigured to focus exclusively on referrals involving inmates of the King County Jail. A service provider agency was recruited to assist in completing ADATSA assessments and applications for inmates of city jails and those who are out of custody.

TABLE OF CONTENTS

	Page
Section I. Introduction	1
Section II. Summary and Comparisons across CJI Service Programs	5
Section III. CJI Service Program Detail	12
Chapter 1. Co-Occurring Disorder (COD) Integrated Treatment Program	12
Chapter 2. Mental Health Voucher	19
Chapter 3. Methadone Voucher	25
Chapter 4. Housing Voucher	32
Chapter 5. Intensive Outpatient (IOP) Chemical Dependency Treatment at CCAP	37
Section IV. CJI Process Improvements Detail	42
Chapter 1. Criminal Justice (CJ) Liaisons	42
Chapter 2. ADATSA Application Worker	45
Chapter 3. DSHS Application Worker	47
Section V. Recommendations and Actions Taken	50

LIST OF TABLES AND FIGURES

	Page
Table 1. Outcome evaluation questions by CJI service program	2
Table 2. Process evaluation questions	3
Table 3. CJI year 2 participant characteristics	5
Table 4. CJI year 2 participants - proportions increasing and decreasing jail bookings	8
Table 5. CJI year 2 participants - change in types of crimes	8
Table 6. CJI year 2 participants - jail booking recidivism	9
Table 7. CJI year 2 participants - disposition at discharge	9
Table 8. CJI year 2 participants - clinical outcomes	10
Table 9. COD program characteristics of persons served	12
Table 10. COD program change in average jail bookings and days	14
Table 11. COD jail day detail	14
Table 12. COD program proportions increasing and decreasing jail bookings	15
Table 13. COD program jail booking recidivism	15
Table 14. COD program change in types of crimes	15
Table 15. COD program length of treatment	16
Table 16. COD program disposition at discharge	16
Table 17. COD program clinical outcomes	17
Table 18. Mental health voucher program characteristics of persons served	19
Table 19. Mental health voucher program change in average jail bookings and days	21
Table 20. Mental health voucher jail day detail	21
Table 21. Mental health voucher program proportions increasing and decreasing jail bookings	21
Table 22. Mental health voucher program jail booking recidivism	21
Table 23. Mental health voucher program change in types of crimes	22
Table 24. Mental health voucher program length of treatment	22
Table 25. Mental health voucher program disposition at discharge	23
Table 26. Mental health voucher program clinical outcomes	23
Table 27. Methadone voucher program characteristics of persons served	25
Table 28. Methadone voucher program change in average jail bookings and days	27
Table 29. Methadone voucher jail day detail	27
Table 30. Methadone voucher program proportions increasing and decreasing jail bookings	27
Table 31. Methadone voucher program jail booking recidivism	28
Table 32. Methadone voucher program change in types of crimes	28
Table 33. Methadone voucher program length of treatment	28
Table 34. Methadone voucher program disposition at completion of 9-month benefit	29
Table 35. Methadone voucher program clinical outcomes	29
Table 36. Housing voucher program characteristics of persons served	32
Table 37. Housing voucher program change in average jail bookings and days	33
Table 38. Housing voucher jail day detail	33
Table 39. Housing voucher program proportions increasing and decreasing jail bookings	34
Table 40. Housing voucher program jail booking recidivism	34
Table 41. Housing voucher program change in types of crimes	34
Table 42. Housing voucher program length of service	35
Table 43. Housing voucher program dispositions at discharge	35
Table 44. Housing voucher program housing outcomes	36
Table 45. CCAP IOP program characteristics of persons served	37
Table 46. CCAP IOP program change in average jail bookings and days	38
Table 47. CCAP IOP jail day detail	39
Table 48. CCAP IOP program proportions increasing and decreasing jail bookings	39

Table 49. CCAP IOP program jail booking recidivism	39
Table 50. CCAP IOP program change in types of crimes	40
Table 51. CCAP IOP program length of treatment	40
Table 52. CCAP IOP program dispositions at discharge	40
Table 53. CJ liaisons characteristics of persons served	43
Table 54. CJ liaisons referrals sources	43
Table 55. CJ liaisons referrals out	44
Table 56. ADATSA application worker - characteristics of persons served	45
Table 57. ADATSA application worker referral sources	46
Table 58. ADATSA success in obtaining benefits	46
Table 59. DSHS application worker - characteristics of persons served	47
Table 60. DSHS application worker referral sources	48
Table 61. DSHS application worker DSHS benefit received	48
Figure 1. Change in jail bookings	6
Figure 2. Change in jail bookings per 30 days "at-risk"	7
Figure 3. Change in average jail days	7

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 is to both reduce the jail population and recidivism. The Plan stresses 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 are high users of the jail and/or individuals who have substance use disorders and mental illnesses and are not otherwise eligible for service enrollment. Jail alternatives developed through the CJI are intended to preserve public safety, provide an appropriate level of sanctioning for criminal offenses, be cost effective and acceptable to the courts, reduce risk of re-offense and actual recidivism, and not lead to net-widening (i.e., providing alternatives to people who otherwise would not have been incarcerated).

The rationale for focusing on individuals with substance use and mental illnesses stems from their disproportionately high jail usage. For example, among those with drug or alcohol-related charges, inmates with co-occurring psychiatric disorders (COD) have nearly double the average length of stay in King County jails. Further, people with CODs represent 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 are 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, Jail Health Services, 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

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. The table below shows outcome evaluation questions for each of the five CJI service programs. Data regarding items marked with a * were collected exclusively for the first year of participants and were reported in earlier reports only.

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)					

¹Analysis 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 for first year analyses 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. Data regarding items marked with a * were collected exclusively for the first year of participants and were reported in earlier reports only.

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 jail¹
*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

¹Not evaluated for the housing voucher program

¹Responsibility for evaluating the in-jail assessment was moved to the Community Corrections Division

Process evaluation questions were examined largely 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 for the first year of participants 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 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 report

This report summarizes the first year outcomes for the second year cohort of participants in the CJI. 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. Length of treatment is the sole process evaluation component presented for these programs.

The report also includes characteristics of persons served and treatment linkages for the CJ liaisons and characteristics of persons served and success in obtaining benefits for the ADATSA and DSHS benefit application workers.

Section II provides selected evaluation findings across the CJI service programs. Section III includes chapters for each CJI service program in which detailed evaluation findings are provided. Section IV includes chapters for each CJI process improvement in which evaluation findings are provided. Section V describes recommendations and actions that have been taken relative to recommendations made in earlier reports.

SECTION II

CJI SUMMARY AND COMPARISONS ACROSS CJI SERVICE PROGRAMS

This chapter summarizes participant characteristics and jail and clinical outcomes for the second year of participants across the five CJI client service programs.

A. Characteristics of persons served

Participants during the second year of the five CJI client service programs are summarized below. A total of 457 individuals entered CJI service programs during their second year, somewhat fewer than the 663 served during the first year. During the second year, methadone voucher program participants were reduced by over 80% while CCAP IOP participants increased by about 50%, and enrollment in other programs was similar compared with the first year of the CJI programs.

Overall, during the second year the CJI 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 (43% compared with 41% in the 2003 jail census). The COD program served somewhat more women than other CJI programs. The mental health voucher program, which was discontinued shortly after its first year, served a somewhat higher proportion of ethnic minorities than other CJI programs. More than half of the participants in all of the programs except the CCAP IOP were homeless.

Table 3. CJI year 2 participant characteristics

Characteristic	COD	Mental health voucher	Methadone voucher	Housing voucher	CCAP IOP	Total CJI
	N=79	N=37	N=46	N=159	N=136	N=457
Gender- #/% female	31 (39%)	10 (27%)	12 (26%)	49 (31%)	44 (32%)	146 (32%)
Ethnicity						
Caucasian	44 (56%)	13 (35%)	29 (61%)	94 (59%)	81 (60%)	261 (57%)
African-American	23 (29%)	12 (32%)	7 (15%)	60 (38%)	36 (26%)	138 (30%)
Native American	2 (3%)	1 (3%)	5 (11%)	2 (1%)	4 (3%)	14 (3%)
Asian-Pacific Islander	2 (3%)	1 (3%)	1 (2%)	3 (2%)	5 (4%)	12 (3%)
Mixed or "other"	8 (10%)	10 (27%)	4 (9%)	0 (0%)	10 (7%)	32 (7%)
Hispanic (duplicated)	16 (10%)	4 (11%)	4 (9%)	Not avail.	9 (7%)	33 (7%) ³
Age	Ave.=34.6 SD=9.0	Ave.=36.7 SD=9.7	Ave.=41.6 SD=9.1	Ave.=40.1 SD=9.9	Ave.=35.5 SD=10.9	Ave.=37.6
Mental illness at admission	79 (100%) ¹	37 (100%) ¹	19 (41%) ³	31 (19%) ⁴	60 (44%) ³	226 (49%)
Chemical dependency at admission	79 (100%) ¹	32 (85%)	46 (100%) ¹	128 (81%) ⁴	136 (100%) ¹	421 (92%)
Homeless at admission	42 (53%)	20 (54%)	33 (72%)	159 (100%) ¹	37 (27%)	291 (64%)
Employed at admission	3 (4%)	2 (5%)	3 (7%)	Not avail.	14 (11%)	22 (7%) ²

¹Characteristic is an eligibility requirement for the program

²% taken out of n=298 as housing voucher data was unavailable

³Based on having prior mental health treatment or use of psychiatric medications or clinician-reported need for psychiatric evaluation

⁴Underestimates prevalence as these figures are based on referral source only: referral from a mental health court=mental illness; drug court=chemical dependency

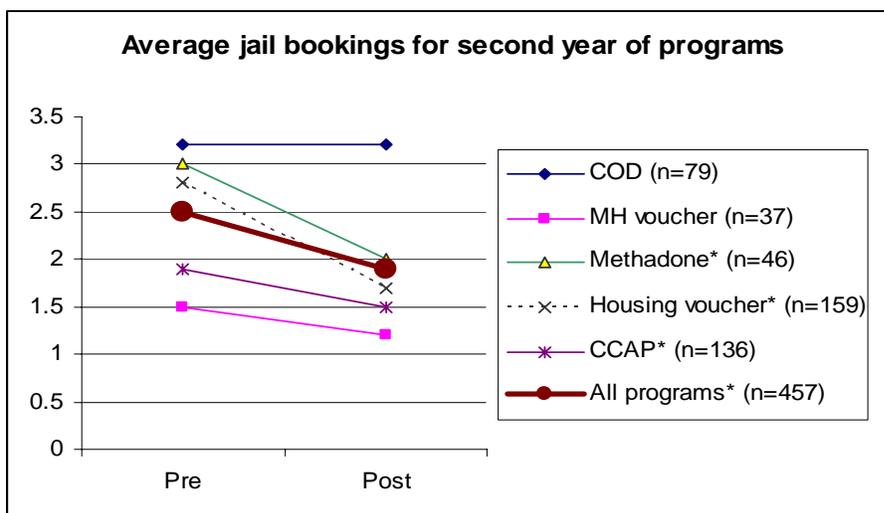
B. Outcome findings

1. Jail outcomes

Below are shown change in jail bookings, days, and bookings per days at-risk across the CJI programs. The "pre" period is defined as the 365 days prior to an index booking. "Index bookings" are bookings with release dates within 45 days of program start. Index bookings are omitted from analyses to not bias results in favor of reductions in jail utilization. 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.

The figure below shows that participants during the second year of CJI programs overall demonstrated a significant reduction in jail bookings from an average of 2.5 bookings during the pre-program year to an average of 1.9 during the year following program admission. The programs with the strongest performance were the housing voucher program, methadone voucher program, and CCAP IOP programs. The pattern is similar to the first year with the exception of the COD program that is no longer showing significantly reduced bookings and the methadone program which showed significant reduction only during the second year. It should be noted that referrals were from the King County jail for the second year of the methadone program, in contrast to referrals from the Needle Exchange program that made up more than half of the first years' participants. Findings for this second year of participants are consistent with earlier reports of first-year participants in which jail-referred participants showed more prominent reductions in jail utilization. However, it should be noted that jail-referred individuals had, on average, approximately double the number pre-program bookings, allowing them more statistical "freedom" to reduce their bookings.

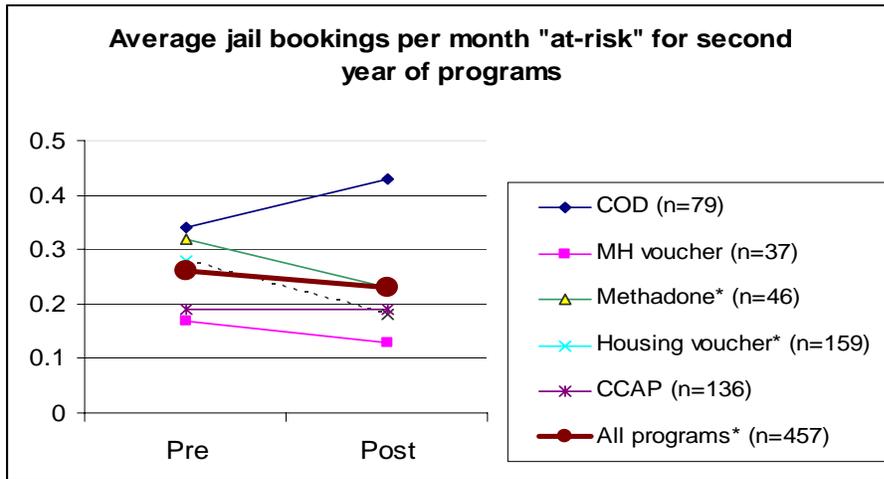
Figure 1. Change in jail bookings



*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. The only exception is for the CCAP IOP program in which jail bookings were significantly reduced, but not bookings per month "at-risk". Compared with the first year of participants the overall pattern is similar, however the methadone program now shows a significant reduction in bookings per month "at-risk" and the CCAP IOP program no longer shows such a reduction.

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

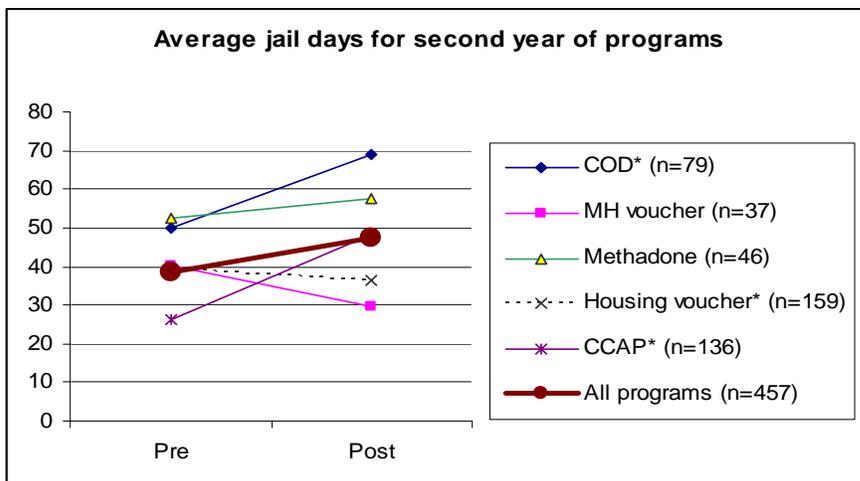


*statistically significant based on Wilcoxon Signed ranks test (non-parametric)

The figure below shows that participants during the second year of CJI programs overall demonstrated a slight (but non-significant) increase in jail days. This increase was significant for the COD and CCAP IOP programs. These data indicate that while jail bookings declined, the length of each booking (days) increased, in part, due to the imposition of longer sentences on individuals with existing criminal histories. The increase in jail days for some programs was offset by the housing voucher program which showed a significant reduction in jail days.

Compared with the first year of participants the pattern was similar, however the Housing voucher now shows a significant **reduction** in jail days while the COD program now shows a significant increase in jail days. The mental health voucher program showed a non-significant increase in jail days during the first year and non-significant decrease during the second year. The amount of decrease in jail days for the mental health voucher program during the second year appears greater than the amount of decrease for the housing voucher program, though only the latter is a statistically significant decrease. It is the greater sample size of the housing voucher program that accounts for the significant decrease for the housing voucher program and explains the apparent contradiction.

Figure 3. Change in average jail days



*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. During this second year of the CJI, about half (51%) of the participants reduced bookings and an additional 13% had the same number of pre- and post-period bookings (including those with no bookings during either period). The housing voucher and methadone voucher program showed the strongest results.

Compared with the first year of participants, there were overall somewhat more participants who reduced bookings (51% compared with 45%). The housing voucher program showed more participants with reduced bookings (62% vs. 49%) as did the methadone voucher program (61% vs. 37%). The COD program showed somewhat fewer participants with reduced bookings (47% vs. 60%) as did the CCAP IOP (40% vs. 53%). The mental health voucher program showed results similar to the first year.

Table 4. CJI year 2 participants - proportions increasing and decreasing jail bookings

Proportion changing jail bookings	COD	Mental health voucher	Methadone voucher	Housing voucher	CCAP IOP	Total CJI
	N=79	N=37	N=46	N=159	N=136	N=457
Reduced bookings	37 (47%)	16 (43%)	28 (61%)	98 (62%)	55 (40%)	234 (51%)
No pre or post bookings	1 (1%)	10 (27%)	1 (2%)	8 (5%)	16 (12%)	36 (8%)
Same # of pre & post bookings	12 (15%)	2 (5%)	4 (9%)	19 (12%)	24 (18%)	61 (13%)
Increased bookings	29 (37%)	9 (24%)	13 (28%)	34 (21%)	41 (30%)	126 (28%)

Change in Charge Severity

Most serious offense (MSO) crime category was used for analysis of charge severity. The table below shows the rates of all MSO crime categories during the pre-365 day period and post-365 day period. Overall jail bookings were reduced the most for the housing voucher program and methadone voucher programs. Of all the crime types, drug crimes were reduced the most, followed closely by property crimes. This pattern was similar to that found for the first year of participants.

Table 5. CJI year 2 participants - change in types of crimes

Most Serious Offense (MSO)	COD	Mental health voucher	Methadone voucher	Housing voucher	CCAP IOP	Total second year
	N=79	N=37	N=46	N=159	N=136	N=457
Pre total	250	57	139	440	262	1,148
Post total	255	46	91	268	205	865
Drugs	-10 (-4%)*	-11 (-19%)	+10 (+7%)	-58 (-13%)	-17 (-13%)	-86 (-8%)
Property	-13 (-5%)	+6 (+10%)	-22 (-16%)	-32 (-7%)	-10 (-7%)	-71 (-6%)
Criminal trespass	+10 (+4%)	+1 (+2%)	-1 (-1%)	-8 (-2%)	+1 (+1%)	+3 (+<1%)
Domestic violence	+2 (+1%)	+2 (+4%)	-1 (-1%)	-9 (-2%)	-8 (-6%)	-14 (-1%)
Traffic	-4 (-2%)	0 (0%)	-1 (-1%)	-7 (-2%)	-2 (-1%)	-14 (1%)
Non-compliance	+16 (+6%)	-4 (-7%)	-14 (-10%)	-26 (-6%)	+5 (+4%)	-23 (-2%)
DUI	-2 (-1%)	0 (0%)	0 (0%)	-8 (-2%)	-12 (-9%)	-22 (-2%)
Prostitution	-5 (-2%)	0 (0%)	-7 (-5%)	-3 (-1%)	-4 (-2%)	-19 (-2%)
Robbery	-4 (-2%)	0 (0%)	-2 (-1%)	-2 (<1%)	+1 (+1%)	-7 (-1%)
Assault	+2 (+1%)	-2 (-4%)	-1 (-1%)	-9 (-2%)	-6 (-4%)	-16 (-1%)
Other	+13 (+5%)	-3 (-5%)	-9 (-6%)	-10 (-2%)	-5 (-4%)	-14 (1%)
Total	+5 (-2%)	-11 (-19%)	-48 (-35%)	-172 (-39%)	-57 (-22%)	-283 (-25%)

* + indicates increase; - indicates decrease; % is of the Pre-total crimes figure (e.g., 10/250=5%)

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, 70% nevertheless had a least one jail booking within the year following program entry. This rate of recidivism is similar to the recidivism rate 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 methadone voucher programs showed the highest rates of recidivism, but participants in these programs also had the highest rate of jail bookings prior to entering the programs.

Compared with the first year of participants, recidivism was slightly higher overall (70% vs. 67%) accounted for by increases in the COD program (87% vs. 80%), methadone voucher program (74% vs. 62%), and CCAP IOP program (70% vs. 62%), which were somewhat offset by a notable reduction in recidivism shown by the housing voucher program (64% vs. 76%).

Table 6. CJJ year 2 participants - jail booking recidivism

1- year jail recidivism (any post-period booking)	COD	Mental health voucher	Methadone voucher	Housing voucher	CCAP IOP	Total CJJ
	N=79	N=37	N=46	N=159	N=136	N=457
Recidivists ¹	69 (87%)	18 (49%)	34 (74%)	102 (64%)	95 (70%)	318 (70%)

¹May not have had any booking within the prior year

2. Disposition at discharge

The table below shows that 40% of the CJJ participants either completed the designed service program or were transferred for continued service. However, slightly more than half have less successful dispositions with a substantial proportion withdrawing from treatment before the end of the service period. This pattern was similar to that found for the first year of participants.

Table 7. CJJ year 2 participants - disposition at discharge

	COD	Mental health voucher	Methadone Voucher	Housing voucher	CCAP IOP	Total CJJ
Positive dispositions	N=79	N=37	N=46	N=159	N=136	N=457
Reached end of benefit/ completed program/ obtained housing	37 (47%)	10 (27%)	1 (2%)	61 (39%)	31 (23%)	140 (31%)
Transferred to other funding or facility, extended program	6 (8%)	10 (27%)	18 (39%)	0 (0%)	5 (4%)	39 (9%)
Negative dispositions						
Withdrew, lost to contact, moved	31 (39%)	16 (43%)	16 (35%)	29 (18%)	73 (54%)	165 (36%)
Incarcerated	5 (6%)	1 (3%)	3 (7%)	11 (7%)	23 (17%)	43 (9%)
Died	0 (0%)	0 (0%)	1 (2%)	1 (1%)	0 (0%)	2 (<1%)
Inpatient treatment	0 (0%)	0 (0%)	0 (0%)	7 (4%)	0 (0%)	7 (2%)
Rule violation	0 (0%)	N/A	7 (15%)	50 (31%)	4 (3%)	61 (13%)

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. This pattern was very similar to that found for the first year of participants. Detailed analysis of clinical outcomes can be found within the following chapters that present data specific to each CJI program.

Table 8. CJI year 2 participants - 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	++	0			
Increased housing stability	+			+	
Improved community functioning	++	0	+		

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

D. Summary

A total of 457 people were served under the CJI service programs during their second year. There were somewhat fewer people served in the second year compared with the 663 served during the first year. During the second year, methadone voucher program participants were reduced by over 80% while CCAP IOP participants increased by about 50% compared with the first year of the CJI programs. During the second 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 about half had a mental illness. About 2/3 were homeless and few were employed.

The number of jail bookings for participants during the second year of the CJI was significantly reduced from an average of 2.5 during the pre-program years to an average of 1.9 during the year following program entry. The housing voucher, methadone voucher, and CCAP IOP programs showed significant reductions in bookings, while the COD and mental health voucher programs did not. Jail days did not significantly change for the CJI participants overall, but were reduced significantly for housing voucher participants and increased significantly for the COD and CCAP IOP programs indicating increased lengths of incarceration per booking.

Although jail bookings were reduced, analysis of recidivism (having a least one post-period booking) showed that 70% of CJI participants during the second 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 program elsewhere in the country. In general, participants with the highest rate of pre-program bookings had the highest recidivism rates. Drug and property crimes were reduced the most for both first- and second-year participants.

Across all jail outcomes, the housing voucher and methadone voucher programs showed the strongest results. Compared with the first year of participants, the housing voucher program continued to show the strongest results, the CCAP IOP mixed results (with significantly reduced bookings but significantly increased days), and the mental health voucher program weak results. The methadone program performed better during the second year compared with the first year, while the COD program performed more poorly.

Clinical outcomes for CJI participants during the second year showed that 40% of the 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. These findings are very similar to those found for first year participants.

SECTION III CJI SERVICE PROGRAM DETAIL

CHAPTER I 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 program year - August 1, 2003 thru July 31, 2004

Second program year - August 1, 2004 thru July 31, 2005

A. Characteristics of persons served

Characteristics of individuals served during the first and second years of the COD program are presented below. During the second year 79 people entered the program, comparable to the 85 who entered during the first year.

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.

Table 9. COD program characteristics of persons served

Demographics	First year cohort		Second year cohort		Total two years	
	N=85	%	N=79	%	N=164	%
Gender- #/% female	29	34%	31	39%	60	37%
Ethnicity						
Caucasian	45	53%	44	56%	89	54%
African-American	26	31%	23	29%	49	30%
Native American	5	6%	2	3%	7	4%
Asian-Pacific Islander	4	5%	2	3%	6	4%
Mixed or "other"	5	6%	8	10%	13	8%
Hispanic (duplicated)	6	7%	10	13%	16	10%
Age	Average= 36.5 yrs	SD=9.6	Average= 36.4	SD=9.0	Average= 36.1	SD=9.5

Table 9. COD program characteristics of persons served (cont'd)

	First year cohort		Second year cohort		Total two years	
	N=85	%	N=79	%	N=164	%
Mental illness diagnoses						
Depression	27	32%	26	33%	53	32%
Bipolar	22	26%	21	27%	43	26%
Schizophrenia spectrum	22	26%	15	19%	37	23%
Other	14	16%	17	22%	31	19%
Substance use						
May list >1 substance						
Cocaine	22	58%	55	70%	77	47%
Alcohol	26	68%	49	62%	75	46%
Marijuana	14	37%	35	44%	49	30%
Opiates	7	18%	28	35%	35	21%
Amphetamines	2	5%	28	35%	30	18%
Homelessness (or unstable/temporary)						
Case manager report	54	64%	42	53%	96	59%
Community functioning						
Global Assessment of Functioning (GAF)	Average=43.3 Serious impairment	SD=7.9	Average=43.1 Serious impairment	SD=6.8	Average=43.2 Serious impairment	SD=7.3
Problem Severity Summary	Average=2.3 Slight-marked impairment	SD=.6	Average=2.5 Slight-marked impairment	SD=.6	Average=2.4 Slight-marked impairment	SD=.6
Employment ²	1	1%	3	4%	4	2%

¹Substance 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

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

Analysis of diagnoses showed that about 4/5 of those served had major mental illnesses in addition to substance use disorders characterized primarily by use of alcohol and cocaine. Functioning was seriously impaired by these problems. Nearly two-thirds were homeless. Few were employed

B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first and second years of program participants.

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 are 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 COD program participants in the first year and overall during the first two years, significantly reduced the number of jail bookings subsequent to program participation. Jail days were statistically unchanged for the first year of participants and increased significantly for the second year of participants, thus length of incarceration per booking increased. Bookings per days "at-risk" (i.e., not in jail) were essentially unchanged when examining both years together. The proportion of individuals with no bookings increased.

Table 10. COD program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=85)		Second year cohort (N=79)		Total two years (N=164)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	3.4 (2.4) ²	2.7 (2.6)*	3.2 (2.5)	3.2 (3.7)	3.3 (2.5)	2.9 (3.2)*
Jail days (average)	52.5 (57.1)	60.3 (65.0)	49.9 (54.6)	69.1 (67.4)*	51.2 (55.8)	64.5 (66.1)*
Bookings/month "at-risk" ³	.37 (.35)	.33 (.42)	.34 (.35)	.43 (.63)	.36 (.35)	.38 (.53)
No jail use	5 (6%)	17 (20%)	7 (9%)	10 (13%)	12 (7%)	27 (16%)

*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.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The jail day detail table below shows that second year COD participants used about 16% more jail days during the year following program participation than during the year prior to it. This represented a greater increase than for the first year of participants. Both cohorts together showed a 12% increase in jail days.

Table 11. COD jail day detail

Jail day detail	First year cohort (N=85)		Second year cohort (N=79)		Total two years (N=85)	
Pre period jail days	4458	47%	3943	42%	8401	44%
Post period jail days	5124	53%	5462	58%	10586	56%
Total jail days	9582	100%	9405	100%	18987	100%
Change in jail days	+666	+7%	+1519	+16%	+2185	+12%

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 over half of the first year participants and just under half of the second year participants reduced jail bookings. Over half (54%) of both cohorts taken together reduced bookings.

Table 12. COD program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=85)		Second year cohort (N=79)		Total two years (N=164)	
Reduced bookings	51	60%	37	47%	88	54%
No pre or post bookings	1	1%	1	1%	2	1%
Same # of pre and post bookings	7	8%	12	15%	19	12%
Increased bookings	26	31%	29	37%	55	33%

Jail recidivism

The table below shows jail recidivism analyses. Although most participants reduced the number of jail bookings from the "pre" to the "post" period as shown above, a high proportion nevertheless had a least one jail booking within the year following program entry. Recidivism was particularly high for participants during the second year of the program, and the overall rate for the two cohorts taken together was 84%.

Table 13. COD program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=85)		Second year cohort (N=79)		Total two year (N=164)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	68	80%	69	87%	137	84%

¹Some individuals may not have had any bookings within the prior year

Recidivism rates from this program are higher than local and national jail rates. 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). The relatively higher recidivism for the COD program could be due to courts selecting the most challenging individuals to participate.

Charge Severity

The table below shows changes in charge severity as the most serious offense (MSO) crime categories during the pre-365 day period and post-365 day period.

Table 14. COD program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=85)		Second year cohort (N=79)		Total two years (N=164)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	89 (31%)	74 (33%)	118 (47%)	108 (42%)	207 (38%)	182 (38%)
Property	53 (18%)	38 (17%)	42 (17%)	29 (11%)	95 (18%)	67 (14%)
Assault	17 (6%)	38 (17%)	13 (5%)	15 (6%)	30 (6%)	53 (11%)
Non-compliance	29 (10%)	24 (11%)	32 (13%)	48 (19%)	61 (11%)	72 (15%)
Criminal trespass	22 (8%)	10 (4%)	6 (2%)	16 (6%)	28 (5%)	26 (5%)
DUI	11 (4%)	7 (3%)	4 (2%)	2 (1%)	15 (3%)	9 (2%)
Domestic violence	10 (3%)	5 (2%)	2 (1%)	4 (2%)	12 (2%)	9 (2%)
Prostitution	9 (3%)	4 (2%)	6 (2%)	1 (0%)	15 (3%)	5 (1%)
Traffic	5 (2%)	2 (1%)	5 (2%)	1 (0%)	10 (2%)	3 (1%)
Robbery	0 (0%)	3 (1%)	4 (2%)	0 (0%)	4 (1%)	3 (1%)
Other	42 (15%)	22 (10%)	18 (7%)	31 (12%)	60 (11%)	53 (11%)
Total	287 (100%)	227 (100%)	250 (100%)	255 (100%)	537 (100%)	482 (100%)

The table above shows that assaults rose for first year participants (and both cohorts together), while non-compliance rose, particularly for second year participants. The proportions of other crime types were largely unchanged. Separate analyses showed that felonies as a proportion of all bookings decreased slightly from 49% to 42% for first year participants and significantly from 63% to 54% for second year participants when comparing the pre-365 day period with the post-365 day period.

2. Length of treatment and treatment dispositions

The table below shows that the COD program is able to retain about 2/3 of participants for at least 9 months of the 12-month benefit period. Four first year participants received extensions beyond 12 months and nine second year participants received such extensions.

Table 15. COD program length of treatment

Length of treatment	First year cohort		Second year cohort		Total two years	
	N=85	%	N=79	%	N=164	%
0-90 days	4	5%	8	10%	12	7%
91-180 days	11	13%	12	15%	23	14%
181-270 days	14	16%	9	11%	23	14%
271-365 days	56	66%	50	63%	106	65%

The table below shows that participants in both years were most likely to be discharged because they reached the end of the COD program benefit period, and this rate was considerably higher for the second-year cohort compared with the first-year cohort. Fewer people during the second year were transferred to other funding for continued treatment and somewhat more were lost to contact or refused further treatment than during the first year.

Table 16. COD program disposition at discharge

Disposition at discharge	First year cohort		Second year cohort		Total two years	
	N=85	%	N=79	%	N=164	%
Reached end of 12-month benefit/completed treatment	28	33%	37	47%	65	40%
Lost to contact	12	14%	15	19%	27	16%
Refused further treatment	11	13%	14	18%	25	15%
Transferred to OPB ¹ /other funding	19	22%	4	5%	23	14%
Long-term incarceration	6	7%	5	6%	11	7%
Dropped from specialty court	6	7%	0	0%	6	4%
Moved	1	1%	2	3%	3	2%
Transferred to different facility	0	0%	2	3%	2	1%
Died	2	2%	0	0%	2	1%

¹OPB= King County Mental Health Plan regular outpatient benefit

3. Clinical outcomes

The table below shows clinical outcomes for first and second year participants.

Table 17. COD program clinical outcomes

Changes from admission to discharge		First year cohort (N=85)	Second year cohort (N=79)	Total two years (N=164)
Substance use - days/week (over multiple substance)	Reduced to ≤ 1 days/wk	33 (47%) ¹	26 (34%)	59 (40%)
	Partial reduction	16 (23%)	27 (36%)	43 (29%)
	No change	13 (19%)	14 (18%)	27 (18%)
	Increased	8 (11%)	9 (12%)	17 (12%)
Time using in week 1=none; 5=all/nearly all	Average @ admission	2.9 (SD=1.3)*	4.3 (1.0)*	3.8 (SD=1.2)*
	Average @ discharge	2.4 (SD=1.6)	3.1 (1.7)	2.8 (SD=1.6)
Symptoms and community functioning (Problem Severity)	Improved	44 (52%)	29 (38%)	73 (45%)
	No change	31 (36%)	34 (43%)	65 (40%)
	Worsened	10 (12%)	16 (20%)	26 (16%)
	Average @ admission	2.3 (SD=.6)*	2.6 (SD=.5)*	2.4 (SD=.6)*
	Average @ discharge	2.1 (SD=.6)	2.4 (SD=.5)	2.2. (SD=.6)
Functioning (GAF)	Average @ admission	43.3 (SD=7.9)*	43.1 (SD=6.8)	43.2 (SD=7.3)*
	Average @ discharge	46.6 (SD=8.5)	42.7 (SD=6.7)	44.7 (SD=7.9)
Housing ²	Gained housing	10 (19%)	4 (10%)	14 (15%)
	No change	38 (70%)	38 (90%)	76 (80%)
	Type change	6 (11%)	0 (0%)	6 (6%)
Employment ³	Gained	5 (6%)	7 (9%)	12 (7%)
	No change	80 (94%)	71 (90%)	151 (92%)
	Lost employment	0 (0%)	1 (1%)	1 (1%)

*significant change from admission to discharge based on t-test probability of $\leq .05$

¹% taken out of 70 for the first year and 76 for the second year; remaining participants had unknown substance use at discharge

²Among the 54 (first year cohort) and 43 (second year cohort) who were initially homeless. Moving to inpatient treatment or incarceration were considered "type" changes. Temporary and transitional housing were considered homeless.

³A person is considered employed if they have part-time or full-time employment

As shown in the table above, participants in both the first and second year showed significant reductions in substance use, mental health symptoms and community functioning at the time they were discharged from the program. A small proportion of individuals gained housing and employment through the program.

III. Summary

During the second year of operation 79 people entered the COD program, comparable to the 87 who entered during the first year. More women and a similar proportion of 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.

Jail bookings for second year participants were not reduced with an average of 3.2 during both the pre-program year and year following entry into the program. However, jail bookings were significantly reduced when both of the first two years are taken together. Jail days increased significantly for the second year of participants, thus length of incarceration per booking increased.

Although jail bookings were reduced, recidivism analysis showed that 87% of second year participants were re-incarcerated within one-year of program entry, slightly higher than the 80% found for first year participants. This recidivism rate was higher than local and national recidivism rates for similar populations.

Felonies as a proportion of all bookings fell slightly for first year participants and significantly for second year participants.

Clinical outcomes showed that program retention was good, with two-thirds of participants remaining in the program for at least nine months. Participants in both years 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.

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 program year - October 1, 2003 thru September 30, 2004

Second program year - October 1, 2004 thru September 30, 2005

A. Characteristics of persons served

Characteristics of individuals served during the first and second years of the mental health voucher program are shown below. The program served a higher proportion of females and a similar proportion of ethnic minorities compared to the overall jail population. Most participants had a major mental illness. More than half had co-occurring substance use during the first year, rising to 73% during the second year. Functioning was seriously impaired by these problems. About half were homeless. Few were employed.

Table 18. Mental health voucher program characteristics of persons served

Demographics	First year cohort		Second year cohort		Total two years	
	N=40	%	N=37	%	N=77	%
Gender - #/% female	15	38%	10	27%	25	32%
Ethnicity						
Caucasian	29	73%	13	35%	42	55%
African-American	8	20%	12	32%	20	26%
Native American	2	5%	1	3%	3	4%
Asian/Pac. Islander	1	3%	1	3%	2	3%
Other/Mixed	0	0%	10	27%	10	13%
Hispanic (duplicated)	1	3%	4	11%	5	6%
Age	Average=38.6	SD=9.7	Average=36.7	SD=9.7	Average=37.7	SD=9.7

Table 18. Mental health voucher program characteristics of persons served (cont'd)

Mental illness diagnoses	First year cohort		Second year cohort		Total two years	
	N=40	%	N=37	%	N=77	%
Depression	16	40%	11	30%	27	35%
Schizophrenia spectrum	6	15%	9	24%	15	19%
Bipolar	7	18%	10	27%	17	22%
Other	11	28%	7	19%	18	23%
Substance use Case manager reported						
Current	21	53%	27	73%	48	62%
Suspected or in remission	8	20%	5	14%	13	17%
No substance use	11	28%	5	14%	16	21%
Homelessness (or unstable/temporary) Case manager reported	19	48%	20	54%	39	51%
Community functioning						
Global Assessment of Functioning (GAF)	Average=41.2 Serious impairment	SD=8.8	Average=40.2 Serious impairment	SD=8.4	Average=40.6 Serious impairment	SD=8.5
Problem Severity Summary	Average=2.2 Slight-marked impairment	SD=.4	Average=2.5 Slight-marked impairment	SD=.6	Average=2.3 Slight-marked impairment	SD=.5
Employment ¹	3	8% ²	2	5%	5	6%

¹A person is considered employed if they have part-time or full-time employment

²% taken from n=39 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 and second years of program participants.

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 are 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 utilization for first- and second-year mental health voucher participants did not significantly change. Jail bookings were unchanged for first-year participants and declined non-significantly for second year participants. Jail days and bookings per days "at-risk" increased (non-

significantly) for first year participants and decreased (non-significantly) for second year participants. The proportion of individuals with no bookings increased.

Table 19. Mental health voucher program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=40)		Second year cohort (N=37)		Total two years (N=77)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	1.4 (1.5) ²	1.4 (2.0)	1.5 (1.7)	1.2 (1.5)	1.5 (1.6)	1.3 (1.8)
Jail days (average)	36.3 (55.2)	41.9 (68.5)	40.3 (56.1)	29.6 (43.5)	39.1 (55.2)	36.2 (58.0)
Bookings/month "at-risk" ³	.15 (.19)	.19 (.37)	.17 (.22)	.13 (.19)	.16 (.20)	.16 (.30)
No jail use	13 (33%)	21 (53%)	13 (35%)	19 (51%)	26 (34%)	40 (52%)

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.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/days "at-risk" = # of bookings/(non-jail days/30)

The jail day detail table below shows that the first year of mental health voucher participants increased jail days, while the second year cohort decreased. Over the two year period participants used 3% fewer jail days during the year following program participation than during the year prior to it.

Table 20. Mental health voucher jail day detail

Jail day detail	First year cohort (N=40)		Second year cohort (N=37)		Total two years (N=77)	
Pre period jail days	1453	46%	1492	58%	2945	52%
Post period jail days	1675	54%	1096	42%	2771	48%
Total jail days	3128	100%	2588	100%	5716	100%
Change in jail days	+222	+7%	-396	-15%	-174	-3%

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, increasing to 43% during the second year.

Table 21. Mental health voucher program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=40)		Second year cohort (N=37)		Total two years (N=77)	
Reduced bookings	15	38%	16	43%	31	40%
No pre or post bookings	8	20%	10	27%	18	23%
Same # of pre and post bookings	7	18%	2	5%	9	12%
Increased bookings	10	25%	9	24%	19	25%

Jail recidivism

The table below shows jail recidivism analyses. Approximately, half of the first- and second-year participants had a jail booking within the year following program entry.

Table 22. Mental health voucher program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=40)		Second year cohort (N=37)		Total two years (N=77)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	19	48%	18	49%	37	48%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

Felonies as a proportion of all bookings did not significantly change from 34% to 35% for first year participants, but was reduced (at trend level $p=.08$) from 49% to 34% for second year 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.

Table 23. Mental health voucher program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=40)		Second year cohort (N=37)		Total two years (N=77)	
	Pre	Post	Pre	Post	Pre	Post
Non-compliance	21 (37%)	28 (50%)	25 (44%)	21 (46%)	46 (40%)	49 (48%)
Property	5 (9%)	5 (9%)	6 (11%)	12 (26%)	11 (10%)	17 (17%)
Drug	6 (11%)	5 (9%)	13 (23%)	2 (4%)	19 (17%)	7 (7%)
Domestic violence	7 (12%)	4 (7%)	2 (4%)	4 (9%)	9 (8%)	8 (8%)
Assault	4 (7%)	3 (5%)	5 (9%)	3 (7%)	9 (8%)	6 (6%)
DUI	6 (11%)	1 (2%)	0 (0%)	0 (0%)	6 (5%)	1 (1%)
Robbery	0 (0%)	2 (4%)	0 (0%)	0 (%)	0 (0%)	2 (2%)
Criminal trespass	0 (0%)	2 (4%)	0 (0%)	1 (2%)	0 (0%)	3 (3%)
Sex crimes	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)
Other	8 (14%)	5 (9%)	6 (11%)	3 (7%)	14 (12%)	8 (8%)
Total	57 (100%)	56 (100%)	57 (100%)	46 (100%)	114 (100%)	102 (100%)

The table above shows that non-compliance offenses and property offenses (for the second year participants) rose while drug and DUI offenses fell.

2. Length of treatment and treatment dispositions

Length of treatment matched the 6-month benefit period for 34 of the 40 first year participants. Only one person (3%) was discharged within 90 days. After the fourth month of the second year, the benefit length was increased to 9 months. A smaller proportion of the 37 participants in the second year ($n=18$; 49%) completed the full benefit period compared with the first year. Also, proportionately more ($n=7$; 19%) were discharged within 90 days. Over both years, 52 of the 77 participants (67%) completed the full benefit period.

Table 24. Mental health voucher program length of treatment

Length of treatment	First year cohort		Second year cohort		Total two years	
	N=40	%	N=37	%	N=77	%
0-90 days	1	3%	7	19%	8	10%
91-180 days	5	13%	1	3%	6	8%
181-270 days	34	85%	19 ¹	51%	53	69%

¹One person was in services for 233 days when the benefit length was 270 days, thus not completing the benefit

As shown below, for second year participants, the largest number of participants left treatment due to being lost to contact (38%). The most common reason for leaving treatment during the first year and over both years was simply reaching the end of the benefit period (50% first year; 39% both years). For both years, about a quarter of participants obtained other fund sources to support continued treatment.

Table 25. Mental health voucher program disposition at discharge

Disposition at discharge from treatment	First year cohort		Second year cohort		Total two years	
	N=40	%	N=37	%	N=77	%
Benefit ended	20	50%	10	27%	30	39%
Lost to contact	9	23%	14	38%	23	30%
Transferred to other funding to continue treatment	8	20%	10	27%	18	23%
Refused/withdrew from service	1	2%	2	5%	3	4%
Jailed near end of benefit	1	2%	1	3%	2	3%
Move out of area	1	2%	0	0%	1	1%

3. Clinical outcomes

The table below shows clinical outcomes for first and second year participants.

Table 26. Mental health voucher program clinical outcomes

Change from admission to discharge		First year cohort N=40	Second year cohort N=37	Total two years N=77
Mental illness symptoms and community functioning (Problem Severity)	Improved	10 (25%)	4 (11%)	14 (18%)
	No change	23 (58%)	26 (70%)	49 (64%)
	Worsened	7 (17%)	7 (19%)	14 (18%)
	Average @ admission	2.2 (SD=.4)	2.5 (SD=.6)	2.3 (SD=.5)
	Average @ discharge	2.2 (SD=.5)	2.5 (SD=.5)	2.4 (SD=.5)
Functioning (GAF)	Average @ admission	41.0 (SD=8.7)	40.2 (SD=8.4)	40.6 (SD=8.5)*
	Average @ discharge	42.0 (SD=7.6)	42.2 (SD=8.4)	42.1 (SD=8.0)
Employment	Gained employment	0 (0%) ¹	1 (3%)	1 (1%)
	No change	39 (97%)	36 (97%)	75 (98%)
	Lost employment	1 (3%)	0 (0%)	1 (1%)

*significant change from admission to discharge based on t-test probability of <=.05

¹% N=39 because 1 person was retired and not counted as eligible for employment

As shown in the table above, neither cohort alone showed significant improvements in mental illness symptoms, community functioning, or employment, however, the two years combined, due to sufficient sample size, showed a small but significant improvement in functioning as assessed with the GAF.

III. Summary

During the second year of operation, 37 people entered the program, comparable to the 40 who entered during the first year. A slightly higher proportion of women and a similar proportion of ethnic minorities were served compared with the overall jail population. Participants had seriously impaired community functioning associated with their mental illnesses.

Jail bookings for the first two years of program participants did not significantly change, with an average of 1.5 during the pre-program year and an average of 1.3 during the year following program entry. Second year participants showed a somewhat greater reduction in bookings relative to first year participants. Jail days increased (non-significantly) for first year participants and decreased (non-significantly) for second year participants.

Recidivism analysis shows that nearly half (49%) of the second year participants were re-incarcerated within one-year of program entry, similar to the 48% found for first year participants. This recidivism rate was lower than local and national rates for similar populations. Charge severity was unchanged.

The program length was increased from six months to nine months in January, 2005; four months into the second year of the program. Most participants remained in the program for the full benefit length during the first year, however, the rate dropped to half during the second year.

No significant improvements were shown for either first- or second-year program participants with respect to clinician-reported mental illness symptoms, functioning or employment. 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. It is anticipated that Jail Health Services will become licensed to provide courtesy dosing of this population in 2009. Jail Health Services also plans 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 program period - July 1, 2003 thru November 30, 2004 (1st half Needle Exchange)

Second program period - December 1, 2004 thru June 30, 2005

A. Characteristics of persons served

Characteristics of persons served during the first period of the methadone voucher program (more than one year due to gaps in voucher availability) and second period (less than one year) are shown below. During the first six months, 106 people entered the program from the Needle Exchange program; during the second six-month period 156 people entered the program from the King County jail system. All participants during the second year were referred from the King County jail. A higher proportion of women and a lower proportion of ethnic minority group members were served compared to their representation in the overall jail population.

Table 27. Methadone voucher program characteristics of persons served

Demographics	First year cohort		Second year cohort		Total two years	
	N=262	%	N=46	%	N=308	%
Gender - #/% female	83	31%	12	26%	95	31%
Ethnicity						
Caucasian	171	65%	29	61%	200	65%
African-American	60	23%	7	15%	67	22%
Native American	22	8%	5	11%	27	9%
Asian-Pacific Islander	4	2%	1	2%	5	2%
Mixed/other	5	2%	4	9%	9	3%
Hispanic (duplicated)	2	1%	4	9%	6	2%
Age	Average= 41.7 yrs	SD=9.8	Average= 41.6	SD=9.1	Average= 41.7	SD=9.5

Table 27. Methadone voucher program characteristics of persons served (cont'd)

Substances used (may report more than one)	N=259	%	N=46	%	N=305	%
Heroin	258	99%	46	100%	304	100%
Cocaine	179	69%	35	76%	214	70%
Alcohol	81	31%	20	43%	101	33%
Marijuana	14	5%	11	24%	25	8%
Other (non-tobacco)	38	15%	33	72%	71	23%
Homelessness	N=260	%	N=46	%	N=306	%
	132	51%	33	72%	165	54%
Community functioning	N=252					
Employed (DASA data)	16	6%	3	7%	19	6%

As expected, participants reported using heroin, though over two-thirds also reported using cocaine, and nearly a third also used alcohol. About half were homeless. Few participants were employed.

B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for first and second year participants.

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 are 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 and booking per month at-risk were significantly reduced for jail-referred methadone voucher participants during the second program year. This finding is consistent with earlier reports of first year participants that showed that the proportion of participants who reduced bookings was greater for those who were jail-referred compared with participants referred from the Needle Exchange program. However, it should be noted that jail-referred individuals had, on average, about double the number pre-program bookings, allowing them more statistical "freedom" to reduce their bookings. No significant change in jail days was shown for either year of participants. The proportion of individuals with no bookings increased slightly during the first year and more substantially during the second year.

Table 28. Methadone voucher program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=262 ⁴)		Second year cohort (N=46)		Total two years (N=308)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	1.7 (1.9) ²	1.5 (1.8)	3.0 (2.2)	2.0 (1.7)*	1.9 (2.0)	1.6 (1.8)
Jail days (average)	24.0 (39.1)	27.9 (51.6)	52.4 (50.1)	57.5 (70.4)	28.3 (42.1)	32.3 (55.7)
Bookings/month "at-risk" ³	.17 (.23)	.17 (.26)	.32 (.27)	.23 (.22)*	.19 (.24)	.18 (.25)
No jail use	86 (33%)	100 (38%)	3 (7%)	12 (26%)	89 (28%)	112 (36%)

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.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

⁴Six 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 the first year of methadone voucher participants used 7% more jail days and second year participants used 5% more jail days when comparing the year following program participation with the year prior to it.

Table 29. Methadone voucher jail day detail

Jail day detail	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
Pre period jail days	6296	46%	2410	48%	8706	47%
Post period jail days	7314	54%	2644	52%	9958	53%
Total jail days	13610	100%	5054	100%	18664	100%
Change in jail days	+1018	+7%	+234	+5%	1252	+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 first-year participants reduced bookings, while a much greater 61% of second-year participants reduced bookings. As noted above, these data support earlier findings that more jail-referred participants reduce bookings than those referred from the Needle Exchange program (which only referred participants during the first half of the first year), though jail-referred participants also came into the program with more jail bookings.

Table 30. Methadone voucher program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
Reduced bookings	96	37%	28	61%	124	40%
No pre or post bookings	55	21%	1	2%	56	18%
Same # of pre and post bookings	25	10%	4	9%	29	9%
Increased bookings	86	33%	13	28%	99	32%

Jail recidivism

The table below shows jail recidivism analyses. During the first year of operation, 61% of the participants had a jail booking within the year following program entry. In earlier reports of first year participants, we showed that the jail-referred second 6-month cohort had somewhat higher recidivism than the first six-month cohort, and they had double the amount of bookings prior to program participation. Similarly, the second year of participants showed higher recidivism than the first year of participants, but also nearly double the amount of pre-program bookings.

Table 31. Methadone voucher program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	162	62%	34	74%	196	64%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

Felonies as a proportion of all bookings did not significantly change from 42% to 41% for first year participants or from 68% to 56% for second year 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 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.

Table 32. Methadone voucher program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
	Pre	Post	Pre	Post	Pre	Post
Non-compliance	125 (29%)	104 (26%)	47 (34%)	33 (36%)	172 (30%)	137 (28%)
Drugs	113 (26%)	113 (28%)	19 (14%)	29 (32%)	132 (23%)	142 (29%)
Property	99 (23%)	95 (24%)	40 (29%)	18 (20%)	139 (24%)	113 (23%)
Prostitution	18 (4%)	20 (5%)	9 (6%)	2 (2%)	27 (5%)	22 (4%)
Traffic	18 (4%)	7 (2%)	3 (2%)	2 (2%)	21 (4%)	9 (2%)
Assault	9 (2%)	13 (3%)	3 (2%)	2 (2%)	12 (2%)	15 (3%)
Criminal trespass	8 (2%)	7 (2%)	1 (1%)	0 (0%)	9 (2%)	7 (1%)
Robbery	6 (1%)	10 (2%)	2 (1%)	0 (0%)	8 (1%)	10 (2%)
DUI	5 (1%)	6 (2%)	1 (1%)	1 (1%)	6 (1%)	7 (1%)
Domestic violence	3 (1%)	3 (1%)	2 (1%)	1 (1%)	5 (1%)	4 (1%)
Other	28 (6%)	22 (6%)	12 (9%)	3 (3%)	40 (7%)	25 (5%)
Total	432 (100%)	400 (100%)	139 (100%)	91 (100%)	571 (100%)	491 (100%)

The table shows that drug offenses rose for second year participants and both years together and property offenses fell for second year participants. Most other MSO crime categories remained largely unchanged.

2. Length of treatment and treatment dispositions

The methadone voucher program was designed as a 9-month benefit. About half of the participants remained in treatment for more than nine months, some converting to other funding sources while other received benefit extensions.

Table 33. Methadone voucher program length of treatment

Length of treatment	First year cohort		Second year cohort		Total two years	
	N=262	%	N=46	%	N=308	%
0-90 days	52	20%	13	28%	65	21%
91-180 days	51	19%	6	13%	57	19%
181-270 days	38	16%	5	11%	43	14%
271+	121	46%	22	48%	143	46%

About a third of participants converted to other funding sources to extend their treatment. Others were discharged prior to the 9-month benefit period, most often for withdrawing from treatment or for rule violations.

Table 34. Methadone voucher program disposition at completion of 9-month benefit

Disposition at benefit completion	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
	N	%	N	%	N	%
Transferred to other funding for continued treatment	77	29%	17	37%	94	31%
Withdrew, lost to contact, moved	68	26%	16	35%	84	27%
Rule violation	52	20%	7	15%	59	19%
Received extension of voucher	40	15%	0	0%	40	13%
Transferred to other facility	14	5%	1	2%	15	5%
Incarcerated	7	3%	3	7%	10	3%
Deceased	2	1%	1	2%	3	1%
Completed treatment	1	<1%	1	2%	2	1%
Funds exhausted	1	<1%	0	0%	1	<1%
Total	262	100%	46	100%	308	100%

3. Clinical outcomes

Clinical outcomes for first and second year participants are shown in the tables below. Outcomes were measured at 9 months, or discharge if prior to 9 months in the program.

Table 35. Methadone voucher program clinical outcomes

Outcome indicator	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
	N	%	M	%	N	%
Primary substance - # with substance listed at admission	N=238	%	M=46	%	N=284	%
-reduced to "no use"	105 ¹	53%	23	64%	128	54%
-partial reduction	52	26%	7	19%	59	25%
-no change	38	19%	6	17%	44	19%
-increased use	4	2%	0	0%	4	2%
Total with known outcome	199	100%	36	100%	235	100%
Secondary substance - # with substance listed at admission	N=191	%	N=42	%	N=233	%
-reduced to "no use"	56	35%	17	47%	73	37%
-partial reduction	39	24%	3	8%	42	21%
-no change	50	31%	8	22%	58	29%
-increased use	16	10%	8	22%	24	12%
Total with known outcome	161	100%	36	100%	197	100%
Heroin - # with heroin listed at admission	N=237	%	N=46	%	N=283	%
-reduced to "no use"	105	53%	23	64%	128	54%
-partial reduction	52	26%	7	19%	59	25%
-no change	37	19%	6	17%	43	18%
-increased use	6	3%	0	0%	6	3%
Total with known outcome	200	100%	36	100%	236	100%

Table 35. Methadone voucher program clinical outcomes (cont'd)

Outcome indicator	First year cohort (N=262)		Second year cohort (N=46)		Total two years (N=308)	
	N	%	N	%	N	%
Cocaine - # with cocaine listed at admission	N=160		N=36		N=196	
-reduced to "no use"	41	30%	13	42%	54	32%
-partial reduction	38	28%	3	10%	41	24%
-no change	36	26%	7	23%	43	26%
-increased use	22	16%	8	26%	30	18%
Total with known outcome	137	100%	31	100%	168	100%
Change in drug expenses (average) ²	N=187		N=32		N=219	
	\$961@ admission	\$421@ discharge*	\$848@ admission	\$296@ discharge*	\$944@ admission	\$402@ discharge*
Drug problem days ²	N=151		N=30		N=181	
-reduced	47	31%	7	23%	54	30%
-no change	99	66%	23	77%	122	67%
-increased use	5	3%	0	0%	5	3%
Alcohol problem days ²	N=131		N=19		N=150	
-reduced	9	7%	4	21%	13	9%
-no change	117	89%	15	79%	132	88%
-increased use	5	4%	0	0%	5	3%
Employment ²	N=252		N=46		N=298	
-gained employment	33	13%	2	4%	35	12%
-no change	214	85%	43	93%	257	86%
-lost employment	5	2%	1	2%	6	2%

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

¹Ns vary due to imperfect matches with DASA data and incomplete data within DASA databases. Percentages derived from those with known admission and discharge data

²# with both admission and discharge data

Shown above, over three-quarters of participants during the first and second years 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. Nearly a third of participants reported reduced drug problem days, though fewer reported reduced days of problematic alcohol use. Employment was obtained by a modest proportion of participants, though any increase in employment is notable given the relatively short period of treatment.

III. Summary

During the second year of the operation 46 people entered the program, all referred from the King County jail. Due to funding discontinuation a few months into the year, this figure was sharply reduced compared to the 262 who entered during the first year. During the first half of the first year referrals were from the Needle Exchange program, while referrals during the second half were from the jail. A higher proportion of women and a lower proportion of ethnic minority group members were served compared to their representation in the overall jail population. About half of the participants were homeless.

Jail bookings were significantly reduced for second year participants, from an average of 3.0 during the pre-program year to an average of 2.0 during the year following program entry. This finding is consistent with earlier reports of first year participants that showed that the proportion of participants who reduced bookings was greater for those who were jail-referred compared with participants referred from the Needle Exchange

program, which only referred participants during the first year. However, it should be noted that jail-referred individuals had, on average, about double the number pre-program bookings, allowing them more statistical "freedom" to reduce their bookings. No significant change in jail days was shown for either year of participants.

Recidivism analysis shows that about three-quarters (74%) of the second year participants were re-incarcerated within one year of program entry. These rates are slightly higher than local and national rates. Charge severity for participants remained unchanged.

Program retention was strong, with nearly half of participants in both years receiving treatment beyond the 9-month program length.

Four-fifths of the participants during the first and second years of the program 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. More than half of the participants reduced use of secondary substances, which was mostly cocaine. There was also a significant reduction in the amount of money participants spent on illicit drugs.

**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 program year - May 1, 2003 thru April 30, 2004

Second program year - May 1, 2004 thru April 30, 2005

A. Characteristics of persons served

Characteristics of individuals served during the first two years of the housing voucher program are presented below. During the first year 189 unduplicated people were served accounting for 208 admissions into the program. During the second year, 159 unduplicated people entered the housing voucher program accounting for 181 admissions. More women and a similar proportion of ethnic minority participants were served in the housing voucher program compared to the overall jail population.

Table 36. Housing voucher program characteristics of persons served

Demographics	First year cohort ¹		Second year cohort		Total two years	
	N=189	%	N=159	%	N=348	%
Gender - #/% female	52	28%	49	31%	101	29%
Ethnicity						
Caucasian	98	52%	94	59%	192	55%
African-American	79	42%	60	38%	139	40%
Native American	6	3%	2	1%	8	2%
Asian-Pacific Islander	6	3%	3	2%	9	3%
Hispanic (duplicated) ²	14	7%	²	²	not	available
Age	Average= 38.9 yrs	SD=9.1	Average= 40.1	SD=9.9	Average= 39.4	SD=9.5

¹Seventeen people participated in both the first and second six-month cohort (i.e., are duplicated) within the first year, but are retained in the analyses as these cohorts were initially reported separately. The second-year cohort is fully unduplicated

²Ethnicity undercounts Hispanic - due to incomplete data during the first year and unavailable data during the second year

B. Outcome findings

1. Jail outcomes

The report examines one-year jail outcomes for the first and second year of program participants. For the first year analysis, for the 19 people who were referred into the program twice during a six-month period, only the first admission was evaluated. However, the 17 people who participated in both of the six-month periods were retained in the analysis as separate six-month unduplicated reports were generated. For the second year analysis, only the first admission was included for people who were admitted to the program more than once.

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 are 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 housing voucher participants in both years significantly reduced the number of jail bookings subsequent to program participation, with the second year of participants showing a greater reduction. Jail days declined (but not significantly) for the first year and significantly for the second year and two years combined. Bookings per days "at-risk" (i.e., not in jail) decreased significantly for both years. The proportion of people with no bookings increased substantially.

Table 37. Housing voucher program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=189)		Second year cohort (N=159)		Total two years (N=348)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.7 (2.0) ²	2.2 (2.2)*	2.8 (2.1)	1.7 (1.8)*	2.7 (2.0)	2.0 (2.1)*
Jail days (average)	50.9 (56.3)	44.6 (52.1)	39.3 (43.5)	36.3 (51.8)*	45.6 (51.1)	40.8 (52.0)*
Bookings/month "at-risk" ³	.30 (.29)	.24 (.31)*	.28 (.26)	.18 (.22)*	.29 (.28)	.21 (.27)*
No jail use	13 (7%)	46 (24%)	18 (11%)	57 (36%)	31 (9%)	103 (30%)

*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.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The jail day detail table below shows that the first year of housing voucher participants reduced their jail days by 7%, while the second year reduced by 4% for an overall rate of 6% over the two years.

Table 38. Housing voucher jail day detail

Jail day detail	First year cohort (N=189)		Second year cohort (N=159)		Total two years (N=348)	
Pre period jail days	9618	53%	6248	52%	15866	53%
Post period jail days	8427	47%	5778	48%	14205	47%
Total jail days	18045	100%	12026	100%	30071	100%
Change in jail days	-1191	-7%	-470	-4%	-1661	-6%

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 just under half (49%) of the first-year cohort reduced bookings, rising to 62% for the second-year cohort, for an overall rate of 55% over the two years.

Table 39. Housing voucher program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=189)		Second year cohort (N=159)		Total two years (N=348)	
Reduced bookings	92	49%	98	62%	190	55%
No pre or post bookings	9	5%	8	5%	17	5%
Same # of pre and post bookings	29	15%	19	12%	48	14%
Increased bookings	59	31%	34	21%	93	27%

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, dropping to 64% for the second-year cohort for an overall rate of 70% for the two years.

Table 40. Housing voucher program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=189)		Second year cohort (N=159)		Total two years (N=348)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	143	76%	102	64%	245	70%

¹Some individuals may not have had any bookings 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% for first-year of participants and significantly from 67% to 53% for second-year 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.

Table 41. Housing voucher program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=189)		Second year cohort (N=159)		Total two years (N=348)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	288 (57%)	291 (70%)	246 (56%)	188 (70%)	534 (56%)	479 (70%)
Property	46 (9%)	37 (9%)	55 (13%)	23 (9%)	101 (11%)	60 (9%)
Non-compliance	48 (9%)	39 (9%)	44 (10%)	18 (7%)	92 (10%)	57 (8%)
Assault	24 (5%)	13 (3%)	13 (3%)	4 (1%)	37 (4%)	17 (2%)
Criminal trespass	18 (4%)	3 (1%)	13 (3%)	5 (2%)	31 (3%)	8 (1%)
DUI	11 (2%)	5 (1%)	10 (2%)	2 (1%)	21 (2%)	7 (1%)
Domestic violence	8 (2%)	2 (<1%)	10 (2%)	1 (0%)	18 (2%)	3 (<1%)
Prostitution	9 (2%)	0 (0%)	4 (1%)	1 (0%)	13 (1%)	1 (<1%)
Traffic	6 (1%)	1 (<1%)	9 (2%)	2 (1%)	15 (2%)	3 (<1%)
Robbery	1 (<1%)	1 (<1%)	4 (1%)	2 (1%)	5 (1%)	3 (<1%)
Other	50 (10%)	26 (6%)	32 (7%)	22 (8%)	82 (9%)	48 (7%)
Total	509 (100%)	418 (100%)	440 (100%)	268 (100%)	949 (100%)	686 (100%)

The table above shows that the proportion of drug offenses increased while other MSO crime categories remained largely unchanged.

2. Length of treatment and treatment dispositions

Only about half of program participants are retained for more than 90 days. Of those who are retained, over half obtain an extension past the 180-day benefit to continue services.

Table 42. Housing voucher program length of service

Length of treatment	First year cohort		Second year cohort		Total two years	
	N=189	%	N=159	%	N=348	%
0-90 days	105	56%	72	45%	177	51%
91-180 days	38	20%	37	23%	75	22%
181+	46	24%	50	32%	96	28%

Less than one-third (29%) of the first-year cohort obtained permanent housing, rising to 38% for the second-year cohort, for an overall rate of 33% over the two years. Note: for consistency, all outcomes are now reported for unduplicated people, whereas in prior reports of the first-year cohort we reported on the 208 total admissions. The percentages of individuals with the various treatment dispositions differed by only 1% between these two bases of analysis.

Table 43. Housing voucher program dispositions at discharge

Disposition at discharge from program	First year cohort		Second year cohort		Total two years	
	N=189	%	N=159	%	N=348	%
Obtained permanent/long-term housing	54	29%	60	38%	114	33%
Lost to contact	32	17%	23	14%	55	16%
Discharged due to multiple positive urinalyses	30	16%	23	14%	53	15%
Discharged due to bench warrant	15	8%	9	6%	24	7%
Discharged due to behavioral problems	14	7%	10	6%	24	7%
In inpatient treatment	15	8%	7	4%	22	6%
Discharged due to rule violations	13	7%	8	5%	21	6%
In custody	7	4%	11	7%	18	5%
Other (left court; moved; refused, had baby, transferred to COD program, had pet)	6	3%	6	4%	12	3%
Died	0	0%	1	1%	1	1%
End of voucher	3	2%	1	1%	4	<1%

3. Clinical outcomes

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. The table below shows that the likelihood of obtaining housing increased with the participant's time in the program. Specifically, about half of the participants exited services within three months, and few of these individuals obtained permanent housing. About 90% of participants who obtained housing remained 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 (74 divided by 96) of the participants who stayed 181+ days obtained housing. Over half of those who stayed 91+ days obtained housing.

Table 44. Housing voucher program housing outcomes

Time in program	First year cohort				Second year cohort				Total two years			
	All		Obtained permanent housing		All		Obtained permanent housing		All		Obtained permanent housing	
	N=189		N=54		N=159		N=60		N=348		N=114	
	N	%	N	%	N	%	N	%	N	%	N	%
0-90 days	105	56%	7	13%	72	45%	5	8%	177	51%	12	11%
91-180 days	38	20%	13	24%	37	23%	15	25%	75	22%	28	25%
181+	46	24%	34	63%	50	32%	40	67%	96	28%	74	65%

III. Summary

During the second year of operation, there were 181 total admissions into the program for 159 unduplicated people, slightly lower than the 189 unduplicated people who entered during the first year. The program served a higher proportion of females and a similar proportion of ethnic minorities compared with 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 second year participants was significantly reduced from an average of 2.8 during the pre-program year to an average of 1.7 during the year following entry into the program. Second year participants showed a somewhat greater reduction than the first year. Jail days declined significantly for the second year of participants and non-significantly for the first year of participants.

About two-thirds (64%) of second year participants were re-incarcerated within one year of program entry. These rates are comparable to local and national rates for similar populations. Felonies as a proportion of all bookings were reduced significantly for second year participants but not for first year participants.

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, over half obtained permanent housing. Most of those who obtained permanent housing required an extension of the 6-month benefit. Overall, 38% of participants obtained permanent housing, and improvement from the 28% found during the first year. In general, the second year of participants showed stronger overall housing and jail outcomes.

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 program year - April 1, 2004 thru March 31, 2005

Second program year - April 1, 2005 thru March 31, 2006

A. Characteristics of persons served

Characteristics of individuals served during the first and second year of the CCAP IOP are shown below. During the first year 87 unduplicated people entered the program and no one was admitted more than once during the year. During second year, 136 unduplicated people entered the program, accounting for 139 admissions. Only the first of these admissions was retained for analysis. The program served a higher proportion of females and a similar proportion of ethnic minorities compared to the overall jail population. Alcohol and marijuana were reported to be used by more than half of the participants; cocaine was used by about half. About a quarter of the participants were homeless and few were employed.

Table 45. CCAP IOP program characteristics of persons served

Demographics	First year cohort		Second year cohort		Total two years	
	N=87	%	N=136	%	N=223	%
Gender- #/% female	21	24%	44	32%	65	29%
Ethnicity						
Caucasian	45	52%	81	60%	126	57%
African-American	36	41%	36	26%	72	32%
Native American	4	5%	4	3%	8	4%
Asian-Pacific Islander	1	1%	5	4%	6	3%
Mixed or "other"	1	1%	10	7%	11	5%
Hispanic (duplicated)	1	1%	9	7%	10	4%
Age	Average= 32.8 yrs	SD=10.7	Average= 35.5 yrs	SD=10.9	Average= 34.4	SE=10.8

Table 45. CCAP IOP program characteristics of persons served (cont'd)

Substances used (may report more than one)	First year cohort		Second year cohort		Total two years	
	N=87	%	N=136	%	N=223	%
Alcohol	68	78%	74	54%	142	64%
Marijuana	54	62%	65	48%	119	53%
Cocaine	39	45%	68	50%	107	48%
Heroin	11	13%	19	14%	30	13%
Other (non-tobacco)	34	39%	56	41%	90	40%
Homelessness						
DSHS DASA data	18	21%	37	27%	55	25%
Community functioning						
Employed (DASA data)	12	14%	14	11%	26	12%

B. Outcome Evaluation

1. Jail outcomes

The report examines one-year jail outcomes for first and second year program participants.

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 are 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 participants in both years significantly reduced jail bookings subsequent to program participation. Bookings per days "at-risk" (i.e., not in jail) declined significantly for first year participants. Jail days increased significantly for both years indicating increased length of stay. The proportion of people with no bookings increased.

Table 46. CCAP IOP program change in average jail bookings and days

Jail outcome indicator	First year cohort (N=87)		Second year cohort (N=136)		Total two years (N=223)	
	Pre ¹	Post	Pre	Post	Pre	Post
Jail bookings (average)	2.0 (1.9) ²	1.3 (1.5)*	1.9 (2.0)	1.5 (1.9)*	2.0 (2.0)	1.4 (1.7)*
Jail days (average)	22.5 (35.1)	44.7 (60.6)*	26.2 (40.2)	48.4 (65.9)*	24.7 (38.4)	46.9 (63.7)*
Bookings/month "at-risk" ³	.19 (.20)	.15 (.18)*	.19 (.22)	.19 (.29)	.19 (.21)	.17 (.26)
No jail use	16 (18%)	33 (38%)	36 (26%)	41 (30%)	52 (23%)	74 (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.

²Standard deviation for jail bookings, days and bookings/month "at-risk" are shown in ()

³Bookings/month "at-risk" = # of bookings/(non-jail days/30)

The jail day detail table below shows that participants in the CCAP IOP program increased jail days by 34% during the first year and 30% during the second year (31% for the two years combined) when comparing the year following program entry with the year prior to it.

Table 47. CCAP IOP jail day detail

Jail day detail	First year cohort (N=87)		Second year cohort (N=136)		Total two years (N=223)	
Pre period jail days	1953	33%	3565	35%	5518	35%
Post period jail days	3885	67%	6576	65%	10461	65%
Total jail days	5838	100%	10141	100%	15979	100%
Change in jail days	+1932	+34%	+3011	+30%	+4943	+31%

The analysis below shows the numbers of individuals who reduced, increased, or had the same amount of bookings comparing the year following program entry with the year prior to it. The table shows that 53% of program participants during the first year reduced bookings, dropping to 40% for the second year of participants.

Table 48. CCAP IOP program proportions increasing and decreasing jail bookings

Proportion changing jail bookings	First year cohort (N=87)		Second year cohort (N=136)		Total two years (N=223)	
Reduced bookings	46	53%	55	40%	101	45%
No pre or post bookings	8	9%	16	12%	24	11%
Same # of pre and post bookings	13	15%	24	18%	37	17%
Increased bookings	20	23%	41	30%	61	27%

Jail recidivism

The table below shows jail recidivism analyses. Sixty-two percent of first-year participants had a jail booking within the year following program entry, rising to 70% for second-year participants for an overall rate of 67% for the two-year period.

Table 49. CCAP IOP program jail booking recidivism

1- year jail recidivism (any post-period booking)	First year cohort (N=87)		Second year cohort (N=136)		Total two years (N=223)	
	Recidivists		Recidivists		Recidivists	
Total in cohort ¹	54	62%	95	70%	149	67%

¹Some individuals may not have had any bookings within the prior year

Charge Severity

Analysis of charge severity revealed that felonies as a proportion of all bookings did not significantly change from 44% to 45% for first year participants or from 42% to 51% for second year participants when comparing the year following program entry to the prior year. 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 50. CCAP IOP program change in types of crimes

Most Serious Offense (MSO)	First year cohort (N=87)		Second year cohort (N=136)		Total two years (N=223)	
	Pre	Post	Pre	Post	Pre	Post
Drugs	86 (49%)	53 (47%)	78 (30%)	61 (30%)	164 (37%)	114 (36%)
Property	28 (16%)	20 (18%)	44 (17%)	34 (17%)	72 (16%)	54 (17%)
Non-compliance	3 (2%)	11 (10%)	40 (15%)	45 (22%)	43 (10%)	56 (18%)
DUI	16 (9%)	11 (10%)	16 (6%)	4 (2%)	32 (7%)	15 (5%)
Domestic violence	10 (6%)	0 (0%)	17 (6%)	9 (4%)	27 (6%)	9 (3%)
Assault	6 (3%)	3 (3%)	14 (5%)	8 (4%)	20 (5%)	11 (3%)
Criminal trespass	4 (2%)	3 (3%)	4 (2%)	5 (2%)	8 (2%)	8 (3%)
Traffic	6 (3%)	3 (3%)	5 (2%)	3 (1%)	11 (3%)	6 (2%)
Prostitution	0 (0%)	0 (0%)	6 (2%)	2 (1%)	6 (1%)	2 (1%)
Robbery	0 (0%)	1 (1%)	3 (1%)	4 (2%)	3 (<1%)	5 (2%)
Other	17 (10%)	8 (7%)	35 (13%)	30 (15%)	52 (12%)	38 (12%)
Total	176 (100%)	113 (100%)	262 (100%)	205 (100%)	438 (100%)	318 (100%)

The table above shows that non-compliance increased while other MSO crime categories remained largely unchanged.

2. Length of treatment and treatment dispositions

The CCAP IOP was designed as a 90-day intervention. The table below shows that more than half of the participants leave within 60 days. About one-quarter remain in the program for more than 90 days.

Table 51. CCAP IOP program length of treatment

Length of treatment	First year cohort		Second year cohort		Total two years	
	N=87	%	N=136	%	N=223	%
0-30 days	23	26%	32	24%	55	25%
31-60 days	29	33%	36	26%	65	29%
61-90 days	16	18%	34	25%	50	22%
91+ days	19	22%	34	25%	53	24%

The table below shows that about one-third of participants completed treatment at CCAP or were transferred to other agencies to complete treatment. Most of the remaining individuals withdrew or were lost to contact.

Table 52. CCAP IOP program dispositions at discharge

Disposition at discharge from program	First year cohort		Second year cohort		Total two years	
	N=87	%	N=136	%	N=223	%
Completed treatment at CCAP	21	24%	31	23%	52	23%
Transferred to complete treatment	12	14%	5	4%	17	8%
Withdrew or lost to contact	44	51%	55	40%	99	44%
Incarcerated	8	9%	23	17%	31	14%
Inappropriate admission	0	0%	3	2%	3	1%
Funds exhausted	0	0%	5	4%	5	2%
Rule violation	2	2%	4	4%	6	3%
Other	0	0%	10	7%	10	4%

3. Clinical outcomes

All (100%) of the first year participants who completed treatment (n=21) were reported to be 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". During the first year, 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.

For the second year of participants, substance use was recorded for all participants. Six participants (4%) were no longer using their primary drug, while 3 had a partial reduction and 3 increased. All remaining participants (out of 135 - one had unknown use) showed no change in substance use. Employment status did not change for any of the participants in either year. Due to the very low number of individuals showing reduced substance use during the second year compared with the first year, we are not confident that these data are accurate. However, the service providing agency has since changed and we are thus unable to either determine or improve data accuracy.

III. Summary

During the second year of operation 136 people entered the CCAP IOP program, an increase from the 87 served during the first year. The program served a higher proportion of females and a similar proportion of ethnic minorities compared with the overall jail population.

Jail bookings were significantly reduced for second year participants from an average of 19 during the pre-program year to an average of 1.5 during the year following entry into the program. Jail days, in contrast, were significantly increased, indicating a substantial increase in length of stay. Recidivism analysis shows that 70% of the second year participants were re-incarcerated within one-year of program entry, a rate comparable to local and national rates for similar populations. Charge severity for program participants was unchanged.

About a third of the participants completed treatment at CCAP or were transferred elsewhere to complete treatment. All of the first year participants who completed treatment at CCAP (n=21) were reported to have no substance use at discharge. Data for individuals who did not complete treatment was reported for second year participants but not for first year participants. Very few second year participants showed reductions in substance use.

More than half of the participants leave within 60 days. About one-quarter remain in the program for more than 90 days. Two known reasons for early client discharges are that cases are placed back in custody with only one positive urinalysis and over 60% of clients are pre-trial status who can be discharged from CCAP at any time due to case dismissal, plea bargaining and the like.

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 nor had an out-of-county hold, could 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), could be referred to the CJ liaison stationed at CCAP.

II. Results

First program year – September 1, 2003 thru August 31, 2004

Second program year – September 1, 2004 thru August 31, 2005

A. Characteristics of persons served

Characteristics of individuals served during the first two years of the CJ liaison program are presented in the table below. A higher proportion of females were served than are in the jail population as a whole. Most individuals served by jail-based liaisons had mental health and/or chemical dependency problems. Fewer, though still a substantial proportion of those served by the CCAP-based liaison, had these problems. About half of those served by the RJC liaison were homeless, while fewer of those served by the KCCF and CCAP liaisons were homeless.

Table 53. CJ liaisons characteristics of persons served

Total referrals	First year cohort			Second year cohort			Total two years
	KCCF	RJC	CCAP	KCCF	RJC	CCAP	
	N=618	N=492	N=237	N=620	N=650	N=508	
#/% female	248 (40%)	128 (26%)	84 (35%)	198 (32%)	186 (29%)	168 (33%)	1012 (32%)
Average Age ¹	Ave.=34.4 SD=9	Ave.=36.2 SD=10	Ave.=38.3 SD=10	Ave.=36.1 SD=9.9	Ave.=35.9 SD=8.9	Ave.=36.5 SD=11.3	Ave.=36.0 SD=10.2
Presenting Problems	First year cohort			Second year cohort			Total two years
	KCCF	RJC	CCAP	KCCF	RJC	CCAP	
	N=618	N=492	N=237	N=620	N=650	N=508	
MH problem	343 (56%) ²	287 (58%)	79 (33%)	438 (71%)	365 (56%)	276 (54%)	1788 (58%)
CD problem	432 (70%) ³	457 (93%)	55 (23%)	388 (63%)	619 (95%)	160 (31%)	2111 (69%)
Homeless	133 (22%) ²	251 (51%)	52 (22%)	54 (9%)	317 (49%)	211 (42%)	1018 (33%)

¹115 missing DOB in year 1 and 41 missing year 2 for direct referral to ADATSA/DSHS

²Missing data for 30 direct referrals to ADATSA/DSHS.

³Missing data for 45 direct referrals to ADATSA/DSHS

B. Referral sources

One way to assess the degree to which liaisons are integrated within the systems in which they work is to examine their referral sources. If all expected referral sources are represented, we could conclude that the liaisons are sufficiently known and are functioning adequately in the views of referral sources. Integration is partially demonstrated by a high rate of referrals to liaisons from Jail Health Services, though court and corrections referrals are more infrequent. Inmate self-referral for assistance was the most frequent referral source for the RJC liaison.

Table 54. CJ liaisons referral sources

Referral sources*	First year cohort		Second year cohort		Total two years	
	KCCF	RJC	KCCF	RJC	KCCF	RJC
	N=618	N=492	N=620	N=650	N= 1238	N=1142
Self	297 (48%)	295 (60%)	80 (13%)	411 (63%)	377 (30%)	706 (62%)
Jail Health Services	255 (41%)	91 (18%)	499 (80%)	131 (20%)	754 (61%)	222 (19%)
Defender Associations; clients attorney	19 (3%)	10 (2%)	14 (2%)	30 (5%)	33 (3%)	40 (4%)
Courts/judges	21 (3%)	16 (3%)	4 (1%)	18 (3%)	25 (2%)	34 (3%)
MH roster	0 (0%)	17 (3%)	0 (0%)	0 (0%)	17 (1%)	0 (0%)
Other liaison	1 (<1%)	18 (4%)	1 (<1%)	11 (2%)	2 (<1%)	29 (3%)
RJC/DAJD staff	2 (<1%)	14 (3%)	0 (0%)	25 (4%)	2 (<1%)	39 (3%)
PO	1 (<1%)	12 (2%)	0 (0%)	7 (1%)	1 (<1%)	19 (2%)
Case manager at mental health agency	6 (1%)	6 (1%)	4 (1%)	0 (0%)	10 (1%)	6 (<1%)
ADATSA worker	0 (0%)	5 (1%)	2 (<1%)	6 (1%)	2 (<1%)	11 (1%)
DOC Community Corrections Officer	2 (<1%)	2 (<1%)	9 (1%)	0 (0%)	11 (1%)	2 (<1%)
CDPs	0 (0%)	0 (0%)	0 (0%)	6 (1%)	0 (0%)	6 (<1%)
Other/Unknown	10 (2%)	6 (1%)	7 (1%)	5 (1%)	17 (1%)	11 (1%)

*CCAP liaison not included - all referrals are from courts

C. Treatment linkages

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

Table 55. CJ liaisons referrals out

Liaison referrals out	First year cohort			Second year cohort			Total N=3125
	KCCF N=618	RJC N=492	CCAP N=237	KCCF N=620	RJC N=650	CCAP N= 508	
DSHS/ADATSA	309 (50% ¹)	331 (67%)	91 (38%)	367 (59%)	623 (96%)	248 (49%)	1969 (63%)
MH agencies	137 (22%)	76 (15%)	68 (29%)	144 (23%)	32 (5%)	268 (53%)	725 (23%)
Court (Justice Resource Center)	48 (8%)	5 (1%)	0 (0%)	114 (18%)	239 (37%)	0 (0%)	406 (13%)
Corrections/court (attorney, PO, judge social worker, DOC, JHS, liaisons)	76 (12%)	64 (13%)	1 (1%)	114 (18%)	73 (11%)	0 (0%)	328 (10%)
Housing (YWCA, shelters, Mom's +)	45 (7%)	4 (1%)	39 (16%) ³	49 (8%)	8 (1%)	182 (36%)	327 (10%)
Specialty court ²	86 (14%)	49 (10%)	0 (0%)	76 (12%)	7 (1%)	0 (0%)	218 (7%)
Employment	1 (<1%)	0 (0%)	65 (27%)	3 (<1%)	1 (<1%)	50 (10%)	120 (4%)
CD agency/ JODET/AA or NA /Needle Exchange	27 (4%)	36 (7%)	40 (17%)	40 (6%)	28 (4%)	0 (0%)	171 (5%)
Medical/dental/VA	3 (1%)	0 (0%)	11 (5%)	2 (<1%)	3 (<1%)	0 (0%)	16 (1%)
Other	7 (1%)	1 (<1%)	12 (5%)	0 (0%)	0 (0%)	0 (0%)	20 (1%)

¹Percentages do not add to 100% as liaisons may make more than one referral per client and some clients receive no referrals

²Drug Court referrals involve talking w/attorney or referring client to talk to attorney.

³Housing vouchers became available within CCAP July '04 - 4 were provided during the two months of this reporting period

More than half of the clients served by the jail-based CJ liaisons - especially at the RJC - received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common, particularly from the CCAP liaison.

III. Summary

During the first year of the program the CJ liaisons served a total of 1347 referrals (618 KCCF, 492 RJC, 237 CCAP), rising to 1778 during the second year (620 KCCF, 650 RJC, 508 CCAP). The program served a higher proportion of females compared to the overall jail population. Most referrals to the RJC liaison were inmate self-referrals. Most KCCF referrals were also inmate self-referrals during the first year, but most referrals came from the jail health service during the second year.

More than half of the clients served by the jail-based CJ liaisons received a referral to a benefit application worker (DSHS, ADATSA or the Justice Resource Center). Referrals to mental health agencies were also common, particularly from the CCAP liaison.

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 program year – February 1, 2004 thru January 31, 2005

Second program year – February 1, 2005 thru January 31, 2006

A. Characteristics of persons served

During the first year, 142 individuals received an ADATSA screening. And additional 184 people were referred to the ADATSA application worker and did not get a screening – they were referred prior to introduction of the DSHS application worker who pre-screened referrals to ensure that the individuals were within 45 days of release so that the ADATSA worker could conduct the screening. The number receiving an ADATSA screening rose during the second year to 251. Demographic characteristics are only collected for individuals who received an ADATSA screening.

The table below shows that a higher proportion of females and a similar proportion of ethnic minorities were served by the ADATSA application worker compared to the overall jail population.

Table 56. ADATSA application worker - characteristics of persons served

Demographics	First year cohort		Second year cohort		Total two years	
	N=142	%	N=251	%	N=393	%
Gender- #/% female	45	32%	85	34%	91	33%
Ethnicity						
Caucasian	101	58%	123	49%	224	57%
African-American	43	30%	75	30%	118	30%
Native American	14	10%	34	14%	48	12%
Asian-Pacific Islander	1	1%	6	2%	7	2%
Mixed or "other"	3	2%	12	5%	15	4%
Hispanic (duplicated)	1	1%	6	2%	7	2%
Unknown	0	0%	1	<1%	1	<1%
Age	Ave.=35.5	SD=9.0	Ave.=35.8 ¹	SD=9.6	Ave.=35.7	SD=9.3

¹3 people missing DOB

B. Referral sources

While about half of the referrals for the ADATSA application worker were from inmate self-referrals during the first year, after the introduction of DSHS worker pre-screening, most referrals were from this source. CJ liaisons and Jail Health Services comprised nearly all remaining referrals during the first year. During the second year, screening began for individuals referred from the jail intake services staff. Of the 251 total individuals screened during the second year, 27 were from jail intake services. A modest proportion of referrals continued to come from the courts.

Table 57. ADATSA application worker referral sources

ADATSA referral sources	First year cohort		Second year cohort		Total two years	
	N=326	%	N=251	%	N=577	%
Self	160	49%	0	0%	160	28%
DSHS workers	22	7%	188	75%	210	36%
CJ liaison	46	14%	0	0%	46	8%
Jail Health Services	45	14%	1	<1%	46	8%
Courts/judges/AGs office	17	5%	29	12%	46	8%
PO	16	5%	0	0%	16	2%
Intake services/PR screeners	0	0%	27	11%	27	5%
RJC/DAJD jail staff	4	1%	0	0%	4	1%
Community agencies	2	1%	0	0%	2	<1%
Community corrections	0	0%	4	2%	4	1%
DOC	1	<1%	0	0%	1	<1%
Defender organizations	1	<1%	0	0%	1	<1%
Other/unknown	12	4%	2	1%	14	2%

C. Success in obtaining ADATSA benefits

The table below shows that of those who complete an ADATSA screening, nearly all obtains ADATSA benefits.

Table 58. ADATSA success in obtaining benefits

ADATSA clients obtaining benefits	First year N=326			Second year N=251			Total two years N=577		
	Completed screening	Obtained ADATSA benefit	%	Completed screening	Obtained ADATSA benefit	%	Completed screening	Obtained benefit	%
	142	122	80%	251	220	88%	393	342	87%

III. Summary

During the first year, 142 individuals received an ADATSA screening, rising to 251 during the second year. A higher proportion of females and a similar proportion of ethnic minorities were served compared to the jail population.

Of those who completed an ADATSA screening, over 80% obtained ADATSA benefits.

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 program year - May 1, 2004 - April 30, 2005

Second program year - May 1, 2005 - April 30, 2006

A. Characteristics of persons served

During the first year 1259 referrals were made to the DSHS application worker, rising to 1562 during the second year. Demographic characteristics are only collected for individuals who received a DSHS application. As the table below shows, only about a quarter of individuals referred have an application completed. 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. A higher proportion of females and a lower proportion of ethnic minorities completed a DSHS application compared to the overall jail population.

Table 59. DSHS application worker – characteristics of persons served

Demographics	First year cohort N=1259 referrals		Second year cohort N=1562 referrals		Total two years N=2821	
	N=298 Applications	%	N=377 Applications	%	N=675 Applications	%
Gender- #/% female	99	33%	125	33%	224	33%
Ethnicity						
Caucasian	178	60%	265	70%	443	66%
African-American	103	35%	91	24%	194	29%
Native American	15	5%	13	3%	28	4%
Asian-Pacific Islander	2	1%	7	2%	9	1%
Mixed or "other"	0	0%	1	<1%	1	<1%
Hispanic (duplicated)	7	2%	6	2%	13	2%
Age	Average=34.7	SD=10.1	Average=35.6	SD=9.8	Average=35.2	SD=9.9

B. Referral sources

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

Table 60. DSHS application worker referral sources

DSHS referral sources	First year cohort		Second year cohort		Total two years	
	N=1259	%	N=1562	%	N=2821	%
Self	541	43%	649	42%	1190	42%
CCAP	374	30%	469	30%	843	30%
Jail Health Services	113	9%	276	18%	389	14%
Courts	198	16%	74	5%	272	10%
Defender associations	9	1%	51	3%	60	2%
DOC	7	1%	9	<1%	16	1%
CJ liaison	7	1%	0	0%	7	<1%
Psychiatric hospital	0	0%	14	1%	14	<1%
Jail transition program	0	0%	14	1%	14	<1%
Mental health center	3	<1%	1	<1%	4	<1%
Assessment Center/CD ITA/ADATSA	3	<1%	0	0%	3	<1%
Probation/parole	2	<1%	3	<1%	5	<1%
Other	2	<1%	2	<1%	4	<1%

C. Success in obtaining DSHS benefits

DSHS benefits received by those completing an application are shown below. Nearly two-thirds of those who applied for ADATSA benefits, Medicaid and cash assistance received them. Nearly all of those who applied for food stamps received them.

Table 61. DSHS application worker DSHS benefit received

DSHS benefits	First year cohort N=298		Second year cohort N=377		Total two years N= 675	
	Applied	Received	Applied	Received	Applied	Received
ADATSA	119	76 (64%)	162	96 (59%)	281	172 (61%)
Food stamps	149	135 (91%)	206	180 (87%)	355	315 (89%)
Medicaid	78	40 (51%)	166	111 (67%)	244	151 (62%)
Cash assistance	86	45 (52%)	162	107 (66%)	248	152 (61%)
SSI	8	7 (88%)	0	0% (0%)	8	7 (88%)

III. Summary

During the first year 1259 referrals were made to the DSHS application worker, rising to 1562 during the second year. 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. A higher proportion of females and a lower proportion of ethnic minorities completed an application compared to the overall jail population.

Referrals to the DSHS applications workers were largely from inmates themselves, CCAP, the jail health service, or courts.

For those who completed an application, nearly two-thirds of those who applied for ADATSA benefits, Medicaid and cash assistance received them. Nearly all of those who applied for food stamps received them.

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. During the first year of the COD integrated treatment program participants demonstrated significant reductions in jail bookings and positive clinical outcomes. During the second year, clinical outcomes remained strong, but jail outcomes were weaker. First year findings led to expansion of the program to referrals from courts other than the specialty drug and mental health courts which began shortly after the end of the second year. Outcomes should be monitored following this change.
2. The second year of mental health voucher program participants showed little evidence of reduced jail utilization or improvements in clinical outcomes. These results were similar to those found for first year participants. The program was discontinued at the end of the second year, with no new admissions after September, 2005.
3. Participants in the methadone voucher program during the second year of the program showed significant jail reductions as well as substantially reduced substance use. Jail outcomes were improved compared with the first year of the program. During both the second half of the first year and the entire second year, referrals were from the jail, rather than the Needle Exchange program. Jail-referred participants in both periods had more pre-program bookings as well as greater reductions in bookings. Due to lack of funding, admissions to the program were discontinued June, 2005, halfway through the second year. A small amount of new funding allowed for a new cohort of 19 individuals to be admitted in October, 2006. No additional County funding is anticipated. However, financial workers assigned to the jails will prioritize this population for assistance with applying for DSHS funding and subsequent referral to publicly funded chemical dependency treatment, including opiate substitution treatment, in the community.
4. The housing voucher program shows the strongest jail outcomes of all the CJI programs. In both the first and second years of the program, participants showed significant reductions in bookings, and in the second year jail days were also significantly reduced. However, as about half of the participants drop out of the program in less than 90 days and only 38% obtain permanent housing, there is a continued need to focus on participant retention and ways to increase the supply of safe, appropriate and well-maintained housing for CJI participants.
5. Participants in the CCAP intensive outpatient chemical dependency treatment program showed significant reductions in jail bookings though significantly increased jail days. These results were similar to those found for first year participants. Areas identified for improvement continue to include increasing client retention; however retention is affected by the courts' ability to place participants back in custody for a single positive urinalysis or case dismissal or plea bargaining of pre-trial participants which comprise the majority of the program. Linking participants with employment training and reintegration were also recommended after the first year of the program. Via a collaborative effort with the King County Community Corrections Division, the addition of re-entry case managers and coordination with South Seattle Community College's vocational programming have recently begun to address this issue. Finally, problems with data accuracy also affected our ability to confidently draw conclusions about program outcomes. Recently, the service provider agency has been changed and we anticipate that data accuracy will be improved.
6. The CJ liaisons and ADATSA and DSHS application workers collectively served 3,591 people; about one-third more than during the first year. Individuals served were linked with essential benefits and community-based treatment and other services. The ADATSA application worker was originally assigned to assist

CCAP participants and city jail inmates in addition to King County Jail inmates. However, due to a rapidly increasing workload, the ADATSA application worker position was reconfigured to focus exclusively on referrals involving inmates of the King County Jail. A service provider agency was recruited to assist in completing ADATSA assessments and applications for inmates of city jails and those who are out of custody.