

MIDD 2 Initiative RR-07: Behavioral Health Risk Assessment Tool for Adult Detention (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

Individuals who experience behavioral health issues have increased rates of incarceration.¹¹⁶ Some jurisdictions in the U.S. have been able to reduce rates of recidivism for individuals who experience behavioral health issues through the complete application of evidence-based practices with fidelity, of which risk and need assessment is foundational.¹¹⁷ The implementation of the comprehensive risk and needs assessment of incarcerated individuals in King County will guide case management and appropriate services placement, and will position King County Department of Adult and Juvenile Detention (DAJD) and the King County Community Corrections Division (CCD) to partner with providers in an effort to reduce recidivism consistent with national best practices.

The first step in this work is the development and implementation of a validated needs assessment platform in King County.¹¹⁸ At present, a King county cross-system criminal justice and behavioral health work team¹¹⁹ is working with the Washington State University Criminal Justice Institute to develop a comprehensive jurisdictional needs assessment tool for King County that, when applied countywide, will not only identify the likelihood of re-offense but will specifically categorize the criminogenic needs of the individual.

This initiative supports implementation of a behavioral health risk assessment instrument in King County’s adult correctional facilities.

1. Program Description

◇ A. Service Components/Design (Brief)

The Behavioral Health Risk Assessment Tool (BHRAT) for adult detention will be administered to individuals who are booked into the King County Correctional Facility (KCCF) or the Maleng Regional Justice Center (MRJC) and are seen by the King County Personal Recognizance (PR) investigators who assess criminal history and danger to the community.

¹¹⁶ Steadman, HJ, Osher, FC, Robbins, PC, Case, B, Samuels S. “Prevalence of Serious Mental Illness Among Jail Inmates.” *Psychiatric Services*, 60, 6, (2009): 761-765.

¹¹⁷ <https://csgjusticecenter.org/nrrc/publications/states-report-reductions-in-recidivism-2/> and <https://csgjusticecenter.org/reentry/publications/reducing-recidivism-states-deliver-results/>. Accessed 12/31/15.

¹¹⁸ King County Recidivism Reduction and Reentry Strategic Planning, Progress Report I, July 2015.

¹¹⁹ King County (KC) Performance, Strategy and Budget, KC Dept. of Adult and Juvenile Detention, KC Prosecuting Attorney’s Office, KC Dept. of Public Defense, KC Behavioral Health and Recovery Division, KC Jail Health Services, KC Superior Court, KC Drug Diversion Court, KC Sheriff’s Office, KC Council Staff, KC Executive’s Office, City of Seattle, Northwest Justice, Public, Defender Assoc., WA State Dept. of Corrections, University of Washington, Antioch University

Those who are identified by the BHRAT as likely having a significant substance use¹²⁰ and/or mental health disorder¹²¹ will be referred for comprehensive treatment planning. This work considers all relevant individual needs information while factoring local recidivism drivers.

With a comprehensive treatment plan developed, referral sources will be better able to direct participants to viable community-based programs that are prepared to address their behavioral health risks and needs. In the event of a return to custody at KCCF or MRJC in King County, the BHRAT will be updated when the individual is seen again by the King County PR investigators.

◇ *B. Goals*

As King County begins to identify and address individuals' behavioral health risks and criminogenic needs consistent with best practices, a reduction in the return to custody among adult individuals with behavioral health conditions is expected. This new concept addresses a currently unmet need and represents a critical and necessary initial component in the application of alternatives that can result in overall reduced County expenses. It includes better meeting the behavioral health needs of the participants by providing them a specific and unique plan of action designed to address their behavioral health needs and decrease their likelihood of further criminal justice involvement.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*¹²²

1. *How much? Service Capacity Measures*

Approximately 2,460 individuals per year are expected to receive the BHRAT at jail booking, as well as targeted referrals.

2. *How well? Service Quality Measures*

- Increased use of preventive (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

- Reduced substance use
- Reduced behavioral health risk factors
- Reduced unnecessary incarceration

¹²⁰ <http://www.casacolumbia.org/newsroom/press-releases/2010-behind-bars-ii>. Accessed 12/29/15.

¹²¹ Aufderheide, Dean H. and Brown, Patrick H. "Crisis in Corrections: The Mentally Ill in America's Prison." *Corrections Today*, Volume 67, Issue 1, (February 2005): 30 to 33. Cited from <http://healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safety-public-health-model/> on 12/31/15.

¹²² Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◇ *D. Provided by: County*

The services planned under this initiative would be provided by the following county staff: (a) PR investigators, housed within the intake services unit of the jail, and (b) Jail Health Services Release Planning (RP) staff, housed within the jail.

2. Spending Plan

Year	Activity	Amount
2017	Intake services staff to implement behavioral health risk assessment; materials and training	\$470,900
2017 Annual Expenditure		\$470,900
2018	Intake services staff to implement behavioral health risk assessment; materials and training	\$483,143
2018 Annual Expenditure		\$483,143
Biennial Expenditure		\$954,043

3. Implementation Schedule

◇ *A. Procurement and Contracting of Services*

No procurement was necessary, as this service is provided by county staff.

◇ *B. Services Start date (s)*

Funding was distributed to DAJD and Public Health Seattle – King County immediately in first quarter 2017. Hiring and training of intake section and Jail Health Services staff could extend into fourth quarter 2017.

4. Community Engagement Efforts

Planning to date has primarily involved county agency stakeholders. As the initiative is launched, engagement and education will be conducted with providers supporting reentry efforts.