MIDD Briefing Paper

Jail Re-entry System of Care
ES 11a Increase capacity for jail liaison program
12a Increase jail re-entry program capacity
BP Post adjudication recovery and re-entry services
79 Jail-based Boundary Spanners
80 Health care discharges at release from corrections facility

Existing MIDD Program/Strategy Review ☒ **MIDD I Strategy Number** 11a, 12a **(Attach MIDD I pages)**
New Concept ☒ 52, 79 and 80 **(Attach New Concept Form)**
Type of category: Existing Prgram/Category MODIFICATION

SUMMARY: This Jail Re-entry System of Care briefing paper proposes a collection of integrated services for all individuals at the point of release from a jail facility within King County and reentry into communities. Services include facility-based release planning function, a short-term facility and community-based re-entry/boundary spanning function, and a discharge continuity function. This System of Care ensures coordination among in-custody facility-based medical and mental health providers, and court and criminal justice partners, and offers community-based linkage and support until individuals are engaged with, and have a perceived solid connection to, treatment and social services critical for achieving stability in the community.

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

Introduction: This Jail Re-entry System of Care briefing paper proposes a collection of integrated services for all individuals at the point of release from a jail facility within King County and reentry into communities. Services include facility-based release planning function, a short-term facility and community-based re-entry/boundary spanning function, and a discharge continuity function. This System of Care ensures coordination among in-custody facility-based medical and mental health providers, and court and criminal justice partners, and offers community-based linkage and support until individuals are engaged with, and have a perceived solid connection to, treatment and social services critical for achieving stability in the community.

A thorough review of each existing strategy and new concept was conducted in partnership with concept authors and key stakeholders to minimize compartmentalized approaches, capitalize on lessons learned from MIDD I re-entry strategies 11a and 12a, and maximize system-wide improvements of existing programs. This collaboration ensures new services are integrated with existing services to create a coordinated Jail Re-entry System of Care.

This briefing paper proposes a Jail Re-entry System of Care, which addresses existing MIDD I Strategies 11a (*Increase capacity for jail liaison program*) and 12a (*Increase jail re-entry program capacity*), and augments existing re-entry efforts with the following new concepts:

- 52 (*Post adjudication recovery and re-entry services*),
- 79 (*Jail-based Boundary Spanners*)*;* and
- 80 (*Health care discharges at release from corrections facility*).

Following are the existing strategy and new concepts summaries and relevant background information.

Existing Strategy 11a & Release Planning Background

In 2003, as part of the Adult and Juvenile Justice Operational Master Plan, the King County Criminal Justice Initiative (CJI) was established to reduce the County's jail population and recidivism rates through the development of services for court-involved individuals with mental health and/or substance use disorders. As part of the CJI continuum of care, facility-based clinical staff were assigned to County jail facilities and the Community Center for Alternative Programs (CCAP)—a King County Community Corrections Division (CCD) program—to provide discharge planning services utilizing County (general) funds. These positions are known as Criminal Justice Liaisons and were modeled after re-entry treatment planning services provided in County adult mental health courts, which began in 1998. In 2005, an additional position assigned to municipal misdemeanor jails in King County was provided with newly available state Jail Proviso (Jail Transition Services) funds.

With the implementation of MIDD I in 2007, this work was expanded via Strategy 11a to provide a criminal justice liaison in King County Work and Education Release (WER)—another CCD program. All of the Criminal Justice Liaison positions at this point were sub-contracted to a community mental health provider, Sound Mental Health.

In 2010, this body of work (in the King County Jail only; not CCAP, WER or municipal jails) was transitioned from the community provider (Sound Mental Health) to King County Jail Health Services (JHS), which formed the Release Planning program in order for discharge planning services to be performed in-house with accountability to JHS. This move to JHS was made in order to improve the in-custody release planning process and promote better coordination with JHS psychiatric department staff, medical staff and Department of Adult and Juvenile Detention (DAJD) staff, specifically

Commitments and Intake, Transfer and Release (ITR). This change was also made to address coordination issues that non-JHS providers experienced with discharge planning, but unintentionally resulted in new barriers in the care coordination handoff to community-based providers. A more streamlined system of care is warranted to address the gaps in the release planning and re-entry functions.

After the King County Jail-based criminal justice liaison work was transitioned to JHS Release Planning, the remaining criminal justice liaison staff served CCD programs at CCAP and WER, and remained contracted to Sound Mental Health. The criminal justice liaison assigned to WER was the only position funded under existing Strategy 11a. Release planning remained funded by County General Fund and MIDD supplantation (including the Criminal Justice Liaison at CCAP) dollars.

In 2014, the WER was reduced in size by 50 percent due to budget cuts and the poor state of the WER facility in the King County Courthouse. The majority of program slots are now used in a traditional work release (WR) model for individuals who are higher functioning and gainfully employed per revised elgibility criteria. Consequently, the need for (and utilization of) criminal justice liaison services, which are focused on linkage to behavioral health services, decreased. Those few individuals in King County WR solely related to treatment are already participating in King County Adult Drug Diversion Court or the King County Regional Mental Health Court/Regional Veterans Court and are therefore connected to services via these courts. To address the reduced need for criminal justice liaison services at King County WR, in 2015, Strategy 11a liaison work was embedded with Strategy 12a work (described below) to provide more of a re-entry, community-based function and provide more support to the limited Strategy 12a resource. Criminal justice liaison/re-entry services are still offered, upon referral, to WR participants, as needed.

Existing Strategy 12a

MIDD I Strategy 12a initially served to expand an existing state-funded Re-entry Case Management Services (RCMS) program (via Jail Transitions Services funds) from 2008 to 2010. Beginning in 2011, due to state funding cuts, the MIDD strategy funding became the sole funding resource for this program, which limited service capacity due to the resulting staffing cuts.

The RCMS program (funded by MIDD Strategy 12a) currently consists of a small team of re-entry case managers, including a Mental Health Professional (MHP) lead, and provides up to 90 days of re-entry linkage case management services, which begin prior to release from jail (within 45 days) and continues through transition to the community. The RCMS program provides assistance that may include obtaining the following:

- Public entitlements and Apple Health/Medicaid enrollments (includes linkage to state and federal entitlements application);
- Basic needs resources (e.g. clothing, food, hygiene);
- Transportation;
- Identification (ID) upon release from custody;
- Mental health treatment (primarily outpatient);
- Substance Use Disorder (SUD) treatment (both residential and outpatient);
- Primary physical healthcare (including dental care);
- Housing (linking to emergency shelter, transitional and linkage to assessment for permanent supportive housing and low-income public housing);

- Employment; and
- Education and other job training.

With the implementation of the Affordable Care Act in 2014, many more individuals needing re-entry support became newly eligible for Medicaid; unfortunately, Washington Apple Health, as Medicaid coverage previously was administered, is only available to individuals after release from jail. Both the in-custody release planning process and the jail in-reach and release support are currently not funded under Medicaid, making the existing Strategy 12a funds critical for successful transition that begins before release from jail.

New Concept #52 Post Adjudication Recovery and Re-entry Services
This new concept entails providing a designated Chemical Dependency Professional (CDP) to be available to the King County Department of Public Defense (DPD) in order to provide jail-based assessments of an individual's eligibility for, amenability to, and level of care needed for behavioral health treatment. (As noted above, this in-custody work is not currently funded under Medicaid, creating a barrier for mitigation work and challenging efforts to engage individuals in critical behavioral health services during a unique window of opportunity.)

Upon identifying eligibility for a level of care based on a clinical assessment, the CDP staff will facilitate treatment placement (residential or intensive outpatient SUD treatment) based on American Society of Addiction Medicine (ASAM) placement criteria[1]. Once accepted for treatment, defense staff will work together with the CDP to facilitate release from jail and arrange transportation to treatment. The CDP will also assist with coordination of an aftercare plan for those individuals referred to residential treatment to ensure continuity of treatment in an outpatient setting.

In addition to providing jail-based assessments for DPD referrals, this new concept proposes the CDP staff would be responsible for providing training to defense attorneys and social workers (mitigation specialists) so DPD can identify individuals who would benefit from, and be successful in, re-entry treatment services.

New Concept #79 Jail-based Boundary Spanners
This new concept proposes King County Jail-based boundary spanner staff, who would work closely with the JHS Release Planning team to provide individuals with a supported transition (or "warm handoff") to services and supports in the community. These boundary spanner staff will support individuals between initial community appointments and facilitate the release plan created during the incarceration period (refer to Section B.3, Table 1).

New Concept #80 Health Care Discharges at Release from Corrections Facility
This new concept entails the addition of a registered nurse (RN) with JHS to incorporate a healthcare discharge visit into the King County Corrections Facility (KCCF) release desk process so that individuals being released from jail will receive an overall summary of the healthcare services they received prior to release; electronic access to their health record through MyChart[2]; a medication review and needed

[1] http://www.asam.org/publications/the-asam-criteria.
[2] https://mychart.ochin.org/mychart/default.asp?mode=stdfile&option=faq

discharge meds and prescriptions; and a face to face review of treatment recommendations provided during incarceration, including the treatment goals reached prior to release.

If a deficiency is noted at the point of release, the RN can independently contact the JHS pharmacy or provider staff to obtain medication orders or release medications, as well as orders for any additional supplies the patient may need (e.g., wound care supplies related to skin infections secondary to injection drug use). The RN will highlight key laboratory values (e.g. psychoactive medication blood levels, urine toxicology screening results) and other specific health information for patients and community providers in printed materials at release. The RN will help to reinforce patient self-efficacy at release through brief supportive counseling and assessment of and assistance with patient understanding of plans for follow-up.

Currently, JHS provides medications and prescriptions, which help with continuity of care for individuals with underlying mental illness and SUDs, by providing a "bridging" function until scheduled community follow-up can occur. This new position can provide the following new services:

- Confirm receipt of critical medications necessary for stability in the community, including medications like naloxone, which may be life-saving for the individual or others in the community;
- Provide printed summaries of care at discharge via access to the electronic health record;[1] and
- Support continuity of care with community service providers by ensuring complete healthcare review and potential efficacy of jail stay (e.g., reprieve from substances) in terms of continuing health stabilization moving forward.

Proposed Jail Re-entry System of Care

A system-wide continuum of care is needed to better serve individuals with behavioral health conditions who are booked into jail facilities within King County (including misdemeanor jails). This Jail Re-entry System of Care will be coordinated and holistic (i.e., address the whole person's re-entry needs), and link closely with all other programs and services the individual is receiving or needing in order to achieve stability in the community.

This Re-entry System of Care takes existing JHS Release Planning services, existing RCMS services (Strategies 11a and 12a), and expands RCMS to become a more robust boundary spanner (new concept #79) re-entry team, and provides more resources to provide staff to conduct jail-based SUD assessments for DPD (new concept #52). The expanded boundary spanner and SUD assessment pieces will be done in tandem with the full complement of transition/release planning services for all individuals in any jail facility in the County (provided by criminal justice liaisons in misdemeanor jails).

The King County Jail will also have a health discharge function (new concept #80). This is not available to the misdemeanor jails due to the vast array of in-custody healthcare providers (see section C.2. below) and limitations in authority of staffing with in-custody healthcare providers outside of King County JHS in non-County operated facilities (misdemeanor jails operated by municipalizes).

Populations Served by the Jail Re-entry System of Care

The proposed Jail Re-entry System of Care supports individuals at the post-booking phase of the Sequential Intercept Model[3] and serves individuals at any stage of the court case (adjudication) process:

[3] http://www.prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf.

- *Post-booking, pre-sentencing services* support diversion to treatment and housing services during the adjudication process of the criminal court case related to the current incarceration (and other active cases) for individuals who are **not yet sentenced** on the current case.
- *Post-booking, post-sentencing services* support the jail release and linkage process to community-based treatment, housing and other supportive services for individuals who **are sentenced** on their current case.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☐ **Crisis Diversion** ☐ **Prevention and Early Intervention**

☒ **Recovery and Re-entry** ☒ **System Improvements**

Please describe the basis for the determination(s).

This combined existing MIDD strategies/new concepts briefing paper fits under the MIDD II Strategy Area of Recovery and Re-entry as it focuses on facilitating a smooth transition back to the community and ensuring the sustained stability and community tenure of court-involved individuals as they work towards recovery.

It also represents a systems improvement strategy as it addresses gaps and shortcomings in the existing MIDD Strategies 11a and 12a to create a coordinated Jail Re-entry System of Care, and improves collaboration between the criminal justice system and behavioral healthcare and social service systems.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

The following key concepts demonstrate the overall need and the limitations of existing Strategies 11a and 12a.

Non-Unified, Complex Criminal Justice Systems in King County

King County is the 13th largest county in the nation with a complex, non-unified criminal justice system, which can make navigating the system and meeting legal obligations challenging, especially for those individuals who are experiencing behavioral health disorders, homelessness, and poverty. The County operates two adult jail facilities and there are an additional five misdemeanant jails operated within the County by local jurisdictions (i.e., Kent, Issaquah, Enumclaw, Kirkland, and South Correctional Entity/SCORE). There are a range of behavioral health re-entry options provided by agencies in King County, varying from pre-booking diversion to post-adjudication treatment and housing for specialty-court-involved individuals, but access to these re-entry supports is extremely limited and not equitable.

A Criminal Justice Response to a Health and Human Services Issue

Many individuals with complex social and health issues regularly interact with the King County Jail system, in part due to challenges experienced effectively engaging with a fragmented health and human

services system. In addition, ineffective policies (e.g. "War on Drugs"[4]) promoting application of a criminal justice response to health and human services/public health issues have contributed to the growing rates of individuals with mental health disorders in criminal justice system. Increasing access to a robust health and human services system is paramount to avoid criminalization of behavioral health and social service issues.

Homelessness Linked to Jail

Among individuals enrolled in King County's mental health system, those experiencing homelessness are four times as likely to be incarcerated relative to those with housing. A recent study of Familiar Faces (i.e., individuals incarcerated in a King County Jail facility four or more times within a 12-month period) revealed that over 50 percent of both the 2013 and 2014 cohorts are experiencing homelessness, which is a conservative estimate given underreporting to the Homeless Management Information System[5] (HMIS).

Familiar Faces: A Case Study for Re-entry Transformation

Although this Re-entry System of Care will address a larger population of individuals in the jail, a snapshot of individuals who are booked into the jail four or more times in a year, called "Familiar Faces" and the related planning initiative for this population,[6] offers demographic and system context useful to re-entry planning for this system of care. Indeed, Familiar Faces represent an excellent case study highlighting the breakdowns and gaps of the current system.

Familiar Faces Data

Succeeding in matching data to identify common clients was a significant process victory for the Familiar Faces initiative as multiple King County departments (including DAJD), City of Seattle, Jail Health Services and other housing and social service partners, broke down traditional silos to share information, which has been a historical limitation to providing re-entry services: lack of necessary data, often from disparate systems and disconnected jurisdictions (e.g. behavioral health, state hospitals, courts, jails and state prisons).

The Familiar Faces data[7] gave a much more comprehensive picture of a high utilizer population:

- The Familiar Faces are disproportionally people of color compared with King County as a whole and overall jail population;
- There were 1,273 Familiar Faces in 2013 and 1,252 in 2014;
- 94 percent of all people with four or more jail bookings have a behavioral health indicator;
- 93 percent had at least one acute medical condition (average 8.7 conditions); 51 percent had at least one chronic health condition (average 1.8 conditions);
- More than 50 percent were experiencing homelessness;
- The Most Serious Offenses Familiar Faces were booked into jail on were:
  - Non-compliance (41%) – failure to appear for court, supervision violations, etc.
  - Property crime (18%)
  - Drugs (13%);

[4] http://www.drugpolicy.org/drug-war-statistics.
[5] http://www.safeharbors.org/#.
[6] http://www.kingcounty.gov/elected/executive/health-human-services-transformation/coordination.aspx.
[7] Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015), data summary packet provided to the Familiar Faces Design Team Current State Mapping.

- Only 8.5 percent of 2014 Familiar Faces had opted-in to any of the three adult specialty courts (King County Drug Diversion Court, King County Regional Mental Health Court, City of Seattle Municipal Mental Health Court) during 2014;
- About 50 percent of the 2013-2014 Familiar Faces (aged 24 and under) had contact with the juvenile justice system; and
- Despite having at least four bookings in the King County Jail, over 40 percent of Familiar Faces also had municipal jail (in King County) episodes during the same year.

Mapping out how the Familiar Faces population currently moves through the various service systems demonstrated a few key themes:

- Currently services (including re-entry from jails services) are not a system, they are a collection of uncoordinated services;
- The current "system" is program centric, not people centric;
- Funding stream requirements drive the current system;
- There are philosophical differences in how services should be delivered across various organizations in the system; and
- The current system endorses "brick and mortar thinking" that services need to be facility-based, with little exploration of virtual and mobile options.

While there is no shortage of excellent stand-alone programs in the region to try to address the needs of individuals who become involved in the criminal justice system (including the Familiar Faces), overall fragmentation, uncoordinated care, poor outcomes, growing costs to the health, social services, criminal justice systems, and the community at large continue to abound. Most importantly, despite the number of programs, the current "system" does not promote the overall health and social outcomes for the individuals with behavioral health conditions in the jails.

The Familiar Faces initiative promotes systems coordination for individuals who are high utilizers of the jail (defined as having been booked four or more times in a twelve-month period) and who also have a mental health and/or SUD. The implementation of the Affordable Care Act has brought new opportunities for the community to work together to achieve the Institute for Healthcare Improvement's Triple Aim of better health, better care, and lower costs for this initial focus population.[8] These changes include expanded Medicaid coverage, the statewide move towards integration of the mental health, SUD, and physical health systems, and the emerging Accountable Communities of Health[9] and system delivery reform efforts.

The following new concepts are additionally addressing specific gaps in the system as follows.

New Concept #52

DPD clients are often offered the opportunity to participate in treatment as part of a plea agreement or "balance-suspend" sentence. Unfortunately, services are not currently available to assist these clients in obtaining inpatient SUD treatment. Because these clients are stuck in a "Catch-22"—the court won't release without services set up but services can't be set up without a release date—they remain incarcerated in a higher cost setting where services are limited despite agreement by all parties that they are best served by treatment. A CDP available to DPD staff, who will assess and place these individuals into treatment, will result in considerable savings to all jurisdictions utilizing King County Jails

[8] http://www.ihi.org/Topics/TripleAim/Pages/default.aspx.
[9] http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach.aspx.

in incarceration costs and reduce likelihood of recidivism. Removing this systematic obstacle would result in improved health outcomes for the client (and potentially their family), increase the likelihood of productive community re-entry and reduce the likelihood of future criminal involvement[10].

Individuals in need of SUD or co-occurring treatment[11] services are at elevated risk for swift re-entry into the criminal justice system after release unless they receive treatment. This results in compromised public safety and increased cost to taxpayers. Offering treatment services to those who qualify, along with the incentive of a reduced sentence, enhances public safety and lowers incarceration costs to taxpayers.

New Concept #79
JHS currently employs release planners to work with patients currently and largely disconnected from community health services. Their effectiveness is limited by lack of continuity and aiding the individuals back into the community because they are stationed full time in the KCCF in Seattle and Maleng Regional Justice Center (MRJC) in Kent. This limitation of the current Release Planning program would be addressed by implementing boundary spanners (based out of the KCCF and the MRJC but working in the community) that would collaborate with the Release Planning team to facilitate an effective "warm handoff" of individuals to community partners, while supporting individuals with initial appointments and facilitating all aspects of the release plan. These boundary spanners would work with patients for up to 30-days in the community to initiate wraparound service plans developed while the patient was incarcerated, thus providing more ample opportunity for successful reintegration.

New Concept #80
Each year, approximately 34,000 people are released from the King County Jail.[12] Estimates are that 69 percent of those individuals have mental health and/or SUDs.[13] Besides experiencing mental illness and SUDs, these individuals often are challenged by chronic health conditions, frequent and repeated involvement with the criminal justice system, and homelessness. For some, a controlled environment allows meaningful recognition of challenges and engagement in needs assessment and treatment planning. Inclusion of the individual's voice in treatment planning is an especially important aspect of the treatment plan.

While JHS has developed systems to identify individuals with behavioral health issues—in addition to medical illnesses and other social determinants of health—and has processes in place to provide for medications, prescriptions, and printed materials to personal property, too often the circumstances of release lead to individuals leaving medications "in the cell," leaving with medications and prescriptions that may have been placed in property weeks or longer before release, and with no opportunity to ask questions of a health professional about information that may be included on printed materials in their property (e.g., appointment information including date, time and location of appointments in the community).

It is critical that individuals 1) leave the jail with the correct medications and sufficient supply to sustain them until they see a community provider, and 2) have the opportunity to ask questions to clarify instructions on prescriptions and how to get to the location of their community appointment(s). There

[10] https://whatworks.csgjusticecenter.org/focus-area/substance-abuse.
[11] http://media.samhsa.gov/co-occurring/topics/criminal-justice/index.aspx.
[12] http://www.kingcounty.gov/courts/detention/DAJD_Stats.aspx.
[13] http://www.bjs.gov/.

is an opportunity to positively ensure that patients have critical health information in hand at the time of release as well as access to their health records electronically thereafter. The addition of a nurse as part of the discharge process can address part of the problem of interruption/break in treatment and lack of continuity of care, and improve patient outcomes. Release from the jail is a high-impact point of care. Studies of hospital discharge planning demonstrate improved outcomes of care for patients with application of similar review and care coordination processes, and improved patient health outcomes is associated with decreased readmission rates and decreased overall cost of care.[14]

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above

The Jail Re-entry System of Care proposed in this briefing paper is an interim strategy that supports and facilitates development of a Familiar Faces Future State[15] where individuals are no longer criminalized and incarcerated for behavioral health conditions. While the County has a better understanding of the critical components for successful diversion through data recently collected on the highest utilizers of County jail facilities (Familiar Faces), high rates of individuals with behavioral health conditions continue to cycle through the County jails. The County is currently working on strengthening and expanding pre-booking diversion efforts at Intercepts one and two of the Sequential Intercept Model to reduce the number of individuals cycling through the criminal justice system.[16] However, a system to serve the jail re-entry population remains necessary. A re-entry system of care is an essential component of a jail diversion continuum of services ensuring linkage to critical behavioral health, primary care, and social services necessary for achieving and maintaining stability in the community.

Individuals experiencing incarceration often have multiple immediate needs, including behavioral and physical health issues requiring ongoing care, housing, income support, employment and education. Accessing services to address these urgent needs is key for individuals to achieve community tenure, but can be challenging due to fragmented service systems and the collateral consequences of criminal convictions. Individuals can be diverted from jail, and incarceration lengths can be reduced, if these needs are identified and the supportive services are in place to support release to the community.

As housing is a crucial component of re-entry, it will be important for all staff working in Jail Re-entry System of Care to coordinate closely with Coordinated Entry for All[17] efforts taking place in King County which, by the MIDD II implementation, should be fully operational for single adults, the primary population that will be served in the Jail Re-entry System of Care. Staff providing direct services in the System of Care will be trained as housing assessors under Coordinated Entry and Assessment (CEA).[18] Housing assessors are required to complete an HMIS intake and housing assessment with individuals in need of housing and pull, from HMIS, "housing matches" available to each individual. (The HMIS will be newly operated by King County).[19] The housing assessor will then pass the referrals to the individual's

[14] Silow-Carroll, S., Edwards, J.N. and Lashbrook, A. *Reducing Hospital Readmissions: Lessons from Top-Performing Hospitals*, *Synthesis Report*, Health Management Associates, The Commonwealth Fund (April 2011). Available at: http://www.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2011/Apr/1473_SilowCarroll_readmissions_synthesis_web_version.pdf. Accessed 1/18/16.

[15] http://www.kingcounty.gov/elected/executive/health-human-services-transformation/familiar-faces.aspx.

[16] Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services 57*, 544-549.

[17] http://allhomekc.org/coordinated-entry-for-all/.

[18] U.S. Department of Housing and Urban Development Office of Community Planning and Development. "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status." (2014).

[19] http://aqua.kingcounty.gov/Council/agendas/HHHS/20151117-HHHS-packet.pdf

case manager or a housing navigator. Housing assessors' responsibilities include, but are not limited to, the following:

- Operating as the initial contact for the CEA,
- Conducting housing assessments,
- Providing client notification of eligibility and referral decisions,
- Submitting referrals to the receiving program through HMIS,
- Participating in case conferences as needed, and
- Responding to requests by the system manager as appropriate.

Funding of existing Strategies 11a and 12a, in addition to new concepts 52, 79 and 80, supports the development of a robust Jail Re-entry System of Care intended to serve individuals with behavioral health conditions who are incarcerated (often related to their inability to access needed services while in the community), and ensure they are linked to critical services that will improve quality of life and reduce the risk for future legal involvement. This system takes existing JHS release planning services, existing RCMS services (Strategies 11a and 12a), and expands RCMS to become a more robust boundary spanner (new concept #79) re-entry team, including more resources to provide staff to conduct jail-based SUD assessments for public defense (new concept #52).

The expanded boundary spanner and SUD assessment pieces will be done in tandem with the full complement of transition/release planning services for all individuals in any jail facility in the County (provided by criminal justice liaisons in misdemeanor jails). Access to these resources will impact sentencing for those individuals who are in the pre-trial phase of the legal process and also positively impact length of jail stay for individuals in the post-sentence phase of the legal process. As this Jail Re-entry System of Care begins while an individual is incarcerated, and Washington Apple Health/Medicaid coverage is only available to individuals after release from jail, the funds requested in this proposal are key to successful implementation.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

A meta-analysis of 53 studies examined the impact of re-entry programming on recidivism.[20] Results demonstrated that re-entry programming reduces recidivism by six percent and re-entry efforts that start prior to release and continue into the community had a greater impact on recidivism than efforts limited to only pre-release or post-release.

Data collected on strategies and recommendations for transition planning for individuals with co-occurring mental health and SUDs indicates that release planning and re-entry efforts must start as early as possible. Based on a review of model re-entry programs implemented nationally, recommendations for an effective and successful jail re-entry system of care include the following components[21] summarized on the left side of the following table.

[20] Ndrecka, M. The Impact of Re-entry Programs on Recidivism: A Meta-Analysis. (February 2014) Available at: http://cech.uc.edu/content/dam/cech/programs/criminaljustice/docs/phd_dissertations/Ndrecka.pdf

[21] Curet, E. Joseph, H., & Beeder, A. (2010). *Prisoners With Co-Occurring Substance Abuse and Mental Disorders*. Chapter 9 in Re-entry Planning for Offenders With Mental Disorders: Policy and Practice.

Table 1: Summary of Jail Re-entry System of Care Alignment with National Recommendations

Recommendations provided for successful re-entry of individuals with co-occurring disorders[12]	Proposed Jail Re-entry System of Care component
Availability of integrated services within the jail and in the community	Jail Health Services provides integrated services in-custody, and there are efforts currently underway in the behavioral health system for mental health and substance abuse services integration
Re-entry transition planning beginning within a week of booking	Proposed under Jail Health Services Release Planning function
Coordination among all agencies (jail and community) involved, including ongoing meetings and collaboration agreements	King County Behavioral Health and Recovery Division's Diversion and Re-entry Services function (MIDD strategy leads)
Staff working with individuals who are incarcerated who can bring together agencies in the community (behavioral health, primary care, other supportive services) with criminal justice entities in order to navigate and collaborate to support the individual's re-entry process	Proposed boundary spanner and discharge function at release (New Concepts 79 and 80), (see boundary spanner section below)
Providers in the community need to demonstrate leadership and commitment to ongoing coordination of identified service needs post-release	Requirement of community-based providers of boundary spanning and re-entry case management services
Ongoing evaluation of the jail re-entry system of care	Ongoing systems trouble shooting and performance based contracting oversight provided by King County Behavioral Health and Recovery Division's Diversion and Re-entry Services (MIDD strategy leads); MIDD II evaluation for outcome evaluation
Availability of ongoing case management in the community post-release	Existing Strategies 11a and 12a to be merged with New Concept 79 in order to provide an integrated boundary spanner with case management function

Data Related to 11a and 12a

While there has been some success with existing re-entry case management programming (existing Strategies 11a and 12a), it is not fully integrated into the broader continuum of care, and is missing some of the key components described above. Based on the MIDD policy framework and annual outcomes thus far, the current 12a Strategy has had marginal impact at best. According to a MIDD evaluation document, *Effectiveness Results – Summary of all strategies all years*,[22] Strategy 12a addressed only Policy #2 *Reduce jail recycling for mentally ill or drug dependent clients,* but did not address other key policies around diverting individuals out of the system or reducing jail use. In a separate MIDD evaluation document related to system utilization goals and effectiveness, Strategy 12a

[22] Kimmerly, L. Effectiveness of Strategies in Meeting Five Policy Goals, 2015

does show an impact on reducing jail days.[23] This briefing paper proposes to augment the benefits obtained through Strategies 11a and 12a by adding these new concepts to help form a broader system of care.

Existing Release Planning Services and Integration of SUD Assessments (new concept 52)
Release planning services currently focus on identifying patients with at-risk conditions and current service disconnection for intervention. Using a biopsychosocial approach, combined with Motivational Interviewing, patients are evaluated for current need, service availability and connection upon release. Mental health, substance abuse, medical and other social services are then coordinated and planned based on the individual's current needs and interests. In the current model, services are terminated upon custodial release, thus leaving the individual fully responsible for navigating a complex—and often nonintuitive—system of care.

In addition to the existing framework of release planning and proposed expansion of the boundary spanner/case management function, current SUD referrals are completed with individuals assessed based on clinical determination. In order to address other drivers for SUD treatment (i.e. sentence mitigation; new concept 52), SUD assessment services will be provided for DPD clients who have a reasonable likelihood of release from the KCCF and the MRJC and are agreeable to the assessed level of treatment. Three out of four individuals released from incarceration have substance abuse issues.[24] SUDs are a significant risk factor for activity that relates to criminal justice involvement and have a significant impact on brain chemistry and function, thereby impacting judgement, decision making, learning and behavior control.[25] Indeed, screening for SUDs at intake and assessment is promoted in the Report of Re-entry Policy Council.[26]

SUD treatment and support have clearly been shown to reduce costs to the public. In fact, King County Prosecutor Daniel Satterberg has said:

> "*Drug addiction remains a tragedy for many individuals and families in our community, but for someone addicted to drugs, being arrested may not be the worst thing that could happen. Often, it is this intervention with the criminal justice system that successfully coerces drug-addicted defendants into treatment. Many of these defendants agree to enter treatment in lieu of going to prison. Over time, this model has proven successful. According to a recent Rand study, every dollar invested in drug treatment saves a corresponding $7 within the criminal justice system*."[27]

In addition, "*punishment alone is a futile and ineffective response to drug abuse, failing as a public safety intervention for offenders whose criminal behavior is directly related to drug use.*[28] Also, abundant anecdotal evidence has been gathered by JHS release planners, public defense social workers and community providers who have regular, ongoing contact with people in the King County Jail. Frequently, these individuals report they were in the process of obtaining treatment, were on waiting lists, or awaiting health care benefits in hopes of entering treatment at the time of their arrest. They

[23] Kimmerly, L. System Utilization Reduction Goals and Preliminary Effectiveness Results, 2015
[24] *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. (January 15, 2005). Available at www.re-entrypolicy.org.
[25] National Institute on Drug Abuse, *Drugs, Brains and Behavior: The Science of Addiction* (Bethesda, MD: National Institute on Drug Abuse, revised 2010).
[26] Ibid, *Report of the Re-Entry Policy Council*. (January 15, 2005).
[27] The Prosecutor's Post, 2009
[28] *Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety.* Journal of the American Medical Association (Januuary 2009); 301(2): pp. 183–190.

continue to ask for help in the form of treatment services throughout their legal process and beyond adjudication. They see clearly the necessity of completing treatment in avoiding future arrests, and are often motivated by family pleas to get addiction treatment before they return home.

Nursing Discharge at Release

Similar to discharge from hospital or other institutional care, a discharge summary and exit review is a core aspect of the discharge release process for an individuals' continuity of care and aftercare (new concept 80). Often during the course of treatment, patients receive a multitude of messages, treatment plans, instructions and so forth. For the high functioning person, this information is often difficult to track and follow. For those experiencing psychological issues and/or cognitive impairment related to SUDs, this information is even more difficult to comprehend. Offering treatment summation and clinical next steps at point of discharge offers a unique opportunity to reinforce health planning for individuals in at-risk states.

Effectiveness of Boundary Spanners in Re-entry Process, Integration with Case Management Function

Clinical boundary spanner staff are a unique and relatively new position that were first described by Hank Steadman in 1992.[29] These staff are expected to have behavioral health expertise as well as a depth of knowledge and understanding of how to navigate all aspects of the local criminal justice system from a client advocacy framework. Boundary spanners are responsible to bridge the behavioral health, housing, primary care, and other social services and criminal justice systems in order to increase communication, coordination and collaboration.

The first re-entry program in King County, with a dedicated program-based boundary spanner, was the King County Forensic Intensive Supportive Housing (FISH) program. According to the FISH program evaluation, the boundary spanner role provided early engagement (often in jail) and integration with court processes was particularly important for individuals who may need extra effort paid to engagement efforts.[30] In the qualitative section of the evaluation, the boundary spanner role was highlighted as a critical component of the overall success of the program:

> *"The boundary spanner role was identified as an important component of the FISH program by all key-informants associated with the court. The boundary spanner was seen as an essential resource. The proximity of the boundary spanner to the court strengthened the working relationship and enhanced communication. Court key-informants also reported that the boundary spanner provided a vital connection between [Mental Health Court] and treatment."*[31]

In an article by Laura Nissen (2010), boundary spanners are identified in youth juvenile justice reform, as key agents of change in systems reform; the article qualitatively documents many strategies embedded in the role of the boundary spanners, including building/attending to fragile partnerships, diplomacy and mediation skills, promoting collaboration to support re-entry without authority over the entities at the table, navigating complexity and uncertainty, and many more.[32]

Functions currently being provided under existing Strategies 11a and 12a will be enhanced and expanded by this boundary spanner function and this new body of work will be procured through a

[29] Steadman, HJ. (February 1992). Boudary Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems. *Law and Human Behavior*, 16(1), pp. 75-87.
[30] http://www.kingcounty.gov/~/media/health/MHSA/documents/130920_FISH_Evaluation_Report.ashx?la=en
[31] Ibid, http://www.kingcounty.gov/~/media/health/MHSA/documents/130920_FISH_Evaluation_Report.ashx?la=en.
[32] Nissen, Laura B. (September 2010). Boundary Spanners Revisited: A Qualitative Inquiry into Cross-system Reform through the Experience of Youth Service Professionals. *Qualitative Social Work*, 9(3), pp 365-384.

competitive Request for Proposals (RFP) process. These positions will include a more robust team of boundary spanners who are available prior to, and post-release from, custody for a designated period of time that ensures the "warm handoff" to the ongoing services system. Current services are limited to 90 days, and limited staffing has created arbitrary referral criteria and timelines that do not address the individual's level of need or secure linkages in a consistent way.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice please details the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

Practices grounded in research produce meaningful outcomes, can be (or are) standardized and replicated, and often have fidelity scales or tools to measure adherence to the model. The core evidence-based practices, best practices and promising practices to be required of the selected community provider will include the following: Use of evidence-based clinical practices for screening, assessments, outreach (jail in-reach), warm linkage facilitation and discharge planning. The Jail Re-entry System of Care services is in alignment with the following core clinical competencies and service delivery frameworks of evidence-based or best and promising practices.

The APIC Model of re-entry support from jail by The National GAINS Center[33] (Best Practice)

The APIC Model—Assess, Plan, Identify and Coordinate—describes elements of re-entry planning associated with successful reintegration back into the community for people with mental illnesses or other special needs who are being discharged from jails to the community. The model is particularly important for breaking the cycle of repeated homelessness and incarceration.

Critical Time Intervention (Evidence-based Practice)

Critical Time Intervention (CTI) is an evidence based practice that is time-limited (9 months) and was originally established for clients with severe mental illnesses that focuses on the sensitive transition period from institutional setting to the community.[34] The function of CTI is to build a community support network with effective links to local services, and to build community supports and interventions for those who are vulnerable due to a lack of support. CTI is effective when there is a need to facilitate individuals who are moving in and between services. Transitional care is often needed more intensely for individual with complex health, mental health and SUD problems that require input from one or more service providers to ensure consistency. CTI identifies that re-entry to the community is the place where most individuals are vulnerable to disengagement and, therefore, makes a more intensive effort to gather contact information for relatives and other members of the individual's social network prior to release. Moving further along the path, CTI staff members also make outreach attempts (usually via phone) to these contacts prior to the individual being released.

Motivational Interviewing (Evidence-based practice)

Motivational interventions aim to respect and promote client choice. Motivation interviewing (MI) is a directive, client-centered approach for eliciting behavior change by helping clients to explore and resolve ambivalence.[35] Compared with non-directive counseling, MI is more focused and goal-directed.

[33] Osher, F., Steadman, H.J., Barr, H. (2002) A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model: Delmar, NY: The National GAINS Center.

[34] C. Beach, L.R. Dykema, P. S. Appelbaum, L. Deng, E. Leckman-Westin, J.I. Manuel, L. McRenolds, and M.T. Finnerty (2013). *Forensic and nonforensic clients in assertive community treatment: A longitudinal study.* Psychiatric Services, Vol. 64(5), pp. 437-444.

[35] Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Cited from http://www.motivationalinterview.net/clinical/whatismi.html.

Assertive Outreach/Engagement (Best practice)
MI is at the hallmark of assertive engagement. The wraparound support system works together to plan engagement strategies and is creative in their attempts to meet people "where they are at" in readiness for change. Clinical judgement is used to determine when these assertive engagement techniques need to be applied and to what degree. When MI has not worked, therapeutic limit-setting and other alternatives may be needed in the on-going planning process for assertive outreach and engagement.[36] Ongoing assessment of the individual's need and the corresponding level of care will be conducted at regular intervals.

Trauma Informed Care (Promising practice)
The experience of arrest, incarceration, and possible conviction is often traumatic. For persons who have a mental illness, this experience is often layered on a history of trauma, both in adulthood and childhood. Research suggests up to 50percent of persons with a severe mental illness have a rate of three or more adverse childhood experiences including abuse, neglect, and witnessing violence.[37] These traumatic experiences can be dehumanizing, shocking or terrifying, and often include betrayal of a trusted person or institution and a perceived loss of safety. Trauma can include betrayal by a trusted person or institution and a perceived loss of safety. Trauma can induce powerlessness, fear, recurrent hopelessness, and a constant state of alertness. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

Trauma-informed services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. This includes understanding the person's need to be respected, informed, connected, and hopeful regarding their own recovery and the interrelation between trauma and symptoms of trauma (e.g., SUDs, eating disorders, depression and anxiety).

Jail Re-entry System of Care providers of direct service and program philosophies must be trauma-informed, recognizing the impact of traumatic experiences on an individual. Trauma-informed services offer choice whenever possible, respect the dignity of the person, and support individuals in re-authoring their personal narrative, moving from "criminal" to community citizen, as well as from "victimhood" to personhood.

Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM) (Best practice)[38]
SPECTRM is an approach to client engagement that is based on an appreciation of the "culture of incarceration" and its attendant normative behaviors and beliefs. Individuals with serious psychiatric disorders experience high rates of incarceration.[39] Through their experience in the uniquely demanding

[36] *TMACT Protocol for Assertive Engagement & Consumer Self-Determination & Independence.* Cited from TEAGE, G., Monroe-Devita, M (2008, May) *Enhancing Measurements of ACT Fidelity: The Next Generation* as presented at the 24th Annual Assertive Community Treatment Association Conference, Indianapolis, Indiana, May 14-17, 2008.
[37] Lu, Weili, Mueser, Kim T., Rosenberg, Stanley D., Jankowski, Mary Kay. *Correlates of Adverse Childhood Experiences Among Adults with Severe Mood Disorders.* Psychiatric Services. 2008 (59): 1018-1026
[38] Rotter, M., McQuistion, H.L., Broner, N. and Steinbacker, M. Best Practices: The impact of the "Incarceration Culture" on Re-entry for Adults with Mental Illness: A Training and Group Treatment Model. Psychiatric Services. 2005 (56): 265-267.
[39] Lamb HR, Weinberger LE: Persons with severe mental illness in jails and prisons: a review. Psychiatric Services 49:483–492, 1998 Abstract, Medline

and dangerous environment of jail and prison, many develop a repertoire of adaptations that set them apart from persons who have not been incarcerated. The so-called inmate code—which includes rules and values such as do not snitch, do your own time, and do not appear weak—may be manifest in certain behaviors, such as not sharing any information with staff, minding one's business to an extreme, and demonstrating intimidating shows of strength. Although these behaviors help the person adapt during incarceration and act as survival skills in a hostile setting, they seriously conflict with the expectations of most therapeutic environments and thus interfere with community adjustment and personal recovery. Simultaneously, mental health providers are frequently unaware of these patterns and misread signs of difficult adjustment as resistance, lack of motivation for treatment, evidence of character pathology, or active symptoms of mental illness. As a result, providers often experience unwarranted concerns about safety and lose opportunities for early and empathic engagement.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

A Results-Based Accountability (RBA) framework is useful for identifying the target population level outcomes for all MIDD II work. At the system and program level, outcomes should be aligned with broader Health and Human Services Transformation outcomes in the Accountable Community of Health and Physical Behavioral Health Integration (Cross-Systems Performance Measures[40]) as well as the *Washington State Performance Measures Starter's Set* approved by the Performance Measures Coordinating Committee on December 17, 2014.[41]

The overarching outcomes of the Familiar Faces initiative, based on a RBA framework, can also be used for the Jail Re-entry System of Care and are:

1. Improved health,
2. Improved housing stability,
3. Reduced Emergency Department usage,
4. Reduced criminal justice involvement, and
5. Improved client satisfaction.

Outcomes specific to Nursing Discharge Services (new concept 80)

The goal of the new nursing position as part of the discharge process is to improve the re-entry experience for patients as they reintegrate into the community and connect with their community provider(s). Implementation will decrease interruptions in care related to 1) release without review, and 2) delay in access to information about jail-provided care for mental health and SUDs. Based on implementation, patients should receive additional information regarding service plans post-release, ensure they are leaving with medications as ordered, and have information regarding access to their medical record post-release.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

[40] SB 5732/HB 1519 (2013), *Cross-system performance measures for health plan contracting and system monitoring*, Adult Behavioral Health Services Task Force, posted by the Washington State Department of Health and the Health Care Authority: http://www.wspha.org/wp-content/uploads/2015/03/Wiesman-Teeter-Health-System-Transformation.pdf.
[41] http://www.hca.wa.gov/hw/Pages/performance_measures.aspx. Accessed 12/28/15.

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☐ **Families**
- ☐ **Anyone**
- ☒ **Offenders/Ex-offenders/Justice-involved**
- ☐ **Other – Please Specify:**
- ☒ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☒ **Immigrant/Refugee**
- ☒ **Veteran/US Military**
- ☒ **Homeless**
- ☒ **GLBT**
- ☒ **Women**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

A large number of individuals are also booked into jail whose criminal charges are dismissed due to lack of legal competency, and then wind up in the civil commitment system or fall through the cracks when they do not meet civil commitment criteria (please refer to *BP 118, 133, 136 Competency Continuum of Care*). This population is being addressed via a different MIDD II strategy, but coordination with this Continuum of Care will be important.

DAJD compiles a monthly demographic summary for the secure and community corrections populations and is available at http://www.kingcounty.gov/~/media/courts/detention/documents/KC_DAR_Monthly_Breakouts_12_2015.ashx?la=en. [42]

The December 2015 overview showed that about 57 percent of individuals under supervision were white and about 36 percent were black. The large subset of these individuals with behavioral health issues are the intended population of this Jail Re-entry System of Care. Based on past research, approximately 30 percent of the King County jail population has a serious and persistent mental illness[43] and, at any given time, approximately 30 percent of the total jail population receive jail-based behavioral health services.[44]

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide, please see jail overview and context below for more information.

The Jail Re-entry Context: County-Operated Jail Facilities and Misdemeanor Jails in King County, Seven Jail Facilities

This Jail Re-entry System of Care will be provided to all jail facilities in King County, but will vary slightly between County-operated facilities and non-County operated facilities in terms of the staffing models and the use of County staff versus community provider staff working full time in the jail facilities.

[42] http://www.kingcounty.gov/~/media/courts/detention/documents/KC_DAR_Monthly_Breakouts_12_2015.ashx?la=en.
[43] Karmacharya & Stanfill (2013). *Impact of psychological functioning on recidivism*.
[44] Stanfill (2016).

King County Jails – Two facilities

1) **KCCF** (DAJD Seattle Division) is located at 500 5th Ave., Seattle, WA; and
2) **MRJC** (DAJD Kent Division) is located at 620 W. James St., Kent, WA.

The contingent of release planning available in County facilities, currently funded by MIDD Supplantation and other non-MIDD funding, allows for more robust facility-based release planning services. Medical and behavioral health services, including release planning, inside County jail facilities are provided by Public Health-Seattle and King County/Jail Health Services, which would be expanded to include the health discharge function (*new concept 80*).

Any individual arrested on a felony charge in King County Superior Court in any location in King County, is booked into the KCCF or the MRJC. Also, many of the 39 municipalities in King County hold contracts with King County for jail detention services when an individual is severely psychiatrically compromised; individuals who are most vulnerable and with the most need are often booked in KCCF, where there is a large psychiatric care component.

Misdemeanor Jails located in King County – Five facilities

3) **South Correctional Entity (SCORE)** is located at 20817 17th Avenue South, Des Moines, WA and is operated by a collective of the following member municipalities: Auburn, Burien, Des Moines, Federal Way, Renton, SeaTac and Tukwila. The SCORE facility (802-bed capacity) also contracts with many other jurisdictions[45] across King County and outside of King County.
4) **City of Kent Corrections Facility** is located at 1230 Central Ave S., Kent, WA (100-bed capacity).
5) **Kirkland Jail** is located in the Kirkland Justice Center at 11750 NE 118th Street, Kirkland, WA (55 beds currently with expansion capacity to 85).
6) **Enumclaw City Jail** is located at 1705 Wells St., Enumclaw, WA (25-bed capacity).
7) **Issaquah City Jail** located at 130 E. Sunset Way, Issaquah, WA and also contracts with many other jurisdictions[46] in or near eastern King County (72-bed capacity).

Below is a summary of jail-based medical and behavioral healthcare, which varies by County and misdemeanor jail facility (includes release planning function with number of full-time equivalents or FTEs):

Table 2: Jail Medical and Behavioral Healthcare and Release Planning Providers by Jail Facility

Facility	Medical/Behavioral Healthcare	Release planning function
KCCF and MRJC	Public Health-Seattle & King County, Jail Health Services Division	Public Health-Jail Health Services Psychiatric and Social Services section employs 6.0 FTE release planners
SCORE	Correct Care Solutions (nursing staff and mental health coordinator)	Sound Mental Health (SMH) employs 1.0 FTE criminal justice liaison who serves all misdemeanor jails
Kent City Jail	Valley Medical (physician,	1.0 criminal justice liaison

[45] http://www.scorejail.org/agencies
[46] http://www.ci.issaquah.wa.us/index.aspx?NID=948

	psychiatric prescriber, and physician assistant)	from SMH serves all misdemeanor jails
Kirkland Jail	Valley Medical (physician and nursing staff)	1.0 criminal justice liaison from SMH serves all misdemeanor jails
Enumclaw City Jail	On-call jail physician	1.0 criminal justice liaison from SMH serves all misdemeanor jails
Issaquah City Jail	Valley Medical (physician and nursing staff)	1.0 criminal justice liaison from SMH serves all misdemeanor jails

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Entities that collaborated on the design of this Jail Re-entry System of Care include the following: Public Health-Seattle & King County/Jail Health Services; King County Department of Public Defense; King County Department of Community and Human Services/Behavioral Health and Recovery Division (BHRD); and local community behavioral health agencies providing re-entry services in King County.

Partnerships between King County's Diversion and Re-entry Services Section, King County DPD and community treatment providers already exist. Under this Jail Re-entry System of Care, these partnerships will be expanded and formalized through memoranda of understanding. In addition, through existing partnerships with judges and prosecutors, information about the availability of these services will be easily disseminated.

Collaborations are necessary with the following governmental and non-profit agencies:

- City of Seattle Municipal Court, including Mental Health Court/Veterans Treatment Court
- Seattle Fire Department
- Seattle Police Department
- King County Executive's Office (including Recidivism Reduction and Re-entry)
- King County Prosecuting Attorney's Office
- King County Department of Public Defense
- King County Department of Judicial Administration, including Adult Drug Diversion Court
- King County District Court, including Regional Mental Health Court/Regional Veterans Court
- King County Superior Court
- King County Department of Adult and Juvenile Detention, including the Community Corrections Division
- King County Sheriff's Office
- King County Regional Veterans Initiative Project
- King County Veterans Program
- City of Enumclaw Police Department and Municipal Jail
- City of Issaquah Police Department and Municipal Jail
- City of Kent Corrections Facility
- City of Kirkland Police Department and Municipal Jail
- South Correctional Entity and it coalition cities and municipal courts

- All Home
- Seattle Housing Authority
- King County Housing Authority
- Plymouth Housing Group
- Public Health – Seattle & King County, including King County Jail Health Services
- WA State Criminal Justice Training Commission
- WA State Department of Corrections
- WA State Department of Social and Health Services, including the Behavioral Health Service Integration Administration, Western State Hospital, and Belltown Community Service Office
- Northwest Justice Project
- WA State Department of Veterans Affairs, including Veterans Integration Services
- U.S. Department of Veterans Affairs, including Veterans Health Administration
- Suburban police departments throughout King County
- Suburban fire departments throughout King County
- Multiple community-based, non-profit behavioral health and housing providers under contract with King County DCHS/BHRD

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

Current MIDD Strategies 11a, 12a and Current State of Release Planning and New Concept #79 Jail-Based Boundary Spanners

Current MIDD Strategy 11a/12a combined provides 4.0 FTE re-entry case managers (currently sub-contracted to Sound Mental Health) that receive referrals from all seven facilities and provides linkage-focused case management for up to 90 days. Some jail in-reach is done, but eligibility, time constraints, limited staffing availability, lack of nontraditional hours of staff and other limitations around housing all create system-wide barriers for individuals to access this service.

Health and Human Services Transformation Initiative, specifically Familiar Faces, Physical-Behavioral Health Integration, and King County Accountable Community of Health

- The implementation of the Affordable Care Act has brought new opportunities for the community to work together to achieve the Triple Aim of better health, better care, and lower costs for this initial focus population.[47] These changes include expanded Medicaid coverage, creating access to health care for large numbers of Medicaid-eligible individuals. Health care reform has provided expanded access to services and allowed for an expanded Medicaid population to be covered; however, services are not reinbursable when provided while an individual is incarcerated. In addition, capacity in the community provider system does not allow for day of release intake appointments, and long wait times to see psychiatric prescriber staff can impact re-entry. All services covered in this briefing paper—incluing expanded services via boundary spanning/re-entry case management, discharge nursing services and in-custody substance use disorder assessments—are not covered under Medicaid.

[47] Ibid, http://www.ihi.org/Topics/TripleAim/Pages/default.aspx.

- Washington's statewide movement towards integration of the mental health, SUD, and physical healthcare systems, and the emerging Accountable Communities of Health and system delivery reform efforts.[48]
- While there is no shortage of programs in the region to try to address the needs of individuals needing re-entry services (as evidenced by the Familiar Faces current state mapping)—many of which produce excellent results as stand-alone programs—overall fragmentation, uncoordinated care, poor outcomes and growing costs to the healthcare, social services, criminal justice and crisis service systems, continue to exist.

All Home Strategy Plan and other Homelessness Initiatives

- The extent of homelessness in King County, having grown to emergency proportions, precipitated a 2015 Declaration of State of Emergency for Homelessness - King County and City of Seattle.
- The lack of affordable housing and long wait lists creates challenges to successful housing placements (both transitional and permanent).
- Single Adult and other Coordinated Entry efforts are underway.

Limited access/eligibility for various adult specialty court programs

Familiar Faces data show that eight percent of individuals who are incarcerated four or more times in a 12-month period have opted into a mental health court or Drug Diversion Court.[49] These therapeutic courts have stringent thresholds for participation, often require a two-year jurisdiction, and restrict participation of those most in need of re-entry services and supports. Often the individual's level of need and resources of the court are not a good match, and those individuals who need a harm reduction service delivery option are frequently not successful in a compliance-oriented court program.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Larger System Barriers include:

- Appropriate affordable housing – Secure and dedicated housing resources (both respite and permanent housing) are needed to support any care models. Many of the individuals who will receive Jail Re-entry System of Care services will be experiencing homelessness.
- Individuals with criminal histories are often limited in both housing and employment options, which support community tenure
- Obtaining DAJD jail clearance in King County jail facilities is a barrier due to long wait times and inefficient processing, and is a barrier for any new concept proposed and affects program capacity for existing strategies and new concepts when there is staff turnover.

Barriers to implementation of the existing strategies and new concepts described in this briefing paper are noted below.

- Existing Strategy 11a/12a: while existing services are well-established, Strategy 11a/12a services would need to be merged with the boundary spanner work proposed in new concept 79. This merging may entail modification of existing contracts to include more staff and an expanded boundary spanning and case management function, or may require a procurement process.
- New concept 52: one barrier may include securing the appropriate CDP staff, as there is a lack of qualified and licensed staff in the SUD services delivery system.
- New concept 79: jail-based boundary spanners need to be integrated with Strategy 11a/12a and, if not, could create new fragmentation in the Jail Re-entry System of Care. Another barrier

[48] Ibid, http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach.aspx.
[49] Ibid, Srebnik, D., *Familiar Faces: Current State – Analyses of Population*. (September 28, 2015).

may include a decision to procure this new resource, thus continuing a fragmented system, versus funding County positions within JHS, which are often more expensive. As noted above, however, Strategy 11a/12a services are well-established via existing contracts and could be easily modified to reflect an expanded boundary spanning and case management function.

- New concept 80: no foreseeable barriers.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Regarding new concept 59, an unintended consequence of providing jail-based SUD assessments at the request of DPD may include these assessments serving a mitigation function only, rather than as a means of ensuring linkage to appropriate behavioral health services and re-entry support. This is addressed above by including a training component to DPD social workers and attorneys, and other criminal justice partner staff, but it is a concern based in historical evidence.

A general unintended consequence is that a more robust Jail Re-entry System of Care reinforces law enforcement and first responders' perception that incarceration is an effective means of connecting individuals in behavioral health crisis to behavioral health treatment and other supportive services. This ineffective practice creates more disconnection from the community and adds more experiences of trauma to the clinical picture that will need to be addressed in the re-entry plan and processes for successful transition back to the community.

All Jail Re-entry System of Care services must be implemented concurrently with diversion and upstream strategies (See *BP 23 Law Enforcement Assisted Diversion Maintenance and Expansion).* Building a system that is operating in the deep end of the criminal justice system via diversion and re-entry options depends on a very costly system to provide linkage to treatment and resources in the community and may inhibit the use and future development of upstream, cost effective, options that prevent the criminalization of behavioral health issues. This is fundamental in the MIDD II policy framework. All participants in this Jail Re-entry System of Care will participate in transformation work and work to re-imagine re-entry services moving upstream to provide the same resources earlier in the criminal justice process.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Individuals will continue to receive fragmented, compartmentalized services that do not support recovery and re-entry. Other unintended consequences if this strategy is not implemented include a continued inability to meet the demand created by the number of individuals needing Re-entry System of Care services, and continued fragmented services to those that are provided current services.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Many existing strategies and new strategies were combined for this Jail Re-entry System of Care, but it will be necessary to have close alignment with other MIDD II strategies, if funded, including the following:

- ES Seattle MHC 11b BP 118, 133, 136 Competency Continuum of Care;

- BP 37, 51, 64, 66 South County Crisis Center;
- BP 20 Implementing Actuarial Risk and Needs Assessment in King County Jails;
- BP 34 39 72 74 Outreach System of Care;
- BP 44 Familiar Faces Cultural Care Management Teams;
- BP 23 Law Enforcement Assisted Diversion Maintenance and Expansion; and
- ES 11b BP 8 BP 93 Regional Mental Health Court Services and Continuous Improvement.

Other approaches mentioned above will require coordination with this Jail Re-entry System of Care,; they address subpopulations in a more focused and intensive way, and need resources to do so (e.g. Competency Continuum of Care). The Jail Re-entry System of Care will support the work of all strategies listed above, many of which are on the front end and provide more diversion opportunities. Others, such as BP 20 Implementing Actuarial Risk and Needs Assessment in King County Jails, provide an assessment framework for services outlined in this Jail Re-entry System of Care and will inform and complement services outlined in this briefing paper.

As mentioned previously, it is critical that any re-entry related services are implemented with equitable resources dedicated to diversion (e.g. Law Enforcement Assisted Diversion[50]) and preventative services that are focused on upstream options preventing incarceration and recidivism. Indeed, diversion is a primary target for Familiar Faces populations and fundamental to the Familiar Faces Future State Vision, a system-level vision for how individuals get their health and human services met within a robust community-based system, and jails are crisis institutions of last resort.[51]

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

The Jail Re-entry System of Care fits within the continuum of care and the following initiatives in King County:

- 2015 Declaration of State of Emergency for Homelessness - King County and City of Seattle;[52]
- Coordinated Entry for All;[53]
- Health and Human Services Transformation Initiative, specifically Familiar Faces, Physical-Behavioral Health Integration, and Communities of Opportunity (geographic focus options);[54]
- Law Enforcement Assisted Diversion (LEAD)[55] Operations and Policy; and
- 1115 Global Medicaid Waiver, options for Demonstration Programs.[56]

[50] http://leadkingcounty.org/about/.
[51] Ibid, http://www.kingcounty.gov/elected/executive/health-human-services-transformation/familiar-faces.aspx.
[52] http://www.seattlepi.com/local/article/Murray-declares-civil-emergency-over-homelessness-6605652.php.
[53] http://allhomekc.org/coordinated-entry-for-all/.
[54] http://www.kingcounty.gov/elected/executive/health-human-services-transformation.aspx.
[55] http://leadkingcounty.org/.
[56] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

As noted extensively herein, this entire Jail Re-entry System of Care approach is person-centered and rooted in all the principles of recovery and self-determination. Trauma Informed Care is a vital and critical aspect of the Familiar Faces Future State Vision framework and a fundamental service delivery approach for this Jail Re-entry System of Care.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

Individuals living in extreme poverty, likely to be experiencing (often chronic) homelessness, and having untreated behavioral health and primary care issues are coming through local jails at unprecedented rates. Often, when these individuals come into contact with law enforcement because of these very issues (living on the street, experiencing behavioral health crises, engaging in survival economies) they are taken to jail in lieu of addressing the root cause of the problem. This Jail Re-entry System of Care will provide and promote access to treatment, housing, jobs, support, healing and recovery and access to a community of people who care and value them as people. At its core, this Jail Re-entry System of Care will address equity and social justice by allowing individuals to not be criminalized and families torn apart for their social services needs/access needs, but rather be assisted to meet and fulfill those needs.

BHRD Diversion and Re-entry staff (contract administrators) will work closely with partners and selected providers to address the need for broad-scale cultural change in human services and criminal justice system agencies related to harm reduction—and not criminalize behavioral health (moderated by race, class/homelessness). Harm reduction training is essential as substance use tends to be a large driver of criminalization. It is important to move towards a recovery-oriented, person-centered system that is also responsive to the individual's needs. This needs to happen in behavioral health and in criminal justice settings (e.g. jail release planning). Addressing substance use as a driver of individual contact with law enforcement will also provide needed treatment and diversion options for individuals with substance use and co-occurring disorders.

Families and communities of people living in poverty have suffered unequal devastation in the wake of increased drug addiction and incarceration. They have unfairly borne the burdens of the nation's War on Drugs and have struggled with inequitable access to treatment services that are culturally informed and responsive, timely and based in the community of their choice. Partnerships with treatment providers, who have shown success in providing relevant and effective services as a means of building a robust Jail Re-entry System of Care, will move King County in the direction of fair and equitable access to services.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

- Strategies 11a/12a – increased funding to address increased staffing and indirect costs, and increase flexible funds available for emergent re-entry needs;
- New Concept 52 – physical office space inside or in close proximity to the jails (including computer, internet access, phone and fax);
- New Concept 79 - physical office space inside or in close proximity to the jails (including computer, internet access, phone and fax); and

- New Concept 80 – hire 3.8 full-time equivalent RN staff plus relief for two-shift coverage, seven days per week at both DAJD jails (KCCF and MRJC); space near the release area of KCCF and MRJC to provide this healthcare discharge function, including physical office space inside or in close proximity to the jails (including computer, internet access, phone and fax).

2. Estimated ANNUAL COST. $1,500,001-$2.5 million Provide unit or other specific costs if known.

- Strategies 11a/12a & New Concept 79: $700,000
- New Concept 52: $150,000
- New Concept 80: $714,402

ANNUAL TOTAL = $1,564,402

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

No other revenue sources are available at this time unless decisions are made by the Washington State Health Care Authority to allow for Medicaid to fund institution-based services (such as jails).

4. TIME to implementation: 6 months to a year from award

a. What are the factors in the time to implementation assessment?

Many services are currently being provided and require expansion. Expansion and new services (e.g. new concept 52 and new concept 80) would need RFP and hiring processes. New concept 79 will require either new County staff to be hired (if JHS) or modification of existing re-entry case management contract (funded by existing strategies 11a and 12a) to merge boundary spanning and re-entry case management function and expand staffing.

b. What are the steps needed for implementation?

Steps needed for implementation include the development of an RFP, contract development and execution, selection of qualified staff and training in identified evidence-based practices and other identified systems (e.g. Coordinated Entry and Assessment).

c. Does this need an RFP?

Boundary spanner staff and SUD assessor staff could either be JHS/KC staff, or they could be staffed by a community provider.

Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (Optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

This proposal marks a new initiative in forging relationships between public defense and re-entry and diversion. With differing charters and sometimes conflicting goals and ethical mandates, these entities have often been at odds. Forming agreements regarding what best serves the interests of clients, their families, and the public provides the foundation for further programmatic innovations that benefit those suffering from SUDs and mental health issues, and realizes the mutual goal of reducing recidivism.

The Diversion and Re-entry Services (DRS) section of DCHS was created in September 2014 and endeavors to develop and administer programs and initiatives in King County that are supportive of, and informed by, individuals with behavioral health conditions encountering the criminal justice and crisis systems. Through contracts with providers and intergovernmental agreements, DRS is responsive to the needs of the whole person, supportive of individuals remaining in the community with access to services

and resources that promote recovery and reduce episodes of incarceration and hospitalization. DRS will play a key role in this system of care, along with in-custody health providers and community-based behavioral health and housing providers.

Strategy Title: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency

Strategy No: 11a – Increase Capacity for Jail Liaison Program

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.

- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

There are currently four jail liaisons working in King County and municipal jails and in the Community Center for Alternative Programs (CCAP). These liaisons are now at full capacity, and an additional liaison is needed in order to expand this service to an additional jail population not currently being served. This strategy will expand the liaison service to the work release program so that these individuals will receive the community support services needed to meet their mental health and chemical dependency treatment needs and reduce the likelihood of their re-offending.

◊ *B. Reason for Inclusion of the Strategy*

Many individuals with mental illness and/or chemical dependency end up in jail due to behavior that is associated with their illness, and, once in jail, they stay longer than individuals charged with the same crime who do not have these illnesses. In many cases, entry into the criminal justice system could be avoided if people were provided with the appropriate community supports and services. Jail liaisons help link these individuals with appropriate community services and thereby reduce the length of stay in jails and increase the likelihood of successful community reintegration.

◊ *C. Service Components/Design*

The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) contracts with Sound Mental Health (SMH) to provide criminal justice liaison services. The goal of the liaisons is to directly connect adult defendants with the community services it will take to keep them from returning to jail.

Liaisons initially meet with adult defendants who are due to be released from jail within forty-five to ten business days, or who are court-ordered to CCAP, and assess what their needs will be upon release or discharge. They refer defendants directly to mental health treatment, co-occurring disorders programs, Re-entry Case Management Services,

Department of Social and Health Services (DSHS), Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) services, the Municipal Court Resource Center and Veterans Reintegration Services, among others. They also provide information on temporary housing, and dental and medical services in the community. Criminal Justice Liaisons work closely with Public Defenders and various probation and community corrections staff to negotiate release of inmates into treatment. As mental health professionals with specialties in co-occurring disorders, the Criminal Justice Liaisons are in a unique position to assist the large numbers of inmates with mental health concerns, as well as those with both mental health and chemical dependency disorders.

◊ *D. Target Population*

King County Work Education Release (WER) inmate-clients who are residents of King County or likely to be homeless within King County upon release from custody, and who are assessed as needing mental health services, chemical dependency treatment, other human services, or housing upon release.

◊ *E. Program Goals*

Expand criminal justice liaison services to WER inmates to enhance their access to mental health services, chemical dependency treatment, and co-occurring disorders programs in the community. Improve the likelihood that clients will be placed in housing (temporary or permanent) upon discharge from WER. Assist WER inmates in applying for DSHS benefits when they are within 45 days of discharge. Refer veterans to Veterans Reintegration Services.

◊ *F. Outputs/Outcomes*

- Total number of clients served per year: 360
- Outcomes will include increased referrals to and engagement with community-based treatment agencies, improved mental health status, reduced use of drugs and alcohol, and reduced jail recidivism.

2. Funding Resources Needed and Spending Plan

Dates	Activity	Funding
Sept- December	SMH hires and trains 1 FTE liaison. Funding pays for salary and benefits, administrative overhead, office space, equipment.	$20,000
	Total Funds 2008	**$20,000**
Jan – Dec 2009	New FTE serves	$80,000
	Total Funds 2009	**$80,000**
Ongoing Annual	**Total Funds**	**$80,000**

3. Provider Resources Needed (number and specialty/type)

◊ *A. Number and type of providers (and where possible FTE capacity added via this strategy)*

This strategy involves a single provider, Sound Mental Health, since this is an expansion of a current service being provided by an agency that previously was selected in a competitive process. Specifically, the strategy will increase criminal justice liaison staffing by 1.0 FTE to be sited at the Work Education Release offices, administered by the King County

Department of Adult and Juvenile Detention, Community Corrections Division. Current staffing consists of 4.0 FTE criminal justice liaisons located throughout King County. With the addition of the fifth liaison, staff will be sited at the following locations:

- CCAP (1.0 FTE funded by King County Current Expense)
- King County Correctional Facility (2.0 FTE funded by King County Current Expense)
- South and East King County municipal jails (1.0 FTE funded by State Jail Services Funds)
- Work Education Release (1.0 FTE to be funded by MIDD sales tax)

◊ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*
Sound Mental Health has already developed a complete job description, training requirements, and standard operating procedures for the criminal justice liaison position. Existing criminal justice liaison staff will provide orientation to the position. Technical assistance will be provided by King County MHCADSD/CJI staff.

◊ *C. Partnership/Linkages*
This strategy will involve a partnership with the King County Department of Adult & Juvenile Detention/Community Corrections Division (CCD) that operates WER. MHCADSD/CJI staff will work with CCD/WER managers to plan for locating the 1.0 FTE criminal justice liaisons at WER upon approval. Planning will include the securing of necessary office space and equipment and outlining referral protocols between WER Case Workers and the criminal justice liaison assigned to WER.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*
The agency will need to advertise and recruit to fill the additional Criminal Justice Liaison position. Expected timeline is 45 to 60 days after the Provider is notified. The candidate hired will need to successfully apply for jail clearance through the King County Department of Adult and Juvenile Detention. This application process typically takes about 30 days. Direct services will begin when the Criminal Justice Liaison has obtained jail clearance.

◊ *B. Procurement of Providers*

Since MHCADSD already contracts with Sound Mental Health to provide Criminal Justice Liaison services, as noted above, no RFP is required. King County will need to amend the Sound Mental Health contract to add funding for the additional position.

◊ *C. Contracting of Services*
See previous bullet.

◊ *D. Services Start Date(s)*
Services to consumers will begin November 1, 2008

Strategy Title: Expand Re-Entry Programs

Strategy No: 12a1 - Increase Community Re-entry from Jail Program Capacity

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.

- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

A. Problem or Need Addressed by the Strategy

On any given day in the King County jail, an estimated 15 percent of inmates have a serious mental illness and 80 percent have substance abuse problems. Re-entry from jail or a court-ordered alternative for these populations is imperative to assure they follow through on their re-entry plans and get connected to treatment and other services in the community. King County Criminal Justice Initiatives data show that, without re-entry case management services, many offender-clients fail to connect to treatment and other services on their own – or drop out of services within a short timeframe.

B. Reason for Inclusion of the Strategy

The Re-entry Case Management Services (RCMS) program is intended to provide intensive, short term case management to individuals with mental health and/or substance abuse problems who are close to release/discharge and in need of assistance to reintegrate back into the community in order to keep from re-offending and returning to jail. This intensive case management is the "hand off" from the staff working inside the jail or at the Community Center for Alternative Programs (i.e. Criminal Justice Liaisons, Jail Health Services) to have immediate day of release/discharge assistance in creating longer term linkages to outpatient treatment services, and support in navigating the complex funding, treatment, rental assistance, housing, health care systems, and employment and vocational opportunities in the community.

C. Service Components/Design

RCMS is administered by Sound Mental Health via contract with the King County Department of Community and Human Services/Mental Health, Chemical Abuse and

Dependency Services Division (MHCADSD) RCMS services, provided by re-entry case managers, are available to adult offenders exiting a King County Jail or King County Community Corrections Division (CCD) alternative/program, such as Work and Education Release (WER) or the Community Center for Alternative Programs (CCAP). Eligibility for RCMS includes individuals who have a mental health and/or substance abuse disorder and are within 45 days of release from a King County Jail or currently court-ordered to WER or CCAP.

Re-entry Case Management consists of:

- Re-entry needs assessment
- Pre-release engagement consisting of a minimum of one face-to-face meeting
- Facilitation of application for public entitlements and other benefits in coordination with the WA State Department of Social and Health Services
- Medication monitoring
- Linkage to mental health services and substance abuse treatment
- Assistance with basic needs
- Assistance with transportation (i.e., bus tickets)
- Assistance with physical health care resources
- Assistance with shelter and transitional housing, rental assistance, and long-term/permanent housing resources
- Linkage to pre-vocational, education, training, and employment services and resources

D. Target Population

Adult offenders and defendants with mental illness and/or chemical dependency housed in the King County Correctional Facility (KCCF), Norm Maleng Regional Justice Center (RJC), or WER who are within 45 days of release and will not be transferred to prison or another county, and CCAP and other CCD program participants, who are assessed as needing treatment and are not currently enrolled in outpatient treatment services, or are seeking other services in the community including employment and vocational opportunities.

E. Program Goals

Provide increased access to intensive, short term case management to individuals with mental health and/or chemical dependency disorders who are close to release/discharge and in need of assistance in reintegrating back into the community. Provide immediate assistance for more participants in accessing publicly funded benefits (if eligible), housing, rental assistance, outpatient treatment and other services including education, training, and employment in the community upon release/discharge.

F. Outputs/Outcomes

1. Three re-entry case managers will serve an additional 1,000 individuals per year
2. Increased treatment involvement and treatment completion
3. Increased housing stability
4. Reduced criminal justice involvement
5. Increased education, training, and employment among program recipients

2. Funding Resources Needed and Spending Plan

$240,000 per year will provide three additional FTE to this program. This includes the cost per FTE as well as office space/equipment in South King County, a flexible fund account for participant incidentals, and administration. The contract related to this target population is managed by MHCADSD, which intends to amend its contract with Sound Mental Health to add capacity immediately upon allocation of funds.

Re-entry Case Managers		
Dates	**Activity**	**Funding**
Sept 2008	Amend Sound Mental Health contract to add 3 FTE re-entry case managers plus flex funds	$80,000
	Total Funds 2008	**$80,000**
Jan – Dec 2009	3 FTE re-entry case managers plus flex funds	$240,000
	Total Funds 2009	**$240,000**
Ongoing Annual	**Total Funds**	**$240,000**

3. Provider Resources Needed (number and specialty/type)

A. Number and type of Providers (and where possible FTE capacity added via this strategy):

The strategy currently involves a single provider, Sound Mental Health, and will increase RCMS staffing capacity by adding 3.0 FTE to the original 1.4 FTE Re-entry case managers. This increase allows staff to be sited both downtown near KCCF, WER and CCAP as well as in South King County near the RJC. The provider agency will assist with providing office space for the Re-entry Case Managers serving South and East King County.

B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)

1. Sound Mental Health has developed a complete job description and classification, training requirements, and standard operating procedures for the Re-entry Case Manager position. The Sound Mental Health Criminal Justice Liaison and Re-entry Services Program Manager will provide orientation and training. Technical

Assistance will be provided by King County MHCADSD/Criminal Justice Initiative (CJI) Staff.

Training includes, but is not limited to:

- Working with mentally ill and chemically dependent offenders
- Staff Safety
- Working knowledge of community-based resources throughout King County
- System navigation (State, County, City)
- Working with the criminal justice system (jails, courts, public defense, probation)

C. Partnership/Linkages

This strategy involves cooperation and collaboration between MHCADSD, the Department of Adult and Juvenile Detention (DAJD), Public Health—Seattle & King County/Jail Health Services, the WA State Department of Social and Health Services, the WA State Department of Corrections, King County Superior Court, King County District Court, and the municipal courts and jails in King County.

4. Implementation/Timelines

A. Project Planning and Overall Implementation Timeline

Sound Mental Health will recruit and hire the additional 3.0 FTE staff to expand services for the target population and add capacity. At least 2.0 FTE will be sited in South King County. The expected timeline for this is 45 to 60 days after the provider is notified. Eligible candidates will need to be approved for jail clearance by the DAJD.

B. Procurement of Providers

MHCADSD currently contracts with Sound Mental Health for RCMS services. Since this is an expansion of an existing program, no RFP is required. King County contract staff will amend the existing SMH contract to add funding and positions dedicated to the program.

C. Contracting of Services

See previous section pertaining to MHCADSD contract.

D. Services State Date(s)

November 1, 2008

Strategy Title: Expand Re-Entry Programs

Strategy No: 12a2 - Increase Community Re-entry from Alternative Program Capacity

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.

- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

A. Problem or Need Addressed by the Strategy

Criminal justice system involved individuals present with myriad issues and criminogenic risk factors that, if not addressed, hinder their ability to successfully re-enter the community upon completion of their jail sentence or court-ordered alternative program. Such issues frequently involve substance abuse, mental health and/or anger management problems. Comprehensive re-entry preparation classes are needed, yet presently lacking, at the Community Corrections Division's (CCD) Community Center for Alternative Programs (CCAP).

B. Reason for Inclusion of the Strategy

The County recognizes that gainful employment and earning a livable wage is a necessity for successful reintegration into the community for those individuals with mental health and/or substance abuse problems who are in recovery and employment ready. Employment, pre-vocational, and education services, and anger management classes, are necessary components of a comprehensive re-entry preparation program. Such classes will be offered to CCAP and Work and Education Release (WER) participants at CCAP.

C. Service Components/Design

CCD re-entry services is provided by South Seattle Community College, Family Services, and New Beginnings (via subcontract with Family Services) via contract with the King County Department of Adult and juvenile Detention/Community Corrections Division (DAJD/CCD). CCD re-entry services, provided by community-based provider instructors, are available to adult offenders participating in a King

County Community Corrections Division (CCD) alternative/program, such as Work and Education Release (WER) and the Community Center for Alternative Programs (CCAP.

CCD Re-entry Services consists of:

- Life-Skills-to-Work instruction at The Learning Center
- General Education Diploma (GED) preparation instruction at The Learning Center
- Family Violence and Anger Management education classes at CCAP facilities
- Linkage to provider's community-based services upon staff determination and/or discharge from CCD alternative/program
- Linkage to pre-vocational, education, training and employment services and resources

D. Target Population

Adult defendants and offenders with mental illness and/or chemical dependency who are court-ordered to CCAP, WER or other CCD alternative/program and assessed as being employment ready and/or needing vocational or education opportunities, or family violence and anger management education.

E. Program Goals

Provide increased access to pre-vocational, education, and employment opportunities to individuals with mental health and/or substance abuse problems who are participating in a CCD alternative/program, with an option to continue services upon release/discharge, and increased access to individuals in need of assistance in reintegrating back into the community.

F. Outputs/Outcomes

1. Seven additional hours per week of Life Skills to Work instruction at The Learning Center
2. Seven additional hours per week of GED preparation instruction at The Learning Center
3. Two additional hours per week of Family Violence and Anger Management classes at CCAP
4. A minimum of 50% of program participants will complete their court-ordered time at CCAP
5. Increased education, vocational, and employment among program recipients
6. Serve a minimum of 250 CCAP participants per year in the program classes
7. Reduce arrests on new charges, post-program admission, among program participants

2. Funding Resources Needed and Spending Plan

Community Re-entry from Alternative Programs		
Dates	**Activity**	**Funding**
Jan – Dec 2009	Amend South Seattle Community College Contract to add Life Skills to Work and GED classes	$50,000
Jan – Dec 2009	Amend Family Services contract to add Family Violence and Anger Management classes	$22,250
Jan – Dec 2009	CCD Administration	$ 7,750
	Total Funds 2009	**$80,000**
Ongoing Annual	**Total Funds**	**$80,000**

3. Provider Resources Needed (number and specialty/type)

A. Number and type of Providers (and where possible FTE capacity added via this strategy):

The strategy currently involves two existing providers, South Seattle Community College and Family Services (and New Beginnings, as a subcontractor), and will increase the number of classes by an additional 9 hours per week. This increase allows participants to begin direct linkages to education, vocational and employment on-site.

B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)

Existing providers, South Seattle Community College (SSCC) and Family Services (and New Beginnings via subcontract), have developed class curricula for these topics.

C. Partnership/Linkages

This strategy involves cooperation and collaboration between the Department of Community and Human Services(DCHS)/MHCADSD and Community Services Divisions, the Department of Adult and Juvenile Detention (DAJD)/CCD, King County Superior Court, and King County District Court.

4. Implementation/Timelines

A. Project Planning and Overall Implementation Timeline

South Seattle Community College and Family Services (and New Beginnings via subcontract) will add necessary capacity. Eligible candidates will be scheduled by CCAP and WER case workers.

B. Procurement of Providers

DAJD/CCD currently contracts with South Seattle Community College for The Learning Center's Life Skills to Work& GED services. Since this is an expansion of an existing program, no RFP is required. DCHS/CSD currently contracts with Family Services (and New Beginnings as subcontractor) for CCAP services. Since this is an expansion of an existing program, no RFP is required. King County contract staff will amend the existing contracts to add funding and resources dedicated to the program.

C. Contracting of Services

See previous section pertaining to DAJD/CCD and DCHS/Community Services Division contracts.

D. Services State Date(s)

January 1, 2009 for South Seattle Community College classes
April 1, 2009 for Family Services (and New Beginnings as subcontractor) classes

New Concept Submission Form

Please review the preceding pages before completing this form.
Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#52 Working Title of Concept: Post adjudication recovery and re-entry services

Name of Person Submitting Concept: Cynthia Skow, LICSW
Organization(s), if any: King County Dept. of Public Defense
Phone: 206-477-8782
Email: cynthia.skow@kingcounty.gov
Mailing Address: 810 3rd Ave., Suite 800, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed. *Please share whatever you know, to the best of your ability.*
Concepts must be submitted via email to MIDDconcept@kingcounty.gov by ***October 31, 2015****.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Clients of public defense are often offered the opportunity to participate in treatment as part of a plea agreement or "balance-suspend" sentence. Unfortunately, services are not currently available to assist these clients in obtaining inpatient addiction services. Current jail release planning policy requires a "hard" release date in order for the client to get an assessment and referral to inpatient resources. Because these clients are stuck in a "Catch-22" – the court won't release without services set up but services can't be set

up without a release date -- they languish in jail without services and without recovery programming despite agreement by all parties that they are best served by treatment. A small investment in resources to assist in placing these individuals would result in considerable savings to the county in incarceration costs.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Individuals in need of addiction or co-occurring treatment services are at elevated risk for swift re-entry into the criminal justice system after release unless they receive treatment. This results in compromised public safety and increased cost to taxpayers. Offering treatment services to those who qualify, along with the incentive of a reduced sentence, enhances public safety and lowers incarceration costs to taxpayers.

3. How would your concept address the need?
Please be specific.

Clients would be referred by public defense to a designated Chemical Dependency Professional (CDP). This CDP would assess the client's eligibility for and amenability to treatment. If qualified, the client would then be referred to the appropriate licensed treatment facility. The program would also include training for defense attorneys and social workers (mitigation specialists) in assessing clients most likely to succeed in re-entry treatment services. Once a client is referred and accepted for inpatient treatment, defense attorneys and social workers will work together with the designated CDP to facilitate client's release and transportation to treatment.

4. Who would benefit? Please describe potential program participants.

The public would benefit through decreased incarceration costs and increased public safety. Clients would improve their likelihood of successful re-entry and avoid future incarceration through engagement with appropriate treatment and re-entry services. Families of clients would benefit through maintenance of close ties with their formerly incarcerated relative and would enjoy the support that family member would contribute following successful treatment.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

- The program would result in decreased incarceration rates and costs. This data is collected routinely by DAJD currently.
- The program would ensure that the best use of treatment resources is made because referrants are trained in the assessment and referral of potential participants. These data are collected by treatment agencies.
- The program would result in reduced recidivism for program participants. These data are collected by a number of sources currently.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☒ **Recovery and Re-entry:** Empower people to become healthy and safely reintegrate into community after crisis.
☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

A significant number of post-adjudication inmates are eligible and motivated for treatment. Due to a relatively small, easily remedied system problem, they are unable to access services. In these cases, judge, prosecution, defense and client all agree that treatment would be beneficial in reducing client's likelihood of recidivism and preferable to additional jail time. Removing this systemic obstacle would result in improved health outcomes for the client (and potentially his/her family), increase the likelihood of productive community re-entry and reduce the likelihood of future criminal involvement.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships between King County's Diversion and Re-entry Services, Department of Public Defense and community treatment providers already exist. Under this plan, those partnerships would be expanded and formalized through memos of understanding. In addition, through existing partnerships with judges and prosecutors, information about the availability of these services will be easily disseminated.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ 55,000 per year, serving 130 people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.

Please review the preceding pages before completing this form.
Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#79 Working Title of Concept: Jail-based Boundary Spanners

Name of Person Submitting Concept: Mike Stanfill, PhD
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Historical systems of jail-to-community reintegration relied on previous establishment of services and "reconnecting" with community services throughout one's jail stay and once returned to the community of origin. However, these programs rely on previous service connection. JHS currently employs Release Planners to do service connection for patients that lack community integration. Their effectiveness is limited by lack of continuity and aiding the patient back into the community because they are stationed in the jail(s). Jail-based boundary spanners would work closely with the Release Planning team to be the effective "warm handoff" of patients to community partners while shepherding patients between initial appointments and executing the release plan created while the patient was incarcerated.
Spanners could either be JHS/KC staff, or they could be staffed by a community provider. In the latter, which is based on a model in Hampden County, the same staff could see the people both inside and outside the jail.
This concept is an important component of the system transformation that is trying to be accomplished through the Familiar Faces initiative.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Persons regularly cycling through the criminal justice system experience breaks in continuity as settings are constantly changing. As such, more time is spent trying to "learn the system" rather than receiving clinical services.

3. How would your concept address the need?
Please be specific.

Having a person to help navigate the complexieties of the mental health and criminal justice system is of value in that it (a) provides consistent support, (b) meets persons with mental illness or substance use disorders on a level that is responsive and relatable, and (c) minimizes breaks in service.

4. Who would benefit? Please describe potential program participants.

First and foremost, persons with mental illness and/or substance use issues would benefit primarily. Additionally, community public providers would benefit in having someone help navigate and coordinate appointments for complex and high-need cases. The criminal justice system, including the county jails, would likely see a decrease in utilization; which is cost-effective to the County as a whole.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Current County data collection takes into account frequency of high-cost utilization (e.g. jail and ED utilization, crisis services, etc.). This program would fit nicely into current data schemas and collection methods. Over time, one would expect a decrease in high-cost services with an increase in preventive and on-going care services. There would also be an expectation for increased continuity of care between providers.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Re-entry:** Empower people to become healthy and safely reintegrate into community after crisis.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

County jails are one of the largest community mental health providers with approximately 30% of the population suffering from some form of mental illness and by some estimates upwards of 60-80% of the population experiencing problems with substance use. By the nature of the setting, involvement with the criminal justice system and current incarceration is connected to current limitations in functioning. Project involvement with county jails therefore impact and hopefully improve community health, social, and justice outcomes.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Community providers (medical, psychiatric, substance abuse, etc.) and housing partners willing to work with criminal justice involved populations without reservation. Since the positions would base out of the jail, and work within Jail Health Services, integration to the criminal justice system would also be key.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ 601,396 per year, serving estimate: 1,000 people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.

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80 Working Title of Concept: Health care discharge services at release from corrections facility

Name of Person Submitting Concept: Jennifer DeYoung
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Provide quality health care discharge information to individuals released from the King County Corrections Facility at the time of release. Incorporate a nurse discharge visit into the King County Corrections release desk process so that individuals would be equipped with an overall summary of the health care services and results achieved during the jail stay; electronic access to their health record through MyChart; a medication review and needed discharge meds and prescriptions; and face to face review of recommendations given them during their jail stay. Medications and prescriptions will facilitate continuity of care for patients with underlying mental illness and chemical dependency by "bridging" patients until scheduled community follow-up. And confirming receipt of certain medications, such as naloxone, may be life-saving for patients or others in the community. Printed summaries of care and the ability to access health record information electronically support continuity of care for community care providers to build upon treatment strategies that have been demonstrated as successful in the jail environment, where forced abstinence from illicit substances provides opportunities for patient engagement with treatment plan development, including both substance abuse and mental illness treatment. The goal is to improve the re-entry experience for patients as they reintegrate into the community and connect with their community providers, decreasing interruptions in care related to release without review and delay in access to information about jail-provided care for mental illness and substance abuse / chemical dependency.
This concept is an important component of the system transformation that is trying to be accomplished through the Familiar Faces initiative.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Each year approximately 34,000 people are released from the King County Jail. Estimates are that 69% of those individuals have mental health and/or substance abuse problems. Besides mental illness and problems with substance abuse, these individuals often are challenged by chronic health conditions, frequent and repeated involvement with the criminal justice system, and homelessness. For some, a jail stay—wherein food and shelter are provided as well as forced abstinence from illicit substances and ready access to health care services—allows meaningful recognition of challenges and engagement in planning to meet each of these both immediately in the jail setting and after release from jail. Inclusion of the patient's sober and compensated voice in treatment planning is an especially important aspect of the treatment plan. While the Jail Health Services division of PublIc Health-Seattle & King County has developed systems to identify patients with mental illness and substance abuse problems—in additon to medical illnesses and other social determinantsof health and illness—and has processes in place to provide for medications, prescriptions, and printed materials to a patient's personal property, too often the circumstances of release lead to patients leaving medications "in the cell", leaving with medications and prescriptions that may have been placed in property weeks or longer before release (with associated counseling also that remote), and with no opportunity to ask questions of a health professional about information that may be included on printed materials in their property (e.g., appointment information including date, time and location of appointments in the community). There is a need for patients to leave the jail with the correct medications and sufficient supply to bridge them until their community appointment date, to have the opportunity to ask questions to clarify instructions on prescriptions, how to get to the location of their community appointment, and any other clarification needed to successfully follow-up after release. There is an opportunity to positively ensure that patients have critical health information in hand at the time of release as well as access to their health records electronically thereafter. We believe that a nurse discharge visit as part of release from jail can address

part of the problem of interruption / break in treatment and lack of continuity of care and improve patient outcomes. Release from from the jail is thus a high impact point of care. Studies of hospital discharge planning demonstrate improved outcomes of care for patients with application of similar review and care coordination processes, and improved patient health outcomes is associated with decreased readmission rates and decreased overall cost of care.

3. How would your concept address the need?
Please be specific.

Registered nurse (RN) level clinician review at the time of release allows for sufficient assessment skill to rapidly identify patient needs and cross-check available supplies and information at the point of release. If a deficiency is noted, an RN can independently contact JHS pharmacy or provider staff to obtain medication orders or release medications, as well as orders for any additional supplies the patient may need (e.g., wound care supplies related to skin infections secondary to injection drug use). An RN can highlight key laboratory values (e.g. psychoactive medication blood levels, urine toxicology screening resutls) and other specific health information for patients and community providers in release printed materials. An RN can help to reinforce patient self-efficacy at release through brief supportive counseling and assessment of and assistance with patient understanding of plans for follow-up. Medical Records staff (ASII) can assist the patient in registering for electronic access to their chart as well as provide them with a brief overview of the tools and information they can access through MyChart. This includes: The ability to review and print medical information from their health record; view test results; send secure messages to their health center; request to schedule appointments; make refill requests; learn about their health conditions via links to medical information; and update their demographic information.

4. Who would benefit? Please describe potential program participants.

Approximately 23,500 of the 34,000 people are released from the King County Jail have mental health and/or substance abuse problems. While in jail these individuals received services aimed at treating and stabilizing their serious health needs, including mental health and/or substance abuse problems. More in-depth release planning services and specialty psychiatric housing and associated programming and follow-up are provided to a subset of these individuals. The Jail Health Services division currently has no or very limited contact at the point of release with the over 2,000 individuals released each month with mental health and/or substance abuse problems. These patients are leaving the jail without easy access to their personal health information or a summary of the care they received through a jail stay, and all of these are potential participants for a RN discharge review program.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Patients released from jail at both the King County Correctional Facility (downtown Seattle) and at Maleng Regional Justice Center (MRJC) would have necessary medication supplies and/or prescriptions to bridge to their community follow-up appointment. Discharge review would positively confirm this is the case for each released person with mental health and/or substance abuse problems.
Measures would include:
% of patients released who have mental health and/or substance abuse problems that have prescriptions for these problems sufficient to bridge the patient to the community follow-up visit. This data is not currently collected.
Patients released from jail would have a summary of the care they received during their jail stay,

instructions and help in setting up access to their personal health information through MyChart; a written summary of the recommendations and suggested follow up care; and a request that they check back with their jail health team through the secure provider link provided in MyChart.
Measures would include:

% of patients released who have mental health and/or substance abuse problems and had a nurse discharge visit. This data is not currently collected.

% of the patients released who currently access MyChart and % who elected to complete their MyChart signup at release. Not currently measured.

% patients with MyChart access who return a secure message to their jail health care team post discharge. Not currently measured

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Re-entry:** Empower people to become healthy and safely reintegrate into community after crisis.

☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Improved health outcomes: release with medications and prescriptions sufficient to maintain continuity of care until community follow-up decreases the risk of decompensation (especially for patients with mental health problems) and in some cases overdose death (especially opioid-dependent patients dispensed naloxone).
Improved health outcomes: release associated with review of plans for follow-up and brief counseling to improve patient understanding, engagement, and self-efficacy will reduce the risk of "loss to follow-up" with associated risk of "re-admission" secondary to treatment failure.
Improved social and justice outcomes: release associated with provision of electronic access to health record reduces barriers to information access linked to stable housing or other stable social circumstances (e.g., confidential maintenance of chronological paper-based records).
Improved social and justice outcomes: hospital discharge planning can improve health outcomes after hospital admission and has been associated with reduced rates of re-admission (considered a type of treatment failure) and overall costs of care; patients who have received jail-based health care services deserve similar benefits so that improvements and stabilization resulting from jail-based care provision are maintained as durably as possible. It is entirely possible that reductions in "treatment failures" as defined by "re-admissions" to jail (a.k.a. "recidivism") may be associated with discharge review at release, although a number of factors outside JHS care provision are drivers of this phenomenon.
Improved health outcomes, improved social and justice outcomes: Equipping patients leaving the jail with summary health care information and access to their health record improves the chances that patients will follow-up with after care. Requesting that the patient check back in with their jail health team provides encouragement for them to continue to maintain the gains achieved during their incarceration.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

The Department of Adult and Juvenile Detention is a critical partner for the success of the nurse visit at release. Incorporating the visit at release will involve a redesign of the current release process as well as assuring there is appropriate space for the discharge visit.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ $1,174,000 per year, serving 34,000 releases/ people per year**

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