The King County Drug Diversion Court (KCDDC) Program was implemented in August 1994 as the twelfth drug court in the country. Currently, there are drug courts in every state and 3,100 nationwide.

The mission of King County Drug Diversion Court (KCDDC) is to ensure community safety and empower participants to rebuild their lives by combining the resources of the criminal justice system, substance use treatment and other community service providers.

- **Felony Dismissals:** Successful completion of the KCDDC results in dismissal of felony(s). Since the program’s inception, there have been 2,589 graduates, representing more than 3,229 dismissed felonies. (Data on the number of cases dismissed by drug court graduation only goes back to 2002.)

- **Property Crimes:** KCDDC is responsive to the needs of the community. A 2017 Seattle Public Safety Survey identifies car prowls, residential burglary and property crimes as three of the top five public safety concerns. Many property crimes are committed to support an underlying substance use disorder (SUD). As property crimes have been an increasing focus of attention in Seattle/King County, the KCDDC program eligibility criteria has expanded to allow participants charged with residential burglary motivated by drug use to enter drug court. Additionally, KCDDC has increased the amount of restitution that can be owed on drug court cases, allowing more property crimes to enter KCDDC. Of the approximately 350 participants who are currently active, 66% are in KCDDC on felony property crimes, 17% are charged with delivery or possession with intent to deliver, and 16% have possession cases.

- **Cultural Responsiveness:** KCDDC serves a racially and culturally diverse population. 44% of current KCDDC participants are people of color. In order to ensure culturally responsive treatment, KCDDC contracts with culturally specific agencies: Asian Counseling and Referral Service, Cowlitz Tribal Treatment, Consejo Counseling and Referral Service (serving Latinx / Spanish speaking participants), and Seattle Counseling Services (serving the LGBTQ community).

- **Co-Occurring Mental Health Disorders:** At intake, 63% of current KCDDC participants endorsed mental health symptoms and 47% reported a formal diagnosis. Every participant is screened for mental health symptoms and referred to services, including mental health counseling, as appropriate. KCDDC has access to both outpatient and residential integrated co-occurring disorders treatment.

- **Young Adults:** 24% of current drug court participants are young adults ages 18 to 26. KCDDC implemented a special treatment program for this age group in 2010 with an emphasis on setting

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goals, community involvement, and faster progression through the program. KCDDC contracts with the YMCA to provide specialized transitional housing for young adults with on-site case management through the Young Adults in Transition (YAIT) program.

- **Homelessness & Unemployment:** 60% of current KCDDC participants were experiencing homelessness at program entry. On-site housing case managers assist participants with next step and permanent housing and access to move-in costs. KCDDC contracts with local housing providers to access 70 units of recovery-oriented transitional housing for participants, including a few units for families. Not including the 15% of participants who identify as being unable to work due to a disability, 61% of current participants were unemployed (and not in school) at program entry. A resource specialist, who is also a graduate of the program, helps participants develop and enact an Empowerment Plan. The Empowerment Plan is created through a process in which participants identify strengths and needs and set specific goals in important life areas. Focused resources and support are provided by the housing case managers and resource specialist. KCDDC provides participants with tangible assistance such as hygiene supplies, alarm clocks, bus/rail passes, and ID vouchers. Through community partnerships, KCDDC provides expedited no-cost dental referrals, clothing vouchers, on-site Medicaid sign-ups, and access to paid vocational training programs.

- **Peer Support:** Peer support (provided by trained individuals who have lived experience with substance use, mental illness and trauma) is considered a best practice in behavioral health recovery. KCDDC has two drug court graduates on-site who are Washington State Certified Peer Counselors and are dually trained in the Connecticut Community for Addiction Recovery (CCAR) model. Current participants meet with them for resources and encouragement, for help developing their own Empowerment Plan goals, and to complete continuing care plans focused on their lives after drug court graduation. Through a contract with Peer Seattle, a group of KCDDC graduates have been trained as Recovery Coaches to provide additional support to participants and others in the community.

- **Opioid Epidemic:** 44% of current participants identify heroin or other opioids as their primary drug of choice. This represents a 105% increase since 2010. In response, KCDDC supplies participants with Narcan nasal spray (an opioid overdose reversal medication). Since the program’s inception, KCDDC has provided access to Medication Assisted Treatment (MAT), an evidence-based treatment for opioid use disorder. KCDDC has successfully advocated for MAT to be accepted at all drug court housing sites.

- **Best Practices / Continuous Improvement:** Drug Courts utilize Contingency Management, an evidence-based approach to changing behaviors and treating SUDs. Decades of research inform the 10 “key components” of effective drug courts. As new research becomes available, KCDDC has continued to evolve and to develop the resources needed to serve emerging participant and community needs. KCDDC attempts to balance accountability with compassion, empowerment and an individualized approach. Recently, KCDDC introduced a “new model”, restructuring the phases and program requirements in order to address issues of stagnancy/momentum in the program, to foster a stronger connection between KCDDC participants and the community, and to focus the court on participants’ achievement of productivity and personal empowerment.
KCDDC Outcomes & Avoided Costs

Reductions in Crime / Recidivism:

- A July 2013 analysis of Drug Court participation in Washington State found crime reductions translated into a net benefit to taxpayers of $22,000 per participant, or a $4 return for every $1 invested.\(^2\)

- A November 2018 DSHS analysis of KCDDC participants indicates 94% had prior convictions (with an average of 10.5 prior convictions) and 70% had prior felonies. At an 18-month follow-up after drug court enrollment, only 12% had new felony convictions and the majority – 71% - had no new convictions for any crime.\(^3\)

Reduced Jail / Prison Use:

- Jail bookings were reduced by 52% over the long term for KCDDC participants, according to the most recent MIDD analysis.\(^4\)

- Since the program’s inception, there have been 2,569 graduates, representing more than 3,197 dismissed felonies. (Data on the number of cases dismissed by drug court graduation only goes back to 2002.)

Housing: 85% of KCDDC participants who received housing case management services achieved temporary or permanent housing at KCDDC exit, according to a MIDD analysis.\(^5\) Participants who received housing vouchers were 120% more likely to graduate, 38% more likely to be employed at exit.\(^6\)

Employment: A November 2018 DSHS analysis of KCDDC participants shows a 107% increase in employment 18 months after drug court enrollment.\(^7\)

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\(^3\) DSHS Research and Data Analysis Division (2018 November). “King County. Drug Court Participants: Recidivism and Key Outcome Measures”. p. 7.

\(^4\) King County Department of Community and Human Services. MIDD 2018 Annual Report. p. 30.


\(^6\) King County Department of Community and Human Services. MIDD 2018 Annual Report. p. 30.

\(^7\) DSHS Research and Data Analysis Division (2018 November). “King County Drug Court Participants: Recidivism and Key Outcome Measures”. p. 3.