



# State of Superior Court

## 2026

# Mission & Values



# Priority of the Judicial Branch:

- ▶ Access to Justice
- ▶ Perform Rule of Law Functions

# Overview

- 56 Judges + 13 Commissioners
- 385 Employees
- \$168.5 Million Biennial Budget
- 4 Courthouses:
  - Seattle = 29 Judges + 8 Commissioners
  - CCJFC = 9 Judges
  - MRJC = 17 Judges + 4 Commissioners
  - Harborview = 1 Judge + 1 Commissioners
- 58,711 cases filed in 2025 requiring judicial action



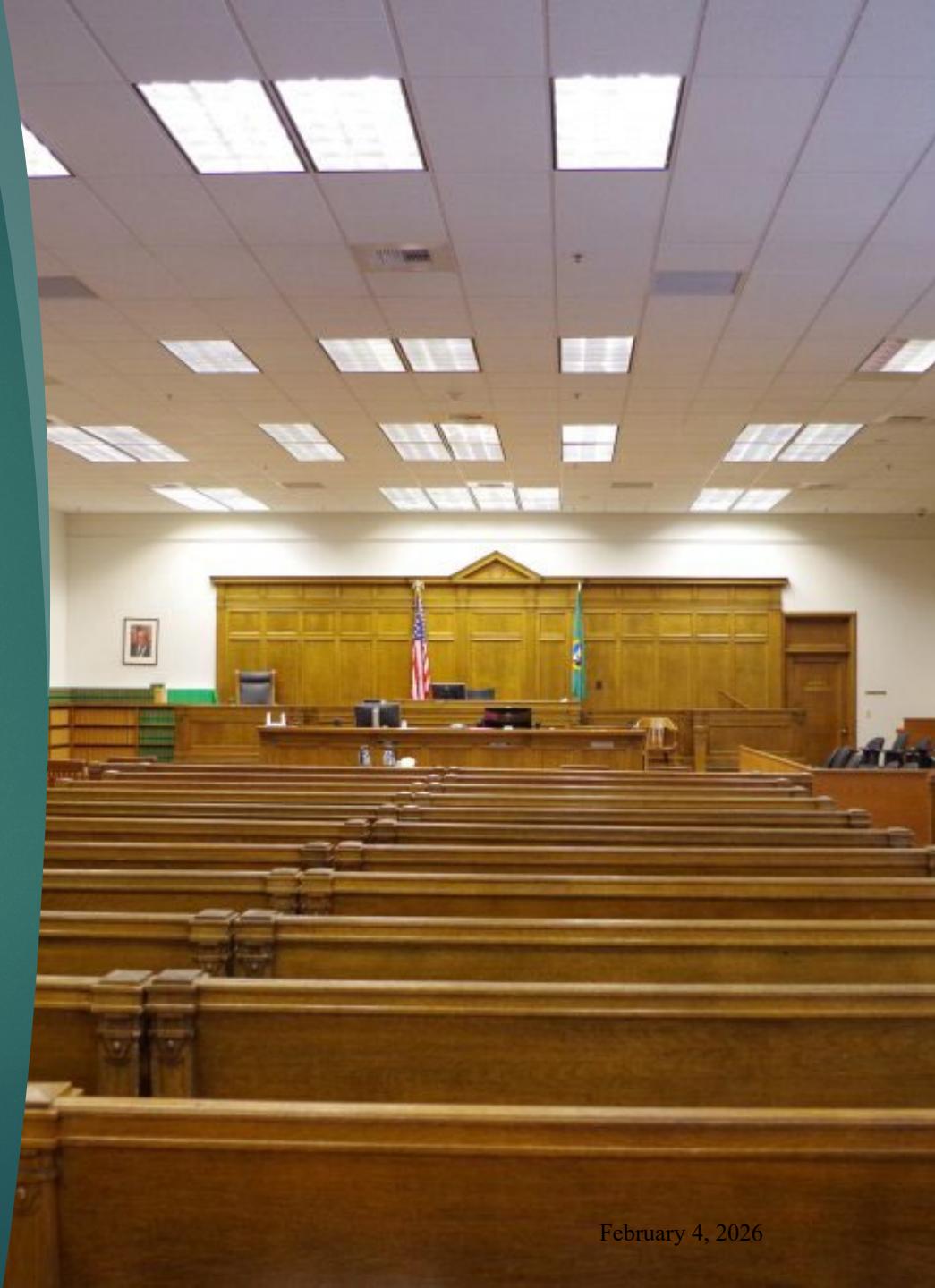


Pictured: 40 King County Superior Court Judges 2024. (16 not pictured)

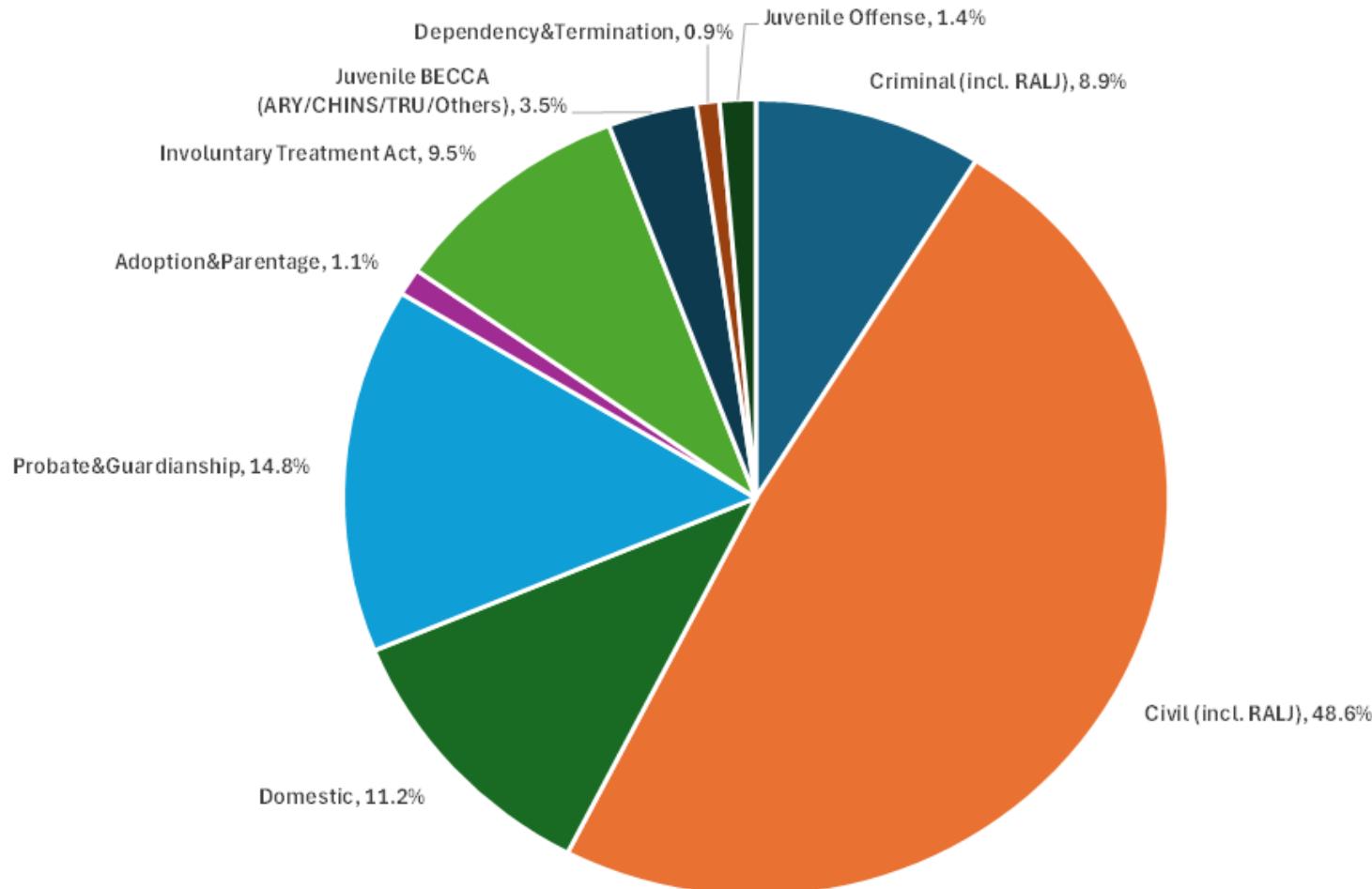
# Filings by Departments

(excludes matters filed with the Clerk)

- Civil = 49%
- Probate/Guardianship = 15%
- Domestic = 11%
- ITA = 10%
- Criminal = 9%
- Becca = 4%
- Juvenile Offender = 1%
- Dependency = 1%



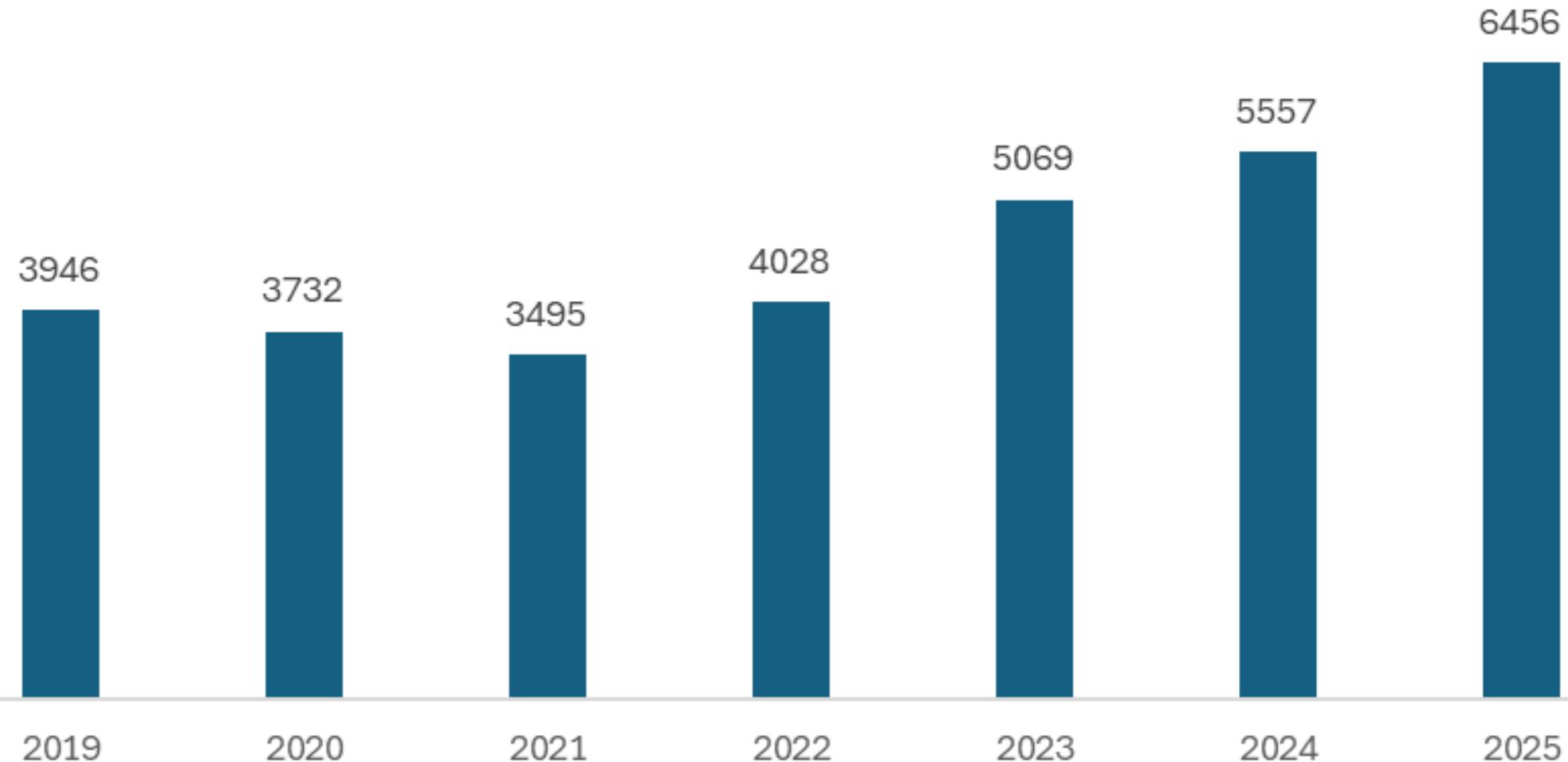
## KCSC 2025 Judicial Filings by Category (excluding Matters Filed with Clerk)



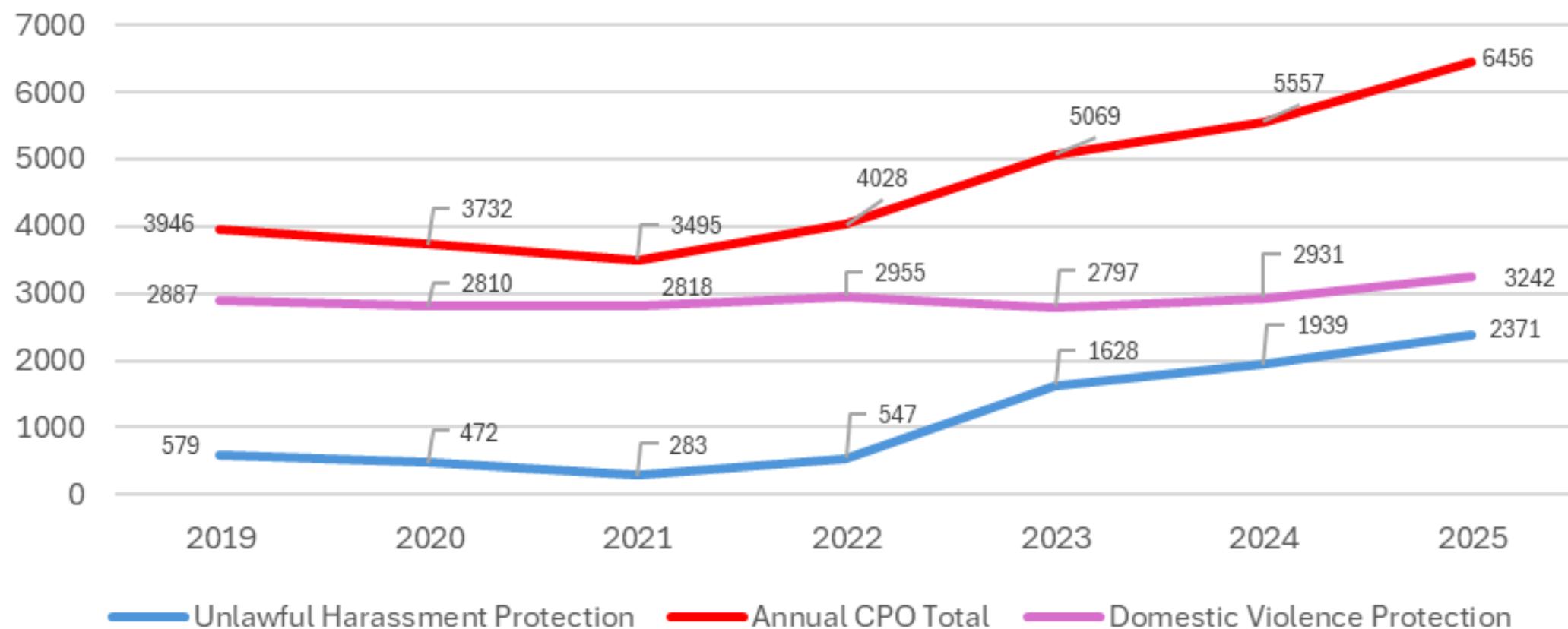
# Civil Trends

- Civil Protection Orders have increased since pre-Covid and continue to rise from 2022 due to dramatic increase in anti-harassment petitions
- Law changes July 2021 RCW 7.105: exceptions for filing fee, additional grounds, lengthened hearing time, no wrong door
- 309% increase in Anti-Harassment Petitions since 2019
- New normal: High Filings of Unlawful Detainers
- Increase in Guardianship/Probate
- General Civil Trials are lowest statutory/Constitutional priority=wait for trial judges for lengthy trials

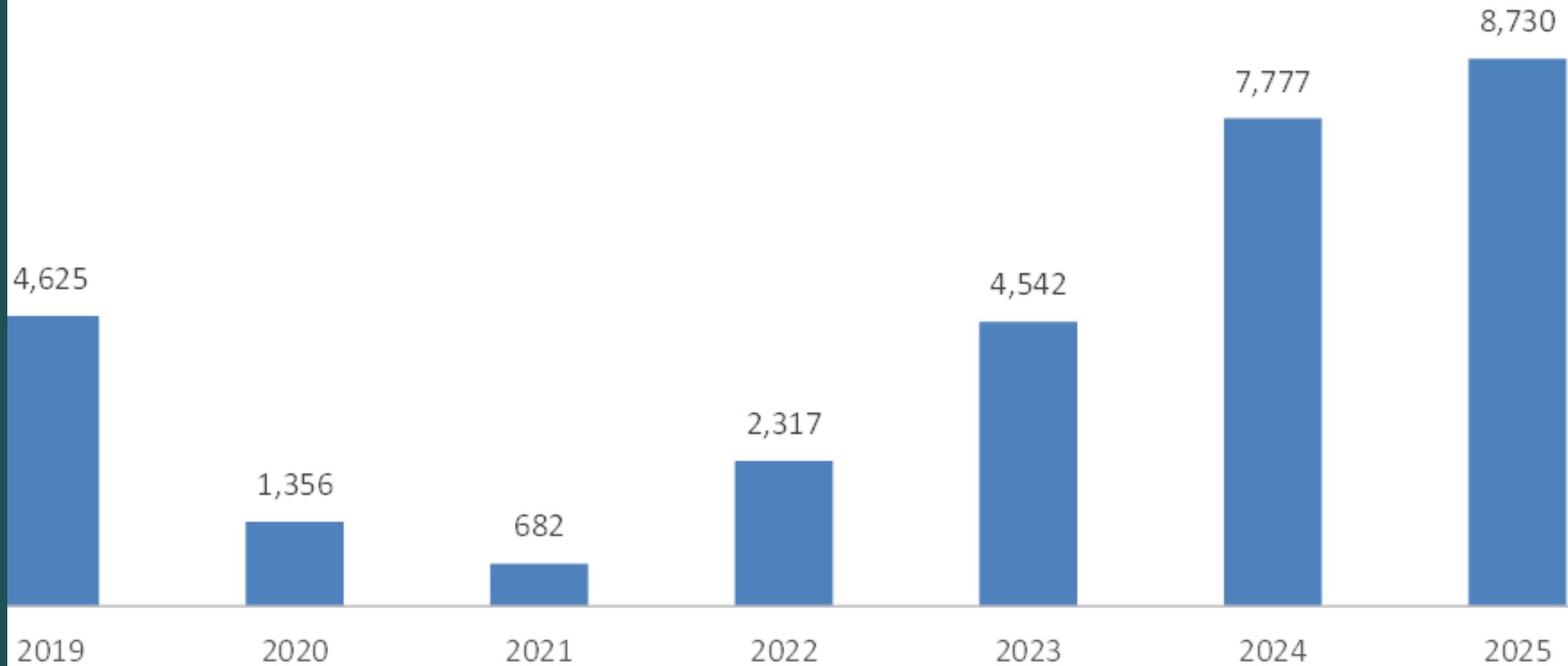
## KCSC All CPO Filings (all civil protection orders)



## KCSC 2019-2025 DVP, Antiharassment, and Total CPO Filings

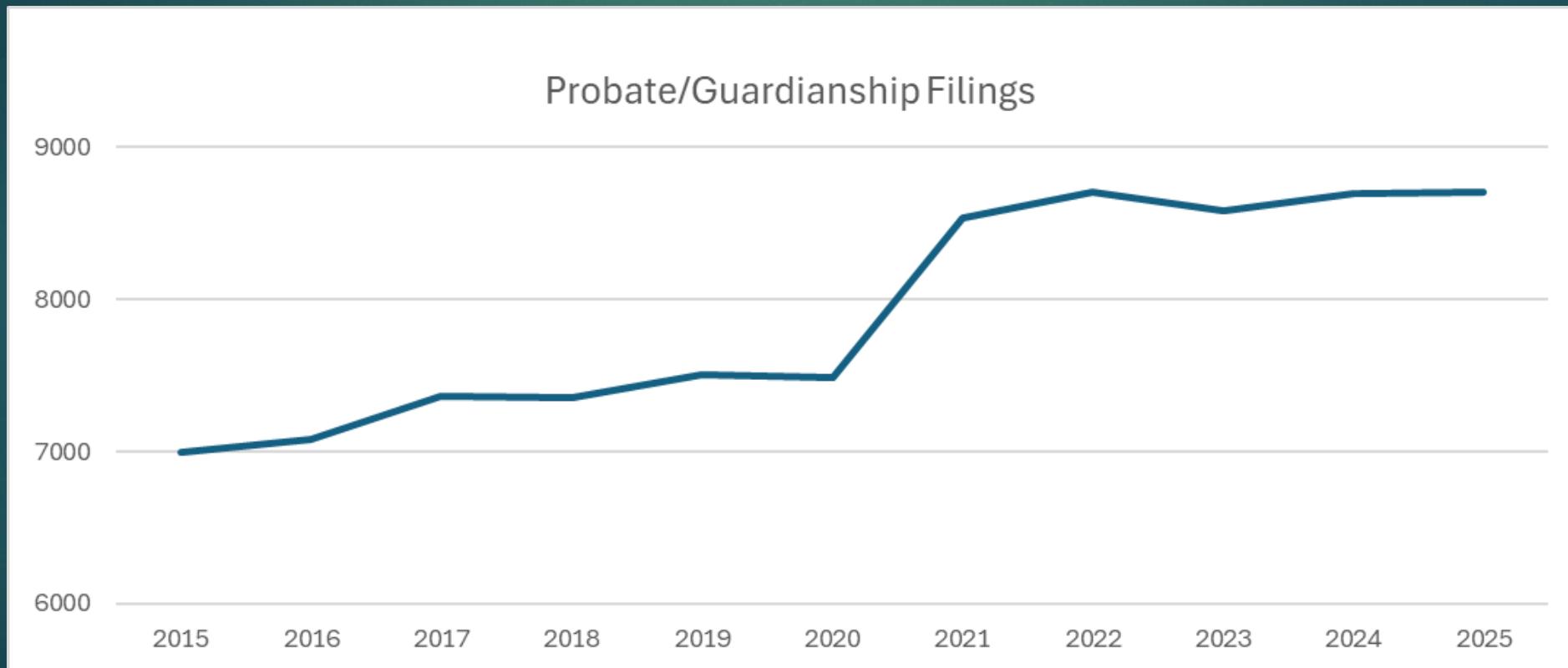


## KCSC: Annual Unlawful Detainer Cases Filed (2019-2025)



# Civil Trends Cont'd

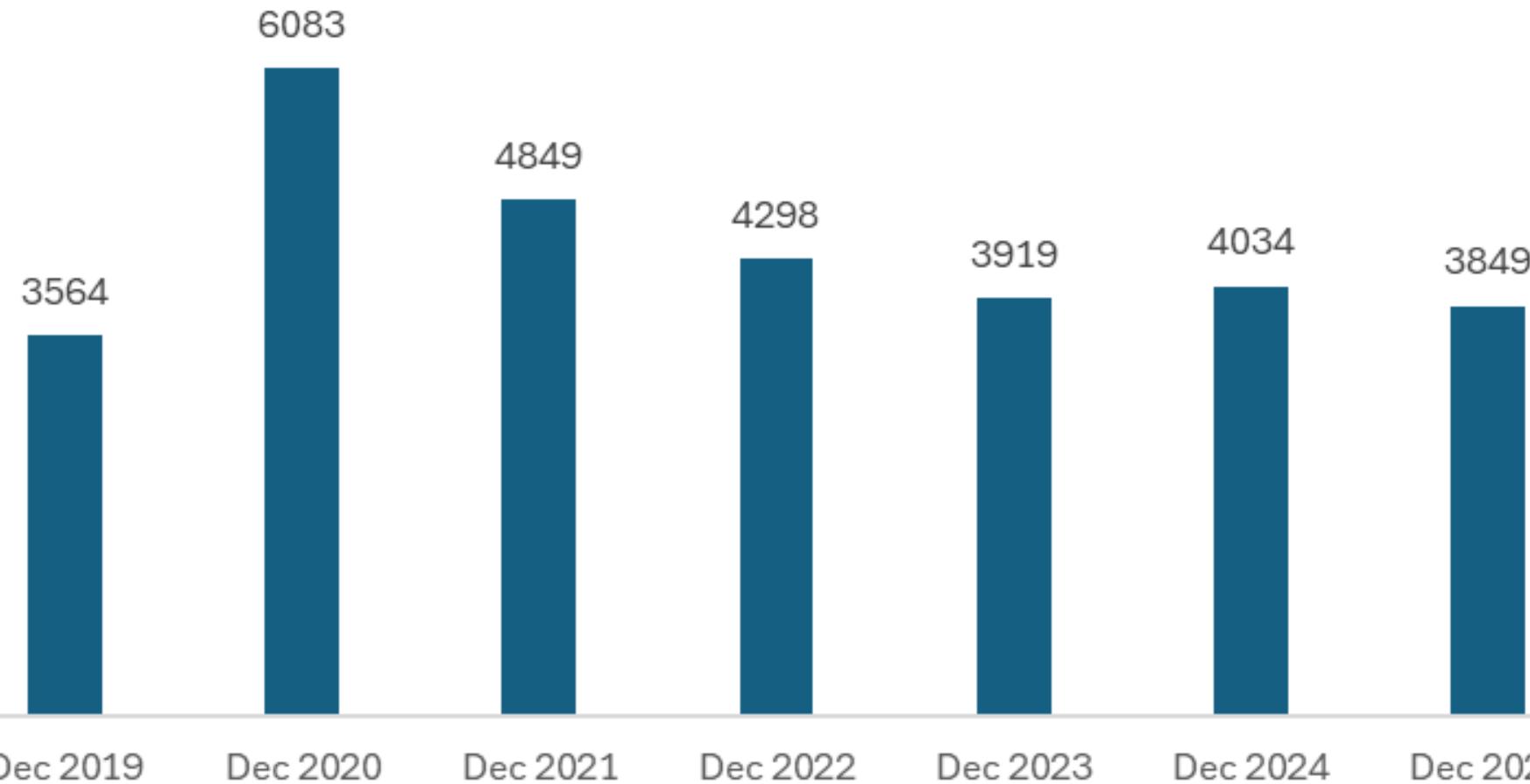
- Probate/Guardianship increase during pandemic



# Criminal Filings and Completion Trends

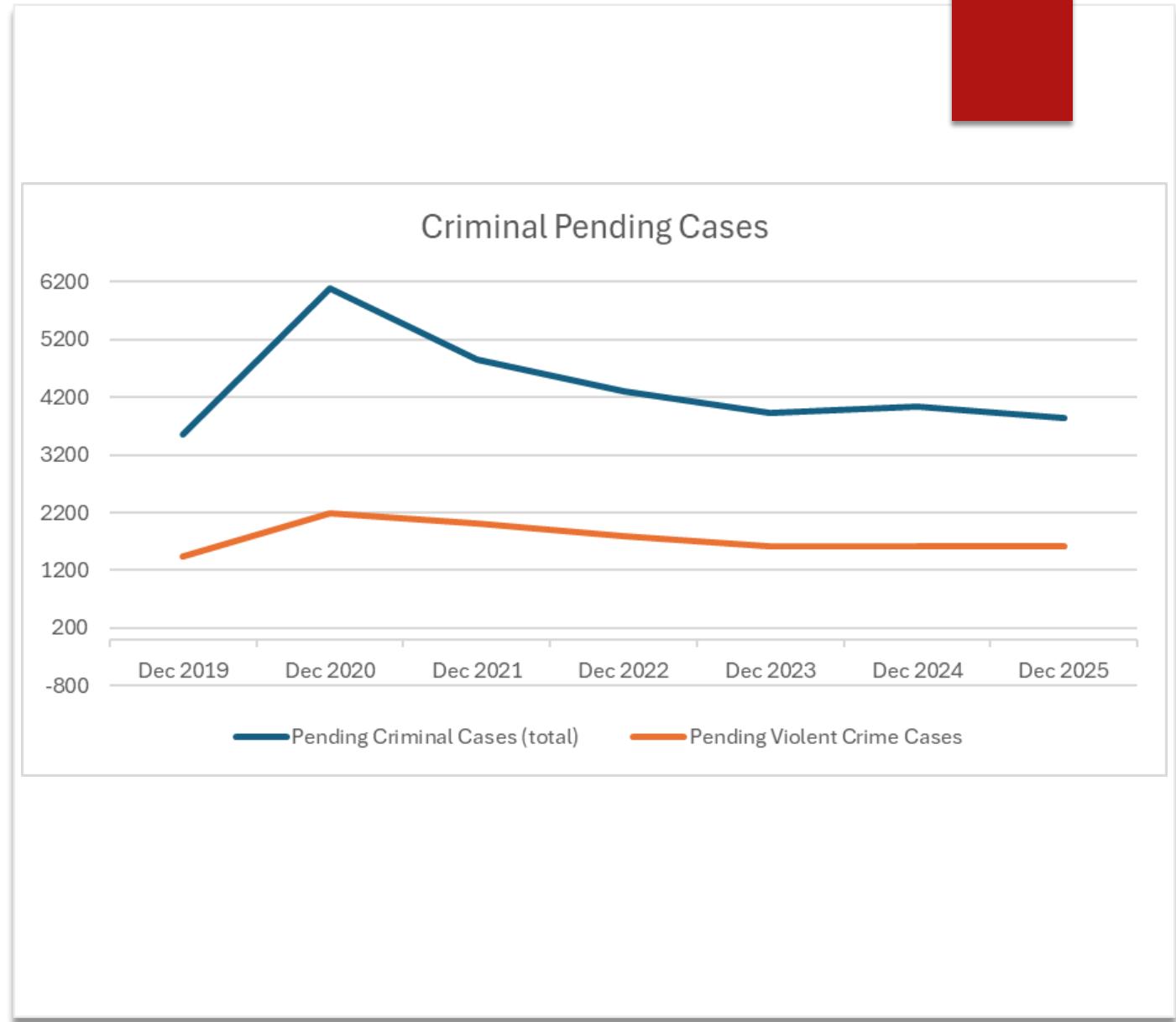
- Cleared pandemic backlog generally
- Complex and serious felonies (murder, sex offenses) have the longest time to resolution
- Juvenile resolutions up and filings slightly down in 2025

## Year-end Pending Criminal Cases (total)



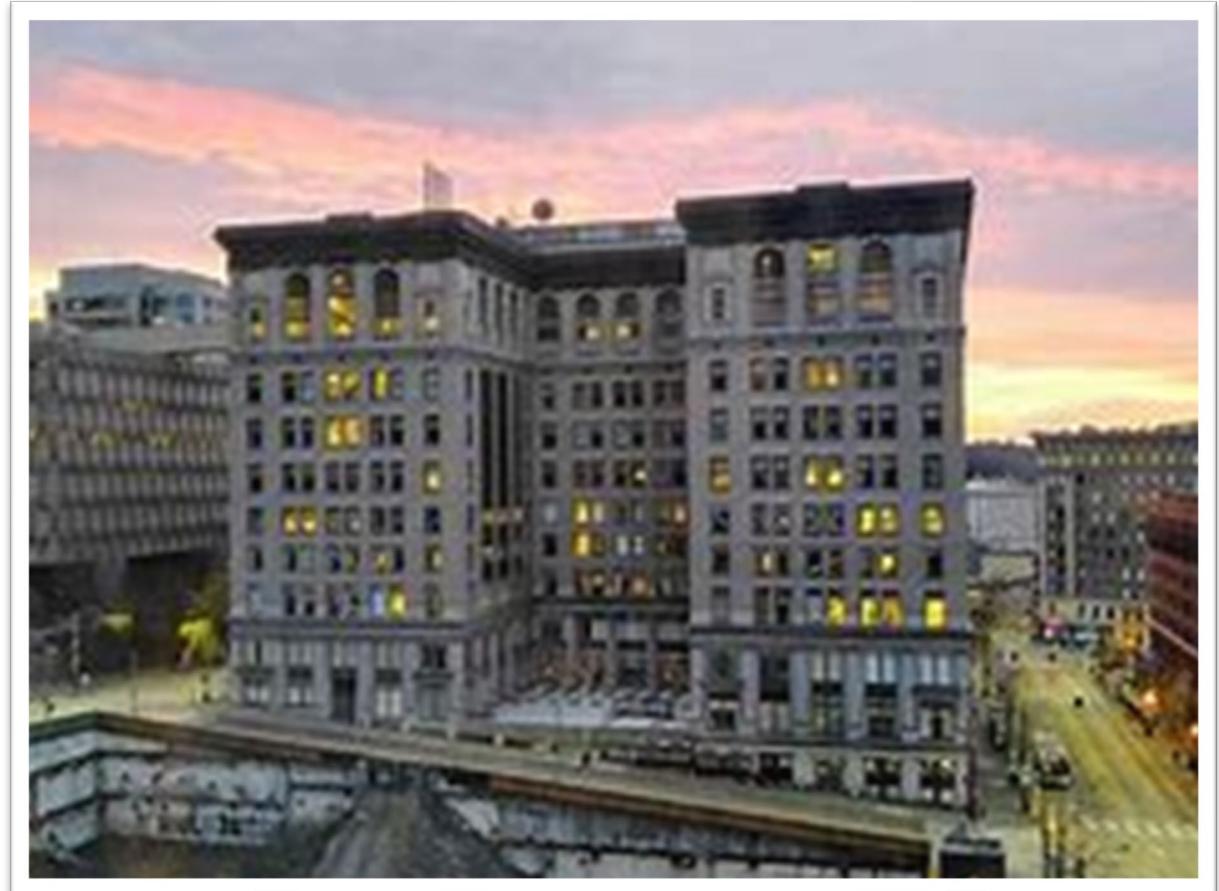
# Criminal Trends

Criminal backlog has reduced thanks to Council support



# Capitalized on Covid Funds for Modernization

- ▶ Increased access to our court through remote proceedings
- ▶ Remote jury selection/\$ savings and coverage
- ▶ Ability to utilize judges throughout courthouses



# Superior Court Operational IT Support

## Technical Environment

75 Video Enabled Courtrooms.  
12 Video Enabled ITA Hospitals.  
350 Teams Handsets.  
700 Laptops.  
162 Printers/Copiers.

## Courtroom Operations

Over 3800 networked pieces of technology requiring 100% up time Monday-Friday 8:30-4:30.  
Enable remote jury selection and participation by parties and witnesses.  
Secure display of documents, images, and videos in courtroom from any device via an HDMI connection.

## KCIT

KCIT remediation projects/4500 required actions (patching/updating software and firmware vulnerabilities).  
KCIT does not have access to Superior Court equipment =Superior Court IT staff.

## Sustainability

Improve ratio of IT Staff to maintenance needs.



Metric	Recommended Benchmark	Current Efficiency
<b>Endpoints per IT technician</b>	200–350	475
<b>IT Staff per Employee</b>	1:27 (average)	1:50

# Restoration/Right-sizing thanks to Council Action

## Juvenile Probation

Restoration of 8 Juvenile Probation Counselors over the last two budget cycles

## Unlawful Detainer

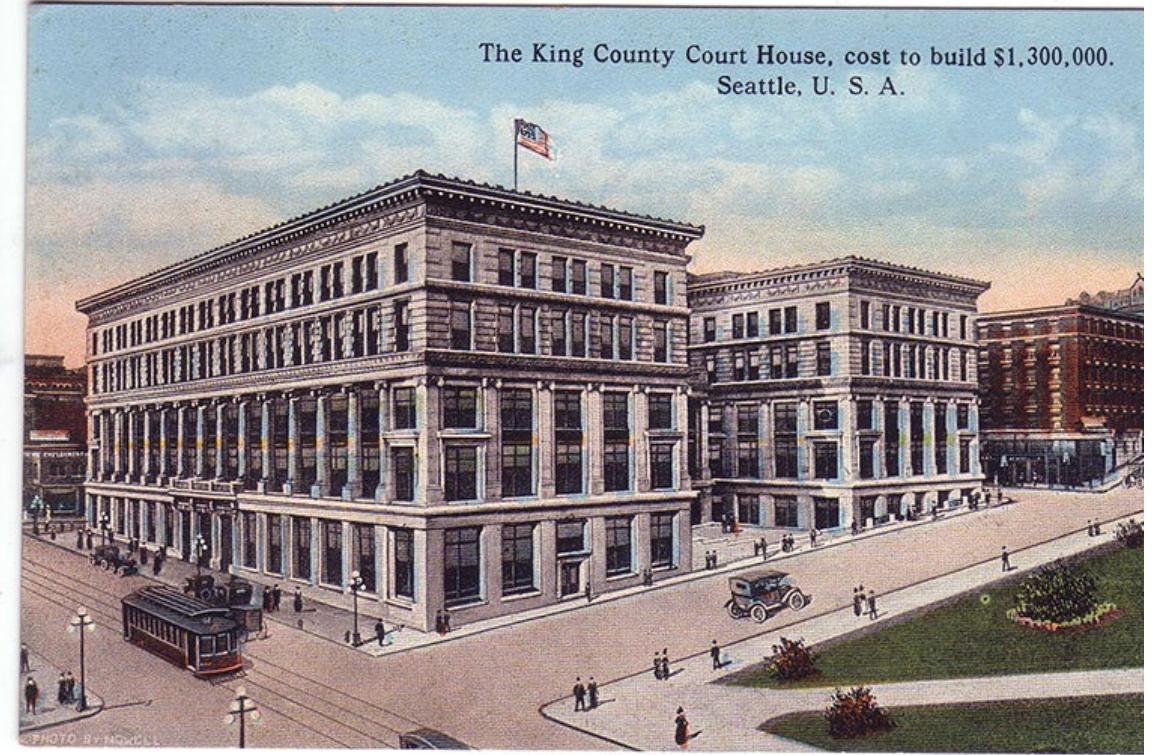
2 new judges  
1 new housing commissioner

## CPO Resources

2 commissioners added; now funded by County

# 2024-2028 Strategic Focus Areas

- Enhance the Court User Experience
- Enrich the Employee Experience
- Improve Court Facilities, Safety, and Security
- Be an Adaptive, Innovative, and Responsive Court



# Continuous Improvement Efforts

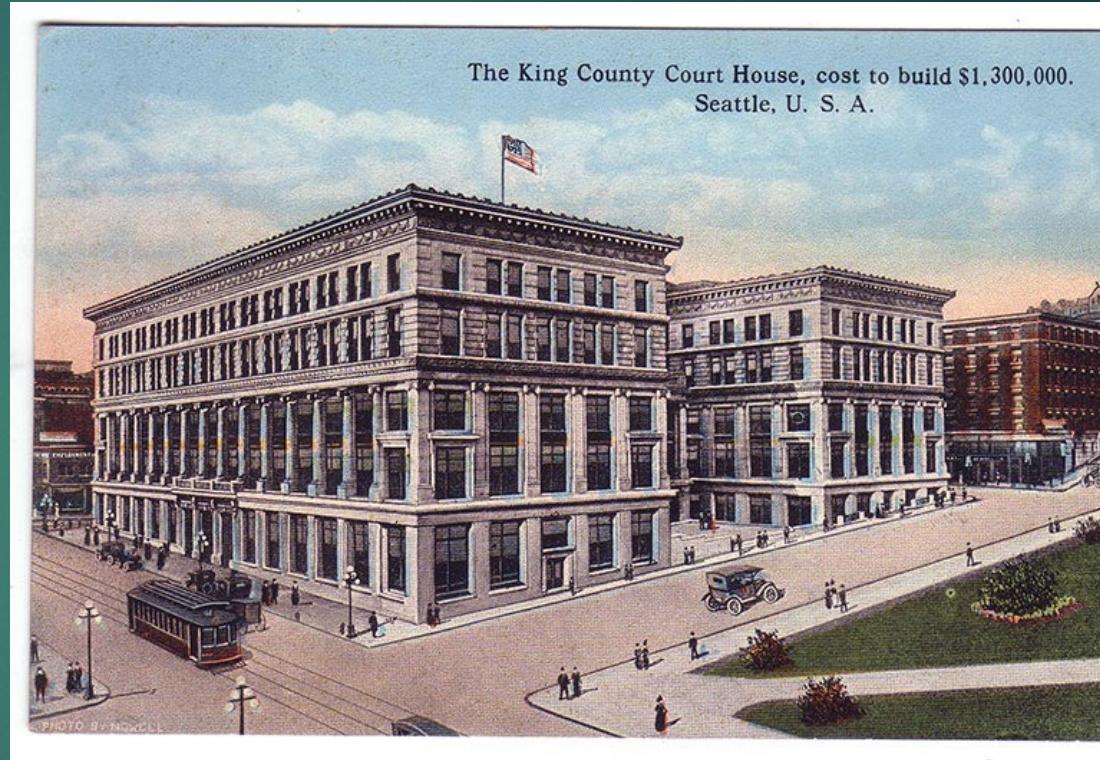
Strategic Plan implementation: Strides in 2025

- Integrated Procedural Fairness Practices to Enhance Public Trust and Confidence
- Provided DEI Training for Staff; Evaluated HR Practices
- Began ADA Assessment/Improvements
- Updated Continuity of Operations Plans re Cybersecurity
- Prepared Policy Guidance/Training for Use of AI in the Court in Anticipation of County Rollout

# Future Challenges

# Need Long-Term Planning of Courthouse/DAJD Facilities

- Critical Priority: Adequate infrastructure for King County's justice system
- Deferred maintenance in King County Courthouse and Maleng Regional Justice Center
- Antiquated physical layouts: safety and efficiency challenges
- Losing opportunities as land is sold and development takes place in the County
- Prioritize courthouse spaces for access and as centers of civic engagement
- Health of the courthouse buildings is a sign of the value society places on work of the courthouse



# Challenges

**Safety, Security and Maintenance of Physical Locations:** Access to justice

**Meet continued demand for timely service:**  
Unlawful detainees, protection orders, probate/guardianships, and civil trials

**AI:** How do we incorporate AI into our practices?

**IT infrastructure:** support expanded remote proceedings/services and cybersecurity that provide increased access



We join the Council in our shared mission to collaborate and serve the people of King County.



# Jail Health Services Division

Danotra McBride – JHS Division Director, PHSKC

Megan Murphy – LICSW, JHS Reentry Demonstration Project Manager, PHSKC

Joy Carpine-Cazzanti – Council Relations Manager, PHSKC

Law & Justice Committee  
February 4, 2026

# Today's Presentation

## **Overview of JHS**

JHS Services, Staffing & Structure

## **Efforts & Opportunities in Care**

Psychiatric Wait Times, ADA, MOUD

## **Social Services**

Overview & Reentry Services

## **Medicaid Waiver Reentry Demonstration**

Status Update & Next Steps

## **Q & A**

Basics about Jail Health Services

# JHS OVERVIEW



## JAIL HEALTH SERVICES

IS A DIVISION OF  
PUBLIC HEALTH –  
SEATTLE & KING  
COUNTY

JHS Vision:  
*Opening Doors to healthier,  
happier lives*

# Public Health – Seattle & King County

Health, well-being, and racial equity – every day for everyone in King County.



# About Jail Health Services...

JHS is the responsible health authority for King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC). JHS operates 24 hours a day, 7 days a week to ensure our patients are provided with quality health care and services that are timely and accessible.

JHS also provides diversion and court services outside of the jail facilities.

Link: [kingcounty.gov/jail-health](http://kingcounty.gov/jail-health)

## **Our Mission:**

To assess and stabilize serious health problems for the detained population of KCCF and MRJC with a focus on transition from jail.

## **Our Services:**

- Diversion Program & Court Therapeutic Services
- Medical, Mental Health, & Dental Care/Services
- Medication Management & In-House Pharmacy
- Routine Care and Health Housing
- Health Information Management Services
- Coordinated Discharge/Community Referrals

# STANDARDS AND REQUIREMENTS



**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**



## **National Commission on Correctional Health Care (NCCHC) Accreditation**

The King County Correctional Facility is required to be accredited, which is achieved through NCCHC. On-site surveys/audits are conducted every 3 years. A new set of standards were released that are effective in 2026. The next survey is expected this year. JHS leads compliance with these audits.

## **Prison Rape Elimination Act (PREA)**

As a set of County Jails, the King County Correctional Facility and Maleng Regional Justice Center are required to adhere with the federal PREA standards. Surveys are conducted every 3 years. The Department of Adult & Juvenile Detention (DAJD) leads compliance with these audits.

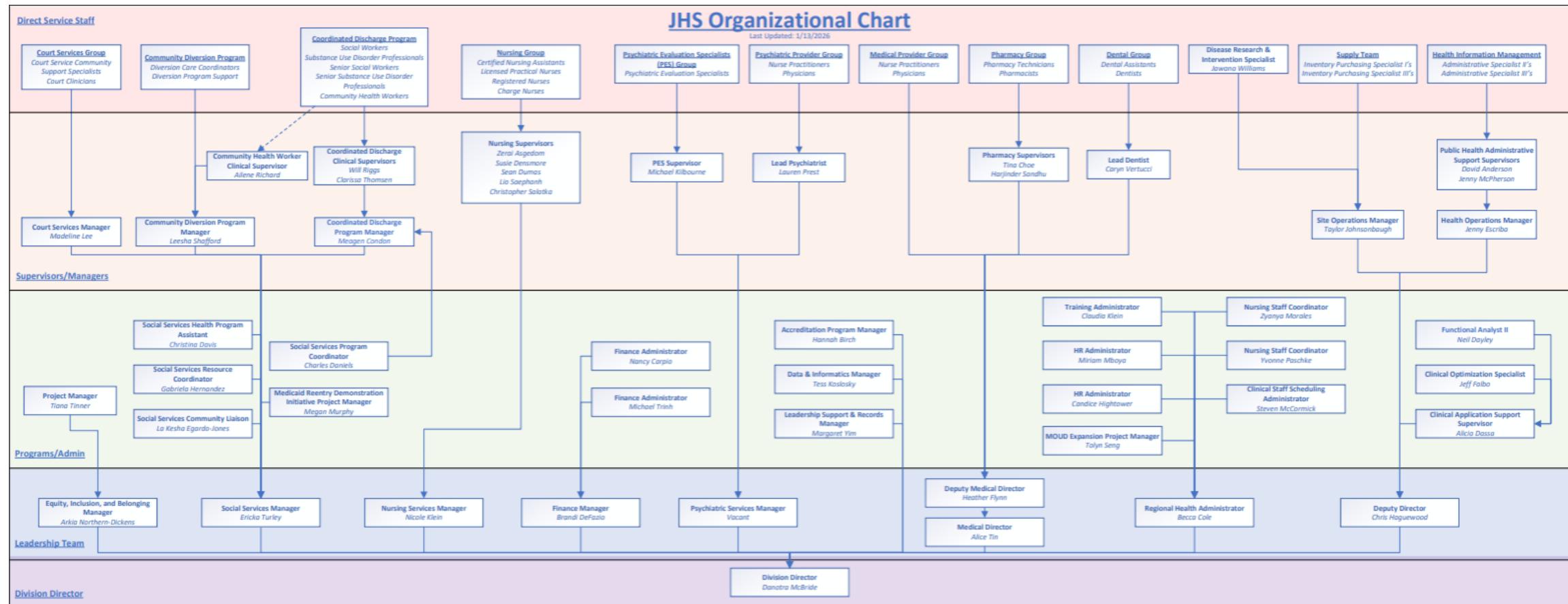


## Those We Serve

**Population Size** The average daily *secure* population (ADP) in 2025 was 1,412.

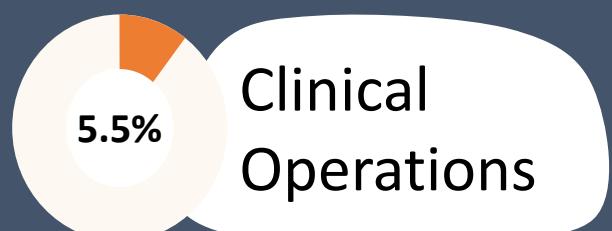
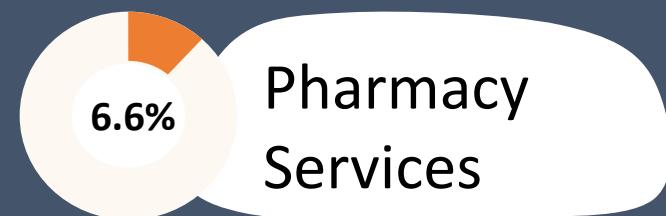
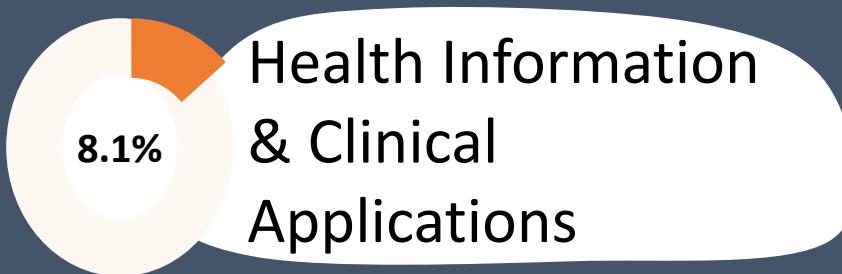
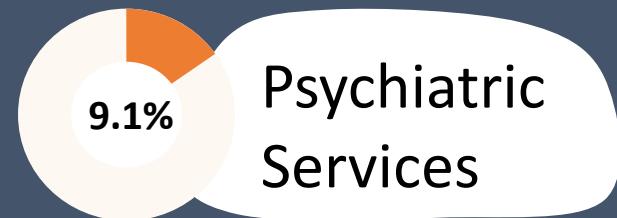
<b>Bookings</b>	2025 bookings: 17,564. Each new individual booked receives screening and evaluation services from JHS staff.
<b>Length of Stay (LOS)</b>	The median LOS is generally between one and three days, with more than half of residents staying for less than 72 hours, meaning the population is constantly turning over. JHS often doesn't know when someone is discharging from jail and these discharges can take place at anytime.
<b>Special Populations</b>	<u>General Jail Stats</u> (not unique to King County): Mental illness: an estimated 44% of residents of local jails have a mental illness, a rate more than double that of the general population. Substance Use Disorder (SUD): it is estimated that nearly two-thirds of jail residents experience an active SUD, compared with around 8% of the general adult population.

(Sources: Data and reports - Adult and Juvenile Detention - King County, Washington'; [DAJD Population Dashboard](#); [About Criminal and Juvenile Justice & Behavioral Health | SAMHSA](#), [Access to opioid use disorder treatment in US jails: Prevalence and related factors – Recovery Research Institute](#).)



- Clinical and direct services staff are at the top of JHS' organizational chart.
- JHS is designed to meet the complex health needs of the jail population.

# JHS DIVISION MAKEUP





## EFFORTS & OPPORTUNITIES IN CARE

- Opportunities in Psychiatric Care  
- Wait Times
- Americans with Disabilities Act (ADA)
- Medications for Opioid Use Disorder (MOUD) Expansion

## OPPORTUNITIES IN PSYCHIATRIC CARE

### Gaps Identified:

- Lack of readily available wait time data, related order types, and efficient and effective scheduling processes; improvement of non-acute psychiatric appointment wait times

### Current State:

- We now have a dashboard for wait times allowing the ability to make resource/staffing adjustments and can effectively schedule initial and follow up appointments
- Carefully assessing all related BH Audit recommendations and continuing work in the identified areas

### Where We Are Headed:

- Develop new wait time standards and implement improvements to reduce wait times for non-acute psychiatric patients
- Establish a staffing plan to support updated wait time standards and services
- Conduct quality study to review equity in wait times, as well as other continuous improvement efforts
- Implementing remaining Behavioral Health Audit recommendations & improvements

# ADA IMPROVEMENTS

## Key JHS Areas Affected:

- Effective Communication
- Program Accessibility & Accommodations
- Medication Criteria
- ADA Coordination & Grievance Procedures
- Policies & Training
- Compliance & Reporting

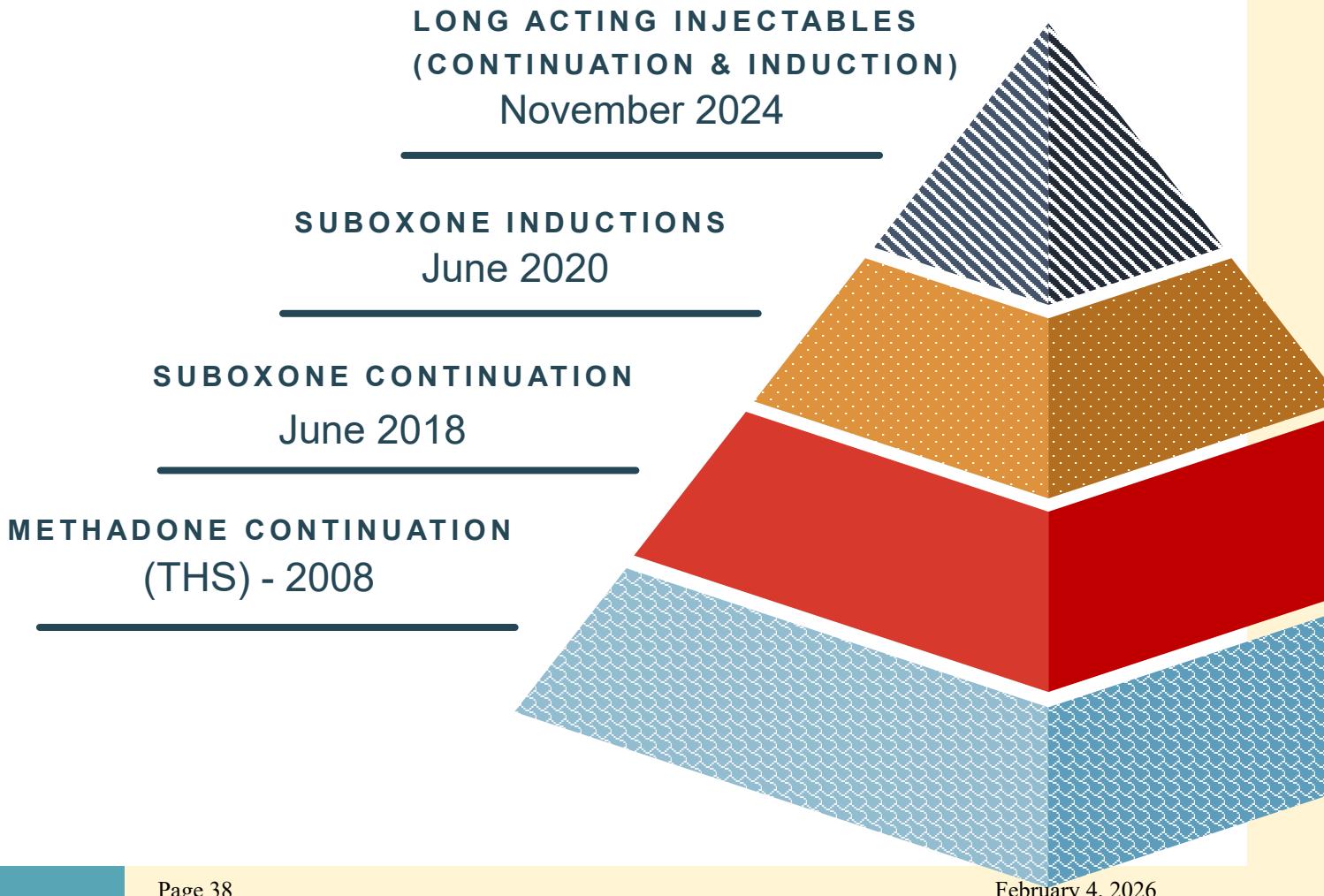
- **MOUD Expansion is the biggest pending change:**
  - Provide all FDA-approved medications for Opioid Use Disorder

# MOUD Expansion

## Milestones Over Time

*It is estimated that (generally) nearly two-thirds of jail residents experience an active Substance Use Disorder\**

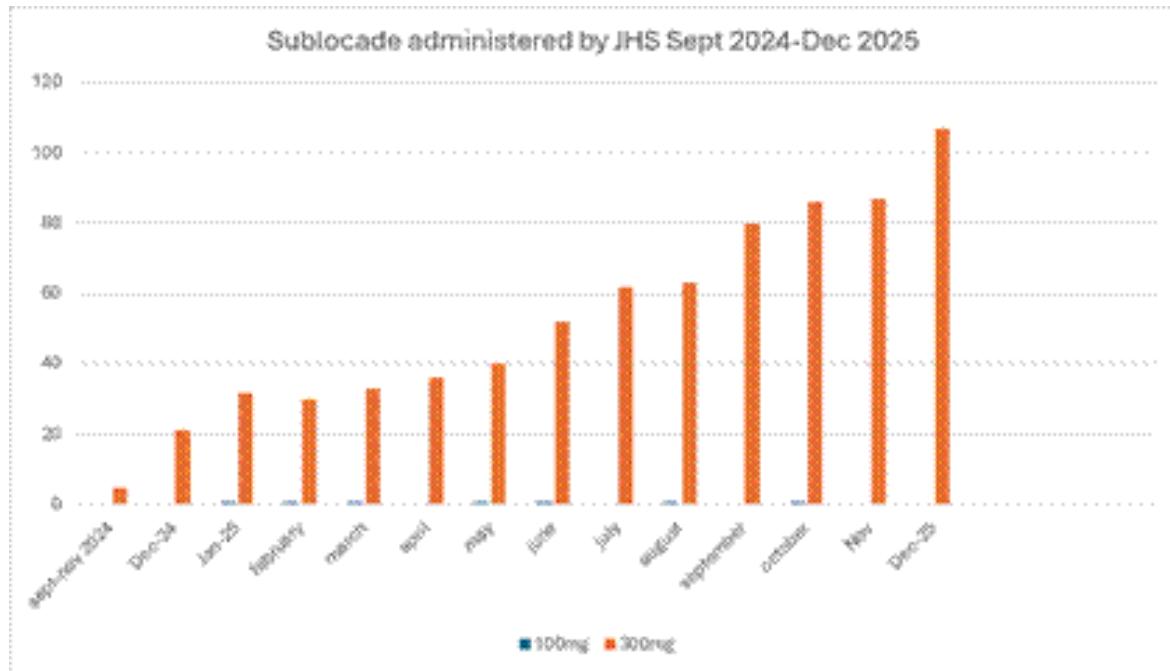
\*Source: [Access to opioid use disorder treatment in US jails: Prevalence and related factors – Recovery Research Institute](#)



# JHS MOUD Data

MOUD CENSUS as of 01/12/2026						
FACILITY	Continuations	Inductions	LAI Continuations	LAI Inductions	Withdrawal Only	TODAY'S TOTALS
KCCF	17	45	3	33	0	98
MRJC	29	66	4	50	0	149
<b>TOTALS</b>	<b>46</b>	<b>111</b>	<b>7</b>	<b>83</b>	<b>0</b>	<b>247</b>

Long-Acting Injectables	
Month/Year	Volume
Sept-Nov 2024	5
Dec 2024	21
Jan 2025	33
Feb 2025	31
Mar 2025	34
Apr 2025	36
May 2025	41
June 2025	53
July 2025	62
Aug 2025	64
Sept 2025	80
Oct 2025	87
Nov 2025	87
Dec 2025	107



## REENTRY

- Reentry Opportunities
- Medicaid Waiver Reentry Demonstration Initiative



## OPPORTUNITIES IN REENTRY

### Gap 1: Limited System-Level Visibility

- JHS is often mistaken as “part of the jail,” not a health authority
- Not consistently considered as a leader or partner in countywide reentry policy
- Leads to misalignment at system level between funders, legal partners, and community organizations

### Gap 2: Fragmented Referral Pathways

- No standardized, countywide referral routes from jail to community services
- Pronounced lack of community resources for individuals leaving jail (housing, access to treatment)
- Reliance on individual staff relationships rather than a consistent referral path
- Creates inconsistent access to housing, treatment, and benefits

### Gap 3: Misunderstandings About Scope & Capacity

- Social Services staff spend significant time clarifying JHS care model or roles when coordinating care and building relationships
- Limits efficiency and slows down coordinated care transitions

## REENTRY INITIATIVES UNDERWAY

### Community Engagement Initiative

- Direct partnership with community, peers, and lived-experience leaders
- Clarifies JHS's role and builds shared understanding
- Ensures reentry models reflect community priorities

### Coordinated Discharge Expansion

- Strengthens warm handoffs to medical, behavioral health, and social services
- Improves referral consistency and follow-through
- Expands capacity to connect people to benefits, appointments, and treatment

### Reentry Demonstration Initiative (1115 Waiver)

- Builds **system-level pathways** from jail to community care
- Creates durable, cross-agency processes
- Reduces fragmentation and strengthens continuity of care

# Reentry Demonstration Initiative

## What is this Initiative?

- Healthcare and supportive services up to 90 days pre-release for all Apple Health eligible individuals
- Medicaid reimbursement for JHS

## What are the Initiative goals?

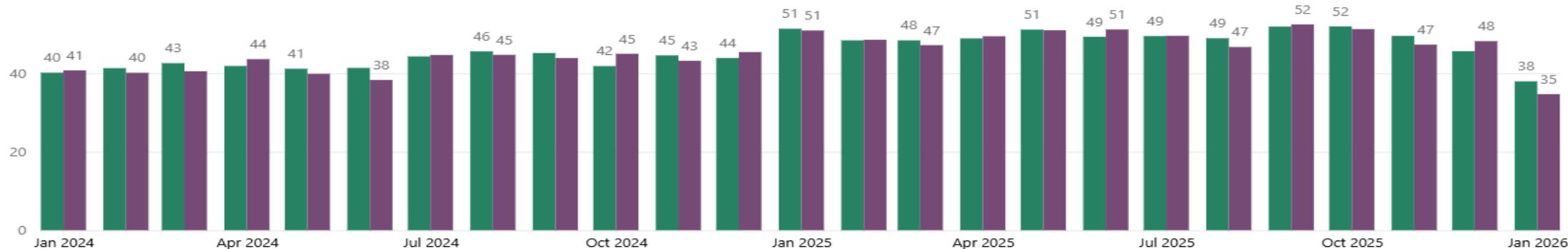
- Reduce recidivism and overdoses
- Lower emergency visits and hospitalizations
- Support recovery and treat infectious diseases

# Reentry Demonstration Initiative

[Microsoft Power BI](#) (link to DAJD data)

Average daily bookings and releases

● Bookings ● Releases



## Scale of the Population

- **Bookings & Releases** per day (2024-25 below)
- **Average Length of Stay**
  - ~50% release in 0-3 days
  - ~90% released in 1<sup>st</sup> 90 days (past 3 years)
- **Average Daily Population** (ADP): ~1,400 in 2025

# REENTRY DEMONSTRATION INITIATIVE

## King County's Approach

- ✓ One King County
- ✓ Partnership: City and Community
- ✓ Healthcare reform/policy work
- ✓ Alignment with existing operations and current projects

## Strategic Connections

- ✓ Breaking the cycle
- ✓ ADA improvements
- ✓ MOUD expansion
- ✓ JHS Behavioral Health audit

# REENTRY DEMONSTRATION INITIATIVE

## TIMELINE: 2026



# Public Health welcomes Councilmember collaboration

- Tour the jail
- Meet with Jail Health Services
- Join the Reentry Initiative Steering Committee

# Q & A





# Contact Us

**Joy Carpine-Cazzanti, Government Relations**

[jcarpine@kingcounty.gov](mailto:jcarpine@kingcounty.gov)

**Public Health – Seattle & King County**  
**Jail Health Services Overview**  
**January 2026**

### **Organizational Structure**

[Jail Health Services](#) (JHS) is a division of Public Health, Seattle & King County (DPH). Services are provided both in and out of custody. In-custody services are provided within two adult jails operated by the King County Department of Adult and Juvenile Detention (DAJD): the King County Correctional Facility (KCCF) in Seattle, and the Maleng Regional Justice Center (MRJC) in Kent. Out-of-custody services are provided by the JHS Social Services team in various community locations for releasing jail residents and participants of legal system diversion programs. JHS is guided by the DPH mission and vision, collaborating with other divisions of DPH on a wide range of clinical and administrative issues, and benefitting from the Department's understanding of the complexity of health care operations and policy. JHS also works in partnership with DAJD to fulfill daily operations.

<b>DPH Mission:</b>	Identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health.	<b>DPH Vision:</b>	Healthy people and healthy communities
<b>JHS Mission:</b>	To assess and stabilize serious health problems for the detained population of the King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC), with a focus on transition from jail	<b>JHS Vision:</b>	Opening doors to healthier, happier lives

### **In-Custody Services**

An intake health review (receiving screening) is performed with all individuals booked into KCCF and MRJC to identify and respond to health needs during their incarceration. Additionally, a broad range of health services is available to all residents, including:

- ◆ Nursing health review/screening, monitoring, and treatment
- ◆ Acute medical care
- ◆ Infection control and wound care
- ◆ Chronic disease management
- ◆ Diagnostic testing and services (lab and x-ray)
- ◆ Pharmacy services and medication administration
- ◆ Alcohol and drug withdrawal management
- ◆ Substance Use Disorder (SUD) assessment and treatment, including medication assisted treatment
- ◆ HIV/sexually transmitted disease testing, counseling, and contact tracing

- ◆ Emergency care (via partnership with Harborview Medical Center and Valley Medical Center)
- ◆ Referral for specialty health care
- ◆ Women's health care including pregnancy care
- ◆ Mental health screening, case management, and crisis counseling
- ◆ Psychiatric treatment
- ◆ Emergency dental care
- ◆ Social work assessment, case management, and release planning
- ◆ Coordinated discharge services to provide continuity of care upon release, including warm handoffs to community-based providers

Specialized medical housing is provided in the jails as follows:

- ◆ Psychiatric Housing – for residents who meet diagnostic criteria and who are not stable enough to be housed in General Population housing. DAJD provides security and monitoring for residents at risk of suicide.
- ◆ Infirmary – for residents who need 24-hour skilled nursing care and/or help with activities of daily living

### **Out of Custody Services**

JHS performs needs assessments and provides referrals and warm handoffs to community-based providers in various programs. This includes diversion from the criminal legal system via the Community Diversion (pre-file) & Therapeutic Alternative Diversion (pre & post file) Programs. Another support service is our Court Clinician team that supports King County and City of Seattle Therapeutic Courts by providing clinical and treatment recommendations, while working alongside referred individuals to support early mental health stabilization through intensive care coordination. More information about these programs is available here:

[Therapeutic Courts and Collaborative Programs - King County, Washington.](#)

### **Selected Jail Statistics**

<b>Population Size</b>	<ul style="list-style-type: none"> <li>◆ The average daily <i>secure</i> population (ADP) in 2025 was 1,412.</li> <li>◆ Per facility, ADP per site was: KCCF – 791; MRJC - 622</li> <li>◆ In 2020, following the COVID-19 outbreak, the population was reduced significantly from about 1,950 to a low of about 1,300.</li> </ul>
<b>Bookings</b>	<ul style="list-style-type: none"> <li>◆ 2025 bookings: 17,564.</li> <li>◆ 2019 bookings (pre-pandemic): 32,832.</li> <li>◆ Each new individual booked receives screening and evaluation services from JHS staff.</li> </ul>
<b>Length of Stay</b>	<ul style="list-style-type: none"> <li>◆ The average length of stay (LOS) in 2025 was 32.7 days, an increase from 24.9 days in 2019.</li> <li>◆ LOS has increased for various reasons over the past few years, including fewer misdemeanor bookings due to booking restrictions, court</li> </ul>

	<p>backlogs, and delays in competency restoration at Western State Hospital for residents deemed incompetent to stand trial.</p> <ul style="list-style-type: none"> <li>◆ The median LOS is generally between one and three days, with more than half of residents staying for less than 72 hours, meaning the population is constantly turning over.</li> </ul>
<b>Special Populations</b>	<ul style="list-style-type: none"> <li>◆ Mental illness: an estimated 44% of residents of local jails have a mental illness, a rate more than double that of the general population.</li> <li>◆ Substance Use Disorder (SUD): it is estimated that nearly two-thirds of jail residents experience an active SUD, compared with around 8% of the general adult population.</li> </ul> <p>(Sources: <a href="#">About Criminal and Juvenile Justice &amp; Behavioral Health   SAMHSA</a>, <a href="#">Access to opioid use disorder treatment in US jails: Prevalence and related factors – Recovery Research Institute</a>.)</p>

**DAJD Data Sources** (note JHS only serves residents of *adult secure detention* when reviewing statistics):

[Data and reports - Adult and Juvenile Detention - King County, Washington](#)  
[DAJD Population Dashboard](#)

## **Mandates**

Almost all services provided by JHS are mandated and highly regulated:

- KCCF (the facility, not JHS) is required to be accredited by the [National Commission on Correctional Health Care \(NCCHC\)](#), pursuant to a 1998 King County lawsuit settlement (the [“Hammer” agreement](#)). The accreditation process affirms compliance with a set of 59 jail standards. The next survey is expected to take place in 2026, and the facility will be measured against new standards released in late 2025. JHS maintains the same levels of service quality at both KCCF and MRJC, even though MRJC is not accredited, with one exception. 14-day Health Assessments are not provided at the MRJC site.
- Health services for people in custody are mandated by state law [\(RCW 70.48.130\)](#) and courts have found that such services are required by the U.S. Constitution, under the [Civil Rights of Institutionalized Persons Act \(CRIPA\)](#). Case law exists which is commonly used to hold jails accountable to meet the health needs of jail residents ([Estelle v. Gamble, 429 U.S. 97 \(1976\)](#)).
- People with disabilities, including SUDs, have rights under the [Americans with Disabilities Act \(ADA\)](#) to receive accommodations and services (including treatment for their addiction) while in jail. King County is currently implementing reforms to comply with a 2025 [settlement agreement with the Department of Justice](#).
- Clinical services in the jails are regulated by state bodies such as the [Boards of Nursing and Pharmacy and the Medical and Dental Quality Assurance Committees](#). The [State Department of Health](#) licenses professional clinical staff.

# Supporting People Transitioning from Incarceration to Health and Stability in King County

Made Possible by the Washington State Reentry Demonstration Initiative under the Medicaid Transformation Waiver Project (MTP)

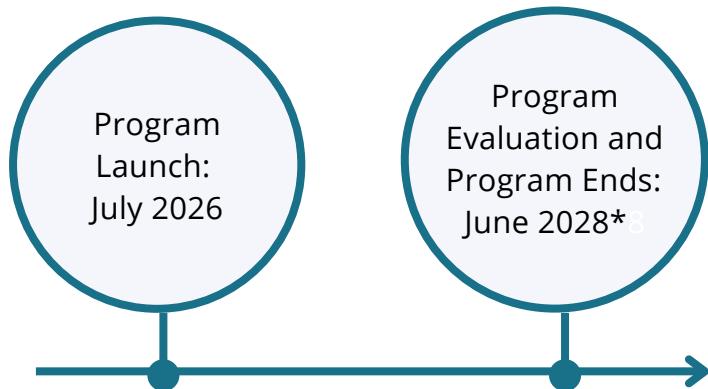
## What Is This Initiative?

King County is launching a new initiative that supports people leaving jail by connecting them to health care and supportive services—starting up to 90 days before release. Jail Health Services will provide these services and through the initiative, can receive Medicaid reimbursement through Apple Health.

## Why It Matters

Research shows that **connecting individuals to care before release** improves health, reduces recidivism, and lowers costs. This initiative gives people a head start toward stability and supports King County's goal of breaking the cycle of homelessness, addiction, and incarceration.

## Project Timeline



January 2026

LJ Additional Materials

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February 4, 2026

## Impact Goals

- Reduce recidivism and overdoses
- Lower emergency visits and hospitalizations
- Support recovery and treat infectious diseases

## How It Works

- Eligible individuals (Apple Health) receive services up to 90 days pre-release.
- Services focus on health, recovery, and successful reentry for as long as needed.

## Contact

**Megan Murphy, LICSW, Jail Health Services Project Manager**

[megmurphy@kingcounty.gov](mailto:megmurphy@kingcounty.gov)

\*Unless program is renewed

This project is supported by CSH through project management and subject matter expertise.