



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

March 24, 2003

Motion 11670

Proposed No. 2003-0105.2

Sponsors Gossett

1 A MOTION authorizing the King County sentencing
2 reform panel to submit its proposed expenditure plan to the
3 Washington state Division of Alcohol and Substance Abuse
4 for the use of state criminal justice treatment account funds
5 for the treatment of King County drug diversion court
6 participants.

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9 WHEREAS, the 2002 Washington state Sentencing Reform Act created a new
10 drug offense sentencing grid with the intent of reducing the length of sentences for
11 certain drug offenses, and

12 WHEREAS, the resulting savings from those reduced sentences is to be used to
13 fund drug treatment programs recommended by a local sentencing reform panel, and

14 WHEREAS, the King County sentencing reform panel was formed which
15 included the statutorily required participation of representatives from the prosecutor's
16 office, the sheriff's office, the superior court, the county's drug and alcohol coordinator, a
17 substance abuse treatment provider, a member of the criminal defense bar and the

18 county's drug court, and this group developed a treatment program to enhance the
19 existing drug court treatment plans, and

20 WHEREAS, the King County drug and alcohol board has reviewed this proposal
21 and has recommended its submission to the state;

22 NOW, THEREFORE, BE IT MOVED by the Council of King County:

23 The executive is authorized to allow the King County sentencing reform panel to
24 submit its proposed expenditure plan to the state Division of Alcohol and Substance


Motion 11670

25 Abuse for the use of state criminal justice treatment account funds for the treatment of
26 King County drug diversion court.
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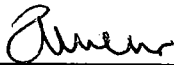
Motion 11670 was introduced on 3/17/2003 and passed by the Metropolitan King County Council on 3/24/2003, by the following vote:

Yes: 11 - Ms. Sullivan, Ms. Edmonds, Mr. von Reichbauer, Mr. Phillips, Mr. McKenna, Mr. Constantine, Mr. Pullen, Mr. Gossett, Ms. Hague, Mr. Irons and Ms. Patterson
No: 0
Excused: 2 - Ms. Lambert and Mr. Pelz

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Cynthia Sullivan, Chair

ATTEST:



Anne Noris, Clerk of the Council

Attachments A. Expenditure Plan for Criminal Justice Treatment Account Funds Dated 03-20-03

**King County Sentencing Reform County Panel-
Implementation of 2SHB 2338**

**Proposed Expenditure Plan for Criminal Justice Treatment Account
March 20, 2003**

Panel Members:

Judge Laura C. Inveen, King County Superior Court
Norm Maleng, King County Prosecutor
Dave Reichert, King County Sheriff
David Chapman, Executive Director, Associated Counsel for the Accused
Norman Johnson, Executive Director, Therapeutic Health Services
Barbara Miner, Director and Superior Court Clerk, Judicial Administration
Jim Vollendroff, King County Drug and Alcohol Coordinator

Other Attendees

Linda Brown, King County Alcoholism and Substance Abuse Administrative Board
Beth Goldberg, Budget Supervisor, Office of Management and Budget
Ron Jackson, Executive Director, Evergreen Treatment Services
Captain Mitzi Johanknecht, King County Sheriff's Office
Leesa Manion, Deputy Chief of Staff, King County Prosecutor
Dan Satterberg, Chief of Staff, King County Prosecutor
Doug Stevenson., Legislative Analyst Metropolitan King County Council
Mary C. Taylor, King County Drug Court Program Manager

Background of the King County Drug Court

King County Drug Diversion Court was implemented in August 1994 and was the twelfth drug court in the country and the first in Washington State. From the drug court's inception in King County to the present, 1700 defendants have opted into the drug court program. Of those that have opted in, 346 are currently active in the program and 600 have graduated.

The King County Drug Diversion Court currently contracts with seven community-based treatment agencies across a wide geographical area. Contracted services include intensive outpatient treatment and opiate replacement therapy. Additionally, the Drug Court employs one treatment liaison and two Drug Court-based case managers responsible for orienting Drug Court participants to the program, conducting initial assessments, and referring participants to appropriate treatment. The Drug Court staff is also responsible for the exchange of information between the treatment agencies and the court.

In April, 2001, simple possession cases were filed directly into King County District Court and defendants charged for the first time with simple possession became eligible for a misdemeanor. The remaining possession cases, typically those with greater drug involvement, were referred to Drug Court. Later that year, King County Drug Court expanded its eligibility criteria to include

another population of cases, those charged with solicitation to commit delivery of a controlled substance, also known as facilitator cases. A survey of the first 48 facilitators to enter drug court in 2002, showed a population at increased risk for treatment failure and return to incarceration. Of these participants surveyed, 40% reported first drug use before age 10, 45% were without permanent residence, 56% were unemployed, 45% had not graduated from high school, and 25% reported eleven plus prior criminal charges. Treatment experts describe these factors as dynamic and research has shown that these factors can be affected by treatment.¹ These participants are in need of intensive treatment, ideally inpatient, in conjunction with effective field based case management.

Gaps in Current Services

Inpatient

While the need for inpatient treatment has continued to increase among drug court participants, funding and access has been sporadic. King County Drug Diversion Court sent and funded approximately 6 individuals to Cedar Hills for treatment in 2002. With the closure of Cedar Hills in October 2002, inpatient services have been even more difficult to secure. Other defendants have been sent to inpatient via public funds on the ADATSA program, however access is restricted and waiting lists long.

The gap in treatment services and the need for inpatient treatment is dramatically demonstrated by data collected by Drug Court staff on 17 Drug Court defendants who were booked in the King County jail during the first six months of 2002 following multiple attempts at outpatient treatment. Each of the defendants were assessed by treatment staff as being in need of inpatient treatment and were referred to inpatient at the time of their booking in the jail. Given the lack of funding for inpatient treatment, Drug Court has had to rely on faith-based inpatient treatment that is provided at no cost to the court. However, as the data revealed, inpatient treatment is not available on demand. The time between referral and entry to inpatient treatment averaged 72 days - all of those days spent in custody because treatment was not available.

Field/Strength based Case Management

Another major gap in service for King County Drug Diversion Court defendants has been access to case management services. Defendants receive case management from the treatment agency on a limited basis. While this is helpful, drug court defendants are in need of much more intensive services to make the changes enabling them to become productive citizens. An evaluation of the King County Drug Court Program completed in 1998 showed that 66% of drug court participants are unemployed and 25% are without permanent residence.² These numbers have increased as the eligibility criteria have expanded to include more serious cases. Case management increases retention in the program by addressing clients' needs for housing, employment, medical care and mental health services. Increased retention is strongly associated with successful completion of treatment and the Drug Court Program and with a decrease in incarceration time.³

¹ MM Bell, 1998, King County Drug Court Evaluation – Final Report, February, 1998, p. 39.

² MM Bell, 1998 County Drug Court Evaluation – Final Report, February, 1998, p. 4.

³ Simpson, D. D., Joe, G. W., Fletcher, B. W., Hubbard, R. L., & Anglin, M. D. (1999). A national evaluation of treatment outcomes for cocaine dependence. *Archives of General Psychiatry*, 56, 507-514.

Child Care

Child care is another need for drug court participants and a current gap in the court's continuum of care. Many participants are single parents without the support of family or reliable clean and sober friends. Many of the treatment agencies provide childcare on the premises; however Drug Court currently has limited funds to purchase this service. Ideally Drug Court will have funds to contract with provider agencies to provide child care assistance, thus removing one more barrier to full access to treatment.

Transportation

Drug Court participants are also in need of assistance with transportation. Transportation to and from treatment is often a barrier to treatment. When Drug Court refers defendants to inpatient or other services located in another area of the county Drug Court staff has had to rely on public transportation or the good nature of the Drug Court Seattle Police Department Liaison Officer to transport the participant to treatment. In many instances Drug Court staff has not pursued inpatient treatment outside of the county because transportation was unavailable.

Proposal

The overall consensus of the local panel was to submit a proposal designed to enhance existing services, assure sustainability of the current budget and fill the gaps in service. Filling the gaps to current programming will lead to even better outcomes to the existing program as we increase our ability to contract directly with inpatient providers in the community, thus avoiding the long waiting lists for publicly funded inpatient beds on the ADATSA system.

Full continuum of Inpatient Services to be purchased***Intensive Inpatient***

Inpatient services consist of a concentrated program of individual and group counseling, education and activities for detoxed alcoholics and addicts and their families. Treatment length varies based on individual client need utilizing the American Society of Addiction Medicine Criteria. Length of stay varies from 14-30 days.

Recovery House

Recovery House is often used as a step down from Inpatient Services. The goal is to provide a program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities.

Long-term Treatment

Long term offers services and a program of treatment with personal care services for chronically impaired alcoholics and addicts. With impaired self-maintenance capabilities. Participants referred to this level of care need personal guidance to maintain abstinence and health.

Case Management Services

Active Case Management services have proven effective in both keeping participants engaged in treatment and increasing the number of participants successfully completing treatment. Clinical

case management, which is both strength and field based, will be added to the current program. The role of the case managers will be one of coordination of client services, which decreases premature participant termination. Case management services, which we have described as field/strength based, will be an important component of the program. Case managers will partner with clients **in the community** to ensure success and minimize early termination from the program. Their role will be to connect the client to housing, employment, vocational, healthcare and other ancillary services. In addition to traditional case management services identified above, we will have case managers engage with clients in the field. This hands on approach will help to keep participants who are often viewed as treatment resistant from being discharged as unsuccessful.

Child care and Transportation

The Sentencing Reform Act allows for purchase of transportation and childcare in an amount not to exceed 10% of the total budget for services. We will purchase child care from qualified providers to maximize client participation, reduce barriers to treatment and assure safety of the participants' children while engaged in treatment. Transportation will be provided to clients to maximize client participation and reduce barriers to treatment. We will provide transportation in a variety of ways including taxi vouchers, bus passes and reimbursement for mileage when appropriate.

Conclusion

The addition of the above services will further enhance King County Drug Court's continuum of care and reduce barriers to treatment. Treatment on demand is one of the key elements of a successful drug court program. Imagine a program in which a participant was admitted and then placed on a waiting list to receive services. Participants in the King County Drug Diversion Court frequently face that situation. The Drug Court currently offers outpatient services on demand but cannot provide immediate access to inpatient services. Patients with more severe problems are more likely to require inpatient treatment and have better outcomes.⁵ Immediate access to inpatient will enhance the existing program and reduce the time participants are housed in local correctional facilities. Additionally, the new model of case management will assist those who are in the chronic stages of addiction, and need assistance to be successful. Oftentimes programs are designed to assist the more functional addict, while those who need treatment the most and utilize the most resources are terminated from treatment due to "lack of motivation". These proposed enhancements will allow the King County Drug Court to engage and assist the most difficult to serve client population.

Budget

King County – Criminal Justice Treatment Account Projected Expenditure Plan July 2003 through December 2003*	
Services	Projected Expenditures
Field-Based Case Management -	\$110,000
Transportation and Childcare	\$10,000
In-patient Treatment	\$268,670
Total	\$383,670

• ***Projecting Criminal Justice Treatment Account Funds for King County**

- \$767,340 - based on Governors Proposed Biennial Budget which estimates transfer of \$9,000,000 (\$4,500,000);
- Transfer from Department of Corrections savings into the Criminal Justice Treatment Account (CJTA) for community treatment;
- 70% of \$9,000,000 or \$6,300,000 (\$3,150,000 annually) goes to counties to be distributed according to formula
- for one year, King County's amount would be 24.67% of \$6,300,000 or \$767,340;
\$383,670 is the projected amount from 7-03 through 12-03.