

CLARK COUNTY STAFF REPORT

DEPARTMENT: Clark County Sheriff's Office

DATE: October 30, 2018

REQUESTED ACTION: Accept a Second Chance Act Reentry Initiative Program Grant

Consent Hearing County Manager

BACKGROUND

The United States Department of Justice (DOJ) Office of Justice Programs (OJP) has approved a Clark County Sheriff's Office application for funding under the FY18 Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness (Reentry) Program in the amount of \$750,000.

The Reentry Program is designed to improve access to and delivery of services to offenders with co-occurring substance abuse and mental illness when they leave incarceration to reenter the community. OJP recognizes that a significant number of these adult offenders are in need of treatment in order to successfully complete their supervision, which in turn will reduce recidivism and promote public safety. Coordination among corrections, substance abuse and mental health treatment providers, correctional health providers, and parole or probation enables the development of collaborative comprehensive case plans that address criminogenic risk, substance abuse, and mental health needs.

The purpose of the program is to increase corrections systems' ability to address needs of these offenders in order to reduce recidivism and improve both public safety and public health.

The focus of the program is to provide standardized screening and assessment; collaborative comprehensive case management; and pre- and post-release programming that address criminogenic risk and needs, including mental illness and substance abuse.

The Sheriff's Office will use grant funds for a program to systematically target services to persons with medium to high criminogenic and co-occurring substance abuse and mental illness. Objectives include reducing recidivism and promoting post-release service engagement.

COUNCIL POLICY IMPLICATIONS

None

ADMINISTRATIVE POLICY IMPLICATIONS

None

COMMUNITY OUTREACH

The program seeks to attain a smoother transition for offenders into the community while improving public safety and public health.

BUDGET IMPACT ATTACHMENT

Part I: Narrative Explanation

I.A – Explanation of what the request does that has fiscal impact and the assumptions for developing revenue and costing information

The Sheriff's Office will incur \$750,000 in expenses for consulting, professional services, training, equipment, and other program-related costs over a period of three years. These expenses will be paid from US DOJ grant funds. Therefore, the request will result in no net fiscal impact.

Part II: Estimated Revenues

Fund #/Title	2019		2020		2021	
	GF	Total	GF	Total	GF	Total
6315 / Sheriff's Office Grant Fund	0.00	200,852	0.00	271,301	0.00	277,847
Total	0.00	200,852	0.00	271,301	0.00	277,847

II. A – Describe the type of revenue (grant, fees, etc.)

Grant funds will be drawn down from the US DOJ and credited to an “unearned revenue” liability account. Revenue will be credited as funds from the liability account are used to pay program-related invoices.

Part III: Estimated Expenditures

III. A – Expenditures summed up

Fund #/Title	2019		2020		2021	
	GF	Total	GF	Total	GF	Total
6315 / Sheriff's Office Grant Fund	0.00	200,852	0.00	271,301	0.00	277,847
Total						

III. B – Expenditure by object category

Fund #/Title	2019		2020		2021	
	GF	Total	GF	Total	GF	Total
Prof. services (Columbia River MHS)	0	157,116	0	207,400	0	207,400
Procurement contracts (NPC Research)	0	25,000	0	55,000	0	70,000
Equipment	0	14,000	0	0	0	0
Supplies	0	446	0	2,398	0	447
Travel/Training	0	4,290	0	6,503	0	0
Construction	0	0	0	0	0	0
Capital Outlays	0	0	0	0	0	0
Total	0.00	200,8532	0	271,301	0	277,847

Second Chance Act Reentry Initiative Program

Coding

Package number	Fund	Prog	Dept	Basele	Obj	Categ	2019 EXP inc / REV dec (DR)	2019 EXP /REV inc (CR)	2020 EXP inc / REV dec (DR)	2020 EXP dec /REV inc (CR)	2021 EXP inc / REV dec (DR)	2021 EXP dec /REV inc (CR)	Type	Operating vs Capital
SHR-19-01	6315	409	261	523603	826	028996	157,116		207,400		207,400		One-time	Operating
SHR-19-01	6315	409	261	523603	416	028996	25,000		55,000		70,000		One-time	Operating
SHR-19-01	6315	409	261	523603	326	028996	14,000		0		0		One-time	Operating
SHR-19-01	6315	409	261	523603	329	028996	446		2,398		447		One-time	Operating
SHR-19-01	6315	409	261	523603	496	028996	4,290		6,503		0		One-time	Operating
SHR-19-01	6315	409	261	331160	810	028996		200,852		271,301		277,847	One-time	Operating

FTE info (insert or delete additional lines as needed)

Package number	Fund number	Prog number	Dept number	Type (Operating, Revenue, Project)	Add, Delete, Change	Does this change involve a reclass? (Yes/No)	FTE	Effective date of change (MM/YY)	Position # for existing positions	New job classification (for new positions and reclassifications)	Grade & Range	Length for new project positions
SHR-19-01	N/A											
SHR-19-01												

FOR STAFF REPORTS ONLY:

HR APPROVAL

Signature

Date

BUDGET OFFICE APPROVAL

Signature

Date

Second Chance Act Reentry Initiative Program

Coding

Package number	Fund	Prog	Dept	Basele	Obj	Categ	2019 EXP inc / REV dec (DR)	2019 EXP dec / REV inc (CR)	2020 EXP inc / REV dec (DR)	2020 EXP dec / REV inc (CR)	2021 EXP inc / REV dec (DR)	2021 EXP dec / REV inc (CR)	Type	Operating vs Capital
SHR-19-01	6315	409	261	523603	826	028996	157,116		207,400		207,400		One-time	Operating
SHR-19-01	6315	409	261	523603	416	028996	25,000		55,000		70,000		One-time	Operating
SHR-19-01	6315	409	261	523603	326	028996	14,000		0		0		One-time	Operating
SHR-19-01	6315	409	261	523603	329	028996	446		2,398		447		One-time	Operating
SHR-19-01	6315	409	261	523603	496	028996	4,290		6,503		0		One-time	Operating
SHR-19-01	6315	409	261	331200	592	028996		200,852		271,301		277,847	One-time	Operating

FTE info (insert or delete additional lines as needed)

Package number	Fund number	Prog number	Dept number	Type (Operating, Revenue, Project)	Add, Delete, Change	Does this change involve a reclass? (Yes/No)	FTE	Effective date of change (MM/YY)	Position # for existing positions	New job classification (for new positions and reclassifications)	Grade & Range	Length for new project positions
SHR-01	N/A											
SHR-01												

FOR STAFF REPORTS ONLY:

HR APPROVAL

Signature

Date

BUDGET OFFICE APPROVAL

Signature

Date

COUNTY MANAGER ACTION\RECOMMENDATION

By: Shawn Hennessee

Date:

SR Number:

REQUESTED ACTION: Approve the budget adjustments for the 2018-19 Sex Offender Address and Residency Verification Program Grant

COUNTY MANAGER RECOMMENDATION:

Action	Conditions	Referral to council?
<i>Approval\denial</i>	<i>Enter conditions or requests here</i>	<i>Yes\No</i>

Shawn Hennessee
County Manager

DISTRIBUTION



U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Grant

PAGE 1 OF 12

1. RECIPIENT NAME AND ADDRESS (Including Zip Code) Clark County Sheriff Post Office Box 410 Vancouver, WA 98666-9983		4. AWARD NUMBER: 2018-RW-BX-0009	
		5. PROJECT PERIOD: FROM 10/01/2018 TO 09/30/2021 BUDGET PERIOD: FROM 10/01/2018 TO 09/30/2021	
2a. GRANTEE IRS/VENDOR NO. 916001299		6. AWARD DATE 09/28/2018	7. ACTION Initial
2b. GRANTEE DUNS NO. 030783757		8. SUPPLEMENT NUMBER 00	
3. PROJECT TITLE Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness		9. PREVIOUS AWARD AMOUNT \$ 0	
		10. AMOUNT OF THIS AWARD \$ 750,000	
		11. TOTAL AWARD \$ 750,000	
12. SPECIAL CONDITIONS THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).			
13. STATUTORY AUTHORITY FOR GRANT This project is supported under FY18(BJA - SCA Treatment & Justice Collaboration) 34 USC 60521; Pub. L. No. 115-141, 132 Stat 348, 421			
14. CATALOG OF DOMESTIC FEDERAL ASSISTANCE (CFDA Number) 16.812 - Second Chance Act Reentry Initiative			
15. METHOD OF PAYMENT GPRS			
AGENCY APPROVAL		GRANTEE ACCEPTANCE	
16. TYPED NAME AND TITLE OF APPROVING OFFICIAL Matt Dummermuth Principal Deputy Assistant Attorney General		18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL Chuck E. Atkins Sheriff	
17. SIGNATURE OF APPROVING OFFICIAL 		19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL 	19A. DATE 10-16-18
AGENCY USE ONLY			
20. ACCOUNTING CLASSIFICATION CODES FISCAL YEAR FUND CODE BUD. ACT. DIV. OFC. REG. SUB. POMS AMOUNT X B RW 80 00 00 750000		21. TRWUGT1647	

2018

Clark County Sheriff's
Office

**[IMPROVING REENTRY FOR
ADULTS WITH CO-OCCURRING
SUBSTANCE ABUSE AND
MENTAL ILLNESS IN CLARK
COUNTY WASHINGTON]**

BJA-2018-13632 Program Narrative

1. Description of the Issue

If awarded funding under BJA-2018-13987, the Clark County Sheriff's Office (CCSO) proposes to implement a comprehensive, multi-tiered system of screening, assessment, treatment and specialized, comprehensive case management with priority placed upon persons releasing to the local community. In Washington in 2013, 58% of Department of Social and Health Services (DSHS) Medicaid enrollees booked into jail had a mental illness (MI) indicator, 61% a substance use disorder (SUD) indicator and 41% had both. This is higher than the general Medicaid population, in which 19% of individuals had a MI indicator, 18% had a SUD indicator and 10% had both.ⁱ DSHS defined a MI indicator based on the presence of any service encounter or billing claim with a MI diagnosis, psychotropic drug prescription or mental health service. The SUD indicator was defined based on any service encounter or billing claim with an SUD diagnosis, SUD-related prescription, SUD services or SUD-related arrest event. In 2017, the Washington Association of Sheriffs and Police Chiefs Jail and Booking and Report System combined with the DSHS Integrated Client Database identified **53% of inmates with Medicaid booked in to the Clark County Jail (CCJ) had a MI indicator, 74% had a SUD indicator and 45% had both.** People with MI and SUD have greater difficulties under correctional supervision than those without mental illness, both behind bars and in the community. Research demonstrates individuals with co-occurring disorders may stay incarcerated longer, have difficult managing in corrections settings and may recidivate more quickly post-release.ⁱⁱ Differently than prisons, local jails also face barriers due to the short duration of jail stays. **In 2017, the average stay in CCJ was 19 days.** Jails also have heterogeneous offenders; males and females, pre and post adjudication and a variety of charges including administrative sanctions, misdemeanors, and felonies. To effectively meet the needs

of persons with co-occurring disorders, jails must implement rapid screening and assessment, information sharing and a network of partnerships to support transition back to the community.

In 2017, CCSO booked 13,616 individuals into custody. This is comparable with 2016 statistics of 1,134 monthly bookings and 1,131 monthly releases. **The average daily population is 715 inmates** with 84% male, 16% female and less than 1% identified as other. CCJ is currently comprised of two separate facilities, the Main Jail houses primarily medium and maximum security inmates and the Jail Work Center houses primarily minimum security and work release inmates. Main Jail is burdened with overcrowding, struggling to fit as many as 621 people into a facility designed in 1984 for 300 inmates. Recidivism is defined as any return to jail. **In 2013, 53% of CCJ inmates returned in 1 year, 70% in 3 years and 75% in 5 years.**

Risk assessment currently consists of a locally developed questions focused on security issues (escape, past behavior in facility etc). **CCJ does not currently use evidence-based screening tools to identify MI/SUD, criminogenic risk/need assessment or readiness for change.**

Formal assessments for MI/ SUD are piecemeal and provided in response to inmate request by various community providers or by order of the court. There is no quality assurance and no integration between security classification, criminogenic risk/need assessment, readiness for change or indicators of MI/ SUD. The grant would allow CCSO to create a comprehensive system to increase accuracy of treatment services and improve outcomes post-release.ⁱⁱⁱ

CCJ has an average of 19 days for inmates to develop transition plans. Plans are created in the current Reentry Program. Reentry does not have a standardized screening or assessment criteria outside security level and voluntary inmate request and does not use a standardized model for post-release planning. The grassroots program was developed in 2013 with three reallocated corrections positions and no external funding. In collaboration with community partners, CCJ

recognized inmates were returning frequently to custody due to little to no support accessing resources post-release. Reentry started by offering a few in-custody classes to connect inmates to services taught by community partners. Reentry has expanded to include signups for food stamps and Medicaid, driver's license restoration, substance abuse treatment, peer mentoring, job training, education, credit reports, sober support meetings and housing assessments. Reentry provides specialized referrals for vulnerable populations such as individuals who are severely mentally ill, veterans, elderly, youth 18-24, chronically homeless, medically fragile, survivors of domestic violence, sexual assault, sex trafficking, pregnant women and others. In 2017, Reentry received over 7,102 inmate requests and engaged over 1,000 inmates in programming. Reentry has partnered with community nonprofits to obtain multiple federal and local grants for job training, peer mentoring and services for persons releasing into homelessness. Preliminary data from inmates who participated in Reentry in 2014 showed a decrease in 1 year recidivism (defined as any return to jail) with 44% for individuals who participated in Reentry compared to 53% for individuals who did not. Of the reincarcerated participants, new crimes decreased while administrative sanctions increased. Increased sanctions are a positive outcome; as one previous participant explained, *"I showed up for my PO appointment and took responsibility instead of running away even though I knew I'd go to jail. I'm actually trying for once!"*

There is currently no systematic sharing of information between community service providers and CCJ. Information sharing happens on a voluntary, individual basis. If inmates request information be shared with behavioral health treatment providers or post-release supervision such as probation or the Washington State Department of Corrections, ROIs are used to ensure compliance with criminal justice information protections, HIPPA and 42 CFR.^{iv} Additional challenges occur when serving individuals with high acuity MI and SUD because

individuals are sometimes unable to consent to releases of information due to impaired functioning. Information sharing challenges occur between CCJ and the contracted medical and mental health services provider Correct Care Solutions (CCS). CCS maintains personal health information in the electronic health record, COREEMR. Protected health information is relevant to continuity of care but is generally not available to corrections personnel. Additional information sharing challenges included the siloed nature of local criminal justice information. CCJ exclusively uses the Jail Management System (JMS), district court uses the Court Management System and Washington State Department of Corrections uses a separate system. CCJ has historically relied on an individualized approach using releases of information.

The Reentry Program currently offers some evidence-based practices and recovery support services. Through a partnership with local nonprofit behavioral health provider, Community Services Northwest, Reentry provides in-custody gender specific Moral Reconciliation Therapy (MRT) groups. MRT is recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices as appropriate for correctional settings to support MI, SUD and co-occurring disorders to decrease recidivism and improve social functioning. To date, over 400 inmates have attended in-custody MRT. Reentry also partners with a peer-run local nonprofit, Consumer Voices Are Born (CVAB), to offer gender-specific peer mentoring for individuals with SUD. Funded by a SAMSHA grant and aligned with SAMSHA's Core Competencies for Peer Workers in Behavioral Health Services, the CVAB peer mentoring program allows certified peers to come into the jail and "offer and receive help, based on shared understanding, respect and mutual empowerment between people in similar situations^v." Launched in 2016, the peer mentoring program served 126 females and 170 males with a post-release engagement rate of almost 50%. Additional recovery programs include sober support meetings such as Alcoholics

Anonymous (AA), Narcotics Anonymous (NA), Celebrate Recovery Inside (CRI) and local nonprofits XChange Church and Open House Ministries. Community Services Northwest monitors the fidelity of MRT, CVAB receives federal oversight of the peer mentoring program and as AA, NA and CRI are national recognized recovery support models.

This grant would allow CCSO to move to a systematic approach to identification and coordination of offender needs. Use of universal screening for MI/SUD, provision of assessment for criminogenic needs, readiness for treatment and MI/SUD assessments will funnel inmates with co-occurring disorders at greatest risk/need for reoffending into tailored programming and comprehensive case management services. "Effective transition planning and implementation can minimize the risk of hazards and enhance public safety... and improve individual outcomes."^{vi} **CCJ will target 400 unduplicated locally releasing offenders while in-custody and coordinate services post-release.** If individuals return to jail, they will be offered services.

CCSO is unable to calculate the baseline recidivism rate for the proposed target population because there is not currently screening for MI/SUD for all individuals entering CCJ. As previously stated, **CCSO calculated a recidivism rate (defined as any return to jail) at 53% in 1 year, 70% in 3 years and 75% in 5 years.** This aligns with findings Bureau of Justice Statistics for state prisoners.^{vii} CCSO will coordinate with **NPC Research, the selected research partner**, to expand the definition of recidivism to include return to jail, new arrests, new charges, new convictions and time incarcerated. CCSO defines success as any decrease in the overall recidivism rate compared to the overall recidivism rate prior to the start of the grant activities. Per BJA, recidivism data will be gathered a minimum of 1 year post release.

2. Program Design and Implementation

The proposed system changes would result in the following 7 improvements:

Improvement 1: Universal implementation of evidence-based MI/SUD screening tools in CCJ completed at time of booking. The only exception is a possible delay for individuals who are intoxicated or unable to communicate at the time of booking. In these cases, follow up attempts will be made. CCJ has selected the gender-specific Correctional Mental Health Screening tool (CMHS) and the Simple Screening Instrument for Substance Abuse (SSI). Data from screening results will be housed in the Jail Management System (JMS). Anyone unable to complete the screening tools will be served by the current Reentry Program.

Improvement 2: Coordination with the CCJ's classification unit to determine which inmates will release locally or are likely to release locally to match with the grant requirement to serve persons releasing from the facility. Due to the short average stay length, CCJ will need to quickly screen and calculate likelihood of release. Coordination will occur with the CCJ classification unit to determine if an inmate will release locally (example: misdemeanor), is likely to release locally (example: C felony) or is unlikely to release locally (example: A felony). Persons who meet initial criteria will be rapidly moved into assessment to maximize the time in treatment if subsequent eligibility requirements are met. Data on release will be housed in JMS.

Improvement 3: Conduct a criminogenic risk/needs assessment for individuals who have screened for MI/SUD and are releasing locally or likely to release locally. CCJ has selected the Level of Service Inventory Revised: Screening Version (LSI-R: SV). The LSI-R: SV is a valid and reliable evidence-based screening instrument. The LSI-R: SV incorporates dynamic risk factors and generates scoring predictive of violent recidivism, probation violations and institutional misconduct. The LSI-R: SV will allow CCJ to target individuals with medium/high risk/need levels, while individuals who score low risk will be served by the current Reentry program. Criminogenic risk/needs assessment data will be housed in JMS.

Improvement 4: Evaluate the individual's readiness for change. CCJ has selected the University of Rhode Island Change Assessment-Maryland (URICA-M). The URICA-M is a self-report questionnaire examining motivation and readiness for treatment. The URICA-M uses simple language and is adapted to individuals with co-occurring disorders. The URICA-M identifies subtypes of pre-contemplation and contemplation/action allowing resources to be targeted on persons with motivation for treatment. Assessment data will be housed in JMS.

Improvement 5: Assessment of SUD and MI for individuals with medium/high scores on the LSI-R: SV and contemplation/action on the URICA-M. CCJ has selected use of clinical interview SUD assessments based on the American Society of Addiction Medicine (ASAM). The ASAM assessment provides detailed information about the individual's level of need for treatment, readiness to change, potential for continued problems and recovery environment. ASAM assessments are required by community-based SUD agencies to access post-release care. After completion of the ASAM assessment, inmates will complete the Personality Assessment Inventory (PAI). The PAI is an evidence-based self-report instrument which identifies a range of psychiatric disorders, suicidal ideation, aggression, stress and lack of social support. The PAI can indicate potential crisis situations and has low reading level. Individuals with low acuity will be referred to the current Reentry program. Assessment data will be housed in JMS.

Improvement 6: Inmates with high SUD treatment needs determined by ASAM criteria and significantly impacted by MI as determined by the PAI will be connected to evidence-based in-custody treatment programs: MRT, Living in Balance and Seeking Safety. All programs exist in the community to allow inmates to continue participation post release. MRT is currently being offered in CCJ. The grant would expand the program by creating additional groups. MRT has demonstrated successful outcomes related to symptoms of MI, SUD and

criminal thinking. Seeking Safety targets symptoms of trauma and SUD. Living in Balance focuses on relapse prevention, management of relationships and life skills post-release.

Improvement 7: Inmates with high SUD treatment needs determined by ASAM criteria and significantly impacted by MI as determined by the PAI will also receive support from a specially trained case manager. The case manager will develop comprehensive case plans^{viii} as identified by the National Recovery Resource Center (NRRC) identifying criminogenic risk/need factors and planning with the participant for post-release needs: housing, supervision, MI/SUD treatment, medical care, peer support, vocational/educational services and more.

The purpose of implementing the improvements is to effectively identify individuals who are motivated to change, experiencing medium/high acuity MI/SUD and connect individuals most likely to recidivate with treatment and coordinated support. The objectives of the project include serving 400 unduplicated inmates who are releasing locally/likely to release locally during the implementation period of the grant. **Additional objectives include implementing universal MI/SUD screening, assessment of criminogenic risk/needs, assessment of readiness for change, MI/SUD assessments, treatment and case planning.**

To address planning phase activities listed in the NRRC Planning and Implementation Guide, **CCJ will convene an advisory group comprised of high level leaders within the criminal justice, behavioral health and social service systems and the evaluator, NPC Research.** CCJ will include representation from a peer service provider. The advisory group will meet monthly (with subgroups as needed) to complete the launch of standardized screening and assessment, comprehensive case planning, examination of intended outcomes, evaluation metrics and development of an ongoing performance measurement and evaluation. Inclusion of NPC Research is critical to ensure a strong frame for data collection and monitoring from the

beginning. Additionally during the planning phase, CCJ intends to purchase and train on screening and assessment tools, obtain required facility clearances and subaward funds for the hire and co-training of staff positions to ensure launch of services at the end of planning year.

C) CCSO will complete the 8 program design elements as follows:

Element 1) Continue leadership engagement by maintaining the advisory group after the project is launched to include regular data updates, implementation issues and sustainability planning. Updates will also be provided at the existing quarterly Reentry Provider meeting to over 60 community partner agencies (over 200 persons). The Reentry Provider meeting is an element of the grassroots community effort to provide networking and educational opportunities to anyone serving adult criminal justice involved individuals in Clark County.

Element 2) Conduct evidence-based screening for MI/SUD for all offenders using the CMHS M/F and SSI, monitored by the research partner to ensure screening is universal. If individuals are not able to complete the screener due to intoxication or serious mental illness, the screening will be attempted again as the person improves or the individual will be connected to services in the current Reentry program. Sustainability has been considered through the use of validated, free, evidence-based public domain tools.

Element 3) Conduct assessment with reliable and validated tools such as the selected URICA-M, LSI-R: SV, ASAM clinical interview and PAI. This will allow CCJ to target offenders with readiness for treatment and medium/high risk to reoffend. CCJ plans to leverage two existing Jail Discharge Planner positions to manage grant coordination, and facilitate URICA-M and LSI-R: SV. MI/SUD will be assessed using validated tools such as the ASAM clinical interview and PAI coordinated by positions hired through grant funds. Relevant medical and mental health information will be provided by CCS to support case plans.

Element 4) Provide collaborative comprehensive case plans through a specialized case manager position to meet with inmates and combine criminogenic risk/need information and MI/SUD assessment information. This may include coordination and meetings with local behavioral health service providers, post-release supervision, peer mentoring and recovery support programs. The case manager will connect individuals served by the proposed project to existing resources in the Reentry program for veteran referral, Medicaid and food stamp sign up, driver's license restoration, sexual assault/domestic violence, SSI/SSDI and other services.

Element 5) Engage in information sharing with the support of CCSO's legal counsel to ensure compliance with HIPPA, 42 CFR, criminal justice information requirements and any other local, state and federal requirements. This may include the development of formal protocols and memorandums of understanding with community partner organizations.

Element 6) Use evidence-based practices for criminogenic risk, MI and SUD, specifically MRT, Seeking Safety and Living in Balance. All programs have demonstrated evidence appropriate for the targeted population. MRT is a systematic treatment strategy to decrease recidivism by increasing moral reasoning. MRT uses groups to target criminal thinking, increase frustration tolerance, reinforce positive behaviors and has been shown particularly effective with incarcerated populations. Per SAMHSA's National Register of Evidence Based Programs and Practices, MRT has been implemented with over a million individuals worldwide. Seeking Safety is designed for clients with a history of trauma and substance abuse implemented in over 3,000 settings including correctional facilities. Funded by the National Institute of Health, Seeking Safety decreases symptoms of trauma and increases coping skills. Living in Balance focuses on relapse prevention. It has been used in correctional settings and funded by the National Institute of Health. Living in Balance provides psychoeducational and experiential

activities to help participants process personal issues and cope with daily stressors. All programs have been used with males, females and individuals of various races/ethnicities. None were shown to have adverse effects. **Multiple community behavioral health providers currently offer MRT, Seeking Safety and Living in Balance groups, allowing the case manager to set up transitions between in-custody programs to post-release services.** In addition to the proposed in-custody treatment programs, CCJ offers Medication Assisted Treatment (MAT) to bridge between external service providers. The current contracted clinical provider, CCS, is participating in a recent community initiative to continue existing prescriptions for Suboxone. Additionally, multiple community agencies have outreach teams to routinely access inmates and connect individuals with MAT services post-release, specifically targeting the opiates. Ongoing training for staff will be developed collaboratively between CCSO and the selected behavioral health partner, **Columbia River Mental Health (CRMH)** to ensure fidelity of evidence-based practices and provide specialized knowledge about incarcerated populations. As an additional benefit, CCSO corrections deputies receive 40 hours of training of **Crisis Intervention Team Training for Corrections (CIT)**. The unique, jail-specific program was designed by CCSO Jail Discharge Planners and operations staff to teach symptoms of MI/SUD and practices de-escalation specific to behavioral health crises in jail. The CIT program has received multiple awards from the Washington State Criminal Justice Training Commission.

Element 7) The Reentry program offers a robust and comprehensive range of recovery support services. An existing gender-specific peer mentoring program and various sober support programs are currently in place. Housing assessments are conducted for eligible individuals while in-custody; persons score into Housing and Urban Development programs such as brief intervention, rapid rehousing and permanent supportive. When reviewing scoring of

housing assessments, 51% of inmates scored into permanent supportive while only 24% of the population outside jail required this level of care. Additionally, CCJ coordinates with Oxford houses, recovery housing, sex offender housing, housing for 18-24 year olds, and faith-based programs. Housing is a major local barrier with high property and rental costs and low vacancy.

Element 8) CCSO will work with NPC Research on performance measurement and evaluation of the effectiveness of these new screenings, assessments and service planning.

NPC will assist CCSO with planning on what data elements to collect, protocols for data collection and data entry. NPC will conduct process evaluation and technical assistance to ensure continuous improvement as the screening, assessment, case plan and evidence-based programs are implemented. NPC will also help identifying the data to be collected and managed for outcome analyses including recidivism data such as reincarceration, new arrests, court cases and time incarcerated with mechanisms to track the selected cohort of 400 unduplicated inmates. **NPC will perform recidivism and cost analyses to determine whether the new screenings, assessments and case planning are effective in reducing recidivism and related costs.**

As identified by research, **Priority Consideration of Services is integrated treatment for MI/SUD.** CCSO plans to achieve this by screening and assessing for co-occurring disorders and using the NRRC collaborative comprehensive case management model. Integrated treatment produces better outcomes including decreased recidivism and increased public safety.

Successful implementation and ongoing stability of services require policies and procedures reflecting the standardized screening process (CMHS M/F and SSI), pre-release (local release or likely to be local release based on charges), identification of offenders who will receive assessments (LSI-R: SV, URICA-M, ASAM clinical interview, PAI) comprehensive case plans (NRRC) and cognitive behavioral interventions to address criminogenic risk and co-occurring

MI/SUD (MRT, Seeking Safety and Living in Balance). With a goal of 400 medium/high risk unduplicated inmates in contemplation/action stage of change during the grant period, CCJ will integrate services and gather effectiveness and recidivism data. CCJ will partner with NPC Research to perform a process, outcome and cost-benefit evaluation. In particular, the outcome and cost-benefit analysis will be performed intention to pursue funding opportunities including local sales tax funding if successful outcomes and cost savings are demonstrated.

CCJ plans to screen all individuals booked into CCJ. CCJ will assess, provide pre-release treatment, case management and post-release service connection for 400 unduplicated inmates.

This program is not currently operational and the facility does not currently have a standardized MI/SUD screening process.

Due to the lack of current screening and assessment, CCJ is unable to determine exactly how many offenders meet the target population characteristics within the past 6 months. However, as previously stated, 53% of inmates with Medicaid booked in to the Clark County Jail (CCJ) had a mental health indicator, 74% had a substance abuse indicator and 45% demonstrated both. CCJ booked 13,616 inmates in 2017, with 4,655 reporting Medicaid eligibility at the time of booking this would suggest **2,095 people booked into CCJ had indicators of co-occurring disorders.**

The number of individuals releasing locally or likely to release locally would make the pool smaller, additionally narrowing as inmates are assessed for medium/high levels of criminogenic risk/need, readiness for treatment and current severity of MI/SUD.

As previously mentioned, **current pre-release screening does not exist.** Pre-release assessments are piecemealed, completed by community providers at inmate request or court order. The Reentry Program is providing some case planning, treatment and post-release service referral; however it is being done at inmate request and not targeted to the identified population.

There are **existing processes for “in-reach” for community-based treatment providers** developed through existing partnerships in the Reentry Program. Over 60 providers access inmates in jail, ranging from MI/SUD, job training, education, peer mentoring to recovery support. The robust partnerships in the Reentry program will be a critical element as CCJ begins to purposefully screen, assess and target services to medium/high risk offenders.

NPC Research will help create mechanisms to monitor service delivery and use data to ensure CCJ is meeting program objectives, numbers and goals on an ongoing basis. The monthly advisory committee will retain oversight for the 3 year project period.

3. Capabilities, Competencies and Coordination

CCSO will be responsible for the project. Jurisdictional buy-in includes the judiciary, municipal law enforcement agencies, probation, indigent defense, therapeutic specialty courts and community service, peer and behavioral health organizations. **Primary partners include Columbia River Mental Health (CRMH) and NPC Research.** The advisory group will meet monthly starting November 2018 with workgroups as needed. The CCSO management structure is Sheriff Atkins, Undersheriff Cooke, Chief Corrections Deputy Bishop and Commander Beltran. Anna Lookingbill, LICSW, MAC will be the primary grant coordinator with support from Kelly Anderson, MA. Ms. Lookingbill and Ms. Anderson are CCSO Jail Discharge Planners. Project staffing includes existing positions for Commander Beltran (administrator), Anna Lookingbill (primary grant coordinator), Kelly Anderson (additional grant coordinator), and grant-funded positions for CRMH co-occurring team lead, CRMH co-occurring assessment coordinator, CRMH co-occurring case manager and NPC Research as evaluator. CCSO will also partner with **Pacific University Psychology & Comprehensive Health Clinic** to utilize doctoral interns to assist with psychological services, optimization of placement and release planning.

The implementing agency, CCSO, has the capacity to launch the project. CCSO has managed multiple federal, state and local grant funded programs, both as an awardee and as a partner to other agencies. CCSO is supported by a wide network of community partnerships and has experience as the convener for advisory groups. CCSO is currently providing staff support to a Blue Ribbon Commission organized by the Board of County Councilors to study the feasibility of replacing or renovating the existing CCJ structure. Built in 1984 to house 300 inmates, CCJ's average daily population of 621 inmates faces a range of challenges including limited physical space. CCSO is committed to repurposing several areas of the jail if funding is awarded to ensure elements of the grant can be met. CCSO has internal legal counsel to assist with development of information sharing protocols. CRMH has experience developing comprehensive collaborative case plans and NPC Research has previously (and currently) provides data collection and evaluation to criminal justice programs in Clark County.

The selected researcher is NPC Research in Portland, Oregon. NPC will assist with performance measurement and conduct a process, outcome and cost evaluation. NPC provides social services evaluation, policy analysis, research and planning. NPC is skilled in evaluation research design, gathering and compiling archival and administrative data, qualitative and quantitative analysis, program development and cost benefit analysis. Founded in 1989, NPC has partnered programs with criminal justice, substance use and mental health treatment programs around the nation in risk/need screening and assessment, co-occurring disorders, crime prevention and jail diversion. NPC Research has performed local, state and federal evaluations in jail programs, drug courts, reentry courts and Second Chance Act programs.

CCSO existing partnerships with a wide range of community-based MI/SUD

organizations to ensure coordinated Reentry efforts including in-reach into CCJ and coordination into aftercare programming post-release: A sample of local partners include:

- **Columbia River Mental Health**- nonprofit behavioral health services: MH outpatient, psychopharmacology, anger management, Seeking Safety, Dialectical Behavioral Therapy skills groups, SUD treatment, dual diagnosis, MAT and case management.

- **Community Services Northwest**- nonprofit behavioral health services: in-custody SUD evaluations, CCJ MRT program, SUD outpatient treatment, drug testing, MAT services, adult mobile crisis team, Assertive Community Treatment team and first episode psychosis program.

- **Lifeline Connections**- nonprofit behavioral health services: Jail Transition Services, MI outpatient, psychopharmacology, Assertive Community Treatment team, SUD inpatient, SUD outpatient, MAT program, sobering center, detoxification center.

- **Council for the Homeless**- nonprofit coordinating entry into the homeless services system: housing assessments and placements into emergency shelters, housing and rental assistance.

- **SHARE**- nonprofit providing homeless services: housing for men, women and families, emergency shelters, a drop in center, homeless outreach teams and free meals.

- **YWCA Clark County**- nonprofit providing confidential, trauma informed advocacy for persons who have experienced domestic violence, sexual assault and sex trafficking.

- **Cowlitz Tribal Pathways to Healing**- nonprofit providing culturally specific and trauma-informed services for persons who have experienced domestic violence or sexual assault.

- **Clark College**- community college facilitating jail-based basic education program.

- **Goodwill Industries**- nonprofit providing employment services: job readiness skills and adult basic education and primary partner in facilitation of the CCJ job training program.

- **Janus Youth Programs**- nonprofit serving homeless and runaway youth ages 18-24: case management, drop in center, homeless outreach and supported housing programs.

- **Consumer Voices are Born**- peer-run nonprofit: REACH drop in center, the Reach TOO peer mentoring program to CCJ, the Warm Line and the Val Ogden Employment Center.

- **XChange Church**- faith-based nonprofit providing sober support classes in jail, religious services post-release, mentoring, case management, employment and housing.

- **Veterans Assistance Center**- nonprofit serving veterans and their family members.

- **Clark County Volunteer Lawyers Program**- nonprofit providing free civil legal aid.

The Reentry program partners with over 60 organizations (and growing) to provide information, service referral and post-release support to persons releasing from CCJ. Reentry Program coordinates a quarterly Reentry Provider meeting to facilitate opportunities for education and networking for any agency serving adult persons involved with the criminal justice system. The commitment of community partners to provide services in-custody is a critical part of the decision-making for the Blue Ribbon Commission and the future of CCJ.

4. Performance Management and Evaluation

CCSO, the grant applicant, has the ability to gather raw data about each participant including demographics, charges, book date, and duration incarcerated through JMS. Additionally CCSO will work with NPC to ensure CCSO is collecting the correct data to track each step of the process from screening and assessments to treatment and case management and finally, handoff from in-custody to community services. JMS will house information related to MI/SUD screening, referral for assessment and placement in treatment programs. JMS has capacity for narrative information and multimedia documents. CCSO will assist NPC Research in gaining

access to outcome data (new arrests/court filings, reincarceration and time incarcerated) and in performing the process and outcome evaluation and cost benefit analysis.

If awarded funding, CCSO will enter into information sharing agreements with the primary grant partners/subawardees, NPC Research, CRMH and Pacific University. Data sharing agreements will be required to allow seamless monitoring of the proposed program. CCSO may need to include additional information sharing provisions with Correct Care Solutions (CCS). Any contractual review and recommendations will be supported by CCSO legal counsel. Additional information sharing agreements will be considered with district court probation, Washington State Department of Corrections and other service providers as necessary.

Data to be collected will be overseen and guided by NPC Research during the grant planning period. General information includes participant demographic information, charges, booking dates, duration of jail stay, dates and results of MI/SUD screening tools, dates and results of criminogenic risk/needs assessment scores, dates and results of MI/SUD assessments, date and types of referral to in-custody treatment services, transition plans, dates and types of post-release contact with participants and dates of recidivism. NPC will assist with the evaluation of expanded recidivism criteria, moving past the definition as any return to jail to include new arrests and charges, time in incarceration and convictions. Recidivism data will be analyzed to determine effectiveness of proposed programming and the benefit by comparing individuals that received the new services to similar individuals who did not, prior to the implementation of the grant. Grant performance will be monitored by CCSO to ensure the proposed grant timeline is managed. The research partner is critical to identification of overall impact; the advisory committee and Reentry Provider meeting will be regularly updated on implemented components including both quantitative and qualitative data.

The largest barrier to collaboration between CCSO and behavioral health systems is the previously piecemeal approach to service integration. Although some information sharing agreements exist, they will likely need to be updated with new agreements for CRMH and NPC Research to monitor and analyze data from the project. Relationships with service providers are strong but not formalized as information sharing typically happen at the individual client level. Any information sharing agreements will need to meet requirements for criminal justice information, as well as HIPPA and 42 CFR and any other relevant local, state or federal statutes.

Data elements to collect will be determined with the support of NPC Research. **Initiation** will be measured from booking date to completion of screening and assessment (CMHS M/F, SSI, determination of release, LSI-R: SV, ASAM clinical interview, PAI) and into programming. **Engagement** will be measured by attendance in in-custody treatment programs and successful transition into community-based services. With the average stay in CCJ at 19 days, it is likely persons may have a limited window to participate in treatment. The variable of **retention** will be determined by continued engagement services pre-release. **Continuity of care** will be defined as referral to post-release community resources and tracking engagement in services (with releases of information in place to allow post-release follow up). **Stakeholder support** will be measured by partner participation in advisory meetings, Reentry Provider meetings, the number of agencies receiving post-release service referrals and engagement of individuals referred in those services.

As previously described, NPC Research has been selected as the evaluation partner. NPC Research was approached due to expertise with risk/need assessment, co-occurring treatment needs, criminal justice system elements, a detailed understanding of administrative data available in Clark County and the State of Washington and positive working relationships with other programs in Clark County. In addition, NPC Research has unique expertise in recidivism and

cost analysis and has performed multiple cost-benefit analyses in Clark County. NPC Research will assist CCSO during the planning phase to ensure the framework for data collection and analysis is constructed to meet BJA requirements and provide useful "on the ground" data to the agency and interested stakeholders. NPC research will continue evaluation of the program during the two year implementation phase and assist CCSO in compiling an outcome report that includes recidivism and cost-benefit evaluation results.

With guidance from NPC Research, CCSO plans to collect data such as level of criminogenic risk/need, participation in in-custody treatment programs, post-release connections, cost savings data and recidivism (measured in multiple ways including any return to jail, new arrests, new court cases, convictions and time incarcerated). Data gathered will offer detailed information about needs of individuals most likely to recidivate as well as programs associated with effective behavior change. Information compiled will impact the community's decision to rebuild/renovate CCJ, modify inmate management and leverage local behavioral health funding and support pursuit of local, state and federal funding opportunities. The current Reentry Program was built without external funding. Service referrals, in-reach services and community partnerships will continue after the grant ends.

The proposed program can be built within current local statues and regulations. Policies will include information sharing agreements and internal CCSO protocols to ensure the proposed project is followed to fidelity. CCSO legal counsel will be consulted to ensure information meet requirements for criminal justice information, HIPPA and 42 CFR and any other relevant laws.

CCSO is seeking BJA-2018-13987 as the next step to increase CCJ's ability to support reduced recidivism and promote the reintegration of individuals with co-occurring substance abuse and mental illness returning from incarceration.

ⁱ Henzel, Paula, Mayfield, Jim, Soriano, Andres and Felfer, Barbara. *Behavioral Health Needs of Inmates in Washington State*. Washington State Office of Financial Management's Statistical Analysis Center, 2016. <https://www.ofm.wa.gov/sites/default/files/public/legacy/sac/pdf/research-11-226a.pdf>

ⁱⁱ Osher, Fred, D'Amora, David, Plotkin, Martha, Jarrett, Nicole and Eggleston, Alexa. *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*. Council of State Governments Justice Center. Criminal Justice/Mental Health Consensus Project. 2012. https://www.bja.gov/Publications/CSG_Behavioral_Framework.pdf

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. *Screening and Assessment of Co-occurring Disorders in the Justice System*. HHS Publication No. (SMA)-15-4930. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. <http://www.qualishealth.org/sites/default/files/SMA15-4930.pdf>

^{iv} John Petrla, and Hallie Fader-Towe, *Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*, New York, NY: Council of State Governments Justice Center, 2010. https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf

^v Substance Abuse and Mental Health Services Administration. *Core Competencies for Peer Workers in Behavioral Health Services*. Bridging Recovery Supports to Scale Technical Assistance Center Strategy, 2017. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies.pdf

^{vi} Blandford, Alex and Osher, Fred. *Guidelines for Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. Council of State Governments Justice Center, 2013. <https://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf>

^{vii} Alper, Mariel, Durose, Matthew and Markman, Joshua. *Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)*. Bureau of Justice Statistics. 2018. <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>

^{viii} Bethea, Andre, Wurzburg, Sarah, Bialas, Tina and Schwartz, Levin. *Webinar: Developing Collaborative Comprehensive Case Plans: A Web-based Tool*. National Recovery Resource Center and Bureau of Justice Assistance. 2017. https://csgjusticecenter.org/wp-content/uploads/2017/10/10.10.17_Case-Plan-Webinar-Slides.pdf