

High Barrier Individuals Working Group

Progress Report
September 12, 2019

Introduction

Earlier this year, in response to heightened community conversations around public safety and individuals repeatedly caught in a cycle of criminal, social services and community incidents in Seattle neighborhoods, Mayor Jenny Durkan convened an interagency working group comprised of City and County elected leaders, policymakers, and service providers to examine complexities of the region's criminal legal and behavioral health systems. The High Barrier Individuals Working Group (HBIWG) focused on individuals who repeatedly came into contact with government systems of services, emergency responders, and notably, the criminal legal system.

Recognizing that this is truly a multi-jurisdictional challenge – no single elected official or agency oversees all programs, services, tools and resources necessary to address the complex legal, behavioral health, and housing issues of those who repeatedly cycle through the criminal legal system – the group was chartered to engage in a focused, coordinated, intergovernmental effort resulting in short- and long-term recommendations to improve public safety and close gaps in the system of support for their needs.

The working group included representatives from several separate government offices – Office of Seattle Mayor Jenny Durkan, Office of King County Executive Dow Constantine, Office of Seattle City Attorney Pete Holmes, Office of King County Prosecutor Dan Satterberg, Seattle City Council (Central Staff and Office of Councilmember Lorena González), King County Superior Court Judge, Seattle Municipal Court – and from several City of Seattle and King County agencies – the Seattle Police Department, Seattle Human Services Department, King County Department of Human and Community Services, Seattle-King County Office of Public Health, King County Department of Public Defense – and other practitioners engaged in working with these populations – Hilary Young of Pioneer Human Services and Jim Vollandroff of University of Washington and Harborview. Together they sought to examine data, learn about what is working, share their varied – and at times opposing – perspectives, identify gaps, and develop solutions.

While there were shared learnings, shared insight and areas of agreement, this progress report does not represent the monolithic view of the HBIWG. Members of the group have at times distinct and separate institutional core responsibilities, and as such, there were not universally endorsed insights and conclusions. Rather, this report is an attempt to capture some of the process of the HBIWG, to both provide context for proposed next steps and provide insight as the work continues.

Defining the challenge and scope

Early on, the group defined the challenge and scope of the work, as outlined below.

Challenge Statement:

- There are a relatively small number of individuals – frequently well-known to the local residents, service providers, merchants and law enforcement – who are repeatedly coming into the contact with government systems of services, emergency responders, and notably the criminal legal system.
- The current mix of responses and interventions – because of challenges of cross jurisdictional government, funding, scale, coordination, design, effectiveness and/or appropriateness – seem to be leading to little noticeable change or improvements for many of these individuals or change or improvement for their impact on the community and the service sector.
- Without a new response by the assembled work group and the larger Seattle community, many of these individuals will continue to present a risk to themselves and to varying degree the communities they live in.

Scope of work:

- The goal of the group is to identify a set of responses that will help resolve ongoing problems for these individuals and the communities they live in.
- Solutions may involve both some that are more focused on working within the criminal legal system and others that are more focused on behavioral health and/or housing services.
- Solutions will be, to the extent possible, *focused* on changes that will address the needs and challenges of this group of individuals and the challenges faced by the communities they live in.
- Solutions will be understood through a lens of race and social justice to ensure they do not perpetuate and further institutionalized racism.
- The results of any set of solutions should aim to have visible and measurable impact for our communities – ideally, both in the short-term, as well as the long-term.

The effort embraced:

- **Shorter-term “tactical” responses** where changes in practice, communication or policy can, with relatively little new resources, begin in the near-term (within months) and have a focused positive impact for these individuals and communities.
- **Longer-term systemic changes** such as changes to funding, legislation or

organizational structure can have a focused positive impact for these individuals and communities (but may take several months or even years).

- **Building on existing initiatives** – identifying current promising efforts that will either result in additional resources and scale or modifications in design that may help address the current challenge.
- **New initiatives**– additional longer-term new structures, programs and services that can have a focused positive impact for these individuals and communities (may take months or years).

The group also recognized what the scope of work did not include:

- **A means to reform all of the criminal legal system**_or all of the homeless-response system or all of the mental-health and substance- abuse response services – but it is an opportunity to identify systemic issues that could be incorporated in other work in these areas.
- **A venue for pointing fingers**_– but it is a chance for productive conversations (in smaller and larger settings) to identify and take responsibility.

What the Data Showed

In order for the group to develop meaningful solutions, it was necessary to understand the individuals that were repeatedly came into contact with government systems of services, emergency responders, and notably, the criminal legal system. Therefore data played a significant and consistent role throughout the process.

Given the collaborative nature of the HBIWG, the complexities of the issues and the cross-jurisdictional nature of the systems and their challenges, the data work involved careful collaboration to draw forth useful information while protecting individuals' privacy and data. Several separate data sharing agreements were put into place to ensure privacy of information. In all instances, information was shared between researchers in ways that provided only for the appropriate agency's access to individuals protected information. Data, trends or frequencies shared with the HBIWG were in anonymized form.

It should be noted that challenges with the data existed, particularly working across different systems, agencies, branches of government, and jurisdictions. In gathering and synthesizing data, the group faced data limitations such as missing or different identifiers, incomplete data that impacted its ability to identify a given individual across systems. Despite these real challenges and limitations, the group was able to identify a number of important trends.

Defining the high-utilizer population

From the first meeting, it was clear that various entities had their own understanding of what the high-user population looked like. Not surprisingly, therefore, there were different answers to the question of what the population of individuals that should be the subject of the work group's efforts. A varied range of perspectives, from those who appear frequently in Seattle Police incident reports (filed when there is a police response whether or not an arrest is made) to those who appeared frequently in court, to those who were frequent, and often unsuccessful, users of the region's social service network.

Despite differences in perspective, the group identified shared attributes consistent across the population: high social service needs (behavioral health, homelessness, lack of community connectedness) and a variety of behaviors that cause individuals to interface with law enforcement, clustering around non-violent misdemeanors. The group also recognized that a variety of outcomes follow from those interactions, from non-arrest interaction with police, to formal diversion programs (where individuals are offered alternatives to advancing the case through the traditional criminal legal system), to arrests, to jail booking, to filing of court cases, and, ending in everything from dismissal to sentences of jail.

Given the HBIWG's focus on individuals with serious and complex needs, and their documented impact on communities, the group generally focused on individuals frequently appearing as potentially committing an offense in incident reports by Seattle Police Department (SPD). Understanding that many incidents in the community may never appear as an official records,

this was the closest proxy to measuring how frequently individuals were coming into contact with the police and the criminal legal system, even if many incidents didn't lead to arrests.

For the majority of the HBIWG, the data focused on individuals who were identified, through a review of SPD's record management system, as being in the top 100 or top 500 individuals most frequently appearing as a suspected perpetrator of a potential offense in a given year. Through a variety of matching techniques, secure data transfer, and encryption where appropriate, researchers were able to check across agencies, programs, and services for levels of engagement and outcomes. The consideration of the larger pool of 500 individuals in the analyses allowed the group to better understand trends affecting the larger population, particularly around frequent engagement with the judicial system in Seattle. The larger group of 500 individuals enabled the group to better understand the distinct challenges of the top 100 by breaking the data into 5 quintiles of 100 each (individuals 1-100, individuals 101-200, etc.) and seeing how trends varied across quintiles.

Key findings of the group included:

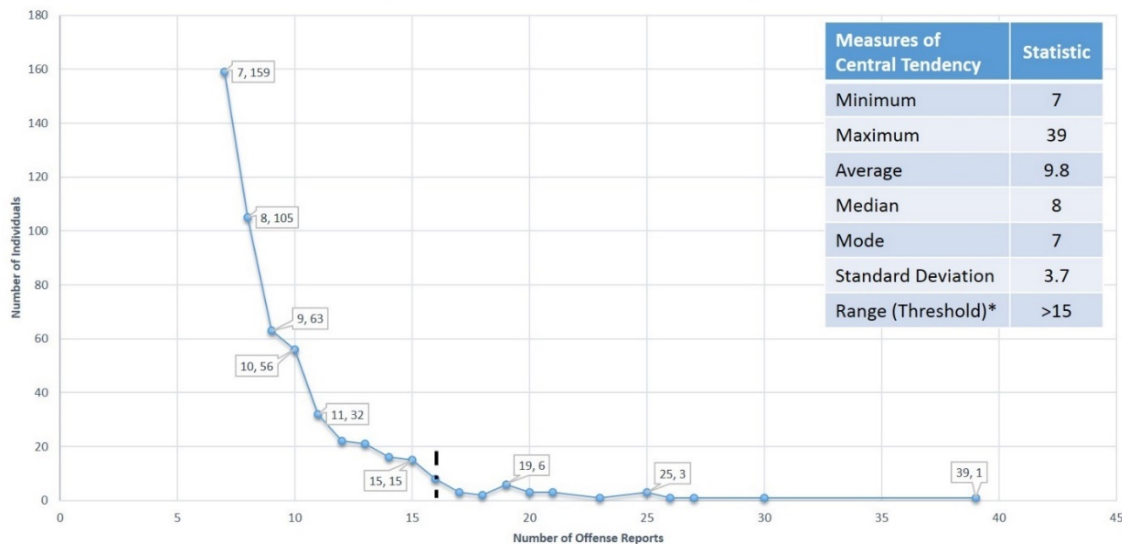
A limited number of individuals were associated with a large number SPD incidents

SPD data covered 500 people who were most frequently identified by SPD as suspected offenders in 12 months to April 2019. Data demonstrated that:

- The group of 500 was associated with 4,885 reports during this period; ~3% of individuals accounting for ~15% of reports.
- These 500 individuals were connected with 1,345 cases covering 2,019 charges at Seattle Municipal Court (SMC); although some time delay may mean additional cases were generated.

Even among the top 500, a distribution graph showed a smaller number of individuals who were outliers: at one end, 159 individuals were identified to have exactly 7 offense reports in a year and 105 individuals had exactly 8 offense reports in a year and at the other end, 1 individual had 39 offense reports, 1 individual had 30 offense reports, and 3 individuals had 25 offense reports. While any number of incidents per year, particularly rates as high as 7 or 8 in a given year, are clear signs of underlying issues, different interventions or solutions may be needed as the behavior or circumstances lead to higher rates of contact.

Top 500 Individuals by Number of Offense Reports
April 1, 2018 to March 31, 2019 (N=522)



The offenses concentrated on low-level non-violent offenses.

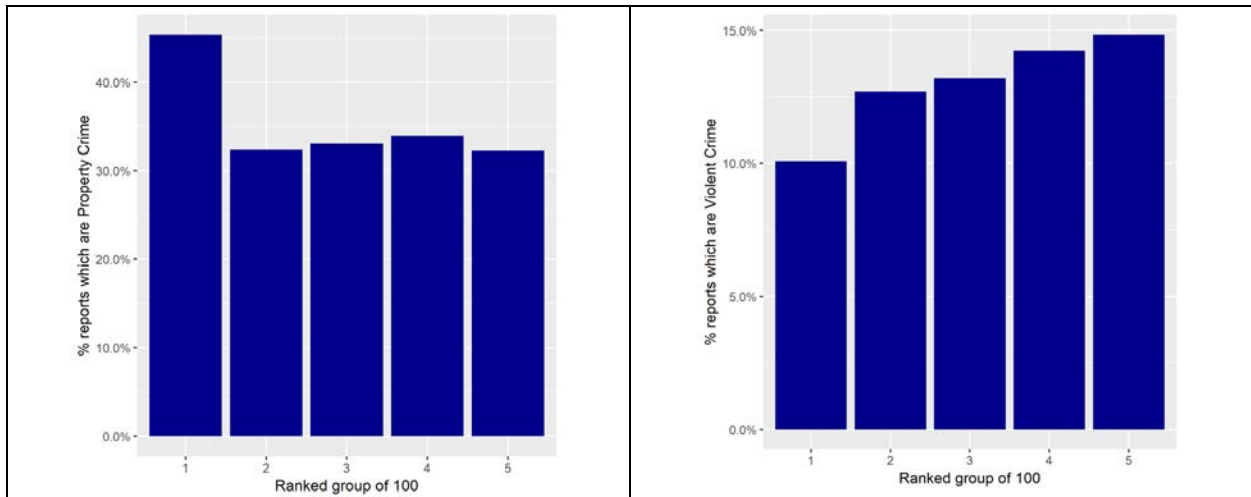
Looking at all 500, 15 charge types accounted for 70% of all cases, and far and away the top two charges were trespass (17%) and shoplifting (14%), followed by felony warrants (8%) and assaults (4%).

Top charges for SPD incidents

Rank	Primary Offense	Total Reports	% of Total	Cumulative %
1	TRESPASS	852	17%	17%
2	THEFT-SHOPLIFT	664	14%	31%
3	WARRARR-FELONY	380	8%	39%
4	ASSLT-NONAGG	226	4%	43%
5	BURGLARY-	155	4%	47%
6	PROPERTYSTOLEN-	123	2%	49%
7	VIOL-DVORDER	118	3%	52%
8	THEFT-CARPROWL	115	2%	54%
9	WARRARR-	113	2%	56%
10	ASSLT-AGG-	110	2%	58%
11	BURGLARY-	108	3%	61%
12	THEFT-OTH	101	2%	63%
13	PROPERTYDAMAGE-	100	2%	65%
14	BURGLARY-FORCE-	97	2%	67%
15	VIOL-COURTORDER	96	2%	69%

This trend was even more true for the top 100, who – in comparison to the other 4 quintiles – had significantly higher rates of property crime and lower rates of violent crime.

Percent of reports that are Property Crime & Violent Crime

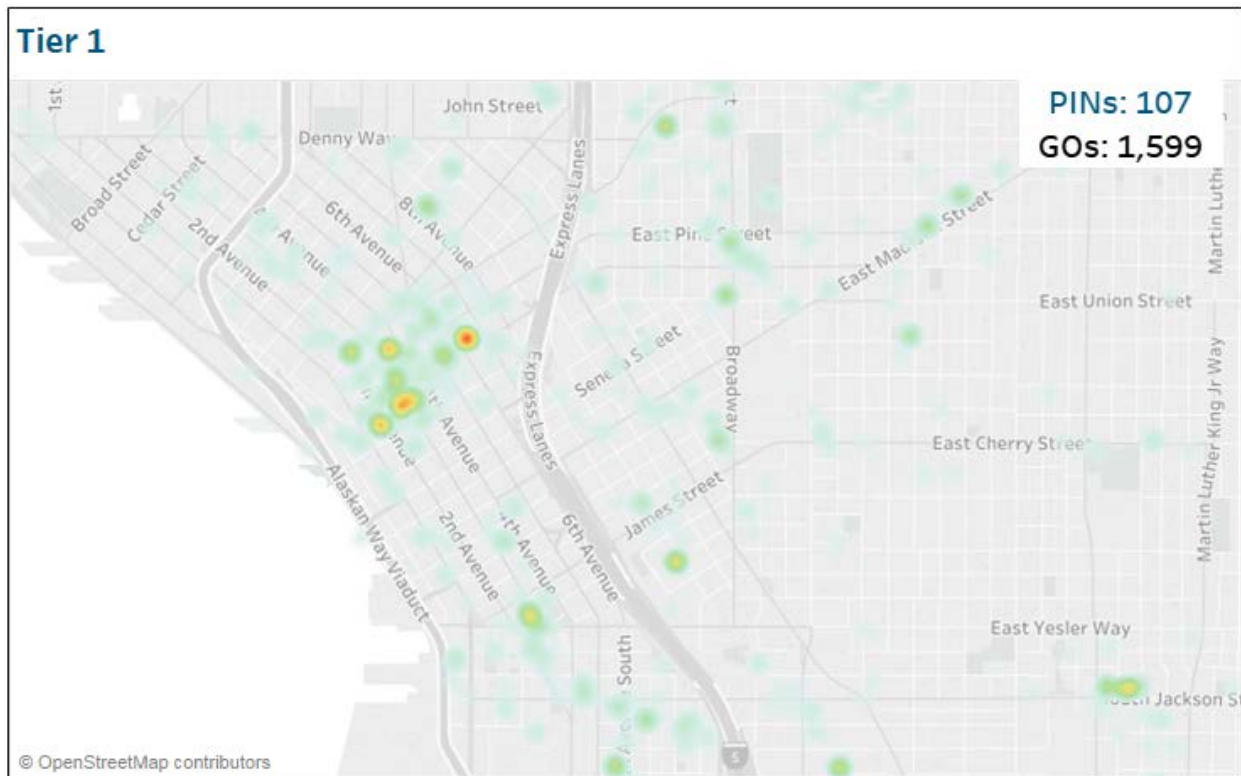


Some practitioners in the group offered that the trend that the individuals with the most offenses had lower rates of violence made sense: individuals with more violence are more likely to draw more focus and be served by services or be prosecuted for longer periods of time, explaining that there would be less chance for re-offending.

The highest incidents were concentrated in a small area downtown

Particularly when looking at the top 100, the vast majority of incidents were concentrated in the downtown Seattle area. As expanded, lower concentrations of activity appeared in Pike/Pine on Capitol Hill, in and around Pioneer Square, in Chinatown/International District and on Dearborn Avenue.

Map of Incident Location, top quintile



A variety of case outcomes

We examined case outcomes at Seattle Municipal Court (SMC) that were identified as connected to the 500 individuals, acknowledging that, given the recency of the data, many were yet to be resolved.

- When looking at the outcome for all the cases, the analysis showed that 31% of *cases* result in all charges dismissed, and 32% of *cases* result in a guilty finding and/or sentencing.

- When looking at the individuals with SMC cases, 63% of individuals had at least one of their cases dismissed and 53% of individuals had at least one charge in a guilty finding and/or sentencing.
- As indicated below, the most common reason for the dismissal of a charge was as part of negotiated plea, which helps explain how there would be more than 50% of individuals with both dismissals and a guilty finding and/or sentence.
- In addition, for high-utilizers warrants were a frequent occurrence; 83% of had multiple warrants issued by SMC on 2017-2018 cases, with the majority (52%) of individuals receiving 6 or more warrants over the two years¹.

For cases where the charges were dismissed, competency to stand trial was often a factor

Looking at the 500 individuals with the most police incident reports, they generated a total of 2,019 charges at Seattle Municipal Court. Of those 2,019 charges, 583 were dismissed (28.9% of all charges) and of those that were dismissed, the majority (51%) were part of a negotiated plea. The next most common reason for dismissal was “Incompetency”, at 23% of all dismissals. Incompetency is a determination made by the court, and individuals deemed incompetent to stand trial if the individual does not have “sufficient present ability to consult with his/her lawyer with a reasonable degree of understanding” and a “rational as well as a factual understanding of the proceedings against him/her.”²

Top reason for dismissal at SMC

Rank	Reason for Dismissal	#	% of Dismissed Charges	% of all charges
1	Negotiated Plea	296	51%	14.7%
2	Incompetency	137	23%	6.8%
3	Interest of Justice	58	10%	2.9%
4	No Prosecuting Witness	42	7%	2.1%
5	Proof Problems	29	5%	1.4%
	Other	21	4%	1.0%
	Total Dismissed	583	100%	28.9%

¹ DATA NOTE: These warrant outcomes are for the 168 individuals who appeared in Seattle Municipal Court with 7 or more cases over the past two years, a slightly different group than the 100 or 500 with the most police incidents.

² *Dusky v. United States, 362 U.S. 402 (1960)*

Demographics, Social Service Needs and Social Service Engagement.

Some of the most in-depth information came from King County's Behavioral Health and Recovery Division information system (BHRD IS) and data from the King County Department of Adult and Juvenile Detention. Of the 500 high-barrier individuals analyzed, the county successfully matched 93% of them (465) to the BHRD IS. The following information is based on those 465:

Demographic Information

Overall, the demographic information for the HBI were similar to the general jail population, with the same differences in race, gender and age from the general King County population.

Age: The median age of the 465 high-barrier individuals is 35 years old (mean age 37 years old). The age distribution is similar to that of all individuals booked into the King County jail.

Race: When allowing for multiple identifications, nearly half of the individuals identify as white, 34% identify as African American, over 11% identify as Hispanic, about 8% identify as NA/AI, under 7% identify as Asian/PI, and just under 10% identify with another racial/ethnic category. When race and ethnicity categories were defined to be mutually exclusive (with Hispanic trumping race categories and non-Hispanic individuals identifying with two or more race categories indicated as 'Multiple'), about 40% of individuals identify as white alone, 24% Black/African American alone, about 11% Hispanic or multiple race categories (each), nearly 5% Asian/PI, and nearly 4% NA/AI. An additional 1% of individuals identified with an 'other' race category and race/ethnicity is unknown for nearly 5% of the individuals.

Gender: Females are overrepresented in the gender distribution of high-barrier individuals when compared to the population in King County jail, though significantly underrepresented when compared to the general population of King County. 19% of the 465 high-barrier individuals analyzed are female, 80% male, and 1% other/unknown.

Heavy Social Service Needs

Of the 465 matched high-barrier individuals, a little over two-thirds (318) have a clinical diagnosis recorded by a service provider or agency in the King County BHRD IS within the past 3 years. To be clear, given the variabilities in reporting and diagnosis, this does NOT imply the remaining individuals have no behavioral health conditions. Nor does it imply that individuals who interacted with a service provider consistently engaged in services or were under care of a service provider when an incident was recorded.

Of the individuals with identified clinical diagnosis:

- 75% were diagnosed with a mental or behavioral disorder due to psychoactive substance use (e.g., alcohol-related disorders, opioid dependence).

- 43% were diagnosed with schizophrenia, schizotypal, delusional, or other non-mood psychotic disorders.
- 36% were diagnosed with a mood disorder (e.g., bipolar disorder, major depressive disorder). And,
- 33% were diagnosed with anxiety, dissociative, stress related, somatoform or another nonpsychotic mental disorder (most commonly posttraumatic stress disorder).
- Many of the individuals (about half of the 318) were dually diagnosed with both a substance use disorder and a mental health condition over the past 3 years.

Enrollment in services

Data indicates that 64% of the 465 high-barrier individuals were found to be currently enrolled in a behavioral health services (e.g., case management, outpatient therapy) with King County-contracted providers. Data about "enrollment" does not equate to actively receiving treatment or services, since the initial data was not able to show service utilization. Therefore, practitioners cautioned the group, it is important to not draw conclusions regarding the efficacy of services for the enrolled population. The group noted that for those individuals experiencing homelessness and who are also diagnosed with a substance use disorder and/or a severe and persistent mental illness, accessing services (keeping appointments, travel to appointments, taking medication) is extremely difficult.

Engagement in "Familiar-Faces-informed" programs (see-below):

Seventy-three individuals, or 16% of the 465 identified high-barrier individuals, were identified as currently enrolled in one of the four programs presented as associate most directly with Familiar Faces (LEAD, LINC, PACT, or Vital). The majority of these 73 individuals were enrolled in one of these four programs within the last 12 months.

Additional Work by the Group

Understanding current programs:

The HBIWG spent time identifying and understanding local programs and other efforts serving these individuals. Given the complex challenges for these individuals, the systems that these individuals interface with are varied and dispersed – including governmental and publicly-funded programs and services that address substance abuse, mental health, homelessness, medical needs, basic food and hygiene needs, and more. And each of these systems serve much larger populations – many of whom have no criminal legal system involvement – and each system has its own web of providers, with varied structures, funding, data requirements, strengths, limitations, and challenges. With a specific mandate to look at individuals repeatedly involved in the criminal legal system, the Working Group looked at programs most-directly serving those who were most frequently encountering Seattle police, often leading to multiple arrests and multiple court cases. Each of the following four programs (LEAD, VITAL, LINC and PACT) were presented as informed by King County's Familiar Faces initiative, a collective impact effort centered on creating a system of integrated care for individuals who are frequent

utilizers of a King County jail (defined as having been booked into jail four or more times in a twelve-month period) and who also have a mental health and/or substance use condition.³

- **LEAD** (Law Enforcement Assisted Diversion) and “**LEAD Trueblood**” - LEAD is a pre-arrest diversion program for adults whose law violations stem from unmet behavioral health needs or extreme poverty. Originally focused on low-level drug activity and prostitution, LEAD has recently expanded to serve individuals with higher acuity mental health needs—referred to as *Trueblood* expansion—and now provides additional wraparound supports and low-barrier mental health services. Evaluation by the University of Washington has shown that LEAD participants were 58% less likely to be arrested compared to control group and 89% more likely to have obtained permanent housing after their LEAD referral.
- **Vital** - Vital serves individuals identified as Familiar Faces (booked into KC Jail 4+ times) in two of the three years prior to implementation who were experiencing behavioral health challenges. Through intensive case management and wraparound services, Vital aims to improve participant health, housing stability, economic stability and quality of life, as well as reduce criminal legal involvement and the need for crisis care. (Current capacity: Up to 60 individuals) Initial research has shown that over 78% of participants had fewer annual bookings in King County Jail while enrolled in Vital than during the 3 years prior, with the average number of annual bookings decreased over 35%.
- **LINC** (Legal Intervention & Network of Care) – LINC is a transitional diversion program routing people who are at risk of competency services to behavioral health treatment in the community rather than proceeding with a criminal case. Prosecutors determine eligibility for pre-filing diversion or dismissal of a misdemeanor or low-level felony charge for individuals with a history of legal competency services or at risk of competency being raised, and make referrals to LINC team for voluntary enrollment. Services include intensive community-based case management, staffed respite, peer support, medication management, and day treatment. (Current capacity: 90 individuals) LINC was implemented less than 2 years ago and has not yet been evaluated, but early participant analysis demonstrates it is diverting people with prior criminal convictions (83%, average 10.7 prior convictions), prior competency orders (85%), and who are currently experiencing homelessness (77%).
- **PACT** (Program for Assertive Community Treatment) - Serves people with psychotic disorders such as schizophrenia and related diagnoses, whose illness affects everyday activities like maintaining employment, housing, basic needs, and safety *and* who demonstrate continuous high service needs through hospital, crisis system, and jail utilization, which aren’t adequately addressed by standard behavioral health care. PACT is an evidence-based practice implemented across the US and internationally and offers

³ <https://www.kingcounty.gov/elected/executive/health-human-services-transformation/familiar-faces.aspx>

multidisciplinary team-based care to integrate an array of behavioral health services and deliver them flexibly in the community rather than in clinic settings. Of new enrollees in PACT in King County over the past 2 years, 60% have had a recent legal competency order. (Current capacity: 270 people) PACT has an international body of evidence supporting significant reduction in psychiatric hospitalizations and improved well-being and community tenure, but there is insufficient evidence about impact on jail or legal involvement.

Seattle Municipal Court: Seattle Municipal Court offers a range of programs and services tailored to the individuals who come through the court and to the larger community.⁴ Unlike Familiar Faces-informed programs which are specifically designed for individuals with *repeated* court/jail engagement, the Seattle Municipal Court does not have specific programs for high-barrier individuals or those who repeatedly come through their courts. But these individuals do come through the Municipal Court, and the Court was able to present on programs that high barrier individuals most often were engaged with, both pretrial and post-disposition.

Pretrial:

- **Community Resource Center:** Located in the Seattle Municipal Court, the CRC offers a range of free services in one location, with assistance in clothes & basic needs, housing, cash & food assistance, substance use disorder assessments, health & hygiene, employment, transportation, and more. Of individuals with 7 or more court cases, 25% had visited the CRC.
- **Day Reporting Program:** A regular check-in program (1-5 days/week) at Community Resource Centers for individuals, and the primary release option for defendants with high rate of failure to appear or more extensive criminal history. In 2018, 74% of individuals failed to complete and were warranted; for the individuals with 7 or more court cases at SMC, the failure rate was 95%.

Post-disposition:

- **General Probation:** Individuals assigned general probation are assigned a counselor who completes a risk/needs based assessment, determines the degree of engagement based upon identified needs, capabilities/abilities to comply, and attempts to establish connections or partnerships with existing service providers/case managers or link to new services through the Community Resource Center. The individuals with 7 or more cases, the probation completion rate was 17%, compared to a 2017 –2019 overall probation completion rate of 77%.

⁴ Seattle Municipal Court offers a number of programs and services to support the needs of court-involved individuals and the community.

- SMC Mental Health Court:** Targets individual with mental health diagnosis who demonstrate willingness to engage in treatment and comply with frequent monitoring requirements. The goal is to reduce repeated criminal legal system interactions for individuals suffering from mental illness, and facilitate connections to treatment and associated social services to promote community safety. Of the 168 individuals with more than 7 cases, 96 (57%) either had a case set in MHC or had a competency hearing, of which only 25 were both found eligible and chose to opt-in.
- LEAD / Vital / REACH Calendar:** In 2019, the court worked with partners to create consolidated calendar for one judge to preside over cases individuals engaged in LEAD, Vital, or REACH, and work with a single prosecuting attorney from the City Attorney’s Office. The calendar is in early stages, and of the 168 individuals with 7 or more cases, 8 were on this calendar.

Additional Programs: Given the data showed the majority of the individuals were going through misdemeanor court, the group focused on programs and services at the Seattle Municipal Court. But additional information was shared about King County’s range of diversion and specialty court programs, including Drug Court and Drug Offense Sentencing Alternative.⁵

As one way of organizing their understanding, the HBIWG used the Sequential Intercept Model, an identification of standard points in the criminal legal system used to identify when interventions could occur to best serve those with behavioral health and reduce involvement with the criminal legal system.⁶ The group tried to understand what “intercept” points in the criminal legal system these programs intersected with an individual’s case:

Intercept 0: Community Services	Intercept 1: Law Enforcement	Intercept 2: Initial Detention /1 st Court	Intercept 3: Jail/Courts	Intercept 4: Re-Entry	Intercept 5: Community Corrections
<ul style="list-style-type: none"> - LEAD - SMC - SMC - Community Resource Center 	<ul style="list-style-type: none"> - LEAD - LINC 	<ul style="list-style-type: none"> - Day Reporting Program 	<ul style="list-style-type: none"> - Drug Court - Mental Health/Vet Court 	<ul style="list-style-type: none"> - Drug Offense Sentencing Alternative (Fel) 	<ul style="list-style-type: none"> - General Probation (Misd)
Not intercept specific: <ul style="list-style-type: none"> - PACT - VITAL 					

⁵ <https://www.kingcounty.gov/depts/prosecutor/criminal-overview.aspx>

⁶ https://en.wikipedia.org/wiki/Sequential_Intercept_Model

Looking at other national models

The group spent some time understanding other programs that had shown success addressing similar challenges. These included a presentation on Hawaii’s Opportunity Probation with Enforcement, or HOPE, a high-intensity supervision program aimed at using “swift and certain” sanctions to reduce probation violations and others at high-risk of recidivism.⁷ Written materials were shared about Minneapolis’s Downtown 100 program, a collaborative team of government, business, non-profits, and the community to reduce crimes by and address the needs of those who commit the most offenses in downtown Minneapolis⁸, and the Denver Social Impact Bond program, which “uses funds from lenders to provide housing and supportive case management services to 325 chronically homeless individuals ...who frequently use the city’s emergency services, including police, jail, the courts and emergency rooms.”⁹

A framework of response

As the group sought to understand the population through data, map existing programs and processes, and generate new tools, there was healthy discussion about what works, what’s effective and what’s needed.

The group recognized that deploying a public-health approach to this work, which includes a focus on prevention and addressing the underlying issues that bring individuals into frequent, expensive, and unsuccessful contact with the criminal legal and emergency medical systems, is vital to achieving long term success for the public and for the specific population.

Part of this recognition was the acknowledgement and a shared call for more low barrier housing, more early intervention programs and outreach, expanding capacity and availability of substance abuse and mental health programs, especially for those with co-occurring disorders, and bringing successful programs up to scale to serve more individuals.

There discussion about what to do when individuals begin to demonstrate patterns of behavior that leads to criminal activity. Many were interested in expanding the region’s commitment to a harm reduction approach – working to minimize or avoid negative consequences associated with certain behaviors, including involvement with the criminal legal system; focusing on meeting clients where they are; and, understanding that incremental changes driven by client’s identified needs provides better opportunities for meaningful, long term behavior changes. This is a fundamentally voluntary approach, relying on clients choosing to engage because of a recognition that their needs will be met. Locally and nationally, the harm-reduction approach has shown evidence of being an effective, humane and cost-effective approach to improving the lives of many individuals.

⁷ https://www.courts.state.hi.us/special_projects/hope/about_hope_probation

⁸ <http://www.ci.minneapolis.mn.us/www/groups/public/@citycoordinator/documents/webcontent/wcmssp-200037.pdf>

⁹ <https://www.denvergov.org/content/denvergov/en/mayors-office/newsroom/2018/independent-report-shows-continued-success-of-denver-s-health-an.html>

At the same time, there were perspectives that even with direct engagement and offering attractive and responsive services, some individuals with untreated substance abuse and/or mental health disorders may not choose to improve on their own; or even if making incremental improvements, they may continue to either harm themselves or commit harm in the community at a rate that makes self-determination a challenge in balancing the needs of public health and public safety. For such cases where voluntary engagement was not effective or the risk to community or the individual was too high, there was interest by some in the group in ensuring there were additional alternatives to simply incarcerating.

Like with harm-reduction, there is also local and national evidence of the effectiveness of well-tailored mandatory treatment programs. The National Institute of Health's "Principles of Drug Addiction Treatment: A Research Based Guide" states: "Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions."¹⁰

Others expressed concern that any mandatory process involving criminal legal system was not only more expensive, but voiced doubt around the effectiveness of any mandated treatment.

In light of this spectrum of perspectives, many in the group – but not all – acknowledged that no one approach would work for every individual, so a full range of services and a full range of responses would be needed. In this context, a range of responses were suggested, loosely classified as:

- **Prevention** – Services and programming provided to individuals *before* behaviors escalate to self or community harm or lead to interaction with the criminal legal system;
- **Voluntary** – Services and programs that individuals may choose to engage on their own volition;
- **Compelling** – Services and programs tailored and responsive to individuals needs such that clients *want* to connect, participate, and succeed; and,
- **Compelled** – Services and programs that individuals are required to participate in, including mandating services an alternative to more traditional consequences such as incarceration or other criminal legal responses.

¹⁰ <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

A coordinated response

The group discussed and began to identify ways to better serve this complex population and communities impacted by the behavior of such individuals. The following list was generated, organized by intercept point:

Intercept 0: Community Services	Intercept 1: Law Enforcement	Intercept 2: Initial Detention /1 st Court	Intercept 3: Jail/Courts	Intercept 4: Re-Entry	Intercept 5: Community Corrections
<ul style="list-style-type: none"> - Build more housing regionwide for those suffering chronic addiction - Support familial-like community support for individuals - Expand Recovery Café - More behavioral health programs, particularly co-occurring - Restorative Justice 	<ul style="list-style-type: none"> - Expansion of mobile crisis team - Expand Emergency Service Patrol - An urgent Care model for behavioral health - Expand Familiar Faces- informed programs - Multi-use location for detox, pre/post-treatment, MAT, and stabilization - Expand/modify Navigation Center 	<ul style="list-style-type: none"> - Nimble & targeted exit/re-entry services (both for those leaving jail after 1st appearance and later) 	<ul style="list-style-type: none"> - Expand services in jail - Involuntary treatment, (used as last resort.) 	<ul style="list-style-type: none"> - Nimble & targeted exit/re-entry services 	<ul style="list-style-type: none"> - A pilot probation with small case load and increased in-the-field visits
<p>Not intercept specific:</p> <ul style="list-style-type: none"> - Place based center for limited caseload and providing low-barrier shelter and wrap around services; potentially graduating to supportive housing. 					

The Four Pilots: Refining the Ideas into Plans

As reflective of the group and the discussion, the majority of ideas gravitated towards prevention and early intervention, and there was a great deal of support and interest in expanding existing prevention and intervention services. As expansion of existing programs was seen as a question of budget – and not necessarily a complete response to addressing the high barrier population – the group used its time to focus on development of a few targeted pilots that have the potential to expand the response options and tools for individuals whose combination of long term homelessness, unmet behavioral health needs, and lack of consistent connection to services and community brings them into frequent, expensive, and unsuccessful contact with the criminal legal and emergency medical systems.

In terms of group process, twice the group was surveyed on these ideas (outlined below) for interest in the ideas continuing to be developed – if not final support for an exact implementation plan – and at each stage the ideas generated strong support (over 60% for each idea at each survey or vote).

The four pilots – each described in greater detail below - were:

- Case Conferencing
- HB Probation
- Rapid Reentry Connector
- Enhanced Shelter with On-demand Behavioral Health Services

It is important to acknowledge that these pilots alone do not represent a full continuum of potential responses to the identified issues. As stated above, there was continued interest in expanding funding for existing successful services to bring them up to scale to serve more individuals in need. As the work continues, it is expected that new programs may be identified, and the scoping of the initial pilots below will occur.

In addition, it should be noted that each of these pilots require:

- Refinement of the targeted population for each program;
- Defining success for the individual, the program and the community;
- Further engagement of partner agencies, community stakeholders, and interlocking systems to ensure optimum design; and
- Scoping of legal, technical, fiscal and logistical facets – before any program is finalized and launched.

Case conferencing:

Challenge: Currently, there remain challenges in coordinating priorities and approaches across agencies and services. Individuals can have cases filed by both the City Attorney's Office at Seattle Municipal Court and by the King County Prosecuting Attorney's Office at King County Superior Court; they may have oversight by probation or Department of Correction or a service plan with a nonprofit provider and may be engaging with other agencies to pursue housing or other basic needs.

Proposed Solution: In light of this, establishing an ongoing case-conferencing group will help ensure the relevant parties are identifying priorities and coordinating a plan for some of the highest-impact, highest-barrier individuals. The goal will be a regular conferencing of key *dedicated* individuals in law enforcement and services to discuss progress and strategies. The goal will be to work across systems and programs, addressing those involved in diversion programs, court programs or post-sentencing probation, and working both at a macro level to assess whether existing and proposed pilot programs are working and on individual cases – working to make a meaningful, holistic positive changes on the lives of the individuals who populate the list and the communities impacted by their behaviors.

Open Questions and Concerns:

- How to develop protocols and practices that best balance effective and essential data-sharing for effective partnership and coordination with the essential duty to respect privacy and confidential information.
- What is the right-level of staff and overview that can both evaluate program effectiveness and have sufficiently detailed knowledge to quickly make case-specific decisions and take action?
- What are the right set of voices at the table? Are there formal or informal roles beyond direct practitioners – voices of community residents or businesses? Academics or outside observers? Those with lived experience?
- There was concern that many practitioners were already engaged in similar program-specific case conferencing meetings, and this would need a distinct function (that of working across programs, across tools, and citywide) to add value.

HB Probation:

Challenge: Seattle Municipal Court (SMC) does not currently have a defined program that explicitly deals with the high barrier or HB population. High barrier individuals with behavioral health challenges are frequently involved in the Mental Health Court program. Of the 168 individuals who had 7 or more cases over the past two years:

- 33% of them were seen in the SMC Mental Health Court (MHC), either for competency related hearings or for MHC-program related hearings.

- Looking at the over 1,500 cases that high barrier individuals acquired in the past two years, data suggests that of the cases that end in a conviction, 66% of the time individuals receive jail time and 32% of the time they are put on probation.
- Those that went to probation, had a success rate of 17%, when the general success rate for probation is 77%.

These figures suggest that the high barrier population is mostly being sentenced to jail for their violations, while some portion of individuals are routed through Mental Health Court or assigned probation, but many have failed to engage with traditional probation on past cases. If more of these individuals are going to get non-jail sentences, a new probation tailored for the high-barrier population is needed.

Proposed solution: “Seattle HB Probation” aims at overcoming the institutional challenges facing the high barrier population and improving public safety outcomes through an integrated two-pronged approach, consisting of either an “HB Caseload” model and an “HB Treatment” model. High barrier individuals will receive the appropriate intervention based on their presenting risk and social service needs. For “HB treatment,” the counselor will have a significantly smaller caseload, and be specially trained and take a harm-reduction approach, but with the flexibility to both offer small incentives or administer graduated sanctions (rather than full violation and incarceration), compared to traditional probation, the probation counselor will meet individuals primarily outside the courthouse: helping individuals travel to treatment appointments, connecting with individuals at libraries and community centers, or coordinating supervision with existing diversion programs. The program will also include more frequent review hearings with Judges to more closely monitor and better support these individuals. Under the “HB Treatment” model, an SMC Judge would choose to give an individual a “balance suspend” jail sentence. This type of sentence would provide an individual the opportunity to have a jail sentence shortened if the individual is willing to engage in chemical dependency treatment. In most cases, HB Treatment would begin with a Judge sentencing an individual to a misdemeanor sentence (likely between six and twelve months). However, at time of sentencing, the Judge would inform the individual that their sentence could be shortened, if they were willing to consider entering inpatient chemical dependency treatment and after a SUD evaluation, it was recommended they were qualified to do so. Individuals found eligible for inpatient treatment would be then directly transported to an inpatient facility once a treatment bed became available. Under this scenario, the court would rely on an additional probation counselor to track individuals given the opportunity by Judges for a “balance suspend” sentence.

Open Questions and Concerns:

- Some argued that since involving the criminal legal system – and all relevant agencies – increases cost, the case management and links to services provided by probation different could be provided for less money by community providers?

- How can the court and probation balance their supervision and public safety obligations with a harm-reduction approach – which often acknowledges ongoing, if reduced, substance abuse may be a necessary step.

Rapid Reentry Connector:

Challenge: Currently, in the King County Correctional Facility (KCCF), Jail Health Services provides limited reentry/release planning services to certain individuals who are in the facility for more than 72 hours. Release Planning staff assess behavioral health, physical health, housing, and other supportive service needs and connect individuals to appropriate services in the community upon release from custody. Yet most individuals booked into jail are released within 12-48 hours and cannot benefit from release planning;

Proposal: This pilot would begin to address the lack of release planning services available for those who rapidly exit KCCF. The program would embed a reentry planner position within Jail Health who would triage individuals for services from relevant programs such as LEAD, VITAL, LINC, West Wing, as well as community-based treatment, services, and housing.

Key to success is that this position be embedded within Jail Health Services to enable access to confidential and service program information that can assist with customized service referrals. The reentry connector would be supported by additional in-jail substance abuse disorder assessment expertise. In addition, the connector would be an in-jail point of contact for other coordination efforts, potentially including case conferencing, to help ensure continuity of planning.

Open Questions and Concerns:

- As with any case-management program, the efficacy of the reentry connector may be limited by the availability of appropriate services and housing.

Enhanced Shelter with On-demand Behavioral Health Services:

Challenge: People who experience both untreated behavioral health conditions and long-term or frequent homelessness face compound difficulties as most shelters are unable to provide sufficient behavioral health care and appropriate behavioral healthcare services are often difficult to access for people who are unhoused. In the region there are limited responses for each of those challenges, and even fewer for those that respond to all the challenges.

Proposal: Expand upon the current successful enhanced shelter in the West Wing of King County Jail (which is no longer used as a jail) by adding additional capacity and then pairing shelter services with on-site, on-demand behavioral health services tailored for clients whose combined experience of homelessness and behavioral health conditions leaves them vulnerable to repeated criminal legal system involvement. The model will adopt and further develop evidence-based practices from three typically isolated fields: (1) enhanced shelter, (2) on-site,

on-demand behavioral health services and (3) case managers that can access necessary services to enable wellness and graduation to permanent supportive housing. The goal would be to provide state of the art shelter and services in a coherent, easy to access, convenient location. As currently envisioned, individuals may come through a variety of voluntary mechanisms – referred by the rapid re-entry coordinator, identified as an appropriate response in case conferencing, or actively recruited in response to raising concerns about an individual’s well-being or pattern of criminal legal system involvement when supportive interventions would be more appropriate. In keeping with current effective practices at the West Wing, no person would be coerced to seek shelter at the facility.

Open Questions and Concerns:

- As services are provided and individuals take steps towards stabilization, for many there will still be a need for permanent supportive housing for longer-term stabilization and wellness.
- There are sizeable capital needs to ensure any facility could be ready for this program.
- Some group members had different opinions on how people should be selected, or even directed, to participate in this program. Others argued that best practices in shelter operations, limitations of the criminal legal system, and sensitivity to the location’s former use as a jail all result in voluntary use being the only option for people who access this service.

Conclusion

At a high-level as part of the work identified by the High Barrier Individual Working Group, the ongoing shared goal of all parties would be to achieve the following 3 goals:

- **Identify Shared Priorities.** There are heavy caseloads across all these systems. Can the relevant systems identify the highest impact individuals with the highest-barriers and work together to resolve their cases in the interest of public health and public safety?
- **Coordinating a Plan across Systems.** Once there is agreement on identifying high-need, high-impact individuals, can the systems develop better coordination among all the players – police, community services, city prosecutors, county prosecutors, defense, community residents and businesses - to respond?
- **Respond Appropriately and Effectively.** Apply the right response for the individual's needs. There is a need for a diverse toolbox of available responses that can address the needs these individuals and the communities they are impacting.

The simple meetings of the High Barrier Individual Working Group has helped begin this process – developing shared data, shared understanding of the challenges and shared understanding of different perspectives in the room. More directly, the proposed pilots – in conjunction with existing programs, services and agencies – will help achieve these three goals by helping develop shared priorities (case conferencing); coordinating a consistent plan (case conferencing and rapid reentry connector); and providing additional tools to respond appropriately and effectively (HB Probation and Enhanced Shelter with On-Site Services).

But none of these programs alone will be sufficient. Each pilot will continue to be evaluated for results and expanded, changed or ended depending on results. Additional work must be done to expand services and prevention to avoid individuals becoming trapped in repeated cycles of the criminal legal system. Even as these pilots continue to be refined and then implemented, the HBIWG will continue to meet on a regular basis to go beyond these targeted – if limited - responses and look at systemic issues, identifying further changes in programming or agency work that could help address these challenges.