

June 8, 2009 PROGRESS REPORT

**Chronic Minor Offender Work Group
Report and Recommendations
to Criminal Justice Task Force**

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Executive Summary

In the September 2008 Report of the Criminal Justice Task Force to the Pierce County Council, the CJTF recommended that the County and its partners should use a multi-pronged approach to pursue viable means of managing the jail population so the need to staff or construct additional jail space can be deferred as long as possible. Two specific recommendations include:

1. Develop alternatives to arresting and jailing chronic minor offenders (CMOs, sometimes called “frequent fliers”) that can help break their cycle of dysfunctional behavior, and
2. Establish a system of jail discharge planning to encourage successful reentry into the community.

The CJTF asked the CMO Work Group to review and recommend ways to more cost-effectively invest tax dollars to reduce the likelihood that CMOs will continue to be chronic consumers of jail and other costly public resources. It is the consensus of the CMO Work Group that the strategy outlined in this report, which includes a significant reentry component, will accomplish this goal with its target population, thereby saving tax dollars while also improving neighborhood livability and the quality of life for CMOs with chemical dependency and mental health issues.

The 17-member CMO Work Group has met eleven times since late 2008, and has completed:

- Decision-mapping of the current system looking at the decisions made by criminal justice agencies and others that affect CMO outcomes, and highlighting strengths that can be built on and challenges to be addressed going forward.
- Analysis of the CMO population in Pierce County focusing on those booked five or more times into the jail during 2007, which show that these CMOs occupied an average of 69 beds in the jail on any given day, and cost the County a minimum of \$2.3 million in jail operating costs during that year alone. Most of the charges for which they were booked were for relatively minor offenses often associated with untreated addictions and/or mental illness.
- Exploration of program models used by other comparable jurisdictions to break the cycle of frequent re-arrest for CMOs; Portland’s Neighborhood Livability Program emerged as the one that is considered most promising for emulation by Pierce County/Tacoma.

Key CMO Work Group recommendations are:

- A program to intervene in the chronic re-arrest cycle of CMOs should first focus on a target group of offenders who are frequently arrested for minor drug and property offenses in selected downtown Tacoma neighborhoods.

- Treatment, both chemical dependency and mental health, must be available as needed (on demand) for targeted CMOs throughout their participation in the program. Aftercare must also be available as long as necessary to maintain their recovery.
- Transitional and supportive housing options must also be available as needed, including provisions for extended supportive housing and case management for those CMOs who require such support to maintain their recovery and stability in a law-abiding life.
- The support of criminal justice decision-makers and service providers is essential. These partners include:
 - Tacoma Police Department leaders and officers who are committed not only to arresting the targeted CMOs but also to following up with them to encourage and support their recovery and stabilization.
 - The Corrections Bureau who would agree to admit to jail housing targeted CMOs for up to three days while their reentry plans are developed and court hearings take place.
 - The court (prosecutor, judge, and defense attorneys), who would support charging, trying and sentencing the targeted CMOs to probation supervision with conditions requiring that they enter safe housing and participate in chemical dependency treatment, and mental health treatment as appropriate, with continued monitoring and supportive interventions to encourage their recovery.
 - Probation case managers (probably affiliated with the participating court rather than state Community Corrections) who will monitor and supervise sentenced CMOs and work with the multidisciplinary team to tailor incentives and sanctions that will help CMOs stabilize in the community.
- Strategies for documenting the short-term and long-range impacts of the intervention on the target group's re-arrest rate, and for tracking other key indicators of success (see section on performance measures).
- Commitment of elected officials, along with other policymakers and funders, to obtain and sustain multiple sources of funding for the long-term support of program participants, and to expand program scope in the future to include additional CMOs as warranted based on program performance.

The CMO Work Group will continue to refine the program design, explore various funding sources and strategies, and report back to the CJTF and the Pierce County Council's Public Safety & Human Services in September 2009.

Why Focus on Chronic Minor Offenders?

In the September 2008 Report of the Criminal Justice Task Force to the Pierce County Council, the CJTF recommended that the County and its partners should:

3. Develop alternatives to arresting and jailing chronic minor offenders (sometimes called “frequent fliers”) that can help break their cycle of dysfunctional behavior, and
4. Establish a system of jail discharge planning to encourage successful reentry into the community.

The CJTF based its concerns in part on the results of a Performance Audit analysis of arrests in the 22 census blocks surrounding the jail between January 1, 2006, and June 18, 2008, which shows that 20 percent of those arrested were arrested more than once in that time period. Among these chronic minor offenders, it is estimated from jail booking data that at least 30 percent were homeless or transient. Most of their arrests were for minor offenses such as SODA (stay out of drug area) violations, SOAP (stay out of area of prostitution) violations, shoplifting, and misdemeanor assault. The CJTF noted in its report to the County Council that this practice -- repeatedly arresting, for minor offenses, homeless or transient individuals who are also likely to be substance abusing and/or chronically mentally ill -- does not seem to be very effective in changing their behavior.

The CJTF concluded that Pierce County should consider other options for helping these individuals to break the cycle of dysfunction in which they have become trapped. The Chronic Minor Offender Work Group was created to develop recommendations for more effective interventions for CMOs that can reduce the rate at which they are booked into jail (each booking costs \$180) and the number of jail days they spend there (at \$80 per day).

Currently, there is little or no discharge or “reentry” planning for Pierce County Jail inmates, aside from the relatively new program “Getting It Right” that works with inmates who will be discharged from the jail to probation supervision by the state Community Corrections Division (a group that includes very few CMOs). When CMOs are released without an action plan linking them to appropriate treatment and other services in the community, they are quite likely to return to jail and to utilize costly emergency services. Research has shown that jail reentry programs can effectively link releases to community services and found that only small reductions in recidivism rates are necessary for public agencies to recover their initial program investment.¹ Therefore, the CJTF asked the CMO Work Group to consider the role that enhanced jail reentry planning can play in reducing the recidivism of CMOs in Pierce County.

¹ Roman, John; Chalfin, Aaron. “Does it Pay to Invest in Reentry Programs for Jail Inmates?” Urban Institute, 2006.

The CJTF asked the CMO Work Group to review and recommend ways to more cost-effectively invest tax dollars to reduce the likelihood that CMOs will continue to be chronic consumers of jail and other costly public resources. It is the consensus of the CMO Work Group that the strategy outlined in this report, which includes a significant reentry component, will accomplish this goal with its target population, thereby saving tax dollars while also improving neighborhood livability and the quality of life for CMOs with chemical dependency and mental health issues.

Chronic Minor Offenders in Pierce County

An analysis by Performance Audit of jail booking data for 2007, conducted for the Chronic Minor Offender Work Group, reinforces the importance of the CMO Work Group's efforts by providing preliminary estimates of the cost of jailing Pierce County's CMOs. Table 1 shows the number of times CMOs (defined for this analysis as those with five or more bookings in calendar year 2007) were booked into jail, their average length of stay per booking, the total number of days they spent in jail in 2007, and the cost to Pierce County (based on an estimate of \$90 per day) of jailing these CMOs.

This analysis shows that in 2007, inmates with five or more bookings during that year occupied an average of 69 beds on any given day, and that their incarceration cost Pierce County a minimum of \$2.27 million that year alone. As might be expected, the more frequently an individual was booked, the shorter their average stay per booking, but all stayed on average at least one week.

Table 1: Individuals with Repeat Bookings into the Pierce County Jail in 2007

Number of Bookings	Number of Individuals Booked	Average LOS per Booking (days)	Total Jail Days	Jail Annual Average Daily Population	Jail Cost*
5	174	15.7	13,659	37	\$1,229,310
6	68	12.2	4,978	14	\$447,984
7	36	10.1	2,545	7	\$229,068
8	23	11.7	2,153	6	\$193,752
9	10	7.8	702	2	\$63,180
10+	11	9.7	1,174	3	\$105,633
Total	322	67.2	25,210	69	\$2,268,927

Source: Performance Audit Office Analysis

*Estimated at \$90 per day, probably an underestimate for most chronic offenders who require specialized mental and physical health assessments at intake as well as treatment during their jail stays. Also, each initial booking consumes more jail resources than do subsequent housing days, so more jail resources are devoted to those with frequent bookings than to those inmates with less frequent bookings.

Performance Audit also examined the arrest charges for those booked into the jail five or more times in 2007. Key results of this analysis are summarized in Table 2. A large proportion of charges for this population were for probation violations by those under supervision of the state DOC's Community Corrections Division. Most of the remainder of the charges were for drug-related and minor property crimes, a cluster of relatively minor offenses for which persons with untreated mental illness and chemical dependency issues (who are also frequently homeless) are typically arrested. This data is consistent with the experiences of Tacoma Police Department officers working in downtown Tacoma neighborhoods who have participated in the CMO Work Group process.

Table 2: Most frequent arrest charges for those with 5+ bookings in 2007

Charge type	Number of charges for those with 5+ bookings	Most frequent charge (percent)
Hold for community custody (violation of conditions of probation)	567	21
DWLS/DWLR	521	20
Drug paraphernalia	366	14
Possession of controlled substance	350	13
SODA violation	189	7
Shoplifting	130	5
Prostitution-related	124	5
Obstructing public service	109	4
Theft 3	104	4
Criminal assault	85	3
Assault 4	83	3
Total of the above charges	2,628	100

Judy Snow of Jail Mental Health Services further investigated the criminal justice and treatment history of the 11 individuals who were booked 10 or more times in 2007. Her analysis showed that:

- Most (7 of the 11) were women.

- More than half were over 50 years old, and a large percentage were over 45.
- Available data revealed no significant mental health treatment history among the 11, but a more extensive look at other data sources could reveal more mental health contacts.
- Arrest histories substantiated that all have chemical dependency issues.
- Most charges were misdemeanors, although most of the 11 had at least one felony drug charge in their history.
- Prostitution was a significant factor in the arrest history of all the women in the group.

The length of stay for each arrest of this high-utilizer group during 2007 ranged from three days to three months. Though their average jail stay per arrest was low, jail costs for frequent/chronic arrestees are higher than for other inmate categories due to their extensive medical needs. In addition, because they experience more bookings per person and thus more “first days” (the most resource-intensive for jails), the overall cost to house these individuals in jail is high. Pierce County emergency responders and hospital ERs indicated that they also have spent significant resources on these high-need individuals over time.

Chronic Minor Offenders – a National Problem

The issues surrounding chronic minor offenders have been identified and studied as a broad problem. Nationally 73 percent of jail inmates have previously been sentenced to probation or incarceration, so it is clear that recidivism plays a major role in populating local jails.² A significant portion of this recidivism is due to the lack of effective community treatment and supports for chronic minor offenders coping with mental illness, addiction and homelessness. Recent reports provide a stark picture of the scope of this problem.

- A 2006 US Bureau of Justice Statistics estimate indicates that 24 percent of jail inmates suffer from serious mental illness and that a total of 64 percent suffer from some type of mental health problem.³
- The National GAINS Center estimates that 72 percent of persons with mental illness admitted to county jails also have a substance abuse disorder, i.e., they are “dually diagnosable.”⁴
- In the United States, the average daily population of persons with mental illness in prisons and jails is larger than that in hospitals and residential treatment

² James, Doris. *Profile of Jail Inmates*. Bureau of Justice Statistics Special Report NCJ 201932, Washington, DC: US Department of Justice, 2004.

³ Bureau of Justice Statistics. “Special Report on Mental Health Problems of Prison and Jail Inmates.” Sept. 2006.

⁴ National Gains Center. “The Prevalence of Co-occurring Mental Illness and Substance Abuse Disorder in Jails.” http://gainscenter.smahsa.gov/pdfs/jail_diversion/gainsjailprev.pdf Sept. 2006.

facilities, making jails and prisons the primary provider of mental health care in this country. Because of funding and facility design limitations, this care usually consists of prescribing and monitoring the effects of psychotropic medications, which often are not accessible to individuals after they are released from custody.⁵

- Studies by the Center for Supportive Housing show that 54 percent of homeless in shelters report at least one previous incarceration in jail or prison, and 43 percent of offenders with mental illness were homeless when they committed the crime for which they were arrested.⁶

Awareness that past practices are not working has prompted more and more cities, counties, and states to invest in collaborative efforts to interrupt the cycle of chronic arrest, incarceration, and homelessness. Elected officials, public agencies and private sector partners are all seeking strategies to address the problem.

Work Group Process

The Chronic Minor Offender Work Group established by the CJTF is a diverse group that includes a County Councilmember and representatives of the County Executive and Tacoma City Manager; performance audit office; mental health and chemical dependency treatment professionals; housing specialists; emergency services; and criminal justice system representatives, including police officers, a Superior Court judge, Tacoma City Attorney, a defense attorney, jail staff, and the state Community Corrections Division of the Department of Corrections. The group also invited representatives of Tacoma Municipal Court, local child welfare office, and local hospitals with emergency rooms to participate in its discussions. The Work Group is assisted by staff and a consultant with knowledge in this subject area, who serves as process facilitator and writer for the group.

The CMO Work Group began meeting in late October 2008, and has met eleven times since then. It used a process of “decision-mapping”, to develop a common understanding of how local decisions made by the criminal justice, emergency services, mental health, chemical dependency, child welfare, and housing systems affect and are affected by the chronic minor offender population in Pierce County. This system-wide picture has allowed the Work Group to recommend strategies that will build on observed strengths and remedy shortcomings. Some key findings and observations are summarized in the next section.

Data analyses by Performance Audit and Jail Mental Health Services have provided some basic profile information for Pierce County’s CMO population. The results reinforced the importance of finding a new approach to dealing with this high-need group. Housing these individuals in jail is a costly option that apparently does not

⁵ Center for Supportive Housing. “ Getting Out With Nowhere to Go: The Case for Re-entry Supportive Housing.”
New York, 2008.

⁶ Ibid.

reduce the likelihood that they will re-offend. Emergency services and hospital ERs also spend a disproportionate amount of resources on these individuals, and this investment is not effective in promoting or sustaining their health.

Group members have shared background information (research and descriptive publications) on relevant topics. Several members researched and contacted model programs in other jurisdictions (New York City, San Francisco, King and Multnomah Counties) that can provide insights and guidance as the Work Group continues to develop its recommendations for organizational, programmatic and funding allocation changes to better address the chronic recidivism of CMOs. Lessons learned about these programs are summarized in a subsequent section.

Building on this research, the Work Group made a site visit on April 15, 2009 to Portland OR to learn more about the Portland Police Bureau's (PPB) Neighborhood Livability Program. A total of 15 members and representatives, including a reporter for the Tacoma News Tribune, were able to attend a very informative presentation and see first-hand how this program operates. The Work Group consensus is that the Portland model has several features that could productively be replicated in Tacoma on a pilot basis, with the goal of incrementally expanding the project based on evidence of its success.

By focusing first on the very heaviest utilizers of jail and other public and private community resources, Pierce County's CMO intervention program can begin with a few people and yet have a significant impact on the cost of services provided to them. Although the jail's current total operating costs are unlikely to be significantly lessened by reducing the number of CMOs admitted, if there are fewer of these high-need individuals being held in jail, Corrections Bureau resources can be rededicated to other essential functions. In the long run, developing approaches that reduce jail utilization by CMOs will help the County to postpone costly expansion of jail facilities and staffing.

The Work Group's recommended strategy for responding to CMOs more effectively, outlined in the final sections of this report, draws on lessons learned by the Portland Police Bureau and its partners over the past six years of their program's operation.

Decision-Mapping Findings

The decision mapping process helped the Work Group clarify strengths and weaknesses in current approaches to dealing with CMOs in Pierce County.

Strengths

There are strong collaborative working relationships among agencies that have been established to address some of the needs of CMOs, including:

- Mental health programs in the jail and programs in the community serving people in crisis and people with Medicaid.

- Jail Mental Health Service, a partnership between the Corrections Bureau and the County Human Services Mental Health Unit, works to identify those in jail needing mental health services and to link inmates with community mental health agencies (discharge plan?)
 - Crisis Outreach Services, which dispatches mental health professionals to assist law enforcement officers with situations involving a mental health crisis
 - Crisis Triage Center, operated by Pierce County to accept and assess persons with mental illness crises. The Center is an alternative to arrest and jail booking for law enforcement.
 - Greater Lakes Mental Health has significantly improved the process of obtaining or reinstating federal benefits (Medicaid, SSI) for their clients exiting jail and is considering expanding their efforts to other inmates; access to entitlement benefits is a very important component of any effort to stabilize CMOs in the community.
- The Tacoma Police Department's community policing approach, which has built a strong relationship with specific communities and is familiar with the chronic minor offenders. It can provide a strong foundation for the police-centered pilot strategy outlined later in this report.
 - One Tacoma Municipal court judge has been using an adaptation of the mental health court model for a few defendants assessed as likely to benefit from extended court supervision and supportive case management (provided by a retired probation officer).
 - Tacoma's Safe and Clean effort to reduce crime and clean up nuisances in the city has mobilized all city departments to address specific livability concerns in neighborhoods.
 - The success of the Tacoma City Encampment project (a collaboration of MDC, TPD and Greater Lakes MH) has demonstrated the feasibility of getting chronically homeless chemically dependent individuals into safe housing, treatment and educational programs.
 - Multiple Housing First programs, the MDC Sobering Center, and other shelter and outreach programs with experience serving CMOs can provide expertise to the proposed collaborative pilot effort.
 - The jail-based reentry program (Getting It Right), now serving those exiting jail to DOC community supervision, can help provide ideas for how to work with CMOs

who will be targeted by this proposed intervention program.

Challenges

- Nearly all CMOS are indigent, which means that bail is often set at levels that they are unable to post prior to arraignment. Judges are also reluctant to release them on unsupervised personal recognizance due to their significant histories of failure to appear for court proceedings. Thus, a significant proportion of this group may spend several days to weeks in jail awaiting resolution of their cases (the pretrial conference can be scheduled up to 21 days after the arraignment).
- The Work Group discussed existing criminal justice diversion alternatives (deferred prosecution, felony Drug Court and EI Cid) and concluded that CMOs are not likely candidates for these options.
- Federal and state funding for chemical dependency treatment is stretched very thin across agencies and programs, and is going to be further reduced during the next funding cycle. The County's secure detox facility was closed on February 20 due to lack of state funding. Chemical dependency service reductions are especially problematic given that most CMOs have chemical dependency issues or are dually diagnosable, and these factors drive their chronic lawbreaking behavior.
- There is a shortage of affordable housing for homeless individuals in Pierce County, particularly the sort of supportive housing that is effective in working with CMOs.
- There is considerable uncertainty regarding the future of public mental health funding and services in Pierce County.
- The County's choice not to enact the 0.1% sales tax authorized by the state legislature for use in funding local chemical dependency and mental health services limits the capacity of public agencies to provide interventions proven effective in reducing the recidivism of CMOs.

Best Practices in Other Jurisdictions

CMO Work Group members obtained information from other jurisdictions about promising approaches to dealing with CMOs they have implemented. These approaches share several common elements central to their success in reducing recidivism for this group.

- Sustained collaboration of key partners, including justice system agencies, emergency services, mental health and chemical dependency treatment agencies, housing advocates, public and private hospitals, property owners and

managers, concerned citizens and businesspeople, and elected officials.

- Measured use of the power of the criminal justice system, including law enforcement, the courts, probation and jails, to encourage, through both sanctions and rewards, participation in treatment and continued compliance with other program requirements.
- Supportive housing (defined as “permanent, affordable housing linked with services that meet the needs of Individuals” by the Center for Supportive Housing) for all in the target population who require it.⁷
- Availability of alcohol- or intoxication-tolerant housing⁸ that permits residents reluctant to enter substance abuse treatment to first become stabilized in safe housing and develop other healthy habits around eating and paying bills before they begin to participate in treatment (all Housing First programs are alcohol-tolerant).⁹
- Ready access to substance abuse and mental health treatment as needed for all participants (“treatment on demand”).
- Relapse tolerance and a commitment to continue working with individuals by moving them up and down among treatment and other program options and sanctions until they can achieve stability in housing and recovery from substance abuse and mental illness.
- Continued performance monitoring that documents program processes, costs, and impacts on participating individuals, the justice and service systems, and the community.

Proposed Pilot Project

Recognizing that resources for chemical dependency and mental health treatment and supportive housing are even scarcer than usual, the Chronic Minor Offender Work Group recommends that Pierce County establish a pilot program that at first targets a small number of chronic minor offenders (from 5 to 15, depending on availability of

⁷ CSH reports that after six months, 89 percent of the tenants of New York City’s supportive re-entry housing program avoided returning to jail. Seattle’s supportive housing at 1811 Eastlake achieved a 52 percent reduction in jail bookings and a 45 percent reduction in days spent in jail for its residents (former CMOs), along with a \$2 million cost savings in services/programs for residents (nearly 50% savings).

⁸ Alcohol-tolerant housing allows residents to drink in their own apartments; intoxication-tolerant housing allows people to return home intoxicated, but does not allow drinking on the premises.

⁹ The primary goal of Housing First programs is “to engage chronically homeless people and then maintain them in housing. . . [which requires] acceptance that some of those who are agreeing to come in off the street have not agreed or are not able to stop an existing addiction [immediately] upon entering the program.” <http://www.huduser.org/Publications/pdf/hsgfirst.pdf>

necessary housing and treatment resources) who are being arrested in a particular section of Tacoma for specified minor public order and property offenses. This pilot program will have the goal of demonstrating that intensive, sustained intervention, treatment and supportive housing will significantly reduce CMO's recidivism and stabilize them in their recovery from substance abuse and mental illness.

This approach emulates the Portland Police Bureau's Neighborhood Livability Crime Enforcement Program (NLCEP), which began in 2003 with a list of 35 individuals who had been most frequently arrested in downtown Portland for minor property and public nuisance crimes. Through the collaborative efforts of a wide range of partners¹⁰, the NLCEP has been able to reduce the total number of arrests attributable to identified CMOs in the target neighborhoods by 80 percent in the past six years, and during that same timeframe, the overall crime rate in these neighborhoods has dropped by 35 percent. The man who was at the top of NLCEP's first list in 2003 (with 46 arrests in three months) and who is estimated to have cost the justice system and service providers an average of \$1.5 million per year, has succeeded in sustaining his recovery, with occasional relapses, and now costs taxpayers only about \$60,000 per year for his supportive housing in downtown Portland and continued case management and treatment.

Pierce County Target Population

Encouraged by the impressive outcomes of the NLCEP, the Work Group agreed that it makes sense for Pierce County to implement a similar approach to working with CMOs. Officer Greg Hopkins, a member of the Work Group, has requested Tacoma Police Department (TPD) analysts to identify a short list (10-15) of those individuals who were most frequently arrested during a six-month period in 2008 for selected crimes¹¹ in Downtown Tacoma and Hilltop, including Wrights Park and Tacoma Avenue. This list will be produced soon, and other partners (such as emergency services and mental health) will be asked to determine whether the persons on the list are also frequent consumers or current users of their services, and whether they are believed or known to be homeless. It would be desirable to obtain accurate counts of their frequency of calls for emergency services and visits to ERs during the past year, to serve as a baseline for measuring the program's impacts (see section on Performance Measures, page 15). The Work Group will determine the optimal size of the first CMO target list based primarily on current resource availability.

¹⁰ NLCEP partners include the Portland Police Bureau, the criminal courts, the District Attorney's office, the Portland Fire and Rescue Bureau, the Multnomah County Department of Community Justice (providing probation supervision), the Portland Bureau of Housing and Community Development, Central City Concern (a housing provider), an array of community-based agencies that provide recovery based wrap-around support services, and Volunteers of America's day treatment program that provides evidence-based substance abuse and mental health treatment and intervention. Portland and Multnomah County have a long history of supporting housing, substance abuse and mental health treatment, and community-based policing, prosecution and supervision of offenders which provided a solid foundation on which NLCEP could build.

¹¹ These crimes are Obstructing a Public Official, Trespass, Larceny, MVTR, Forgery, Fraud, Narcotics possession, Drug Paraphernalia, and SODA Order Violations

Collaboration Partners

Partners in this pilot should be all of the organizations and agencies who have provided representatives to the CMO Work Group, as well any other interested parties who have contributed to the group's decision-mapping process. A policy advisory body for the pilot program with membership similar to the CMO Work Group could be established to coordinate funding and management of the initiative. In addition, there should be a collaborative case management group including staff representatives of all the partner agencies providing interventions and services to the target group. This group should meet frequently to discuss individual program participants and devise effective "wrap-around" strategies that can keep them from relapsing and re-offending.

Key Program Elements

Details of program design should be developed by the collaborative that will manage the pilot program. Justice system partners, including the courts of limited jurisdiction, prosecution, the Corrections Bureau, and DOC Community Supervision, along with treatment and housing providers, must reach consensus on policies and practices they will put in place to support the CMO pilot effort. The anticipated small scale of the pilot means that it can probably be implemented with a relatively modest amount of new resources (funding strategies are discussed at the end of this report). Participating agencies may also need to re-allocate existing funding or revise staffing patterns or assignments to ensure that the target population can be adequately served.

Key elements necessary to the success of this pilot effort include:

- Treatment, both chemical dependency and mental health, available as needed (on demand) throughout the individual's participation in the CMO intervention program, including residential, outpatient, and aftercare.
- Transitional (alcohol- or intoxication-tolerant) and supportive housing options, also available on demand, and for extended periods for those former CMOs who need supportive housing and case management in order to maintain their recovery and stability in a law-abiding life.
- Support of criminal justice decision-makers and service providers, especially:
 - Tacoma Police Department leaders and officers who commit not only to arresting the targeted CMOs but also to following up with them to encourage and support their recovery and stabilization.
 - The Corrections Bureau admitting to jail and housing targeted CMOs for up to three days while their reentry plans are developed and court hearing(s) take(s) place.

- The court (prosecutor, defense, and judge) charging, trying and sentencing the targeted CMOs to probation supervision with conditions requiring that they enter safe housing and participate in chemical dependency treatment, and mental health treatment as appropriate, and continuing to monitor and support them in their recovery.
- Probation case managers (probably affiliated with the participating court rather than state Community Corrections) who will monitor and supervise sentenced CMOs and work with the multidisciplinary team to tailor incentives and sanctions that will help CMOs stabilize in the community.
- Strategy for documenting the short-term and long-range impacts of the intervention on the target group's re-arrest rate, and for tracking other key indicators of success (see section on performance measures).
- Commitment of elected officials, along with other policymakers and funders, to sustain funding for the long-term support of program participants, and to expand program scope to include additional CMOs as warranted based on program performance.

Following is a general outline of pilot project activities and the proposed intervention process with targeted CMOs:

1. Creating a target list of those most frequently arrested by TPD, already under way as discussed above.
2. Establishing policy agreements among decision-makers that the next time a CMO on the target list is arrested, they will be brought to jail to await a prompt hearing in front of a judge (after no more than two to three days), as soon as their treatment needs are assessed, their public benefit status (Medicaid, Medicare, SSI) is determined, and necessary services and housing resources are assembled.¹²
3. Treatment and case management staff will “reach in” to the inmate during his/her brief incarceration to assess his/her treatment, housing and other needs and develop a re-entry case management plan.
4. A participating judge (possibly Tacoma Municipal, but yet to be determined) will place them on probation under specified conditions to which they formally agree, which will include participation in chemical dependency and/or mental health residential or specialized day treatment (the latter is an option yet to be put in

¹² One helpful resource for those working to ensure that CMOs can access benefits to which they are entitled is a document published by the Bazelon Center for Mental Health Law in 2001, [Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules.](#)

place), residing in transitional or supportive housing, and supervision by a probation officer.

5. The CMO will be released from jail with a re-entry plan and immediately placed in transitional or supportive housing and/or in residential treatment in the Tacoma area. Alcohol- or intoxication-tolerant housing (see page 14 for definitions) may be a transitional step available if the individual is not quite ready to enter sobriety.
6. A multidisciplinary case management team will follow each individual's progress, determining the best combination of services and supports for each individual and recommending to the judge as well as treatment and housing providers the appropriate responses (including sanctions and enhanced services) to the inevitable relapses that will occur.
7. This team will work with the individual to develop a long-range plan for housing, continuing treatment and recovery management, and education or employment if possible.

The Center for Supportive Housing suggests that those who work with this population can be successful if they observe the following principles:

- “Consistent contact is the key to building trust and moving through reentry.
- Culturally competent services have a better chance of success.
- The critical time period surrounding transitions may require intensive support.
- A careful approach to navigating systems will reduce crises.
- An empowering approach that encourages clients to make decisions about their goals reduces dependency over the longer-term.”¹³

The Pierce County collaborative that designs this pilot effort should keep these principles in mind to sustain their resolve and help attain program goals.

Performance Measures

Since it is likely that the most chronic of minor offenders have experienced years of substance abuse and mental health issues, standards for their success should be tempered with realism. However, any decrease in the frequency with which they relapse or re-offend will save taxpayer dollars and help to enhance the overall quality of life for them and for community members affected by their negative behaviors.

The collaborative should develop mechanisms to collect, analyze and report data on several important performance indicators, including:

¹³ www.michpri.com/uploads/Housing/MPRI.CSH.reentryhousing.ppt

- Percentage of program participants entering and remaining in various types of treatment
- Percentage of participants who remain housed after 90 days, six months, one year
- Frequency of emergency service calls and ER visits by participants (compared to previous, if possible)
- Re-arrest rate for program participants

It can also be persuasive to develop comparisons (as Portland Police Bureau has done) of the annual cost of serving chronic minor offenders (for specific individuals or for the whole target population, depending on data available) before and after their participation in the program. These cost estimates should include justice system, treatment, health and emergency services.

Funding Strategies

The Second Chance Act¹⁴, which is part of the federal Recovery Act, provides funding opportunities for public agencies as well as private non-profits engaged in jail and prison re-entry efforts. Pierce County and its partners will need to act quickly to apply for these funds. The CMO Work Group's progress in planning for a pilot project could be very helpful in preparing a successful grant proposal.

If a grant could be obtained from this or similar sources, then the scope of the pilot program could be larger, but it is still advisable to start relatively small and build incrementally on proven successes. If it can be shown that this intervention can save tax dollars by reducing CMO's recidivism, it will be easier to sustain the work over the long term through a combination of state and local funding from public and private sources.

¹⁴ See for example the April 28, 2009, newsletter of the New York Association of Psychiatric Rehabilitation Providers at http://www.nyaprs.org/Pages/View_ENews.cfm?ENewsID=7805 for a description of a mentoring grant opportunity (proposals due May 21, 2009) that may be used to fund "transitional services designed to increase success in reentry and thus reduce recidivism [which] might include the establishment of a pre-release mentoring relationship, housing, education, substance abuse treatment, mental health treatment, services to enhance family reunification, job training and readiness, and post-release case management."