



Prosecutorial Diversion of Individuals with Serious Mental Illness Involved in the Criminal Justice System

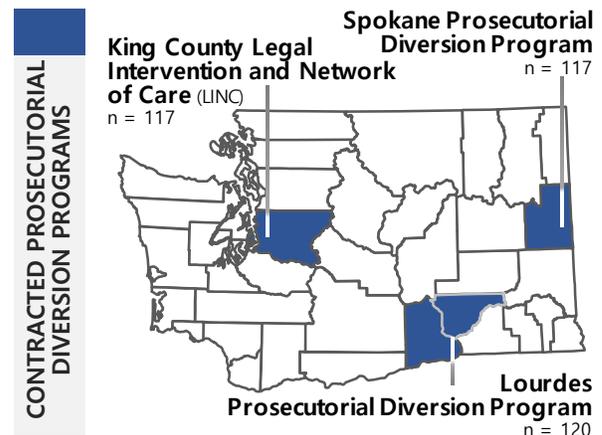
Program Descriptions and Participant Characteristics of DSHS-Contracted Diversion Programs

Theresa M. Becker, PhD • Paula Henzel, MA • Alice Huber, PhD • Callie Black, MPH
Barbara E.M. Felver, MES, MPA

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DSHS-CONTRACTED PROSECUTORIAL DIVERSION PROGRAMS are intended to divert individuals with behavioral health conditions from the criminal justice system and competency services, into outpatient behavioral health services. Using different approaches, the programs aim to reduce entry/re-entry into the criminal justice and competency systems by improving access to community-based behavioral health and other social services. DSHS' three contracted prosecutorial diversion programs are: 1) Lourdes Prosecutorial Diversion Program in the Tri-Cities, 2) King County Legal Intervention and Network of Care (LINC) Prosecutorial Diversion Program, and 3) Spokane County Prosecutorial Diversion Program.

This report describes participant characteristics at program entry for the 354 individuals who entered the three prosecutorial diversion programs from January 2017 to March 2019 and the behavioral health, criminal justice, and employment history for a subset of participants. A future program evaluation will examine the impact of prosecutorial diversion on competency services, recidivism, inpatient psychiatric hospitalization, and outpatient mental health and substance use treatment.



Key Findings

1. **Three hundred fifty four** individuals entered the three prosecutorial diversion programs from January 2017 to March 2019. The programs served individuals with severe behavioral and physical health needs and extensive criminal histories, with notable variations among the programs.
2. The King County LINC Prosecutorial Diversion Program enrolled more participants who had histories of court orders for competency services during the five years prior to program entry (85 percent) compared to the Lourdes (48 percent) and Spokane County (4 percent) programs.
3. The Spokane County program served more individuals with depression and anxiety disorders (over 70 percent), while the King County LINC program served a larger proportion of individuals with psychotic disorders (79 percent) and prior psychiatric hospitalizations (64 percent).
4. The Lourdes and LINC programs served participants with extensive criminal histories. For instance, 83 percent of Lourdes and LINC participants had a conviction history compared to 51 percent of Spokane participants. Over half (58 percent) of Lourdes participants were diverted from felony charges, and LINC and Spokane participants were primarily diverted from misdemeanor charges.

Prosecutorial Diversion Programs

The three prosecutorial diversion programs are contracted with the Department of Social and Health Services (DSHS) Office of Forensic and Mental Health Services (OFMHS). The prosecutorial diversion programs began in July 2016 (with a ramp-up period through 2017) in response to *Trueblood, et al., v. Washington State DSHS et al.* The *Trueblood* lawsuit challenged the unconstitutional delays in wait-time for competency evaluation and restoration services for individuals awaiting those services in jail. As a result, DSHS was ordered to provide competency services within a specific time frame. Utilizing these three prosecutorial diversion programs and other initiatives, DSHS aims to reduce the number of individuals waiting for competency services and reduce time spent in jail waiting for competency services. All three prosecutorial diversion programs divert individuals with mental health conditions from the criminal justice system into community-based behavioral health treatment, with the approval of the prosecutor. Each program determined its individualized approach, and therefore, there are operational differences between the programs (see Table 1 for a site comparison). The program details described below were extracted from each program's materials and program survey results.

The Tri-Cities Lourdes Counseling Center Prosecutorial Diversion Program. This program identifies individuals detained in local jails with misdemeanor, non-violent felony, and some violent felony charges, with behavioral health conditions or developmental disabilities related to their crime, and for whom a question of competency was raised (the capacity to understand the nature of the proceedings against him or her to assist in his or her own defense) (Table 1). The identified individuals who do not have exclusionary violent or sex offenses and who consent to participate in the program for up to one year are diverted into the program. Program-assigned care coordinators help participants access community behavioral health services and other resources.

The program goals include providing intensive care coordination which facilitates access to needed mental health, substance use, or developmental disability treatment and services, while building community supports to reduce criminal justice system encounters and orders for competency services. "The core belief of the program is that by offering life-enhancing services, rather than disciplinary action, participants will be given the best chance of success for improving their lives, [while] at the same time maintaining accountability".¹

The King County Legal Intervention and Network of Care Program (LINC). This program identifies individuals booked into jail for misdemeanor, low-level, non-violent felony charges, and some violent felony charges, with behavioral health conditions, referred by the prosecutor, and for whom a question of competency was raised or could be raised based on their behavioral health history (Table 1). Individuals identified as program candidates who do not have exclusionary violent or sex offenses and who consent to participate are diverted into the program.

The program goals include using transitional (6-12 month) intensive, low-barrier, person-centered and recovery-oriented companion-based care management to connect people to behavioral health care and basic needs resources. The program's main objectives include decreasing arrests and days in jail, reducing orders for competency services, establishing ongoing behavioral health treatment engagement, and increasing community tenure and housing stability.

The Spokane County Prosecutorial Diversion Program. This program identifies individuals with non-violent misdemeanor or low-level, non-violent felony charges, with mental health conditions or co-occurring mental health and substance use conditions, and for whom the question of competency was or could be raised (Table 1). Those individuals who do not have exclusionary felony, violent felony, or sex offenses, who have Medicaid or similar insurance (or who are eligible for funded services), and who consent to participate are diverted into the program.

¹ Lourdes Counseling Center Prosecutorial Diversion Program pamphlet.

The program goals include facilitating quick access to behavioral health treatment services and other community resources, as well as helping participants overcome barriers interfering with service engagement and recovery. The program's main objectives include reducing the number of individuals waiting for competency services, reducing recidivism, providing an alternative to hospitalization, and reducing homelessness.

TABLE 1.

Prosecutorial Diversion Program Comparison

Categories	Lourdes Counseling Center Prosecutorial Diversion Program	King County LINC Prosecutorial Diversion Program	Spokane County Prosecutorial Diversion Program
Eligibility			
ELIGIBLE CRIME TYPES	Misdemeanors; Non-Violent Felonies; Some Violent Felonies	Misdemeanors; Low-level, Non-Violent Felonies; Some Violent Felonies	Non-Violent Misdemeanors; Low-level, Non-Violent Felonies
ELIGIBLE COMPETENCY STATUS	Competency is questioned	Competency is or could be questioned based on behavioral health history	Competency is or could be questioned
ELIGIBLE INSURANCE STATUS	Insurance Not Required	Insurance Not Required	Medicaid or Similar Insurance or Funding Eligible
ELIGIBLE MENTAL HEALTH STATUS	Crime-Related Behavioral Health or Developmental Conditions	Behavioral Health Conditions Present	Mental Health or Co-occurring Mental Health and Substance Use Conditions
Diversion Point	Post-Charge Filing	Pre-Charge and Post-Charge Filing	Post-Charge Filing
Impact on Charges at Program Entry	Dismissed without Prejudice	Dismissed without Prejudice or if Pre-Filing, Charges not Filed	No impact until successful completion of program
Criteria for Successful Completion of Program	Active Engagement for the Entire Length of the Program	Connection with Services/Supports and Reduced Criminal Involvement	Active Engagement, Court Attendance, No New Crimes
Result of Successful Completion	Initial Dismissed Charges Not Ever Filed	Charges Remain Dismissed/Unfiled	Charges Dismissed with Prejudice

Program Services

The three prosecutorial diversion programs have two methods for program participants to receive services: 1) provide direct services to participants within the structure of the program, and 2) partner with community providers who deliver various behavioral health services. Types of services provided to participants by the prosecutorial diversion programs versus services delivered by community providers vary by program and are dependent on the resources of each prosecutorial diversion program. The structure and definition of the services provided by the diversion programs vary by program as well. A detailed list of services provided by each of the three prosecutorial diversion programs and the service descriptions are included in Appendix A.

Lourdes and LINC diversion programs provide the majority of services to participants within the programs. The Spokane County diversion program provides a subset of services to participants. All three diversion programs partner with providers in the community who offer the remaining services.

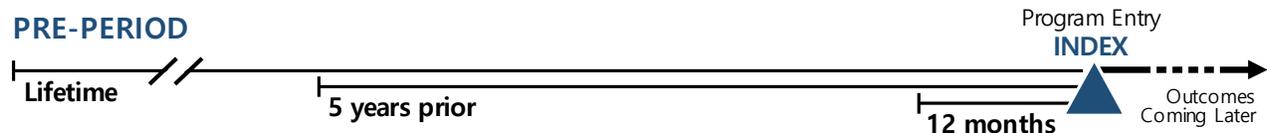
Study Design

This report describes the use of the Lourdes, LINC, and Spokane County prosecutorial diversion programs by the 354 participants who entered the program between January 2017 and March 2019²; the participants’ demographics; their history of criminal charges; their housing status and substance use disorder status upon program entry; and their competency service court order history over the previous 5 years. This report also includes detailed pre-program characteristics for the 242 participants who entered the programs between January 2017 and September 2018 (to account for data lag) including criminal justice history, behavioral and physical health indicators, employment history, and basic food use during the 12-month period prior to program entry (Figure 1).

This information is reported using a combination of the data from the prosecutorial diversion programs, the Research and Data Analysis (RDA) State Hospital Analytic Research Query (SHARQ) database, and the DSHS Integrated Client Databases (ICDB). The ICDB contains behavioral and physical health data for Medicaid clients only; therefore, only a subset of the 242 program participants who entered into the programs between January 2017 and September 2018 are included when reporting the behavioral and physical health indicators (n=201 participants).

FIGURE 1.

Study Timeline



LIST OF MEASURES

Lifetime	5 years prior	12 months prior	At program entry	Outcomes*
<ul style="list-style-type: none"> • Convictions 	<ul style="list-style-type: none"> • Competency service court orders 	<ul style="list-style-type: none"> • DSHS service use • Mental health treatment need • Substance use disorder • Psychiatric hospitalizations • Emergency department use • Arrests • Physical health indicator • Employment • Basic Food 	<ul style="list-style-type: none"> • Demographics • Criminal charges • Homelessness • Substance use disorder 	<ul style="list-style-type: none"> • Competency service court orders • Recidivism • Behavioral health treatment



Program Participation

A total of 354 participants entered one of the three prosecutorial diversion programs between January 1, 2017 and March 31, 2019. Of these 354 participants, 200 (56 percent) exited the programs by March 2019. Of the 200 participants who exited the program, 108 (54 percent of “completers”) successfully completed the programs (Figure 2 and Table 2), and 92 (46 percent of “completers”) exited for other reasons. Successful completion is generally defined as active engagement in the program and services throughout the length of the program. Of the 354 who entered the programs in the report timeline, 154 (44 percent) remained active in the programs as of March 31, 2019.

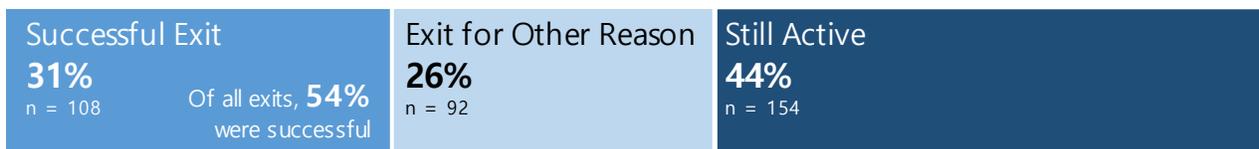
² Due to data quality concerns, participants prior to 2017 are not included in this report.

FIGURE 2.

Status of Diversion Program Participants

Among 354 participants starting a diversion program in January 2017 – March 2019

56% TOTAL EXITS = 200



NOTE: Due to rounding, percentages may not add to 100 percent.

TABLE 2.

Status of Diversion Participants by Program Site

	Lourdes TOTAL = 120		LINC TOTAL = 117		Spokane TOTAL = 117	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Still Active	60	50%	59	50%	35	30%
Total Exits	60	50%	58	50%	82	70%
Successful Exit	36	60%	21	36%	51	62%
Exit for Other Reason	24	40%	37	64%	31	38%

The average length of stay for all individuals who exited the prosecutorial diversion programs was over six months across all three programs, and the average length of stay for the individuals who exited the programs successfully was eight months.

- The Spokane County Prosecutorial Diversion Program had the shortest length of stay of about four and a half months for all participants who exited the program and just under six months for those who successfully completed the program.
- The Lourdes Prosecutorial Diversion Program had the longest length of stay of over seven and a half months for all those who have exited the program and ten months for those who exited the program successfully.

Participant Characteristics at Program Entry

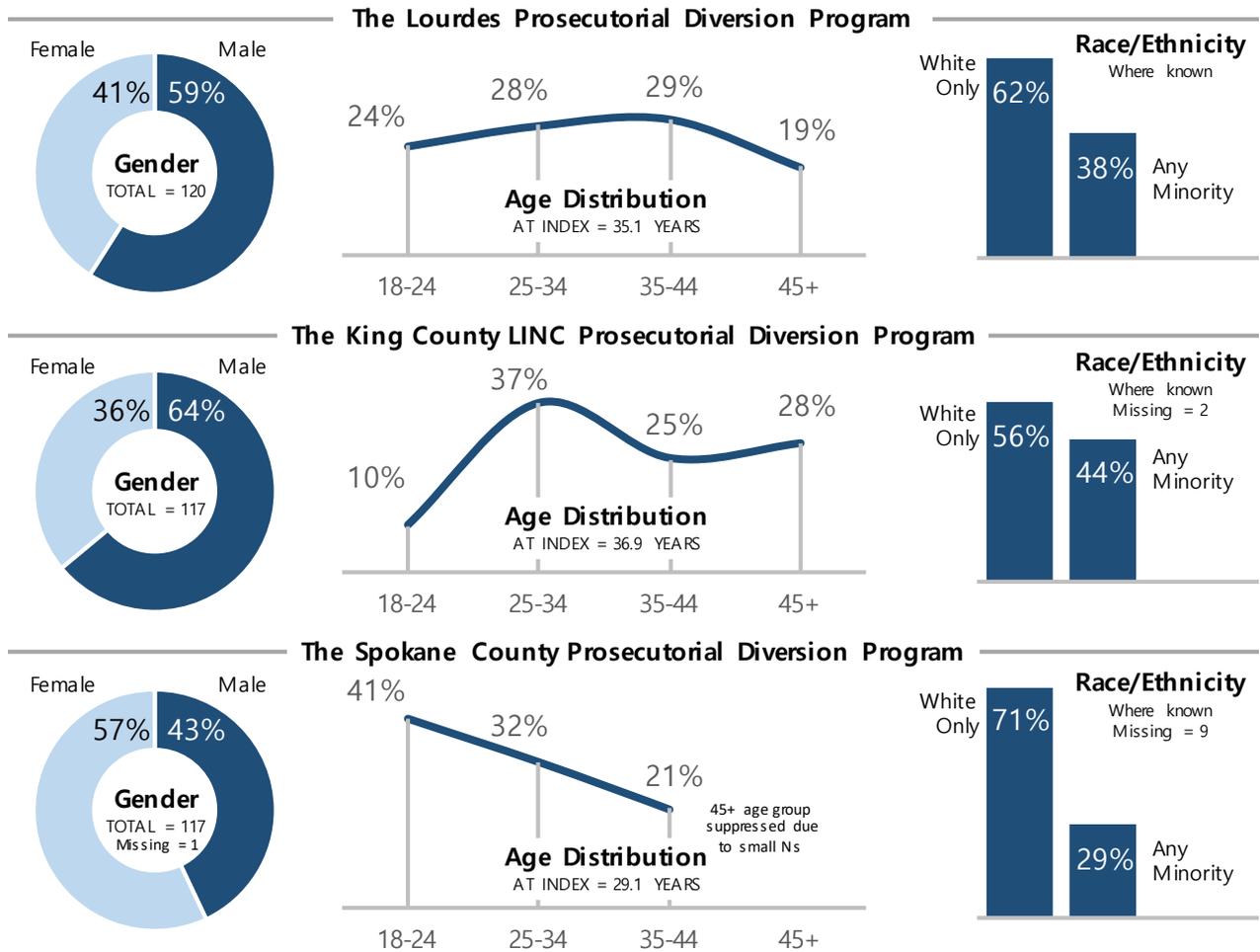
Demographics

Basic demographics including gender, age, and race/ethnicity are reported for all 354 participants entering the programs between January 2017 and March 2019. Over half of the prosecutorial diversion program participants were male (56 percent), with the Lourdes and the King County LINC prosecutorial diversion programs serving a higher percentage of males (59 percent and 64 percent, respectively) compared to females (41 percent and 36 percent, respectively). Conversely, the Spokane program served a higher percentage of females (57 percent) compared to males (43 percent). The average age at program entry ranged from 29 to 37 years of age, with the Spokane County Prosecutorial Diversion Program’s population being younger (29 years old) on average compared to the Lourdes (35 years old) and LINC (37 years old) prosecutorial diversion programs. Most participants identified as white across all three programs (63 percent) and 37 percent as minorities. The LINC program served a larger proportion of minority participants (44 percent) when compared to Spokane (29 percent) and Lourdes (38 percent).

FIGURE 3.

Demographics of Enrolled Participants at Baseline

Among 354 participants starting a diversion program January 2017 – March 2019



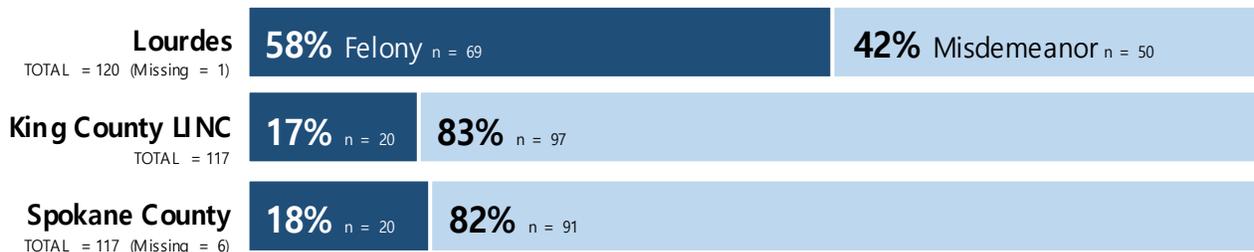
Criminal Charge Type

Overall, 69 percent of program participants had a misdemeanor charge associated with the referral to the prosecutorial diversion programs, and 31 percent had a felony charge associated with the referrals to the programs. However, Lourdes Prosecutorial Diversion Program served a much larger proportion of participants with felony charges (58 percent) compared to the LINC (17 percent) and Spokane County (18 percent) programs (Figure 4).

FIGURE 4.

Criminal Charges

Among 354 participants starting a diversion program January 2017 – March 2019



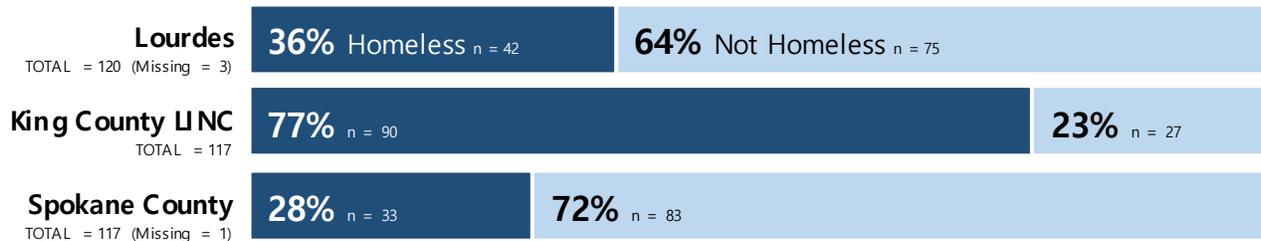
Self-Reported Housing Status

The prosecutorial diversion programs obtain self-reported housing status upon program entry. Overall, 47 percent of participants self-reported homelessness upon program entry. Homelessness was greater at the King County LINC Prosecutorial Diversion Program (77 percent) when compared to the Lourdes (36 percent) and Spokane County (28 percent) programs (Figure 5).

FIGURE 5.

Homelessness

Among 354 participants starting a diversion program January 2017 – March 2019



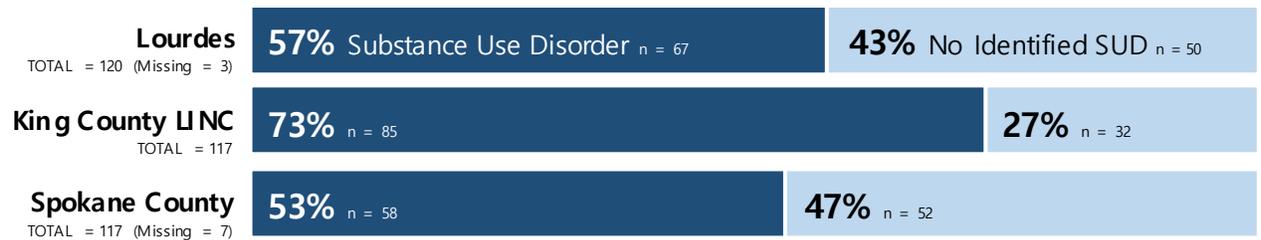
Substance Use Disorder

Each prosecutorial diversion program determines whether participants have a substance use disorder at program entry. A larger proportion of LINC program participants had a substance use disorder at program entry (73 percent) compared to Lourdes (57 percent) and Spokane (53 percent) program participants (Figure 6).

FIGURE 6.

Substance Use Disorder

Among 354 participants starting a diversion program January 2017 – March 2019



Participant Characteristics Prior to Program Entry

Competency Service Court Orders

A question or potential question of competency (whether “a person lacks the capacity to understand the nature of the proceedings against him or her to assist in his or her own defense as a result of mental disease or defect” (RCW 10.77.010)) is the impetus for a referral to the prosecutorial diversion programs. Individuals could be diverted either prior or subsequent to a court order for competency services. This report examines the history of court orders for competency services in the 5 years prior to program entry for those individuals who entered into the diversion programs between January 2017 and March 2019 (Figure 7). A much larger proportion of participants in the King County LINC program had court orders for competency services within the 5 years prior to program entry (85 percent) when compared to Lourdes (48 percent) and Spokane County (4 percent) program participants.

FIGURE 7.

Competency Service Court Orders, 5 Years Prior

For 354 participants starting a diversion program January 2017 – March 2019



NOTE: Due to rounding, percentages may not add to 100 percent for each program.

Criminal Justice History

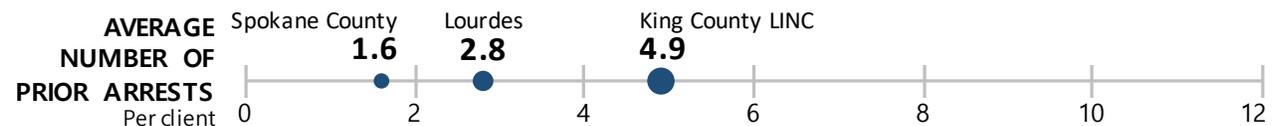
Arrest and conviction histories for the 242 individuals who entered the three prosecutorial programs between January 2017 and September 2018 were identified using the Washington State Patrol (WSP) database and Administrative Office of the Courts (AOC) records, respectively.

ARRESTS. Participants in the prosecutorial diversion programs were arrested between an average of 1.6 times and 4.9 times during the 12-month period prior to program entry (Figure 8). Participants in the King County LINC program had more arrests during the year prior to program entry, with an average of 4.9 arrests.

FIGURE 8.

Arrests, 12 Months Prior

Among 242 participants starting a diversion program January 2017 – September 2018

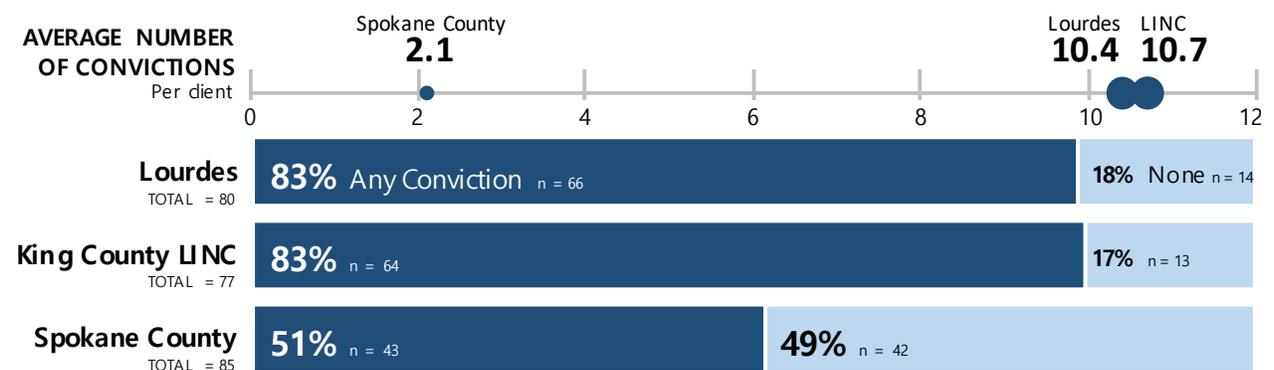


CONVICTIONS. The percentage of participants with a history of prior convictions was higher in the Lourdes and LINC programs when compared to the Spokane County program. Specifically, 83 percent of Lourdes and LINC program participants had at least one prior conviction compared to 51 percent of Spokane County program participants (Figure 9 and Table 3). Similarly, the average number of convictions for Lourdes (10.4) and LINC (10.7) program participants was greater when compared to an average of 2.1 convictions for the Spokane County program participants (Figure 9).

FIGURE 9.

Convictions, Lifetime

Among 242 participants starting a diversion program January 2017 – September 2018



NOTE: Due to rounding, percentages may not add to 100 percent for each program.

TABLE 3.

Type of Convictions, Lifetime

Among 242 participants starting a diversion program January 2017 – September 2018

	Lourdes TOTAL = 80		LINC TOTAL = 77		Spokane TOTAL = 84	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Misdemeanor Conviction	65	81%	64	83%	41	48%
Felony Conviction	41	51%	32	42%	17	20%
Violent Felony Conviction	19	24%	14	18%	6	7%

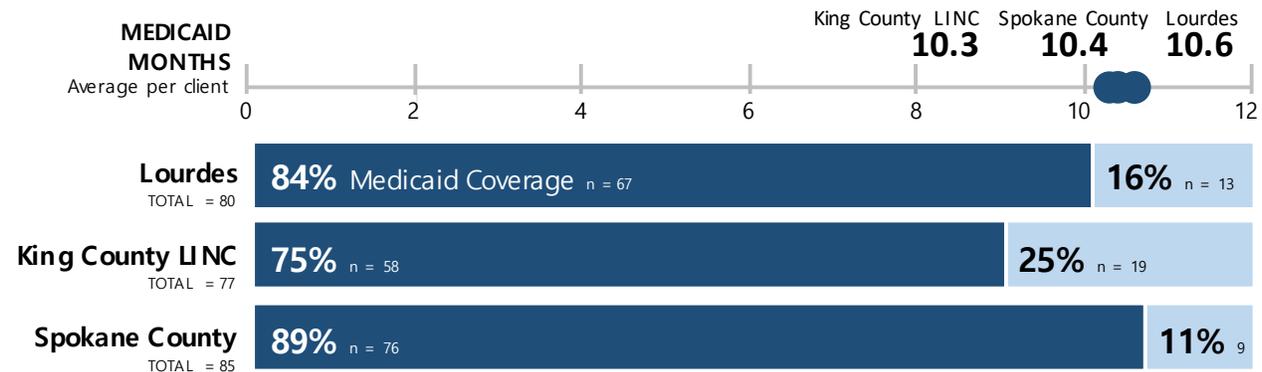
Medicaid Enrollment

Most participants in the Lourdes (84 percent), LINC (75 percent), and Spokane County (89 percent) prosecutorial diversion programs were enrolled in Medicaid or had similar medical coverage for at least one month during the 12 months prior to program entry (Figure 10).

FIGURE 10.

Medicaid Coverage, 12 Months Prior

Among 242 participants starting a diversion program January 2017 – September 2018



Behavioral Health

The behavioral health measures below include only individuals who entered the prosecutorial diversion programs between January 2017 and September 2018 with Medicaid or other similar medical coverage for at least one month during the 12 months prior to program entry (overall n = 201), to allow for data lag.

MENTAL HEALTH TREATMENT NEED. The majority of the prosecutorial diversion program participants enrolled in Medicaid had evidence of mental health treatment needs in the prior 12 months (87 to 96 percent, Figure 11), as indicated by receipt of treatment, diagnoses, or psychotropic medications.

MENTAL HEALTH SERVICES. Eighty-two percent to 92 percent of Medicaid-enrolled participants received outpatient mental health services in the 12 months prior to program entry.

- Forty-one percent of Medicaid-enrolled participants received inpatient mental health treatment over the 12 months prior to program entry.
- Of the King County LINC program participants enrolled in Medicaid, 64 percent received inpatient mental health treatment in the 12 months prior to program entry compared to Lourdes (39 percent) and Spokane (26 percent) participants.

MENTAL HEALTH DISORDERS. Seventy-nine percent to 90 percent of participants in the three programs were diagnosed with a mental health disorder in the 12 months prior to program entry, with notable variation across programs.

- A larger proportion of King County LINC Prosecutorial Diversion Program participants (79 percent) were diagnosed with a psychotic disorder compared to the Lourdes (54 percent) and Spokane County (41 percent) program participants.
- Conversely, the Spokane County program had a larger proportion of participants with depression (74 percent) and anxiety disorder (71 percent) diagnoses compared to Lourdes (48 percent and 46 percent, respectively) and LINC (47 percent and 48 percent, respectively) participants.

PSYCHOTROPIC MEDICATIONS. Sixty-one percent of participants with Medicaid coverage were prescribed psychotropic medications in the 12 months prior to program entry. The King County LINC program had the highest proportion of participants with a mental health diagnosis (90 percent) of the three programs but the lowest proportion of individuals on psychotropic medication (50 percent) during that 12 month time period. This pattern was also present for antipsychotic medications.

SUBSTANCE USE DISORDER TREATMENT NEED. A high percentage of participants had indications of substance use disorder treatment, diagnosis, or arrest in the 12 months prior to program entry (71 percent), with little variation among the three programs.

FIGURE 11.

Behavioral Health Characteristics, 12 months prior

Among 201 Medicaid-enrolled participants starting a diversion program January 2017 – September 2018

	Lourdes TOTAL = 67	King County LINC TOTAL = 58	Spokane County TOTAL = 76
Mental health treatment need	87%	93%	96%
Mental health services, any	82%	90%	92%
Out patient mental health	82%	88%	92%
Out patient crisis services	72%	62%	75%
Inpatient mental health	39%	64%	26%
Mental health diagnosis	79%	90%	88%
Psychotic	54%	79%	41%
Mania/Bipolar	42%	31%	49%
Depression	48%	47%	74%
Anxiety	46%	48%	71%
ADHD/conduct/impulse	22%	21%	26%
Prescription medications	61%	50%	70%
Antipsychotic	46%	45%	51%
Antidepressant	34%	21%	49%
Anti anxiety	39%	31%	37%
SUD treatment need	69%	72%	72%

NOTE: Adjustment disorder and Antimania, and ADHD medication percentages are not shown in chart above due to small Ns.

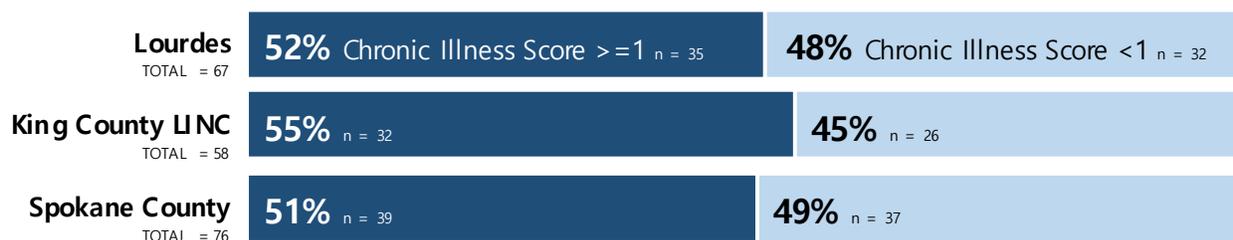
Physical Health

CHRONIC ILLNESS. To assess health status among Medicaid recipients, a chronic illness risk score based on health service diagnoses and pharmacy claim information was calculated (see Gilmer et al. 2001 and Kronick et al. 2000). A risk score equal to one is the score for the average person in Washington State enrolled in the Social Security Insurance (SSI) disability program. Over half of the programs' participants enrolled in Medicaid (51 percent to 55 percent, Figure 12) had a chronic illness risk score of one or higher, meaning they had health service diagnoses and predicted costs similar to, or slightly greater than, those enrolled in SSI disability.

FIGURE 12.

Chronic Illness Score, 12 Months Prior

For 201 Medicaid-enrolled participants starting a diversion program January 2017 – September 2018

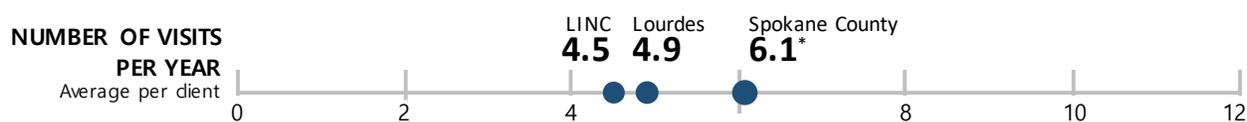


EMERGENCY DEPARTMENT USE. Emergency department use for the 201 Medicaid-enrolled participants in the three prosecutorial diversion programs in the 12 months prior to program entry was over 4 visits per year. Specifically, participants from each of the three programs visited the emergency department between 4.5 (LINC program) and 6 times (Spokane County program) on average in the 12 months prior to program entry (Figure 13).

FIGURE 13.

Emergency Department Outpatient Visits, 12 Months Prior

Per Medicaid member year for 201 Medicaid-enrolled participants starting a diversion program January 2017 – September 2018



*NOTE: This number is being skewed by one individual with a very high number of Emergency Department visits.

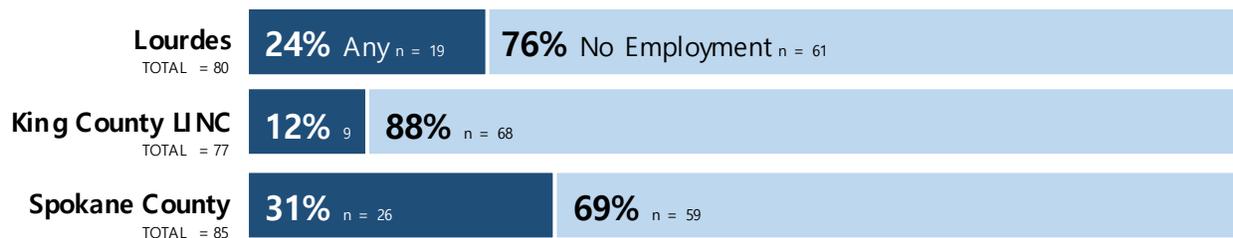
Employment History

Employment and employer-reported earnings were examined for the 242 participants entering one of the three prosecutorial diversion programs between January 2017 and September 2018 using the Washington State Employment Security Department's Unemployment Insurance system. Twenty-two percent of the 242 participants were employed at some point during the 12 months prior to program entry (Figure 14). Participants in the Lourdes program and the Spokane County program had a higher proportion of employment (24 percent and 31 percent, respectively) compared to those in the LINC program (12 percent). Among those employed, earnings were low. Average earnings from employment during the 12 month period prior to program entry ranged from \$6,149 for Lourdes participants to \$9,579 among LINC program participants.

FIGURE 14.

Employment, Full-Time or Part-Time, 12 months prior

Among 242 participants starting a diversion program January 2017 – September 2018



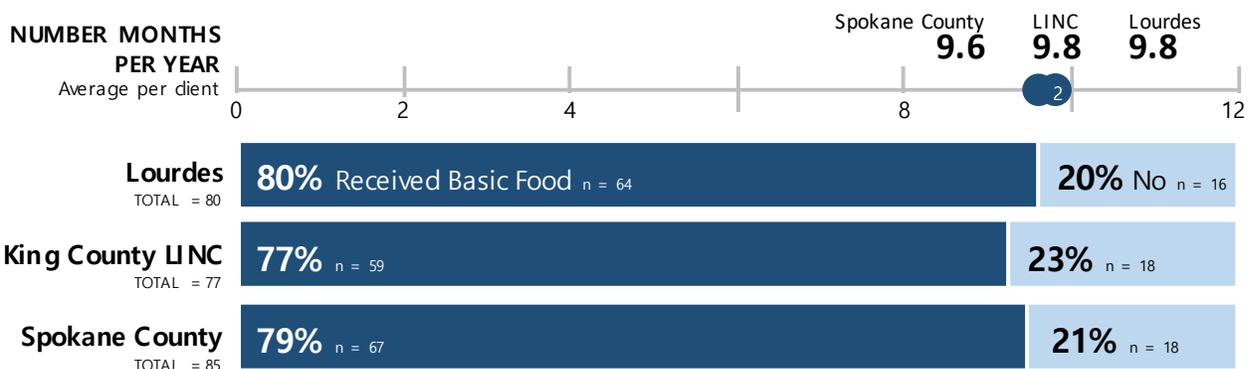
Basic Food

Basic Food is a federally-funded program intended to ensure low-income individuals do not go hungry. Households in Washington State qualify for Basic Food if they meet eligibility criteria and have income at or below 200 percent of the Federal Poverty Level. The majority of the prosecutorial diversion program participants were connected to Basic Food assistance in the 12 months prior to entering the program (Figure 15). Rates of Basic Food use ranged from 77 percent for the LINC program to 80 percent for the Lourdes program.

FIGURE 15.

Basic Food Receipt, 12 Months Prior

Among 242 participants starting a diversion program January 2017 – September 2018



Discussion and Next Steps

Using different approaches, the Lourdes, King County LINC, and Spokane County Prosecutorial Diversion Programs are working on the goal of diverting individuals with serious mental health conditions from the criminal justice system, either prior or subsequent to a court order for competency services. The data indicate that overall, the individuals served by the three prosecutorial diversion programs had severe mental health, substance use treatment, and physical health needs with extensive criminal justice histories including a history of court orders for competency services. Importantly, the pattern of behavioral and physical health needs and criminal and competency history varied widely between the three programs.

- The Lourdes and LINC programs had a moderate to high percentage of participants with court orders for competency services in the five years prior to program entry compared to the Spokane program. It is possible that individuals were diverted prior to a competency order being issued.

- A larger proportion of the LINC program participants were hospitalized for inpatient mental health services and were diagnosed with a psychotic disorder compared to the Lourdes and Spokane County programs.
- More participants in the Lourdes and LINC programs had extensive criminal histories compared to the Spokane County program participants.
- The Lourdes program enrolled more participants with felony charges into their program compared to the LINC and Spokane County programs.
- The Lourdes and Spokane County programs reported higher “successful completion” (as defined by each program) rates compared to the LINC program.

In summary, the King County LINC prosecutorial diversion program enrolled individuals with a more extensive prior history of court orders for competency services, more severe behavioral health needs including higher rates of inpatient treatment, psychotic disorders, and substance use, and more homelessness.

RDA will continue to monitor program entry and participant characteristics throughout the project. A final evaluation will assess the impact of diversion on outcomes such as court orders for competency services, recidivism, and behavioral health treatment, using a statistically matched comparison group. The final evaluation will assess the extent to which outcomes for the participants from these three prosecutorial diversion programs differ from those of similar DSHS clients not referred to a diversion program.

REFERENCES

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APPENDIX

Supporting Detail

APPENDIX TABLE 1.

Services Provided by the Prosecutorial Diversion Programs

	Spokane County Prosecutorial Diversion Program		
	King County LINC Prosecutorial Diversion Program		
	Lourdes Counseling Center Prosecutorial Diversion Program		
SERVICE TYPE ¹			
Case Management	X	X	X
Medication Management		X	
Medication Monitoring	X	X	
Counseling	X	X	
Crisis Intervention Services	X	X	
Skills Training	X	X	
Day Support		X	
Temporary Shelter Services	X	X	X
Employment Support			
Outreach or Engagement Support	X	X	X
Peer Support	X	X	X
Legal Support	X	X	X
Transportation	X	X	X
Behavioral Health Prevention Education		X	X
Housing Support	X	X	X
Care Coordination	X	X	X

¹SERVICE TYPE DEFINITIONS:

Case Management – A range of activities for the direct benefit of an individual in the public mental health system. Activities include assessment for community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote successful completion of the program, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission or re-referral and to increase the community tenure for the individual.

Medication Management – The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with other members of the treatment team, but includes only minimal psychotherapy.

Medication Monitoring – Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.

Counseling – A set of treatment services designed to help individuals attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services

may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. This service is provided by/under the supervision of a mental health professional.

Crisis Intervention Services – Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Includes facilitating entry into a crisis triage facility.

Skills Training – Life skills training (health, hygiene, nutritional issues, money management, maintaining living arrangements, symptom management) to promote improved functioning or a restoration to a previous higher level of functioning.

Day Support – An intensive rehabilitative program which provides a range of integrated and varied life skills training (health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to individual ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

Temporary Shelter Services – Facilitating immediate shelter for individuals who are homeless or at risk of homelessness. Includes facilitating entry into an emergency shelter, adult respite bed, or other temporary living arrangement.

Employment Support – A service provided with state-only or local funding. Services include: an assessment of work history, skills, training, education, and personal career goals. Information about how employment will affect income and benefits the individual is receiving because of their disability. Preparation skills such as resume development and interview skills. Involvement with individuals served in creating and revising individualized job and career development plans that include; individual strengths, abilities, preferences, and desired outcomes. Assistance in locating employment opportunities that are consistent with the individual's strengths abilities, preferences, and desired outcomes. Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required. Services are provided by or under the supervision of a mental health professional.

Outreach or Engagement Support – Engagement is a strategic set of activities that are implemented to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the workers office seeking assistance or by referral.

Peer Support – Peer counselors are responsible for the implementation of peer support services. Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Individuals actively participate in decision-making and the operation of the programmatic supports. Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where individuals are known to gather (churches, parks, community centers). Services provided by peer counselors to the individual are noted in the individuals' specific goals that are flexible tailored to the individual and attempt to utilize community and natural supports. Peer support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20.

Legal Support – Coordination with prosecutors and/or defense attorneys to assist program participants with legal issues (program eligibility, coordinate regular contact, updates on legal status, progress in diversion program, communication about court attendance).

Transportation – Providing transportation or bus passes for participants.

Behavioral Health Prevention Education

- **LINC program:** Working with clients to discuss safety, resources, health/wellness and relationships, and how to make choices that improve overall behavioral health.
- **Spokane County program:** Through an integrated approach, existing services provided by diversion staff are utilized to implement this modality. From the point of initial engagement and assessment, participants are encouraged to discuss and reflect on goals and needs they may have, while also gently exploring discrepancies that may exist within that framework. This is continued further as case management, housing support, peer support, and other diversion services are implemented. Through each unique intervention, the diversion team is able to identify specific areas requiring work and organically infuse discussions around positive and negative aspects of life choices (social interaction, health and wellnesses, etc.), skill building to improve access to resources and improve overall behavioral health functioning, and address barriers to successful completion of the program.

Housing Support

- **Lourdes program:** Utilizing the positive relationships diversion staff have developed with several area landlords, assisting participants with finding appropriate housing which includes: applications, interviews and directly advocating for the enrollee.
- **LINC program:** Working with participants to find housing options that meet their needs. This can include: referring people to the mental health continuum of care housing in King County, applying for vouchers, completing Coordinated Entry for All process, or applying for transitional housing. For participants with vouchers: assisting with calling apartments and completing necessary meetings required to acquire housing. For participants with housing: helping to obtain rental assistance through a variety of King County programs.
- **Spokane County program:** Working with individuals to find housing by partnering with local area housing programs, leveraging relationships with housing providers established through local city and county housing departments, and connecting various supplemental funding streams for a unified goal. This includes building relationships directly with landlords and housing programs, assisting individuals in enrolling in housing programs through behavioral health continuum of care, utilizing existing funds to supplement gaps in housing funding, and assisting individuals in completing paperwork for qualifying housing services.

Care Coordination

- **Lourdes program:** Assisting and educating participants with a wide range of services that promote recovery, health and overall wellness. These services may include but are not limited to: mental health, substance use, housing, medical, dental, vision, vocational, educational, and assistance navigating the legal system.
- **LINC program:** LINC Specialists collaborating with other high intensity programs in the county (Evergreen Treatment Services – Law Enforcement Assisted Diversion, Vital, Sound Reaching Recovery) and traditional outpatient behavioral health when participants are enrolled in these programs. If a client is psychiatrically hospitalized, coordinating with social workers. If a client is in jail and is taking psychiatric medications, working with Public Health in the jail. Also coordinating with primary care physicians, dentists, and other medical professionals when appropriate.
- **Spokane County program:** A Diversion Case Manager provides intensive care coordination which includes regular check ins, reminder, progress reports with providers, assistance with getting into housing or other community resources, assistance with cell minutes, bus passes, or identification when needed, assistance with rent or deposits for participants who need it, outreach, and communication with the attorney offices.

STUDY DESIGN AND OVERVIEW

This study examines the characteristics of 354 participants who entered the Lourdes, King County LINC, and Spokane County prosecutorial diversion programs from January 2017 to March 2019. We report detailed characteristics at program entry and competency service court order history for the full population of 354 participants and also report pre-program characteristics for a subset of 242 participants, using a combination of data from the prosecutorial diversion programs, Research and Data Analysis (RDA) State Hospital Analytic Research Query (SHARQ) database, and DSHS Integrated Client Databases (ICDB). The ICDB contains behavioral health and medical claims and encounters for Medicaid clients only; therefore behavioral health and medical claims and encounters were only available for 201 Medicaid-enrolled participants.

DATA SOURCES AND MEASURES

Using the prosecutorial diversion program data and administrative data sources, RDA linked the diversion program data using name, date of birth and gender to records from the SHARQ database and the ICDB. The SHARQ database includes forensic court order data from the BHA IT Forensic Data System as well as historical forensic data.

The ICDB is a longitudinal, integrated set of client databases, from DSHS and Washington State Health Care Authority (HCA), containing nearly 20 years of detailed services, costs and outcomes. The data presented using the ICDB represent diversion participants who were DSHS clients at some point in their lifetime. The index month for program participants is the program entry date. Unless otherwise noted, indicators include information during the 12 months prior to the program entry date. Behavioral and physical health measures are restricted to Medicaid clients.

Source data for the prosecutorial diversion programs, the SHARQ database, and ICDB are as follows:

Prosecutorial Diversion Program and Service Descriptions – Details of the prosecutorial diversion programs and their services were extracted from descriptions and program materials provided to RDA from the programs as well as from the results of a survey provided to the overseers of the programs. Contact RDA at the number or web address provided for a copy of the survey questions.

Prosecutorial Diversion Program Entry Measures – Baseline demographic data (age, gender, and race/ethnicity) and other measures at program entry including criminal charges, homelessness status, and substance use disorder presence were extracted from the prosecutorial diversion programs' administrative data submitted to the Office of Forensic and Mental Health Services (OFMHS) monthly.

Competency Service Court Order Measures – Individuals with court orders for competency services were identified in the five years prior to program entry using the SHARQ database.

Criminal Justice, Behavioral Health, Physical Health, and Employment Measures – Participant characteristics obtained from the DSHS ICDB. ICDB measures in this report are provided for the 12 months prior to entering the diversion programs (unless otherwise indicated) and include:

- **Arrests** – Arrests recorded in the Washington State Patrol (WSP) database. Arrests reported in the WSP database are primarily felonies and gross misdemeanors, but include some misdemeanors.
- **Convictions** – Lifetime convictions were identified from Administrative Office of the Courts records, extracted from the Washington State Institute for Public Policy (WSIPP) Criminal History Database.
- **Medicaid Eligibility** – Medicaid eligibility reflects that a Medicaid Recipient Aid Category was recorded in Provider One.
- **Mental Health Treatment Need** – Identified using a combination of diagnoses, psychotropic medications and mental health services recorded in administrative data. This measure is restricted to those with at least one month of Medicaid eligibility during the baseline period. Mental health information was extracted from Provider One, DBHR's Consumer Information System (CIS), and the Behavioral Health Data System (for combined mental health and substance use disorder treatment records).

- **Substance Use Disorder Treatment Need** – Identified using a comprehensive set of indicators in the ICDB, including diagnoses, procedures, prescriptions, and treatment or arrests that reflect a possible substance use disorder. Clients who received substance use disorder treatment were identified using data from the Treatment and Assessment Report Generation Tool (TARGET) and the Behavioral Health Data System (for combined mental health and substance use disorder treatment records). Drug and alcohol-related arrest data maintained by the Washington State Patrol were also used to identify probable substance use issues.
- **Chronic Illness Risk Score** – An indicator of chronic illness developed to identify individuals with chronic illness risk scores equal to or greater than 1, which represents the score for the average Medicaid clients in Washington State meeting Social Security Insurance (SSI) disability criteria. Chronic illness risk scores were calculated from health service diagnoses and pharmacy claim information, with scoring weights based on a predictive model associating health conditions with future medical costs.
- **Hospitalizations and Emergency Department Use** – Hospitalizations and emergency department use were based on information from ProviderOne medical claims and encounters. ProviderOne is maintained by Washington’s Health Care Authority. Utilization measures were calculated as the number of visits or admissions per member year to standardize for differences in the number of months of enrollment in Medicaid.
- **Employment and Earnings** – Employment data were obtained from Washington State Employment Security Department wage data. Individuals are flagged as employed if they had at least one quarter of non-zero earnings during the baseline period. Average earnings during the baseline period were calculated by summing quarterly earnings within the previous year for those with reported wages.
- **Basic Food** – Administrative records from the Economic Services Administration indicating at least one month of Basic Food coverage during the baseline period.



REPORT CONTACT: Alice Huber, PhD, 360.902.0707

VISIT US AT: <https://www.dshs.wa.gov/rda>

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