PLANNING AND FACILITATION OF WORKSHOP FOR THE KING COUNTY (SEATTLE), WASHINGTON DRUG COURT TEAM TO DEVELOP PLAN TO IMPROVE SERVICES TO YOUNG ADULT, PARTICIPANTS

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I. BACKGROUND

A. Request for Technical Assistance

On February 2, 2010, Judge Harry McCarthy, Drug Court Judge for the King County (Seattle) Adult Drug Court, requested technical assistance services from BJA’s Adult Drug Court Technical Assistance Project at American University for the purpose of planning and facilitating a retreat scheduled for February 16-18, 2010. The objective of the retreat was to identify the needs of the young adult population that had become a significant component of the King County Drug Court and for whom existing services did not appear effective.

By way of background: the King County Drug Court had undergone a change in eligibility criteria in November 2008 when cases involving “Delivery and Possession with Intent” (PWI) cases were added to the range of cases that could be accepted. As a result, the percentage of young adults between the ages of 18 and 25 increased significantly. Judge McCarthy noted that these young adults presented special challenges and issues, not previously dealt with on such a large scale: recurring arrests; gang ties; educational and vocational needs; and undiagnosed mental health issues. The Drug Court Team had therefore concluded that the standard approach for providing drug court services was not suitable for these young people and scheduled the retreat in order to become familiar with the most recent national research and evidence-based approaches to address these issues and to explore alternative approaches. The intended product of the retreat was to be a model and plan of action which encompassed the best approaches, treatment recovery support services and the most effective court and team responses to this youthful population.

In response to Judge McCarthy’s request, and in consultation with Mary Taylor, Drug Court Program Manager, American University assigned Valerie A. Moore, who had developed and overseen the treatment program for the Multnomah County (Portland), Oregon Drug Court and who was had planned and facilitated similar focus groups in Multnomah County. In addition to participating in a series of conference calls with King County Drug Court officials, Ms. Moore met with King County officials on February 10th to discuss the objectives of the retreat and preliminary planning that had been done and to work with them to refine the agenda for the session. On February 16-18, Ms. Moore returned to Seattle to facilitate the retreat sessions.

The following report summarizes the technical assistance services provided by Ms. Moore to plan and conduct the retreat, the principal issues discussed during the session, and the follow up plans developed.

Themes and priorities identified during the retreat planned and conducted in connection with this TA (the retreat and its conclusions are discussed in detail below) focused on
• a majority interest in developing a positive approach and moving away from the predominantly sanction approach with this younger population;
• the necessity for an early assessment using GAIN, training on effective teamwork, and
• clarifying the roles and responsibilities of each drug court professional.

B. King County Diversion Drug Court (KCDDC)

King County Diversion Drug Court (KCDDC) in Seattle, Washington, is an adult, felony-only, pre adjudication drug court that has been in operation since August 1994. It was the twelfth drug court established in the country and in 2007 became the first drug court to receive the Transforming Communities Award from the National Association of Drug Court Professionals. In October, 2008, the court was described as “one of the best drug courts in the country” in a front page New York Times article.

The KCDDC drug court team is comprised of two judges, six attorneys, several administrative staff, including a program manager and program analyst, four case managers, a clinical lead, two housing specialists, an outreach case manager and community-based treatment providers. The KCDDC does not appear to be limited by financial or other community resources as its state legislative funding appears to be secure and the drug court has political support from the city, county, and state.

Since the program’s inception, 1,450 participants have graduated; 722 graduated between 2005 and 2010. The recent changes in the pool of eligible cases for the Drug Court resulted in a reduction in the average active caseload from 450 to 350 active participants. A comparison of the KCDDC population before and after implementation of the new eligibility requirements in November, 2008, disclosed the following results:

• The number of referrals to drug court decreased 46% from 721 to 391.
• Delivery and PWI cases rose from 19% to 62% of total referrals while possession cases fell from 56% to 15% of totals
• The number of African American defendants increased from 20% to 28% of the total referred.
• The number of Caucasian defendants decreased from 32% to 23% of the total referred.
• Youth from 18 to 26 years old increased from 17% to 29% of the total referred.
• Of the 114 in the "youth" age range, 41% are African American and 36% are Caucasian.

1 Active participants are defined as people currently attending treatment services, meeting regularly with case managers, and arriving on time for appointed court appearances.

Planning and Facilitation of Workshop For the King County (Seattle), Washington Drug Court Team To Develop Plan To Improve Services To Young Adult, Participants, BJA Drug Court Technical Assistance Project. American University. TA Report No. 2010-06. July 2010.
• Of the African American youth population, **85% are charged with Delivery or PWI**.
• Of the Caucasian youth, **34% face those charges**.
• Identification of marijuana as “first drug of choice” **increased from 8% to 21%**.

Calculated using the mid-point of sentences, the 722 graduates cut the costs of serving jail or prison sentences by a total of 74,250 jail days and 346,250 prison days. The court also attributes better workplace productivity, fewer unemployment payments, improved public health, less social welfare incidents (child abuse, neglect, domestic violence), fewer related medical problems (fetal alcohol syndrome, hepatitis C and AIDS related to IV drug abuse), and the significant reduction in drug addicted babies to drug court operations.

The KCDDC has the capacity to serve approximately 600 participants. In the beginning, the program served an average of 450 participants at any given time, however, as noted above, given recent changes in the Court’s eligibility criteria, the program’s active caseload has been reduced to 350 “active” participants.

Eligible participants who decide to enter the KCDDC following a trial period do not plead guilty, but sign a waiver and agreement with the prosecuting attorney stipulating to the facts in the police report, and acknowledging the consequences of formally entering the drug court. The consequences include sentencing on the charge(s) if he or she fails to complete the drug court requirements, or dismissal of the charge(s) upon successful completion of the requirements. The Prosecuting Attorney’s Office screens all police referrals for KCDDC eligibility and files eligible cases directly into the KCDDC for arraignment. The prosecutor also collects information regarding restitution owed on property cases and restitution cannot exceed $2,000 at the time of program entry. Similarly, participants must pay a specified percentage of their restitution before advancing to each program phase, and must pay the entire balance of any restitution owed on KCDDC cases in order to graduate from the program with a dismissal of the pending case. With the exception of prohibition of current or prior adult sexual or violent offenses, few restrictions apply regarding criminal or social history; however, KCDDC participants must be assessed as being either substance abusing or chemically dependent.

Program services provided by KCDDC include:

- **Treatment**: chemical dependency outpatient and inpatient; mental health outpatient and residential; opiate maintenance therapy, 60-day in-custody; gender and culturally specific.
- **Housing**: community based transitional and permanent
- **Case Management**: court based on-site provides assistance with housing, education, employment.
- **Medical**: dental.
- **Transportation**: bus tickets and passes.
Community Center for Alternative Programs (CCAP): operated by county corrections and provides random drug tests, individual needs assessment, referrals to programs.

C. Developments Resulting in Changing Population Served by the King County Drug Court

As noted above, KCDDC eligibility criteria changed significantly as of November 1, 2008. Possession cases with less than three grams of cocaine, heroin, and methamphetamine became ineligible for drug court but eligible for reduction to a misdemeanor charge. The filing focus therefore changed to Delivery and Possession with Intent cases (PWI) cases, the amount of drugs and cash involved were increased, and additional Class C felonies and some class B felonies were made drug court-eligible.

These changes resulted in an increase of participants who appear to earn their living from dealing drugs, affiliate with gangs, and identify marijuana and alcohol as their first drugs of choice. There were also an increased number of African American males between the ages of 18 and 26; who self-identified as making as much as $700 per day selling drugs.

In addition to the demographic shift, increased criminal risk and greater needs of the expanded drug court population, the KCDDC leadership and staff now have to deal with the end result of prison incarceration for these youth if they fail drug court. Although retention rates as compared to referrals increased since 2005 and termination rates decreased, the existing treatment services and case processing were found to be inadequate for youth between the ages of 18-26 years old.

The youth population charged with drug delivery who identify marijuana and alcohol as their first drug of choice, present different challenges and issues for the drug court than the court’s prior populations charged with possession who were homeless and addicted to cocaine, heroin or methamphetamine. In contrast, many youth charged with Delivery admittedly “earned” their living through dealing drugs and continue to have gang affiliations that have facilitated that lifestyle. Finding alternatives and engaging them in other activities to assist them in changing their daily lives and resisting group pressures is a continuing challenge. Several young participants have acquired additional charges, such as DUI, vehicular assault, and delivery after spending a significant amount of time in drug court, which indicated to the drug court team that the current program design and accompanying services do not seem to be working. The 18-26 year olds also take longer to engage in the program, commit more actionable activities and cost the system more money. Because of their young ages and the

2 Treatment and case management services mainly addressed hard street drugs such as crack cocaine and heroin for long-term addicts who were older and mainly Caucasian.
3 Retention rates 2005, 77%, 2006, 65%, 2007 54%, 2008, 70%, 2009 (through 11/1/09, 125%)
potential length of impending sentences they face if they don’t successfully complete the drug
court program, the drug court team has been reluctant to terminate them from the program and
send them to prison. This situation created a dilemma since the team wanted to provide the
best services possible for the age group.

Initially, the KCDDC and a contracted treatment agency, Therapeutic Health Services,
implemented a treatment program designed for the 18 to 25 year old drug court participants;
the Chance to Change (CTC) Program, which now has approximately 39 youth. The driving
force of the CTC program was to develop a multifaceted, client-centered model that would
have the capacity to meet the needs presented by these complex clients. However, CTC has
struggled with staff turnover and a lack of qualified professionals to provide the services
designed, resulting in a lack of consistency and poor efficacy. However, the CTC program
has recently hired a new Clinical Supervisor who is determined to re-establish the program as
an effective treatment model for this population.

Given the various factors referenced above, the drug court team felt a social, political, and
economic responsibility to explore the addition of a new track to meet the needs of the
changing drug court population.
II. RETREAT: FEBRUARY 16-18, 2010

A. Planning Focus and Core Planning Team

Prior to the request for technical assistance for facilitation services for the retreat, there had been considerable discussion among program officials to address the need to improve services and outcomes for the young adult program participants. A team of approximately twenty multi-disciplinary professionals were chosen to initiate the review by:

- identifying the needs of the youth population in drug court,
- analyzing the current program in relation to outcomes of this group,
- discussing national promising practices reported in a literature review, and
- developing a plan of action for improving program services after the retreat.

The group decided to develop an immediately deployable model for a specialized track for the youth population within KCDDC. The new model would detail the best clinical approaches and support services, and include court and case management responses to participant behavior; including written sanctions, policy and effective timing and nature of sanctions and incentives. The team wanted to learn new and appropriate techniques for the evidence-based GAIN (Global Appraisal--or Assessment--of Individual Needs) assessment, how youth offenders impact communities, insights on gang affiliations, and elements of specialized treatment programs for youth offenders. The process of meeting for a two and one-half day workshop was designed to engage the core planning team of five members with an additional fifteen multi-disciplinary representatives of agencies involved with the program to define major issues and identify detailed actions to address the issues.

The group aimed to identify a completed work plan for the development of a new drug court track for the age group of 18-25 that would include a positive approach for dealing with this population within the structure of the drug court, a new treatment approach, and increased lifestyle resources.

During the retreat, a decision was agreed upon to create a pilot program that could be evaluated at the end of a year. This would be a deployable model for a new track for the youth population within KCDDC. The model will detail the best approaches and treatment/recovery support services and prescribe the most effective court and team responses to behavior including the best timing and nature of sanctions and rewards. It will be based on the practical experience and knowledge of the experts in the field as well as any evidence-based practices that have been identified.

The group acknowledged that the goal of developing a new track in a short timeframe was ambitious but an action plan containing immediate, short term and long term goals was
realistic. Positive reinforcement, as guided by evidence-based responses from the drug court team, would be the guiding principle of the new paradigm. The philosophy of achievement would contain a set of noteworthy behaviors, supported by sanctions and incentives. During the pre-opt-in phase, a more structured framework would be developed. The team would also develop a new timetable that more adequately adapts to the 18-26 year old African American males—the predominant target population of concern.

The core planning team consisted of: Judge Wesley Saint Clair, Judge Harry McCarthy, Mary Taylor, KCDDC Program Manager; Denis O’Leary, Prosecutor; Tom Essex, KCDDC Treatment Liaison; Dana Brown, Public Defender Supervisor; and Seattle Police Detective Michelle Vallor. The initial contact with the planning team was via telephone with the purpose of identifying and solidifying pertinent areas to be addressed during the two and one-half day retreat.

The first day’s planned agenda included presentations by local professionals and covered the following areas:

- concerns with the youth population in the adult drug court,
- offender risk assessment, drug enforcement police bureau,
- gang affiliation, and
- elements of specialized treatment for youth offenders.

The invitees represented the juvenile and adult drug courts, the county mental health and chemical dependency authority, the Seattle police, gang intervention, and treatment. The presentations ranged from detailed, scientific explanation of clinical assessments (GAIN) and program models (Building the Bridges, Chance to Change, Adolescent Community Reinforcement Approach, Assertive Continuing Care) to expository discussion on the impact of youth offenders on communities and insights on what works in a context of the King County juvenile drug court.

During the telephone meeting, the planners decided on four key areas most useful for the retreat: Philosophy, Behavior, Framework, and Resources. These four areas identified were geared toward the development of a new track within the adult drug court to specifically address the 18-25 year old participants.

As the Day 1 agenda complemented the four main issues of concern agreed upon during the telephone conference, it was decided to leave the first day’s speakers and order of business as previously planned. During the telephone meeting, the group discussed best options for conducting the second day of the retreat, and the third day of planning.

The core planning committee approved the content, format, and speakers for Day 1 of the retreat weeks prior to February 10th meeting. Therefore, the core group decided Day 2 should
build on the information gathered from Day 1 and each individual would have input into the development of new approaches for the new track.

In order to maximize the possibility for all participants to have input, Day 2 was structured around discussion of each of the four issues (Philosophy, Behavior, Framework, Resources) in small groups. There were strong opinions from a number of people in the larger group, including some who created the new track on their own, before the retreat. The agenda therefore needed to provide a way for all participants to make suggestions, respond to new ideas, and express concerns. Each small-group discussion would be 45 minutes with everyone deliberating simultaneously on the same issue (Philosophy, Behavior, Framework, Resources). At the end of 30 minutes, 15 minutes were set aside for report-back to entire retreat group. This was to be repeated four times throughout the day; strictly adhering to the topic at hand during the discussions and report-back. The retreat agenda is included as Attachment I.

Day 3 would focus on solidifying decisions, and identifying actions that could both be enforced immediately the following week, as well as others that needed 30, 60, 90, or 180 days to flesh out. The retreat stakeholders would volunteer to work on at least one issue committee. Dates and times for the first and subsequent meetings, and target dates for task completion would be decided as a group by the end of Day 3.

The model for the retreat was based on the four issue areas. Day 1 was focused on listening to best practices and experiences from professionals working in the field. Day 2 featured active participation and building on information learned the first day, analyzing the KCDDC data as presented by Program Manager Mary Taylor, hearing summary information on other jurisdictions regarding treatment and court processing approaches with the youth ages 18-25, gathered by Tom Essex, the drug court treatment liaison. Day 3 was left somewhat open regarding details. It had the overarching goal that by adjournment, there was to be understanding (if not 100% agreement) by all participants on the basic design of the new track and perspective regarding the effort it would take by everyone to complete the total plan.

To keep an atmosphere of total inclusion and honor each person’s input, all comments were tracked and noted on large easel paper. These were mounted on the walls of the retreat room, so team members could review the previous day’s ideas when they arrived. The remarks for four Key Areas are included as Attachment II.

Notes were taken starting at the preliminary meeting to capture all ideas for goals, implementation under the four categories, training ideas for the drug court team, action plans, next steps, meeting dates, etc. Each day was a building block for the work accomplished the previous day. Information that resonated with participants from Day 1 presentations, were written on the easels, so participants would have a visual reference on Day 2.
B. Pre-Retreat Meeting

Prior to the retreat, the facilitator met in Seattle on February 10, 2010 with Ms. Taylor and approximately 20 others involved in planning the retreat to review the draft agenda that had been developed and the procedure for accomplishing the objectives the retreat was intended to accomplish. The 20 members accepted the framework for the agenda and the four most pressing issues around which the retreat would be modeled. Each member was asked to identify two issues to be addressed in developing a new track for young drug court participants.

The concerns, questions and topics included:

- wanting an understanding of what makes the clients succeed;
- determining what we think we know and what we don’t really know;
- developing a shared treatment plan,
- developing a clearly defined Pre-Opt-In track,
- adding an employment and vocational component,
- developing a two-pronged approach for responses to positive and negative behavior;
- developing a two level sanction grid in which treatment’s responses would not set participants back in the program, but court’s responses would result in a set back;
- identifying clearly who is accepted into drug court;
- understanding the number of those identified as eligible who are not choosing drug court entry;
- identifying the number of participants who reach Sanction Level 5 (dangerously approaching termination) too soon;
- determining the number and type of jail sanctions currently being used;
- determining the number of participants dropping out;
- compiling a composite study of individuals who have failed the program;
- developing a written sanction grid;
- developing a written list of appropriate ‘phraseology’ to use on the bench;
- developing an appropriate timeframe for program participation with enough opportunities to successfully complete;
- developing appropriate responses to behavior;
- developing a meaningful up front assessment;
- discussing responses to new criminal behavior;
- developing responses to non-violent acts (e.g. DUI) and intentional acts (e.g. robbery);
- determining whether the rapidity of responses effective?;
- determine whether the current contingency management program be kept and/or be adjusted;
- changing the names of phases to something like ‘early, middle, later’ rather than the numbered ones that currently exist;
• developing an approach to interest community citizens who are active as advisory committee members; and include people from the business community and community corrections.

Specific points from the preliminary meeting were placed as sub-topics under the four main areas of **philosophy, behavior, framework** and **resources**. These were then collated, typed and presented to the group on Day 1 of the retreat. The list is included as Attachment II.

C. The Retreat Session

1. **Retreat Day 1: February 16, 2010**

Day 1 began with each participant giving one word that defined the retreat. Judge Saint Clair, emphasized that over the past five years, the target population and their needs and challenges have significantly changed, while the basic program model has not been modified in order to offer appropriate services for opportunities for success.

Use of GAIN as an assessment tool was discussed by Jim Vollendroff, Assistant Division Director of King County Mental Health Chemical Abuse and Dependency Services Division. GAIN contains both a brief assessment as a screening and a longer full assessment. There was some concern that because only a chemical dependency clinician who has been trained as a certified GAIN assessor can utilize the instrument, it might not be applicable for the current situation. Because it is a proven standardized tool that is individualized and includes the capability of screening for both behavioral health disorders, and criminal risk and needs, King County considers it the “gold standard” for assessment and ongoing case management, and has adopted it as a requirement for youth chemical dependency providers in the County.

Some local youth treatment providers employ clinicians trained in GAIN’s screening and assessment tools. There was some concern expressed regarding the applicability of a universal instrument applied to this target group, who has thus far been unresponsive to their previous diagnoses and treatment plans. It was explained that the questions can be customized to meet the drug court team’s needs and remain evidence-based. It takes approximately five minutes for the youth to complete a self screen. The quick version, used for targeted referral and brief interventions, takes approximately 20 to 30 minutes; with the complete biopsychosocial assessment needing a minimum of 90 to 120 minutes. Mr. Vollendroff suggested that GAIN is the best instrument for this population (although expensive to train professionals) because there is a short and long version and sequential guides to assist the team to understand if a participant is ready to move to the next phase.

These were: change (3), philosophy, procedure, hope, fear, positive accomplishments, pessimistic, model, success, encouragement, resilience, rewards, and recovery.
Captain Les Liggins and Detective Brandon James of the Seattle Police Department stressed the importance of drug court and the fact that many police officers identify offenders eligible for drug court. Some of the arrestees want to escape from the dangerous street life and others clearly state that drug court is a way to avoid the criminal charges. Even though the police role is to ensure community safety, if they can respond to the person wanting help in the time of crisis, they can continue to be a significant partner by making a suggestion about drug court at the time of arrest.

Two staff members, Dennis Turner and Larry Bennett from Building the Bridges, and Marcus Stubblefield, Systems Integration Coordinator for the Executive Office at Juvenile Court, spoke on gang affiliation. The discussion included details about the number and types of gangs in Seattle and the surrounding suburbs. Gangs now include African Americans, Hispanics, Asians, and Caucasians. There are four different levels: affected, affiliated, involved, and full-fledged. The presentation detailed gang names, organizational structure, colors, clothing, alphabets, and tips on how to identify someone associated with a gang by their dress, their associates, their language, and even rosary beads that are carried. Creating new habits which result in the individual wanting to change; being mindful of the right messenger to interact with a gang member, and developing programs that are culturally relevant and not just culturally competent were key lessons from this presentation. Marcus Stubblefield works closely with the King County youth drug court and pledged his expertise and resources.

Elements of specialized treatment programs for youth offenders were addressed by Carl Moore, Program Clinical Supervisor for the Change to Change Program; Jim Vollendorff who presented two models for working with youth 18-14: Adolescent Community Reinforcement Approach (A-CRA) coupled with Assertive Continuing Care (ACC); and Juvenile Drug Court Judge Leroy McCullough, Mark Wirschem, Juvenile Treatment Services Manager and Steve Noble, Program Manager for King County Juvenile Drug Court. The salient points of this presentation were to remember that these youth need to have appropriate tasks based on their individual abilities (e.g. don’t assume a person can read and write and assign an essay as a sanction.) County experience and clinical knowledge of programmatic key points can be teased out from the A-CRA and ACC and applied to the drug court youth.

2. Retreat Day 2: February 17, 2010

The Drug Court Program Manager presented a statistical breakdown of 113 current participants between the ages of 18-26. The data showed information at the time of opt-in regarding educational levels, employment/students status, housing, age at first drug use, first choice of drug, prior treatment episodes, mental health issues, medications, victimization, drug court phase, length of time in opt-in period and number of bench warrants during the opt-in period, and whether the client had participated in the jail transitional recovery program.
However, the report was not sorted by the identified problem group of African American males and would be re-run at a later time.

A member from each discipline was placed on the first team through a random drawing by the Drug Court Program Manager. As the day progressed, the retreat participants each found their way to a new group of people. Care was taken to ensure that each discipline (treatment, law enforcement, defense, administration) was always represented. The last exercise of the day was done as a group discussion. During the critique session attended by the Program Manager, Treatment Liaison, and Consultant at the conclusion of Day 2, there were a number of recurring ideas offered by the participants throughout the day.

Themes and priorities identified at the end of Day 2 were: a majority interest in developing a positive approach and moving away from the predominantly sanction approach with this younger population; the necessity for an early assessment using GAIN, training on effective teamwork, and clarifying the roles and responsibilities of each drug court professional.

The retreat members were challenged by Judge Saint. Clair to bring ideas for a name for the new track to Day 3. Suggestions were written on large easel sheets and eliminated by vote. A short list was to be presented to the current KCDDC participants in treatment at Chance to Change. The drug court participants were to be given a week to develop their list of names. On March 5, 2010, the drug court team and a small representative group of drug court participants were to meet and decide together on a name for the new track.

3. Retreat Day 3: February 18, 2010

The morning began by posing two questions:

(1) How does court respond to the current group of participants who have ‘climbed the sanction ladder’ and are active in drug court now?

The sanction ladder is a series of pre-determined court imposed responses to negative behavior. It appeared, although the court was both negative and positive in approaches and discussions with participants, there were up to twenty points that could be imposed on a participant for negative behavior: the participant could climb to a Level Five and still remain in drug court. Although the policy and procedure manual was not discussed (this was not the thrust of the retreat), it seemed as if the program was overburdened with details and degrees of tolerance; without a substantive evidence-based model for incentives and sanctions, and clear termination criteria.

In response to this question, the group decided not to impose any sanctions on current participants for at least 30 days.
(2) How should the prosecutor and court respond to new participants entering drug court within the next 30 days before the new track is launched? Every week an average of five new people are eligible for drug court.

In response to this question, the group agreed that new enrollees would be identified by age (18-27 years old rather than 18-25) and type of crime, and referred to an in-jail treatment program immediately. A program has existed for a number of years in the King County jail, but the KCDDC stopped making it a mandatory program requirement for young adults charged with delivery type cases. After reflecting on the clinical and programmatic information presented during the retreat, the group agreed the in-jail program is an existing approach that can be utilized as both a clinical and case management service.

Each retreat participant was asked to volunteer for at least one of four topic groups—Philosophy, Behavior, Framework, or Resources—and set a time and date for the subsequent meeting.
III. RESULTS OF THE RETREAT DISCUSSIONS AND NEXT STEPS

A. Results of the Retreat

1. Guiding Principles Identified

Four core values were identified to be the guiding principles as the team further defines the Pilot Program: *Hope, Relationships, Respect,* and *Trust.* The team agreed that it is not only important to imbue these values in the work directly with clients; but in their conversations with each other. These values have been lacking in the past and the retreat offered a forum for some historically difficult interactions to be discussed and resolved.

2. Proposed Pilot Program

The group defined the Pilot Program to have a client capacity of 70-75, aiming at men and women aged 18 to 27, who are currently enrolled in the Chance to Change Program and were assessed as high risk/high needs. Each clinician will have an average of 12-18 participants as a caseload. A master list will be used for tracking during the staffing meeting the fourth Wednesday of the month.

The future Pilot Program will include other participants not currently enrolled at Chance to Change who meet GAIN criteria of high risk/high needs. The target capacity is 20-25 individuals at the Kent Chance to Change site and 50 at the Seattle site. Currently, there are approximately four to five new referrals per month.

At the time of arraignment, eligible defendants will be 18 to 27 years of age, charged with, Delivery, Possession with Intent to Deliver, , or with crimes that would result in a Department of Corrections sentence and time in prison.

The distinguishing factors for the two tracks are:

   Drug Court—not high risk/needs; and
   Pilot—only high risk/needs.

Accurate data on the crime plus assessment diagnosis will be used to determine whether the participant enters Drug Court or the Pilot Program.

Subsequent decisions needed include:

- additional identification factors for track assignments;
- criteria for entry; and
• development of a mechanism for moving regular Drug Court participants to the new track.

It was not decided who should give final approval before a client can enter. It will require participation from the judges, the prosecutor, and defense counsel.

The group identified the following Action Items:

(1) How to handle “dirty” urine analyses (UAs);
(2) How to handle missed UAs,
(3) How to deal with mental health issues
(4) How to deal with tardiness;
(5) How to deal with SODA (Stay Out of Drug Area) violations, and
(6) How to deal with police contacts.

It was decided that the court will for now suspend the imposition of a sentence level response, seek therapeutic input, and allow for an appropriate time frame for treatment. Based on the new philosophy, the court will use new phrases for positive reinforcement in court supplied by treatment professionals.

3. Training Desired

The desire for special trainings/workshops arose throughout the retreat. The following topics for training will be pursued in the future:

• Roles/responsibilities on a Drug Court Team
• Roles of participants
• Effective teamwork
• Culture of target group
• GAIN assessment
• Determining what is a treatment plan?

4. Further Review to the Made

No sweeping changes were to be made until each of the four workgroups had adequate time to review the ideas generated during the retreat and present logical and coalesced items.

All retreat members registered for at least one committee, and in some cases, two. Each group was to receive a completed copy of all the drug court statistical data, information on the specific target group, all the retreat notes, slides from first day presenters, resources currently
used by the drug court, resources in place but unused, and new resources identified as needed for the target population.

The retreat members discussed changing the model from the current three phased program, to twelve 30 day phases. They also discussed the benefits of a three-dimensional program, which is not linear; but in which multiple tasks can be addressed simultaneously, based on the results of each individual’s needs/risks assessment. Members committed to reach into the community and bring the smaller group of agencies and individuals into the larger group of resources currently used. The Resources Team had an extensive list of names of organizations that to date had not been tapped, as well as those who were underutilized.

B. Follow Up Teams and Action Plans Agreed to at the Retreat

The following four teams were designated with the action plan tasks listed below:

1. Philosophy Team : Christina (Lead), Denis, Jamie, John, Sean

Action Plan – 30 days
- Philosophy statement/Captain Liggins’ statement (this will be included in the report by the King County Program Manager.)
- Basic operating principles
- Shift focus
- List of positive phrases
- Define pilot components to work on and adopt
- Study control group

Action Plan – 90 days
- Achievement oriented approach
- Revamp Orientation & Information to add strength based questions
- New treatment plan
- Mission statement

2. Framework Team : Cherilyn (Lead), Diane, Keri, Mary, Matthew, Sean, Shannon

Action Plan – 30 days
- Decision on the issue of the 2 pronged approach: Drug Court to sanction and/or treatment to sanction
- Address lifestyle changes, and identify what they are
• Technical issues: communication between disciplines, data entry, tracking, evaluation
• Identify other technical issues

Action Plan- 90 days
• Reshape TRP (the in-jail treatment program)
• Clarify two pronged approach to sanctions
• Focus group with participants
• Develop pre-opt model – should it be a pie or linear model?
• Draft a portfolio
• Treatment plans included in staffing/portfolio

3. Behavior Team: Dana (Lead), Denis, Jamie, Keri, Meloni, Michele, Tom

Action Plan – 30 days
• Response to new crimes, bench warrants, tardiness, missed appointments
• Defined list of positive rewards
• Strength based attributes
• Address expected “push back” from ‘other’ non-pilot program participants

Action Plan- 90 days
• Address sanction grid for the pilot group
• Create an incentive list
• Develop protocol for monthly staffing for all clients
• Replace candy
• Proximal and distal responses, define and identify

4. Resources Team: Tom (Lead), Alli, Christina, Mary Michelle, Ronda

Action Plan – 30 days
• Alternatives to sober support
• Antioch University referrals
• Identify the resources we currently use
• Identify the resources we have and we do not use
• Create a checklist of needs - What resources do we have and are those resources used appropriately?
• CTC South opens in mid-April
• Wraparound coordinator restart
• Helping Hands as a Community Service partner
• Capacity

Action Plan- 90 days
• What new resources do we need?
• Hire new REACH Case manager
• What will be the procedure when an agency reaches capacity?

C. Observations: Additional Tasks Needing Attention

The 20 member team worked cohesively during the retreat, although it became clear that the workload was greater than expected. Developing a new track will affect all facets of the diversion program: the prosecutor will have to decide what to do with current participants who have used a majority of resources and are facing potential termination; the defense counsel will need to know what to tell eligible, but not yet enrolled defendants; treatment clinicians have current participants in a holding pattern, waiting to find out if they are going to remain in the program and receive the GAIN assessment; the judges will need to decide how to respond to current and newly enrolled participants; and the case managers will want/need additional resources.

If each workgroup follows the topics they identified and stays focused on the issue area they volunteered to work on, the result will be a well planned new track to implement as a Pilot Program. For this to occur, the timelines agreed to must be honored. The Program Manager will need to work closely with the four team leads. This is a group of dedicated and passionate professionals who have a remarkable ability to use the best skills their disciplines offer, seek training to benefit themselves as professionals, and improve the drug court operation, and have the courage to change the program model. They are dedicated to learn from each other and local stakeholders. They are determined to offer appropriate strategies, services and hope to the Young Adult Drug Court Participants.
IV. FRAMEWORK FOR PILOT PROJECT

In June 2010, the court produced its Framework for the Young Adult Track Pilot Project. The selection criteria for the pilot program required participation in the Chance-to-Chance program as of April 1, 2010, in either Kent or Seattle, and presumptively excluded those in Phase IV of the drug court program; or, alternatively, for new entrants, age 18-25 at arraignment, a charge of PWI (Delivery, and Possession With Intent to Deliver) with a prison range sentence, and a high risk assessment according to GAIN and clinical assessment.

The framework provides for two levels of interventions or sanctions: Therapeutic Interventions and Court Sanctions. The program consists of four phases:

1. ENGAGE is the pre-opt-in phase which requires, *inter alia*, several assessments, 15 days on violation-free work release, 30 days in treatment, and a treatment plan, prior to acceptance in the program
2. ATTEND requires, *inter alia*, 30 consecutive days of abstinence, 60 consecutive days of no sanctions
3. APPLY extends those periods to 60 and 90 days, respectively, and also, *inter alia*, requires 40 hours of community service, 4-6 hours weekly volunteering in educational programs, and progress on treatment plan
4. EXCEL is the final phase, which requires, *inter alia*, 90 days’ abstinence, 90 days no sanctions or new charges, 60 hours community service, 5-6 volunteer hours weekly in educational programs, and participation in community events.

Behaviors that would result in Therapeutic Interventions, Court Sanctions, or Termination from the program are listed.

For the complete framework, see Appendix VII.
ATTACHMENTS

I. Core Planning Team

II. Agenda: King County Adult Drug Court Training Retreat: Serving At-Risk Young Adults in Drug Court/February 16 through noon February 18, 2010

III. Issues: Four Leading Areas to Address During Retreat Identified during Planning Conference Call: [Facilitator’s Notes]

IV. King County Drug Court: Development Chronology: Program Eligibility, Treatment Services and Funding: 1994 through March 2009

V. Case Processing Diagram: King County Drug Diversion Court (February, 2009)

VI. Retreat Attendees

VI. Framework for Pilot Project (June 2010)
ATTACHMENT I: CORE PLANNING TEAM

Judge Wesley Saint Clair is the 5th adult drug court judge. During his five years as drug court judge, he encouraged and initiated the use and development of best practices, resulting in the growth and sustainability of the drug court. This year he moved to another jurisdiction (Kent). He is retaining his drug court status one day a week and is overseeing the ‘problem’ population which has largely been transferred to Kent from Seattle to be under his jurisdiction. Judge Saint Clair identified and has been instrumental in driving the development of a special track for this population.

Judge Harry McCarthy, Presiding Judge for King County is relatively new to the drug court role. He will retain the remainder of the regular drug court clients who will continue to report to the court located in Seattle.

Mary Taylor, KCDDC Manager has worked for the drug court for 12 years. She is an MSW and oversees the administrative aspects of the program, and supervises the Drug Diversion Court Services staff.

Denis O’Leary is the drug court prosecutor He is knowledgeable about the effects of policy changes on his department. He has worked with the drug court for a number of years and can serve as a prominent voice in changing the philosophy of the court from ‘punitive’ to ‘accountable and supportive.’

Dana Brown, supervising public defender has experience, knowledge and an approach that holds the defendant’s accountable, while protecting their individual rights.

Detective Michele Vallor, Seattle Police Department Liaison, serves as the go between law enforcement and the court. She represents law enforcement interests at the policy level and is instrumental in keeping the drug court team apprised of new developments at the individual participant level, such as reporting new arrests and contacts with law enforcement.

Tom Essex, Treatment Liaison is relatively new in the position and was a case manager in drug court services. His duties are to oversee case management and maintain clinical integrity for the program. He oversees quality of treatment services and reporting by community agencies.
ATTACHMENT II: AGENDA: KING COUNTY ADULT DRUG COURT
TRAINING RETREAT: SERVING AT-RISK YOUNG ADULTS IN DRUG COURT. February 16 through noon February 18, 2010

Solutions Room: 4th Floor, King County Courthouse, 516 Third Ave.

AGENDA: DAY 1

February 16, 2010
8:00 AM to 4:00 PM

8:00 to 8:30 –
Overview of Agenda, Goals –
Facilitator Valerie Moore and Drug Court Team

8:30 to 9:15 –
Overview of Observations, Issues, Concerns with Youth Population in Drug Court
Judge Wesley Saint Clair

9:15 to 9:30 -
BREAK

9:30 to 10:45
Using the GAIN Assessment: Assessing Low, Medium and High Risk Offenders:
• Jim Vollendroff, Assistant Division Director, King County Mental Health Chemical
  Abuse and Dependency Services Division

10:45 to 11:45
Community Perspective: How Youth Offenders Impact Communities
• Detective Michele Vallor, Captain Les Liggins
• Community/Neighborhood Representatives

11:45 to 12:30
Lunch on Own

12:45 to 2:00
Gang Affiliation, Getting in, Day to Day Life, Getting Out.
• Marcus Stubblefield: Systems Integration Coordinator, Executive Office – at Juvenile
  Court
• Dennis Turner and staff, Building the Bridges

2:00 to 2:15
BREAK

PLANNING AND FACILITATION OF WORKSHOP FOR THE KING COUNTY (SEATTLE), WASHINGTON DRUG
COURT TEAM TO DEVELOP PLAN TO IMPROVE SERVICES TO YOUNG ADULT, PARTICIPANTS. BJA Drug Court
2:15 to 4:00
Elements of Specialized Treatment Programs for Youth Offenders

- Chance to Change Program: Carl Moore, Program Clinical Supervisor
- Adolescent Community Reinforcement Approach (A-CRA) coupled with Assertive Continuing Care (ACC) with transition age youth age 18-24: Findings and Application: Jim Vollendroff
- Insights: What Works with Youth Offenders: Judge Leroy McCullough, King County Superior Court, Juvenile Division, Juvenile Drug Court Judge; Mark Wirschem, Juvenile Treatment Services Manager, Steve Noble, Program Manager, King County Juvenile Drug Court.

AGENDA: Day 2: Identifying Elements of a Plan

February 17, 8:00 AM to 4:00 PM

8:00 to 8:30 – Overview of Day’s Activities
Facilitator Valerie Moore

8:30 to 9:00 – Group Discussion:
What does a young adult who is successful in drug court look like?
What does a young adult who is unsuccessful in drug court look like?
Summary of Information Collected from CTC participants.
Carl Moore

9:00 to 9:45 -
Summary of Information, Research and Plans Gathered from Other Jurisdictions:
Tom Essex, Drug Court Treatment Liaison

9:45 to 10:00 -
BREAK

10:00 to 10:15
Workgroup Formation:
(Proposal - 4 workgroups each working on same topic, and then reporting back to group.)

10:15 to 11:00 - Workgroups Meet (1st topic) Shifting focus: Developing an achievement-oriented approach for youth in drug court.

11:00 to 11:15 - Workgroups report back

11:15 to 12:00 –
Workgroups Meet (2nd topic): Creating a framework for progression through the program.

12:00 to 12:30 - Lunch

12:45 to 1:00 -
Workgroups report back

1:00 to 1:45 -
Workgroups Meet (3rd topic) Sanctions and Incentives: Responding to behavior

1:45 to 2:00 -
Workgroups report back

2:00 to 2:45 -
Workgroups Meet (4th topic) Resources
  1 Resources currently available
  2 Resources currently available and not being utilized to the fullest
  3 Needed Resources

2:45 to 3:00
Workgroups report back

3:00 TO 3:15
BREAK

3:00 to 4:00
Wrap-Up: Summarize, identify themes, plan activities for next day.

AGENDA DAY 3
February 18, 8:00 to 12:00
Day 3 - Putting Together a Plan
ATTACHMENT III

Four Leading Issues Identified During Planning Conference Call
[Facilitator’s Notes]

Philosophy - Notes
- Shifting focus and develop achievement oriented approach for 18-27 year olds
- Use a portfolio right away at orientation. Rewards, achievements, early expectations.
- Strong assessment tool for positive reinforcement
- Engage businesses early
- Less sober support, more alternatives, more community service.
- DC team insight
- Increase participation with Youth Programs (e.g. youth law programs/SPC “Career Day” Panel Field Trips, Alumni, phase 4 mentors, develop portfolios
- Increase family involvement
- Engage early on
- Safety plan with case managers
- Acknowledging/measuring achievements
- Clear understanding of what happens in court- notice, post court talk, NCR copies
- Order of court clearer
- Treatment plan- clear to participant
- Participants involved with repeating back to court
- Achievement report from participants/Junior Achievement
- Skill building- short/measurable
- Develop continues realistic lifestyle
- Logistically structured/Capt. Liggins statement
- Remember to say “How did that go from last time?”
- Phraseology List
- Trust, fairness, firm, guiding principles
- Communication- intervene with problems early on

Framework Notes - Progression through the Program
- Individual Portfolios for each drug court participant
- More, but shorter, phases
  o Narrowly tailored to each participant

Address short-term goals

- TX vs. Court sanctions
  - Preserve TX from being “cop”
- Increase TX hearings
- TX presence at hearing
- Target population in program
- GAIN drives entry; low - current DC, med. -pilot DC
- 18-24 month program; 12 months ideal
- 6 months to grad - consistency; pilot distinct; change to 90 days to grad

Periods of time

- Engagement- 60 days TRP, GAIN, MH scales
- Complete TRP - Reassess GAIN, CD assess., court earlier
- Work release- staff after GAIN\(\cdot\)TRP\(\cdot\)WER - Ref. to TX
- Back to court- case mgmt, supportive activity (open list)
- Flexibility with 2 pronged approach - promote achievements to Court/TX-gathering pieces of pie
- Apply- out of work release, add comm. svc. Case mgr check in, develop plan

Excel Phase

- Choice- come weekly or every 2 weeks to court
- Present skills they want to work on
- Community involvement
- Case manager
- Court appearances
- Participant tells his/her story to court

Progression through program

- 3 sections- nominal variables
  - Promotion relates to when they finish portions of portfolio
- 30 day min. TRP
- ROIS
- Work release if housing not stable
- Establish goals after TRP
- #1- 3 months pre-opt (w/ 12 month program)- Public benefits approved
- #2 section- sobriety/ housing/ engagement
- #3 section- 6 months (2 90 day sections); total sobriety; can miss group, but no dirty UAs; move from 30 day phases to 60 day phases

TRP to start; GAIN-classify MED/High

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CTC looks at housing
4 Phases- TX sanction/Ct. sanction
Requirements to matriculate
Sober support changes to community service

**Behavior**-Notes Sanctions & Incentives Court v. TX

- GOAL--Continued Engagement
- 2 Prong approach
  - Treatment Response
  - Court Response
    - Example: Self disclosure of “dirty UA”
      - TX Response- assignment
      - Court Response- participant reports dirty and how they responded (assignment)
      - If contested, has different response by Court
      - 3 dirty UAs in 30 days- more significant response- Court sanction and new level of care. Last phase- 0 dirty UAs in 3 months

- Beginning- some are not addicts; coping skills replace “bad” behavior and use
- Contingent plans- clean time- shortened phase or matriculation
- Due Process- tighten up (e.g. too many behaviors at TX- too long of a time before court finds out)
- Staffing monthly for all clients- brings out positive behaviors to DC Team
- Longer in DC - higher expectation- fewer crimes
- Violent criminal activity law enforcement issue
- Have to respond early to new criminal activity; is bad for community and participant; will snowball and create more punishment for participant- DC can’t wait too long for response
- Clear definitions of sanctions and incentives; honesty doesn’t necessarily result in sanctions, but Court needs to know (not 1:1 therapeutic.)
- Progressive- fewer infractions as they go along
- Clear criteria; who administers sanction?
  - Intervention (TX- 1 late group); Court brings into conversation at end of TX
- How many sanctions escalate into more court response
- Coming every week if not working, lessen later
- Late/missed group--essay “reason for being on time”

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• Reward- going to Black History event w/ TX provider; take day off from group; must still do a UA though
• Substitute sober activity - outside world; not just 12 steps
• Missing housing appt - essay “how that jeopardizes”
• Concern- Tiered sanction model- due process; takes TX out of therapeutic model; TX- just the reporter - Ct role of TX clinician
• Should TRP really be model? Yes, we think so
• Not just THC, it’s lifestyle
• Concerns of TRP - room for abuse by counselor (counselor and participant don’t always get along)

Resources- Notes
• What is currently used and currently not used?
• What resources need to be brought in?
• Current: Helping Hands, CTC. Schedule for more communication and finding what we have.
• Peer support person from TRP
• Volunteering- community service in small teams (easier in a team)
• Gangs have a militarized structure-work with the VA to understand PTSD and how vets are integrated back into society, and can the same principles be applied?
• Utilize our own clients as mentors for young and new clients. Possibly phase four clients? A guaranteed resource, but used with cautious and structure due to liability issues.
• Wraparound Coordinator and we need to refocus and fully utilize that position at CTC.
• Antioch: located in Belltown, social justice practicum, diversity (Spanish speaking therapists),F/t psychologist who is a Navy veteran with experience family experience and more.
• Outreach- home visitation, intensive case management, gets into the community- CTC?
• Concern: too much reliance on CTC for services. What is their main role? Be careful, realistic and evaluative. Look for back up agencies
• POCAAN as a resource, especially for in home case management/therapy
• Basketball team/league, buy in from SPD
• How do we create community connections to create internships/job shadows/career days
• Access to the GAIN, who is trained, who uses it and who does not
• New Reach case manager-vocational opportunities

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• Continue to utilize Allison and Shannon for housing
• Move people out of geographic areas and start community service where they live
• CTC open new venues
• Look into other parts of the city- Community Liaison, events-giving back
• Explore superior courts current relationship with Helping Hands
• Hire a graduate to assist? A new position in the mode of Building Bridges-helping participants to better identity with the messenger.
ATTACHMENT IV: King County Drug Court: Development Chronology

King County Drug Court – Program Eligibility, Treatment Services and Funding Chronology: 1994 through March 2009

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ELIGIBILITY CRITERIA</th>
<th>TREATMENT SERVICES</th>
<th>FUNDING</th>
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</table>
| 1994 thru 1999 | Filed in King County Superior Court with a charge of VUCSA level I or II offenses (possession of not more than 2.5 grams or $250 worth of heroin, cocaine, or methamphetamine.) | • Out-patient treatment at 5 agencies in King County.  
• Limited residential treatment: Cedar Hills and no-cost programs such as Salvation Army.  
• Methadone – 1997 limited to 6 months for each defendant.  
• TASC treatment liaison services 1997  
• Full-time Drug ct. program manager 1998 | • King County  
• Federal Grants  
• City of Seattle  
• Sheriff and Police Chiefs Organization |
| 2000      | no change                                                                            | No expansion of services.                                                                             | King County  
• Federal Grants  
• City of Seattle  
• State drug court funding. |
| 2001      | October: Expanded to include: Solicitation to Commit Delivery of a Controlled Substance (facilitator cases). | • Court/treatment liaison services brought “in house”. (Formerly provided by TASC). |  
• King County* significant increase  
• Federal Grants  
• State PSEA funds |
| 2002      | October: Expanded to include: Class C Felonies Qualifying Offenses: Theft 2 Forgery Identity Theft Malicious Mischief 2 (PSP 2 and Taking a Motor Vehicle. | Expanded Services:  
• Methadone available stay in drug court.  
• SPD Full-time SPD police officer assigned to drug court. | King County  
• Federal Grants |
| 2003      | March: drug court calendar added at the RJC                                           | Expanded Services:  
• Expansion to south KC out-patient TX | King County |

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<td></td>
<td></td>
<td>programs</td>
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<td>• Immediate access to residential treatment allowing stays of up to 6 months</td>
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<td>• 2 REACH case managers to assist ancillary services.</td>
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<td>• Transportation (bus passes, etc.)</td>
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<td>• Immediate access to acute detox beds.</td>
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<td>• Access to Co-Occurring Disorders Program</td>
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<td></td>
<td>• 6 month housing vouchers</td>
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<td>• Federal Grants</td>
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<td>• State PSEA and TASC funds.</td>
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<td>• CJTA (Criminal Justice Treatment Account) Funds</td>
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<td>• County Criminal Justice Initiative Funds</td>
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**2004**

- March: *expansion to include Delivery or Possession with Intent to Deliver* small amounts of heroin, cocaine or marijuana.

**Expanded Services:**
- Access to CCAP (Community Corrections Alternatives Program).
- Placement of drug ct. defendants on SODA Orders (stay-out-of drug areas)

**FUNDING**
- King County
- Federal Grants
- State PSEA and TASC
- CJTA Funds

**2005**

- *no change*

**Expanded Services:**
- In-custody certified treatment.
- Added program analyst position and case manager with mental health expertise.
- Access to 15 units at Morrison Hotel.  
- Access to Community Work Program
- Creation of a drug court alumni group.

**FUNDING**
- King County
- Federal Grants
- State PSEA & TASC funds.
- CJTA Funds

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<td>2006</td>
<td>no change</td>
<td>Expanded Services:</td>
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<td>• Co-Occurring Disorders Residential Treatment with methadone</td>
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<td>• Special treatment and calendar for 18 to 23 year old participants</td>
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<td>• Women’s treatment program created at Harborview Addictions Program.</td>
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<td>• Alumni- created a Positive Thinking Group.</td>
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<td>• King County</td>
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<td>• State PSEA and TASC funds.</td>
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<td>• CJTA Funds</td>
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<td>2007</td>
<td>no change</td>
<td>Expanded Services:</td>
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<td>• Added 2nd drug court judge (half-time).</td>
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<td>• Increased Kent calendars from 4 to 6 monthly.</td>
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<td>• Added 1 full-time prosecutor, paralegal, 1.5 public defenders, and 2 dr. ct. case managers.</td>
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<td>• Implementation of web-based data system.</td>
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<td>• King County</td>
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<td>• CJTA Funds</td>
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<tr>
<td>2008</td>
<td>Change in PAO Filing standards: Poss. &amp; theft cases historically eligible for dug ct., sent to District Ct. Drug. Ct. criteria changed to allow an Increased amount of drugs in poss. &amp; del. cases, expansion of types of drugs, expansion of class c felonies.</td>
<td>Expanded Services:</td>
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<td>• Addition of specialized CD professional for women’s group at HMC Addictions Program.</td>
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<td>• Addition of wraparound services for 18 to 25 yr. old at Chance to Change Program.</td>
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<td>• MIDD funding for special services.</td>
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<td>• King County</td>
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<td>• CJTA funds</td>
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<td>2009</td>
<td>Continued implementation of new criteria: reduction in # of cases.</td>
<td>Expanded Services:</td>
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<td>• Addition of 1.5 housing case manager position</td>
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<td>Reduction:</td>
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<td>Elimination of .5 judicial officer and 1 case manager</td>
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<td>• MIDD funding</td>
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ATTACHMENT VI: RETREAT PARTICIPANTS

KING COUNTY ADULT DRUG DIVERSION COURT
Serving At Risk Young Adults in Drug Court
February 16 through noon February 18, 2010

Drug Court Team

Judges
Judge Wesley Saint Clair
Judge Harry McCarthy

Drug Diversion Court Services Staff

Administration
Mary Taylor, Program Manager
Tom Essex, Treatment Liaison
Christina Mason, Program Analyst
Ronda Bliey, Lead Admin.
Briana Rummel, Admin.

Case Managers
Keri Anderson, Case Manager
Matthew Cotton, Case Manager
Diane Burnett, Case Manager
Jamie Hanken, Case Manager

Housing Case Managers
Shannon Thomas, Housing Case Mgr.
Allison Howard, Housing Case Mgr.

Prosecutor
Denis O’Leary, Prosecutor

Defenders:
Sean Johnson, Defender
John Drenning, Defender
Dana Brown, Supv/Defender
Meloni Dizon, Defender
Cherilyn Church, Defender

Seattle Police Department Liaison
Detective Michele Vallor

Other Retreat Attendees

Captain Les Liggins, Seattle Police Department
Carl Moore, Clinical Program Manager, Chance to Change
Jim Vollendroff, Assistant Division Director, King County Mental Health Chemical Abuse and Dependency Services

Facilitator: Valerie Moore

Planning and Facilitation of Workshop For the King County (Seattle), Washington Drug Court Team To Develop Plan To Improve Services To Young Adult, Participants. BJA Drug Court Technical Assistance Project. American University. TA Report No. 2010-06. July 2010.
ATTACHMENT VII

King County Drug Court: Young Adult Track

[pilot project framework] (June, 2010)

Pilot Project Criteria

1. Enrolled as of 4/1/10 at Chance to Change Program (CTC) including both Kent and Seattle designations; presumptively excluding those already in PHASE IV.

AND

2. Continued referrals that meet criteria of:
   • Case type and sentence: Delivery, and Possession with Intent to Deliver (PWI) I Schedule I and II drugs, and cases with a prison range sentence;
   • Age: 18 to 25 at time of arraignment;
   • Risk: Determined to be at high risk according to GAIN and clinical assessment.

Pilot Parameters

1. Location: One pilot project at two locations, Seattle and Kent
2. Assignment: to Kent/Seattle Court will be made at opt-in. Assignments will be made according to participant’s residence, safety concerns raised by treatment and space availability at either site.
3. Participants with cases that are currently heard in Kent will be given the option of transferring to Seattle, if the participant resides in Seattle.
5. Days: Kent pilot project calendar will be heard on Friday beginning at 10:00 AM; Seattle pilot project calendar will be heard on Thursday afternoon’s beginning at 2:00 PM.

Sanction Grid

• Bifurcated system responding accordingly to therapeutic issues as well as behavior issues.

• Therapeutic Intervention (TI): Recommendation from the Drug Court Case Manager (DCCM) responding to a positive urinalysis test (UA) or missed treatment event that may result in the loss of accrued days of abstinence but avoid a court sanction. The TI as recommended by the DCCM must be completed within a time frame specified by the DCCM. TIs may include jury box observation, increased treatment sessions, essay writing, increased sober support meetings, compliance with mental health recommendations.

• A TI will be recommended by DCCM for two or fewer missed treatment events in a reporting period including but not limited to: positive UA, missed one on one appointment, missed mental health appointment, missed group, missed sober support meeting, and missed appointment to apply for benefits.

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Subject to approval by King County Drug Diversion Court Executive Committee

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- Reporting periods are the time between court hearings for the pilot population, generally two weeks.
- Failure to complete a TI as recommended will result in a court sanction.
- All missed/positive UA’s will trigger the resetting of accrued days of abstinence for the phase.

- **Court Sanction (CS):** response from the court for behavior that can be directly correlated to an increase in the criminogenic risk. (new charges, (Stay out of Drug Area (SODA) violation, bench warrant, disrespectful behavior at treatment or in the community). Court sanctions will be chosen from a sanction grid that includes jail time, work crew and day reporting.
- All CS’s will trigger the resetting of accrued days of portfolio compliance for the phase at minimum and may result in further action by the court such as Community Work Crew, jail, Community Corrections Alternative Program, Community Service Hours and termination.
- A CS that is not completed as assigned will result in further action from the court and could include a doubling of the sanction and possible termination. Both TI and CS will be crafted to match the behavior and needs of the community.

### Phase requirements:
The Pie Chart below depicts the requirements of each Phase of the Pilot Program. Each of the phases includes requirements related to completion of components of the participant portfolio. Completion of all segments of the portfolio is required before participant can graduate from the program. Level of care (LOC) will have to be reduced at the treatment agency as participant’s progress through the Drug Court Phases. As the LOC is reduced consequently the level of structure provided by the treatment agency is also reduced providing the opportunity for participants to engage in a more natural community based structure. Natural community based structure will take many forms such as education, vocational training, employment, parenting classes, etc. The participant’s individualized treatment plan will inform the structure that will increase as treatment decreases. Failure to engage and progress toward treatment goals may result in an increase in treatment structure much like a relapse results in the increase in LOC until stability is obtained.

**STO=short term objective (stepping stones toward Long Term Goal)**

**LTG= Long Term Goal (for example GED, DR License, Employment, custody of children)**

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7 Segments of the portfolio include an autobiography, and completion of goals in the areas of Legal Obligations, Substance Abuse and Mental Health Treatment: Medical Health, Employment/Financial Stability, Clean-Sober/Stable Housing, Vocation/Education, Community Service and Self-Expression.

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Pre Opt Phase 1 ENGAGE

- Charged with PWI, Del, or a case with a prison time sentence = referral to the Transitional Recovery Program (TRP) (in-custody treatment program) for 60 days treatment engagement.
- Intake, GAIN Assessment, Mental Health Symptoms Rating Scale, Chemical Dependency Assessment will take place at the TRP.
- DCCM to complete Mental Health (MH) Assessment at 30 day mark.
- Drug Court staffing to discuss client progress and next steps. (following MH assess)
- Structured release model Work Education Release (WER), CCAP, treatment, two week court returns.
- 15 days violation free in WER regardless of housing situation.
- Minimum 30 days compliance at treatment and treatment plan to opt in.
- Weekly contact with drug court case manager, in lieu of weekly “check-ins”.
- Attendance at two Question and Answer sessions (possibility one will be structured according the Young Adult Track).
- Present treatment plan to the court. (How will you engage in your program?)

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Opt In Phase 2 ATTEND

- Two week court returns
- Present treatment goals to the court. (How you will you profit from your program?)
- Court will engage and encourage, treatment will promote a abstinent foundation, participant will seek positive community support
- Bimonthly engagement with DCCM for treatment plan development.
- 3 SS per wk- substitutions per the court.
- Promotion requirements:
  - Written/oral life history up to Drug Court involvement
  - Accomplish minimum 3 short term objectives identified on treatment plan.
  - 30 consecutive days of abstinence.
  - 60 consecutive days with no court sanctions, no new charges.
- Present achievements / portfolio to court.

Phase 3 APPLY

- Two week returns to court.
- Present treatment goals to the court. (How you will apply yourself to your program?)
- Court will engage and encourage; treatment will promote continued skill development, participant will progress toward identified goals, achievements, abstinence, community reintegration, identify education/employment goals.
- 4-6 volunteer hours per week or participation in education program or vocational training, solid employment goals identified.
- Monthly engagement with DCCM for treatment plan development.
- 3 SS per wk- substitutions per the court
- Promotion requirements:
  - Accomplish minimum 1 short term objective in each category of treatment plan.
  - 40 hours of community service or active participation in education program or vocational program or employed.
  - 60 consecutive day’s abstinence.
  - 90 consecutive days with no court sanctions and no new charges.
- Present achievements / portfolio to court.

Phase 4 EXCEL

- Two week returns to court.
- Present treatment goals to court. (How you will excel with your program?)
- Court will engage and encourage; treatment will promote continued skill development, participant will attain and re-establish goals for abstinence, community reintegration, education and employment.

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- 5-6 volunteer hours per week or participation in education program or vocational training or employment.
- Engagement with DCCM for treatment plan development as needed.
- Participation in 3 separate structured community events/cultural activities.
- 3 SS per wk – substitutions per the court.
- Promotion requirements:
  - 60 hours community service or enrollment in educational program or vocational program or employed.
  - Accomplish minimum 3 Long Range Goals on Treatment plan.
  - 90 consecutive days of abstinence.
  - 90 consecutive days with no court sanctions and no new charges.
- Court presentation; what I have accomplished / portfolio, my new goals, the plan I have developed to achieve my new goals.

**Behaviors that meet criteria for a Therapeutic Intervention** (include but are not limited to the following):
Two or fewer missed treatment events in a reporting period, a treatment event will include but not be limited to the list of examples that follow;
Disclosure of use; owning a positive UA; two missed SS; any missed scheduled appointment, i.e. missed 1:1, MH appt/assessment, missed group, etc.
Possible responses (may include but are not limited to): increased level of care, 1:1 w/ DCCM, essay, homework assign, CSH, Volunteer, Relapse plan, support group attendance,

**Behaviors that meet criteria for Court Sanction** (include but are not limited to the following);
Therapeutic Intervention that has not been completed.
Disruptive behavior in group, at treatment agency, clean and sober (c/s) housing, CCAP, community service/volunteer locations, courthouse.
Disrespectful behavior such as ignoring staff directives, hats in group, clothing, cell phone use during group, inappropriate physical gestures, failure to follow directions, etc.
Rule violations at treatment, c/s housing, CCAP.
Participation in illegal activity.
Involuntary removal from treatment such as refusing to leave upon being asked to leave.
Refusal to participate in treatment.
Absconding from treatment.
Refusing to provide a UA.
Tampering with UA specimen.
Dishonesty (forging SS, denying +UA confirmed by retest, triangulation, etc)
The court has the right to impose other customized sanction responses not on the list depending on the nature of the violation and the extent of compliance with the program to date

**Behavior that may result in Termination:**
Assaultive Behavior
Violent Crimes
Three or more BW’s
Consistent failure to show progress
Driving Under the Influence
Dishonesty
New Charges
Consistent non compliance
Illegal possession of firearm