



The Impact of Prosecutorial Diversion Programs on Behavioral Health Service Use and Criminal Justice System Involvement

An Evaluation of DSHS-Contracted Diversion Programs

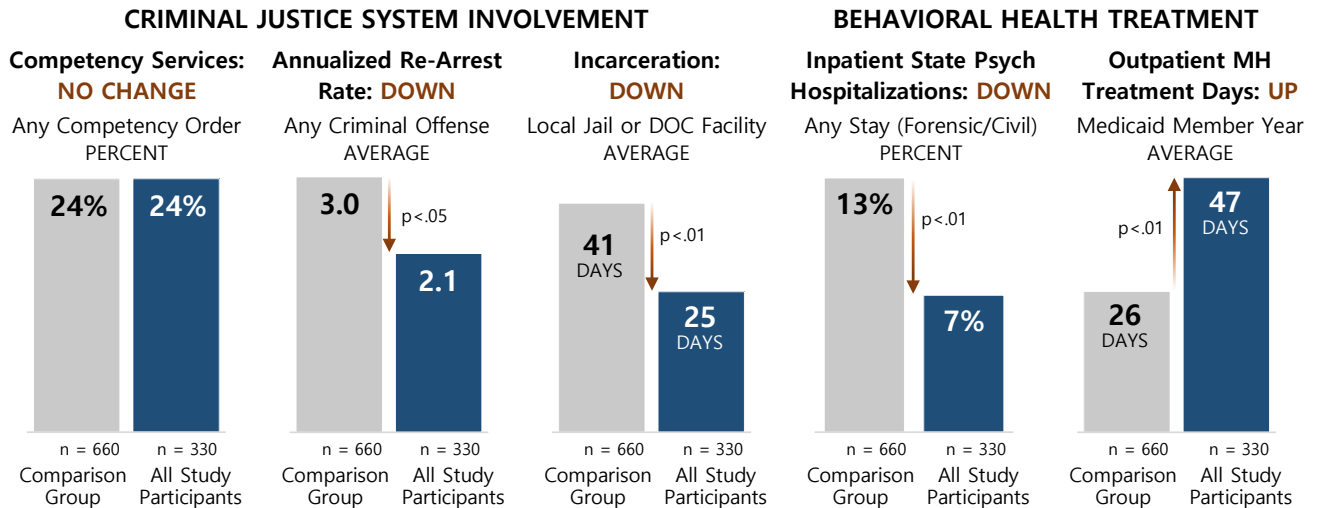
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DSHS-CONTRACTED PROSECUTORIAL DIVERSION PROGRAMS aim to reduce involvement in the competency service and criminal justice systems by improving access to community-based behavioral health and other social services. This study evaluates all three prosecutorial diversion programs contracted with DSHS: 1) Lourdes Counseling Center, 2) King County Legal Intervention and Network of Care (LINC), and 3) Spokane County Diversion Program. To assess the impact of the programs on competency orders and other key measures, we compared outcomes for Medicaid-enrolled diversion program participants and a subset of these participants with a history of receiving court orders for competency services, to statistically matched comparison groups of similar individuals not enrolled in the diversion programs. Outcomes including competency service orders, re-arrest, incarceration days, psychiatric hospitalizations, and behavioral health and substance use disorder treatment were measured over a 12-month follow-up period.

Key Findings

Overall, prosecutorial diversion program study participants had significantly lower annualized re-arrest rates, fewer days of incarceration, fewer state psychiatric hospital stays, and more outpatient behavioral health treatment days than their matched comparison group peers. There was no measureable impact on the percentage of study participants receiving competency orders or the average number of orders for study participants. Among those with a history of competency orders, we found similar positive program impacts on behavioral health treatment, but not on criminal justice outcomes.



Prosecutorial Diversion Programs

The three prosecutorial diversion programs contracted with the Department of Social and Health Services (DSHS) Office of Forensic and Mental Health Services (OFMHS) 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 for competency services for individuals waiting in jail. As a result, DSHS was ordered to provide competency services within a specific time frame¹. These programs, along with a multitude of other programs, aim to reduce the number of individuals requiring competency services (i.e., competency evaluation and competency restoration) and time spent in jail waiting for competency services.² Competency evaluations assess whether individuals are competent to stand trial (i.e., understand the nature of the proceedings against them and are able to assist in their own defense), and competency restoration services aim to restore individuals, who were deemed initially not competent to stand trial, to competency.

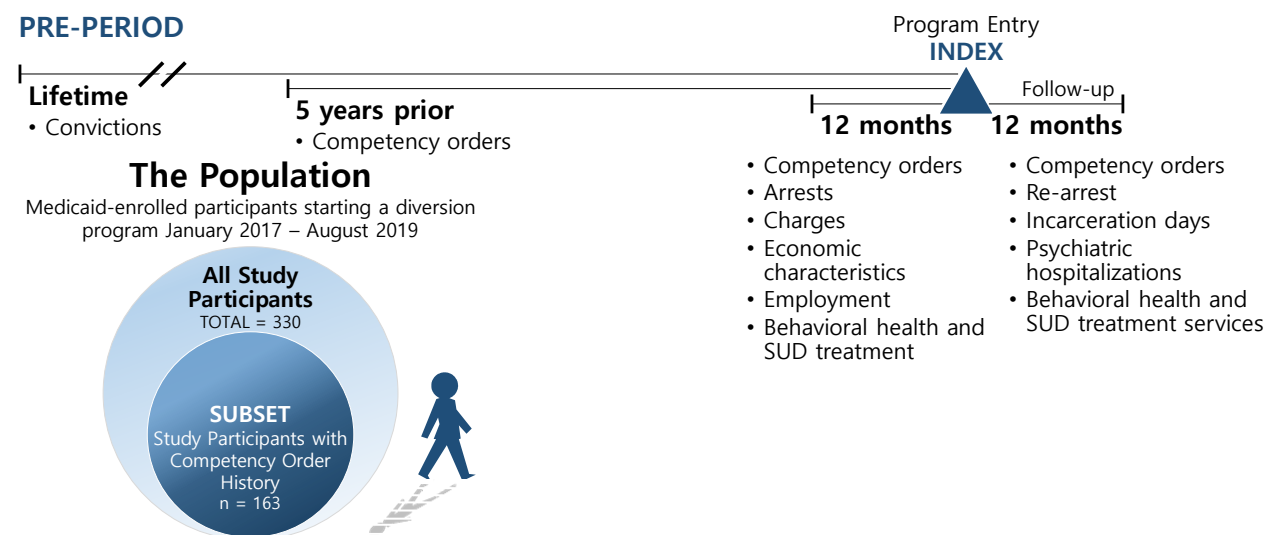
All three prosecutorial diversion programs, with prosecutor approval and participant consent, divert eligible individuals with mental health conditions from the criminal justice system into community-based behavioral health treatment. Eligibility criteria and procedures vary across programs (see Appendix Table 1). See the Related Findings section at the end of this report (page 18) for additional information on programs and participant characteristics.

Study Design

The study (Figure 1) examined the characteristics and outcomes of 330 Medicaid enrolled individuals who entered a prosecutorial diversion program between January 2017 and August 2019 (120 from Lourdes, 115 from LINC, and 95 from Spokane County diversion programs). To assess the impacts of the diversion programs on those involved in the competency system, we also examined a subset of study participants (n=163) who have a history of competency services (see Appendix Table 2 for details).

FIGURE 1.

Study Timeline and Population



¹ In-jail competency evaluations need to be completed either within 14 days of order receipt (if receipt by DSHS was within 7 days of signature) or 21 days of order signature (if receipt was after 7 days from signature). Inpatient competency services need to be provided within 7 days of order receipt (if receipt was within 7 days of signature) or 14 days of order signature (if receipt was after 7 days from signature).

² <https://www.dshs.wa.gov/bha/office-forensic-mental-health-services/trueblood-programs>.

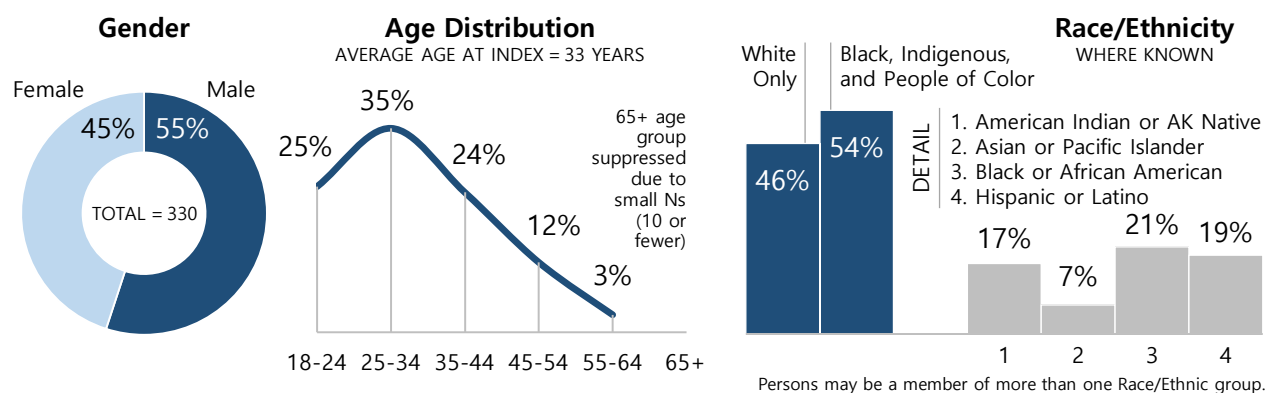
Demographics

Over half of the 330 diversion program study participants were male (55 percent, Figure 2). Less than half of study participants were white, non-Hispanic (46 percent) and just over half were black, indigenous, or people of color (54 percent). On average, study participants were 33 years old at program entry. Demographic characteristics were similar for the 163 study participants with a competency order history (see Appendix Table 2).

FIGURE 2.

Demographics of Prosecutorial Diversion Program Study Participants

Among 330 Medicaid-enrolled participants starting a diversion program January 2017 – August 2019



Baseline Participant Characteristics

Competency Service Court Orders

The question of whether a person is competent to stand trial is the impetus for a referral to the diversion programs. In the five years prior to program entry for Medicaid-enrolled individuals who entered the diversion programs between January 2017 and August 2019, 49 percent (163 of 330 participants) had a prior competency service order. During the five years prior to program entry, all study participants had an average of 1.7 competency service orders and, study participants with a history of competency service orders had an average of 3.5 competency service orders.

Criminal Involvement³

Charges and Arrests, Prior 12 Months. Of all study participants, 87 percent were charged with at least one misdemeanor in the 12 months prior to program entry, and 42 percent were charged with at least one felony over the same time frame (some individuals had both misdemeanor and felony charges, Figure 3). This charge pattern is similar for study participants with a competency order history (90 percent misdemeanor and 46 percent felony). The majority of study participants had misdemeanor property and misdemeanor assault crimes associated with their entry into the diversion program.

Study participants had an annualized arrest rate⁴ of four arrests in the 12 months prior to program entry. Participants with a competency order history had an annualized arrest rate of nearly six arrests in the 12 months prior to program entry.

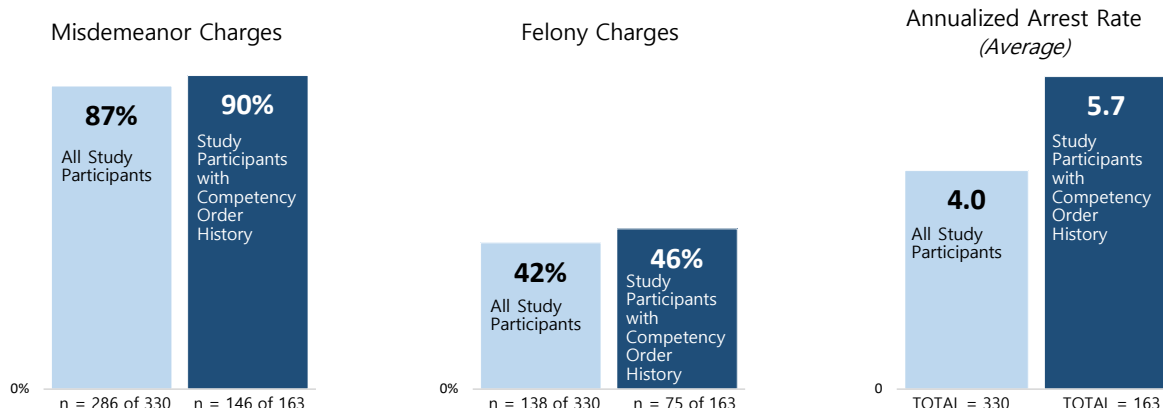
³ "Criminal Involvement" includes arrests, criminal charges and convictions reported in Washington State only.

⁴ The annualized arrest rate is measured by the number of arrests in the specified time period corrected for time in the community or time "at risk" of re-arrest. Time in jail or prison is excluded from time in the community. The annualized arrest rate was computed as the number of arrests in the specified time period, divided by days in the community and multiplied by 365. The annualized arrest rate is larger than the actual number of arrests experienced by the prosecutorial diversion and comparison groups.

FIGURE 3.

Criminal Involvement – Prior 12 Months

Among Medicaid-enrolled participants starting a diversion program January 2017 – August 2019

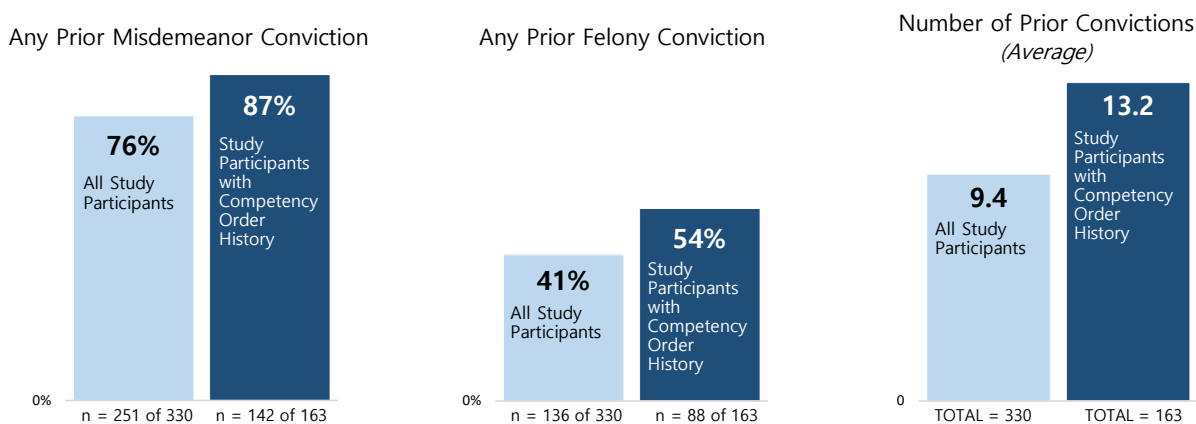


Lifetime Convictions. Seventy-six percent of all prosecutorial diversion study participants had at least one misdemeanor conviction throughout their lifetime, and 41 percent had at least one felony conviction (see Figure 4). Eighty-seven percent of study participants with a competency order history had at least one prior misdemeanor conviction, 54 percent had at least one prior felony conviction. All study participants had, on average, nine prior convictions in their lifetime, and study participants with a competency order history had 13.

FIGURE 4.

Criminal Involvement – Lifetime

Among Medicaid-enrolled participants starting a diversion program January 2017 – August 2019



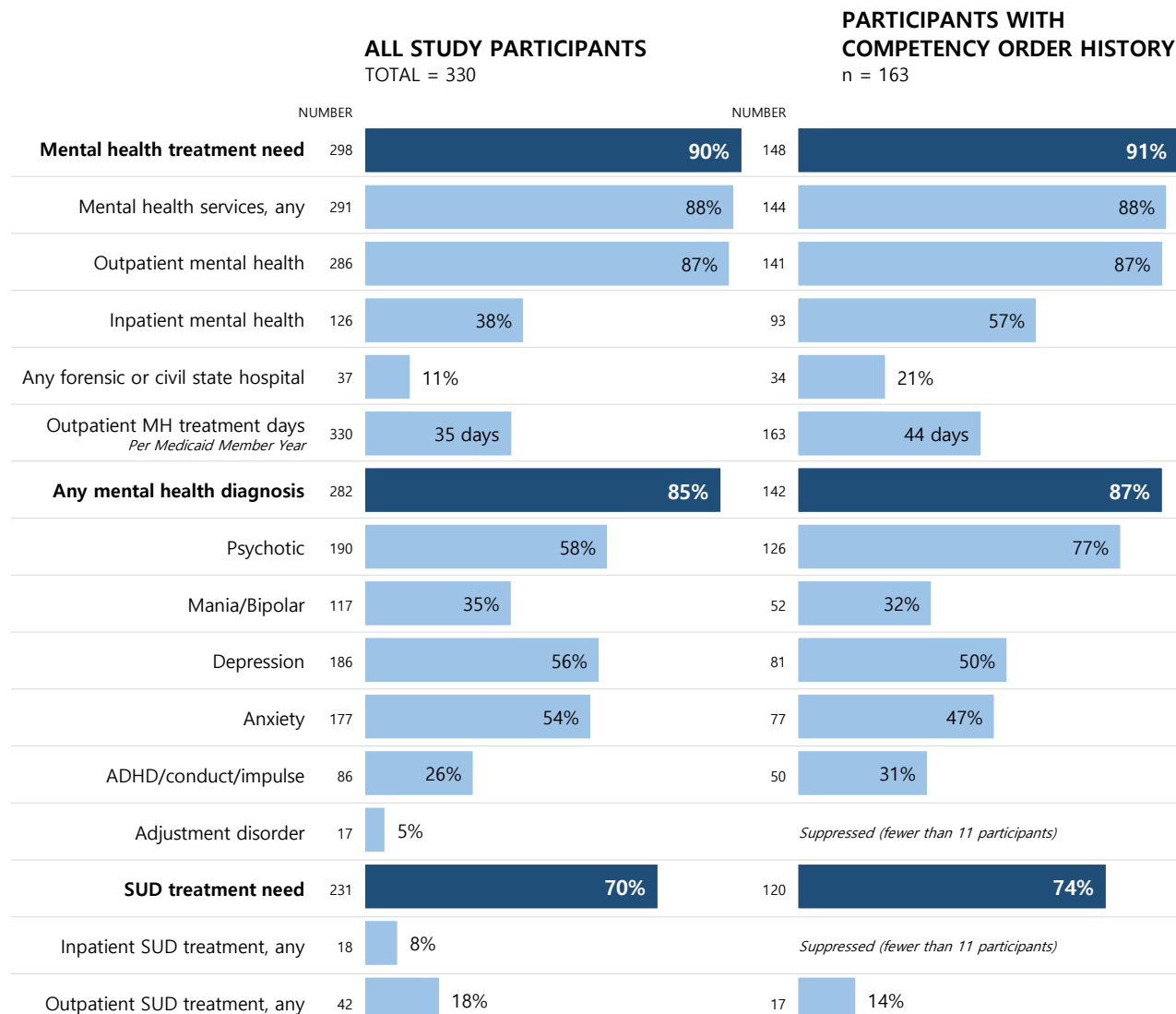
Behavioral Health Characteristics

Almost nine out of ten diversion study participants (87 percent) in the full study population (all 330 study participants) received mental health outpatient services in the 12 months prior to program entry (Figure 5). Thirty-eight percent of study participants received inpatient mental health services, and 57 percent of study participants with a competency order history received inpatient mental health treatment. Over half (58 percent) of all study participants and over three-quarters (77 percent) of study participants with a competency history had a diagnosis of psychosis. A large portion of all study participants and study participants with a competency history had substance use disorder (SUD) treatment needs (70 percent and 74 percent, respectively). However, few received SUD treatment in the 12 months prior to program entry (e.g., 18 and 14 percent, respectively, received outpatient SUD treatment).

FIGURE 5.

Behavioral Health Indicators

Among Medicaid-enrolled participants starting a diversion program January 2017 – August 2019



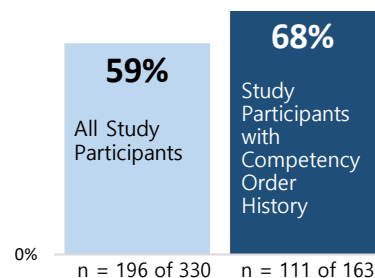
Homelessness

Over half (59 percent) of study participants across the three diversion programs were either unstably housed or homeless at some point during the 12 months prior to program entry (Figure 6). Among study participants with a history of competency services, over two-thirds (68 percent) were unstably housed or homeless at some point during the 12 months prior to program entry.

FIGURE 6.

Homelessness

Among Medicaid-enrolled participants starting a diversion program January 2017 – August 2019



Outcome Study Design

To evaluate the impacts of the three prosecutorial diversion programs on competency services, re-arrest, and other key outcomes, the DSHS division of Research and Data Analysis (RDA) examined outcomes of the 330 Medicaid-enrolled prosecutorial diversion program participants who started the programs between January 2017 and August 2019 compared to a group of 660 individuals charged with similar crimes during the same timeframe who were not enrolled in any of these diversion programs. The comparison group was identified using administrative data and a standard statistical matching algorithm and was statistically similar to the diversion study participant group with respect to demographic characteristics as well as available measures of competency service order history, criminal history, mental health treatment, employment, and other socio-economic characteristics (see Appendix Table 2 for details). Additionally, RDA examined outcomes of the 163 Medicaid-enrolled prosecutorial diversion program participants with a history of competency services, also compared to a statistically similar comparison group (see Appendix Table 2).

Outcomes were measured over a 12-month follow-up period and included the following: new competency service orders, re-arrests, days of incarceration, inpatient psychiatric hospitalizations, and behavioral health and substance use disorder outpatient treatment. For prosecutorial diversion program study participants, the outcome period began on the program entry date. We calculated an equivalent starting point or index date for the comparison group using the median amount of time between the filing of criminal charges and the start of the prosecutorial diversion program for study participants (69 days). Therefore, for the comparison group, the outcome period began 69 days after the filing of criminal charges.

Secondary regression analyses were conducted for each outcome variable to control for residual differences between the diversion and comparison groups and to estimate the impact of the prosecutorial diversion program on outcomes. Matching variables and outcomes were measured using RDA's Integrated Client Databases, which contain integrated health, criminal justice, and social service data. We examined outcomes for the entire group of Medicaid-enrolled prosecutorial diversion program participants as well as the subset of participants with a history of at least one court order for competency services. See Technical Notes for more details.

Outcomes

Competency Service Outcomes

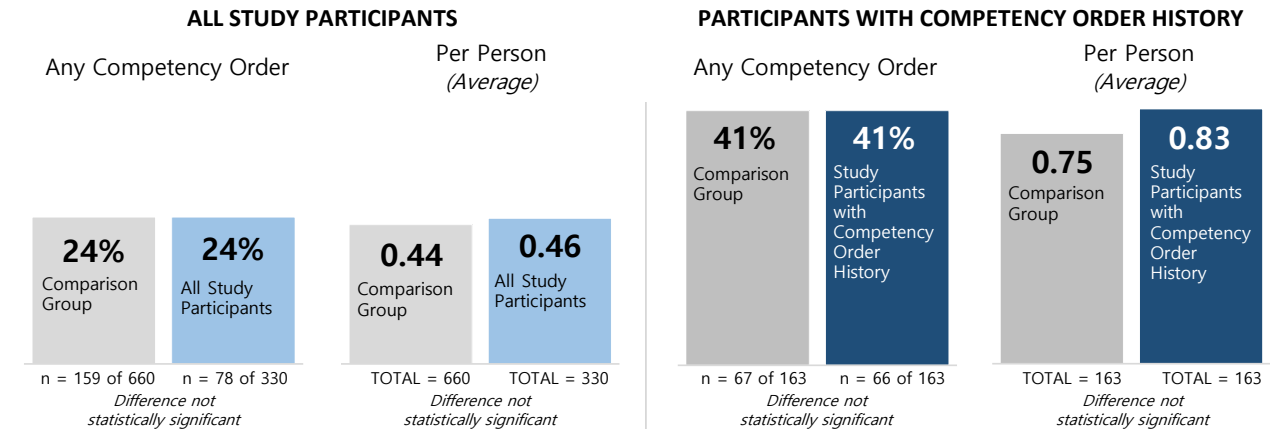
A primary goal of the prosecutorial diversion programs is to reduce involvement with the competency service system. RDA examined two outcome measures related to competency service orders: (1) any order for competency services in the 12 months following program entry; (2) the average number of orders for competency services in the 12 months following program entry. We found no measureable impacts of diversion programs on competency service orders.

All prosecutorial diversion study participants and the subset of participants with a history of competency services had the same rate of new competency service court orders as their respective comparison groups (24 percent for all participants and 41 percent for participants with a competency order history, Figure 7). The average number of new competency service orders between all study participants and participants with competency order history was also not significantly different from their respective comparison groups (0.46 versus 0.44, and 0.83 versus 0.75, respectively).

FIGURE 7.

No Measureable Impact on Competency Service Orders

Matched analysis, 12 months post program entry



Criminal Justice Outcomes

Another primary goal of the three diversion programs is to reduce criminal justice system involvement. RDA examined arrests reported by the Washington State Patrol (WSP) to determine if program participation reduced arrests over the 12-month follow-up period relative to the statistically matched comparison groups. We also examined the number of days a person was incarcerated in local jails or the Department of Corrections (DOC) over the 12 months following program entry.

Prosecutorial diversion program participation led to fewer arrests and reduced days of incarceration.

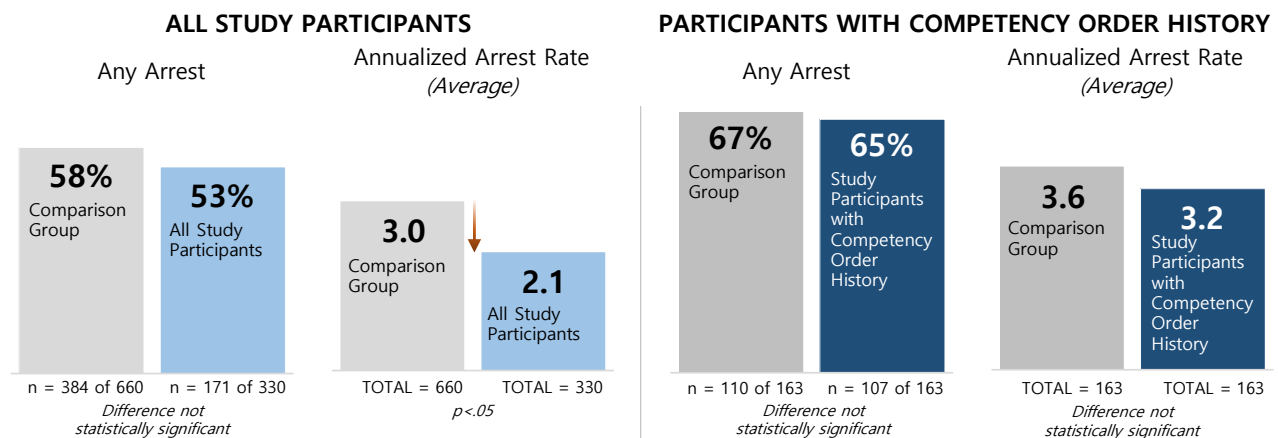
Arrests

Overall, prosecutorial diversion program study participants were not significantly less likely to be re-arrested during the 12-month follow-up period than their comparison group peers (Figure 8). However, the annualized arrest rate was significantly lower for all study participants (2.1 arrests versus 3.0 arrests for the comparison group), indicating fewer arrests during the 12-month follow-up period. There was no measureable impact on the arrest rate among those with a history of competency services (3.2 arrests versus 3.6 arrests for the comparison group).

FIGURE 8.

Fewer Arrests for All Study Participants

Matched analysis, 12 months post program entry



Incarceration

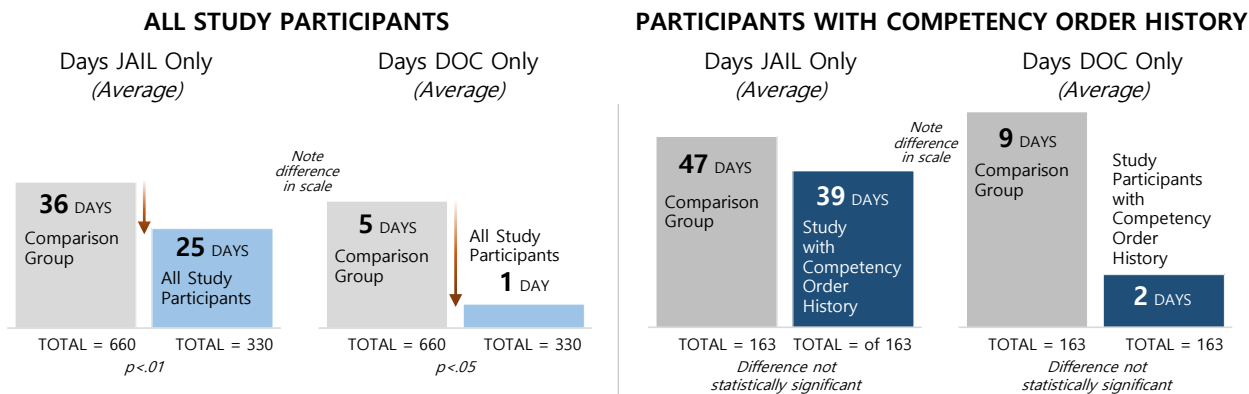
The diversion programs significantly reduced days of incarceration in local jails and Washington State DOC facilities for all study participants. During the 12-month follow-up period, study participants were incarcerated in jail and/or DOC for an average of 25 days total; whereas, their comparison group peers were incarcerated for an average of 41 days (not shown). The number of incarceration days were primarily in jail (25 days for study participants and 36 days for the comparison group) compared to DOC (one day for study participants and five days for the comparison group, Figure 9).

We found no significant impact on incarceration days for study participants with a competency order history. Study participants with a competency order history were incarcerated in jail and/or DOC for an average of 41 days; whereas, their comparison group peers were incarcerated for an average of 56 days (not shown). Similar to all study participants, the number of incarceration days were mostly spent in jail (39 days for study participants with a competency history and 47 days for the comparison group) compared to DOC (two days for study participants with a competency history and nine days for the comparison group, Figure 9).

FIGURE 9.

Fewer Days of Incarceration

Matched analysis, 12 months post program entry



Behavioral Health Outcomes

Active engagement in behavioral health treatment is required by Lourdes and Spokane County for successful program completion and is encouraged by the LINC program. Treatment intensity and duration varies by program and individuals, based on treatment need and program resources.

Prosecutorial diversion program study participants received more days of outpatient mental health treatment and had fewer state hospital inpatient psychiatric commitments.

Study participants received significantly more community-based outpatient mental health treatment services, an average of approximately 21 additional days, relative to their comparison group peers during the 12-month follow-up period. All study participants received outpatient treatment services for an average of 47 days, compared to 26 days for the matched comparison group (Figure 10). Similarly, the subset of study participants with a history of competency service orders received an average of 53 days of outpatient treatment services compared to 32 days for the comparison group.

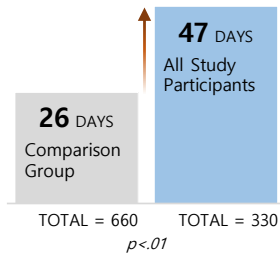
FIGURE 10.

More Outpatient Mental Health Treatment Days

Matched analysis, 12 months post program entry

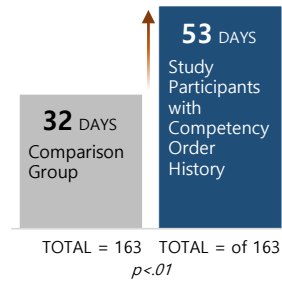
ALL STUDY PARTICIPANTS

Days Outpatient (Average)



PARTICIPANTS WITH COMPETENCY ORDER HISTORY

Days Outpatient (Average)



Inpatient Psychiatric Hospitalizations

Inpatient psychiatric stays include Western and Eastern State Hospital admissions, short-term community psychiatric hospitalizations, and inpatient stays at an evaluation and treatment facility. While there was no measurable impact on inpatient mental health services received overall, there were significantly fewer study participants with an inpatient forensic or civil state hospital stay compared to the matched comparison groups (7 percent of all study participants versus 13 percent of the comparison group peers and 12 percent of participants with a competency order history versus 21 percent of the matched comparison group, Figure 11).

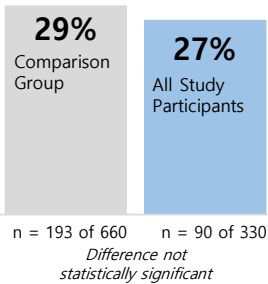
FIGURE 11.

Fewer State Hospital Inpatient Psychiatric Hospitalizations

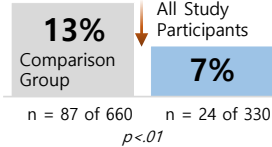
Matched analysis, 12 months post program entry

ALL STUDY PARTICIPANTS

Any Inpatient Mental Health Service

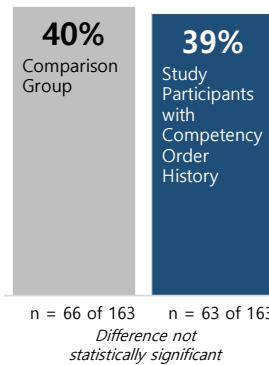


Any Forensic or Civil State Hospital Service

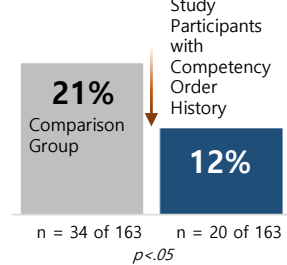


PARTICIPANTS WITH COMPETENCY ORDER HISTORY

Any Inpatient Mental Health Service



Any Forensic or Civil State Hospital Service



Substance Use Disorder Treatment Participation

RDA examined SUD inpatient and outpatient treatment during the 12-month follow-up period for diversion study participants and their comparators who were identified in the pre-period as needing SUD treatment. Overall, study participants identified in the pre-period as needing SUD treatment were significantly more likely to receive inpatient SUD treatment during the follow-up period than their matched peers (18 percent versus 10 percent, Figure 12).

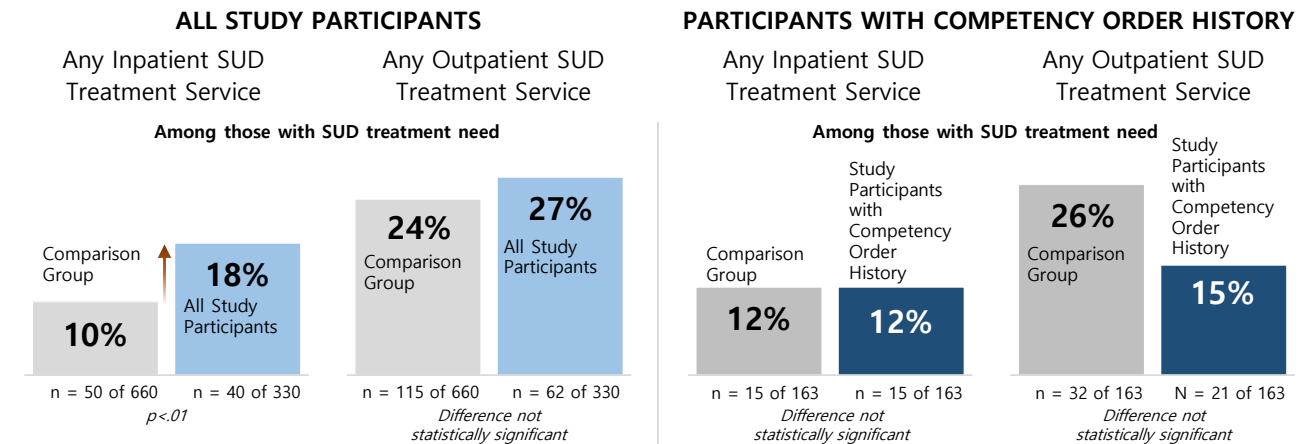
There was no significant difference in outpatient SUD treatment for study participants relative to the comparison group (27 percent and 24 percent, respectively).⁵

When examining study participants with a competency order history who were identified in the pre-period as needing SUD treatment relative to their comparison group peers, there were no significant differences in inpatient or outpatient SUD treatment. While not significant, fewer study participants with a competency order history received outpatient SUD treatment relative to the comparison group (15 percent and 26 percent, respectively).

FIGURE 12.

More Inpatient Substance Use Disorder Treatment Participation

Matched analysis, 12 months post program entry



Study Limitations

Although the matching process used in this study controls for differences in observed characteristics, selection bias may remain, due to unmeasured factors, particularly readiness or motivation to engage in the diversion programs. Participation in the prosecutorial diversion programs is voluntary and requires the participant to agree to treatment. Also, the court and program screens out participants based on eligibility criteria set by the program and amenability to treatment. The comparison group may have included individuals lacking motivation to participate if referred to the program or who may have been screened-out by the court or the program, impacting outcomes.

The diversion programs were analyzed together due to small numbers of participants in each program. Outcomes may vary for each diversion program if they are analyzed separately in the future. The competency order measure included court orders for competency services that were sent by the court and received by DSHS. Court orders received and completed by independent contractors were not included in the competency order measure. Because of changes in court data entry practices for criminal charges, we were not able to examine the impact of the diversion programs on new criminal charges.

⁵ Less than 11 additional diversion study participants (not identified in the 12 months prior to program entry as needing SUD treatment) received inpatient and outpatient SUD treatment.

Discussion

The findings in this study indicate that the DSHS-contracted Prosecutorial Diversion Programs:

- Reduce recidivism (decreasing the number of re-arrests)
- Reduce days of incarceration
- Increase the receipt of community-based mental health treatment and
- Decrease the number of commitments to a state hospital.

Overall, prosecutorial diversion program study participants had fewer arrests and days of incarceration in the 12 months following program entry relative to similar individuals not enrolled in the programs. At the same time, study participants received more outpatient mental health treatment and had fewer inpatient state psychiatric hospitalizations compared to non-participants. Facilitating diversion participants' access to and engagement with mental health treatment in the community may be contributing to increased stabilization, as evidenced by the significant reduction in arrests, days of incarceration, and state psychiatric hospitalizations.

For participants with a competency order history (a population with more extensive criminal histories and higher rates of homelessness and serious mental illness), the diversion programs did not significantly impact re-arrest or incarceration days. However, the diversion programs resulted in a significant increase in community-based mental health treatment and a significant decrease in state hospital inpatient psychiatric stays for study participants with a competency order history.

Overall, SUD treatment services remained low in the 12 months following program entry. While significantly more diversion study participants received inpatient SUD treatment during the outcome period, there was no significant impact on SUD outpatient treatment. In fact, although not significant, study participants with a competency order history received fewer outpatient SUD services relative to non-participants. The diversion programs did not reduce competency orders in study participants in the 12 months after program entry. This is contrary to one of the main goals of the diversion programs. It is possible that an impact on competency orders may take longer than 12 months to observe. Future research should allow a longer follow-up period to determine lasting impacts on outcomes and/or to determine whether some outcomes take longer to emerge. An assessment of the time to a new competency order, trajectories, and risk factors for those who are ordered into competency services is also warranted to inform future programming. Additionally, a longer follow-up study could include a measure of medication adherence.

Overall, the DSHS-contracted Prosecutorial Diversion Programs made a significant positive impact across several domains for study participants enrolled in the program including reduced arrests, days of incarceration (primarily local jails), and state hospital commitments and increased community mental health treatment. However, positive impacts were smaller when considering participants with a competency order history, and the programs are not having the intended impact of reducing competency orders.

The findings reported here indicate that the prosecutorial diversion programs should consider additional strategies to 1) reduce arrests and competency orders in participants with a history of competency orders; and 2) increase engagement in substance use disorder treatment in all study participants. We encourage the programs to assess the risks and needs of participants with a history of competency orders to determine whether services adequately meet the needs of this population.

REFERENCE

Cohen, J.A (1992). A power primer. *Psychological Bulletin*, 112, 155-159.

APPENDIX

APPENDIX TABLE 1.

Prosecutorial Diversion Programs

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 and Some Violent Felonies	Misdemeanors; Low-level, Non-violent and 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 Eligible
ELIGIBLE MENTAL HEALTH STATUS	Crime-Related Behavioral Health or Developmental Conditions	Mental Health or Co-occurring Mental Health/ Substance Use Conditions	Mental Health or Co-occurring Mental Health/ 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
Program Services	Majority Provided within the Program	Majority Provided within the Program	Subset Provided within the Program
Criteria for Successful Program Completion	Active Engagement for Entire Length of Program	Connection with Services, 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 Objectives	Reduce Criminal Justice System Encounters and Competency Service Orders	Decrease Arrests, Jail Days, Competency Service Orders; Increase Housing/Community Stability	Reduce Individuals Waiting for Competency Services, Recidivism, and Homelessness

APPENDIX TABLE 2.

Baseline Measures for Prosecutorial Diversion Program Groups and Comparison Groups⁶

	All Study Participants				...with Competency History			
	Baseline Characteristics				Baseline Characteristics			
	Diversion <i>n</i> = 330		Comparison <i>n</i> = 660		Diversion <i>n</i> = 163		Comparison <i>n</i> = 163	
	Number	Percent ⁷	Number	Percent	Number	Percent	Number	Percent
STUDY PARTICIPANTS PROGRAM ENTRY YEAR								
2017	82	25%	195	30%	30	18%	27	17%
2018	135	41%	256	39%	67	41%	75	46%
2019	113	34%	209	32%	66	40%	61	37%
DEMOGRAPHICS, <i>program entry month</i>								
Average age at program entry month	330	33.2	660	33.3	163	35.2	163	34.2
18-24	83	25%	162	25%	30	18%	30	18%
25-34	116	35%	228	35%	58	36%	65	40%
35-44	78	24%	160	24%	45	28%	43	26%
45-54	40	12%	89	13%	21	13%	16	10%
55-64	—	—	—	—	—	—	—	—
65+	—	—	—	—	—	—	—	—
Gender								
Male	183	55%	369	56%	99	61%	101	62%
Female	147	45%	291	44%	64	39%	62	38%
Race/Ethnicity								
Non-Hispanic White	151	46%	312	47%	66	40%	59	36%
Any Black, Indigenous, and People of Color (BIPOC)	179	54%	346	52%	97	60%	104	64%
BIPOC group (Categories not mutually exclusive)								
Black or African American	68	21%	143	22%	43	26%	46	28%
American Indian or Alaska Native	22	7%	39	6%	19	12%	19	12%
Asian or Pacific Islander	56	17%	108	16%	25	15%	28	17%
Hispanic or Latino	64	19%	115	17%	30	18%	32	20%
MOST SERIOUS CHARGE, <i>program entry</i>								
Misdemeanor, other	16	5%	33	6%	—	—	—	—
Misdemeanor, drug	—	—	—	—	—	—	—	—
Misdemeanor, property	115	35%	241	34%	68	42%	70	43%
Misdemeanor, weapon	—	—	—	—	—	—	—	—
Misdemeanor, sex	—	—	—	—	—	—	—	—
Misdemeanor, assault	96	29%	195	33%	33	20%	32	20%
Felony, other	—	—	—	—	0	0%	0	0%
Felony, drug	19	6%	27	5%	11	7%	—	—
Felony, property	28	8%	56	7%	14	9%	14	9%
Felony, assault	43	13%	90	12%	22	13%	24	15%
Felony, robbery/kidnapping	—	—	—	—	—	—	—	—
COMPETENCY SERVICE COURT ORDERS, <i>prior 12 months</i>								
Competency evaluation orders	135	41%	274	42%	135	83%	141	87%
Competency restoration orders	31	9%	72	11%	31	19%	33	20%
Any competency order	136	41%	279	42%	136	83%	142	87%
Average competency orders per person	330	0.86	660	0.89	163	1.74	163	1.88

⁶ Diversion and comparison groups were matched on all variables with Absolute Standardized Mean Difference (ASMD) values of 0.11 or less for the all study participant group match and 0.17 or less for the competency history diversion subgroup match, indicating good balance, as ASMD values smaller than 0.20 are considered to indicate good balance (Cohen, 1992).

⁷ There are some averages included in the percent columns, which is indicated in the measure label when it occurs.

	All Study Participants Baseline Characteristics				...with Competency History Baseline Characteristics			
	Diversion <i>n</i> = 330		Comparison <i>n</i> = 660		Diversion <i>n</i> = 163		Comparison <i>n</i> = 163	
	Number	Percent ⁷	Number	Percent	Number	Percent	Number	Percent
COMPETENCY SERVICE COURT ORDERS, prior 5 years								
Competency evaluation orders	163	49%	335	51%	163	100%	163	100%
Competency restoration orders	47	14%	117	18%	47	29%	53	33%
Any competency order	163	49%	335	51%	163	100%	163	100%
Average competency orders per person	330	1.74	660	1.86	163	3.52	163	3.73
ECONOMIC ASSISTANCE, prior 12 months								
Basic Food	284	86%	560	85%	147	90%	144	88%
Average months of receiving Basic Food	330	8.3	660	8.1	163	8.6	163	8.3
Homeless or unstably housed	196	59%	416	63%	111	68%	112	69%
EMPLOYMENT, prior 12 months								
Any employment (part-time or full-time)	76	23%	122	18%	21	13%	23	14%
Average wages among those with employment	330	\$1,811	660	\$1,462	163	\$472	163	\$518
Average hours among those with employment	330	136	660	103	163	34	163	32
HEALTH CARE, prior 12 months								
Any Medicaid month	330	100%	660	100%	163	100%	163	100%
Average months Medicaid	330	10.6	660	10.5	163	10.2	163	10.2
Third party liability	25	8%	61	9%	11	7%	15	9%
CRIMINAL JUSTICE HISTORY, prior 12 months								
Arrests								
Any prior arrest	300	91%	617	93%	150	92%	149	91%
Average number of arrests	330	3.0	660	3.2	163	4.2	163	3.9
Annualized arrest rate	330	4.0	660	3.8	163	5.7	163	5.3
Charges								
Any prior charges (in a law category of 8 or more)	296	90%	603	91%	149	91%	148	91%
Misdemeanor	286	87%	592	90%	146	90%	146	90%
Felony	138	42%	285	43%	75	46%	74	45%
Non-violent felony	85	26%	190	29%	44	27%	50	31%
Violent felony	71	22%	150	23%	41	25%	41	25%
Incarceration								
Any Department of Corrections (DOC) incarceration	—	—	—	—	—	—	—	—
Average number of DOC incarceration days	330	1.1	660	1.2	163	0.3	163	0.3
Average number of jail incarceration days	330	31.9	660	28.3	163	48.1	163	45.8
Average number of total incarceration days	330	33.0	660	29.5	163	48.4	163	46.1
CRIMINAL JUSTICE HISTORY, Lifetime								
Any prior conviction	255	77%	519	79%	144	88%	145	89%
Average number of prior convictions	330	9.4	660	10.3	163	13.2	163	13.2
Any prior misdemeanor conviction	251	76%	508	77%	142	87%	144	88%
Any prior felony conviction	136	41%	280	42%	88	54%	95	58%
Any prior violent conviction	64	19%	117	18%	42	26%	50	31%
Age at first conviction	255	21.2	537	21.1	144	21.6	146	21.7
BEHAVIORAL HEALTH CHARACTERISTICS, prior 12 months								
Mental health treatment, prescription or diagnosis	298	90%	602	91%	148	91%	148	91%
Any mental health services	291	88%	585	89%	144	88%	147	90%
Any prior outpatient mental health services	286	87%	579	88%	141	87%	145	89%
Outpatient mental health treatment days per Medicaid member year	330	35	660	36	163	44	163	41

	All Study Participants Baseline Characteristics				...with Competency History Baseline Characteristics			
	Diversion <i>n</i> = 330		Comparison <i>n</i> = 660		Diversion <i>n</i> = 163		Comparison <i>n</i> = 163	
	Number	Percent ⁷	Number	Percent	Number	Percent	Number	Percent
Any prior outpatient crisis services	184	56%	368	56%	96	59%	94	58%
Any prior inpatient mental health services	126	38%	259	39%	93	57%	96	59%
Any prior community psychiatric hospitalization or evaluation and treatment	112	34%	232	35%	79	48%	77	47%
Any forensic or civil state hospital services ⁸	37	11%	69	10%	34	21%	35	21%
Any mental health diagnosis	282	85%	550	83%	142	87%	142	87%
Psychotic diagnosis	190	58%	396	60%	126	77%	126	77%
Mania/bipolar	117	35%	205	31%	52	32%	47	29%
Depression	186	56%	341	52%	81	50%	83	51%
Anxiety	177	54%	355	54%	77	47%	76	47%
ADHD/conduct/impulse	86	26%	185	28%	50	31%	48	29%
Adjustment disorder	17	5%	27	4%	—	—	—	—
Any prescription medications	200	61%	411	62%	92	56%	95	58%
Antipsychotic	154	47%	303	46%	77	47%	84	52%
Anti-mania	19	6%	21	3%	—	—	—	—
Antidepressant	112	34%	222	34%	36	22%	36	22%
Antianxiety	122	37%	230	35%	55	34%	45	28%
ADHD	12	4%	28	4%	—	—	—	—
Any SUD treatment need (treatment, diagnosis, arrest)	231	70%	482	73%	120	74%	124	76%
<i>Among those with treatment need...</i>								
Any substance use treatment services	65	28%	139	29%	27	23%	26	21%
Any substance use inpatient treatment services	18	8%	44	9%	—	—	—	—
Any substance use outpatient treatment services	42	18%	81	17%	17	14%	14	11%
Any substance use detox services	27	12%	50	10%	—	—	13	10%
MEDICAL HISTORY, Prior 12 months								
Outpatient emergency department visits per 1000 Medicaid member year	330	5	660	4	163	5	163	5
Hospitalizations per 1,000 Medicaid member year	330	1	660	2	163	2	163	2
Chronic disease indicator	160	48%	321	49%	79	48%	82	50%
PROSECUTORIAL DIVERSION PROGRAM BREAK-DOWN								
Lourdes Counseling Center	120	36%	211	32%	63	39%	60	37%
King County Legal Intervention and Network of Care	115	35%	256	39%	94	58%	94	58%
Spokane County Diversion Program	95	29%	193	29%	—	—	—	—

“—” = Suppressed due to small numbers (fewer than 11 participants).

⁸ Fourteen participants had forensic commitments, less than 11 participants had civil commitments, and 16 participants had both forensic and civil commitments.

STUDY DESIGN AND OVERVIEW

Using program data provided by the three prosecutorial diversion programs, the Research and Data Analysis (RDA) division of DSHS identified a total of 447 individuals who had a program entry date from January 2017 through August 2019 (161 from Lourdes, 169 from LINC, and 117 from Spokane County). The majority of participants were enrolled in Medicaid in the 12 months prior to and the 12 months after entering the program (355 or 79 percent). Of the Medicaid-enrolled participants, 330 (or 98.5 percent) also had a program referral associated with a criminal charge. A small number of Medicaid-enrolled diversion participants (n=5) had charges (e.g., pedestrian interference) that are not criminal charges. These individuals were excluded from the analysis.

We used a quasi-experimental design to examine outcomes for Medicaid-enrolled DSHS-contracted Prosecutorial Diversion Program participants, relative to statistically matched comparators. Outcomes were examined over a 12-month follow-up period that began on the program entry date (index month) for prosecutorial diversion program study participants and a similar calculated index date for the comparison group. Diversion program study participants were identified from data provided by the Lourdes, King County LINC, and Spokane County Prosecutorial Diversion Programs. A comparison pool was drawn from administrative data using the following parameters:

PROSECUTORIAL DIVERSION PROGRAM GROUPS

1. All Study Participants

- a. Started prosecutorial diversion program between January 2017 and August 2019.
- b. Enrolled in Medicaid.
- c. Criminal charge associated with program entry (index date).

2. Study Participants with Competency Order History
(subset of All Participants described above)

- a. At least one order for competency services within five years prior to program entry (index date).

COMPARISON POOL

1. Comparison Pool for All Study Participants

- a. All adults (18 and over) in the community with criminal charges and other characteristics similar to the diversion group, with charges filed in Benton-Franklin, King, and Spokane counties during the same timeframe who were not enrolled in the diversion programs.
- b. Enrolled in Medicaid.
- c. Criminal charge associated with calculated index date.

2. Comparison Group for Subset of Participants

- a. At least one order for competency services within five years prior to the calculated index date.
- b. Matched with competency history participants.

Propensity score matching. To select individuals from the comparison group pool, we employed a statistical technique called propensity score matching, which estimates the probability of diversion group participation using logistic regression with baseline measures as predictors. The propensity scores obtained from the model were used to select the matched comparison group (n=660) for the all study participant group (n=330) using 2:1 nearest neighbor matching, where two comparison cases were selected for each treatment case. For the diversion subgroup with a competency order history we used 1:1 nearest neighbor matching, where one comparison case was selected for each diversion participant (n's=163). We then assessed the balance in all baseline characteristics. Baseline characteristics included, but were not limited to: demographics, competency orders, criminal justice history, economic characteristics, behavioral health and SUD treatment, medical illness indicators, and COVID month overlap (individuals whose outcome periods overlap with the COVID-19 pandemic).⁹ To assess balance in baseline characteristics, we examined the Absolute Standardized Mean Difference (ASMD). All ASMD values were 0.11 or less for the all study participant group match and 0.17 or less for the competency history diversion subgroup match, indicating good balance.¹⁰ See Appendix Table 2 for baseline characteristics of the prosecutorial diversion program study participants and the matched comparison group individuals.

Analytical approach. We assessed whether prosecutorial diversion program participation improved outcomes by examining regression models for each outcome variable. All outcomes were measured over a 12-month time period. For the diversion groups, the outcome period started when the participant started the prosecutorial diversion program.

⁹ Some measures (e.g., jail and DOC days and mental health outpatient treatment days) were broken down into monthly, quarterly, or semi-annual subtotals across the 12-month pre-period for more precise matching.

¹⁰ Ideally, the ASMD value is small. ASMD values smaller than 0.20 are considered to indicate good balance (Cohen, 1992).

We calculated an equivalent starting point or index date for the comparison group using the median amount of time between the filing of criminal charges and the start of the prosecutorial diversion program for study participants (i.e., 69 days). Therefore, for the comparison group, the outcome period began 69 days after the filing of criminal charges. All of the outcome measures reported for the prosecutorial diversion program group are regression-adjusted to control for residual differences between the diversion and comparison groups after matching.

DATA SOURCES AND MEASURES

Data sources included the Research and Data Analysis (RDA) State Hospital Analytic Research Query (SHARQ) database, DSHS Integrated Client Databases (ICDB), and data provided by the Lourdes, King County LINC, and Spokane County prosecutorial diversion programs. 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 the Washington State Health Care Authority (HCA), containing nearly 20 years of detailed services, costs and outcomes.

Demographics

- Gender, age and race/ethnicity were extracted from the DSHS Integrated Client Databases.

Competency Service Court Order Indicators

- Any competency service order reflects whether there was at least one court order for competency services in the Forensic Data System (FDS) or historical data systems in the time periods specified.
- Average number of competency service orders is based on the number of competency services orders for the individuals in the diversion and comparison groups in the FDS and historical data systems.

Criminal Justice

- Arrests were identified from records in the Washington State Patrol (WSP) database. Arrests reported in the WSP database are primarily felonies and gross misdemeanors but include some misdemeanors.
- Criminal charges and convictions were identified from Administrative Office of the Courts records, extracted from the Washington State Institute for Public Policy (WSIPP) Criminal History Database.
- Incarceration days include time spent in both local jails and state prison (Department of Corrections; DOC). Local jail days were extracted from the Jail Booking and Release System (JBRS). DOC incarceration days were identified from prison inmate admission and release records provided by DOC.

Behavioral Health

- Outpatient mental health treatment includes counseling, medication monitoring and other treatment services provided in the community. Inpatient psychiatric hospitalizations include admissions to Western or Eastern State Hospital, community hospitals or an evaluation and treatment facility. Outpatient substance use disorder treatment includes individual or group treatment, medication-assisted treatment and other alcohol or drug treatment services provided in the community. Inpatient substance use disorder treatment includes alcohol and drug treatment services provided in a residential setting.
- Mental health and substance use disorder treatment indicators were generated from multiple information systems: ProviderOne (medical), the Treatment and Assessment Report Generation Tool (substance use disorder treatment records) and the Behavioral Health Data System (combined mental health and substance use disorder treatment records).
- Mental health and substance use disorder treatment need indicators are based on health and behavioral health diagnoses, prescription and treatment records. Drug and alcohol-related arrest data maintained by the WSP were also used to identify probable substance use issues.

Medical Indicators

- Medicaid enrollment reflects that a Medicaid Recipient Aid Category was recorded in ProviderOne.
- Hospitalizations and emergency department use were based on information from ProviderOne medical claims and encounters. ProviderOne is maintained by Washington's HCA. Utilization measures were calculated as the number of visits or admissions per member year to standardize for differences in the amount of time enrolled in Medicaid.
- The chronic illness risk score is 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.

Economic Assistance

- Basic Food receipt was identified with data from the DSHS Automated Client Eligibility System (ACES) indicating at least one month of Basic Food coverage during the baseline period.

Employment and Earnings

- Any history of employment, wages and hours were identified using data from the Washington State Employment Security Department (ESD). Individuals were considered 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 12 months for those with reported wages.

Housing

- Unstable housing and homelessness were derived from housing status recorded in ACES and services recorded in the Housing Management and Information System (HMIS).

RELATED FINDINGS



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

Program Descriptions and Participant Characteristics of DSHS-Contracted Diversion Programs

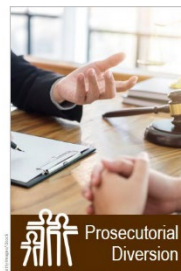
Becker, Henzel, Huber, Black, Felver

SEPTEMBER 2019

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. Key findings include:

- The Lourdes (Tri Cities) and LINC (King County) programs had higher percentages of participants with court orders for competency services in the five years prior to program entry, and more extensive criminal histories, compared to the Spokane county program.
- A larger proportion of the LINC program participants were hospitalized for inpatient mental health services and were diagnosed with psychotic disorders compared to other programs.
- The Lourdes program enrolled more participants with felony charges compared to the LINC and Spokane County Programs.

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