

Washington Court and Recovery Enhancement System

Program, Participants, Services and Preliminary Findings

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In collaboration with Earl Long, Washington State Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR). This work was funded by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Justice Programs Bureau of Justice Assistance (BJA).

THE WASHINGTON STATE Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR), the Administrative Office of the Courts (AOC), and nine independent, county-level drug courts have collaborated in the development and implementation of the Washington Court and Recovery Enhancement System (WA-CARES). WA-CARES addresses the need for improved, cross-system coordination for drug courts and provides recovery support services for high-risk clients who access substance use disorder treatment through the drug court system.

The two components of the project addressed in this report are: 1) implementation of an automated drug court case management system, and 2) provision of recovery support services (RSS) to drug court participants in select drug courts. Specifically, grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Bureau of Justice Assistance (BJA) have enhanced drug courts in nine locations through the addition of the Drug Court Case Management (DCCM) system and increased support services available for adult clients in substance use disorder treatment in five of the nine sites. This report provides details on WA-CARES participant characteristics and preliminary outcomes for RSS and non-RSS (DCCM-only) sites.

Key Findings

- 1. WA-CARES participants reported low levels of employment and educational attainment at admission. Approximately one-third of participants had less than a high school education and about 80 percent were not employed at the time of drug court admission.
- 2. Participants experienced many positive changes in the 12 months following drug court admission relative to the prior 12 months. They experienced notable declines in arrests and convictions, along with moderate increases in employment. They also were participating in substance use disorder treatment at much higher rates. Although rates of housing instability increased, the proportion receiving homeless housing assistance doubled.
- **3.** Participants identified multiple needs, some of which were addressed with RSS. The majority of RSS participants sought to have their basic needs met and identified transportation as their top service need. Consistent with this, transportation was the most common service provided, followed by services to meet basic needs.

NOTE: The pre- and post-period comparisons presented in this report are preliminary and descriptive. A final evaluation report at the end of the grant period will use a statistically matched comparison group of non-participants to control for participant characteristics, criminal and treatment histories, and other possible sources of variance in the outcomes.



Context

Drug Court Case Management System (DCCM)

The lack of a centralized drug court information system in Washington State presents challenges for case monitoring and evaluation at the state and local levels. The implementation of the Drug Court Case Management (DCCM) information system is an attempt to provide systematic case management and standardize reporting in a way that is useful and affordable. This report reflects information for eight participating WA-CARES counties. Mason County became an active DCCM site in 2013 and recently began enrolling participants. No data from Mason County is included in this report. Each county had an existing felony drug court and agreed to implement the DCCM at the onset of the grant period (see footnote). DCCM collects information through a web-based interface, stores the data in a centralized database server, and maintains all records in compliance with state and federal rules. It contains data essential for the processing and intensive monitoring that is unique to therapeutic courts and allows for local evaluation of court performance. DCCM provides the ability to share information, capture demographic data, and monitor program outcomes to enable judicial, treatment, and administrative professionals to collaborate. Summary data are also available at the state level, which enables state agencies to monitor therapeutic court activity and outcomes consistently for participating courts.

Recovery Support Services (RSS)

Recovery support services (RSS) address major barriers to success for individuals in recovery from substance use disorders, such as employment/job training, child care, and transportation. In addition to the implementation of DCCM in their sites, five of the nine counties are funded to provide recovery support services (RSS) to address potential barriers to recovery and drug court success. These increased support services are available for adults in substance use disorder treatment in Clallam, Cowlitz, Skagit, Okanagan and Snohomish Counties. RSS includes funds for services to address needs around employment and job training, transportation, medical and legal problems, child care, and parenting education, among other basic needs. Services provided are based on the individual participant's expressed need for specific types of support during a recovery support needs assessment that is administered at the time of WA-CARES program admission. It is expected, based on prior work in Washington State, that providing enhanced RSS will improve recovery and other outcomes for WA-CARES participants.^{1,2}



NOTE: DCCM is a case management information system built and maintained by Advanced Computer Technologies (ACT) specifically for therapeutic courts such as drug courts, mental health courts, and family dependency courts.

Study Design

This report is divided into three parts, which together provide a comprehensive picture of the characteristics and experiences of WA-CARES participants.

- 1. Part I: Program Participation and Characteristics of Participants
 - Data and Measures: Drug Court Case Management (DCCM) data is used to provide enrollment trends, case status, substance use, measures of substance use disorder treatment participation, and drug court eligible charges. In addition, Part I of this report provides a snapshot of client demographics, educational attainment levels, and employment at the time of drug court admission.
 - **Population:** Analyses in Part I are conducted on the 1,246 individuals who participated in WA-CARES between July 2009 and August 2013 and had active drug court cases as of January 2011.
 - **Timeline:** With the exception of the substance use disorder treatment participation and case status, the measures in this section are based on a snapshot view at the time of drug court admission.

2. Part II: Unadjusted Pre-Post Comparisons on Key Measures

- Data and Measures: The DSHS Integrated Client Database (ICDB) is used to provide an unadjusted comparison of key measures in the pre- and post-period. Key measures include: criminal justice involvement, housing stability, employment and earnings, medical coverage, and receipt of substance use disorder treatment. In addition, Government Performance and Results Act (GPRA) data is used to examine clients' perceptions of their housing, health, and employment status at baseline and at six months follow-up.
- **Population:** Analyses in Part II are conducted on the 543 WA-CARES participants who had drug court admission dates between January 1, 2011 and June 30, 2012 to allow for post-period measurement. In addition, analyses are provided for two sub-groups: those who received Recovery Support Services (RSS) in addition to DCCM (n = 145) and those who participated in sites with only DCCM (n = 398).
- **Timeline:** All measures are provided for the 12-month period prior to the drug court admission and the 12-month period following admission. The one exception to this is employment and earnings, where pre- and post-periods begin in the quarter prior to (or following) the quarter of admission. Comparisons in this section are descriptive and do not control for other sources of variation that will be addressed in a future multivariate analysis.



3. Part III: Recovery Support: Need for and Receipt of Support Services

- Data and Measures: RSS clients' perceptions of their top service and support needs, as identified in the Recovery Support Services Assessment of Needs (R-SSCAN), are provided in Part III. In addition, actual services dollars spent are analyzed based on invoices from each of the RSS sites and services received are based on information recorded in TARGET.
- **Population:** Analyses of service needs are conducted on the 213 RSS clients with complete R-SSCAN data, and analyses of service use are conducted on 256 RSS clients.
- **Timeline:** Service and cost data is based on recovery support services received between May 1, 2011 and June 30, 2012.

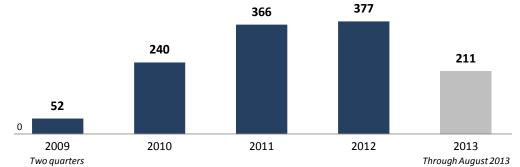
Part 1. Program Participation and Characteristics of Participants

Trends in Admission

The table below summarizes all WA-CARES drug court admissions captured in DCCM from July 2009 through August 2013 for cases still active as of January 2011. Sites were encouraged to maximize use of the system by entering retrospective drug court data, however, the requirement was to enter active cases as of January 2011 to correspond with the funding period. As of the end of August 2013, there were 1,246 unique cases entered into DCCM.

WA-Cares Implementation

Enrollment by Calendar Year



			RSS S	SITES				RSS SITES				
			Clallam	Cowlitz	Island	Lewis	Okanogan	Skagit	Snohomish	Yakima	Quarter Total	Calendar Year Total
	2009	Q3	5	5	2	1	4	3	1	0	21	
		Q4	1	10	0	1	5	5	6	3	31	52
	2010	Q1	5	11	2	4	2	6	23	3	56	
		Q2	3	12	3	7	1	6	17	7	56	
		Q3	6	4	0	9	3	4	28	2	56	
		Q4	13	8	1	5	5	9	23	8	72	240
ē	2011	Q1	4	13	4	9	4	9	46	5	94	
3 3		Q2	7	13	0	8	5	9	34	9	85	
idy (= 54		Q3	4	14	4	9	4	6	48	5	94	
PART II Study Group TOTAL = 543		Q4	15	11	2	5	0	14	32	14	93	366
	2012	Q1	14	13	1	7	5	11	36	8	95	
ΡA		Q2	10	13	3	11	4	4	33	4	82	
		Q3	14	12	3	8	6	13	35	8	99	
		Q4	3	19	6	11	3	13	37	9	101	377
	2013	Q1	7	10	3	5	1	8	39	10	83	
		Q2	12	12	4	13	5	6	32	12	96	
		Q3*	2	7	0	2	2	4	12	3	32	211
Total to Date		125	187	38	115	59	130	482	110		1,246	
						1					1	1

Quarterly Admissions by Site

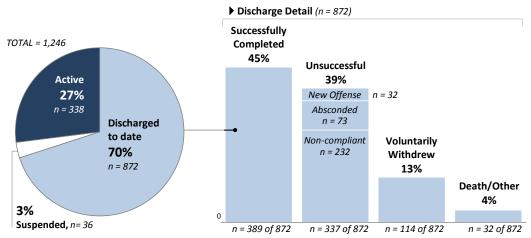
SOURCE: Drug Court Case Management Database, DCCM.

*Q3 2013 data was only available through August 2013 as of the writing of this report.

Case Status

Of the total 1,246 WA-CARES participants to date, 27 percent are active, 3 percent were suspended, and 70 percent were discharged from their drug court program. Of the 872 discharged, 45 percent successfully completed the program, 13 percent withdrew voluntarily, and 39 percent were deemed unsuccessful because they did not comply with drug court requirements (n = 232), absconded (n =73), or committed new offenses (n = 32).

Half of all participants had a positive urinalysis at some point since admission, indicating at least some use of illicit substances. Sixty-four percent were sanctioned at some point. About half (49 percent) also received rewards or incentives at some point during their enrollment. There was variation in program indicators by site, likely reflecting the wide variations in drug court policies and procedures across the state.



SOURCE: Drug Court Case Management Database, DCCM.

	RSS SITES					RSS SITES			
	Clallam	Cowlitz	Island	Lewis	Okanogan	Skagit	Snohomish	Yakima	OVERALL
CASE STATUS	n = 125	n = 187	n = 38	n = 115	n = 59	n = 130	n = 482	n = 110	n = 1,246
Active	37%	33%	45%	25%	29%	32%	20%	25%	27%
Suspended	8%	6%	3%	1%	0%	0%	2%	0%	3%
Discharged to Date	55%	61%	53%	74%	71%	68%	77%	75%	70%
Of those discharged									
Successfully Completed	39%	45%	60%	56%	60%	34%	41%	54%	45%
Unsuccessful TOTAL	20%	38%	35%	19%	38%	39%	46%	43%	39%
Unsuccessful Non-compliant	14%	27%	25%	8%	19%	23%	34%	32%	27%
Unsuccessful Absconded	0%	4%	0%	11%	2%	10%	11%	10%	8%
Unsuccessful New Offense	6%	7%	10%	0%	17%	6%	1%	1%	3.5%
Voluntarily Withdrew	30%	17%	5%	19%	2%	11%	12%	2%	13%
Death/Other	10%	1%	0%	5%	0%	16%	1%	1%	3.5%
PROGRAM INDICATORS									
Positive Urinalysis (DCCM)	46%	29%	55%	60%	7%	19%	71%	48%	50%
Sanctions (DCCM)	50%	65%	50%	69%	63%	58%	71%	56%	64%
Rewards/Incentives	10%	71%	18%	63%	73%	29%	48%	65%	49%

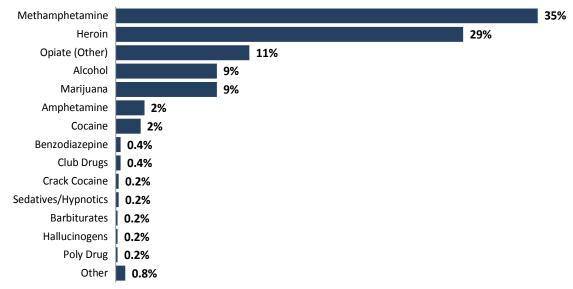
Case Status by Site

NOTE: Where column percentages total just under or just over 100 percent, it is due to rounding.

Participants' Primary Substances of Choice

Methamphetamines, heroin, and other opiates were the most common drugs of choice.

The primary drug of choice for WA-CARES participants was methamphetamine (35 percent), followed by heroin (29 percent), and other opiates (11 percent). These three substances taken together account for the primary substance of choice for 75 percent of all WA-CARES participants, although there is a great deal of variation by site. For example, alcohol was a much more common drug of choice for participants in Clallam, Okanogan, and Yakima than for other WA-CARES sites.



SOURCE: Drug Court Case Management Database, DCCM.

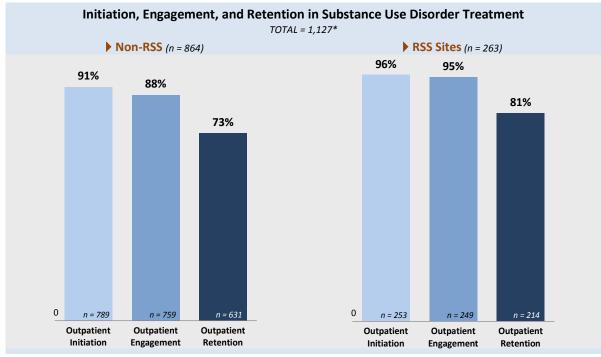
	RSS SITES					RSS SITES			
	Clallam	Cowlitz	Island	Lewis	Okanogan	Skagit	Snohomish	Yakima	OVERALL
CASE STATUS	n = 125	n = 187	n = 38	n = 115	n = 59	n = 130	n = 482	n = 110	n = 1,246
Methamphetamine	39%	34%	53%	54%	31%	38%	31%	29%	35.0%
Heroin	13%	42%	26%	17%	3%	39%	36%	12%	29.0%
Opiate (Other)	12%	6%	8%	17%	22%	5%	12%	13%	11.0%
Alcohol	21%	5%	8%	2%	17%	6%	6%	19%	9.0%
Marijuana	8%	9%	0%	6%	19%	5%	9%	10%	9.0%
Amphetamine	0%	2%	3%	1%	2%	2%	2%	10%	2.0%
Cocaine	1%	2%	0%	0%	3%	5%	2%	3%	2.0%
Benzodiazepine	0%	0%	0%	2%	0%	0%	1%	0%	0.4%
Club Drugs	0%	1%	3%	0%	0%	0%	0%	1%	0.4%
Crack Cocaine	0%	0%	0%	0%	0%	0%	1%	0%	0.2%
Sedatives/Hypnotics	0%	0%	0%	1%	0%	0%	0%	2%	0.2%
Barbiturates	1%	0%	0%	1%	0%	0%	0%	0%	0.2%
Hallucinogens	0%	0%	0%	1%	0%	1%	0%	0%	0.2%
Poly Drug	0%	0%	0%	0%	3%	0%	0%	0%	0.2%
Other	6%	1%	0%	0%	0%	0%	0%	2%	0.8%

Drug of Choice by Site

Participation in Substance Use Disorder Treatment

WA-CARES participants have fairly high rates of initiation, engagement, and retention.

Washington Circle measures of initiation and engagement have received much attention in the literature recently because of their utility and for predicting long-term success in recovery.³ Retention is an additional measure used in Washington State that is based on sessions in a month and/or successful discharge. Using these three measures, we identify high levels of initiation and engagement in outpatient substance use disorder treatment overall and especially high rates for RSS sites.



SOURCE: Integrated Client Database, ICDB.

*Participants with available Washington Circle Measures for treatment associated with current Drug Court admission.

Drug Court Eligible Charges

The vast majority of WA-CARES participants were eligible for drug court due to felony charges.

WA-CARES case managers in each site record the charges that rendered participants eligible for drug court. Since WA-CARES primarily serves a population of individuals in adult felony drug courts, it is not surprising that 88 percent are eligible due to felony charges. The most common categories of eligible charges are felony drug related (46 percent), and felony property related (38 percent) charges.



Drug Court Eligible Charges (n = 1,246)

SOURCE: Drug Court Case Management Database, DCCM.

*The majority (87 percent) of the Non-charge/Missing cases are from Snohomish Family Court.

Participant Demographics

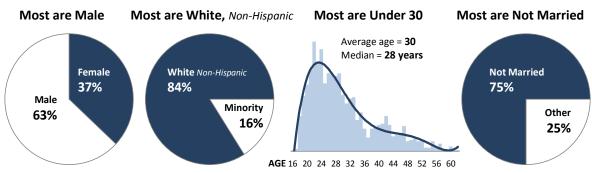
The average WA-CARES participant is an unmarried white male under age 30.

The majority of the total 1,246 WA-CARES drug court participants are:

- Male (63 percent),
- White (84 percent),
- Not married (75 percent), and
- About 28 years old.

Overall Characteristics

There is some variation by site. For example, there is a higher proportion of minority representation in Yakima (38 percent, compared to 16 percent overall) and a greater proportion of male participants in Island (79 percent, compared to 63 percent overall).



SOURCE: Drug Court Case Management Database, DCCM.

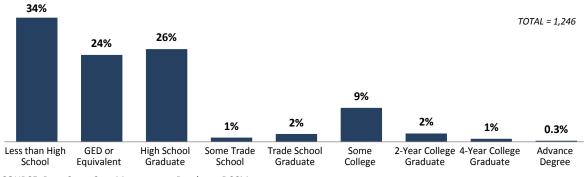
	RSS SITES					RSS SITES			
	Clallam	Cowlitz	Island	Lewis	Okanogan	Skagit	Snohomish	Yakima	OVERALL
GENDER	n = 125	n = 187	n = 38	n = 115	n = 59	n = 130	n = 482	n = 110	n = 1,246
Female	39%	37%	21%	43%	31%	25%	40%	40%	37%
Male	61%	63%	79%	57%	69%	75%	60%	60%	63%
RACE ETHNICITY									
White, Non-Hispanic	84%	93%	84%	87%	85%	85%	84%	62%	84%
Racial/Ethnic Minority	16%	7%	16%	13%	15%	15%	16%	38%	16%
AGE (years)									
Average	29.6	31.8	30.4	33.3	30.0	30.5	28.8	30.1	30 years
Median	27.0	29.0	28.0	30.0	29.0	29.0	27.0	27.0	28 years
MARITAL STATUS									
Not Married	75%	73%	68%	75%	71%	78%	77%	75%	75%

Demographics by Site

Educational Attainment

Approximately one-third of participants have less than a high school education at admission.

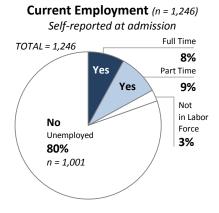
WA-CARES participants reported fairly low levels of educational attainment at admission. Although 50 percent report having a high school diploma or its equivalent (26 percent and 24 percent, respectively), a full 34 percent have not completed secondary education. In addition, only 12 percent have attended any college (9 percent attended some college, 2 percent were graduates of 2-year colleges, and 1 percent were graduates of 4-year colleges).



SOURCE: Drug Court Case Management Database, DCCM.

Employment and Earnings

80 percent of participants reported that they were not employed at the time of admission.



At the time of drug court admission, 80 percent of WA-CARES participants reported that they were not employed; 17 percent reported either full or part-time employment (8 and 9 percent, respectively). There was notable variation in self-reported full-time employment rates by site, ranging from a low of 3 percent in Okanogan to a high of 14 percent in Skagit.

Self-Reported Employment and Earnings at Admission, by Site

	RSS SITES					RSS SITES			
	Clallam	Cowlitz	Island	Lewis	Okanogan	Skagit	Snohomish	Yakima	OVERALL
RECENT EMPLOYMENT	n = 125	n = 187	n = 38	n = 115	n = 59	n = 130	n = 482	n = 110	n = 1,246
Full Time, 35 or more hours	5%	4%	13%	7%	3%	14%	9%	12%	8%
Part Time Under 35 hours	18%	6%	5%	5%	5%	8%	10%	6%	9%
Not in Labor Force	2%	2%	5%	7%	5%	3%	1%	5%	3%
Unemployed	76%	88%	76%	81%	86%	75%	80%	77%	80%

SOURCE: Drug Court Case Management Database, DCCM.

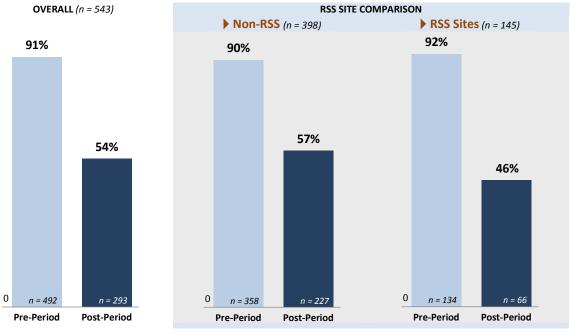
NOTE: Where column percentages total just under or just over 100 percent, it is due to rounding.

Part 2. Unadjusted Pre-Post Comparisons on Key Measures

Criminal Justice Involvement

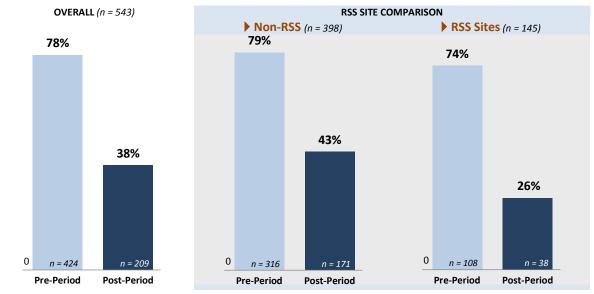
Rates of arrests and convictions were much lower in the post-period, with an especially notable decline in felony arrests and convictions among participants in RSS sites.

Approximately 90 percent of WA-CARES participants were arrested or convicted in the 12 months prior to drug court admission, but rates of criminal justice involvement are much lower in the 12 months following the drug court admission date. The decrease is even more striking for RSS participants, especially when restricted to felony arrests and convictions.



Any Arrest or Conviction

SOURCE: Integrated Client Database, ICDB.

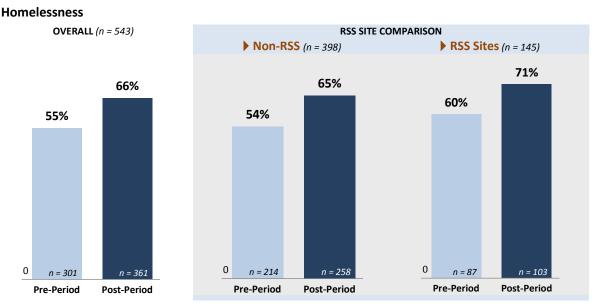


Felony Arrest or Conviction

Housing Stability

WA-CARES participants were more likely to experience housing instability in the post-period but were also twice as likely to be receiving homeless services through local housing providers.

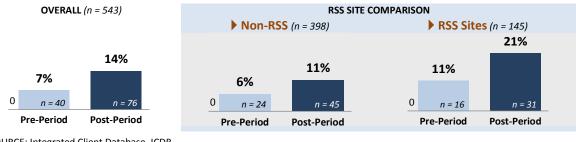
Homelessness was identified using an indicator that combines data from six different information systems. In addition to capturing homelessness as defined narrowly, this measure identifies individuals in unstable living arrangements (such as "couch surfing"). A little over half of WA-CARES participants had experienced homelessness in the 12 months prior to drug court admission.



SOURCE: Integrated Client Database, ICDB.

Information on receipt of housing assistance provided to homeless individuals is provided in the Homeless Management Information System (HMIS). Specifically, HMIS captures receipt of emergency shelter, transitional housing, rent assistance, and permanent supportive housing services. Although WA-CARES participants were more likely to experience homelessness in the post-period relative to the pre-period, the rate of HMIS-recorded housing assistance also doubled in the post-period.

Receipt of Housing Assistance

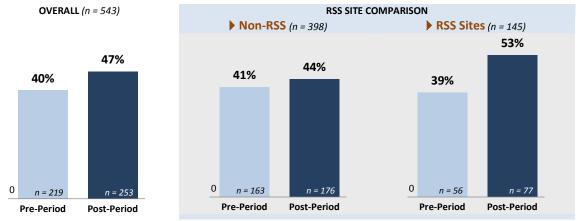


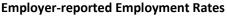
Employment and Annual Earnings

Employment rates were notably higher in the post-period for RSS participants, but their average annual earnings were lower.

Both pre- and post- employment rates were measured based on the presence of any earnings in a quarter over the 12-month period in the Employment Security Department's Unemployment Insurance wage database. Given that ESD wage data is quarterly rather than monthly, we used a post-period that began in the quarter following the month of admission.

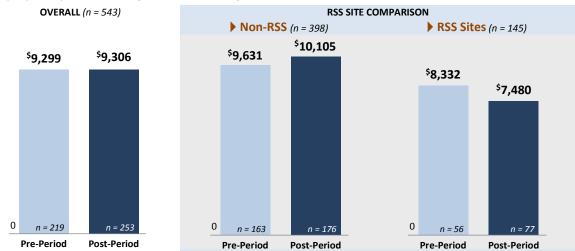
Post-period employment rates were higher than in the pre-period overall but notably so in the RSS sites (53 percent in the post-period compared to 39 percent in the pre-period).





SOURCE: Integrated Client Database, ICDB.

Among those with any employment in the 12-month period of observation, earnings levels overall were essentially unchanged from the pre-period to post-period. In contrast to the employment rate findings, RSS participants had slightly lower earnings in the post-period relative to the pre-period.

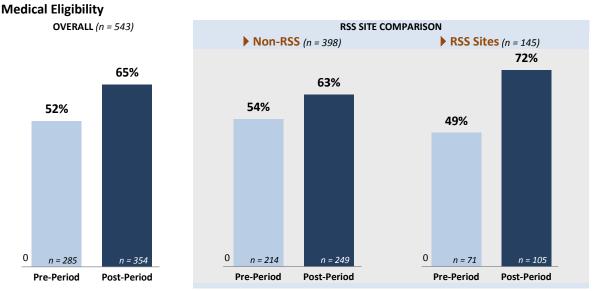


Employer-reported Average Annual Earnings

Access to Health Care and Treatment

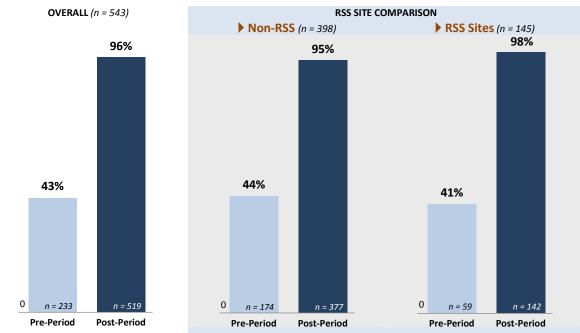
The proportion of participants with Medicaid or similar medical coverage increased slightly and the proportion receiving substance use disorder treatment more than doubled from the pre- to post-period.

Proportionally more WA-CARES participants had at least one month of Medicaid or related medical eligibility in the follow-up year (65 percent) compared to the year prior (52 percent), as measured by at least one month of any medical coverage in the measurement period.



SOURCE: Integrated Client Database, ICDB.

Substance use disorder treatment is almost always a condition of drug court. Almost all (96 percent) WA-CARES participants had some substance use disorder treatment in the DBHR substance use disorder system during the 12 months following drug court admission, compared to less than half (43 percent) in the year prior.

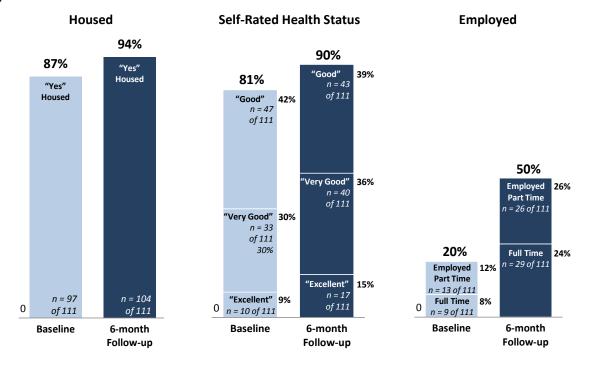




Pre and Post GPRA Survey Data: RSS Participant Perceptions of Well-Being

RSS participants report high rates of stable housing despite administrative data to the contrary.

A subset of 111 WA-CARES participants receiving RSS completed the SAMHSA-required Government Performance and Results Act (GPRA) survey both at admission and again at 6 months follow-up. For those who completed both surveys, self-reported ratings of housing, health status and employment are summarized below. They suggest the value of measuring outcomes with administrative data, especially in the area of housing. In contrast to the fairly high rates of homelessness shown above, the majority of RSS participants reported that they were housed in both the pre and the post-period. In the baseline period, 81 percent reported that their health was good, very good or excellent, compared to 90 percent in the 6 months after admission. At baseline, 20 percent of RSS participants reported current full or part time employment, compared to 50 percent in the six-month follow-up period.



Part 3. Recovery Support: Need for and Receipt of Services

Recovery Support Service Goals and Needs

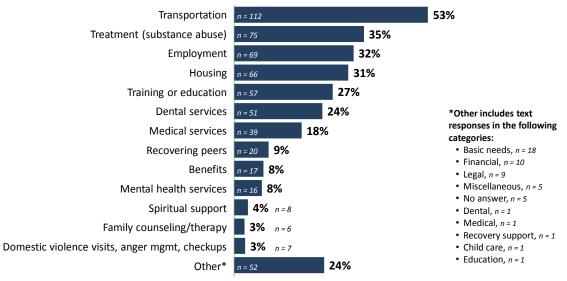
The majority of RSS clients sought to obtain food, clothing, or housing through participation in the program, but transportation topped the list in terms of needed services.

After responding in detail about RSS needs as part of the R-SSCAN assessment, participants are asked to list their top three needs. More than half of the RSS participants (53 percent) included transportation as one of their top three needs, followed by substance use disorder treatment (35 percent), employment (32 percent), housing (31 percent), and training or education (27 percent). These summarized responses are relatively consistent with the dollars spent and services provided.

Obtain food, clothing or housing n = 14568% Getting support in recovery 51% n = 109 Comply with legal requirements 48% n = 103 47% Get job n = 101 Improve quality of life (health, work, etc) n = 7937% Stop using drugs/alcohol 36% n = 76 Connect with others in recovery 35% n = 74 Avoid jail 33% n = 71 Other (specify)* 15% n = 33 Get connected with mental health services n = 32 15% Keep spouse/partner/family 13% n = 27 Regain custody of children 12% n = 25 Keep job n = 2210% Comply with spouse/partner family n = 19 **9%** Maintain custody of children n = 18 8% Reduce/manage alcohol/drug use *n* = 15 7% Get spouse/partner family back 6% n = 12 SOURCE: Recovery Support Services Assessment of Needs, R-SSCAN.

What would you like to accomplish through working with us? (R-SSCAN Q.3)

Which are the three most important to achieving your recovery goals? (R-SSCAN Q. 28)

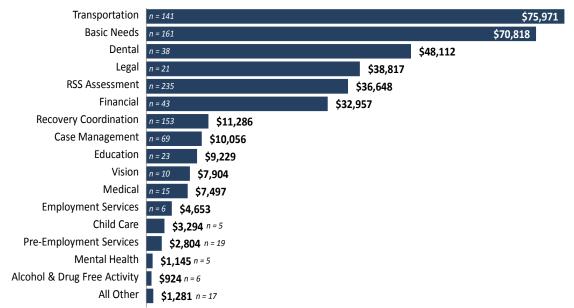


SOURCE: Recovery Support Services Assessment of Needs, R-SSCAN.

Recovery Support Services and Dollars

Consistent with needs identified by clients, transportation was the most common service provided and the service modality in which sites spent the most money.

Recovery support services are provided to participants in RSS who have indicated needs for such services and if the services are available. The services provided from January 1, 2011 through June 30, 2012 are presented below, with totals by service type. The bulk of RSS costs are driven by services related to transportation, basic needs, dental and legal needs.



Total Dollars by RSS Service Type (For services provided January 1, 2011 through June 30, 2012)

Number of Services Provided by RSS Type (For services provided January 1, 2011 through June 30, 2012)

Transportation	n = 146	1,295
Recovery Coordination Services	n = 140 822	
Basic Needs	n = 161 751	
RSS Assessment	n = 202 208	
Pre-Employment Services	<i>n</i> = 43 104	
Dental Care	<i>n</i> = 32 79	
Financial Services	n = 39 78	
Case Consultation	56 <i>n</i> = 15	
Legal Services	52 <i>n</i> = 22	
Screening	40 _{n = 40}	
Phone Contact	28 <i>n</i> = 11	
RSS Educational Services	28 <i>n</i> = 16	
Medical Care	27 <i>n</i> = 10	
Vision Care	20 <i>n</i> = 10	
Child Care	14 <i>n</i> = 5	
Referral	11 <i>n</i> = 10	
Employment Services	10 <i>n</i> = 6	
Individual Counseling	10 <i>n</i> = 2	
Pharmacological Intervention	10 <i>n</i> = 5	
Housing Support Services	7 n=2	
Alcohol & Drug Free Activity	6 <i>n</i> = 6	
All Other	16 <i>n</i> = 14	

Summary

This report provides a comprehensive overview of WA-CARES participants and services. The descriptive and preliminary analyses presented in this report cannot be used to assess the overall impact of WA-CARES or RSS. However, the preliminary data is promising and suggests that drug court and recovery support services may be effective enhancements for impacting outcomes for individuals in substance use disorder treatment who have criminal justice histories. Not surprisingly, most WA-CARES participants had some substance use disorder service recorded following admission to drug court. RSS participants seem to have increased rates of initiation, engagement, and retention compared to those in non-RSS WA-CARES sites. A final evaluation report at the end of the grant period will examine these potential impacts using statistically matched comparisons to a statewide cohort to control for participant characteristics, criminal and treatment histories, and other possible sources of variance in the outcomes.

Several studies have addressed the impacts of recovery support services in Washington State. The Access to Recovery (ATR) program was associated with increased length of stay in substance abuse treatment and improved rates of treatment completion. ATR services were also strongly linked to improved employment and earnings and lower medical costs after treatment.^{1,2} Based on these findings and other work, an adolescent version of RSS, called Recovery Support Services - Adolescent Substance Abuse (RSS-ASA) has recently been added to the Washington State official list of promising practices.⁴

The findings presented here, although preliminary, suggest that recovery support service enhancements may also impact criminal recidivism. Additionally, RSS outcomes appear to be robust with the addition of measures that address more sophisticated constructs of treatment success (namely, initiation, engagement, and retention). These measures of treatment success will be addressed further in the controlled comparison study of RSS.

REFERENCES

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- 2. Wickizer TM, Mancuso D, Campbell K, Lucenko B. Evaluation of the Washington State Access to Recovery project: effects on Medicaid costs for working age disabled clients. J Subst Abuse Treat. Oct 2009;37(3):240-246.
- 3. Garnick DW, Lee MT, Horgan CM, Acevedo A, Washington Circle Public Sector W. Adapting Washington Circle performance measures for public sector substance abuse treatment systems. J Subst Abuse Treat. Apr 2009;36(3):265-277.
- 4. Washington State Institute of Public Policy, Updated Inventory of Evidence-based, Research-based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. Olympia, WA: January 2014.

POPULATION

WA-CARES Participants. This report is based on WA-CARES drug court site participant cases entered into DCCM through the end of the most recent quarter. Cases are included in this report if they were admitted to drug court on or after 7/1/2009 and had an active case as of 1/1/2011. Participants must also be or have been a DSHS client at some point in order to be included in the integrated data reports. Although some sites have done extensive retrospective DCCM data entry, cases with enrollment prior to 7/1/2009 are not included in this report.

DATA SOURCES

DCCM. The Drug Court Case Management system (DCCM) was implemented in January 2011 in all WA-CARES sites as part of this federally funded project. Data is recorded in DCCM by drug court staff and is based either on court proceedings or participant self-report.

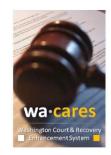
DSHS Integrated Client Database. The Research and Data Analysis Division (RDA) of DSHS maintains a longitudinal, integrated client database (ICDB) containing over 10 years of detailed service risks, history, costs and outcomes. A full description of the ICDB can be viewed online at http://publications.rda.dshs.wa.gov/1394/. ICDB measures in this report are provided for the 12 months prior to and following drug court admission and include:

- Housing. Information on receipt of housing assistance provided to homeless individuals is provided in the Homeless Management Information System (HMIS). Specifically, HMIS captures receipt of emergency shelter, transitional housing, rent assistance, and permanent supportive housing services. Homelessness was identified using an indicator that combines data from six different information systems, including HMIS, ACES, Provider One, TARGET, the DBHR Consumer Information System, and the FAMLINK child welfare data system.
- Employment and earnings. Employment is defined as having any earnings recorded in the Washington State unemployment insurance wage files. Average annual earnings are also calculated using this data.
- Substance use disorder treatment. Treatment records in Division of Behavioral Health and Recovery substance use disorder information system, TARGET.
- Convictions. Convictions as recorded in the Washington State Institute for Public Policy criminal history file.
- Arrests. Arrests recorded in the Washington State Patrol database. Arrests are primarily felonies and gross misdemeanors, but include some youth misdemeanors.

GPRA. The Government Performance and Results Act (GPRA) survey is required to be administered to WA-CARES participants in the Recovery Support Services sites only. The GPRA responses are collected by treatment providers and entered in the Services Accountability Improvement System (SAIS), a SAMHSA grant reporting system.

DBHR. Recovery Support Service dollars and participant numbers are based on a summary of submitted invoices provided by the DBHR program office.

R-SSCAN. The Recovery Support Services Assessment of Needs (R-SSCAN) is administered upon intake, at six months and at discharge, along with the GPRA interview, to determine and prioritize service and support needs that are potential barriers to recovery.



RDA CONTACT

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