



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**April 9, 2018**

**Motion 15117**

**Proposed No. 2018-0121.1**

**Sponsors Balducci**

1           A MOTION accepting a report describing the community  
2           center for alternative programs retool implementation plan  
3           in compliance with Ordinance 18409, Section 55, as  
4           amended by Ordinance 18602, Section 29, Proviso P7.

5           WHEREAS, a 2017-2018 Supplemental Budget Ordinance, Ordinance 18602,  
6           Section 29, Proviso P7, which amended the 2017-2018 Biennial Budget Ordinance,  
7           Ordinance 18409, Section 55, requires the executive to transmit a report describing the  
8           community center for alternative programs retool implementation plan, and a motion  
9           accepting the report, and

10           WHEREAS, Ordinance 18602, Section 29, Proviso P7, provides that \$250,000  
11           shall not be expended or encumbered until the report required by the proviso is accepted,  
12           and the motion accompanying this reports is passed, and

13           WHEREAS, the council has reviewed the report submitted by the executive;

14           NOW, THEREFORE, BE IT MOVED by the Council of King County:

15           The report describing community center for alternative programs retool

16 implementation plan, which is Attachment A to this motion, is hereby accepted in  
17 accordance with Ordinance 18602, Section 29, Proviso P7.  
18

Motion 15117 was introduced on 3/12/2018 and passed by the Metropolitan King  
County Council on 4/9/2018, by the following vote:

Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn,  
Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles  
and Ms. Balducci  
No: 0  
Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

J. Joseph McDermott, Chair

ATTEST:

Melani Pedroza, Clerk of the Council



**Attachments:** A. DAJD Report - CCAP Retool Implementation Plan

## Attachment A

### **DAJD Report - CCAP Retool Implementation Plan in Compliance with Ordinance 18409, Section 55, as amended by Ordinance 18602, Section 29, Proviso P7.**

#### **Introduction**

This report is submitted in response to Ordinance 18409, Section 55, as amended by Ordinance 18602, Section 29, Proviso P7, detailing the implementation plan for the January 12, 2017 Community Center for Alternative Programs Retool Project ("the Retool Project"). The Community Corrections Division (CCD) was initiated by a King County ordinance in 2002 in an effort to implement alternatives to adult secure detention. The Community Center for Alternative Programs (CCAP) was the first service delivery program in the division. Program services were provided via funds from the Department of Community and Human Services (DCHS) and a network of volunteers. CCAP was initially designed to serve a sentenced population. Due to low participation, the courts began sending pretrial defendants to the program. However, the services offered did not reflect the specialized needs of this at-risk population and most programs have not incorporated key factors that reduce recidivism. Case plans are more focused on court compliance rather than the specific needs of the individual participant.

CCD has spent the past 18 months preparing for a paradigm shift in the CCAP service delivery model. A work group consisting of staff from the Executive's offices of Performance Strategy and Budget (PSB) and Continuous Improvement Team (CIT) joined CCD to flesh out ways to address some of the systemic issues in CCAP. This group met for several months and on January 12, 2017 finalized an ambitious plan to change CCAP's service delivery model (see Exhibit 1 below). This included making immediate and incremental changes as feasible, including staff training in evidence-based correctional interventions, preparing, and implementing new procedures, and data integrity adjustments. The policies that define CCAP have not been impacted. Instead, this retool allows for the full implementation of the original purpose of this alternative to detention. The projected outcome of the retool was to create mechanisms to assess all participants for program appropriateness, create programming that is evidenced-based, promising practices, and-culturally relevant, while adhering to the principals found in one of the most rigorously studied correctional-oriented behavioral intervention, known as modified Therapeutic Communities.

<b>Last Year's Activities and Targets</b>	
King County Recidivism Reduction and Reentry Policy Work Team requested a survey and review existing correctional based programs with the intent to align programs with evidence based practices	
<b>Reflection on Last Year's (2016) Activities and Results</b>	
Conducted a comprehensive qualitative review of Community Corrections Alternative Program, which included the following activities and key results	
<b>Activity</b>	<b>Key Results / Issues</b>
<ul style="list-style-type: none"> <li>On site staff and program observations</li> <li>Use of correctional program review tools</li> <li>Personal interviews</li> <li>Materials and records review</li> <li>Client feedback surveys</li> </ul>	<ul style="list-style-type: none"> <li>Found a lack of integrated process and procedures</li> <li>Limited application of evidence based practices</li> <li>Inconsistent data entry and lack of ability to report on services or outcomes</li> <li>Lack of staff training, quality assurance methods, program integrity</li> </ul>
<b>Analysis/Justification for this Year's (2017) Activities</b>	
Consistent with the "Next Steps" section of the Executive Summary of the CCAP Review, the Directors of DAUD and CCD, their staff and other stakeholders (PSB, Executive's Office) have approved the development of a CCAP retooling plan based on the findings of the review.	
That being the categorization and refinement of the review recommendations and the development of a detailed and time linked implementation plan for the purpose of retooling CCAP Enhanced in concert with the overall plan for the restructure for CCD	
This will include making immediate and incremental changes as feasible, including staff training in evidence based correctional interventions, preparing and implementing policy, procedures and data integrity adjustments.	
<b>MEASURES</b>	
<ul style="list-style-type: none"> <li>Completion and implementation of each project activity and product as defined in each work plan</li> <li>The number of individuals admitted to CCAP and placed in appropriate interventions at appropriate dosage per Risk/Need Assessment</li> <li>Reduction in baseline rates of client court and program compliance measures</li> <li>The number of individual referred/admitted to CCAP that have timely, accurate and complete data sets entered in the COMCOR system</li> <li>The number of developed individual integrated treatment plans</li> <li>The # and % of integrated treatment plan behavioral objectives achieved for each individual</li> <li>25% improvement in the program fidelity adherent score as measured by the Correctional Program Assessment</li> <li>Achieve 25 % compliance rating on the adapted Bureau of Justice Recidivism Reduction and Reentry Score Card</li> </ul>	

2017 Activities and Tactics		Status	Due Date	By Whom/comment
<b>MISSION AND VALUES</b> 1. Define and Establish a Clarity Map	a. Develop Mission and Vision Statements	done	3/31	Content is in useable format Saudia
	b. Establish terms and structure of CCAP within county and courts through revised court orders			
	c. Communicate /define outcomes with courts		2/5	Saudia
	d. Plan the continuum of care from intake to resolution that increases participant access to EBP See framework and referral context	done	4/28	Patty
<b>ACCOUNTABILITY</b> 2. Build a system that supports fidelity and accountability to program fidelity	a. Develop a programming priority matrix ;Needs assessed and aligned with court actions and priorities	done	4/28	Patty
	b. Identify and adopt a service integration model; part of RFP response, court alignment,	done	4/28	Patty
	c. Define measures and indicators for all aspects of the retooling work and ongoing measures for staff and program performance measure (QA tools) determine the measure for goals in the charter purpose and A3. NOTE: This has not been developed to my knowledge.	done	On going	CCAP
	d. Develop and implement an accurate data entry and reporting system. NOTE: implementation/practices /QA needs to be finalized	done	3/31	Angela
<b>RESOURCES</b> 3. Identify and secure program resources	a. Establish CCD Operational budget		TBD	Saudia
	b. Identify viable fund resources to sustain programming		TBD	Saudia
<b>SERVICE DELIVERY</b> 4. Develop CCAP program structure to support Evidenced Based Practices that ensure successful recidivism, reentry and sentencing alternative programs	a. Retool program structure to align with correctional TC operational models specific to CCAP to include a single CCD integrated case plan	done	9/17	Saudia, Patty and teams
	b. Train staff on TC operational structure and evidence based practices/programs	done	10/17	Saudia, Patty, others
	c. Implement retooled programs and practices		1/18	ALL
<b>Follow Up / Unresolved Issues</b> CCD Administration is understaffed due to unfilled vacancies. Additional resources (i.e. data analyst and KCIT analyst) may be required to set up effective data reporting systems and make "fixes" to ComCor. (complete) Implementation plan TBD				

Exhibit 1

## Implementation Components

CCD administration has a four-pronged approach to ensure implementation of a comprehensive, fidelity-adherent and evidence-based programming including: (1) redefining the mission and values; (2) creating standards of accountability; (3) a new service delivery model; and (4) CCAP resource needs.

### 1. Mission and Vision of CCAP

The agreed upon vision is "To provide court ordered alternatives to secure detention that allow an individual to become court compliant, self-reliant and a thriving member of the community". This reflects a paradigm shift in ways to provide community supports and services in conjunction with court compliance. The new mission is to "Create an environment in which individuals receive the appropriate level of care to address criminogenic and psychosocial needs". These statements reflect a desire to no

longer do business as usual. The main goal is to put the participant at the center of all the services provided in CCAP and CCD as a whole. Once the mission and vision were defined it became necessary to visually represent these changes to staff and other stake holders. In December of 2016, the CCAP one-pager was shared with various partners and stakeholders (see Exhibit 2 below).



**Exhibit 2**

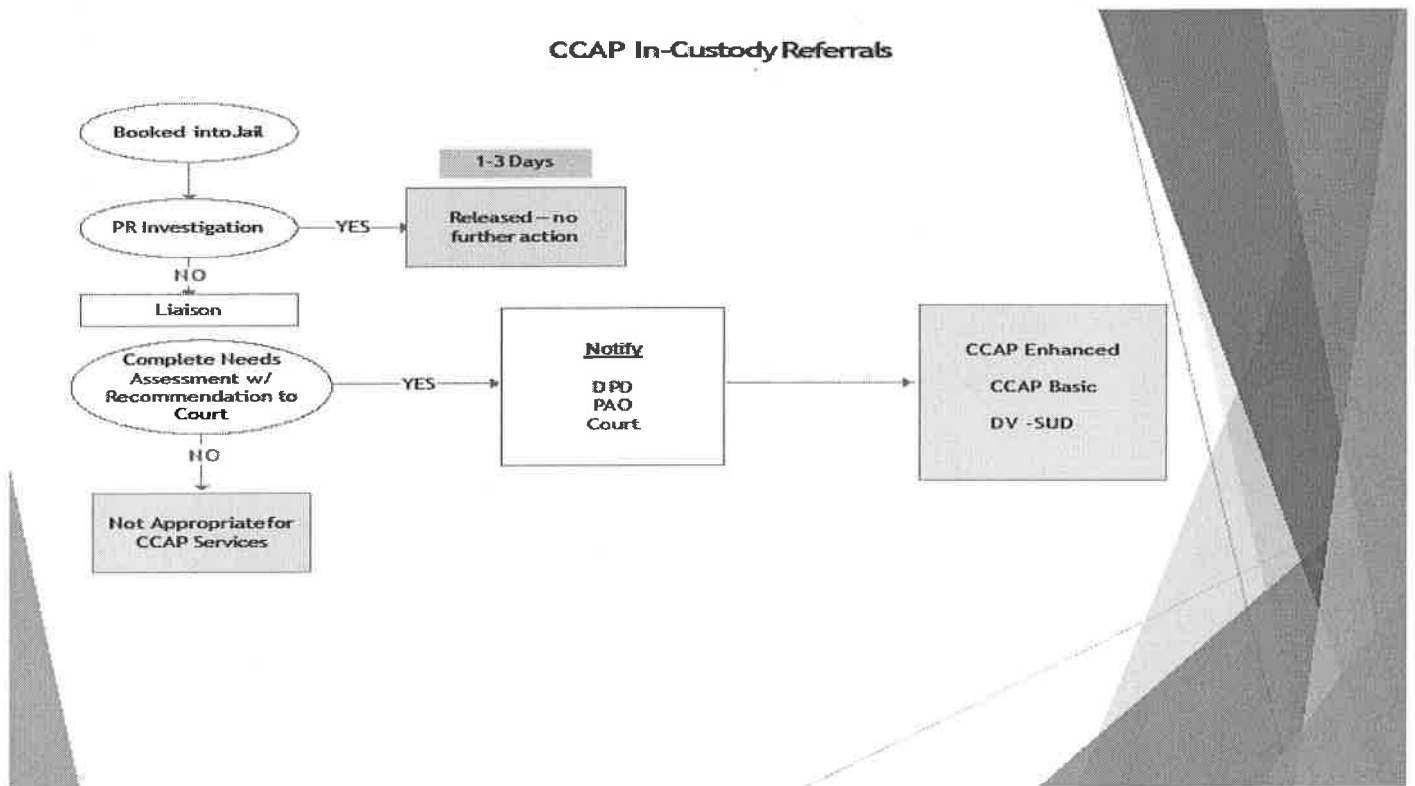
This document serves as a visual representation of the foundational principles used to determine services. The base of the document outlines the principles needed for reducing recidivism including; Actuarial Assessment, Enhanced Intrinsic Motivation, Targeted & Evidence Informed Interventions, Skills Training and Directed and Increased Reinforcement and Ongoing Community Support. The right side of the document outlines the strategies for successful reentry commonly referred to as criminogenic needs. The most significant takeaway from this document is that we now focus on the individual, placing the participant at the center all that happens in CCAP. Services are then wrapped around the individual; basic needs (housing, benefit enrollment), program type (behavioral health, employment, cognitive behavioral), support systems (contingency management, peer support, recovery services), and other factors that have been shown to contribute to recidivism reduction.

*Refined Court and Intake Process*

In addition to changing the environment of CCAP, we also decided to clarify the referral process for in-court and in-custody referrals, in addition to the intake process once a participant arrives at CCAP. The

most significant change in CCAP will be the introduction of an actuarial Risk-Need-Responsivity Assessment (RNR). King County has engaged Washington State University and a vendor called Vantage in the creation and hosting of the RNR tool. In the exhibits below, we have outlined when assessments will be completed. The assessment will serve as the foundation in determining the services that will be best suited for each individual.

If a defendant is housed in secure detention, every effort will be made to complete the full RNR assessment prior to release. As outlined in Exhibit 3 below, Personal Recognition (PR) Investigators will continue to release eligible defendants based on the approved administrative release guidelines. The substantial change to the process is the addition of an actuarial assessment. If a person is not released upon initial contact, at first appearance; is not released within 3 days; and has a crime type eligible for community supervision, a full RNR assessment will be completed by the designated PR liaison. A copy of the findings along with a recommendation for CCAP will be sent to the Court, Department of Public Defense, and The Prosecuting Attorney's Office.

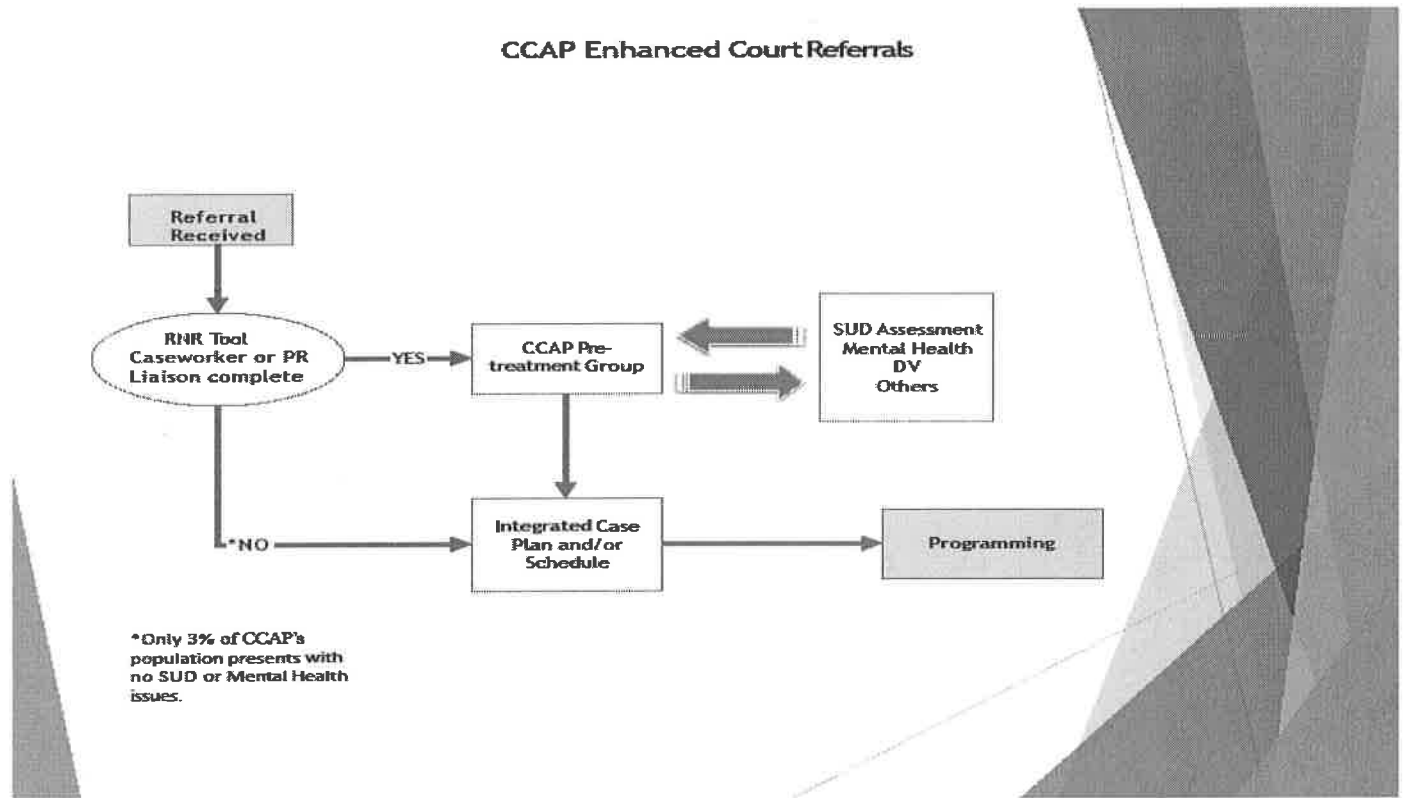


**Exhibit 3**

*Court Referral Process*

New court orders are received in CCAP via fax. This fax is generally received one day prior to the arrival of the participant. At the time of their initial appointment, they will receive a full RNR assessment to be completed by a CCAP caseworker. While going through the assessment process, the defendant will be placed in a pre-treatment group. If the defendant is deemed appropriate for services at CCAP due to the presence of a cognitive and/or behavioral health need, an integrated case plan will be created and programming will commence. A new substance use disorder (SUD) provider has been selected via the RFP process. Negotiations will take place during January with a start date in February 2018. As a collaborative

effort, the new provider, CCAP caseworkers, and CCD administration will create the model for this integrated case plan. It is anticipated that this integrated case plan will be ready for use with participants in March 2018.



**Exhibit 4**

*Intake Process*

Exhibits 4 and 5 depict the court referral and intake processes. Ideally, court orders will be received prior to participants arriving at CCAP. This will allow the caseworker an opportunity to check if there has been a completed assessment in the previous 3 to 6 months. Upon arrival, the caseworker will engage with participants by reviewing the most recent risk need assessment or complete a new assessment. In the event that the individual is deemed inappropriate, (non-English speaking, severe disability that prevents participation, etc.) they will be referred back to court with recommendations for alternative sanctions. If deemed appropriate for CCAP, the participant will then be referred to the new SUD provider for a clinical assessment. If the participant is deemed appropriate for services, they will receive an integrated case plan and appropriate programming. Unfortunately, it is anticipated a small number of individuals will have issues that cannot be addressed in CCAP. These people will be referred back to the court for an alternative sanction. One example might be individuals who have certain mental health disorders that render them unable to participate in groups.

**CCAP Enhanced Intake Process Map**

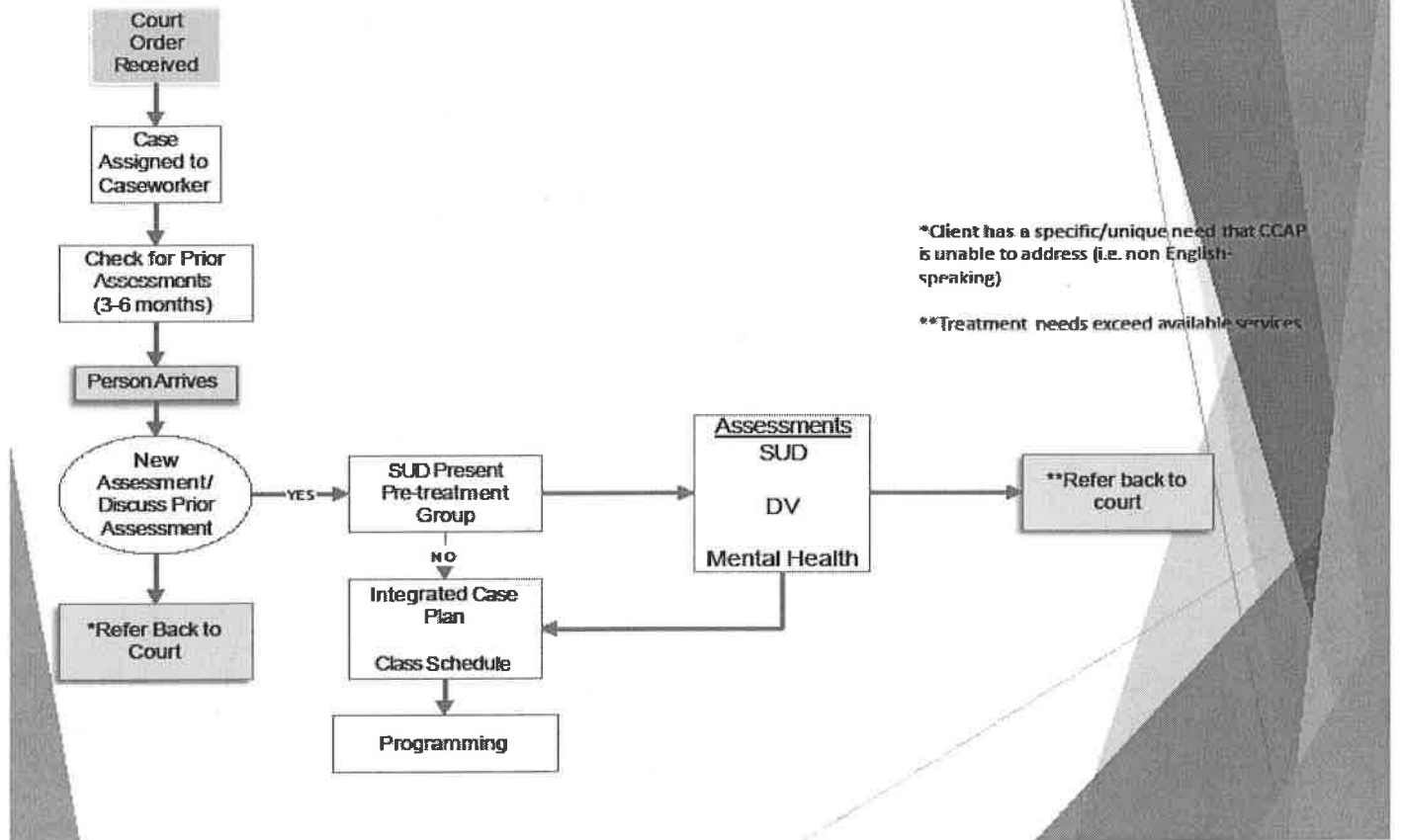


Exhibit 5

**2. Accountability**

A priority for CCAP has generally been to hold participants accountable for court compliance. While compliance remains a priority, this new retooled model recognizes the need to focus on the entire human and not solely on the event that led to involvement in the criminal justice system. Therefore, at this stage in the retool the focus has shifted and is on creating a system of accountability for staff, data, and program fidelity. These standards of accountability have been created to deliver services to participants in a manner that promotes change. Ultimately, when team members consistently demonstrate ownership and accountability, trust is formed. This newly formed trust should lead to a more engaged staff member and more receptive participant.

*Staff Training*

The training focus in the CCAP retool is to ensure staff members are fully trained, that they understand the work they are being asked to engage, and that they embrace a different way of working with participants. Since its inception, CCD has not appropriately resourced or trained staff. We hope to change that going forward. Skills training and directed practice are paramount in the work around recidivism



reduction. In September of 2017, with assistance from PSB, CCD staff began to undergo rigorous training to prepare them for the new service delivery model in CCAP. The training team consisted of internal and external trainers. A few of the key trainings include:

**Motivational Interviewing (MI):**

Motivational interviewing (MI) is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. As we begin to put participant needs at the center of the services we provide, our staff will need to change how they engage with those they serve. Motivational interviewing will give staff the necessary skill set to appropriately engage using an evidenced-based intervention.

**CORE Correctional Practices:**

University of Cincinnati Corrections Institute presented Core Correctional Practices; a two day training that instructs correctional workers on the core skills needed to support cognitive behavioral programming. The training is relevant to direct care providers, security staff, and treatment staff. Specific topics include: (a) a brief description of the principles of effective interventions; (b) an overview of the core correctional practices (relationship skills, effective use of reinforcement, effective use of disapproval, effective use of authority, prosocial modeling, cognitive restructuring, social skills training and problem solving skills); (c) practice of each of the core correctional practices occurs and implementation strategies are discussed; and (d) principles of an effective behavior management system are emphasized.

**Facilitation Curriculum:**

Prior to this new paradigm shift, engagement with participants has varied. A key component to meaningful engagement is to better connect Case Workers with participants. We will be having Case Workers facilitating groups with participants going forward. In conjunction with CCD, PSB's Reentry Manager engaged with the Change Companies. The *Courage to Change Interactive Journaling*® System is an evidence-based supervision/case management model developed in collaboration with several United States Probation Offices. Through the use of this cognitive-behavioral *Interactive Journaling*® System and interaction with their support team, participants address their individual problem areas based on a criminogenic risk and needs assessment. Implementation is flexible and can be customized based on risk, responsivity and programming needs. By personalizing the information presented in the journals to their own circumstances, participants will develop a record of their commitments and progress throughout probation and a roadmap to success in their efforts to make positive behavior change.

**Risk –Need –Responsivity Tool Training:**

The first training was designed to allow CCD staff the opportunity to work with the new RNR tool. They were able to ask design questions and provide input on how to implement the tool in the Intake Services Unit (ISU). As of the date of writing this report, the tool has not been implemented

but we anticipate full implementation of the first phase by the end of first quarter 2018. Personal Recognizance Investigators and Caseworkers will be fully trained prior to deployment. CCD has also identified an internal subject matter expert. This staff member will work closely with Vantage to troubleshoot, train new staff and report other questions and concerns.

### *Data Integrity*

In 1997, ComCor, an electronic case management application was introduced and later enhanced (2011 and 2013) to provide an integrated data model for better case management and reporting capability. ComCor was developed in 2 phases. The first phase was designed to support the Helping Hands Program and the Community Work Program. CCAP, Work Education Release and Electronic Home Detention program-specific functions were to be included in Phase 2. Unfortunately, Phase 2 was never fully implemented and therefore does not function well for CCAP, WER nor EHD. There are approximately 42 data fields in ComCor. Initially, each program used many of the same fields but had different definitions for each. This did not allow for consistent and reliable division-wide data reporting. Additionally, the CCAP program does not have all of the fields necessary to capture the program performance data they need to effectively provide evidence-based service delivery to their participants.

This reality led to the creation of the ComCor data team in February of 2017. The team was led by the CIT and consisted of CCD Case Workers, Personal Recognizance Investigators, and an Administrative Specialist. Over the course of 2 months, the group:

- Developed a data “glossary” and job aids to ensure data reliability across programs.
- Identified additional data fields to support program performance reporting.
- Identified any potential staff training needs.
- Developed a communication plan and “model office” workshops for all program staff.
- Identified program specific data requirements.

One of the main deliverables out of this work was the creation and deployment of a ComCor Desk guide. This guide was designed to be an at-a-glance resource for new and experienced users of the case management system. Being able to control the quality of data will allow for the ongoing real-time measurement of how program decisions impact participants. It will also inform if implemented programs are having desired effects and outcomes. Access to real time information will allow CCD administration to spot trends and make adjustments accordingly. For instance, by tracking geographic demographics stakeholders will be better able to place resources where they are most needed. While there will be some IT support/improvement for ComCor, its’ functionality will likely be incorporated in DAJD’s new Jail Management System scheduled to be deployed in 2020.

### *Quality Assurance*

Beginning March of 2018, the CCAP Supervisor will audit paper and electronic case files on a monthly. Each case worker will have ten percent of their active caseload and five percent of their closed cases reviewed on a monthly basis. The case files selected for audit each month by the manager should have been at CCAP a minimum of thirty days. Files that have been audited in the prior 30 days should not be reselected. The audit will check for record completeness, assessment completions, accuracy of information, timeline adherence, and appropriate referrals with necessary follow up. Documentation of

these audits will be stored electronically. Any inconsistencies, errors, or mistakes will be immediately addressed with the staff. Retraining will be made available if errors persist.

#### *Program fidelity*

There are currently eleven service providers that offer services to participants in CCAP. Eight of the eleven operate in a volunteer capacity. These services range from substance use disorder treatment, housing services, benefit enrollment, education, and employment. On a biennial basis, all providers in CCAP will undergo a full review. The reviews will be completed during the 2<sup>nd</sup> quarter of alternating years, beginning in 2018. For existing service providers, the first set of reviews will be completed between April and June of 2018. The purpose of these reviews will be to determine if the service provided is achieving desired outcomes, evidenced-based or promising practices, and/or assist the participant with engagement in community supports. The review team will consist of CCD Administration and the CCAP supervisor, a representative from Performance Strategy and Budget and Behavioral Health Reentry Division. The results of the review will be shared with the provider. In the event that the provider does not meet the parameters outlined in the tool, CCD administration offer guidelines or remedies for compliance. Two of the tools used will be the Correctional Program Assessment Inventory and The Correctional Services Group Quality Inventory.

**The Correctional Program Assessment Inventory (CPAI)** is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI: 1) program implementation and the qualifications of the program director; 2) client preservice assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) quality assurance and evaluation; and 6) miscellaneous items such as ethical guidelines and levels of community support. Each section is scored as either “very satisfactory” (70% to 100%); “satisfactory” (60%to 69%); “satisfactory, but needs improvement” (50% to 59%); or “unsatisfactory” (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered “not applicable,” in which case they are not included in the scoring.

**The Correctional Services Group Quality Inventory** is a correctional programs group observation tool that is used to screen and review the process, content and outcome of correctional-based groups and classes. It considers the basic expectations for facilitating group processes with the criminal justice population. It is primarily attentive to structure, adult learning theory and facilitator skill level.

#### *Measures and Outcomes*

In an ongoing effort to be transparent about the effectiveness of CCAP programming, a series of measures and outcomes have been established. CCD will be reporting out on these measures in another proviso report due to council in September 2018 and include:

- Number of Initial “no show warrants”
- Number of failure to comply infractions
- Number of referrals
- Number and percentage of participants meeting their behavioral change objectives

- Number and percentage of participants attendance- related warrants
- Number and percentage of participants positive Urinalysis
- Number and percentage of participants seen within 60 mins
- Number and percentage of participants attending programming
- Number and percentage of participants who report daily
- Number and percentage of participants with a completed integrated service plans

### **3. *New Service Delivery Model***

As described above, CCAP staff has undergone extensive training in an effort to improve client engagement. This training was to prepare staff to operate in a modified therapeutic community. We have also developed a new approach to programming. Some of the work is already underway, others are in development. Some of the early work includes:

#### *Work Source Connection Site*

In collaboration with King County Jobs Initiative (KCJI) and South Seattle College, CCAP applied and was awarded the opportunity to partner with Work Source. Upon securing ten decommissioned computers, CCAP became a Work Source Connection Site. Due to the lack of funding, the Connection Site is only open three days a week for three hours each. Case Workers rotate monitoring the site and attempt to assist participants with job applications. KCJI has provided an Employment Specialist one day per month for each session. Today, the site has provided services to over 400 participants. This is one of the many projects in which a funding request will be submitted during the budget process.

#### *Employer Connections*

CCD Case Workers and Supervisors have been working diligently to engage Second Chance employers. In January 2018, a local employer, Coast Aluminum, will conduct onsite testing and interviewing of both CCAP and WER participants. CCD administration is in the final stages of partnering with local unions to create a pipeline for apprenticeships.

In November of 2017, the Department of Community and Human Services released a request for proposal (RFP). A portion of this RFP was to provide substance use disorder treatment to include clinical assessments, outpatient and pretreatment groups, and administration of Promoting Peace and Recovery pilot program to CCAP participants. The new vendor is expected to begin working with CCAP participants the end of the first quarter, 2018. Below is a timeline of activities and events that will lead to full implementation.

#### ***January – June 2018***

*Homeroom Deployment:* Part of the therapeutic community model encourages participants to start the day as a group. The homeroom will be an opportunity for any housekeeping issues such as but not limited to turning in court documents, passing out bus passes, informing participants about upcoming events or closure dates, etc. This will also be the group in which Courage to Change *Interactive Journaling*® System will be used. On January 8, 2019, the retool workgroup will finalize deployment date. This workgroup will

also establish performance goals to ensure that Case Workers are comfortable, capable, and confident in delivering services in this new and improved way.

*Integrated Case Plan:* This plan will inform services, dosages and order of service delivery for participants in CCAP. Though still in contract negotiations CCD administration has been given the authority to engage with the new service provider. A series of meetings will be set for the month of January to create an integrated case plan.

*Integrated Operations:* A forty-hour training is being developed for all service providers to ensure they understand the goals and purpose of a therapeutic community. This training will include components of Understanding the Integrated Case Plan, CCAP rules and clearly defined partner roles and responsibility. The training will occur in February 2018.

*Check-ins and Adjustments:* By March 1, 2018 CCAP administration will have created a timeline for interim reporting, follow-up, retraining, and necessary adjustment. It is critical during this time to be identify issues or concern and immediately address them.

*Contract Negotiations with new SUD provider:* It is anticipated that these negotiations will take approximately two weeks concluding in January 2018. Upon completion, the service provider in conjunction with CCD administration will work to conduct background checks, staff orientation and set dates and timeline for service delivery.

**RNR Tool Deployment:** As described, we will fully deploy the new RNR tool.

*Begin biweekly Case Worker Check Ins:* On January 22, 2018 CCAP 2 Case workers will begin conducting Homeroom groups. One caseworker will facilitate and the other will offer support. During this first week a daily debrief will be conducted immediately after the group. On February 5, 2018 all CaseWorkers will begin facilitating a homeroom group. Beginning in March of 2018 CCD administration will individually and/or as a group with Case Workers to address questions, concerns and provide feedback. During these meetings, supervisors will discuss audit results and identify areas of clarification and or retraining.

*Community Standards:* The foundation of how the therapeutic community will operate is outlined in the Community Handbook. A team of caseworkers, clinicians, and clients will finalize these documents with norms and acceptable behaviors. This handbook will outline consequences and rewards. Thus far, CCD administration has held two sessions with current participants to outline some key expectations. This book will be reviewed and updated on an annual basis to assure accuracy and relevance.

### **July- December 2018**

*Motivational interviewing (MI) Directed Skills Training Refresher:* The purpose of this training is to offer case workers additional support in using MI. Increasing Case Worker efficacy to assist with the use of evidence-based practices is an essential element in maintaining a fidelity adherent program.

*Interim Data Reports:* CCD administration will begin compiling data reports in three categories; participant data, program data and audit reports:

Participant Data Reports: Demographic, RNR Assessment Results, and Program Status

Program Data Reports: Number and Type of Referrals, Number and Type of Assessments Completed, and Group Attendance, Completion rates, Violation Rates

Audit Data Reports: Electronic and paper files will be reviewed as outlined above

*Adjustment Period:* CCD administration will reconvene the retool workgroup to discuss improvement opportunities. This group will ensure adherence to the model, identify needed support trainings and community progress or setbacks to DAJD administration.

#### 4. Resources:

Currently, all CCAP program-related financial resources are provided via Department of Community and Human Services' budgeted contracts or a host of volunteer service providers. Eight of the eleven current service providers in CCD operate on a volunteer basis. These volunteer services account for more than sixteen of the twenty seven hours in which services are provided in CCAP. During the upcoming budgeting process, CCD administration will work to define the exact financial resources needed to continue moving forward with the therapeutic community model. Consideration will be given to those partners that have invested time and talent in CCAP. However, the services and programs must fit within the retooled program service delivery model. Exhibit 6 below describes current funded programming.

CCD Program	2017 - 2018	Fund Source	Contractor
*DV Education	\$64,328	MIDD 2 Funds	New Beginnings
The Learning Center	\$121,351	MIDD 2 Funds	South Seattle College
**Forensic Treatment and MRT at CCAP	\$992,000	County General Funds	Sound Mental Health
***MRT-DV at CCAP	\$157,825	MIDD 2 Funds	Sound Mental Health
Assist in Applying for Public Benefits	\$150,000	State Jail Transition Services Funds	WA State DSHS
TOTAL from DCHS	\$1,485,504		

Exhibit 6

## Conclusion

In the past 2 years, CCD has made huge strides in transforming how it functions. There was a significant reorganization of the entire division, the addition of two new partners and expansion of the role of another. These changes have had a direct and positive impact on CCAP. There is still more work to be done but we are hopeful that putting our participants' needs at the center of all our work will lead to increased participant successes, reduced recidivism, and a better engaged CCD workforce.