

# The Snohomish Diversion Pilot

## Treatment Services for Homeless Individuals with Substance Use Disorders as an Alternative to Jail

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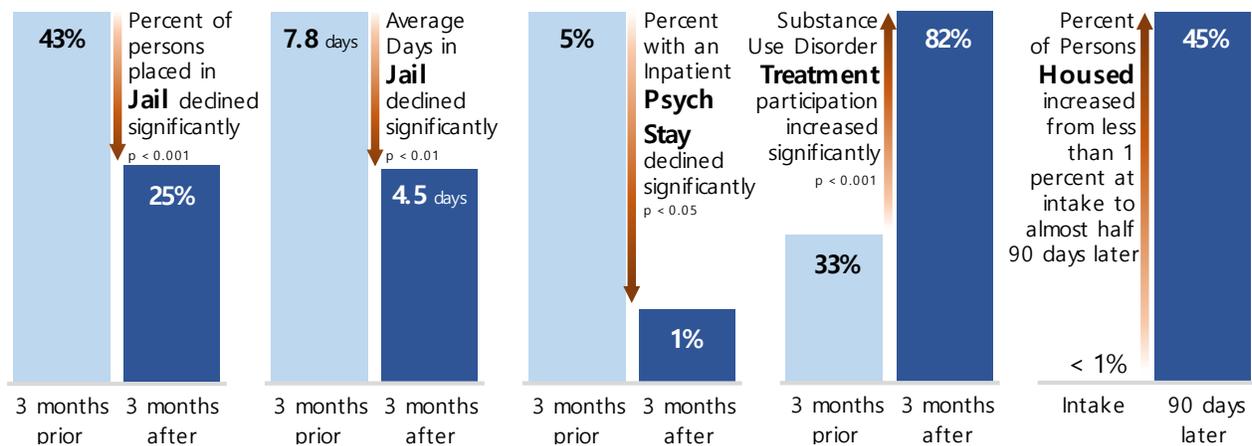
**T**HE SNOHOMISH DIVERSION PILOT (SDP) is a residential jail diversion program established by the 2018 Legislature and funded through state fiscal year 2019. Homeless individuals at risk of arrest for minor infractions who have substance use or co-occurring mental health and substance use disorders (SUDs) were referred to the SDP by embedded social workers and law enforcement officers throughout Snohomish County. Upon entry into the facility, SDP staff connected participants to substance use disorder treatment and social services. The legislation that created the SDP also required a report on participant outcomes. This report describes the characteristics of 462 SDP participants who enrolled from July 2018 through April 2019. It also examines three-month post-enrollment outcomes for participants who enrolled in the program from July 2018 through October 2018. Outcomes include bookings and jail stays, outpatient mental health services, admissions to a detoxification program, receipt of SUD treatment services, and housing status.

### Key Findings

Due to data reporting lags, the outcome evaluation for the SDP was restricted to a three-month follow-up period for 192 SDP participants who enrolled from July through October 2018. Because of the short follow-up period and lack of a comparison group, all findings reported here should be considered descriptive and preliminary. Compared to the three months prior to enrollment, SDP participants showed significant improvement in the three-month follow-up period across the majority of measures.

FIGURE 1

### Pre-Post Comparisons for SDP Participants Enrolled through October 31, 2018



## Program Description

The Snohomish Diversion Pilot (SDP) program serves homeless individuals with substance use or co-occurring mental health and substance use disorders who are also at risk of arrest for minor infractions in Snohomish County. Eligible individuals amenable to treatment are diverted from jail and referred to the SDP by embedded social workers and law enforcement officers throughout the county. Upon enrollment, SDP participants receive on-site medical and behavioral health screenings by staff at the Snohomish Diversion Center, a 44-bed facility located in Everett, Washington.

SDP case managers use assertive engagement techniques to help participants develop an individualized support and recovery plan, review available SUD treatment options (e.g., medically assisted treatment, detoxification, or inpatient treatment), provide life skills training (e.g., courses on positive relationship building), and connect participants with other social services (e.g., housing services/providers, social services, etc.). On-site peer support specialists (resident monitors) and emergency medical technicians (EMTs) are available at all times to support operations, provide program services, and ensure the safety and security of participants. Pioneer Human Services, a non-profit social service provider that serves individuals with prior criminal justice involvement, provides all staffing at the facility. Participation in the program is voluntary; participants are free to leave the facility at any time; and participants are discharged into the community upon completion of the program.

The SDP was established by the state Legislature in the 2018 session (ESSB 6032) with an allocation of \$800,000 for state fiscal year 2019. Funding for the program was administered through a grant by the Washington State Department of Commerce. Additional funding was provided by local sales tax dollars.

## Methods

Using data from the Homeless Management Information System (HMIS), we identified 462 participants who enrolled in the Snohomish Diversion Pilot from July 2018 through April 2019 and linked them to other state agency administrative records. We provide descriptive information on the 462 enrolled participants. We also provide three-month (post-enrollment date) outcomes of 192 participants who enrolled in the program through October 31, 2018, and compare those outcomes with baseline measures for three months prior to enrollment. For individuals who enrolled multiple times, the first enrollment date was used for the analysis. Chi-square tests of independence and paired *t*-tests were used to determine whether changes in participant outcomes were statistically significant.

## Enrollee Characteristics

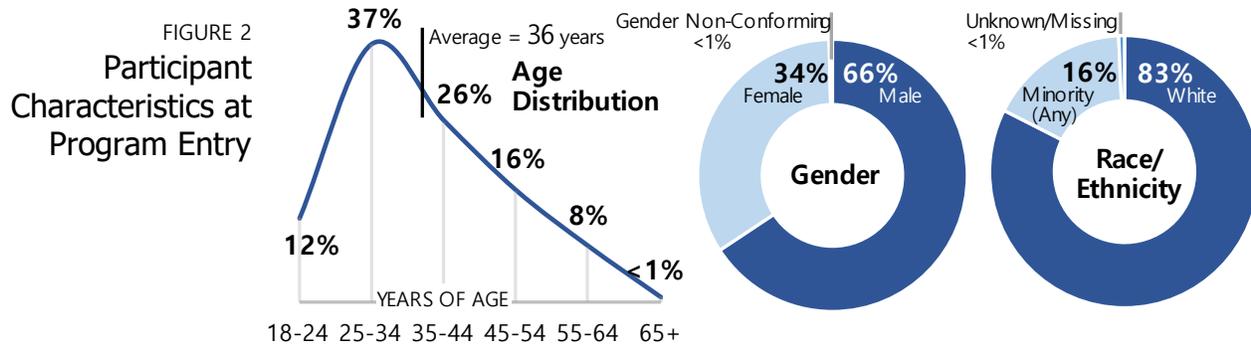


**70% of participants met HUD criteria for being chronically homeless.**

A total of 462 individuals enrolled in the program from July 2018 through April 2019. Almost all (91 percent) of participants were identified as homeless at program intake. Five percent were housed in an institution (e.g., SUD inpatient treatment facility, jail, or psychiatric hospital) prior to entry; 3 percent were unstably housed (i.e., "couch surfing"); and less than 1 percent were permanently housed. Seventy percent met HUD chronically homeless criteria.<sup>1</sup> Participant enrollment in the program was 12 days on average, and 1 in 4 participants re-entered the SDP facility at a later date.

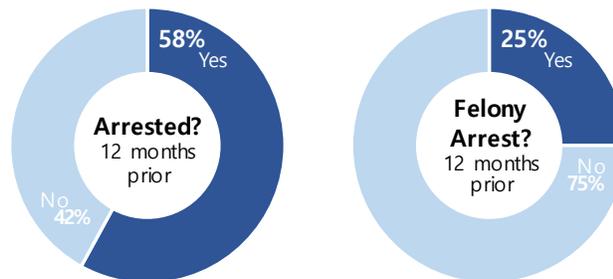
<sup>1</sup> An individual is determined to be chronically homeless if he, she, or they: 1) have a disabling condition (i.e., substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, traumatic brain injury, or chronic physical illness or other

**Demographics.** SDP participants were between 18 and 70 years old at entry (see Appendix); the average age was 36. The majority of participants (75 percent) were between 18 and 45 years of age. Two-thirds of participants were male, and 16 percent were a racial or ethnic minority. The two largest minority groups participating in the program were Hispanic (5 percent) and African Americans (4 percent).



**Criminal Past.** Approximately 6 out of 10 participants had been arrested in the 12 months prior to the month of program entry and 25 percent had been arrested for a felony.

FIGURE 3  
History of Prior Arrests



**Substance Use Disorders and Prior Treatment.** Over 90 percent of participants who received some form of publicly funded medical assistance in the year prior to entry had an identified substance use disorder treatment need. Thirty-six percent had an alcohol use disorder; 85 percent had a drug use disorder; and 61 percent had an opioid use disorder (OUD). More than half (56 percent) of SDP participants received publicly funded SUD treatment services in the year prior to enrollment; 24 percent were admitted to SUD inpatient treatment; and 35 percent received outpatient SUD services.

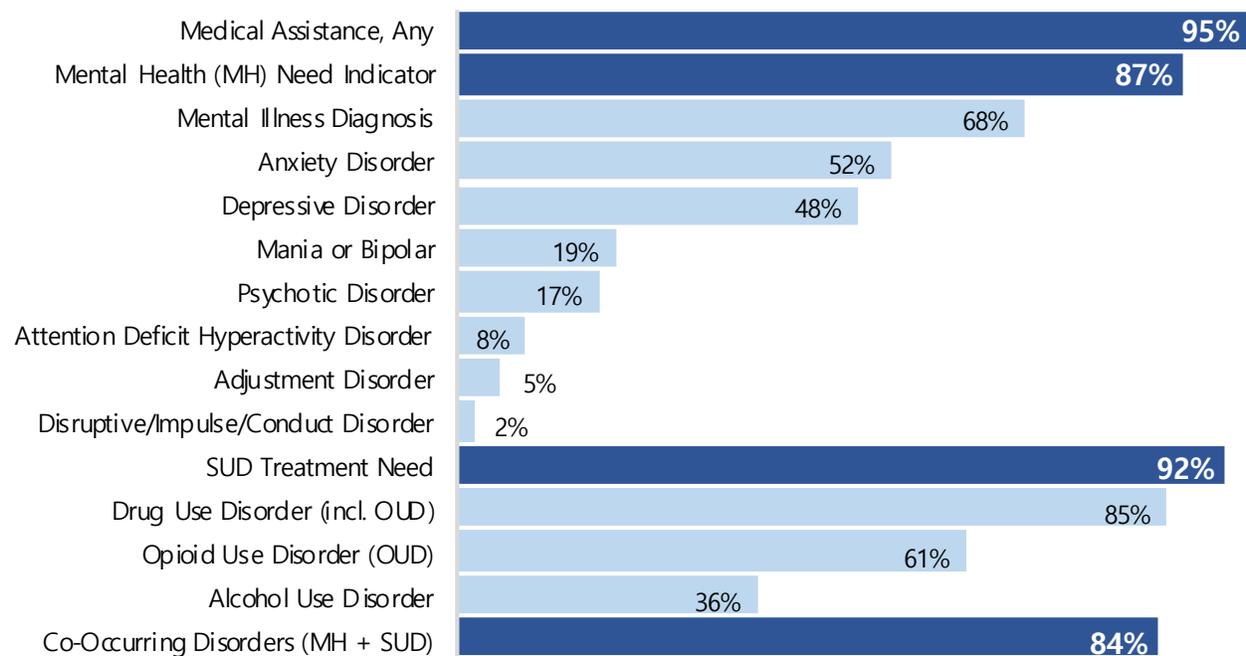
**Mental Health Conditions and Prior Treatment.** About 9 out of 10 SDP participants had a mental health treatment need.<sup>2</sup> Almost half of the participants were diagnosed with depressive or anxiety disorders. Seventeen percent were diagnosed with a psychotic disorder, and 19 percent were diagnosed with a mania or bipolar disorder. Eighty-four percent of participants with prior medical assistance coverage were diagnosed with co-occurring disorders (i.e., SUD and mental health disorders). Forty-three percent of participants received outpatient mental health treatment services in the prior year. Receipt of crisis-focused or more intensive mental health services was relatively high among SDP participants: 20 percent of participants received mental health crisis or stabilization services in the prior year, while 8 percent experienced an inpatient psychiatric hospitalization.

disability); 2) currently reside in a place not meant for human habitation, safe haven, or emergency shelter; and 3) have been continuously homeless for 12 months or were homeless on at least four separate occasions over the past three years and have been homeless for 12 or more months during this period. For further information, see: Office of the Assistant Secretary for Community Planning and Development, U.S. Department of Housing and Urban Development. (2015). Homeless Emergency Assistance and Rapid Transition to Housing: Defining "chronically homeless." *Federal Register* 80(223): 75791-75806.

<sup>2</sup> Based on Medicaid prescription and claims data.

FIGURE 4

### Medical and Behavioral Health Indicators at Program Entry



### Short-Term Outcomes

Table 1 summarizes the results of the pre-post analyses conducted for the 192 participants who enrolled in the SDP program from July 2018 through October 2018 and received at least one month of medical assistance in the three months prior to and following program entry.<sup>3</sup> Based on a comparison of the three-month baseline and the three-month follow-up periods, participation in the SDP is associated with improvements in participant well-being across the measured dimensions.

TABLE 1

#### Pre-Post Comparisons for SDP Participants Enrolled through October 31, 2018

	SDP Participants (n = 192)		Statistically Significant <sup>†</sup>
	Three-Month Pre-Period	Three-Month Post-Period	
Jailed	43%	25%	P < 0.001
Average Total Jail Days	7.8	4.5	P < 0.01*
Inpatient Psychiatric Hospitalization	5%	1%	P < 0.05**
Non-Crisis Mental Health Outpatient Services	18%	41%	P < 0.001
Crisis or Stabilization Mental Health Services	16%	8%	P < 0.05
Substance Use Disorder (SUD) Treatment	33%	82%	P < 0.001
Inpatient SUD Treatment	16%	58%	P < 0.001
SUD Outpatient Treatment	12%	57%	P < 0.001
Treatment with Medication for Opioid Use Disorder	15%	46%	P < 0.001
Detox	15%	5%	P < 0.01

<sup>†</sup> Unless otherwise noted, *p*-values were calculated using a chi-square test of independence.

\* Calculated using a paired *t*-test.

\*\* Calculated using Fisher's exact test.

<sup>3</sup> The requirement for medical assistance is necessary because the analysis is based on Medicaid records.

- **Booking rate and jail days.** The percentage of SDP participants booked into Snohomish County jails decreased from 43 percent in the baseline period to 25 percent in the three-month post-period. The average number of jail days decreased from 7.8 to 4.5. The total number of days jailed declined from 1,500 days to 873 days for a total savings of 627 jail days in the three-month follow-up.
- **Outpatient Mental Health Treatment Services.** The rate of non-crisis, mental health outpatient service receipt significantly increased between the baseline (18 percent) and follow-up (41 percent) periods. Receipt of mental health crisis or stabilization services decreased from 16 percent at baseline to 8 percent following enrollment. Inpatient psychiatric hospitalizations fell from 5 percent at baseline to 1 percent in the follow-up period.
- **Substance Use Disorder Treatment Services.** Receipt of any SUD service more than doubled from 33 percent to 82 percent following enrollment in the SDP. Engagement in SUD outpatient services increased from 12 percent to 57 percent, and treatment with medication for opioid use disorder tripled (from 15 percent to 46 percent). Admissions for detoxification for SUD decreased from 15 percent prior to enrollment to 5 percent in the follow-up period. The rate of admissions to SUD inpatient facilities increased from 16 percent to 58 percent.<sup>4</sup>
- **Housing Status.** Within 90 days of exiting, half of SDP participants were enrolled in a rapid re-housing program and 45 percent moved into permanent housing. Six percent of program participants were using emergency shelter services in the 90 days following program exit.

## Summary

From July 2018 through April 2019, the Snohomish Diversion Pilot (SDP) diverted 462 homeless individuals from jail to a voluntary, residential treatment facility located in Snohomish County. Participants were housed in the facility 12 days on average. During their stay, participants received behavioral health treatment services, participated in life skills training, and were connected to other social services (including housing services).

Preliminary pre-post analyses of 192 participants who enrolled from July 2018 through October 2018 suggests that participation in the SDP program improved individual outcomes across several domains. These include increases in the proportion of SDP participants receiving SUD outpatient and inpatient services, treatment with medication for opioid use disorders, non-crisis mental health outpatient service, and rapid re-housing services between the pre- and post-periods. The program also produced statistically significant reductions in: 1) detoxification services for SUD, 2) mental health crisis and stabilization services, 3) jail bookings, and 4) days jailed.

This preliminary report suggests promising outcomes associated with participation in the SDP but is subject to three limitations. First, due to the study deadline legislated for this evaluation and lags in data availability, the analysis is limited to a three-month follow-up for a subset of participants who enrolled during the first four months of the program. Consequently, the evaluation is unable to examine long-term outcomes. Second, data on *completion* of detoxification or SUD treatment programs is not available in the administrative data used for this analysis. Third, a rigorous matched comparison group analysis was not possible given the timeline and data limitations. Such an analysis would give greater confidence in causality with respect to the reported outcomes. Additional enrollment and outcomes data will be available for analysis by December 31, 2020.

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<sup>4</sup> The evaluation relies on linked administrative data to identify SUD treatment. While these data provide information on receipt of such services, it is not possible to characterize conditions such as "completion of treatment" or "completion of detoxification."

## APPENDIX

TABLE A1

### Baseline Characteristics

	Participants Enrolled in Program as of October 2018	
	Participants Enrolled in Program between July 2018 and April 2019	Participants Enrolled in Program as of October 2018
<b>TOTAL CASES</b>	462	192
<b>Demographics</b>		
Mean Age at Baseline	36.3	36.7
18 - 24 Years of Age	12%	13%
25 - 34 Years of Age	37%	34%
35 - 44 Years of Age	26%	26%
45 - 54 Years of Age	16%	20%
55 - 64 Years of Age	8%	7%
65+ Years of Age	< 1%	< 1%
White, Non-Hispanic	83%	85%
Minority	16%	15%
African American	4%	2%
Hispanic/Latino(a)	5%	5%
Asian or Pacific Islander	3%	3%
American Indian	2%	2%
Multiracial	3%	3%
Unknown/Missing	< 1%	< 1%
Female	34%	34%
Male	66%	65%
Gender Non-Conforming	< 1%	< 1%
<b>Medicaid Coverage, 12 Months Prior to Index</b>		
Any Medical Assistance	95%	100%
Dually Eligible for Medicaid and Medicare	5%	3%
<b>Medical History- Behavioral Health, 24 Months Prior to Index, of those with medical assistance</b>		
Mental Health (MH) Service Need Indicator	87%	93%
Mental Illness Diagnosis	68%	74%
Psychotic Disorder Diagnosis	17%	15%
Mania or Bipolar Disorder Diagnosis	19%	18%
Depressive Disorder Diagnosis	48%	52%
Anxiety Disorder Diagnosis	52%	56%
Attention Deficit Hyperactivity Disorder Diagnosis	8%	6%
Disruptive/Impulse/Conduct Disorder Diagnosis	2%	2%
Adjustment Disorder Diagnosis	5%	6%
Substance Use Disorder Treatment Need	92%	94%
Alcohol Use Disorder	36%	38%
Drug Use Disorder	85%	86%
Opioid Use Disorder	61%	67%
Co-Occurring Disorders (MH + SUD)	84%	89%
<b>Behavioral Health Treatment Services, 12 Months Prior to Index, of those with medical assistance</b>		
Any Mental Health Outpatient Services	43%	44%
Crisis or Stabilization Mental Health Services	20%	19%
Non-Crisis Mental Health Outpatient Services	38%	39%
Substance Use Disorder Treatment Services	56%	59%
Any Substance Use Disorder Outpatient Treatment	35%	31%
Any Substance Use Disorder Inpatient Treatment	24%	28%
Treatment with Medication for Opioid Use Disorder	26%	30%
Detoxification	24%	23%
<b>Other History for All Participants, 12 Month Prior to Receiving Services</b>		
Any Arrest	58%	58%
Any Felony Arrest	25%	26%
Any Jail Booking	54%	56%

### OVERVIEW AND STUDY POPULATION

Following de-duplication of participant records obtained from the Homeless Management Information System (HMIS), we identified 471 unique participants who enrolled in or stayed at least one night in the Snohomish Diversion Center in Snohomish County between July 1, 2018, and April 30, 2019. Nine participants were excluded from these analyses because they had no prior DSHS service history or could not be successfully linked to administrative records. This study describes the characteristics of the 462 remaining participants who enrolled in the program, including average length of program participation, behavioral health service histories, and housing status. Due to data lags, additional pre-post analyses are restricted to 192 participants who entered the program between July 1, 2018, and October 31, 2018, and had at least one month of medical assistance in the three months prior to and following program entry. Measures reported here were compiled using information collected in HMIS and data from the DSHS Services Integrated Client Database (ICDB, Mancuso 2014).

### DATA SOURCES AND MEASURES

#### Demographics

- Demographics such as age and gender were extracted from HMIS, which includes information on participants receiving state and federally funded housing services.

#### Outpatient Mental Health Service Encounters

- Service encounter records in ProviderOne and the Behavioral Health Data System were used to track outpatient mental health services. Specific service modalities were identified using the Division of Behavioral Health and Recovery's (DBHR) Service Encounter Reporting Instruction (SERI) categories and Healthcare Common Procedure Coding Systems (HCPCS) codes and/or Current Procedure Terminology (CPT) codes.

#### Medical Coverage

- Medicaid and other medical coverage data were obtained from eligibility codes recorded in ProviderOne.

#### Behavioral Health

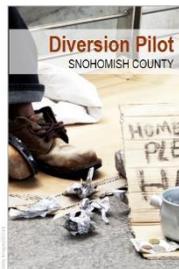
- Data from two information systems—ProviderOne (medical) and the Behavioral Health Data System (mental health and substance use disorders)—were used to identify the presence of substance use disorders and/or mental illness over a 24-month window prior to enrollment based on diagnoses, prescriptions, and treatment records.
- Drug- and alcohol-related arrest data maintained by the Washington State Patrol were also used to identify probable substance use issues and were included in the definition of treatment need for substance use disorders.

#### Housing Status

- Data on a participant's prior living situation and discharge destination are based on participant-reported information in HMIS gathered at program intake and exit.
- Chronic homelessness status is based on information recorded in HMIS. Individuals were determined to be chronically homeless by shelter workers based on U.S. Department of Housing and Urban Development definitions (U.S. Department of Housing and Urban Development, 2015).
- Information on participant housing status in the 90 days following program exit is based on program information recorded in HMIS.

#### Criminal Justice Involvement

- Arrest rates were based on offenses reported to the Washington State Patrol (WSP), which include arrests for felonies, gross misdemeanors, and other offenses. WSP records arrests regardless of conviction status. Some less serious misdemeanor offenses or non-criminal infractions handled by local law enforcement agencies are not required to be reported in the WSP database and are not included in the analyses.
- Jail booking data for Snohomish County is based on data from the Jail Booking and Reporting System (JBRS) as recorded in ProviderOne. This data is maintained by the Washington Association of Sheriffs and Police Chiefs (WASPC).



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