

# **Chronic Minor Offender Work Group Report and Recommendations to Criminal Justice Task Force**

**October 1, 2009**

by Teri K. Martin, Ph.D.  
Law & Policy Associates, Portland OR  
Consultant to CJTF Chronic Minor Offender Work Group  
September 2009

(With some additions added by CMO Work Group)

## Chronic Minor Offender Work Group Members

Connie Brown, Chair  
Affordable Housing Consortium

Tim Farrell, Vice Chair  
Pierce County Council

Terri Card  
Greater Lakes Mental Health

Donald Lachman/David Green  
Department of Veterans Affairs

Troy Christensen  
Pierce County Human Services

Nick Leider  
Nativity House

Roger Edington  
Medical Services, Tacoma Fire Department

Penni Newman  
Chemical Dependency, Human Services

Judge Jack Emery  
Tacoma Municipal Court

Diane Powers  
Housing First, City of Tacoma

Jean Hayes  
Tacoma City Attorney

Al Rose  
County Executive's Office

Greg Hopkins  
Tacoma Police Department

Judy Snow  
Mental Health, Human Services

Denny Hunthausen  
Catholic Community Services

Gay Springer  
Citizen, Hilltop/Central Area

Adrian Johnson  
Community Re-Entry, Department of  
Corrections

Doug Swanberg  
Metropolitan Development Council

Martha Karr  
Corrections Bureau, Sheriff's Department

Bill Vetter  
Performance Audit

Richard Whitehead  
Department of Assigned Counsel

# Table of Contents

<b>Executive Summary</b> .....	1
<b>Why Focus on Chronic Minor Offenders?</b> .....	4
Chronic Minor Offenders in Pierce County.....	5
Chronic Minor Offenders – a National Problem.....	7
<b>Work Group Process and Findings</b> .....	8
Decision-Mapping Results .....	9
Best Practices in Other Jurisdictions .....	11
<b>Proposed Pilot Project</b> .....	13
Pierce County Target Population .....	14
Collaboration Partners and Project Organization.....	16
Key Program Elements .....	17
Performance Measures and Project Evaluation .....	23
Funding Strategies .....	24
<b>2009 CMO Work Group Recommendations</b> .....	25

## Executive Summary

In the September 2008 Report of the Criminal Justice Task Force to the Pierce County Council, the CJTF recommended that the County and its partners should:

1. Develop alternatives to arresting and jailing chronic minor offenders (CMOs, sometimes called “frequent fliers”) that can help break their cycle of dysfunctional behavior, and
2. Establish a system of jail discharge planning to encourage successful reentry into the community.

The CJTF asked the CMO Work Group to review and recommend ways to more cost-effectively invest tax dollars to reduce the likelihood that CMOs will continue to be chronic consumers of jail and other costly public resources. It is the consensus of the CMO Work Group that the strategy outlined in this report, which includes a significant reentry component, will accomplish this goal with its target population, thereby saving tax dollars while also improving neighborhood livability and the quality of life for CMOs with chemical dependency and mental health issues.

The CMO Work Group began with 17 representatives of public departments, community social services agencies, and citizens. It has expanded to 21 members to include additional service providers and groups. The full work group has held 16 meetings (October 23, 2008, to September 29, 2009) and a grant writing/project development subgroup held five additional work-meetings. The CMO Work Group has completed:

- Decision-mapping of the current system looking at the decisions made by criminal justice agencies and others that affect CMO outcomes, and highlighting strengths that can be built on and challenges to be addressed going forward.
- Analysis of the CMO population in Pierce County focusing on those booked five or more times into the jail during 2007, which show that these CMOs occupied an average of 69 beds in the jail on any given day, and cost the County a minimum of \$2.3 million in jail operating costs during that year alone. Most of the charges for which they were booked were for relatively minor offenses often associated with untreated addictions and/or mental illness.
- Exploration of program models used by other comparable jurisdictions to break the cycle of frequent re-arrest for CMOs; Portland’s Neighborhood Livability Program emerged as the one that is considered most promising for emulation by Pierce County/Tacoma.

Key CMO Work Group recommendations include:

- A program to intervene in the chronic re-arrest cycle of CMOs should first focus on a target group of those offenders who are most frequently arrested for minor drug and property offenses in selected downtown Tacoma neighborhoods.
- Treatment, both chemical dependency and mental health, must be available as needed (on demand) for targeted CMOs throughout their participation in the program. Aftercare must also be available as long as necessary to maintain their recovery.
- Transitional and supportive housing options must also be available as needed, including provisions for extended supportive housing and case management for those CMOs who require such support to maintain their recovery and stability in a law-abiding life.
- The support of criminal justice decision-makers and service providers is essential. These partners include:
  - Tacoma Police Department leaders and officers who are committed not only to arresting the targeted CMOs but also to following up with them to encourage and support their recovery and stabilization.
  - The Sheriff's Department Corrections Bureau agreement to admit to jail housing targeted CMOs for up to three days while their reentry plans are developed by Jail Mental Health services and court hearings take place.
  - The Tacoma Municipal Court, prosecutor, and Department of Assigned Counsel (DAC) charging, trying and sentencing the targeted CMOs to probation supervision with conditions requiring that they enter safe housing and participate in chemical dependency and behavioral health treatment as appropriate, with continued monitoring and supportive interventions to encourage their recovery.
  - Case managers affiliated with the participating court who will monitor compliance of sentenced CMOs and work with the multidisciplinary team to tailor court-administered incentives and sanctions that will help CMOs stabilize in the community.
- Strategies for documenting the short-term and long-range impacts of the intervention on the target group's re-arrest rate, and for tracking other key indicators of success.
- Commitment of elected officials, along with other policymakers and funders, to provide, obtain and sustain multiple sources of funding for the long-term support of program participants, and to expand program scope in the future to include additional CMOs as warranted based on program performance.

## **2009 CMO Work Group Recommendations**

- 1) Recommend that Pierce County and Tacoma support the pilot project as described, encouraging cooperation of both jurisdictions, all relevant departments, and existing community service providers. The pilot program shall operate as an effective tool to refine the program and provide a foundation for future funding options; it should utilize best practices, research-based techniques, and monitoring and evaluation of results.
- 2) Recommend that the initial pilot project target the group of chronic minor offenders who are most frequently arrested for minor drug and property offenses in the downtown Tacoma /Hilltop neighborhood, where there is a known concentration of CMOs, services are available, and there is already law enforcement and judicial support for the CMO program. The initial implementation of this pilot program will also benefit from the control and consistency of relying on one court, one prosecutor's office and one law enforcement agency.
- 3) Recommend that Pierce County and Tacoma jointly fund and implement the pilot project in 2010, continue to gather data, refine the proposal, and apply for outside funding when appropriate opportunities are available. A draft 2010 budget is attached as Appendix 1.
- 4) Recommend formation of an interdisciplinary coordination team to oversee pilot program development and implementation, and to support monitoring and evaluation. This group should include the departments and service providers that are actively involved in the program.
- 5) Recommend formation of a policy advisory body for the CMO program, with membership similar to the CMO Work Group, to coordinate joint management and seek funding of the initiative. The policy advisory body shall actively investigate federal, state, and private funding sources and shall find out how to leverage all available funding sources, including sources such as Veterans' funding, to have the most significant impact on jail and justice costs and public safety in communities throughout Pierce County.

The CMO Work Group looks forward to collaborating in the implementation of the pilot project described in this report, and to proving that it can work to reduce recidivism and relapse of chronic minor offenders, improve public safety and enhance communities' quality of life.

## Why Focus on Chronic Minor Offenders?

In the September 2008 Report of the Criminal Justice Task Force to the Pierce County Council, the CJTF recommended that the County and its partners should:

1. Develop alternatives to arresting and jailing chronic minor offenders (sometimes called “frequent fliers”) that can help break their cycle of dysfunctional behavior, and
2. Establish a system of jail discharge planning to encourage successful reentry into the community.

The CJTF based its concerns in part on the results of a Performance Audit analysis of arrests in the 22 census blocks surrounding the jail between January 1, 2006, and June 18, 2008, which show that 20 percent of those arrested were arrested more than once in that time period. Among these chronic minor offenders, it is estimated from jail booking data that at least 30 percent were homeless or transient. Most of their arrests were for minor offenses such as SODA (stay out of drug area) violations, SOAP (stay out of area of prostitution) violations, shoplifting, and misdemeanor assault. The CJTF noted in its report to the County Council that this practice -- repeatedly arresting, for minor offenses, homeless or transient individuals who are also likely to be substance abusing and/or chronically mentally ill -- does not seem to be very effective in changing their behavior.

The CJTF concluded that Pierce County should consider other options for helping these individuals to break the cycle of dysfunction in which they have become trapped. The Chronic Minor Offender Work Group was created to develop recommendations for more effective interventions for CMOs that can reduce the rate at which they are booked into jail (each booking costs \$180) and the number of jail days they spend (at \$80 per day).

Currently, there is little or no discharge or “reentry” planning for Pierce County Jail inmates, aside from the relatively new program “Getting It Right” that works with inmates who will be discharged from the jail to probation supervision by the state Community Corrections Division (a group that includes very few CMOs). When CMOs are released without an action plan linking them to appropriate treatment and other services in the community, they are quite likely to return to jail and to utilize costly emergency services. Research has shown that jail reentry programs can effectively link releases to community services and found that only small reductions in recidivism rates are necessary for public agencies to recover their initial program investment.<sup>1</sup> Therefore, the CJTF asked the CMO Work Group to consider the role that enhanced jail reentry planning can play in reducing the recidivism of CMOs in Pierce County.

---

<sup>1</sup> Roman, John; Chalfin, Aaron. “Does it Pay to Invest in Reentry Programs for Jail Inmates?” Urban Institute, 2006.

The CJTF asked the CMO Work Group to review and recommend ways to more cost-effectively invest tax dollars to reduce the likelihood that CMOs will continue to be chronic consumers of jail and other costly public resources. It is the consensus of the CMO Work Group that the strategy outlined in this report, which includes a significant reentry component, will accomplish this goal with its target population, thereby saving tax dollars while also improving neighborhood livability and the quality of life for CMOs with chemical dependency and mental health issues.

### **Chronic Minor Offenders in Pierce County**

An analysis by Performance Audit of jail booking data for 2007, conducted for the Chronic Minor Offender Work Group, reinforces the importance of the CMO Work Group's efforts by providing preliminary estimates of the cost of jailing Pierce County's CMOs. Table 1 shows the number of times CMOs (defined for this analysis as those with five or more bookings in calendar year 2007) were booked into jail, their average length of stay per booking, the total number of days they spent in jail in 2007, and the cost to Pierce County (based on an estimate of \$90 per day, to account for costs like booking) of jailing these CMOs.

This analysis shows that in 2007, inmates with five or more bookings during that year occupied an average of 69 beds on any given day, and that their incarceration cost Pierce County a minimum of \$2.27 million that year alone. As might be expected, the more frequently an individual was booked, the shorter their average stay per booking, but all stayed on average at least one week.

**Table 1: Individuals with Repeat Bookings into the Pierce County Jail in 2007**

<b>Number of Bookings</b>	<b>Number of Individuals Booked</b>	<b>Average LOS per Booking (days)</b>	<b>Total Jail Days</b>	<b>Jail Annual Average Daily Population</b>	<b>Jail Cost*</b>
5	174	15.7	13,659	37	\$1,229,310
6	68	12.2	4,978	14	\$447,984
7	36	10.1	2,545	7	\$229,068
8	23	11.7	2,153	6	\$193,752
9	10	7.8	702	2	\$63,180
10+	11	9.7	1,174	3	\$105,633
<b>Total</b>	<b>322</b>	<b>67.2</b>	<b>25,210</b>	<b>69</b>	<b>\$2,268,927</b>

Source: Performance Audit Office Analysis

\*Estimated at \$90 per day, probably an underestimate for most chronic offenders who require specialized mental and physical health assessments at intake as well as treatment during their jail stays.

Performance Audit also examined the arrest charges for those booked into the jail five or more times in 2007. Key results of this analysis are summarized in Table 2. A large proportion of charges for this population were for probation violations by those under supervision of the state DOC's Community Corrections Division. Most of the remainder of the charges were for drug-related and minor property crimes, a cluster of relatively minor offenses for which persons with untreated mental illness and chemical dependency issues (who are also frequently homeless) are typically arrested. This data is consistent with the experiences of Tacoma Police Department officers working in downtown Tacoma neighborhoods who have participated in the CMO Work Group process.

**Table 2: Most frequent arrest charges for those with 5+ bookings in 2007**

Charge type	Number of charges for those with 5+ bookings	Most frequent charge (percent)
Hold for community custody (violation of conditions of probation)	567	21
DWLS/DWLR	521	20
Drug paraphernalia	366	14
Possession of controlled substance	350	13
SODA violation	189	7
Shoplifting	130	5
Prostitution-related	124	5
Obstructing public service	109	4
Theft 3	104	4
Criminal assault	85	3
Assault 4	83	3
<b>Total of the above charges</b>	<b>2,628</b>	<b>100</b>

Judy Snow of Jail Mental Health Services further investigated the criminal justice and treatment history of the 11 individuals who were booked 10 or more times in 2007. Her analysis showed that:

- Most (7 of the 11) were women.

- More than half were over 50 years old, and a large percentage were over 45.
- Jail records revealed no significant mental health treatment history among the 11, but other data sources could reveal more mental health contacts.
- Arrest histories substantiated that all have chemical dependency issues.
- Most charges were misdemeanors, although most of the 11 had at least one felony drug charge in their history.
- Prostitution was a significant factor in the arrest history of all the women.

The length of stay for each arrest of this high-utilizer group during 2007 ranged from three days to three months. Though their average jail stay per arrest was low, jail costs for frequent/chronic arrestees are higher than for other inmate categories due to their extensive medical needs. In addition, because they experience more bookings per person and thus more “first days” (the most resource-intensive for jails), the daily average cost to house these individuals in jail is high in comparison to other inmates. Pierce County emergency responders and hospital ERs indicated that they also have spent significant resources on these high-need individuals over time.

### **Chronic Minor Offenders – a National Problem**

The issues surrounding chronic minor offenders have been identified as affecting nearly all jurisdictions in the United States. Nationally 73 percent of jail inmates have previously been sentenced to probation or incarceration, so it is clear that recidivism plays a major role in populating local jails.<sup>2</sup> A significant portion of this recidivism is due to the lack of effective community treatment and supports for chronic minor offenders coping with mental illness, addiction and homelessness. Recent reports provide a stark picture of the scope of this problem.

- A 2006 US Bureau of Justice Statistics estimate indicates that 24 percent of jail inmates suffer from serious mental illness and that a total of 64 percent suffer from some type of mental health problem.<sup>3</sup>
- The National GAINS Center estimates that 72 percent of persons with mental illness admitted to county jails also have a substance abuse disorder, i.e., they are “dually diagnosable.”<sup>4</sup>
- In the United States, the average daily population of persons with mental illness in prisons and jails is larger than that in hospitals and residential treatment facilities, making jails and prisons the primary provider of mental health care in

---

<sup>2</sup> James, Doris. *Profile of Jail Inmates*. Bureau of Justice Statistics Special Report NCJ 201932, Washington, DC: US Department of Justice, 2004.

<sup>3</sup> Bureau of Justice Statistics. “Special Report on Mental Health Problems of Prison and Jail Inmates.” Sept. 2006.

<sup>4</sup> National Gains Center. “The Prevalence of Co-occurring Mental Illness and Substance Abuse Disorder in Jails.” [http://gainscenter.smahsa.gov/pdfs/jail\\_diversion/gainsjailprev.pdf](http://gainscenter.smahsa.gov/pdfs/jail_diversion/gainsjailprev.pdf) Sept. 2006.

this country. Because of funding and facility design limitations, this care usually consists solely or primarily of prescribing and monitoring the effects of psychotropic medications, which then are often not accessible to individuals after they are released from custody.<sup>5</sup>

- Studies by the Center for Supportive Housing show that 54 percent of homeless in shelters report at least one previous incarceration in jail or prison, and 43 percent of offenders with mental illness were homeless when they committed the crime for which they were arrested.<sup>6</sup>

Awareness that past practices are not working has prompted more and more cities, counties, and states to invest in collaborative efforts to interrupt the cycle of chronic arrest, incarceration, and homelessness. Elected officials, public agencies and private sector partners are all seeking strategies to address the problem.

### **Work Group Process and Findings**

The Chronic Minor Offender Work Group established by the CJTF is a diverse group that includes a County Councilmember and representatives of the County Executive and the City of Tacoma; performance audit office; mental health and chemical dependency treatment professionals; housing specialists; emergency services; and criminal justice system representatives, including police officers, a Superior Court judge, Tacoma City Attorney, a defense attorney, jail staff, and the state Community Corrections Division of the Department of Corrections. The group also invited representatives of Tacoma Municipal Court, local child welfare office, and local hospitals with emergency rooms to participate in its discussions. As the work group progressed to more specific program planning, it added additional members representing Tacoma Municipal Court, Veterans Affairs, and local service providers. The Work Group has been assisted by County staff and by a consultant with knowledge in this subject area, who has served as process facilitator and writer for the group.

The CMO Work Group began meeting in late October 2008, and has met sixteen times since then. It used a process of “decision-mapping” to develop a common understanding of how local decisions made by the criminal justice, emergency services, mental health, chemical dependency, child welfare, and housing systems affect and are affected by the chronic minor offender population in Pierce County. This system-wide picture has allowed the Work Group to recommend strategies that will build on observed strengths and remedy shortcomings. Some key findings and observations are summarized in the next section.

Data analyses by Performance Audit and Jail Mental Health Services have provided some basic profile information for Pierce County’s CMO population. The results reinforced the importance of finding a new approach to dealing with this high-need

---

<sup>5</sup> Center for Supportive Housing. “ Getting Out With Nowhere to Go: The Case for Re-entry Supportive Housing.” New York, 2008.

<sup>6</sup> Ibid.

group. Housing these individuals in jail is a costly option that apparently does not reduce the likelihood that they will re-offend. Emergency services and hospital ERs also spend a disproportionate amount of resources on these individuals, and this investment is not effective in sustaining their health.

Group members shared background information (research and descriptive publications) on relevant topics. Several members researched and contacted model programs in other jurisdictions (New York City, San Francisco, King and Multnomah Counties) that can provide insights and guidance as the Work Group developed its recommendations for organizational, programmatic and funding allocation changes to better address the chronic recidivism of CMOs. Lessons learned about these programs are summarized in a subsequent section.

Building on this research, the Work Group made a site visit on April 15, 2009 to Portland OR to learn more about the Portland Police Bureau's (PPB) Neighborhood Livability Program. A total of 15 members or their representatives, as well as a reporter for the Tacoma News Tribune, were able to attend a very informative presentation and see first-hand how this program operates. The Work Group consensus is that the Portland model has several features that could productively be replicated in Tacoma on a pilot basis, with the goal of incrementally expanding the project based on evidence of its success. Details of the proposed Pierce County/Tacoma pilot project are provided in the final sections of this report.

### **Decision-Mapping Findings**

The decision mapping process helped the Work Group clarify strengths and weaknesses in approaches to dealing with CMOs in Pierce County. Some of the strengths outlined below have recently been negatively affected by recession-induced shrinkage in tax revenues available for public funding of treatment and social safety net resources, and by other changes in state programs and funding.

#### **Strengths**

There are strong collaborative working relationships among agencies that have been established to address some of the needs of CMOs, including:

- Mental health programs in the jail and programs in the community serving people in crisis.
  - Jail Mental Health Service, a partnership between the Corrections Bureau and the County Human Services Mental Health Unit, works to identify those in jail needing mental health services and to link these inmates with community mental health agencies via a discharge plan.
  - Crisis Outreach Services, which dispatched mental health professionals to assist law enforcement officers with situations involving a mental health crisis

and was recently discontinued.

- Crisis Triage Center, which until October 1, 2009, was operated by Pierce County to accept and assess persons with mental illness crises, and provided an alternative to arrest and jail booking for law enforcement. The State Division of Mental Health, through its contractor, Optum, will offer a similar crisis mental health center, but it is not clear how useful it will be to law enforcement officials.
- Greater Lakes Mental Health has significantly improved the process of obtaining or reinstating federal benefits (Medicaid, SSI) for their clients exiting jail and is considering expanding their efforts to other inmates; access to entitlement benefits is a very important component of any effort to stabilize CMOs in the community.
- Through community policing, the Tacoma Police Department has built a strong relationship with specific communities and is familiar with chronic minor offenders. TPD can provide a strong foundation for the police-centered pilot strategy outlined later in this report.
- One Tacoma Municipal court judge has been using an adaptation of the mental health court model for a few defendants assessed as likely to benefit from extended court supervision and supportive case management (provided by a retired probation officer).
- Tacoma's Safe and Clean effort to reduce crime and clean up nuisances in the city has mobilized all city departments to address specific livability concerns in neighborhoods.
- The success of the Tacoma City Encampment project (a collaboration of MDC, TPD and Greater Lakes MH) has demonstrated the feasibility of getting chronically homeless chemically dependent individuals into safe housing, treatment and educational programs.
- Multiple Housing First programs, the MDC Sobering Center, and other shelter and outreach programs with experience serving CMOs can provide expertise to the proposed collaborative pilot effort.
- The jail-based reentry program (Getting It Right), now serving those exiting jail to DOC community supervision, can help provide ideas for how to work with CMOs who will be targeted by this proposed intervention program.

## Challenges

- Nearly all CMOs are indigent, which means that bail is often set at levels that they are unable to post prior to arraignment. Judges are also reluctant to release them on unsupervised personal recognizance due to their significant histories of failure to appear for court proceedings. Thus, a substantial proportion of this group may spend several days to weeks in jail awaiting resolution of their cases (the pretrial conference can be scheduled up to 21 days after the arraignment).
- The Work Group discussed existing criminal justice diversion alternatives (deferred prosecution, felony Drug Court and El Cid) and concluded that CMOs are not likely candidates for these options.
- Federal and state funding for chemical dependency treatment is stretched very thin across agencies and programs, and is going to be further reduced during the next funding cycle. The County's secure detox facility was closed on February 20 due to lack of state funding. Chemical dependency service reductions are especially problematic given that most CMOs have chemical dependency issues or are dually diagnosable, and these factors drive their chronic lawbreaking behavior.
- There is a shortage of affordable housing for homeless individuals in Pierce County, particularly the sort of supportive housing that is effective in working with CMOs.
- There is considerable uncertainty regarding the transition of public mental health funding and continuity of services as responsibilities move on October 1, 2009, from Pierce County to the new administrator, Optum, a contractor of the Division of Mental Health.
- State funding for chemical dependency treatment and housing has diminished in the current state biennial budget.
- The County's choice not to enact the 0.1% sales tax authorized by the state legislature for use in funding local chemical dependency services, mental health services, and permanent supportive housing (defined on page 11 below) limits the capacity of local human services agencies to provide interventions proven effective in reducing the recidivism of CMOs.

## Best Practices in Other Jurisdictions

CMO Work Group members obtained information from other jurisdictions about promising approaches to dealing with CMOs they have implemented. These approaches **share several common elements central to their success** in reducing recidivism for this group.

- **Sustained collaboration of key partners**, including justice system agencies, emergency services, mental health and chemical dependency treatment agencies, housing advocates, public and private hospitals, property owners and managers, concerned citizens and businesspeople, and elected officials.
- **Measured use of the power of the criminal justice system**, including law enforcement, the courts, probation and jails, to encourage, through both sanctions and rewards, participation in treatment and continued compliance with other program requirements.
- **Supportive housing** (defined as “permanent, affordable housing linked with services that meet the needs of Individuals” by the Center for Supportive Housing) for all in the target population who require it.<sup>7</sup>
- **Availability of alcohol- or intoxication-tolerant housing**<sup>8</sup> that permits residents reluctant to enter substance abuse treatment to first become stabilized in safe housing and develop other healthy habits (e.g., around eating and paying bills) before they begin to participate in treatment (all Housing First programs are alcohol-tolerant).<sup>9</sup>
- **Ready access to substance abuse and mental health treatment** as needed for all participants (“treatment on demand”).
- **Relapse tolerance and a commitment to continue working with individuals** by moving them up and down among treatment and other program options and sanctions until they can achieve stability in housing and recovery from substance abuse and mental illness.
- **Continued performance monitoring** that documents program processes, costs, and impacts on participating individuals, the justice and service systems, and the community.

---

<sup>7</sup> CSH reports that after six months, 89 percent of the tenants of New York City's supportive re-entry housing program avoided returning to jail. Seattle's supportive housing at 1811 Eastlake achieved a 52 percent reduction in jail bookings and a 45 percent reduction in days spent in jail for its residents (former CMOs), along with a \$2 million cost savings in services/programs for residents (nearly 50% savings).

<sup>8</sup> Alcohol-tolerant housing allows residents to drink in their own apartments; intoxication-tolerant housing allows people to return home intoxicated, but does not allow drinking on the premises.

<sup>9</sup> The primary goal of Housing First programs is “to engage chronically homeless people and then maintain them in housing. . . [which requires] acceptance that some of those who are agreeing to come in off the street have not agreed or are not able to stop an existing addiction [immediately] upon entering the program.” <http://www.huduser.org/Publications/pdf/hsgfirst.pdf>

## Proposed Pilot Project

By focusing first on the heaviest utilizers of jail and other public and private community resources, Pierce County's CMO intervention program can begin a pilot project with relatively few people and yet still have a significant impact on the overall cost of services that must be provided to them. Although the jail's current total operating costs are unlikely to be significantly lessened by small reductions in the number of CMOs admitted, if there are fewer of these high-need individuals being held in jail, Corrections Bureau resources can be rededicated to other essential functions. In the long run, developing approaches that reduce jail utilization by CMOs will help the County postpone costly expansion of jail facilities and staffing. Through reducing recidivism and relapse among CMOs, similar resource reallocations and long-term cost avoidance can also be attained for many other agencies, including police, emergency medical services, hospital ERs, and shelters.

This strategy for responding to CMOs more effectively, described in more detail below, emulates the Portland Police Bureau's Neighborhood Livability Crime Enforcement Program (NLCEP), which began in 2003 with a list of 35 individuals who had been most frequently arrested in downtown Portland for minor property and public nuisance crimes.<sup>10</sup> Through the collaborative efforts of a wide range of partners<sup>11</sup>, the NLCEP has been able to reduce the total number of arrests attributable to identified CMOs in the target neighborhoods by 80 percent in the past six years, and during that same timeframe, the overall crime rate in these neighborhoods has dropped by 35 percent. The man who was at the top of NLCEP's first list in 2003 (with 46 arrests in three months) and who is estimated to have cost Portland justice system and service providers an average of \$1.5 million per year, has succeeded in sustaining his recovery, with occasional relapses, and now costs taxpayers only about \$60,000 per year for his supportive housing in downtown Portland and continued case management and treatment.

Pierce County has local examples of costly chronic offenders and inebriates eventually achieving sobriety through the same type of chemical dependency treatment programs as are used in the Portland NLCEP program. Cecil Leading Horse, a 63-year old chronic inebriate and offender who lives in the central Tacoma area, has for years been on a first-name basis with local law enforcement, emergency providers, and local

---

<sup>10</sup> An earlier pilot program in Portland began with eight people and \$100,000.

<sup>11</sup> NLCEP partners include the Portland Police Bureau, the criminal courts, the District Attorney's office, the Portland Fire and Rescue Bureau, the Multnomah County Department of Community Justice (providing probation supervision), the Portland Bureau of Housing and Community Development, Central City Concern (a housing provider), an array of community-based agencies that provide recovery based wrap-around support services, and Volunteers of America's day treatment program that provides evidence-based substance abuse and mental health treatment and intervention. Portland and Multnomah County have a long history of supporting housing, substance abuse and mental health treatment, and community-based policing, prosecution and supervision of offenders which provided a solid foundation on which NLCEP could build.

service providers. In 2001 the Tacoma News Tribune featured his story and tallied up over \$2 million in costs of services for him over ten years (jail, emergency response, hospital ER, shelter, etc.). After 18 years in Tacoma, and several cycles of treatment, he has now achieved a fairly stable sobriety, lives quietly in supportive housing, and is no longer a regular user of justice system resources. Cecil's experience suggests that the proposed treatment and case management strategies in the pilot project – treatment programs that exist but are not coordinated with case management, supportive housing, and the justice system -- can have success with even the most severe chronic offenders.

Recognizing that resources for chemical dependency and mental health treatment and supportive housing in Pierce County are currently even scarcer than usual, the Chronic Minor Offender Work Group recommends that Pierce County begin with a pilot program that at first targets about ten chronic minor offenders who are being frequently arrested in a specific section of Tacoma (Hilltop and downtown) for specified minor public order, drug and property offenses. Implementation for this pilot project will also be easier since new procedures can be initiated by just one law enforcement agency, one court, and one prosecutor's office. Further, the needed services are available in this central location. The goal of this pilot program will be to demonstrate that intensive and sustained intervention, treatment and supportive housing will significantly reduce CMO's recidivism and stabilize them in their recovery from substance abuse and mental illness. The long-range intent is to develop and refine the intervention program so that it could be used as an alternative for the most costly and troublesome chronic minor offenders in many areas of Pierce County.

### **Pierce County Target Population**

The first step toward the pilot project has already been undertaken by the Tacoma Police Department. Its analysts have identified a total of 41 individuals who have been arrested in Downtown Tacoma and Hilltop (including Wrights Park and Tacoma Avenue), five or more times for Drugs/Narcotics, Larceny/Theft, Obstructing, Trespassing, and/or violations of NARC or SODA court orders between July 1, 2006, and June 30, 2009. The highest number of arrests per person was 16. Sixty-three percent were male and 37 percent female. The youngest person in this CMO group is a 20-year-old male, but nearly three-quarters of this group of chronic minor offenders (CMOs) are over 40, and 41percent are over 50. The oldest two individuals are 68-year-old men.

CMO Work Group members collaborated to begin developing estimates of the costs to the justice system and other agencies of the frequent arrests experienced by these CMOs. The preliminary results confirm that publicly funded agencies are spending a substantial amount of money to continue cycling these individuals through jail and crisis services. This research is continuing.

Pierce County Jail staff examined jail records on these 41 individuals, and determined that during the three-year window of interest, they:

- were booked into the Pierce County Jail a total of 558 times (an average of 13.6 bookings per person),
- spent a total of 8,553 days in the jail during the three year period of their arrests (an average of 15.3 days per person), and
- occupied an average of 8 jail beds every day during this period.

The jail's current daily operating cost rate is \$80, and each booking costs \$180 (charged to arresting agency). Based on these rates, the following costs were incurred:

- \$684,240 for 8,553 jail days and
- \$100,440 for 558 bookings
- **Totaling \$784,680 in jail-related costs for these CMOs during the three year study period**

Of the total of 558 bookings, 290 (52%) were for TPD arrests in downtown Tacoma for the specified minor offenses, which cost the City of Tacoma approximately \$354,960 in booking and jail bed day costs (assuming that for each booking the individual stayed the overall average of 15.3 days). The remaining \$329,280 in jail costs were borne either by the County (for arrests on felony charges), the state Department of Corrections (for those under probation supervision), TPD (for misdemeanor or ordinance arrests in other sectors of Tacoma) and/or other municipalities. The jail is continuing to collect data that will more precisely track what proportions of the total costs were paid by the various arresting agencies.

The cost to TPD of arresting the 41 CMOs 290 times during the three-year study window, based on an average cost of \$165 per arrest (3 officer-hours X \$55) was \$47,850. Using this estimated cost per arrest, the additional 268 arrests, made either by TPD (for charges other than those listed above or at locations outside the defined neighborhood), the Sheriff's Department, or other municipalities cost these arresting agencies approximately \$44,220. So, **the total estimated cost to law enforcement agencies of repeatedly arresting these CMOs was roughly \$92,000 during the three year study period.**

Pierce County Human Services provided psychiatric inpatient care for many of the 41 CMOs during the three study years. Half of the eight individuals on the list with nine or more arrests were placed in psychiatric facilities during the three study years, incurring total bed-rate costs of \$181,962. For the remaining 33 CMO's, a total of \$96,200 was spent for inpatient bed-days. This means that **a total of \$278,162 was spent for psychiatric residential treatment for the 41 listed CMOs during the three year study period.** This does not include the cost of professional services provided while

they were in residential care, including such things as services provided by psychiatrists, medical doctors, or nurse practitioners. Further work would be needed to identify what proportion of psychiatric inpatient care was for misdemeanor or felony arrests, and what may have been for mental competency evaluation or capacity to commit a crime.

**However, at a minimum, the total cost of arresting, jailing and placing these 41 CMOs in psychiatric residential treatment during the three year study period was \$1,154,842.** These costs were borne by the City of Tacoma, Pierce County, the State, and any other municipalities with law enforcement agencies that arrested and booked these individuals into the County jail.

However, this figure does not include the cost of other public and private health and social service resources that CMOs frequently utilize, such as:

- Ambulance/EMS
- Hospital emergency rooms
- Tacoma Detox
- Homeless shelters
- Crisis outreach
- Involuntary detainment investigations
- Court costs associated with involuntary commitments

For those individual CMOs who enter the pilot program, a detailed accounting of past expenditures for services they received during the past three years (and perhaps longer) will be compiled as part of ongoing program evaluation and performance monitoring efforts. Individuals who enter the program will be asked to sign a consent form allowing designated program staff to access their health, mental health and substance abuse treatment records to obtain information about the type and level of services that have been provided to them in the past. This will be part of the baseline against which their progress will be measured.

Clearly, many municipal, county and private agencies already invest substantial resources in CMOs. If only a fraction of these dollars and effort could be devoted to implementing a CMO intervention program that succeeds in reducing their criminal recidivism and mental health/substance abuse relapse rates, the long-term savings to taxpayers and other funders of private agencies are likely to be substantial due to the avoiding the costs of expanding services by reducing the demand for those services.

### **Collaboration Partners and Project Organization**

Partners in this pilot project are all of the organizations and agencies who have provided representatives to the CMO Work Group, as well as other interested parties who have contributed to the group's decision-mapping process and ongoing program design work. One of the strengths of the CMO Work Group process has been that the collaborative

group has grown to include a number of agencies with expertise and interests in this work that weren't represented in the core group. For example, representatives of the State Department of Veterans Affairs found that three of the CMOs on the target list are eligible for veterans benefits and also described their current screening and discharge planning for veterans. Catholic Community Services, which operates food and housing programs, is participating by offering experience working with CMOs and their expertise in developing housing. Another strong partner that joined with the Work Group in planning the pilot project is the Metropolitan Development Council, which has experience implementing Tacoma's Housing First program and has contributed its strategic talent to developing the programmatic approach described in the next section.

The CMO Work Group has identified three groups that will be needed. First, the Work Group recommends that the pilot project be managed by an interdisciplinary coordination team (ICT) that will **oversee ongoing program development and implementation and support its evaluation** as discussed in the next section. The ICT should be composed of those groups directly involved in the program, including representatives of TPD, the Sheriff's Department, Jail Mental Health, Tacoma Municipal Court and prosecutor, DAC, Veterans Affairs, and case management, treatment and housing providers. Other agencies that have been represented on the CMO Work Group may also participate as needed.

Second, a policy advisory body will be needed for the pilot program, with membership similar to the expanded CMO Work Group (including public officials and relevant departments and organizations) should be established to **oversee management and funding of the initiative**. Third, there will be a collaborative case management group, which includes staff representatives of all the partner agencies providing legal and supportive interventions and services to the target program group. This case management group will meet frequently, ideally weekly, to **discuss individual program participants and devise effective "wrap-around" strategies** that can help to keep them from relapsing and re-offending.

### **Key Program Elements**

The Center for Supportive Housing suggests that those who work with those with chronic substance abuse and mental health issues can be successful if they observe the following principles:

- "Consistent contact is the key to building trust and moving through reentry.
- Culturally competent services have a better chance of success.
- The critical time period surrounding transitions may require intensive support.
- A careful approach to navigating systems will reduce crises.

- An empowering approach that encourages clients to make decisions about their goals reduces dependency over the longer-term.”<sup>12</sup>

The Work Group and its partners have kept these principles in mind in designing the proposed pilot project.

The Work Group recognizes that female CMOs will have different issues than male CMOs, and that different treatment and housing programs are necessary. However, the Work Group is committed to include both men and women in the pilot project (eight beds at MDC for men; two beds at Phoebe House for women).

Following is a general outline of the proposed intervention process with targeted CMOs:

1. Establish formal policy agreements among decision-makers that the next time a CMO on the target list (the 41 most frequently arrested CMOs in the target area) is again arrested for a misdemeanor by the Tacoma Police Department, they will be brought to jail and held there two to three days to allow necessary case planning and disposition by the municipal court judge. The TPD officers that serve the target area will have the list of targeted CMOs and can identify arrestees.
2. At booking, jail staff will also screen to determine whether arrestees are on the CMO list and if so, will note on the booking sheet and/or charging paperwork that the defendant is eligible for the CMO pilot program.
3. Both the TPD arresting officer and the jail will notify the Tacoma prosecutor that a CMO has been booked into jail. The prosecutor will make a charging decision for arraignment and notify the Department of Assigned Counsel (DAC) and the Tacoma Municipal Court. The CMO will be arraigned on charges and (the hearing continued, or) set for a hearing within one to two days, to allow time for individualized case planning and development of a reentry plan.
4. Jail Mental Health will do an initial treatment and housing needs assessment of CMOs and determine their public benefit status (Medicaid, Medicare, SSI).<sup>13</sup> Veterans Affairs staff will review the CMOs to determine whether they are eligible for benefits. All this information will be used by Jail Mental Health staff to develop a reentry case management plan for the CMO and to explain the pilot project option to the CMO. The reentry plan will likely include participation in chemical dependency (and possibly mental health) treatment, residing in

---

<sup>12</sup> [www.michpri.com/uploads/Housing/MPRI.CSH.reentryhousing.ppt](http://www.michpri.com/uploads/Housing/MPRI.CSH.reentryhousing.ppt)

<sup>13</sup> One helpful resource for those working to ensure that CMOs can access benefits to which they are entitled is a document published by the Bazelon Center for Mental Health Law in 2001, [Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules.](#)

transitional or supportive housing, and ongoing monitoring by the Tacoma Municipal Court.

5. DAC meets with the eligible CMO to discuss the pilot project option and reentry plan prior to court hearing.
6. At the hearing, the Judge offers the offender the opportunity to participate in the program. If the CMO agrees to participate, he or she will stipulate to the facts of the case and be “sentenced” to the terms of the reentry plan. The judge will use bench probation or other appropriate means to monitor CMOs’ compliance with the legal requirements of their reentry plan.
7. The CMO will be released from jail with a re-entry plan and immediately placed in transitional housing (see discussion below).
8. A multidisciplinary case management team will follow each individual’s progress, determining the best combination of services and supports for each individual and recommending to the judge as well as treatment and housing providers the appropriate responses (including court-imposed sanctions as well as more intensive services) to the inevitable relapses that will occur. Proposed approaches to case management, treatment and supportive housing is described below.
9. This team will work with the individual to develop a long-range plan for housing, continuing treatment and recovery management, and education or employment if possible.

Housing, assessment, case management and treatment services will be provided by community-based agencies. One model under consideration would involve participation by a housing and treatment agency (Metropolitan Development Council or MDC) and a women’s recovery program (New Phoebe House), both of which have extensive experience with the CMO target population. With facility updates to the Tacoma Detox Center funded through a Recovery Act grant, MDC can house up to eight male CMOs at that location. New Phoebe House could set aside up to two beds for female CMOs. These agencies can provide stable, safe housing that is linked to case management and treatment resources.

All pilot project participants will receive an in-depth assessment at intake to the program to determine the appropriate type and intensity of treatment. This comprehensive assessment will look at social, financial, health/medical, education and criminal history factors, as well as histories of drug/alcohol abuse history and previous chemical dependency and behavioral health treatment.

Case management services will be essential to ensure that the complex needs of CMOs are met. Case managers are boundary spanners, assisting participants to move from one system to another in a seamless continuum of care. Case managers will work with participating CMOs to build trust and encourage positive decision-making and stability. Up to 24 months of continuous case management and housing will support the CMO client throughout the recovery and stabilization process. Every community resource needed by these individuals will be accessed.

It is expected that most, if not all, participants in the pilot project will have significant substance abuse disorders that requires inpatient treatment and may also have co-occurring behavioral health disorders. Inpatient treatment will be provided to CMO participants as soon as possible after their entry into program housing. Potential inpatient providers are listed in Table 3.

**Table 3: Residential Treatment Providers**

<b>Residential Substance Abuse Treatment for Low-Income/No-Income Clientele as of July 2009</b>	<b>Funding Source</b>
Prosperity Wellness Center	ADATSA, GAU, SSI, TANF, GAX
Sea Mar	ADATSA Medicare/Medicaid only
Veterans Administration Medical Lake or American Lake	VA coverage
Olalla Guest Lodge	CNP, ADATSA, GAU, GAX
Pioneer Center North	ADATSA, call for information

Clients who do not initially require inpatient treatment will be enrolled in either intensive outpatient (IOP) or outpatient (OP) treatment. The treatment provider will have expertise and history serving this target population in Pierce County and be a fully-funded and licensed chemical dependency agency. Agencies that currently provide such services are listed below.

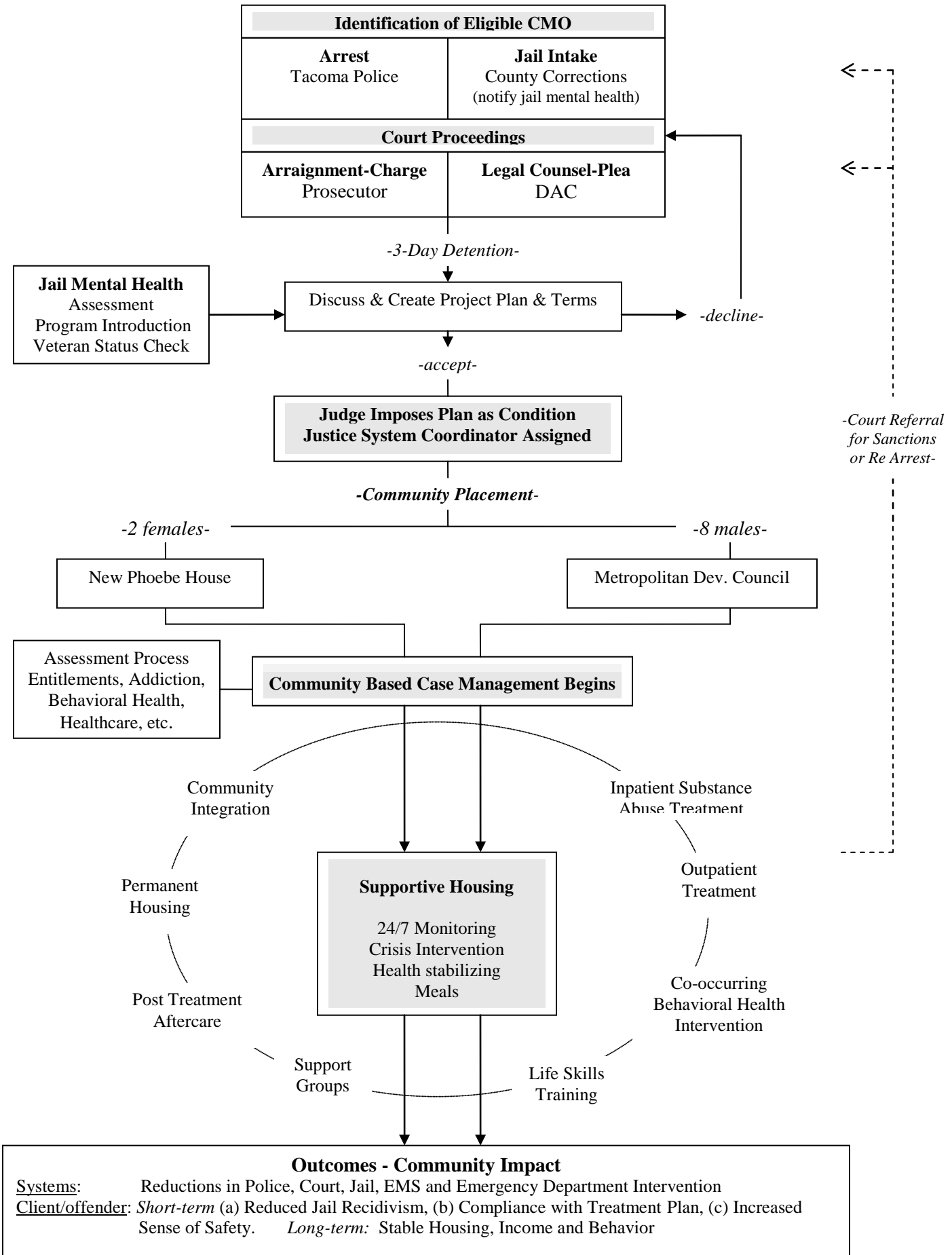
When patients return to the community from inpatient treatment, they will be placed in outpatient treatment. Current downsizing of the state treatment ADATSA system requires that this pilot project provide funding for the living allowance that is no longer available. During and following outpatient treatment, both case management and supportive housing must be provided. Both MDC and New Phoebe House are committed to providing this ongoing care and will also provide behavioral health interventions for those patients who have co-occurring behavioral health and substance abuse disorders.

Five outpatient treatment provider agencies, as well as the Veterans Administration, are listed in Table 4:

**Table 4: Outpatient Treatment Providers.**

<b>Outpatient Treatment Agencies for Low Income/No Income Clientele as of July 2009</b>	<b>Target Population</b>
MOMS - women's recovery	Women. No court-ordered evaluation
Pierce County Alliance	DUI
Pioneer Adult Counseling	DUI
Sea-Mar Puyallup	MH counseling available
Sea-Mar Tacoma	Physiological/MH Eval.
The Center - Tacoma	MH counseling available, DUI and Deferred Prosecution
The Center - Lakewood	DUI and Deferred Prosecution
The Center - Sumner	DUI and Deferred Prosecution
Veterans Administration Medical Center/American Lake	

The **CMO Pilot Project Client Flow Chart** on the following page, prepared by MDC, illustrates the proposed CMO intervention process that has been described above:



In summary, it is important to highlight the key elements necessary to the long-range success of this pilot effort:

- Treatment, both chemical dependency and mental health, available as needed (on demand) throughout the individual's participation in the CMO intervention program, including residential, outpatient, and aftercare.
- Transitional and supportive housing options, also available on demand, and for extended periods for those former CMOs who need supportive housing and case management in order to maintain their recovery and stability in a law-abiding life.
- Support of criminal justice decision-makers and service providers, especially:
  - Tacoma Police Department leaders and officers who commit not only to arresting the targeted CMOs but also to following up with them to encourage and support their recovery and stabilization.
  - The Corrections Bureau admitting to jail and housing targeted CMOs for up to three days while their reentry plans are developed and court hearing(s) take(s) place.
  - The court (prosecutor, defense, and judge) charging, trying and sentencing the targeted CMOs to probation supervision with conditions requiring that they enter safe housing and participate in chemical dependency treatment, and mental health treatment as appropriate, and continuing to monitor and support them in their recovery.
  - Case managers/ probation officers who will monitor and supervise sentenced CMOs and work with the multidisciplinary team to tailor incentives and sanctions that will help CMOs stabilize in the community.
- Strategies for documenting the short-term and long-range impacts of the intervention on the target group's re-arrest rate, and for tracking other key indicators of success (see next section on performance measures).
- Commitment of elected officials, along with other policymakers and funders, to sustain funding for the long-term support of program participants, and to expand program scope to include additional CMOs as warranted based on program performance.

It is very encouraging that even in these difficult economic times and with limited resources to devote to this pilot project, members of the CMO Work Group and other community partners stand ready to implement this pioneering effort.

### **Performance Measures and Program Evaluation**

The interrelated goals of the Chronic Minor Offender (CMO) Initiative being designed by the CMO Work Group are to:

- Reduce the recidivism of CMOs
- Reduce drug dependence and improve mental health of CMOs
- Reduce CMO utilization of emergency medical services and other public and private resources
- Improve community quality of life / livability

In order to measure program progress over time, it will be important to obtain baseline data, i.e., current frequencies for the CMO target population, for several of the measures of success listed below. These are flagged with asterisks. Indicators should be reported separately for men and women participating in the program.

Key performance measures for the CMO initiative should include:

- Percent of those eligible/targeted who agree to participate in the program
- \*Percent of participants who obtain access to entitlements (Medicaid, disability, Veteran's benefits) after their admission
- \**Frequency of use of emergency medical services and ERs by participants*
- \*Percent of participants who remain in housing (who are not homeless) after 90 days, six months, and one year
- \**Numbers of arrests and of jail bookings of participants by type of charge during specified time frames (e.g., first 90 days, six months, one year of participation)*
- Percent of participants who are complying with treatment requirements (substance abuse and mental health) at specified intervals (e.g., 90 days, six months, one year of participation)
- Percent of non-disabled participants who obtain employment after 90 days, six months, one year of participation.

It will also be important to develop comparisons of the annual cost of serving CMOs (for specific individuals or for the whole target population, depending on data available) before and after their participation in the program. These cost estimates should include justice system, treatment, health and emergency services.

It will be essential to develop benchmarks to use as standards for progress toward the CMO initiative's key goals. Because the CMO program will begin as a pilot effort with a small number of participants, impacts on jail and other public resource utilization may at first be minimal but will grow as the population of CMOs served by the program expands. It is these measures (in italics above) that should become part of the dashboard report format.

Since it is likely that the most chronic of minor offenders have experienced years of substance abuse and mental health issues, standards for their success should be tempered with realism. However, any decrease in the frequency with which they relapse or re-offend will save taxpayer dollars and help to enhance the overall quality of life for them and for community members affected by their negative behaviors.

### **Funding Strategies**

The anticipated small scale of the pilot means that it can probably be implemented with a relatively modest amount of new resources. Participating agencies will also need to re-allocate existing funding or revise staffing patterns or assignments to ensure that the target population can be adequately served.

The Work Group should continue to explore potential sources of funding, both through grants and through further reallocation of dollars already being spent on “recycling” targeted individuals. The latter will require further analysis of historic patterns of service delivery and expenditures on these individuals. The planning and program design work of the CMO Work Group and its partners will provide a strong foundation for future federal, state and private foundation grant proposals.

The pilot project strategy described in this report will provide Pierce County and Tacoma with a way to start small and build incrementally on proven successes. Given that it can be shown that this intervention saves tax dollars by reducing CMO’s recidivism and relapses, it will be easier to sustain the work over the long term through a combination of state and local funding from public and private sources.

### **2009 CMO Work Group Recommendations**

For just under a year, the CMO Work Group has researched, reviewed, and worked collaboratively to address the concerns raised by the County Council in establishing the Criminal Justice Task Force<sup>14</sup> and to respond to the tasks in the CJTF 2008

---

<sup>14</sup> **Excerpt from Resolution No. 2008-20s** (adopted March 11, 2008): A Resolution of the Pierce County Council Reestablishing the Pierce County Criminal Justice Task Force to Review and Make Recommendations on the Criminal Justice System in Pierce County . . . (adopted March 11, 2008)

“ . . . Whereas, the County is facing significant issues related to a burdened criminal justice system, including a jail that is reaching full capacity; stresses on County courts, prosecutors, defense, and law enforcement; limits on revenue sources; increases in certain types of criminal activity, uncertain economic times; and a variety of justice and law enforcement concerns raised by County citizens and community organizations; the Council recognizes that these criminal justice issues will prompt multiple and significant policy decisions in the next few years; and

“Whereas, one immediate concern is when and how the County should address the need for additional jail capacity and, at the same time, how the criminal justice system can adjust to make the best use of the existing jail space and to minimize the need for more jail capacity; and

“Whereas, to that end, the Council is asking the Criminal Justice Task Force – in a public process – to view the existing system and needs, gather suggestions from those who work in the system and those affected by the system, research options by looking at other jurisdictions and best practices, study the impact and effectiveness of alternatives to incarceration, review information and test assumptions, and provide recommendations and strategies to the Council, to assure the Council has sound and complete information and analysis to evaluate jail options; and . . .

recommendations and the 2009 County Budget legislation that generated this work group.<sup>15</sup>

As a result, the CMO Work Group recommends the Criminal Justice Task Force support the proposed CMO Pilot Project as described in this report. The Work Group believes this pilot project will begin to address the impacts of chronic minor offenders on the justice system and the community – thus helping manage jail population and justice system costs, addressing local community concerns, and providing data to create a full CMO program and qualify for substantial grant funding.

Specifically, **the CMO Work Group asks the Criminal Justice Task Force to:**

- 1) Recommend that Pierce County and Tacoma support the pilot project as described, encouraging cooperation of both jurisdictions, all relevant departments, and existing community service providers. The pilot program shall operate as an effective tool to refine the program and provide a foundation for future funding options; it should utilize best practices, research-based techniques, and monitoring and evaluation of results.
- 2) Recommend that the initial pilot project target the group of chronic minor offenders who are most frequently arrested for minor drug and property offenses in the downtown Tacoma /Hilltop neighborhood, where there is a known concentration of CMOs, services are available, and there is already law enforcement and judicial support for the CMO program. The initial implementation of this pilot program will also benefit from the control and consistency of relying on one court, one prosecutor's office and one law enforcement agency.
- 3) Recommend that Pierce County and Tacoma jointly fund and implement the pilot project in 2010, continue to gather data, refine the proposal, and apply for outside funding when appropriate opportunities are available. A draft 2010 budget is attached as Appendix 1.
- 4) Recommend formation of an interdisciplinary coordination team to oversee pilot program development and implementation, and to support monitoring and evaluation. This group should include the departments and service providers that are actively involved in the program.

---

“Section 1. The Pierce County Council hereby reestablishes the Criminal Justice Task Force to review the criminal justice system in Pierce County, and to report and make written recommendations to the Council and the County Executive. The Task Force shall present recommendations to the Council's Public Safety and Human Services Committee.”

<sup>15</sup> **Excerpt from Ordinance No. 2008-84s2** (passed in November 2008):

“Section 2. The Criminal Justice Task Force (Task Force), together with affected departments, shall report to the Public Safety and Human Services Committee in June and October 2009. The reports shall provide an update on the Task Force's and departments' strategy and progress on . . . “

“2. Developing and implementing alternatives to arresting and jailing chronic minor offenders (“frequent fliers”) that can help break their cycle of dysfunctional behavior;

“3. Establishing a system of jail discharge planning to encourage successful reentry into the community.”

5) Recommend formation of a policy advisory body for the CMO program, with membership similar to the CMO Work Group, to coordinate joint management and seek funding of the initiative. The policy advisory body shall actively investigate federal, state, and private funding sources and shall find out how to leverage all available funding sources, including sources such as Veterans' funding, to have the most significant impact on jail and justice costs and public safety in communities throughout Pierce County.