

MIDD 2 Initiative RR-02: Behavior Modification Classes at Community Center for Alternative Programs (CCAP)

How does the program advance the adopted MIDD policy goals?

This initiative is expected to impact the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

The Moral Reconciliation Therapy (MRT) model in this initiative uses a positive group dynamic to alter inappropriate thought and behavior amongst domestic violence (DV) offenders. The Moral Reconciliation Therapy-Domestic Violence (MRT-DV) pilot program adaptation is a cognitive-behavioral program designed to change how DV offenders think (beliefs) and change behavior to one of equality and acceptance. The MRT-DV adaptation takes approximately 55 sessions to complete, which are conducted twice weekly at CCAP.

1. Program Description

◇ A. Service Components/Design (Brief)

This initiative enhances program services offered at CCAP in the areas of behavioral health education and intervention, and addresses criminogenic risk factors specifically associated with DV. Since 2014, MIDD has supported a clinician trained in MRT and the specialized DV version to prepare and facilitate groups for one caseload of 15 men participants who are randomly assigned to the MRT-DV program at CCAP by the King County Prosecuting Attorney’s Office or referred by CCAP caseworkers. All MRT-DV participants have a substance use disorder, primarily involving alcohol and/or cannabis. Participants are clinically assessed and enrolled in appropriate substance use disorder (SUD) treatment at CCAP per American Society of Addiction Medicine criteria.

◇ B. Goals

The program goal is to realize an increase in the scope and effectiveness of the services offered at CCAP and appropriately address the changing service needs of court-ordered participants. Specifically, the MRT-DV pilot was implemented to intervene and provide a holistic array of services including outpatient SUD treatment with court monitoring to promote participant behavior change and recovery, and reduce recidivism and victimization.

◇ C. Preliminary Performance Measures (based on MIDD 2 Framework)¹⁰⁸

1. How much? Service Capacity Measures

This initiative is expected to serve 40 unduplicated individuals annually.

¹⁰⁸ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

- Increased use of prevention (outpatient) services

3. *Is anyone better off? Individual Outcome Measures*

- Increased stability in treatment, employment, or other quality of life measures
- Reduced unnecessary incarceration

◇ *D. Provided by: Contractor*

2. Spending Plan

Year	Activity	Amount
2017	Moral Reconciliation Therapy – Domestic Violence version for CCAP clients	\$77,900
2017 Annual Expenditure		\$77,900
2018	Moral Reconciliation Therapy – Domestic Violence version for CCAP clients	\$79,925
2018 Annual Expenditure		\$79,925
Biennial Expenditure		\$157,825

3. Implementation Schedule

◇ *A. Procurement and Contracting of Services*

A behavioral health provider is currently under contract to provide the services. A new RFP is scheduled for CCAP in third quarter 2017 as part of a larger retooling of CCAP. The results of this process could affect contracting for this initiative.

◇ *B. Services Start date (s)*

Services continued on January 1, 2017. Implementation of re-RFPd services may begin in early 2018.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model and minimal expected change. No active community engagement is occurring at this time.