MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM

LEGISLATIVE REPORT 2018

BOARD OF STATE & COMMUNITY CORRECTIONS
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EXECUTIVE SUMMARY

To support the decriminalization of mentally ill persons, the California Legislature established the Mentally Ill Offender Crime Reduction (MIOCR) Grant Program. This program supported prevention, diversion, intervention, supervision, and incarceration-based services and strategies to reduce recidivism and to improve outcomes for juvenile and adult offenders living with mental illness. Grant funds helped facilitate the development of local strategies, collaboration, and implementation of evidence-based practices/strategies and multifaceted approaches unique to each county's offender populations.

Priorities for all 21 MIOCR-funded projects included, but were not limited to:

- Individualized treatment plans.
- Behavioral/mental health assessments/evaluations.
- Intensive case management.
- Substance use treatment.
- Referrals and linkages to community services.
- Holistic approaches/wraparound services.
- Combination of interventions.
- Cognitive Behavioral Therapy.
- Trauma-informed services.
- Assistance with housing, benefits, life skills, education, transportation.
- Medication management and psychiatric services.

Using the Sequential Intercept Model as a framework for determining county strategies, gaps in services, and priorities for models of intervention for those service gaps, key responses were identified for project participants along each point of the justice continuum.

All projects assessed participants for criminogenic risk and need factors. Focusing resources on higher-risk offenders improves the cost-effectiveness of corrections because it means targeting those individuals who are most likely to reoffend.[1] Seventy-five percent of adult participants assessed scored in the medium/high to high risk range and 57 percent of juvenile participants assessed scored in these ranges.

Grant projects began July 1, 2015. However, all projects needed an average of three to four quarters to implement their grant project as designed and to gain a steady trend in participant enrollment.

Both the adult and juvenile projects had common challenges including, but not limited to:

- Chronic staffing issues (hiring, recruitment, retention).
- Data collection and management.
- Coordination between multiple disciplines, agencies, and systems.

For the 10 adult projects, lack of treatment beds (or long wait-lists for available beds) and scarcity of permanent or transitional housing were considerable on-going challenges.

[1] Latessa, PhD, Edward J., *Designing More Effective Correctional Programs Using Evidence-Based Practices*, 2012

In addition, most adult participants had a co-occurring diagnosis while a smaller subsection of participants had a tri-morbid diagnosis (mental health, substance use and a chronic medical condition). Treating individuals with multiple diagnoses require more resources and costly care. Therefore, projects attempted to increase the number of personnel who would be readily available to support participants experiencing a mental health, substance use, and/or medical crisis.

The 11 juvenile projects provided family-centric service models to participants but also allocated grant funds for staff training, across all disciplines, on juvenile justice evidence-based practices and interventions as well as current training and education concerning adolescent brain development.

Lastly, MIOCR grant staff, both adult and juvenile projects, provided outreach in their communities to reduce the stigma of individuals connected to the justice system and living with mental health issues.

Data contained in the following report were collected from the grant projects' Quarterly Progress Reports and Final Local Evaluation Reports (FLERs), available on the BSCC's website at: (http://www.bscc.ca.gov/s_miocrgranteval.php). FLERs include for each project descriptions of the specific interventions used, detailed project outcomes, and recidivism rates, when available.

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM LEGISLATIVE REPORT 2018

INTRODUCTION

The State Budget Acts of 2014 and 2015 appropriated $18.8 million in local assistance from the Recidivism Reduction Fund to establish the Mentally Ill Offender Crime Reduction (MIOCR) Grant Program. This iteration of the MIOCR Grant[2] was developed to support appropriate prevention, intervention, and supervision services through promising and evidence-based strategies aimed at reducing recidivism in a segment of California's offender population - individuals living with a mental health disorder(s) - and improving outcomes for these individuals while continuing to protect public safety.

Penal Code section (Pen. Code §) 6045 (Appendix A) required the Board of State and Community Corrections (BSCC) to award grants to counties on a competitive basis to implement locally developed, collaborative, and multi-disciplinary adult and juvenile projects. The statute further required that half of the funding was to be awarded to projects designed for adult offenders with a mental illness and half to projects aimed at juvenile offenders with mental health issues.

In November 2014, the BSCC convened an Executive Steering Committee (ESC), composed of statewide subject matter experts (Appendix B), to develop the MIOCR Request for Proposals (RFPs) for applicant counties (one for adult projects and one for juvenile projects). The ESC also established the rating factors and criteria from which the most meritorious proposals were selected for funding recommendations.

Counties applying for MIOCR funding were required to submit an application developed by a local Strategy Committee. (Pen. Code, § 6045.2, subds. (b) & (c).) The application required a comprehensive county plan for providing a cost-effective continuum of responses and services for mentally ill adult offenders or mentally ill juvenile offenders, including prevention, intervention, and incarceration-based services, as appropriate. The plan also required counties to describe how the responses and services included in the plan have been proven to be or are designed to be effective in addressing the mental health needs of the target offender population, while also reducing recidivism and custody levels for mentally ill offenders in adult or juvenile detention or correctional facilities. Strategies for services included mental health treatment; substance abuse treatment; diversion, prerelease, reentry, continuing, and community-based services; family-based therapies; collaborative interagency service agreements; specialized court-based services; and services to support a stable source of income, and a safe and decent residence, where appropriate.

The RFPs were released in February 2015, county applications were submitted to the BSCC on April 3, 2015 and by June 2015, the ESC had completed its charge of reading and rating the proposals and making funding recommendations to the BSCC Board.

On June 10, 2015, the Board awarded funding to 21 projects in 17 counties: 11 projects were awarded grants for juvenile services and 10 projects were awarded grants for adult services. In addition, projects awarded MIOCR funding were required to provide, at a

[2] From 1999-2004, the Board of Corrections administered the original MIOCR Grant Program. The intent was to reduce the number of adult mentally ill persons moving through the "revolving door" between the local criminal justice system and the community.

minimum, a 25 percent (25%) match (either cash match or in-kind resources) of the total grant amount received.

Counties awarded MIOCR grant funding were:

Adult MIOCR Projects	
County	Funding
Alameda	$948,459
El Dorado	$950,000
Los Angeles	$1,834,000
Madera	$869,547
San Francisco	$950,000
San Luis Obispo	$950,000
Santa Clara	$887,529
Santa Cruz	$949,995
Solano	$949,998
Nevada*	$110,472

Juvenile MIOCR Projects	
County	Funding
Contra Costa	$950,000
Nevada	$750,000
Riverside	$948,510
San Diego	$950,000
San Joaquin	$949,073
Santa Clara	$946,250
Santa Cruz	$950,000
Shasta	$938,842
Solano	$761,322
Tuolumne	$262,730
Yolo	$950,000

**Partial funding*

As part of its grant administering duties, the BSCC was required to, in part, "create an evaluation design . . . [to] assess the effectiveness of the program in reducing crime, and adult and juvenile offender incarceration and placement levels." (Pen. Code, § 6045.8.)

In this report, the BSCC provides an overview of the MIOCR Grant Program, the diverse intervention components of the projects, the overall evaluation approach used by the BSCC, and evaluation results for both the adult and juvenile projects.

It is important to note that county outcomes are project specific. Projects were required to provide mental health treatment programs, practices and strategies demonstrated through an evidence-based foundation and treatments/services appropriate for the target population. Given there could be multiple initiatives aimed at serving the same population, additional local leveraging opportunities, and possible benefits of multidisciplinary collaboration, it is difficult to determine what local outcomes are due solely to the MIOCR Grant Program. As part of the grant requirements, counties were directed to formulate a plan to evaluate the effectiveness of their specific interventions.[3] This report does not provide an evaluation of the specific interventions implemented by the grant projects.

[3] More detail regarding the outcomes of these plans are discussed later in this report under the Program Evaluation Approach section and grant evaluation reports are available on the BSCC website.

PROJECTS SERVING THE MENTALLY ILL IN THE JUSTICE SYSTEM

The MIOCR Grant was established as a three-year program aimed at establishing locally developed, collaborative projects to serve individuals who have had contact with the criminal and/or juvenile justice systems and who were/are living with mental illness (i.e., project participants). This grant provided funding to counties to develop alternatives to incarceration and detention, implement projects that would reduce facility population, reduce correctional/custodial costs for this segment of the jail/juvenile hall population, establish a continuum of services from prevention through aftercare, and promote public safety.

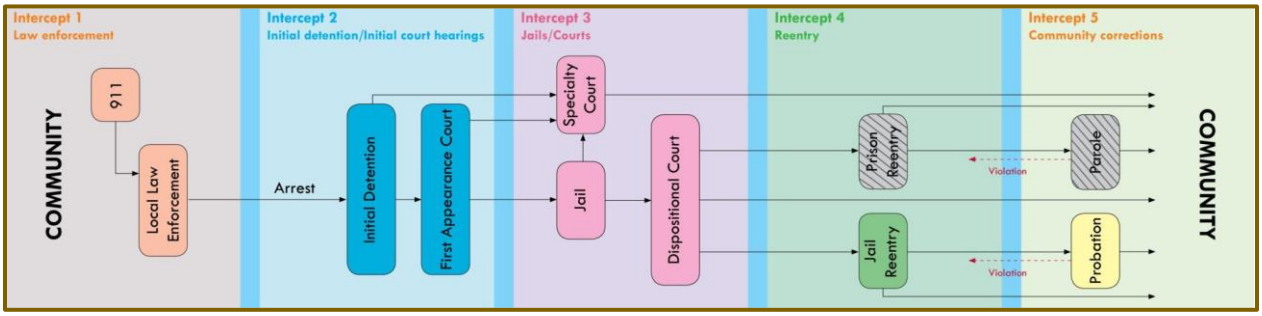
For those living with severe mental illness(es), access to treatment may be the difference between whether an individual is able to survive/thrive within their community or face challenges including homelessness, time spent in jail, or psychiatric hospitalization. Left untreated, individuals with mental health issues often get worse, end up in crisis situations, and then are more likely to become involved with law enforcement and/or the justice system.

MIOCR projects addressed a wide array of service needs for participants – from diversion and disposition options, to in-custody services (such as counseling, education, and individualized discharge/after-care planning), to post-custody interventions (including residential treatment, housing, securing benefits/entitlements). MIOCR project summaries are provide in Appendix C. Although varied in their approaches, all projects used multiple interventions along the justice continuum to intercept individuals who have had contact with the justice system and who were/are living with mental illness. A list of the common interventions used by the adult and juvenile projects are provided under the Program Evaluation Results section.

The Sequential Intercept Model

The MIOCR Grant projects used the Sequential Intercept Model (SIM), a collaborative process between the justice and behavioral health systems to improve integrated service delivery for people living with mental health disorders who encounter the criminal justice system. Because justice-involved individuals move through the system in a predictable way, it is also a process to look for diversion points and gaps in services along the justice continuum. The SIM illustrates key points to "intercept" justice-involved individuals and promote prompt access to treatment, opportunities to divert away from the justice system, timely movement through the justice system, and linkage to community resources.

Example of a SIM:



The SIM provided a conceptual framework for counties to use when considering the essential links between the criminal/juvenile justice and mental health systems developing their local strategies. Ideally, most individuals would be intercepted at early points, with decreasing numbers at each sub-sequential point. Each intercept describes a stage at which a jurisdiction might divert offenders from further penetration into the justice system

By using this type of model, a county can continually develop fluid, targeted strategies that evolve over time to increase the diversion of individuals living with mental illness from the criminal/juvenile justice systems and to link them directly and expeditiously to community services and treatment.

Points of the SIM intervention model are:

- *Front-end Diversion (Intercept 1)*: Law enforcement and school authorities are provided alternatives to arresting and criminally prosecuting people whose behavior reflects mental disturbance.
- *Disposition Options (Intercept 2)*: At initial hearings and arraignments, arrangements are made for partial confinement or recognizance release in lieu of detention, referral to mental health services, and other community-based dispositions.
- *Treatment in Custody or Under Supervision (Intercept 3)*: Screening, assessment, diagnosis, suicide prevention, housing classification, and cognitive-behavioral, psycho-educational, or social skills programs are provided to alter behavior and meet obligations to provide medically necessary treatment.
- *Transition Planning (Intercept 4):* Before release from jail, detention, or out-of-home placements, offenders are prepared to return home through referrals, engagement with providers, pre-application for entitlements, and inter-agency coordination.
- *Aftercare (Intercept 5)*: Continuing treatment, financial support, and interdisciplinary case management are provided to minimize risks, maintain stable housing, and encourage continuing participation in treatment.

Appendix D provides a list of the MIOCR projects (adult and juvenile, respectively), the general points of intercepts used by each project, the type of intervention implemented, and population(s) served.

Evidence-Based Strategies

The use of evidence-based practices and strategies for service interventions and reducing recidivism were a required component of the RFP. By using a demonstrated research–based mental health treatment model, it could be expected these projects would produce similar outcomes to that model's proven results, if implemented with fidelity.

Within the justice systems, the term "evidence-based" marks a significant shift by emphasizing measurable outcomes and ensuring services and resources are effective in promoting rehabilitation and reducing recidivism. On a basic level, evidence-based practices include the following elements:

- Evidence the intervention is likely to work (i.e., produce a desired benefit);
- Evidence the intervention is being carried out as intended; and

- Evidence allowing an evaluation of whether the intervention worked.

Evidence-based practices and strategies are those that scientific studies have identified as interventions that reliably produce significant reductions in recidivism, when correctly applied to offender populations using the following four principles of effective intervention:

1. Risk Principle – focuses attention on the crucial question of WHO is being served and calls for targeting higher risk offenders.

2. Need Principle – requires that priority be given to addressing criminogenic risk/need factors with a clear focus on WHAT programs are delivered.

3. Treatment Principle – conveys the importance of using behavioral treatment approaches to achieve the best possible outcomes and requires attention to the question of HOW programs are delivered.

4. Fidelity Principle – draws attention to HOW WELL programs are delivered and reiterates the necessity that programs be implemented as designed.

In discussions of evidence-based practices in criminal/juvenile justice, it is common to distinguish between programs, strategies, and promising practices/approaches.

Programs are designed to change the behavior of individuals in the criminal justice system and are measured by individual level outcomes. For example, programs aiming to reduce substance use and antisocial behavior include Cognitive Behavioral Therapy, Behavioral Programs, and Social Skills Training.

Strategies may include programs to change individual behavior; however, this term is often used to describe a general intervention approach that supports larger community or organizational level policy objectives. For example, case management is applied to improve the overall effectiveness and efficiency of criminal and juvenile justice agencies, while pretrial assessment is designed to enable informed decisions about which arrested defendants can be released pretrial without putting public safety at risk. Strategies can also refer to the strategic application of effective practices that are correlated with a reduction in recidivism such as the use of assessment tools, quality assurance protocols, and delivery of interventions by qualified and trained staff.

Promising practices/approaches, for purposes of the MIOCR grant work, can be broadly construed to include crime-reduction and recidivism-reduction programs or strategies that have been implemented elsewhere with evidence of success, but with evidence not yet strong enough to conclude the success was due to the program or that it is highly likely to work if carried out in the applicant's circumstances. The difference between evidence-based and promising practices/approaches is a difference in degree of the number of situations in which a program or strategy has been tested and the rigor of the evaluation methods used.

PROGRAM EVALUATION APPROACH

The BSCC's evaluation of the MIOCR Grant Program summarizes information available across the 10 Adult MIOCR Projects and the 11 Juvenile MIOCR Projects, respectively. Descriptions of the two sources of information available for this evaluation follow.

Quarterly Progress Reports

Each grantee submitted Quarterly Progress Reports (QPRs) to the BSCC. The QPRs provided data pertaining to the demographic characteristics of the participants, measures of their risk to reoffend, their criminal or juvenile histories, quality of life measures, project implementation measures (e.g., enrollment, number served), and project outcomes (e.g., successful completions, terminations, recidivism during project involvement). Additionally, some mental health and recidivism measures for a follow-up group were collected. This follow-up group was made up of participants tracked by projects for six months after they exited the project. In all, 12 QPRs were submitted for each project. The first QPRs provided data for July 2015 through September 2015 and were received in October 2015. The final QPRs provided data for April 2018 through June 2018.

The QPRs provided aggregate-level data, representing the aggregate outcomes for the specified participant subset for a given quarter. The QPR template for the 10 Adult MIOCR Projects is provided in Appendix E and the QPR template for the 11 Juvenile MIOCR Projects is provided in Appendix F. There are some differences between the QPR templates for the Adult Projects and Juvenile Projects. These differences included technical differences in the measures of recidivism, the quality of life characteristics, and the time period for which prior justice system involvement was collected.

Select variables from the QPRs were aggregated across the Adult and Juvenile Projects to provide program-level information about participants, assessment outcomes, and participant outcomes. Because of this aggregation, the averages reported are over time and projects. Due to variable differences in the QPR templates and the different target populations, information for the Adult and Juvenile Projects are reported separately.

Final Local Evaluation Reports

As part of the MIOCR Grant RFPs, each grantee was required to submit a Final Local Evaluation Report (FLER) for their project to the BSCC. These FLERs are available on the BSCC's website (http://www.bscc.ca.gov/s_miocrgranteval.php) and provide for each project:

- Descriptions of the specific interventions used.
- Detailed project outcomes.
- Recidivism rates, when available.

Across the Adult and Juvenile Projects, respectively, the FLERs were used to:

- Identify the interventions used and where in the intercept model those interventions occurred.
- Assess the relative rate of implementation of the major intervention elements. Rates of implementation were classified as either "fully implemented" or "partially to mostly implemented".

- Identify reported implementation challenges and the rate with which they were resolved. The rate with which implementation challenges were resolved were classified as either "resolved", "partially to mostly resolved", and "not resolved".

The classification of implementation rates and the resolution of implementation challenges were developed to provide general implementation indicators and to provide stakeholders with a sense of interventions which were implemented with few challenges and implementation challenges which may be addressed in future programs. They are not intended to assess the quality or fidelity with which interventions were implemented.

Limitations

Each project endeavored to provide accurate quarterly data and quality FLERs. However, data collection processes and evaluation expertise varied across projects. Due to project-specific limitations, some projects were limited in terms of the data they could collect, or the quality with which they could report data. BSCC does not evaluate or audit data collection or reporting processes. When data quality issues were apparent, the data were not included in analyses; these instances are noted in footnotes. Additionally, the data collected do not support causal inferences as to the effectiveness in changing participant outcomes.

PROGRAM EVALUATION RESULTS

Over the course of the MIOCR Program:

- 2,592 adults and juveniles participated in 21 projects.
- On average, over all participants and projects, an individual participant received services for around 2.3 quarters, nearly seven months.
- Slightly more than 26 percent of all participants successfully completed treatment or services as defined by their project's parameters.

Adult MIOCR Projects

Participant Information

Over the course of the Adult MIOCR Projects:

- 1,669 adults participated in the 10 projects.
- The average number of participants across each project was 167 (*SD*[4] = 146) and the total number of participants across the projects ranged from a low of 26 to a high of 518. Each project targeted a slightly different population according to the needs of the county and varied in the intensity of the services and interventions rendered. Some projects targeted individuals with serious mental illness who require more resource intensive services. For these projects, fewer participants were enrolled.

[4] Standard deviations reported in this evaluation represent variation over time and between projects. They reflect variance in project quarterly averages. Standard deviation is a statistical measure of the dispersion of the data around the mean. Its statistical properties sometimes result in intervals around the mean that are outside the range of observations that occur. This is an artifact of the statistical calculation of the standard deviation.

- On average, participants received services for almost 2.3 quarters, nearly seven months.[5]

Over the course of the projects,17 percent of all participants successfully completed treatment or services as defined by their project's parameters. Projects independently defined success to reflect their project components and goals. Conditions for successful completion varied across all projects. Oftentimes, successful completion required not only completion of treatment, but also completion of a follow-up period in which the participant did not reoffend. Therefore, successful completion does not reflect the number who received full treatment, but more generally represents fulfillment of project-specific terms. Also, 35 percent of participants were reported terminated or discontinued as defined by their project's parameters.

Table 1 provides demographic characteristics for the Adult MIOCR Project participants broken down by gender, age, race or ethnicity, and veteran status

Table 1. Demographic Characteristics of the Adult MIOCR Project Participants

Category	Demographic Characteristic	Percent of Participants
Gender	Female	28%
	Male	70%
	Other	1%
	Total:	100%
Age	18 to 25	18%
	26 to 44	54%
	45 to 65	26%
	65 and older	2%
	Total:	100%
Race or Ethnicity	African-American	17%
	Hispanic	23%
	Caucasian	50%
	Asian/Pacific Islander	3%
	Native American	1%
	Multi-Racial	4%
	Other	2%
	Total:	100%
Veteran		3%

Note: Percentages reported may not sum to 100 due to rounding.

[5] This average reflects all adult project participants. There were more participants who terminated the program or remained in the program than participants who completed the full-length program, biasing the average downward. There were also substantial differences in the intervention types and lengths used by projects, which is reflected in this average, as well.

Projects collected a variety of information related to the holistic welfare and prior justice system involvement of program participants for the 12 months prior to enrollment. Over the course of the Adult MIOCR Projects, in the 12 months prior to enrollment:

- 64 percent of participants were receiving Medi-Cal or another type of insurance plan at the time of enrollment.
- 86 percent of participants reported being unemployed in the previous three months.
- 66 percent of participants self-reported as homeless for some period in the previous three months.
- 33 percent of participants were receiving Social Security Income or another income entitlement.
- 20 percent of participants reported being taken to an emergency room by a member of law enforcement or first responder due to a mental health issue. For these participants, the average number of emergency room visits was 2.18 (*SD* = 1.69).
- 25 percent of participants reported being admitted to an acute inpatient treatment facility for severe mental health treatment services.
- A total of 2,603 previous convictions for an offense were reported, an average of 1.58 prior convictions per participant.[6] For these previous convictions:
    - 27.2 percent were felony convictions. The average number of felonies per participant was .48 (*SD* = .46).
    - 72.8 percent were misdemeanor convictions. The average number of misdemeanors per participant was 1.15 (*SD* = 1.64).
    - The average length of stay in jail for convictions was 67.46 days (*SD* = 58.61) per participant.
    - The average length of stay in jail for pre-sentence holds was 44.01 days (*SD* = 59.31) per participant.

To evaluate participants' criminogenic risk and mental health needs, projects assessed participants using standardized assessments.[7] Over the course of the projects, participants were assessed at least once on average, potentially with multiple instruments. Projects reported the results of a total of 2,005 standardized assessments, including the results of any retests. Of those assessments:[8]

- 52 percent were scored in the high criminogenic risk range.
- 23 percent were scored in the medium/high criminogenic risk range.
- 13 percent were scored in the low/medium criminogenic risk range.
- 13 percent were scored in the low criminogenic risk range.

[6]Sum of misdemeanors and felonies reported. Participant averages were calculated by finding the average number of prior convictions for new enrollments for each project quarter with nonzero new participants, then averaging over all project quarters. One project did not report criminal history, so averages do not reflect participation in the project.
[7]Standardized risk assessments included the LS/CMI, ANSA, CAIS, COMPAS, and LS/RNR. Mental health assessments included LOCUS, BSI, MHI-5, DAST-10, ASAM, and HRQOL. These assessments were used to develop individualized treatment approaches, a core component of nearly all project interventions. Refer to the FLERs for project-specific details as to when assessments were used and how they informed treatment.
[8] One project did not report risk ranges.

Adult MIOCR Projects also conducted 1,029 formal psychological or psychiatric evaluations in total.[9] Up to 62 percent of all project participants received psychological or psychiatric evaluations.[10] Most participants were diagnosed with both a psychiatric disorder and a substance use disorder (co-occurring diagnosis). Many, though a smaller share, were diagnosed as having a psychiatric disorder, substance use disorder, and a chronic medical condition (tri-morbid diagnosis).

Interventions and Implementation Rates

The Adult MIOCR Projects implemented interventions at various points in the criminal justice system. Within the SIM[11]:

- 6 projects implemented interventions at the Front-end Diversion point.
- 8 projects implemented interventions at the Disposition Options point.
- 7 projects implemented interventions at the In-custody Treatment point.
- 8 projects implemented interventions at the Transition Planning point.
- 6 projects implemented intervention at the Aftercare point.

Each project implemented interventions across at least three interception points. Many interventions existed fluidly at several of the points of interception. A large share of adult participants had access to disposition options, in-custody treatment, and transition planning. A participant's entry point from the criminal justice and mental health systems generally impacted the services he or she received. Because of these different entry points, not all participants were necessarily treated with the same or all project components. Often, projects served different sets of participants at different intercepts with different treatments.

Table 2 lists the most common interventions[12] occurring across the adult projects and for each provides the number of projects that employed them, the implementation rate (● = fully, ◒ = partially or mostly), and the maximum percent of participants who may have had access. Each project incorporated a combination of interventions with an average of 10 distinct interventions for each project. Most projects incorporated intensive case management and individualized treatment plans, evidence-based therapeutic approaches, assistance in accessing social benefits and housing, and referrals and linkages to services in the community for post-project support. Up to 97 percent of participants participated in programs implementing intensive case management and up to 89 percent participated in projects implementing referrals and linkages to community services. Almost all projects used funding to hire more staff dedicated to serving individuals with mental illness, and many used funding to train existing and new staff on approaches to serve individuals with mental illness.

[9] These evaluations were used to inform individualized treatment plans and, in some cases, to prescribe and administer medication. Refer to the FLERs for project-specific details as to when assessments were used and how they informed treatment.

[10] Some projects potentially administered evaluations multiple times to the same participant, thus this percentage reflects the upper bound of the number of participants who could have been evaluated.

[11] See page 4 for more information on the Sequential Intercept Model (SIM)

[12] The interventions were obtained from the FLERs. The list of common interventions is not a comprehensive list of all interventions employed.

Table 2. Adult MIOCR Projects: Common Interventions, Implementation Rate, and Participant Access

Common Intervention	Number of Projects	Implementation Rate [a]	Participant Access
Homeless outreach/diversion team	3	●	31%
Behavioral/Mental Health Court	6	◒	76%
Pre-trial supervision or release	4	●	28%
Intensive Case Management	9	◒	97%
Crisis Intervention Treatment	4	●	23%
Wraparound services/therapy [b]	7	◒	81%
Substance use/residential treatment	5	◒	21%
Assistance accessing social benefits and housing	5	●	70%
Referrals and linkages to community services	9	●	89%
Individualized reentry plans	6	◒	52%
Supportive housing, transitional housing	5	●	40%
Warm-handoff or transportation	3	●	34%
Continuation of services at outpatient clinic/program	4	●	47%
Medication assistance post-release	3	●	57%
Follow-up contact	4	●	39%
Additional staff hired	8	◒	88%
Training for staff on EBP	5	◒	58%

Notes. [a] Implementation Rate: ● = fully implemented and □= partially or mostly implemented. [b] Examples of wraparound services and therapy include: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Assertive Community Treatment, trauma-informed treatment (e.g., Seeking Safety), Moral Reconation Therapy, and psychiatric services or medication.

Overall, projects fully implemented most interventions. For interventions classified as partially or mostly implemented, common challenges to their implementation included:

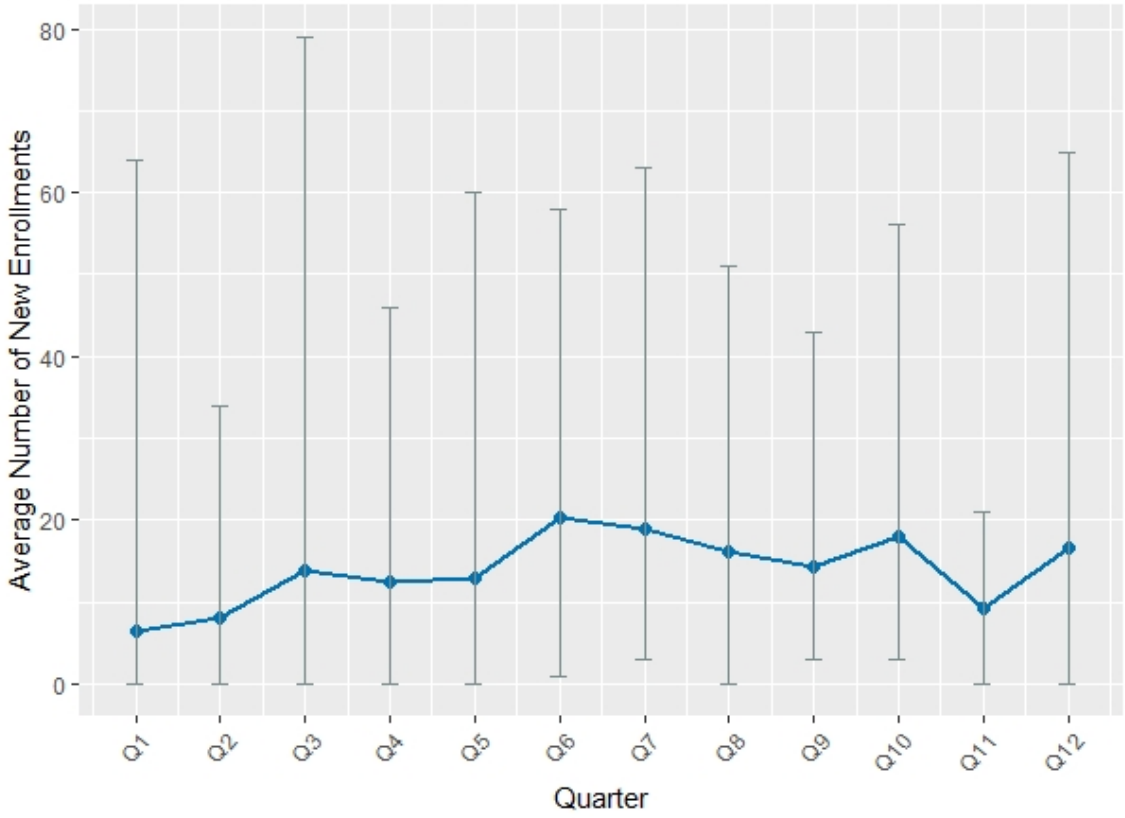
- Staffing issues impacting service provision (e.g. recruiting, retaining, turnover impacts).
- Need for substance abuse treatment and scarcity of beds in residential treatment or sober-living housing.
- Lack of available permanent or transitional housing.
- Lack of voluntary take-up of services on the part of participants, or difficulty retaining or maintaining contact with clients.
- Cross-disciplinary divergences.

Common challenges are discussed further in the *Project Implementation Challenges* section.

Enrollment of New Participants Over Time

Combined across all adult projects, an average of 139.1 participants (*SD* = 43.9) were enrolled each quarter. Figure 1 shows the average number of new enrollments in Adult MIOCR Projects each quarter. The vertical bars, or whiskers, provide a visual representation of the range in the number of new enrollments each quarter (minimum, maximum). Averaging over all 12 quarters, 13.9 new participants (*SD* = 17.1) enrolled in each project quarterly. However, almost all projects did not enroll participants in the first quarter. Not including the quarters before enrollments first began, an average of 16.5 new participants (*SD* = 17.4) enrolled quarterly. Average new enrollments were generally stable within 10 to 20 enrollments after the brief ramp-up period evident in Figure 1. Though there is wide variation in the number enrolled between projects, the trends over time in enrollments across projects are similar. Figure 1 shows that projects were active in recruiting and enrolling participants throughout the duration of the grant.

Figure 1. Average Number of New Enrollments each Quarter in Adult MIOCR Projects

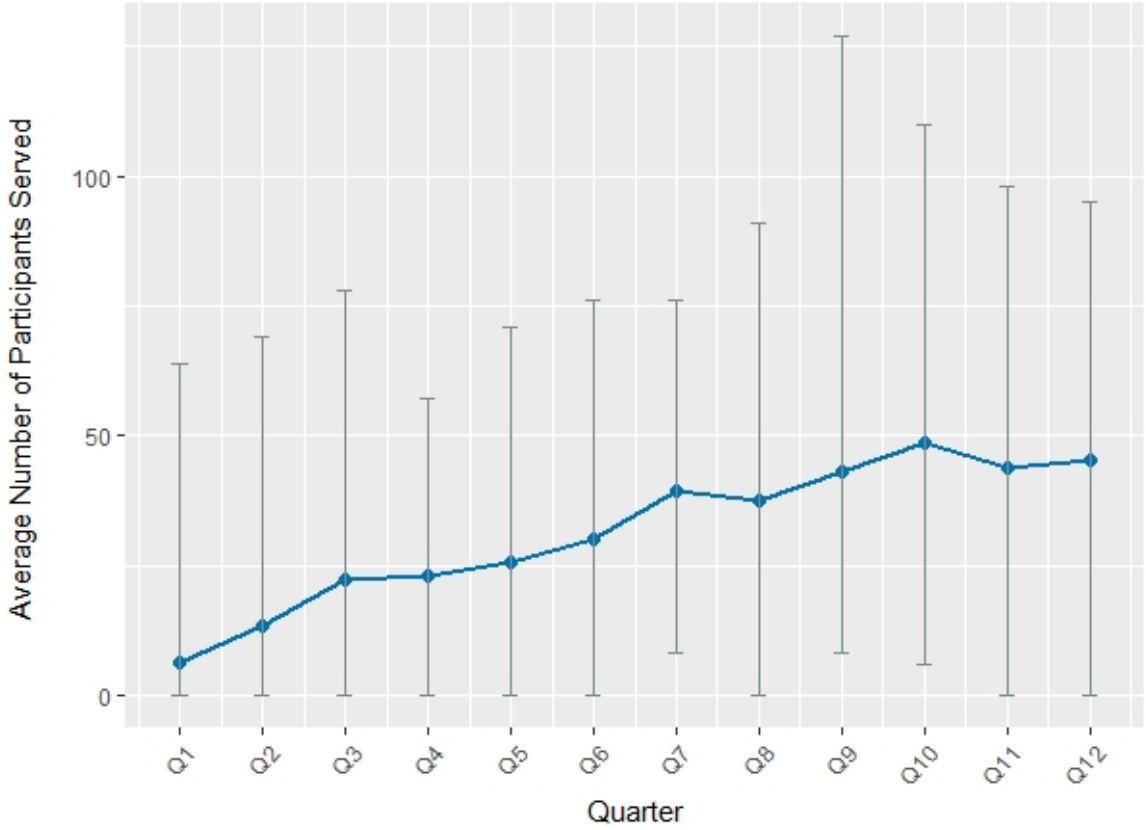


Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018.

Trends in Participants Served Quarterly and Number of Days to Initial Service

Combined across all adult projects, an average of 314.8 participants (*SD* = 135.3) received services each quarter, with 54 adults served in the first quarter and 452 served in the last quarter. Figure 2 shows the average number of participants receiving services in adult projects each quarter. Individual projects served on average 31.5 participants (*SD* = 30.0) each quarter. Including only the quarters after initial enrollments began, each project served on average 37.9 participants (*SD* = 27.8) each quarter. Over time, the average number of participants served each quarterly steadily rises, plateauing in the last year. Despite the wide variation between projects in the number served, trends over time were similar across projects. This shows that, collectively, the projects were active in serving both new and prior enrollments over the lifetime of the grant program.

Figure 2. Average Number of Participants Receiving Services each Quarter for in Adult MIOCR Projects.

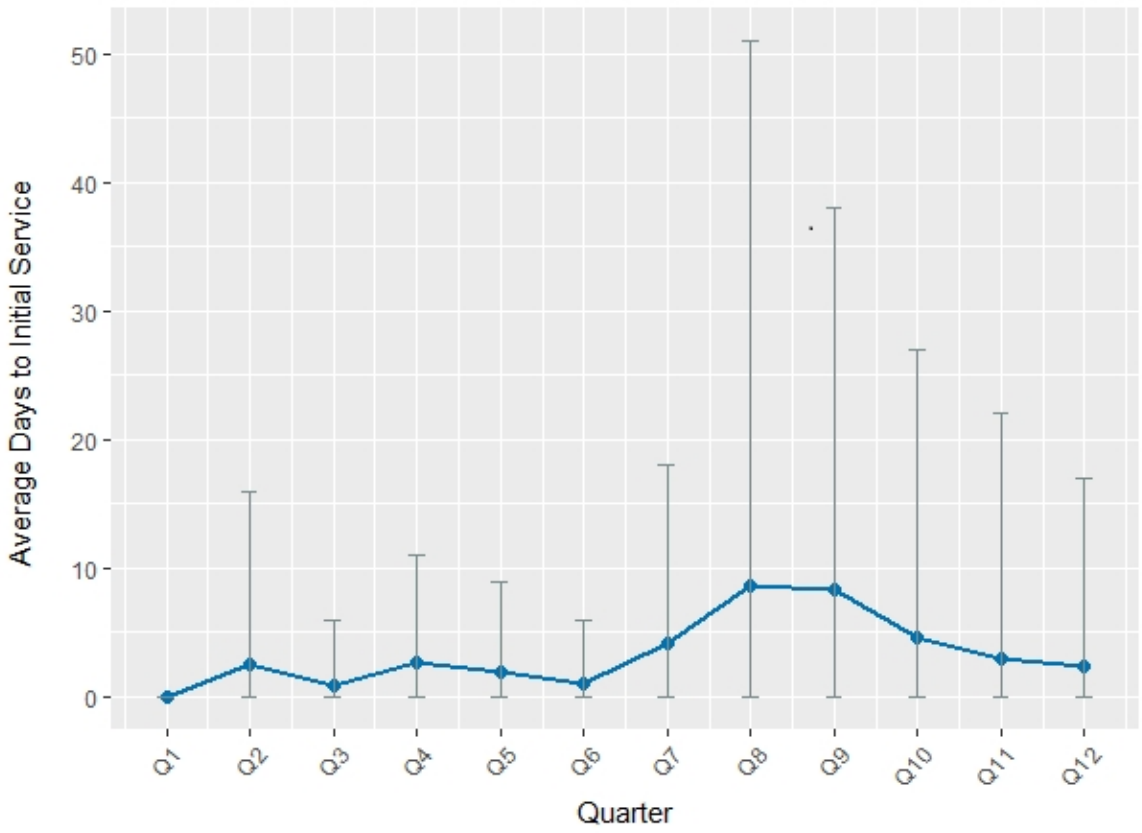


Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018.

For new participants, Figure 3 shows the average number of days from project enrollment to the day first direct services were received in adult projects each quarter. Over time, the number of days to receive initial service(s) remained steady until a peak midway through the grant cycle, possibly the combined effect of staffing issues and steady new

enrollments.[13] Overall, the average number of days to initial service each quarter for new enrollments was 3.67 (*SD* = 7.60) days, well under a week.

Figure 3. Average Number of Days to Initial Service for Adult MIOCR Projects.



Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018. Several projects reported high wait times for Q8, Q9, and Q10.

Participant Outcomes During Program Participation

For *any current* participants, each quarter projects reported mental health outcomes, convictions for new offenses, and jail stays. Over the course of the projects:

- Approximately 10 percent of participants (*n* = 165) were taken to an emergency room by a member of law enforcement or first responder due to a mental health issue. For these participants, the average number of emergency room visits was 1.47 (*SD* = .65).
- Approximately 12 percent of participants (*n* = 208) reported being admitted to an acute inpatient treatment facility for severe mental health treatment services.

[13] See FLERs for detailed impacts of staffing issues that arose. On average, 45.8 percent of quarters were reported in QPRs as being impacted by staffing to some extent, with only one project not flagging any quarters as impacted by staffing.

- A total of 696 convictions for a new offense were reported.[14] On average, participants had .42 new convictions during project involvement. Of these new convictions:
    - 39.9 percent were new felony convictions. The average number of new felony convictions was .17 per participant.
    - 60.1 percent were new misdemeanor convictions. The average number of new misdemeanor convictions was .25 per participant.
    - The average length of stay in jail for new convictions was 18.09 days (*SD* = 19.65) per participant.
    - The average length of stay in jail for pre-sentence holds was 15.24 days (*SD* = 20.77) per participant.[15]

It is *not* recommended to compare the participant outcomes during program participation to those of participants in the 12 months prior to enrollment due to differences in the length of time for which data were collected. Individuals did not participate for uniform lengths of time. On average participants received services for 2.3 quarters, around seven months. However, how closely the service period correlates to the participation period cannot be determined from the data. Participation may not entail currently receiving direct services, or receiving services in sequential quarters. Each project had different participation and treatment parameters. For this reason, the period when a participant was receiving direct services could be different from the period when they were considered to be participating in the project. Measures recorded (e.g., emergency room visits) reflect outcomes occurring during the participation period. Additionally, comparison is not recommended due to the lack of a comparison group.

Participant Outcomes Six Months Post Completion

Each quarter projects reported convictions for new offenses in the six months following MIOCR project exit for a follow-up group. Projects individually determined the makeup of this follow-up group for their projects. Over the course of the projects, this group totaled 347 participants. For this follow-up group, 49 participants (14 percent) were convicted of a new offense with a total of 66 convictions for new offenses. Of the 66 new convictions, approximately 29 percent (*n* = 19) were felony convictions and approximately 71 percent (*n* = 47) were misdemeanor convictions.

It is *not* recommended to compare new convictions for the follow-up group to the average convictions sustained in the 12 months prior to enrollment due to the difference in the length of time for which data were collected (six months versus 12 months) and the size and makeup of the groups (all participants versus an unknown subset of tracked participants). Inferences are also not recommended due to the lack of a comparison group.

[14] Sum of reported misdemeanors and felonies.
[15] Data were excluded for one project due to quality concerns.

Project Implementation Challenges

Adult MIOCR Projects' FLERs were reviewed to identify reported implementation challenges and the rate at which they were resolved. Table 3 provides the common implementation challenges, the number of projects reporting each challenge, and the resolution rate across the projects (◒ = partially or mostly resolved, ○ = not resolved).[16] Implementation challenges reported by most projects included staffing, data collection and management, housing, and client retention and follow-up challenges. Staffing challenges occurred across the grant period. On average, projects were affected by staffing issues *to some extent* nearly half of the time (45 percent of quarters) as noted in QPRs. These staffing challenges included difficulty recruiting, difficulty retaining staff, disruptions of services due to turnover and the training of new hires, and a general need for mental health and justice training amongst practitioners across the two systems. Most grantees reported that their staffing issues were partially resolved, sometimes after altering some of their project's framework.

Table 3. Adult MIOCR Projects: Common Implementation Challenges and Resolution Rates

Common Challenges	Number of Projects	Resolution Rate[a]
Substance abuse interfering with client success/need for SU treatment	3	◒
Impact of differences in practices between criminal justice and mental health professionals	4	○
Coordination and collaboration amongst criminal justice and mental health systems	4	◒
Administration, data collection and management, and lack of centralization	6	◒
Staffing consistency/turnover, resourcing, recruitment, and retention (mental health staff, courts, project management)	6	◒
Housing scarcity and wait listings	6	◒
In-custody treatment logistical constraints; incompatibility of certain MH treatments in detention facilities	3	◒
Client retention and follow-up issues	6	◒

Note. [a] Resolution Rate: ◒ = partially or mostly resolved, ○ = not resolved.

[16] Does not include all reported implementation challenges that projects faced as many were specific to the project and/or the county's criminal justice and health systems.

Juvenile MIOCR Projects

Participant Information

Over the course of the Juvenile MIOCR projects:

- 923 youth and young adults participated in the 11 projects.
- The average number of participants across each project was 84 (*SD* = 97.3) and the total number of participants across the projects ranged from 28 to 308. Each project targeted slightly different populations of youth according to the needs of the county and varied in the intensity of the services and interventions rendered. Some projects targeted individuals with serious mental illness who require more resource intensive services. For these projects, fewer participants were enrolled.
- On average, participants received services for 2.3 quarters, or seven months.[17]

Over the course of the projects, 42 percent of all participants (*n* = 393) successfully completed treatment or services as defined by their project's parameters. Juvenile projects also independently defined success to reflect their project components and goals. Conditions for successful completion varied across all projects. Oftentimes, successful completion required not only completion of treatment, but also completion of a follow-up period in which the participant did not reoffend. Therefore, successful completion does not reflect the number who received full treatment, but more generally represents fulfillment of project-specific terms. Also, 38 percent of participants (*n* = 350) were reported terminated or discontinued as defined by their project's parameters.

Table 4 breaks down the demographic characteristics of the Juvenile MIOCR Project participants by gender, age, and race or ethnicity.

Table 4. Demographic Characteristics of the Juvenile MIOCR Project Participants

Category	Demographic Characteristic	Percent of Participants
Gender	Female	29%
	Male	71%
	Total:	100%
Age	Under 12	1%
	12 to 14	14%
	15 to 17	66%
	18 and older	19%
	Total:	100%

[17] This average reflects all juvenile project participants. There were more participants who terminated the program or remained in the program than participants who completed the full-length program, biasing the average downward. There were also substantial differences in the intervention types and lengths used by projects, which is reflected in this average, as well.

Race or Ethnicity	African-American	23%
	Hispanic	39%
	Caucasian	31%
	Asian/Pacific Islander	3%
	Native American	1%
	Multi-Racial	1%
	Other	2%
	Total:	100%

Projects collected a variety of information related to the holistic welfare and prior justice system involvement of program participants for the six months prior to enrollment. Across all Juvenile MIOCR projects, in the six months prior to enrollment:

- At least 53 percent of all participants (*n* = 490) were enrolled in and attending school in the community.[18] They attended school for an average of 7.8 days (SD = 8.27) in the four-week period prior to enrollment, or 39 percent of the time.
- At least 65 percent of participants (*n*= 602) were receiving Medi-Cal or other insurance at time of enrollment.[19]
- 2.1 percent of participants (*n* =19) reported being admitted to an acute inpatient treatment facility for severe mental health treatment services.
- 15 percent of participants (*n* = 138) were placed on home supervision for some period.
- 7.5 percent of participants (*n* = 69) had received an out-of-home placement.
- A total of 79 status offenses were formally handled across all participants.
- A total of 427 petitions were sustained, an average of 0.86 (*SD* = 1.40) prior petitions per participant.[20] For these previous petitions:
    - 38.4 percent were felony petitions. The average number of felonies per participant was 0.29 (*SD* = 0.35).
    - 61.6 percent were misdemeanor petitions. The average number of misdemeanors per participant was 0.59 (*SD* = 1.20).

To evaluate participants' criminogenic risk and mental health needs, juvenile projects also assessed participants with standardized assessments.[21] Over the course of the projects, participants were assessed at least once on average, potentially with multiple instruments. Projects reported the results of a total 1,073 standardized assessments, including the results of any retests. Of those assessments:[22]

- 32 percent were scored in the high criminogenic risk range.
- 25 percent were scored in the medium-high criminogenic risk range.
- 22 percent were scored in the medium-low criminogenic range.
- 21 percent were scored in the low criminogenic risk range.

[18] One project targeted youth in custody, and thus reported no participants enrolled in school in the community. One project reported they could not obtain certain school records, so they reported no school-related data. Data for school enrollment and attendance days reflect 97 percent and 87 percent of all project-quarters.
[19] Insurance data reflects 96.7 percent of grantee project-quarters.
[20] Sum of felony and misdemeanor petitions reported.
[21] Standardized risk assessments included the JAIS, OYAS, and PACT. Mental health and needs assessments included the YOQ, GAIN-SS, MAYSI-II, CALOCUS, CANS, and county-specific behavioral health assessments.
[22] Data from one project was impacted due to the sealing of records.

Juvenile MIOCR Projects also conducted 288 formal psychological or psychiatric evaluations in total.[23] Up to 31.2 percent of all project participants received psychological or psychiatric evaluations.[24]

Interventions and Implementation Rates

The Juvenile MIOCR Projects implemented interventions at various points in the criminal justice system. Within the SIM:[25]

- 5 projects implemented interventions at the Front-end Diversion point.
- 10 projects implemented interventions at the Disposition Options point.
- 8 projects implemented interventions at the In-custody Treatment point.
- 9 projects implemented interventions at the Transition Planning point.
- 7 projects implemented intervention at the Aftercare point.

Each project implemented interventions across at least three interception points, and many interventions existed fluidly at several of the points of interception. Almost all youth participants had access to disposition options, and a large share had access to in-custody treatment, transition planning, and aftercare, as well. For youth also, a participant's point of entry from the juvenile justice system impacted the services he or she received. That, along with individual risk and needs, determined which interventions participants were engaged in. Because of these differences, not all participants were necessarily treated with the same or all project components.

Table 5 lists the most common interventions[26] occurring across juvenile projects and for each provides the number of projects that employed them, the implementation rate (● = fully, ◒ = partially or mostly), and the maximum percent of participants who may have had access. All projects incorporated a combination of interventions. Most projects incorporated intensive case management and individualized treatment plans, the use of evidence-based therapeutic approaches, assistance in accessing social benefits and housing, and referrals and linkages to services in the community for post-program support. Up to 53 percent of participants received intensive case management services, and up to 57 percent received intensive evidence-based therapy treatments, often trauma or family based. Almost all projects used funding to hire more staff dedicated to serving youth in the justice system who are mentally ill, and many used funding to train existing and new staff on best practices.

[23] These evaluations were used to inform individualized treatment plans and, in some cases, to provide linkages to medication. Refer to the FLERs for project-specific details as to when assessments were used and how they informed treatment.
[24] Some projects potentially administered evaluations multiple times to the same participant, thus this percentage reflects the upper bound of the number of participants who could have received evaluation.
[25] See page 4 for information on the Sequential Intercept Model (SIM).
[26] Based on reporting in the FLERs. The list of common interventions is not a comprehensive list of all interventions employed.

Table 5. Juvenile MIOCR Projects: Common Interventions, Implementation Rate, and Participant Access

Common Intervention	Number of Projects	Implementation Rate [a]	Participant Access
Diversion program or after school program	2	●	10%
Intensive case management	5	●	53%
Individualized treatment plans	7	●	57%
Wraparound services/therapy[b]	7	●	52%
General individual or group therapy	2	●	12%
Intensive Probation Supervision or Services	2	●	10%
Substance use treatment/counseling or residential treatment	3	◒	13%
Referrals, linkages to community services, or transportation to services	5	●	73%
Assistance accessing social benefits or housing	2	●	32%
Individualized reentry plans	2	●	32%
Continuation of services at outpatient clinic/program	2	◒	32%
Additional, dedicated staff hired	10	◒	96%
Training for staff on EBP	8	◒	60%

Notes. [a] Implementation Rate: ● = fully implemented and □ = partially or mostly implemented. [b] Examples of wraparound services and therapy include: Cognitive Behavioral Therapy, trauma-informed treatment (e.g., Seeking Safety, TARGET), Moral Reconation Therapy, family-based therapy (e.g. Functional Family Therapy, Multisystemic Therapy), Motivational Interviewing, and psychiatric services or medication.

Overall, Juvenile MIOCR Projects implemented most interventions as planned without significant service impediments. For interventions classified as partially or mostly implemented, common challenges to their implementation included:

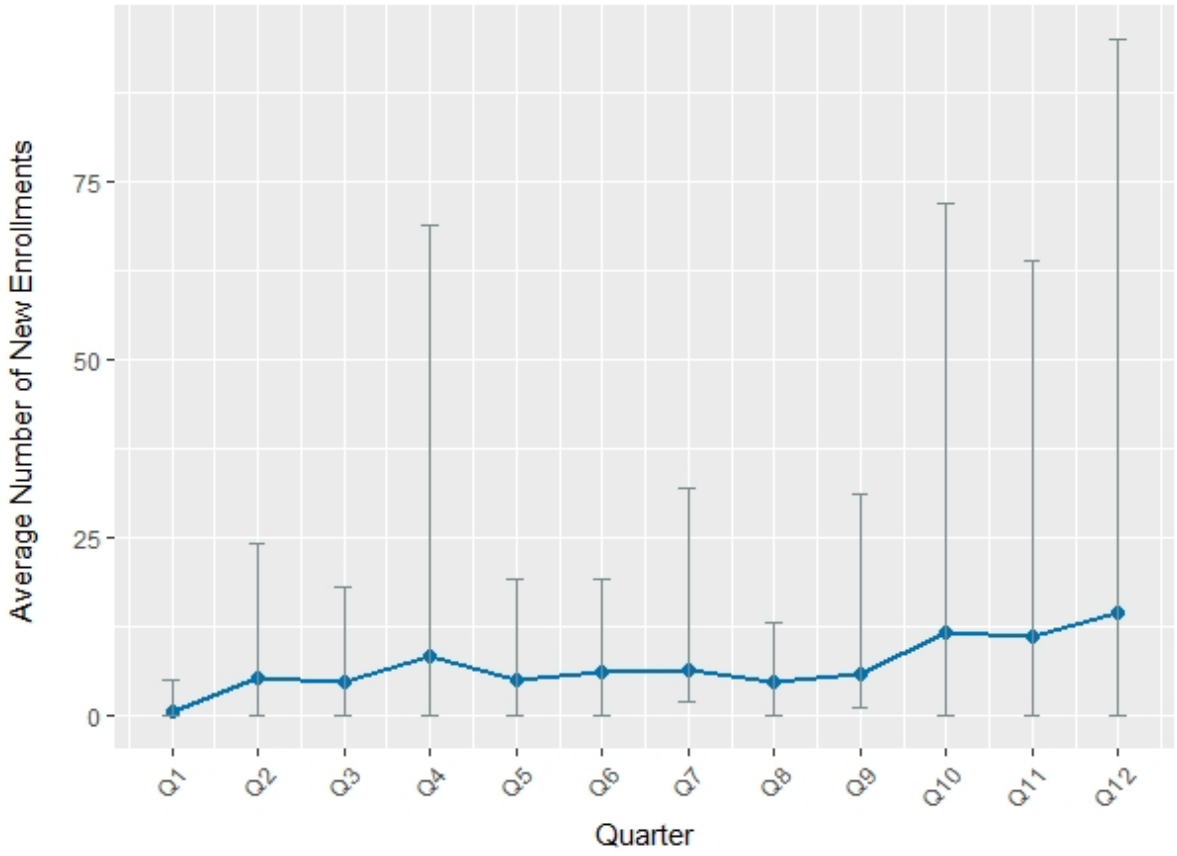
- Chronic staffing issues impacting service provision (e.g. difficulty in hiring the appropriate staff quickly).
- Delays in scheduling training.
- Lack of youth deemed eligible for services.
- Lack of transportation as a barrier to service engagement.

Common challenges are discussed further in the *Project Implementation Challenges* section.

Enrollment of New Participants Over Time

Combined across all juvenile projects, an average of 77 participants (*SD* = 41.7) were enrolled each quarter. Figure 4 shows the average number of new enrollments in juvenile projects each quarter. The vertical bars, or whiskers, provide a visual representation of the range in the number of new enrollments each quarter (minimum, maximum). Averaging over all 12 quarters, 7.0 participants (*SD* = 13.9) enrolled in each project quarterly. Almost all projects did not enroll participants in the first quarter. Not including the quarters before enrollments first began, projects enrolled an average of 8.5 new participants (*SD* = 14.9) quarterly. Figure 4 shows that average project enrollments are generally stable over time, within five to 10 enrollments each quarter, though wide variation in enrollments toward the end of the program resulted in an increase in average enrollments in Quarters 10 through 12. Altogether, the trends seen in Figure 4 show that projects were active in recruiting and enrolling participants through the end of the grant period.

Figure 4. Average Number of New Enrollments each Quarter for Juvenile MIOCR Projects

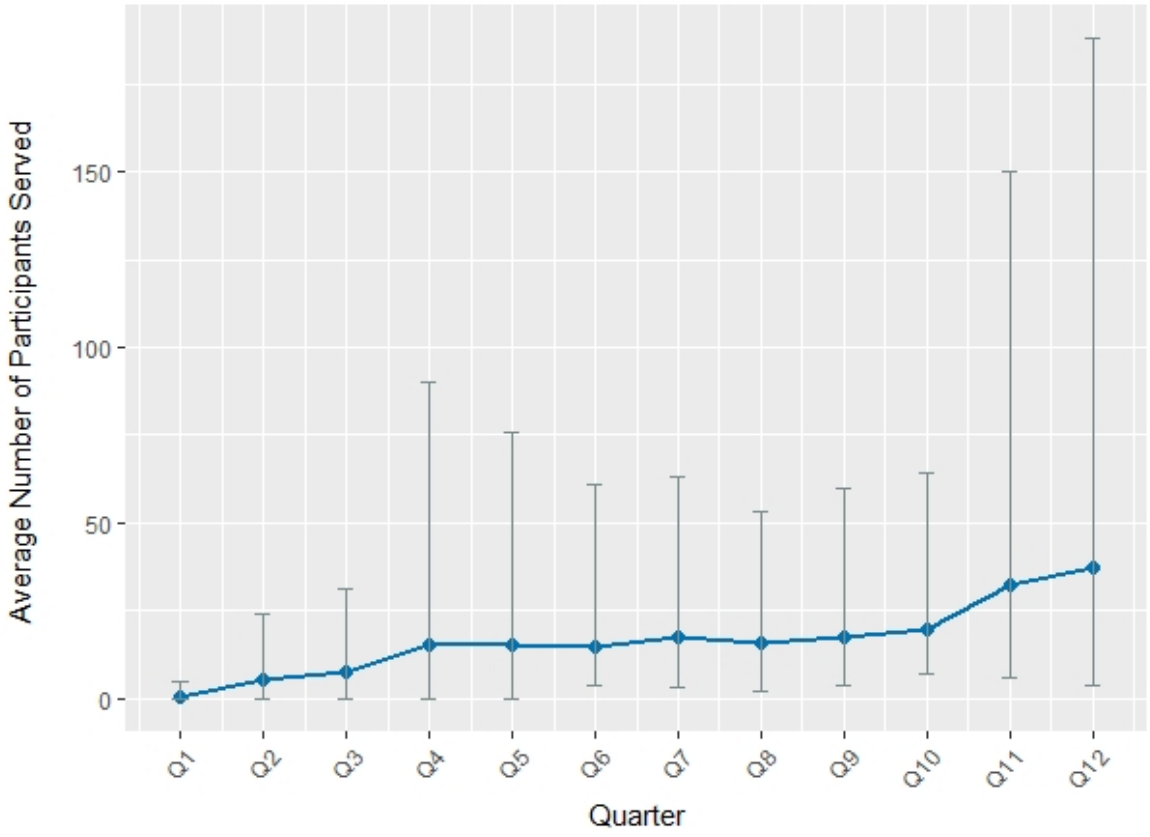


Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018.

Trends in Participants Served Quarterly and Number of Days to Initial Service

Combined across all juvenile projects, an average of 180 youth (*SD* = 112.1) received services each quarter, with five youth served in the first quarter and 408 youth served in the last quarter. Figure 5 shows the average number of participants who received services in juvenile projects each quarter. Averaging over all 12 quarters, 16.6 participants (*SD* =25.6) were served each quarter. Including only the quarters after initial enrollments began, each project served on average 20.2 participants (*SD* = 26.9) each quarter. Over time, the average number of participants served each quarter slowly rose, increasing at the end of the program, a result of a single project's spike in the number served. This shows that, collectively, the projects were active in serving new and prior enrollments throughout the lifetime of the grant program.

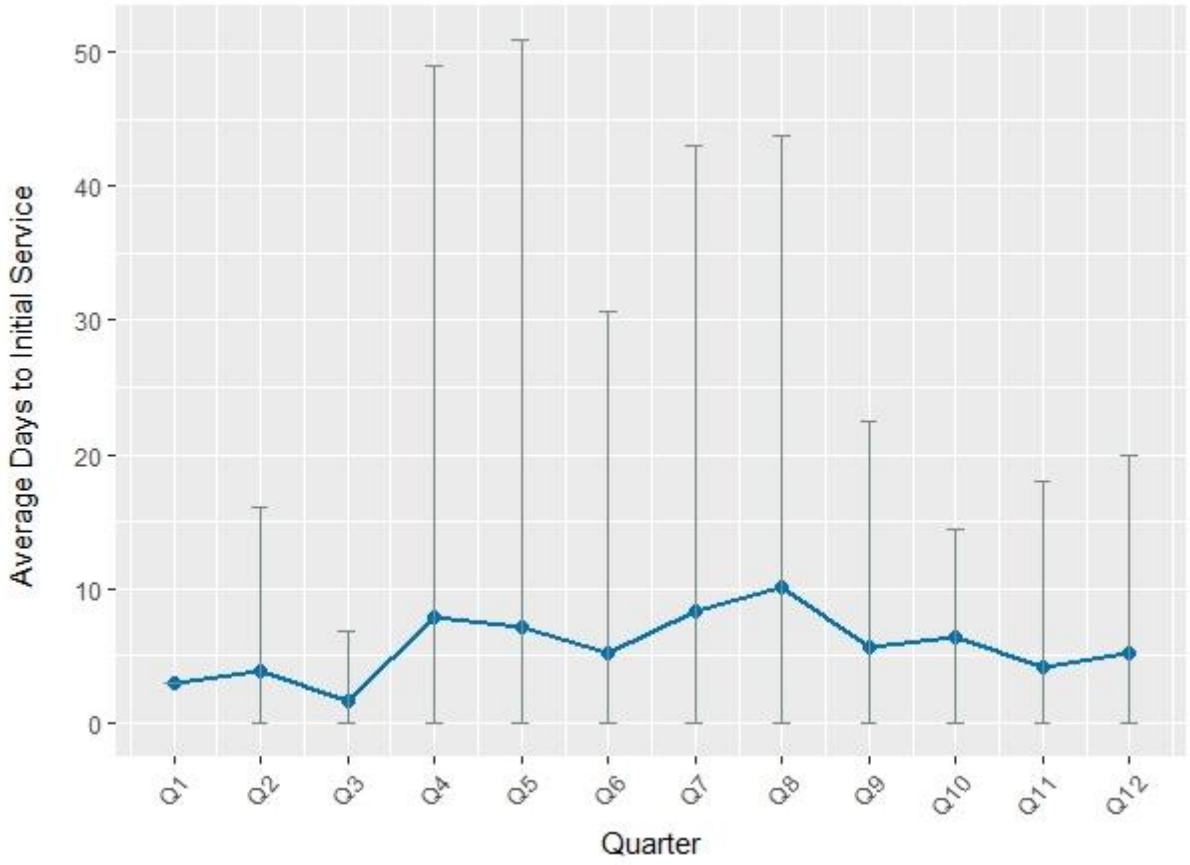
Figure 5. Average Number of Participants Receiving Services each Quarter for Juvenile MIOCR Projects.



Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018.

Figure 6 shows the average number of days from project enrollment to the day first direct services were received by new participants each quarter. Over time, the average number of days to receive initial service(s) remained between five and 10 days most quarters, though there was substantial variation in wait times between projects and over quarters. This shows that, on average, project participants received services in a timely manner across the grant period. Overall, the average number of days to initial service each quarter after enrollment was 6.76 days (*SD* = 10.3), averaged across all projects and quarters.

Figure 6. Average Number of Days to Initial Service for Juvenile MIOCR Projects.



Note. Quarter 1 (Q1) = July 2015 through September 2015. Quarter 12 (Q12) = April 2018 through June 2018.

Participant Outcomes During Program Participation

For *any current* participants, each quarter projects reported mental health outcomes, petitions sustained for new offenses, and juvenile hall or camp stays. Over the course of the projects:

- Approximately four percent of participants (*n* = 38) reported being admitted to an acute inpatient treatment facility for severe mental health treatment services.
- A total of 167 sustained petitions for a new delinquent offense were reported. On average, 18 new petitions were sustained per participant during project involvement.[27] Of these new petitions:
    - 50.3 percent were felony petitions. The average number of new felony petitions was .09 per participant.
    - 49.7 percent were misdemeanor petitions. The average number of misdemeanor petitions was .09 per participant.
- Approximately 26 percent of participants (*n* = 242) received an in-custody commitment after juvenile court adjudication during project involvement. The average number of commitments was 1.21 (*SD* = .75) for those individuals.

[27] Sum of felony and misdemeanor petitions reported. Data from one project was dropped due to quality concerns.

- A total of 59 new status offenses were formally handled during project involvement, averaging 0.06 per participant.

Juvenile MIOCR Projects also re-collected certain measures upon project exit. For the 743 participants reported as exiting projects[28], 36 participants (5 percent) were reported to be in an out-of-home placement and 110 participants (15 percent) were reported to be on home supervision at the time of exit.

It is *not* recommended to compare the participant outcomes during program participation to those of the participants in the six months prior to enrollment due in part to differences in the length of time for which data were collected. Individuals did not participate for uniform lengths of time. On average participants received services for 2.3 quarters, or seven months. However, how closely the service period correlates to the participation period cannot be determined from the data. Participation may not entail currently receiving direct services, or receiving services in sequential quarters. Each project has different participation and treatment parameters. For this reason, the period when a participant was receiving direct services could be different from the period when they were considered to be participating in the project. Measures recorded (e.g., new commitments) reflect outcomes occurring during the participation period. Additionally, comparison is not recommended due to the lack of a comparison group.

Participant Outcomes Six Months Post Completion

Each quarter projects reported petitions sustained for new offenses in the six months following MIOCR project exit for a follow-up group. Projects individually determined the makeup of this follow-up group for their projects. Of this follow-up group, 25 participants sustained a total of 48 new petitions in the six months after project exit, averaging 1.33 new petitions (*SD* = .89) per participant.[29] Of the 48 new petitions, approximately 63 percent (*n* = 30) were felony petitions and approximately 27 percent (*n* = 18) were misdemeanor petitions.

It is *not* recommended to compare new petitions for the follow-up group to the average petitions sustained in the six months prior to enrollment due to the difference in the size and makeup of the groups (all participants versus an unknown subset of tracked participants). Inferences are also not recommended due to the lack of a comparison group.

Project Implementation Challenges

The Juvenile MIOCR Projects' FLERs were reviewed to identify reported implementation challenges and the rate at which they were resolved. Table 6 provides the common implementation challenges, the number of projects reporting each challenge, and the resolution rate across the projects (◒ = partially or mostly resolved, and ○ = not

[28] Sum of reported successful exits and reported terminated or discontinued.
[29] Sum of felony and misdemeanor petitions reported.

resolved).[30] Implementation challenges reported by many projects included staffing, and low youth eligibility rates and smaller than expected candidate pools resulting in lower than expected participation rates. Staffing challenges occurred across the grant period for Juvenile MIOCR Projects, as well. These staffing challenges included difficulty recruiting and retaining staff, and disruptions of services due to turnover and the training of new hires. Most grantees reported that their staffing issues were partially resolved, sometimes after altering some of their project's framework.

Table 6. Juvenile MIOCR Projects: Common Implementation Challenges and Resolution Rates

Common Challenges	Number of Projects	Resolution Rate[a]
Smaller than expected number of eligible and/or low take-up by youth	5	◒
Impact of individuality and consistency amongst members of the criminal justice and mental health systems	2	◒
Coordination and collaboration amongst criminal justice and mental health system practitioners	4	◒
Administration, data collection and management, and lack of centralization	2	○
Staffing consistency/turnover, resourcing, recruitment, and retention (mental health staff, project management)	9	◒
Logistics of or delays in training impacting service	2	◒
In-custody treatment logistical constraints; incompatibility of certain MH treatments in detention facilities	1	◒
Lack of client transportation impacting service engagement	2	◒
Client engagement, retention and follow-up issues	3	○

Note. [a] Resolution Rate: ◒ = partially or mostly resolved, ○ = not resolved.

[30] Does not include all reported implementation challenges that projects faced as many were specific to the project and/or the county's criminal justice and health systems.

CASE STUDIES

In addition to quantitative data, the QPRs also requested projects provide information on their participants (i.e., case studies), briefly describing their background (e.g., age, gender, criminal history, and diagnosis), challenges engaging and/or treating the individual, and how the project is impacting them and/or their family. Below are some of those participant stories, providing real-life context to the data presented above.

- "Keith" is a 32-year-old male, who was facing multiple misdemeanor cases when he enrolled in the MIOCR Program in July of 2016. Keith also had a history of 5150 holds and had been diagnosed with Schizophrenia (paranoid type) and polysubstance use. Keith had been homeless for eight years following his first psychotic break (in college). He was not connected to any community treatment providers and was hesitant to engage in a structured treatment plan that involved addressing mental health and substance use.

  Keith was placed in housing and given a treatment plan that included community groups around substance use and mental health, regular check-ins with his case manager, weekly therapy sessions, and ongoing medication compliance. He struggled for about a year to engage in a meaningful way and, as typical of this population, was returned to custody on multiple occasions for non-compliance with his treatment plan. During his sporadic program engagement, the case manager was able to link Keith to both Medi-Cal and disability benefits. Following a bench warrant arrest in August of 2017, Keith agreed to access a MIOCR grant-funded treatment bed which had just become available. With the support of his case manager, he stayed in the program and after several weeks in the stabilization unit was accepted into a 6-month residential program.

  Keith successfully completed the program at the end of April 2018 and transitioned to a sober living program. He has actively engaged in groups, attended his therapy appointments, maintained medication compliance, and is working with the treatment team on a long-term housing plan and a vocational plan.

- "Sarah" came to the MIOCR Grant Program and the Behavioral Health Court through a court referral indicating possible mental health treatment needs. When staff initially met her in jail to interview and inform her of the services available to her, she was not taking psychotropic medication or receiving mental health treatment of any kind. She was receptive to hearing about the MIOCR Program and began engaging in mental health treatment while in custody, including taking psychotropic medication to treat symptoms of schizophrenia and engaged in discharge planning to attempt inpatient treatment in a local co-occurring disorder treatment program. At that time, she was also assigned a case manager and a Probation officer from the MIOCR team.

  Soon after, she was released from custody into a 90-day program where she participated in services that addressed symptom management, relapse prevention, and identifying behaviors to avoid recidivism. After that program, she transitioned into a transitional housing program to continue skill-building in preparation for her next step, supported housing. Sarah is active in all components of her recovery- attending

psychiatric appointments, therapy, meetings, groups, and prosocial activities. She has taken two classes at Cabrillo College, she volunteers for her church, and is currently attending Thinking for a Change two days per week. She also attends Behavioral Health Court where she receives positive reviews from the team and encouragement to continue on her path of recovery.

- "Marco" is a 41-year-old male who has had a long history of severe mental illness, gang-related activity, substance use, and numerous incarcerations. The environment he lived in before incarceration (on "the streets") had many triggers causing him to be non-compliant with taking his medication. Marco was homeless, living wherever he could, and did not understand the need to take his prescribed medications. He was diagnosed with Schizophrenia since his late teens and has a substance use disorder. He completed high school, was employed sporadically throughout his adult life, prior to and after several incarcerations. He has a 17-year-old son but unfortunately, does not have contact with him. Marco has an extensive history with severe mental illness which affected his frustration tolerance, reality testing, trust, and interpersonal skills when relating to others. Due to his long history of defiant, disruptive, and periodic violent behaviors, Marco's family distanced themselves from him. Through repeated efforts of the MIOCR clinical case manager, he agreed to enroll in a co-occurring outpatient treatment program upon release from jail.

  Since enrolling in the MIOCR Program and being provided intensive case management and evidence-based interventions, Marco is attending a local community college (under the supervision of a reentry educational program operated by formerly incarcerated adults) and is currently medication compliant (as required by the sober living environment he lives in and the treatment program he is enrolled in). Additionally, Marco is beginning to build family communications as his mother is now very supportive of him and has a desire to repair their relationship.

- The MIOCR Grant Program has been working with "Brian" since he was 16. He is now an 18-year-old young adult with a history of vehicle theft, aggression, depression, and the following diagnoses: Adjustment Disorder with Disturbance of Conduct, Other Conduct Disorder, Post-Traumatic Stress Disorder (PTSD), and Cannabis dependence.

  When Brian arrived at the facility, he struggled with the program due to welfare concerns for the mother of his children, his sisters, and separation issues from his two young children. Yet, he was committed to working hard in the program. He was able to set goals and engage regularly in individual mental health treatment. He also successfully completed Moral Reconation Therapy (MRT), Aggression Replacement Therapy (ART), substance use group, and participated in Trauma Focused–Cognitive Behavioral Therapy (TF-CBT). When Brian completed the institutional portion of the MIOCR Program, he was only six credits shy of receiving his high school diploma. From the beginning, his living situation was a concern due to being a foster youth prior to turning 18. As part of his direct services team, his aftercare probation officer coached him and set him up with interviews for a residential program for transitional aged youth. Brian was accepted into the program.

  Since leaving the facility, Brian has moved into a transitional living center, successfully completed his high school diploma requirements, obtained employment in

construction, and recently signed a letter of intent to join the military. Brian stated that his priority was to become financially independent in order to gain custody of his two small children.

- "Emma" was originally detained for assaulting her mother. At the beginning of Functional Family Therapy (FFT) treatment, Emma initially presented with anger, and displayed physically and verbally aggressive behaviors towards her parents. Although her parents displayed concern, Emma's mother was very controlling and her father did not display much hope in his family nor in the therapeutic process. The family members were all on different pages of listening and understanding one another. As the treatment progressed, the clinician was able to pull Emma and her mother closer together- first, implementing de-escalation skills, then learning improved communication methods. Once they learned deep breathing exercises, learned to responsibly remove oneself from a volatile situation, and Emma's mother learned how to appropriately discipline a 17-year-old strong-willed young lady, things began to shift. Also, as Emma's symptoms of serious anxiety and depression were discussed in more detail, she became more stable, better able to engage and displayed more appropriate behaviors, like practicing de-escalation methods and communication skills, as she became more medication compliant. However, her mother continued to display very overwhelming and controlling behaviors as she was now dealing with a cancer diagnosis.

  Before FFT, there was no acknowledgement of how this impacted the family. Emma's father engaged in sessions with more openness and honesty once he learned the difference between "loving his daughter" and "liking his daughter." This concept and how it affects the family shifted their mood and their behavior. Emma's mother was willing to take more responsibility for her actions, behaviors, and how her actions impacted the family. As a result, Emma became more open to taking responsibility for her actions and behaviors.

  By the end of their involvement in the MIOCR Program, the family's general interactions were less volatile, more respectful, and more understanding. Emma's mother was able to approach her daughter with more empathy and affection versus discipline and consequences. Emma's father was able to learn how to like his daughter again, not just love her unconditionally. Emma was able to take more responsibility for her own actions and behaviors, enabling her to set long-term goals and begin to work towards them. Due to the family-centric treatment, the behavior patterns of the entire family shifted because all family members chose to make an effort to be more aware, respectful of each other, and determine when to implement the skills taught by the MIOCR clinician. With this family's success, Emma successfully terminated her probation.

CONCLUSION

The impact of individuals within the criminal and/or juvenile justice systems living with severe mental health disorders have been challenging the correctional system for decades, and resource issues for serving and treating these individuals will continue to take time to resolve. The MIOCR Grant Program was a catalyst for change in counties, with funding assisting local agencies in collaborating, exploring, and implementing evidence-based strategies and multifaceted approaches unique to their offender populations.

Individuals with mental illness have numerous needs, use multiple systems, and tend to require more costly care. Emergency rooms/hospitals and detention facilities can be isolating experiences and cause additional trauma and crisis situations for this population. Counties often do not have sufficient resources to meet the needs of someone who is struggling with managing mental illness and involved with the criminal and/or juvenile justice system. The MIOCR Grant Program helped provide new resources both in the justice system and within California communities.

As noted throughout this report, participants in the MIOCR Grant Program possessed a wide-range of needs which required a full spectrum of interventions and services provided by multiple disciplines and organizations in the community. Although this report represented 21 projects in only 17 of the 58 counties in California, it isn't a far stretch to consider this sample of MIOCR participants as representative of justice-involved individuals with mental illnesses in other communities across the state.

The intent of this report is that data presented herein would provide county decision-makers and stakeholders general information on using an intercept model for collaborative planning, evidence-based project foundations and treatments/services appropriate for similar populations, and provide limits/challenges associated with projects treating this population of justice-involve individuals with mental health disorders.

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APPENDICES

Appendix A: Penal Code Section 6045: Mentally Ill Offender Crime Reduction Grants

Appendix B: BSCC Mentally Ill Offender Crime Reduction Grant Program 2014 Executive Steering Committee Members

Appendix C: MIOCR Project Interventions Tables

Appendix D: MIOCR Project Summaries

Appendix E: MIOCR Grant Adult Projects Quarterly Progress Report Template

Appendix F: MIOCR Grant Juvenile Projects Quarterly Progress Report Template

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Penal Code Section 6045: Mentally Ill Offender Crime Reduction Grants

6045.

(a) The Board of State and Community Corrections shall administer mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of timely and effective responses to reduce crime and criminal justice costs related to mentally ill offenders. The grants administered under this article by the board shall be divided equally between adult and juvenile mentally ill offender crime reduction grants in accordance with the funds appropriated for each type of grant. The grants shall support prevention, intervention, supervision, and incarceration-based services and strategies to reduce recidivism and to improve outcomes for mentally ill juvenile and adult offenders.

(b) For purposes of this article, the following terms shall have the following meanings:

(1) "Board" means the Board of State and Community Corrections.

(2) "Mentally ill adult offenders" means persons described in subdivisions (b) and (c) of Section 5600.3 of the Welfare and Institutions Code.

(3) "Mentally ill juvenile offenders" means persons described in subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

6045.2.

(a) A county shall be eligible to apply for either an adult mentally ill offender grant or a juvenile mentally ill offender grant or both in accordance with all other provisions of this article. The board shall provide a separate and competitive grant application and award process for each of the adult and juvenile mentally ill offender crime reduction grant categories. The board shall endeavor to assist counties that apply for grants in both categories in meeting any grant submission requirements that may overlap between the two categories of grants.

(b) (1) A county that applies for an adult mentally ill offender grant shall establish a strategy committee to design the grant application that includes, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff does not administer the county jail system, who shall chair the committee, and representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a former offender who is or has been a client of a mental health treatment facility, and representatives from organizations that can provide or have provided treatment or stabilization services for mentally ill offenders, including treatment, housing, income or job support, and caretaking.

(2) A county that applies for a juvenile mentally ill offender grant shall establish a strategy committee that includes, at a minimum, the chief probation officer who shall chair the committee, representatives from local law enforcement agencies, the county mental health director, a superior court judge, a client or former offender who has received juvenile mental health services, and representatives from

organizations that can provide or have provided treatment or support services for mentally ill juvenile offenders, including therapy, education, employment, housing, and caretaking services.

(3) A county that applies for both types of grants may convene a combined strategy committee that includes the sheriff or jail administrator and the chief probation officer as co-chairs of the committee, as well as representation from the other agencies, departments, and disciplines designated in paragraphs (1) and (2) for both types of committees.

(c) The strategy committee shall develop and describe in its grant application a comprehensive county plan for providing a cost-effective continuum of responses and services for mentally ill adult offenders or mentally ill juvenile offenders, including prevention, intervention, and incarceration-based services, as appropriate. The plan shall describe how the responses and services included in the plan have been proven to be or are designed to be effective in addressing the mental health needs of the target offender population, while also reducing recidivism and custody levels for mentally ill offenders in adult or juvenile detention or correctional facilities. Strategies for prevention, intervention, and incarceration-based services in the plan shall include, but not be limited to, all of the following:

(1) Mental health and substance abuse treatment for mentally ill adult offenders or mentally ill juvenile offenders who are presently placed, incarcerated, or housed in a local adult or juvenile detention or correctional facility or who are under supervision by the probation department after having been released from a state or local adult or juvenile detention or correctional facility.

(2) Prerelease, reentry, continuing, and community-based services designed to provide long-term stability for juvenile or adult offenders outside of the facilities of the adult or juvenile justice systems, including services to support a stable source of income, a safe and decent residence, and a conservator or caretaker, as needed in appropriate cases.

(3) For mentally ill juvenile offender applications, one or more of the following strategies that has proven to be effective or has evidence-based support for effectiveness in the remediation of mental health disorders and the reduction of offending: short-term and family-based therapies, collaborative interagency service agreements, specialized court-based assessment and disposition tracks or programs, or other specialized mental health treatment and intervention models for juvenile offenders that are proven or promising from an evidence-based perspective.

(d) The plan as included in the grant application shall include the identification of specific outcome and performance measures and for annual reporting on grant performance and outcomes to the board that will allow the board to evaluate, at a minimum, the effectiveness of the strategies supported by the grant in reducing crime, incarceration, and criminal justice costs related to mentally ill offenders. The board shall, in the grant application process, provide guidance to counties on the performance measures and reporting criteria to be addressed in the application.

6045.4.

(a) The application submitted by a county shall describe a four-year plan for the programs, services, or strategies to be provided under the grant. The board shall award grants that provide funding for three years. Funding shall be used to supplement, rather than supplant, funding for existing programs. Funds may be used to fund specialized alternative custody programs that offer appropriate mental health treatment and services.

(b) A grant shall not be awarded unless the applicant makes available resources in accordance with the instructions of the board in an amount equal to at least 25 percent of the amount of the grant. Resources may include in-kind contributions from participating agencies.

(c) In awarding grants, priority or preference shall be given to those grant applications that include documented match funding that exceeds 25 percent of the total grant amount.

6045.6.

The board shall establish minimum requirements, funding criteria, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) The probable or potential impact of the grant on reducing the number or percent of mentally ill adult offenders or mentally ill juvenile offenders who are incarcerated or detained in local adult or juvenile correctional facilities and, as relevant for juvenile offenders, in probation out-of-home placements.

(b) Demonstrated ability to administer the program, including any past experience in the administration of a prior mentally ill offender crime reduction grant.

(c) Demonstrated ability to develop effective responses and to provide effective treatment and stability for mentally ill adult offenders or mentally ill juvenile offenders.

(d) Demonstrated ability to provide for interagency collaboration to ensure the effective coordination and delivery of the strategies, programs, or services described in the application.

(e) Likelihood that the program will continue to operate after state grant funding ends, including the applicant's demonstrated history of maximizing federal, state, local, and private funding sources to address the needs of the grant service population.

6045.8.

(a) The board shall create an evaluation design for adult and juvenile mentally ill offender crime reduction grants that assesses the effectiveness of the program in reducing crime, adult and juvenile offender incarceration and placement levels, early releases due to jail overcrowding, and local criminal and juvenile justice costs. The evaluation design may include outcome measures related to the service levels, treatment modes, and stability measures for juvenile and adult offenders participating in, or benefitting from, mentally ill offender crime reduction grant programs or services.

(b) Commencing on October 1, 2015, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with a final report due on December 31, 2018.

(c) The reports submitted pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

(d) Pursuant to Section 10231.5 of the Government Code, this section shall be repealed as of January 1, 2024.

6045.9.

The board may use up to 5 percent of the funds appropriated for purposes of this article to administer this program, including technical assistance to counties and the development of the evaluation component.

BSCC MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM 2014

Executive Steering Committee Members

ADULT RATERS	JUVENILE RATERS
Sandra Hutchens, Co-Chair Sheriff Orange County	Michelle Scray Brown, Co-Chair Board Member Chief Probation Officer San Bernardino County
Honorable Stephen Manley Santa Clara County	Honorable Susan Gill Kern County
Mark Stadler Commander Ventura County Police Department	Dr. Terence Rooney Behavioral Health Director Colusa County
Jackie Lacey District Attorney Los Angeles County	Barrie Becker Council for a Strong America Fight Crime: Invest in Kids
Dave Meyer, Clinical Professor/Research Scholar Institute of Psychiatry, Law and the Behavioral Sciences U.S.C. Keck School of Medicine	Amy Fierro Chief Program Officer River Oak Center for Children
Jo Robinson Director, Behavioral Services Department of Public Health City and County of San Francisco	Esa Ehmen-Krause Deputy Chief Probation Officer Juvenile Facilities Alameda County

Adult MIOCR Project Interventions

County	Front-end Diversion	Disposition Options	Treatment In Custody	Transition Planning	Aftercare	Population	Intervention	Outcome Measures
Alameda		X	X	X	X	Mentally ill (MI) inmates	Case management	R
El Dorado	X	X		X	X	Seriously MI in South Lake Tahoe	Crisis Intervention, BH Court, Transitional housing	R, H, C
Los Angeles			X	X	X	SMI & substance use disorder, chronic medical issues	Prerelease discharge planning, Transitional housing	R, H
Madera		X		X	X	Mentally ill offenders (MIOs)	BH Court, Transitional housing	R, H, C
Nevada	X	X	X			Homeless MIOs	Crisis Intervention Team, BH Court, Intensive Community Team	R, H, C
San Francisco	X	X			X	MIO w/misdemeanor offenses	BH Court, Transitional housing	H, B
San Luis Obispo	X	X	X	X	X	MIOs	Patient screening, diversion, in-custody treatment, release planning, clinic capacity	R, C, B
Santa Clara		X	X	X		Homeless Seriously MI inmates w/5+ bookings in preceding 3 years	Custody case management	R, C
Santa Cruz	X	X	X	X		MIOs	Continuum of care, FACT, pre-booking diversion, in-custody treatment	R, C
Solano	X	X	X	X		MIOs	Pre-booking diversion, custody treatment, re-entry planning, Team management post-release	R

Outcome Measure Categories:

R - Jail or custody recidivism	F - Family reunification
H - Housing and welfare (employment, school)	B - Behavioral (prostitution, school conduct, substance abuse)
C - Clinical progress (symptoms, risk/needs assessment, level of functioning)	

Juvenile MIOCR Project Interventions

County	Front-end Diversion	Disposition Options	Treatment in Custody	Transition Planning	Aftercare	Population	Intervention	Outcome Measures
Contra Costa		X	X	X	X	Serious, persistent teen offenders	FFT added to court-mandated services	R, F, B, H Felony Arrests
Nevada	X	X		X	X	Seriously MI youth and their families	Wraparound model	R, C, F, H Out-of-home
Riverside		X		X	X	MIOs, Trauma focused care	Custody treatment, FFT, re-entry planning, community supervision	R, H, C
San Diego	X	X			X	Traumatized mentally ill juvenile offenders	Short-term CBT	R, C, Re-arrest
San Joaquin	X	X	X			MIOs	Specialized treatment teams, custody/community ART, substance use disorder	R, C
Santa Clara	X	X	X	X		Justice-involved or dependent, CSE focus	Provider training, advisory council, targeted & supportive treatment	R, H, C
Santa Cruz	X	X	X	X		Youth & families with mental health needs	In-home family-based svcs, aggression treatment, substance use disorder services	R, H, C
Shasta		X	X	X	X	High risk youth with mental health diagnosis and substance abuse	Intensive, strength-based family-focused wraparound program	R, H, C, F
Solano		X	X	X		Mentally ill youth in Fairfield	Training school counselors, Clinic w licensed treatment focused on trauma	R, H, C Re-arrest
Tuolumne		X	X	X	X	MH disorders on formal probation	EBT, COG, after school programs, crisis placement	B, R, C
Yolo			X	X	X	Justice-involved, co-occurring disorders	Wraparound, team case mgt; transitional svcs	R, C

Outcome Measure Categories:

R - Jail or custody recidivism	F - Family reunification
H - Housing and welfare (employment, school)	B - Behavioral (prostitution, school conduct, substance abuse)
C - Clinical progress (symptoms, risk/needs assessment, level of functioning)	

Mentally Ill Offender Crime Reduction Grant Project Summaries

(as Submitted by Counties)

Adult County Project Summaries

Alameda County ($948,459)
Operation My Home Town (OMHT) is an intensive pre- and post-release clinical case management model that is intended to create a shift in reentry services for adult inmates and provide a systems approach to assist the inmates as they transition back into the community. Participants in the program will receive a validated risk and needs assessment, develop Individualized Reentry Plans with their Clinical Case Managers (CCMs), engage in pre-release services (e.g., education, vocational training, cognitive behavioral interventions), and receive post-release clinical case management. CCMs will assist the participants in their transition back into the community by providing clinical interventions, support services, and linkage to resources that address the participant's risks and needs until reentry goals are met for up to a year post-release. CCMs will also assist participants with enrollment for public benefits, obtaining housing, enrolling in educational institutions and obtaining sheltered or long-term employment. CCMs will monitor the participants' progress and continuously assess the participants' risks and needs to determine the level of case management, clinical intervention, and referrals needed.

El Dorado County ($950,000)
The El Dorado project is a multi-faceted service approach for the seriously mentally ill offender population in the South Lake Tahoe area. First, an effective and collaborative crisis intervention response to individuals in crisis will better assess, identify, triage, and link offenders with severe mental illness, and those with co-occurring disorders, to alternatives to incarceration. Second, those individuals in a custodial environment or Behavioral Health Court will have a realistic and focused reentry plan, including necessary treatment, support, and housing resources, prior to their transition back to the community. Third, a court-based intervention, including mental health assessment, will be established to identify offenders and connect them with transitional housing, Behavioral Health Court and intensive case management services.

Los Angeles County ($1,834,000)
"Nemo Resideo" (no one left behind) will provide a comprehensive and integrated discharge plan, as well as jail in-reach, intensive community-based services and housing to tri-morbid offenders (seriously mentally ill individuals with co-occurring disorders and a chronic medical condition). The program is an enhanced discharge planning program with jail in-reach by the community-based organization providing the wraparound services, intensive case management and housing upon release, as well as identification of service locations, treatment providers, a medical home, and a dedicated pharmacy.

Madera County ($869,547)
The Behavioral Health Court will use multi-organizational collaboration to coordinate court-ordered integrated treatment, supervision and community resource plans for mentally ill offenders in order to achieve the optimum results of reduced jail recidivism and

criminogenic risks. Necessary resources for participants include access to housing, access to prescribed psychotropic medication, intensive supervision and case management services. The project will also include transitional housing accommodations and securing residential treatment beds.

Nevada County ($110,472 - partial project funding)
The Nevada County will develop an 18-month pilot project by creating a Crisis Intervention Team (CIT) to address critical mental health needs within community settings that will reduce risk to the client and the community, reduce the use of secure custody, improve quality of life for the individuals, and in turn, reduce financial costs by providing effective screening and assessments, referrals, and evidence-based interventions and case management models. All law enforcement officers will receive CIT training; however, the 'Team' will consist of one officer per agency as point person for mental health intervention training, resource referrals, case staffing, and intervention response management.

San Francisco County ($950,000)
The San Francisco project will create a Behavioral Health Court (BHC) specifically designed to improve outcomes among adults with mental illness who are accused of misdemeanor offenses. As part of the BHC, continuum of care services and responses include direct housing services to support temporary and transitional housing for offenders, subsidized transportation, employment skills training, and incentives for participation in cognitive behavioral therapy and evidence-based interventions such as Moral Reconation Therapy and Wellness Recovery Action Plan. A peer specialist will also be included to support BHC clients through the process.

San Luis Obispo County ($950,000)
The San Luis Obispo project will implement a collaborative and multidisciplinary program designed to provide for a Behavioral Health clinician at pre-trial to screen mentally ill offenders as they are being sentenced to provide an alternative to incarceration, in-custody evidence-based treatment services, increased capacity within the community clinic to provide walk-in medication and screening appointments for post-release offenders in order to provide an immediate and seamless reentry of the client into the community. In-custody treatment services include Cognitive Behavioral Therapy for Psychosis, Criminogenic interventions (Moral Reconation Therapy), and trauma-focused treatment (Seeking Safety).

Santa Clara County ($950,000)
The In-Custody Reentry Team (ICRT) will support the successful reentry of inmates with a serious mental illness. The ICRT will employ incarceration-based, prevention-oriented case management and discharge planning to program clients, linking them to post-release services and increasing engagement in the types of treatment and support services that will improve their quality of life and reduce their chances of recidivating. The ICRT will work with serious mentally ill offenders from booking to release, establishing a reentry case plan within days of a mental health referral and following the client through incarceration to their release through service linkages.

Santa Cruz County ($949,995)
The Mentally Ill Offender Continuum of Care project will address the effects of mentally ill offenders in the local criminal justice system including this population's typically longer average length of stay in the County Jail due to their distinctive needs, the impact of untreated offenders with psychiatric issues in the community, and the need to draw from the evidence-based practice and intensive treatment of the Forensic Assertive Community Treatment (FACT) model. The project will provide pre-offender interventions as prevention opportunities through law enforcement liaison personnel, provide post-arrest diversion programming through in-custody dual diagnosis treatment services, Probation pre-trial and supervision services, and expand capacity for the FACT team.

Solano County ($949,998)
The Solano County project will create a county-wide response to the issues of services, treatment, and recidivism reduction for the justice-involved mentally ill. The project will divert potential low-level offenders in the community, prior to being arrested, will create a "post filing diversion project" for the mentally ill, will provide Jail-based mental health programming for sentenced and certain un-sentenced offenders after assessment, and will provide comprehensive reentry planning and intensive case management aftercare services to the participants prior to and after release. The County will create Collaborative Teams to direct the work of the diversion, in-custody and reentry/aftercare components of the project and will use the evidence-based practice Critical Time Intervention to guide the reentry and aftercare process.

Juvenile County Project Summaries

Contra Costa County ($950,000)
The Transitioning Out to Stay Out (TOSO) project will provide Functional Family Therapy to juvenile offenders and their families following an existing program of court-mandated therapy to improve transition from custody to the community. TOSO will be a supplemental layer of service beyond the suite of court-mandated services provided by the County to serious, persistent teenage male offenders and to sexually-exploited/repeat-offending female youth—groups who are at high-risk for re-offense.

Nevada County ($750,000)
The Strengths, Opportunities, and Recidivism Reduction (SOARR) project will provide an intensive wraparound model for treating mental illness, eliminating barriers to recovery, teaching and reinforcing pro-social behaviors, and reducing recidivism. Wraparound services will be provided to the county's seriously mentally ill youth and their families and to those youth most at risk of an out-of-home placement, such as hospitalization, incarceration, or congregate care. Treatment will be designed to address the therapeutic needs, functional impairments, educational needs, and community resource deficits that frequently result in reoffending.

Riverside County ($948,510)
The Intensive Re-Integration Services (IRIS) project is a collaborative, three-phase approach to support mentally ill juvenile offenders with successful community reentry. The first phase uses intensive in-custody treatment programs targeted towards addressing both significant mental illness and recidivism through multi-modal, evidence-based practices and strategies. The second phase focuses on reentry planning for youth, including appropriate housing, educational services, employment opportunities, job skills training, life

skills development, and community reintegration skills. The third phase focuses on community supervision of the youth using either Functional Family Probation or Wraparound.

San Diego County ($950,000)
The Screening, Assessment, and Services for Traumatized (SAST) Mentally Ill Juvenile Offenders project will provide short-term, cost-effective evidence-based interventions that are proven effective for traumatized youth. The SAST project will expand early identification and intervention for high-risk, high-need youth with mental illness and broaden the service continuum to reduce recidivism and improve outcomes by targeting trauma. Youth and their caregivers will receive Trauma Focused Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Seeking Safety, all of which reduces PTSD and depression.

San Joaquin County ($949,073)
The Court for Individualized Treatment for Adolescents (CITA) Juvenile Mental Health Court will provide a specialized treatment model to address the mental health needs of mentally ill juvenile offenders, address the root causes of offending, and will provide a range of supportive services to help youthful offenders and decrease recidivism. The CITA project will include expediting early intervention through the timely screening and referral of participants, using a dedicated team approach, intensive supervision of participants, and placing the judge at the center of the treatment and supervision process. Interventions include Cognitive Behavioral Interventions (CBI) within the Juvenile Justice Center and in the community, Trauma Focused CBI, Aggression Replacement Training, and CBI for substance use.

Santa Clara County ($946,250)
The Successful Outcomes and Active Reengagement (SOAR) project will implement culturally responsive evidence-based intervention throughout the county juvenile justice system. Components planned that will significantly impact mental health outcomes for youth and involvement with the juvenile justice and dependency systems include training of mental health providers in *"El Joven Noble"* and "*Cara y Corazon"* curricula, the addition of a social worker to the Dually Involved Youth Unit, services for commercially sexually exploited (CSE) youth and the formation of a youth advisory council. Project SOAR will allow for more targeted service to CSE youth, who are facing serious emotional and mental illnesses.

Santa Cruz County ($950,000)
The "*Familias Unidas En Respecto, Tranquilidad y Esperanza"* (FUERTE) project (Families United in Respect, Tranquility, and Hope) will address the individuals' and families' therapeutic needs and criminogenic risks to reduce recidivism, reduce unnecessary use of detention through community-based alternatives, improve individual functioning, and increase family capacity/skills. The core services provided will be treatment matching through screening and assessments, in-home therapy for the youth and family, intensive case management, and linkages to community-based resources. Additional services may include therapeutic groups addressing aggressive/criminal behaviors and outpatient substance use/co-occurring disorder treatments.

Shasta County ($938,842)
The Wraparound Interagency Network for Growth and Stability (WINGS) is an intensive strength-based family-focused program for high-risk juveniles diagnosed with mental illness. The court-based program uses an interagency family treatment team to meet the needs of the minor and family and establish individualized plans for both. These plans work toward reducing recidivism, minimizing the need for high level, out-of-county placements in group homes, and improve the family's ability to cope with the minor's mental health issues. A Deputy Probation Officer, a Social Worker, a Parent Partner, and a Skill Builder along with services provided by a Mental Health Clinician will coordinate treatment through the implementation of evidence-based practices and strategies.

Solano County ($761,322)
The Solano County project will provide early intervention and diversion from formal judicial processing for mentally ill youth in the city of Fairfield, who are enrolled in the Fairfield Suisun Unified School District. The county's collaborative plan includes relocation of the Probation Department's Juvenile Supervision Unit to the Sullivan Youth Services Interagency Center (http://www.fsusd.org/Page/12065). The goal of Probation's move to the center is to reduce youth contact with higher risk adult offenders and other negative influences when reporting to their Probation Officer, as well as connecting youth with resources and services to reduce their risk of recidivism. MIOCR funding will be utilized to provide for a Deputy Probation Officer to coordinate youth care and case management services. In addition, funds will be used to train the Fairfield Police Department Diversion Officer and the Deputy Probation Officer in the use of a standardized short screener assessment tool to determine appropriate referrals to the MIOCR diversion program. An in-kind match by Solano County Health & Social Services will provide for a licensed Mental Health Clinician to be on site at the Sullivan Center to conduct mental health assessments, determine appropriate therapeutic interventions, make referrals and provide direct treatment services. As part of the full-service community approach, training will be provided to probation, police, educators, and community providers on the Policing the Teen Brain curriculum, which discusses youth brain development, impacts of trauma, and how all youth-serving partners can improve the health and safety of mentally ill minors while promoting alternatives to detention and improving community trust.

Tuolumne County ($262,730)
The Tuolumne County project will work to reduce recidivism and promote academic and behavioral success for its juvenile offender population. Being a rural county, MIOCR funds will provide new options for resource barriers that exist due to the geographic nature of the area. Mental health services for probation youth will be augmented and supported through the collaboration of numerous county entities and the coordination of services. An additional County Therapist position will assist in providing assessments, early intervention modalities such as Cognitive Behavioral Therapy, Functional Family Therapy, and crisis intervention. MIOCR funding will also go toward contracting with a licensed foster family home to provide youth with immediate crisis intervention and stabilization instead of placement in secure detention. An after-school program will be created during high risk crime hours and include a probation aide who will assist with providing youth some of their basic needs, tutoring/mentoring, transportation, group therapy, and, as needed, facilitate medication compliance.

Yolo County ($950,000)

The Yolo County project will expand the county's current wraparound services to youth involved with the juvenile justice system who have co-occurring mental health and substance abuse diagnoses. The project will coordinate a team using multiple resources, members from various agencies such as social services, behavioral health providers, and justice partners, and most importantly, the family. The wraparound program will coordinate appropriate services to provide treatment for youth and interventions that will improve youth and their family's functioning across multiple life domains to provide a smooth transition back into the community while reducing the likelihood of recidivism.

Board of State and Community Corrections
Corrections Planning and Programs Division
Mentally Ill Offender Crime Reduction Grant
Year 3: Adult Project Progress Report- Part A

County:	**BSCC Grant Award Number:**
Project Title:	**Date:**
Prepared by:	**Phone:** ( ) -
Title:	**Email:**

Year 3 Reporting Quarters			
☐ Quarter 9 July-September 2017	☐ Quarter 10 October-December 2017	☐ Quarter 11 January-March 2018	☐ Quarter 12 April-June 2018

Please provide an update on your efforts with respect to administering the project as outlined in the grant proposal and the county's 4-Year Strategic Plan by addressing the following questions.

A. Expenditure Status:

MIOCR Award Amount - $	
Amount Invoiced-to-Date (Sum of Quarterly Invoices)	**$ _____**
Percent of Award Invoiced to Date (Amount above ÷ Award Amount)	**_____ %**
MIOCR Match Amount - $	
Match Amount Recorded-To-Date (Sum of Quarterly Invoices)	**$ _____**
Percent of Match Recorded-To Date (Match Amount Above ÷ Obligated Match Amount)	**_____ %**

1. In relation to the overall grant budget, are state MIOCR funds being expended as planned and on schedule? ☐ Yes ☐ No

   If not, please explain why, and describe what expenditure plan(s) exist for the grant period.

2. In relation to the overall grant match requirement, are local match dollars being used as planned and on schedule? ☐ Yes ☐ No

   If not, please explain why, and describe what plan(s) exist for the making sure contractually obligated matching funds are provided for within the grant period.

B. Activities Implemented: Describe project activities this reporting period (e.g., institutionalizing processes, policies, & procedures for your MIOCR project, service delivery work, collaboration efforts, evaluation planning) and progress toward the project's goals and objectives.

Board of State and Community Corrections
Corrections Planning and Programs Division
Mentally Ill Offender Crime Reduction Grant
Year 3: Adult Project Progress Report- Part A

C. Project Challenges: Identification and Resolution: Describe any challenges/issues the project has encountered during the reporting period. Consider what may be affecting project effectiveness or may have the potential of impacting program outcomes and stated goals. Examples of areas where problems may exist are program administration, service delivery, rate of referrals, and participant enrollment or participation, county processes, among others. Describe the plan to resolve identified challenges.

D. Accomplishments and Highlights: What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment for the period, reaching other stated project goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)? Please include any training project staff and/or local partnering agencies have received this reporting period.

E. Project Sustainability Plan: Describe steps taken in this reporting period to work toward sustainability as identified in your county's 4-Year Plan. Include any newly identified resources for leveraging and/or funding streams.

F. Local Evaluation Plan: Have there been any significant changes or updates to your project's local evaluation plan submitted to the BSCC? ☐ Yes ☐ No
If yes, please describe the changes and/or updates and provide explanation of why the changes/updates were necessary for the evaluation of the project.

G. Other Comments, Observations, and/or Project Notables:

H. Case Study/Anecdotal Information: Case studies are often the most compelling evidence of the value of a program. With this in mind, please provide a brief description of a client enrolled in your project (e.g., age, gender, race, criminal history, and diagnosis), challenges with engaging and/or treating the client, and how the project is positively impacting him/her.
Do not identify participant by name.

I. If you would like technical assistance, please identify the nature of the request and a contact name, email address, and phone number for BSCC staff response:

Quarterly Progress Reports, Parts A & B are due 45 days from the end of the reporting period.
Please email completed forms to: Helene Zentner | helene.zentner@bscc.ca.gov
For questions, please email or call Helene Zentner at 916-323-8631

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

ADULT QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

REPORTING PERIOD / QUARTER _____

	PARTICIPANT INFORMATION	DATA
1.	Distinct Count of **New** Participants This Reporting Period	0
2.a-d	Distinct Count of **New** Participants, This Reporting Period, by Age	
2.a	Age 18 to 25	0
2.b	Age 26-44	0
2.c	Age 45-64	0
2.d	Age 65 and Older	0
3.a-c	Distinct Count of **New** Participants, This Reporting Period, by Gender	
3.a	Female	0
3.b	Male	0
3.c	Other	0
4.a-h	Distinct Count of **New** Participants, This Reporting Period, by Race	
4.a	African-American	0
4.b	Hispanic	0
4.c	Caucasian	0
4.d	Asian/Island Pacificer	0
4.e	Native American	0
4.f	Multi-Racial	0
4.g	Other	0
4.h	Decline-to-State	0
5.	Distinct Count of **New** Participants, This Reporting Period, Who are American Veterans	0
6.	Average Number of Days from MIOCR Project Enrollment to **New** Participant's First Direct Service	0
7.a	Distinct Count of Participants Receiving a Standardized Assessment This Reporting Period	0
7.b	List Assessment(s) Used to Determine Treatment and Intervention	
7.c-f	Distinct Count of Participants Identified Through a Standardized Assessment for Risk to Reoffend	
7.c	Low Criminogenic Risk Level	0
7.d	Low / Medium Criminogenic Risk Level	0
7.e	Medium / High Criminogenic Risk Level	0
7.f	High Criminogenic Risk Level	0
8.	Number of Participants Determined to have a Dual Diagnosis This Reporting Period	0
9.	Number of Participants Determined to have a Tri-Morbid Diagnosis This Reporting Period	0
10.	Distinct Count of Project Participants with a Formal Psychological/Psychiatric Evaluation(s) Completed This Reporting Period	0
11.	Total Number of Participants Receiving Services This Reporting Period	0
12.a	Number of Participants Who Successfully Completed the Project This Reporting Period	0
12.b	Define "Successfully Completed" for the MIOCR Project	
13.	Number of Participants Who Discontinued/Terminated the Project This Reporting Period	0

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

ADULT QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

	HISTORICAL DATA - NEW PARTICIPANT INFORMATION ONLY *(12 MONTHS PRIOR TO MIOCR PROJECT ENROLLMENT)*	DATA
14.a	Number of Previous Convictions for an Offense	0
14.b	Number of Felony Convictions	0
14.c	Number of Misdemeanor Convictions	0
15.a	Average Number of Days in Jail for Convictions Identified in Question #14.a (Average Length of Stay-ALS)	0.0
15.b	Average Number of Days in a Jail for Pre-Sentenced Holds (Average Length of Stay-ALS)	0.0
16.a	Number of Participants Who, With the Assistance of Law Enforcement, Had Emergency Room Visits	0
16.b	Number of Emergency Room Visits for the Participants Identified in Question #16.a	0
17.	Number of Participants Who were Admitted to an Acute Inpatient Treatment Facility	0
18.	Number of Participants Receiving Medi-Cal or Other Type of Insurance Plan at MIOCR Project Enrollment	0
19.	Number of Participants Receiving Social Security Income or Other Income Entitlement(s) at MIOCR Project Enrollment	0
20.	Number of Participants Who Were Unemployed	0
21.	Number of Participants Who Were Homeless	0

	OUTCOME DATA -THIS REPORTING PERIOD ONLY	DATA
22.a	Number of Convictions for a **New** Offense	0
22.b	Number of Felony Convictions for a **New** Offense	0
22.c	Number of Misdemeanor Convictions for a **New** Offense	0
23.a	Average Number of Days in Jail for New Convictions Identified in Question #22.a (Average Length of Stay-ALS)	0.0
23.b	Average Number of Days in a Jail for Pre-Sentenced Holds (Average Length of Stay-ALS)	0.0
24.a	Number of Participants Who, With the Assistance of Law Enforcement, Had Emergency Room Visits	0
24.b	Number of Emergency Room Visits for the Participants Identified in Question #24.a	0
25.	Number of Participants Who Were Admitted to an Acute Inpatient Treatment Facility	0

	PARTICIPANT INFORMATION UPON PROJECT COMPLETION / EXIT ONLY	DATA
26.	Number of Participants Enrolled In and Receiving Medi-Cal or Other Type of Insurance Plan	0
27.	Number of Participants Receiving Social Security Income or Other Income Entitlement(s)	0
28.	Number of Participants Employed or Receiving Stipends	0
29.a	Number of Participants Who Have Transitional or Stable Housing	0
29.b	Number of Participants Who Remain Homeless	0

	PARTICIPANT INFORMATION POST PROJECT COMPLETION / EXIT ONLY (6 MONTHS FOLLOWING SUCCESSFUL MIOCR PROJECT COMPLETION)	DATA
30.	Number of Participants Being Tracked During the 6-Month Period Following Project Completion	0
31.a	Number of Participants With a Conviction for a **New** Offense	0
31.b	Number of Convictions for a **New** Offense	0
31.c	Number of Felony Convictions for a **New** Offense	0
31.d	Number of Misdemeanor Convictions for a **New** Offense	0

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

ADULT QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

32.	Additional Information Concerning the Above Measures:
Provide any additional information you believe will be helpful in describing any of the data above, including reasons for participants who discontinued or were terminated from the project this reporting period (question #13). To assist staff, please identify the data measure number within the narrative as reference.	

33.	Additional Measure(s) Collected:
Provide any additional data collected (outputs or outcomes) for your project that may demonstrate project effectiveness but were not included in the above measures. Attach additional sheets, as necessary.	

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For questions, please email or call Helene Zentner | helene.zentner@bscc.ca.gov | 916-323-8631

Board of State and Community Corrections
Corrections Planning and Programs Division
Mentally Ill Offender Crime Reduction Grant
Year 3: Juvenile Project Progress Report- Part A

County:	**BSCC Grant Award Number:**
Project Title:	**Date:**
Prepared by:	**Phone:** ( ) -
Title:	**Email:**

Year 3 Reporting Quarters			
☐ Quarter 9 July-September 2017	☐ Quarter 10 October-December 2017	☐ Quarter 11 January-March 2018	☐ Quarter 12 April-June 2018

Please provide an update on your efforts with respect to administering the project as outlined in the grant proposal and the county's 4-Year Strategic Plan by addressing the following questions.

A. Expenditure Status:

MIOCR Award Amount - $	
Amount Invoiced-to-Date (Sum of Quarterly Invoices)	**$ _____**
Percent of Award Invoiced to Date (Amount above ÷ Award Amount)	**_____ %**
MIOCR Match Amount - $	
Match Amount Recorded-To-Date (Sum of Quarterly Invoices)	**$ _____**
Percent of Match Recorded-To Date (Match Amount Above ÷ Obligated Match Amount)	**_____ %**

1. In relation to the overall grant budget, are state MIOCR funds being expended as planned and on schedule? ☐ Yes ☐ No

   If not, please explain why, and describe what expenditure plan(s) exist for the grant period.

2. In relation to the overall grant match requirement, are local match dollars being used as planned and on schedule? ☐ Yes ☐ No

   If not, please explain why, and describe what plan(s) exist for the making sure contractually obligated matching funds are provided for within the grant period.

B. Activities Implemented: Describe project activities this reporting period (e.g., institutionalizing processes, policies, & procedures for your MIOCR project, service delivery work, collaboration efforts, evaluation planning) and progress toward the project's goals and objectives.

Board of State and Community Corrections
Corrections Planning and Programs Division
Mentally Ill Offender Crime Reduction Grant
Year 3: Juvenile Project Progress Report- Part A

C. Project Challenges: Identification and Resolution: Describe any challenges/issues the project has encountered during the reporting period. Consider what may be affecting project effectiveness or may have the potential of impacting program outcomes and stated goals. Examples of areas where problems may exist are program administration, service delivery, rate of referrals, and participant enrollment or participation, county processes, among others. Describe the plan to resolve identified challenges.

D. Accomplishments and Highlights: What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment for the period, reaching other stated project goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)? Please include any training project staff and/or local partnering agencies have received this reporting period.

E. Project Sustainability Plan: Describe steps taken in this reporting period to work toward sustainability as identified in your county's 4-Year Plan. Include any newly identified resources for leveraging and/or funding streams.

F. Other Comments, Observations, and/or Project Notables:

G. Case Study/Anecdotal Information: Case studies are often the most compelling evidence of the value of a program. With this in mind, please provide a brief description of a client enrolled in your project (e.g., age, gender, race, criminal history, and diagnosis), challenges with engaging and/or treating the client, and how the project is positively impacting him/her.

Do not identify participant by name.

H. If you would like technical assistance, please identify the nature of the request and a contact name, email address, and phone number for BSCC staff response:

Quarterly Progress Reports, Parts A & B are due 45 days from the end of the reporting period.
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MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

JUVENILE QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

REPORTING PERIOD / QUARTER _____

	PARTICIPANT INFORMATION	DATA
1.	Distinct Count of **New** Participants This Reporting Period	
2.a-d	Distinct Count of **New** Participants, This Reporting Period, by Age :	
2.a	Under 12 Years of Age	
2.b	Age 12 -14	
2.c	Age 15 - 17	
2.d	Age 18 and Older	
3.a-c	Distinct Count of **New** Participants, This Reporting Period, by Gender:	
3.a	Female	
3.b	Male	
3.c	Other	
4.a-h	Distinct Count of **New** Participants, This Reporting Period, by Race:	
4.a	African-American	
4.b	Hispanic	
4.c	Caucasian	
4.d	Asian/Island Pacificer	
4.e	Native American	
4.f	Multi-Racial	
4.g	Other	
4.h	Decline-to-State	
5.a	Number of **New** Participants Who Attended School in the Community	
5.b	Average Number of School Days Attended by **New** Participants in the 4 Weeks Prior to Project Enrollment	
6.	Average Number of Days From MIOCR Project Enrollment to **New** Participant's First Direct Service	
7.a	Distinct Count of Participants Receiving a Standardized Assessment This Reporting Period	
7.b	List Assessment(s) Used to Determine Treatment and Interventions:	
7.c-f	Distinct Count of Participants Identified Through a Standardized Assessment for Risk to Reoffend:	
7.c	Low Criminogenic Risk Level	
7.d	Low / Medium Criminogenic Risk Level	
7.e	Medium / High Criminogenic Risk Level	
7.f	High Criminogenic Risk Level	
8.	Distinct Count of Project Participants with a Formal Psychological/Psychiatric Evaluation(s) Completed This Reporting Period	
9.	Number of Participants Receiving Services This Reporting Period	
10.a	Number of Participants Who Successfully Completed the Project This Reporting Period	
10.b	Define "Successfully Completed" for the MIOCR Project	
11.	Number of Participants Who Discontinued/Terminated the Project This Reporting Period	

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

JUVENILE QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

	HISTORICAL DATA - NEW PARTICIPANT INFORMATION ONLY *(6 MONTHS PRIOR TO MIOCR PROJECT ENROLLMENT)*	DATA
12.a	Number of Previous Petitions Sustained for a Delinquent (WIC 602) Offense	
12.b	Number of Previous Felony Petitions Sustained (WIC 602)	
12.c	Number of Previous Misdemeanor Petitions Sustained (WIC 602)	
12.d	Number of Previous Status Offenses (WIC 601)	
13.a	Number of **New** Participants with Post-Disposition Commitments	
13.b	Number of Post-Disposition Commitments for **New** Participants Identified in Question #13.a	
13.c	Average Number of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question #13.b (Average Length of Stay-ALS)	
14.	Number of **New** Participants Who Received an Out-of-Home Placement	
15.	Number of **New** Participants on Home Supervision	
16.	Number of **New** Participants Who Were Admitted to an Acute Inpatient Treatment Facility	
17.	Number of **New** Participants Receiving Medi-Cal or Other Type of Insurance Plan Entitlements (At Time of MIOCR Project Enrollment)	

	OUTCOME DATA -THIS REPORTING PERIOD ONLY	DATA
18.a	Number of Petitions Sustained for a **New** Delinquent Offense (WIC 602)	
18.b	Number of Felony Petitions Sustained for a **New** Offense (WIC 602)	
18.c	Number of Misdemeanor Petitions Sustained for a **New** Offense (WIC 602)	
18.d	Number of **New** Status Offenses (WIC 601)	
19.a	Number of Participants with Post-Disposition Commitments	
19.b	Number of Post-Disposition Commitments for Participants Identified in Question #19.a.	
19.c	Average Number of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question #19.b (Average Length of Stay-ALS)	
20.	Number of Participants Who Were Admitted to an Acute Inpatient Treatment Facility	

	PARTICIPANT INFORMATION UPON PROJECT COMPLETION / EXIT ONLY	DATA
21.	Number of Participants Enrolled In and Receiving Medi-Cal or Other Type of Insurance Plan Entitlements	
22.	Number of Participants in an Out-Of-Home Placement	
23.	Number of Participants on Home Supervision	
24.a	Number of Participants Who Attended School in the Community	
24.b	Average Number of School Days Attended by Participants in the 4 Weeks Prior to Project Completion/Exit Date	

	PARTICIPANT INFORMATION POST PROJECT COMPLETION / EXIT ONLY (6 MONTHS FOLLOWING SUCCESSFUL MIOCR PROJECT COMPLETION)	DATA
25.a	Number of Participants With a Petitions Sustained for a **New** Delinquent Offense (WIC 602)	
25.b	Number of Petitions Sustained for a **New** Delinquent Offense (WIC 602)	
25.c	Number of Felony Petitions Sustained for a **New** Offense (WIC 602)	
25.d	Number of Misdemeanor Petitions Sustained for a **New** Offense (WIC 602)	

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

JUVENILE QUARTERLY PROGRESS REPORT- PART B
DATA REPORTING - PARTICIPANT

26. Additional Information Concerning the Above Measures:
Provide any additional information you believe will be helpful in describing any of the data above, including reasons for participants who discontinued or were terminated from the project this reporting period (question #10). To assist staff in understanding this information, please identify the data measure number within the narrative as reference.

27. Additional Measure(s) Collected:
Provide any additional data collected (outputs or outcomes) for your project that may demonstrate project effectiveness but were not included in the above measures. Attach additional sheets, as necessary.

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For questions, please email or call Helene Zentner | helene.zentner@bscc.ca.gov | 916-323-8631