FINAL OUTCOME REPORT
MENDOCINO COUNTY
BEHAVIORAL HEALTH COURT
JAG/BYRNE GRANT IMPLEMENTATION
2015-2017

Prepared April 2018 by:
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TABLE OF CONTENTS

EXECUTIVE SUMMARY

The purpose of this report is to provide a final evaluation and report of outcomes of the Mendocino County Behavioral Health Court as implemented under a Justice Assistance Grant (JAG) Program Recidivism Reduction Fund Grant administered by the Board of State and Community Corrections (BSCC), during the three-year period, 2015-2017. Grants were targeted to programs that produce documented outcomes of reducing re-offending and subsequent involvement with the criminal justice system through a variety of local strategies. Mendocino County was successful in its application for funds to formally implement a specialized Behavioral Health Court and was awarded a total of $660,000 for the three-year period of the grant.

Grantees were required to prepare a Local Evaluation Plan to identify goals and strategies specifically targeted to reducing recidivism. The granting agency acknowledged that effective programs can have difficulty demonstrating rigorous cause and effect in program outcomes. Mental Health Court programs have been the subject of validated research and there are published standards to support outcomes of reduced recidivism. The initial grant proposal and subsequent Local Evaluation Plan focused on mapping the formal development of Mendocino County's Behavioral Health Court (process data) and tracking client participation and subsequent recidivism rates (outcome data) for clients completing the program.

A review of process data shows methodical and sustained development of the program, including hiring of dedicated staff; conducting regular structured meetings of the steering committee; and development and implementation of written policies and procedures.

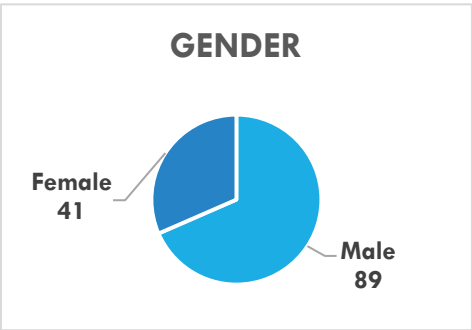
Review of outcome data shows that 131 individuals were identified with the program during the period of the grant. Of these, a total of 110 were active participants, with 32 completing ("graduating") the program. During the period of the grant, there were no new offences in 75% of program graduates. While actively participating in the program, these individuals had 78% decreased time incarcerated of over the period prior to enrollment dating back to 2011.

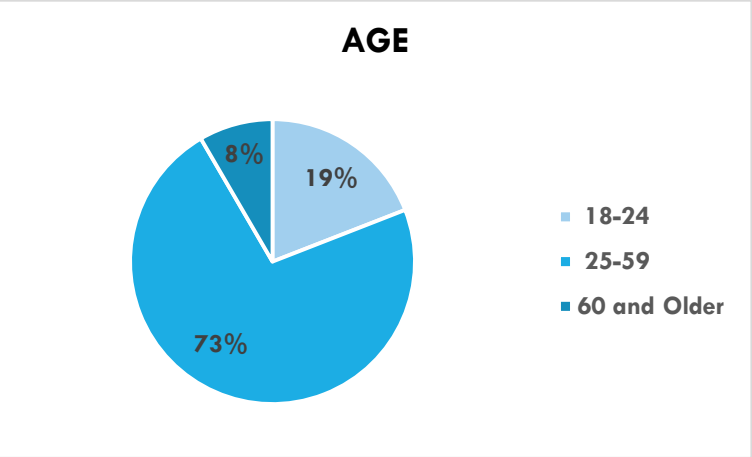
BRIEF PROGRAM DESCRIPTION

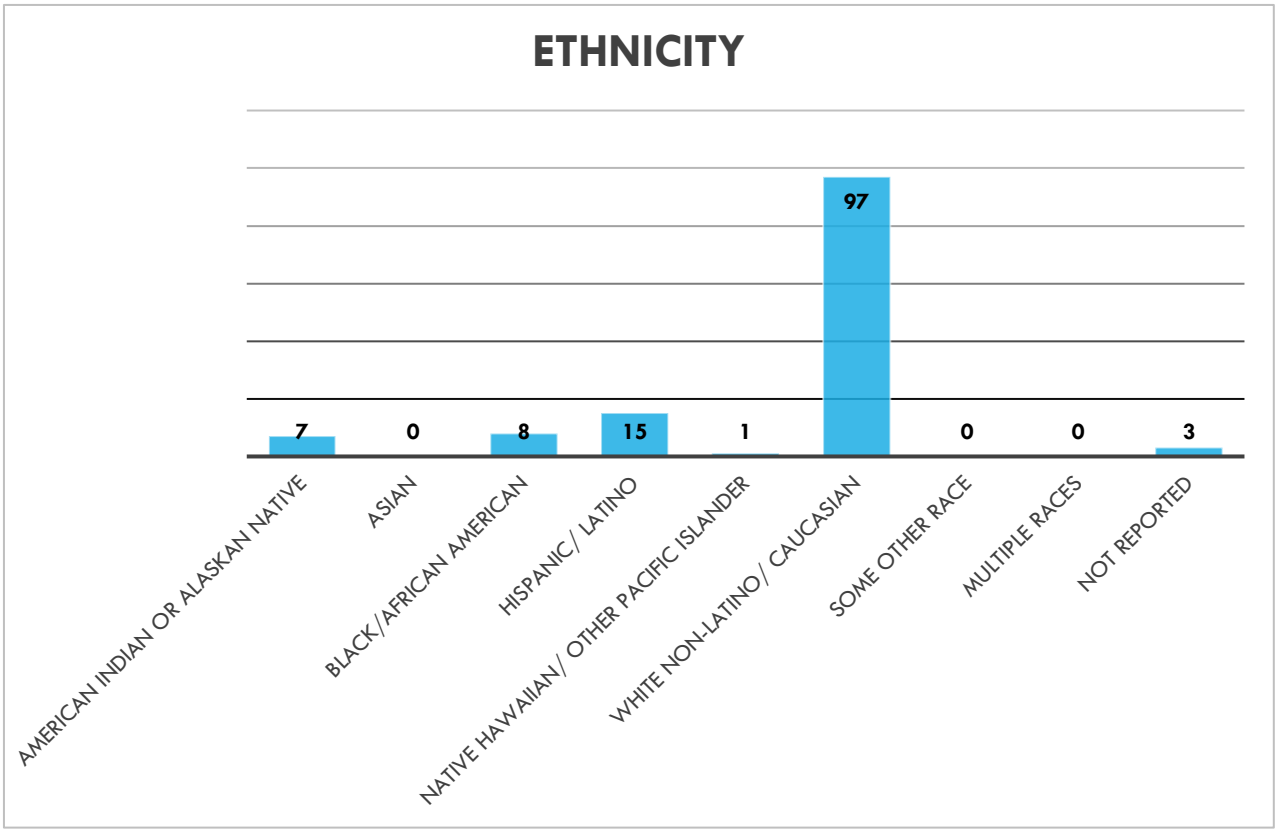
Established with guidance from a multi-agency Steering Committee (Mendocino County Partners Against Recidivism – MPARS) the Behavioral Health Court (BHC) is a specialized Therapeutic Court for the Superior Court of the County of Mendocino. The BHC began in 2011 as a timed calendar ("11:00 Court") for defendants with mental illnesses or cognitive impairments (often with co-occurring substance abuse) and, in 2015, began developing into a formal Behavioral Health Court through grant resources from the Board of State and Community Corrections. Modeled after other "mental health courts," this is a problem-solving alternative to traditional criminal court. It aims to link defendants to effective treatment and support for long-term stabilization that will reduce recidivism among this population.

Participants in the BHC are arrestees charged with non-violent criminal offenses who are identified through mental health screening and assessments as having a serious mental illness or cognitive impairment, the existence of which was a substantial factor in their criminal conduct. They voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals and community- based case managers. Incentives reward adherence to the treatment plan or other court conditions; non-adherence may be sanctioned. The program established a weekly behavioral court in Ukiah at the outset of the grant, and subsequently established a bi-monthly mental health court in the branch court in Fort Bragg.

CHARACTERISTICS OF PARTICIPANTS

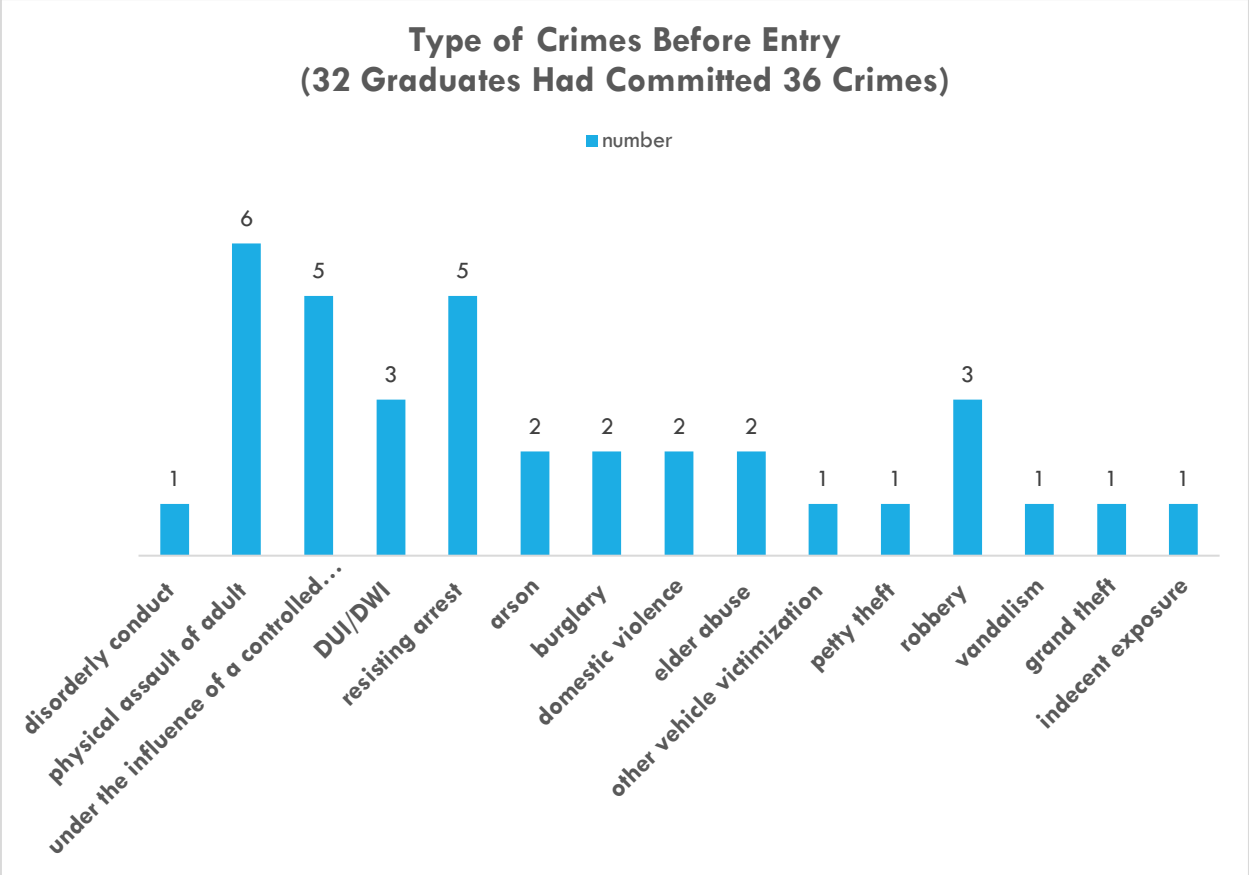






Persons active in BHC on the start date of March 1, 2015 were included in this study as was anyone issued a MPAR (client id) number during the grant period – a total of 131 individuals. Of this number, client status at the end of the grant period (December 31, 2017) was as follows:

Status	Client Count	Average #Days	Total # Days
Active	12	Not tracked	Not tracked
Graduated	32	360	11,520
Exited Without Graduating	66	85	6,010
Rejected by the Court	3	-0	-0-
Did not Participate	12	-0-	-0-
Status Unclear	6	-0-	-0-
Total	**131**	**172**	**17,530**



METHODS

REVIEW OF TARGETED OUTCOMES

The Local Evaluation Plan restated the goal of "reducing arrests, days of incarceration and overall recidivism" and the belief that "Treatment, support, discipline and education…will reduce their contact with law enforcement and the criminal justice system." The following specific evaluation strategies were listed:

A. For Outcomes Evaluation

1. For every BHC participant:
   Time from arrest to:
   a. Referral to the BHC court
   b. Psychological Stabilization
   c. Acceptance to BHC
2. How many defendants were referred to BHC (measured by calendar year)
3. How many defendants were found eligible and accepted into the BHC (measured by calendar year)
   a. How many cases were accepted (e.g. some defendants have multiple files)
   b. Breakdown of felony v. misdemeanor
   c. Breakdown in case type (drug, property, violence including vops)
   d. Breakdown by gender and age group (18-24) (25 and over)
4. How many referrals were not accepted
   Number of Behavioral Health Court appearances and corresponding event description
5. How many defendants were found eligible and accepted into the BHC (measured by calendar year)
   a. How many cases were accepted (e.g. some defendants have multiple files)
   b. Breakdown of felony v. misdemeanor
   c. Breakdown in case type (drug, property, violence including vops)
   d. Breakdown by gender and age group (18-24) (25 and over)
6. How many referrals were not accepted
7. Number of Behavioral Health Court appearances and corresponding event descriptions

From Arraignment to Disposition

8. How many participants successfully completed the program (measured annually)

a. Number of Case Dispositions

9. How many participants were ejected from the BHC
    a. Reasons for Ejection
10. Number of days of incarceration prior to participation in BHC
11. Number of days of incarceration after entry and while participating in BHC
    a. Reason for re-incarceration (e.g., new arrest or sanction)
    b. Reductions translated to cost savings at the standard per day cost
12. Recidivism rates for individuals after completing the BHC(measured in years 2 and 3)

B. <u>For BHC Process/ JAG Grant Oversight Process Evaluation</u>

1. Design and Implementation of BHC Policies and Written Procedures
    a. What was Developed – Referral, Eligibility standards, Participant Agreements and Individualized Case Management Plan
    b. When was It Implemented
    c. Year–end evaluation of Policy and Procedure Effectiveness
2. Number of MPAR Steering Committee Meetings
    a. Measure attendance of Members
    b. Agenda development and retention
    c. Minutes taken and maintained
    d. Budget Compliance reports
3. Number of Bio-Psycho-Social Health Assessments (BPSHA)Developed
    a. Source of BPSHA (e.g., Ortner, RQM, VA, other)
4. Number of Participants Drug/Alcohol tested during BHC
    a. Tracking all positive and negative test results weekly
5. Number of Designed and Adopted Individualized Case Management Plans
    a. Measure the number of BHC appearances before Individualized Case Management Plan is Adopted
6. For Care Coordinators
    a. Number of BHC participants assigned to each Care Coordinator
    b. Number of BHC participants referred to Drug and Alcohol Treatment
    c. Number of BHC participants needed assistance with Housing
    d. Number of BHC participants needed assistance with Med-iCal
    e. Number of BHC participants eligible for Social Security who needed
    Assistance with initiation or resumption of benefits
    f. Number of BHC participants actively and consistently engaged in individual or group counseling
    g. Number of BHC participants referred for Anger Management

There is overlap in the two sets of listed strategies. This evaluation has identified **two clear outcomes** to be explored for evaluation:

1) How effective were the grantees in achieving the stated goal of **establishing a stable and structured Behavioral Health Court**?
2) What are the documented **impacts on the rate of recidivism** for offenders who complete the program?

DATA SOURCES

The program has produced a variety documents that provide evidence and data that speak to these questions. These documents have been reviewed by the evaluator and are referenced in the section on outcomes.

Materials reviewed in preparation of this report included: Grant Proposal prepared November, 2014; Mendocino County Budget: "Justice Assistance Grant" 2015-2017; "Reporting Guidelines for JAG Grantees"(BSCC); Quarterly Reports submitted to BSCC 2015-2017 (including backup documentation); Local Evaluation Plan dated 6/30/15; Mendocino Partners Against Recidivism (MPAR) Steering Committee Minutes 2015-2017; "Mendocino County Behavioral Health Court Policies and Procedures" dated 5/1/2017; demographic data; record of participation and outcomes for program participants; tracking data on results of weekly testing for drugs and alcohol 2015-2017; comparative data on number of arrests and days in jail for 33 program graduates and 44 other program participants; data on types of crimes committed by participants. Redwood Quality Management Company data report on type and length of services for 48 clients of BHC; survey of 23 agency professionals involved with MHC (2018); interviews with agency staff.

EVALUATION DATA CHALLENGES AND BARRIERS

Data was reviewed and analyzed for 131 individuals who had an assigned MPAR ID in the program database and could be identified with the program during the period of the grant, March 1, 2015 through December 31, 2017. The level of participation on the part of these clients varied widely from "not enrolled" to multiple years of active participation. Data has been sorted, analyzed and labeled taking this variability into consideration.

Data resources for this project were, for the most part, detailed and authoritative for active program participants and graduates, though data is missing for some participants. Several identified data targets were never tracked. Questions that seemed worthwhile to include in the Local Evaluation Plan (e.g.: "Number of BHC participants assigned to each Care Coordinator") were not

answered in the documents reviewed. There is no evidence that the program suffered as a result of these questions remaining formally unanswered. RQMC was helpful in providing narrative answers to questions about consistency of care.

The quality of reporting by the three agencies providing case management and other direct services has improved over time. These agencies did provide information for each of the quarterly reports, and, as of June 2016, have received substantial training from RQMC to support Medi-Cal billing (which also supports stronger data reporting).

Finally, the end of the grant period means that data for participants included in this report are evaluated for distinctly different lengths of time on the critical question of recidivism. Some show a three-year history and, others, just a few months. Over the life of the grant, however, data clearly shows the positive impacts of the program on the rate of recidivism.

OUTCOMES

OVERVIEW

Mendocino County's successful application for CCBC Recidivism Reduction funds had a clear strategy for reducing re-arrests and re-incarceration: formalize and create systematic supports for a specialized Behavioral Health Court. For purposes of this final report on the grant, recidivism reduction is the targeted outcome and formal development of the Behavioral Health Court is the process used to achieve this goal. This evaluation will first evaluate steps taken to develop the Behavioral Health Court, and then examine the data on impacts on recidivism for participants.

DATA ON ESSENTIAL PARTNERSHIPS

Behavioral Health Courts can only perform when there are strong working partnerships by systems that interact with offenders. Therapeutic courts are sometimes known as "problem solving" courts. Collaborative problem solving amongst partner agencies is essential for a successful BHC. There is substantial data to support the finding that Mendocino County BHC has strong essential partnerships:

1. Quarterly reports submitted to BSCC contained self-reports by agencies on the question "How would you rate the following partners…how actively involved?" (scale of 1-5) The following agencies received ratings of "5" on 97% of the responses reviewed: Prosecution; Public Defender; Courts; Community corrections (probation); Corrections; Health care providers; Mental health care providers, Community-based service providers.
   Mendocino County Behavioral Health was mentioned in the 3rd quarter of 2016 in the following note: "During the third quarter of 2016, Mendocino County Mental Health Services (Behavioral Health Department) has transitioned to a new provider in response to the cancellation of the contract with Ortner Management Group. This change is proving to be beneficial as our new provider, Redwood Quality Management Corporation, is actively engaging community partners in developing viable mental health services for those we serve. There was a deficit in provision of mental health services under Ortner Management Group (OMG). We are optimistic about improved mental health services provision to our community and the BHC."

2. Participation in the Steering Committee (MPAR) was strong. Review of attendance sheets showed 93% participation by Steering Committee members. Attendance by non-members nearly doubled the number of participants. Meeting agendas, rosters and minutes were clear and well organized. While the BHC Policies and Procedures Manual calls for (at least) quarterly meetings of the Steering Committee (or a total of 11 meetings during the grant period) the MPAR met twice as often (22 times) with an average of 13 people in attendance. Extra meetings were focused on budgetary matters and review of Policy and Procedures.

SYSTEM DEVELOPMENT DATA

1. A well written Policy and Procedure Manual was developed and adopted in May of 2017. This Manual is comprehensive and readable, outlining program purposes, protocols and roles and responsibilities of partner agencies and participants. It contains the following sample forms: Guidelines for Participants; Agreement to Participate; Consent for Release of Confidential Information and Participant Status Report. The Authorization for Release has the heading: "Mendocino County JAG Grant Program." (This heading should be removed as the program continues to operate.) All other material in this document is appropriate for ongoing use by the BHC. It closely reflects standards of practice of model behavioral health courts.

2. Pre-Court staffing by the BHC Team is among the protocols outlined in the Policy and Procedure Manual. This protocol establishes the expectation of the Court of collaborative participation in joint staff meetings attended by the Judge of the BHC; BHC Coordinator; Individual Care Managers; representatives of the following offices: District Attorney. Probation and Public Defender; community-based providers and appropriate staff. The purpose is to review progress reports and resolve differences before entering the courtroom.

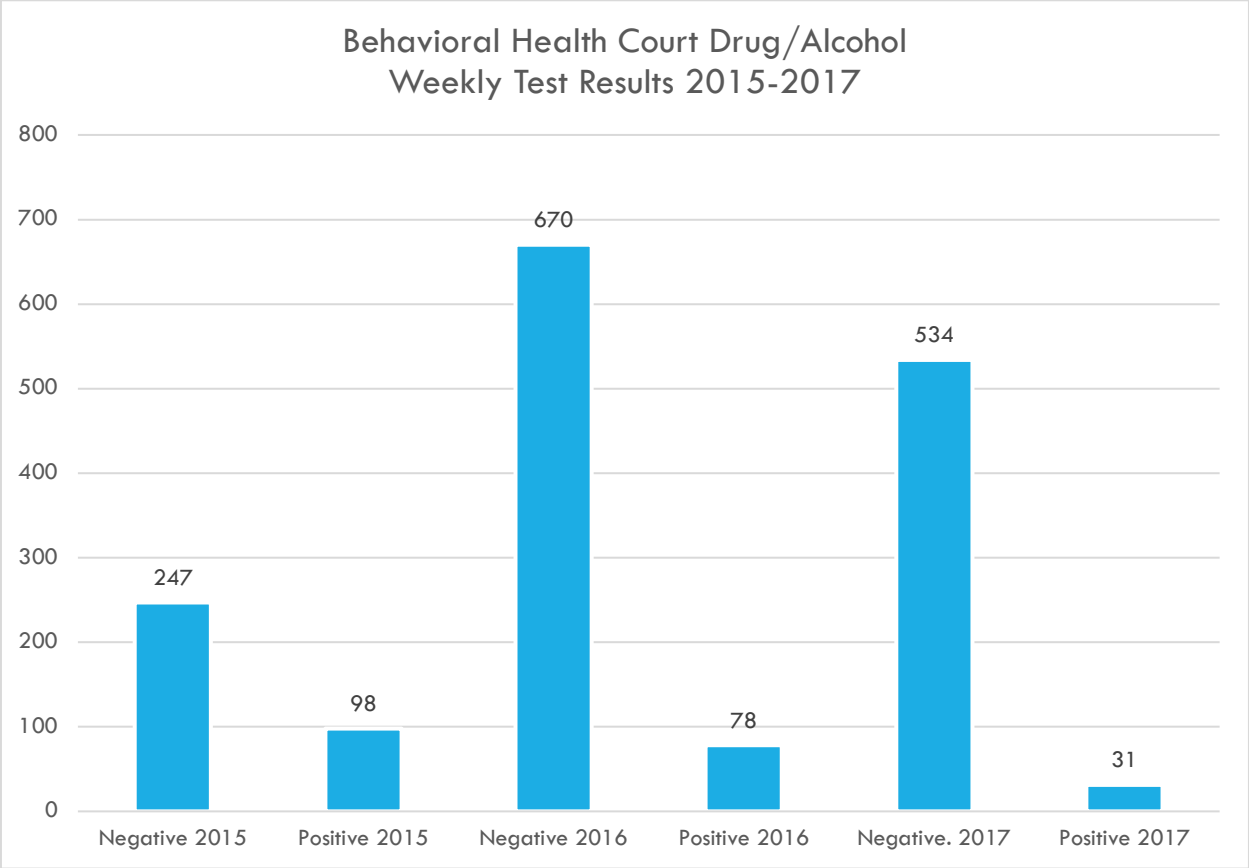
3. Three community-based organizations (Manzanita Services, MCAVHN and Mendocino Coast Hospitality Center) provided direct behavioral health services to clients of the BHC throughout the grant period. Grant funding was provided in limited amounts and served primarily to promote access to services from these partner providers. Medi-Cal was a source of reimbursement for medically necessary treatment services. Oversight of these agencies as well as responsibility for mental health care for all age groups was transferred from OMG to RQMC in June 2016. RQMC was able to provide verification of 2,480 hours of rehabilitative, case management and other clinical services to 48 clients during the grant period (see chart, next page). Quarterly reports to BSCC also verified provision of assessment, plan development and case management services.

MEDI-CAL BILLABLE CLINICAL SERVICES 3/15/15-10/31/17
REPORTED BY REDWOOD QUALITY MANAGEMENT
(INCOMPLETE DATA PRIOR TO 6/2016)

REDWOOD QUALITY MANAGEMENT DATA	NUMBER OF CLIENTS THIS SERVICE	TOTAL MINUTES PER SERVICE	TOTAL HOURS PER SERVICE	AVERAGE HOURS PER CLIENT
ASSESSMENT	30	7,691	128	4.25
CASE MANAGEMENT	40	38,503	642	16
CRISIS INTERVENTION	10	5,796	97	9.7
FAMILY THERAPY	1	437	7	7
GROUP REHAB	10	6,871	115	11.5
INDIVIDUAL REHAB	36	65,379	1090	30.25
INDIVID. THERAPY	23	17,226	287	12.5
COLLATERAL	10	1,958	33	3.5
MEDS MANAGEMENT	3	350	6	2
PLAN DEVELOPMENT	32	4,516	75	2.5
TOTAL	48 CLIENTS	148,277	2,480	52

4. Data provided by RQMC seemed to indicate that medication management services were lightly utilized. (Three clients out of 48, for an average of only two hours.) This was a surprising statistic, as psychiatric medications are often a helpful tool in recovery and stabilization. This turned out to be an anomaly of reporting: Mendocino County Behavioral Health (not RQMC) was responsible for medication management during the period of the grant, except for youth ages 18-25. RQMC reports that most current BHC clients are taking medication.

5. Routine testing for the use of illegal substances was funded through the Probation Department and increased over time with stronger than anticipated results. During 2015, tracking data showed that 72% of the 345 tests given were clean (without illegal substances). Of the 748 tests given in 2016, clean tests jumped to 90%. In the final year of the grant, with 565 tests given, a notable 95% were free of illegal substances. This far exceed the stated goal of 80% by year 3. Mendocino County Substance Use Disorders Treatment Services worked with ten clients referred for treatment. All but two graduated the program.



6. The BHC Team worked on the problem of delays in enrollment into the program. Data was collected to show days from arrest to enrollment in the program. This was determined to be an average of 4.5 months and considered unacceptable. Comparison data was developed showing days from arrest to referral to the program with days from referral to enrollment in the program. Data reflects an average of 6 days to complete this process, with 50% of participants being enrolled on the same day they were referred. In reviewing the referral process, it is apparent that the term "referral" has a specific meaning – clients are typically screened well before they are ready for referral and assessment. "Referrals" are made

once the client is perceived as ready to be assessed. This means that outstanding criminal matters, questions of competency and/or any impediments to focusing on matters of stabilization and recovery are resolved. For this reason, timing of arrest to referral is slow, while referral to enrollment is typically rapid.

SURVEY OF PARTICIPATING PROFESSIONALS

1. At the end of the grant period, BHC staff distributed a detailed 3-page survey for anonymous completion by participating professionals. Twenty-three surveys were returned.
2. Responses to survey questions are being used to inform future improvements in the BHC.
3. Responses indicated a wide variability in satisfaction with various elements of the BHC. There was, however, nearly unanimous report of a high level of satisfaction on one item: "The value of this program to its participants." Several respondents additionally commented on the rewards of seeing clients turn their lives around.

RECIDIVISM OUTCOMES

Offenses Committed By 32 Graduates:		**Offenses Committed by 78 Non-Graduates:**	
Times Offended After Exit	Most Recent Case Status After Exit	Times Offended After Exit	Most Recent Case Status After Exit (# of clients
12	VOP Only	48	VOP Only (8)
2	Civil	3	FP (2)
1	DEJ	8	SP (2)
5	Active	6	BW (2)
11	Active	12	CJ (2)
10	VOP Only	3	SI (1)
1	Prison	41	Active (3)
1	CTS	6	IOJ (3)
		11	1368 (1)
		1	CS (2)
		1	Prison (1)
Total offenses = 43	8 clients Average=5.4	Total offenses =140	27 clients Average=5.2

FP - Formal Probation; Active - court case(s) currently active; SP - Summary Probation; DEJ - Deferred Entry of Judgment; BW - Bench Warrant; CJ - County Jail; IOJ - In the Interest of Justice (Dismissed); CTS - Credit for Time Served; VOP-Violation of Probation; 1368-Competency to Stand Trial

Of 32 graduates, 8 re-offended during the period of the grant for an average of 5.4 times; Range 1-12 offenses; mode=1(3 had only one offense). One person went to prison; one person had two civil (and no criminal) offenses; two were still active in the program at the end of the grant; 22 of the 43 offenses were Violation of Probation only. These offenses resulted in a total of 6 arrests for 5 graduates. (Two clients with VOP only were returned to jail without new arrests.) Data on incarceration showed 75% of graduates with zero days of incarceration post-graduation.

Of non-graduates, 27 clients were reported to have re-offended, resulting in 44 arrests for 20 of these clients. Data on incarceration showed 25% of non-graduates with zero days of incarceration post-graduation.

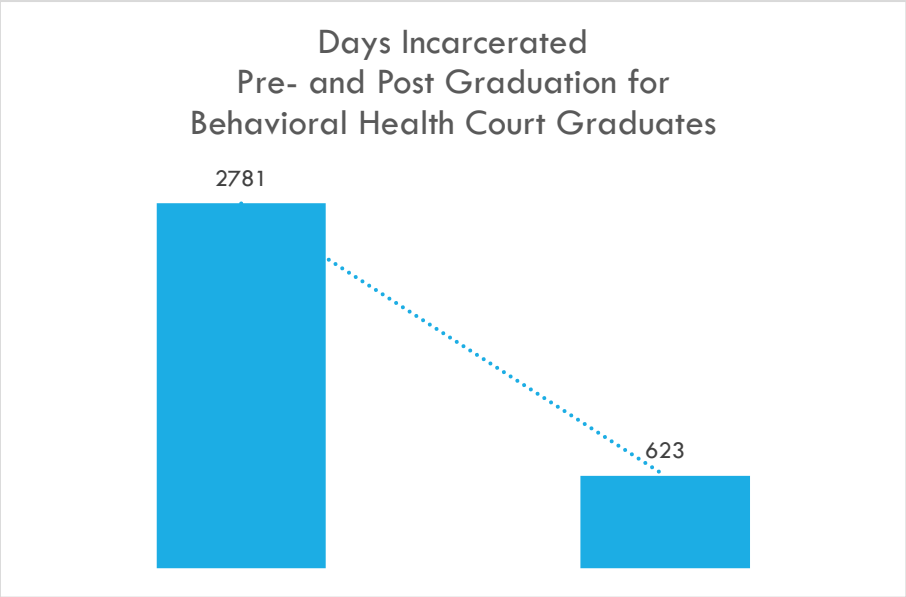
Status of Clients with new offenses	Number of clients arrested	Rate of arrest	Number of arrests	Average number of arrests
Graduates (32 clients)	5	15.6%	6	1.2 per client
Non-graduates (78 clients)	20	25.6%	44	2.2 per client
Total	25		50	

From data provided by Mendocino County Sherriff's Office:

Status	Days in custody before graduation	Days in custody after graduation	Total days in custody	Cost of incarceration 12/2017 @$115/day	Average cost of incarceration
Graduates (N=32)	22781	623	3404	$391,460	$12,333
Non-Graduate (N=47)			10,871	$1,250,165	$26,600

OUTCOME DATA

BEHAVIORAL HEALTH COURT IMPACT ON RECIDIVISM:



DEVELOPMENT OF A STABLE AND STRUCTURED BEHAVIORAL HEALTH COURT:

OBJECTIVES AS LISTED IN LOCAL EVALUATION PLAN	NOTES ON MEASUREMENT	OUTCOMES
Time from arrest to: a. Referral to the BHC court b.Psychological Stabilization c.Acceptance to BHC	Decision was made that referral not be made to MHC until client was ready to participate	Average of 14 weeks from arrest to referral, additional 4 weeks to acceptance.
How many defendants were referred to BHC (measured by calendar year)	Measured by grant period 3/2015 through 12/2017	131defendants were considered for BHC in Ukiah and Ft. Bragg 03/2015 through 12/2017

OBJECTIVES AS LISTED IN LOCAL EVALUATION PLAN	NOTES ON MEASUREMENT	OUTCOMES
How many defendants were found eligible and accepted into the BHC (measured by calendar year) a. How many cases were accepted (e.g. some defendants have multiple files) b. Breakdown of felony v. misdemeanor c. Breakdown in case type (drug, property, violence including vops) d. Breakdown by gender and age group (18-24) (25-59) (60 and over)	b. Breakdown of felony v. misdemeanor not tracked.	a. 110 defendants were found eligible and accepted into BHC of a total of 131 considered c. See chart of case types d. 89 Males, 41 females ages: 18-24 =20 29-59 = 56 60 & older = 6
How many referrals were not accepted?	All requests were considered for appropriateness	12 potential clients did not participate, 3 were rejected by the court
Number of Behavioral Health Court appearances and corresponding event descriptions From Arraignment to Disposition	This data has not been reported.	
How many participants successfully completed the program (measured annually) a. Number of Case Dispositions b. How many participants were ejected from the BHC c. Reasons for Ejection	Aggregate data for grant period reported	32 participants successfully completed the program. Terminations are not always "ejections" and can be for a variety of reasons. Substance use, criminal behavior and failure to actively participate are reasons for involuntary termination.
Recidivism rates for individuals after completing the BHC (measured in years 2 and 3)	Data also includes year one	15.6% recidivism rate for BHC graduates (program completed)

OBJECTIVES AS LISTED IN LOCAL EVALUATION PLAN	NOTES ON MEASUREMENT	OUTCOMES
Create stabilizing structure by: a. Hiring Court Coordinator; b. Producing Policy and Procedures Manual, c. Implementing data collection and case management systems d. Producing required progress reports		a. Court Coordinator hired 3/2015 b. P&P Manual approved 5/2017 c. Data collected by Analyst and Court Coordinator d. Quarterly Reports submitted by Analyst and Court Coordinator
Measure positive tests for illegal substances		1,658 tests administered; 95% negative by year 3
Review and update treatment plans in a timely way when client has major changes (maximum 30 days to complete)	Not formally measured, Timeliness is required by agency contracts.	Not tracked on a case-by-case basis. This is an ongoing focus of quality management review for RQMC contractors and staff
Expand BHC to Ten-Mile Court in Ft. Bragg (2016) goal of increased enrollment (2017)		BHC established at Ten-Mile 2016 Enrollment decreased in 2017
Target 80% reduction in positive illegal substance tests for BHC clients 2016, 2017)		Use of illegal substances decreased 90% in 2016 and 95% in 2017 among BHC clients tested

RECOMMENDATIONS AND FINAL COMMENTS

Over the period of the JAG/Byrne Grant led by Judge Ann Moorman and the MPARS Steering Committee, Mendocino County was able to achieve two admirable public policy goals: 1. Giving 110 offenders who suffer from mental illness opportunities to learn to manage their illness outside of jail through access to a collaborative justice system team and targeted treatment resources and 2. Reducing system burdens by reducing arrests and days of incarceration by 75% for 32 graduates of the Behavioral Health Court program.

Recommendations for the future include:

- Work with the County Administrator, relevant Department Heads and the Superior Court to budget sufficient resources to maintain the BHC.

- Engage with the Behavioral Health and Recovery Department to explore access to Mental Health Services Act (MHSA) resources to address BHC clinical oversight. This is an additional function to "Adult Mental Health Services" and local Behavioral Health Departments are typically active in the BHC agency partnerships. MHSA law specifically identifies reduction in time incarcerated as a goal and appropriate use of resources.

- Review and consider revising the referral process. There has been informal early engagement from several sources (e.g. Medical staff at the jail) and these resources give support and encouragement to offenders with mental illness. Identifying and referring offenders to the BHC team early in the process should be explored.

- Explore accessing "Measure B" funds to fund mutual training for professionals involved in MHC. Lead staff from the Court, District Attorney; Public Defender; Corrections; treatment staff; etc. could provide training on their roles and challenges. "Lived experience" presentations from BHC graduates and/or their family members would be both informative and inspiring. Mutual training can both develop and strengthen the BHC team.

Finally, I would like to thank Kathryn Cavness, Senior Analyst for the District Attorney's office, for working diligently with me to refine the available data; Captain Tim Pierce of the Mendocino County Sherriff's Office for providing incarceration rates and cost data; Tim Schrader at Redwood Quality Management for information on the provision of direct treatment services; and Presiding Judge, Hon. Ann Moorman for providing substantial background information and sharing her inspiring vision for Mendocino County's Behavioral Health Court.