

Solano County

Prop 47 Local Evaluation Plan – Cohort III

Project Background

Like many jurisdictions across the country, Solano County, California has been faced with an increasing proportion of individuals with mental health conditions in the criminal justice system. These individuals have histories of repeat incarcerations, high levels of homelessness, and various behavioral health disorders. Local data indicates a mental health prevalence rate of 6% in Solano County, yet those with mental illness represent 15-45% of the total jail population. This highlights the over-representation of people with mental illness who are incarcerated, 34% of whom are incarcerated on misdemeanor charges. Furthermore, the average length of incarceration for individuals with mental health diagnoses is more than three times the average length of incarceration for individuals who do not have a mental health diagnosis (44 days vs. 12.8 days in 2020). This is even more pronounced for the Misdemeanor Incompetent to Stand Trial (MIST) population whose average length of incarceration was 81 days in 2020. Longer jail stays have been associated with a worsening of mental health symptoms among those with mental illness (Turney et al., 2012).

In response to the high number of individuals with mental illness cycling in and out of the jails, Solano County developed and implemented numerous prevention and early engagement programs to intercept and divert people from the justice system before an arrest occurs. The county also implemented evidence-based jail programming and reentry services for those with mental illness. While these programs have provided many justice-involved individuals with mental illness the help and support they need to thrive in the community, those who have been experiencing homelessness continued to struggle.

Project Scope

The purpose of this project is to create a multi-agency community re-entry (jail discharge) planning coalition, develop a continuum of dedicated housing for people with behavioral health diagnoses coming out of jail (with three levels of clinical support), and develop a community-based competency restoration program for people who are incompetent to stand trial on misdemeanor charges. Partners in this grant will include Sheriff's Office program staff, jail medical/mental health staff, Solano County Behavioral Health, Solano County Probation, CBO treatment programs, a person (or persons) with lived experience of behavioral health and/or justice involvement, and defense counsel social worker.

Project Activities and Services

In June 2020, the Sheriff's Office created a Mental Health Re-entry Planning Meeting inclusive of jail mental health staff, the county behavioral health liaison, and the Sheriff's CBO case management providers. The purpose of this meeting was to begin to assess the level of care needed by mentally ill individuals in jail and route them into appropriate case management programs in order to develop more successful plans for re-entry. As part of this grant, Solano County will expand and formalize the initial pilot of the re-entry

planning meeting to establish a coordinated multi-agency jail-to-community transition coalition to increase the number of individuals exiting the jail with a re-entry plan.

The Coalition will triage inmates weekly, based on diagnosis, history, stability in jail, and medication compliance, referring them to case management programs designed to address the level of care needed. This information will be communicated to the court, as appropriate, in order that individuals are referred to only one program. In addition, the team will make recommendations regarding the level of housing/program needed for individuals transitioning from jail. Finally, in the instance of those inmates who qualify as Misdemeanant Involuntary to Stand Trial, the team will refer those appropriate to the Mental Health Residential Services Program being developed through his grant at the H&SS residential program. This re-entry planning and clinical determination of the appropriate level of care will be done by using clinical assessments to identify needs (i.e. Reaching Recovery[®] Recovery Needs Level of care tool alongside clinical interview and court assessments), evidence-based tools to inform risk factors for psychiatric and criminal recidivism (i.e. Short Term Assessment of Risk and Treatability (START), Level of service and Case Management Inventory (LSCMI)) and a review of available resources to secure the most person-centered, culturally appropriate plan for each individual's transition to the community.

The second goal of this grant is to create a continuum of forensic re-entry housing with three levels of support to match clinical needs as determined by assessment. A full-time Community Services Coordinator will be hired to coordinate rapid re-entry interventions including housing supports, landlord engagement, education, removing barriers to housing, and supporting clinical interventions related to housing stability for those involved in the justice system. Additionally, grant funds will be used to pay for beds at three different levels of supported housing to ensure that there are 22 beds dedicated to serving the people Proposition 47 intended to help. There will be 6 beds available in an Adult Residential Facility (ARF), 6 beds in a Licensed Board & Care facility (B&C), and 10 beds for Forensic Respite.

The ARF will focus on providing a supportive living environment with a therapeutic milieu and daily programming to help individuals understand their behavioral health challenges and needs, develop and implement a recovery plan that supports their personal goals, and provide consistent support to promote community inclusion and independence for up to 24 months. These specialty mental health Medical reimbursable services will include but are not limited to comprehensive assessment, psychiatric medication management, individual and group therapies, case management, integrated substance use supports, individual rehabilitation, crisis intervention, and peer support services. There are additional opportunities to refer to an existing employment services team and connect to spiritual supports to augment the treatment services onsite and further individuals' goals. The B&C beds will provide a less intensive treatment milieu, with continued supportive services, access to behavioral health staff, and medication management for residents for as long as it is clinically indicated. The third, and most independent level of housing proposed, is Forensic Respite housing in a supported Recovery Residence home. These housing supports will be available for 1 to

30-day transitional housing stays for 10 people at a time to have a safe, supportive place to go upon release from jail while working with their case manager, probation officer, and natural supports to secure long-term housing and independence.

It is important to highlight that the ARF facility will be the location and treatment provider for the Misdemeanor Incompetent to Stand Trial (MIST) restoration program, the third goal of this grant. Having this highly supportive living environment with trained staff, peers, competency training, competency re-evaluation, and all other treatment services provided onsite will provide an avenue for MIST individuals to be released in the community in a way that has not been available to Solano County residents in the past. Though it is anticipated that individuals will be restored to competency within 3-6 months of admission, they will remain eligible for continued treatment at the ARF for up to 24 months, if it continues to be clinically indicated.

In order to further the impact and reach of the proposed grant dollars, Solano County will leverage other prioritized local, state, and federal dollars, consistent with AB1056. Specifically, Prop 47 participants will be offered and provided Medi-Cal services upon release from jail. This includes a full range of specialty mental health and Drug Medi-Cal services that may include but are not limited to assessment, rehabilitation, targeted case management, comprehensive medication management, crisis intervention, inpatient hospitalization, residential substance use services, and step-down options that include intensive, enhanced outpatient services. Medi-Cal revenue from these services will be leveraged for current program implementation and future sustainability.

Target Population

The target population will consist of people with behavioral health diagnoses and high levels of clinical needs in the justice system, prioritizing those who are currently incarcerated for low-level offenses and homeless.

Eligibility Criteria

Justice-involved individuals with behavioral health diagnoses with identified housing needs will be eligible for the housing provided through this grant. The services provided through this grant proposal will be provided to all who meet clinical indicators of need, regardless of race, ethnicity, gender, sexual orientation, or immigration status, though it is the intent for the people served by the grant to reflect the population of those incarcerated in the jail. The level of housing support will be determined by clinical assessment.

Number of Participants the Project is Expected to Serve

It is expected that approximately 90 individuals will receive re-entry housing support through this grant.

Project Goals and Objectives

- Goal #1: Increase the number of people with behavioral health needs who leave the jail with a re-entry plan and connection to services.
 - Objectives
 - Develop a multi-agency coordinated jail discharge planning coalition.
 - Develop a Memorandum of Understanding (MOU) for all agencies to define roles and procedures.
 - Facilitate weekly community re-entry planning meetings to develop re-entry plans.
- Goal #2: Decrease the length of incarceration for people with behavioral health diagnoses through dedicated housing upon release.
 - Objectives
 - Develop a continuum of dedicated forensic housing at 3 levels of care.
 - Provide 6 dedicated Adult Residential Facility beds.
 - Provide 6 dedicated Board & Care beds.
 - Provide 10 dedicated Forensic Respite beds.
- Goal #3: Provide community-based competency restoration training for people with misdemeanor charges, reducing their length of incarceration.
 - Objectives
 - Develop a residential competency training program in Solano County.
 - Serve at least 8 MIST participants annually.

Logic Model

Collaborative Partners	Inputs	Activities/Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
Solano County Agencies: <ul style="list-style-type: none"> • Sheriff's Office • Health and Social Services • Probation • Public Defender • CBO Treatment Programs 	Funding <ul style="list-style-type: none"> • BSCC Staff dedicated to Prop 47 <ul style="list-style-type: none"> • Community services coordinator • Peer support workers • Sheriff's* Office program staff • Jail medical and mental health staff • Defense counsel social worker In-kind community-based resources, including: <ul style="list-style-type: none"> • Medi-Cal services • 12 dedicated residential beds Eligible participants – 90 inmates with <ul style="list-style-type: none"> • Behavioral health diagnoses • Housing needs 	Establish a multi-agency coordinated jail discharge planning coalition to develop re-entry plans for inmates with behavioral health diagnoses. Provide jail-based reentry services, including: <ul style="list-style-type: none"> • Comprehensive assessments • Development of robust reentry plans Provide linkage to community-based services upon release, including (as applicable to individual client): <ul style="list-style-type: none"> • Psychiatric medication management • Individual and group therapies • Case management • Integrated substance use supports • Individual rehabilitation • Crisis intervention • Peer support services • Competency training and re-evaluation 	Prior to release: <ul style="list-style-type: none"> • Completion of a comprehensive assessments • Development of reentry plan • Assessment of benefits status and assistance with application(s) • Linkage established with community service providers 	Post-release: <ul style="list-style-type: none"> • Connection to housing assignment • Receipt of relevant benefits • Receipt of other community services 	<ul style="list-style-type: none"> • Decreased recidivism • Decreased length of incarceration • Increased housing stability • Improved physical and behavioral health • Restored to competency (MIST participants)

Evaluation Method and Design

This is a prospective, single-arm study designed to assess the implementation processes and outcomes of the project activities using a mixed-method approach. Data for both the process and outcome evaluation will be drawn from a coordinated database that tracks multiple sources of information across electronic health records and systems. Additionally, county software will be leveraged to track entry into services, housing status, and movements across levels of care that will show participant improvements and progress toward their goals.

We will use the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009) and RE-AIM model (Kwan et al., 2019) as the conceptual framework to guide overall program implementation, data collection, and outcome evaluations of the Solano County coordinated community reentry program for people in the justice system with behavioral health needs. CFIR combines constructs across published theories and includes five major domains: intervention characteristics, outer setting, inner setting, characteristics of the individual involved, and the process of implementation. The CFIR is a comprehensive framework that can be flexible in the application so that researchers can tailor the framework to the specific intervention design, factors, and context being studied. The RE-AIM Framework (Kwan et al., 2019) will be used to guide evaluation measures which include: **Reach** (e.g., the number of eligible individuals receiving dedicated housing through the Prop 47 program), **Effectiveness** (e.g., retention in the program, reduced incarceration length, reduced recidivism, restored to competency), **Adoption** (e.g., development of reentry plans for eligible individuals prior to release), **Implementation fidelity** (e.g., service coordination protocol executed as agreed), and **Maintenance** (e.g., long-term effects of the intervention on participants outcomes following 6 or more months after the most recent intervention contact.).

Process Evaluation

The process evaluation will examine how well the project activities were implemented, the nature of the services provided, and the characteristics of the program participants. Methods for the process evaluation may include (1) on-site observation of project-related activities; (2) qualitative interviews with program staff and participants to get their perceptions of the coordinated reentry program; and (3) a review of project case records to monitor the number of reentry plans developed, the number of participants who receive housing through the program and their characteristics, services received, duration of time in the program, and status at discharge.

Outcome Evaluation

The evaluator will conduct a secondary analysis of case management records data and criminal justice administrative records data to assess change in the key outcomes that are presented in Table 1. Analysis strategies will include descriptive and inferential statistics based on the background characteristics of participants. Descriptive statistics

may include percentages, means, rates, correlations, measures of variance, and distribution characteristics. Frequency tables will be used to examine cell sizes for categorical variables and non-normality for continuous variables. Where categorical variables have small cell sizes, categories will be collapsed to create cells of sufficient size. Analyses appropriate for longitudinal data (e.g., pre-post, repeated-measures analyses, and t-tests) will be used to compare those variables collected repeatedly over time for clients. Survival distributions associated with weeks retained will be assessed. When necessary, adjustments for multiple comparisons will be employed. Additionally, analyses providing separate comparisons of those participants who complete the program to those who withdraw, and a historical comparison group (if possible) will be compared on the outcome measures. Outcome variables will be analyzed against all demographic and other descriptor information to determine if certain participants benefit more from the programmatic components. Additional analyses will be conducted to detect any differences between various demographic categories. Post-hoc analyses of interest will also be assessed.

Table 1: Summary of preliminary data evaluation sources and outcomes

Data (Source)	Evaluating/Outcome
Demographic data (H&SS)	Equity of service delivery, services provided are aligned with the population of justice-involved individuals with behavioral health diagnoses
Recovery Needs Level (H&SS)	Admission & Discharge areas of need, with a reduction in Legal and Residence needs and an increase in Overall Functioning scores
Short Term Assessment of Risk & Treatability (H&SS)	Admission & Discharge scores to assess changes in risk level and strengths, with a decrease in overall risk level
Case management records (H&SS)	Percentage of MIST participants restored to competency
Length of Incarceration (Sheriff's Office)	Reduction in length of incarceration for Prop 47 participants
Recidivism (Sheriff's Office)	Decrease in criminal recidivism across Proposition 47 participants

References

- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 1-15.
- Kwan, B. M., McGinnes, H. L., Ory, M. G., Estabrooks, P. A., Waxmonsky, J. A., & Glasgow, R. E. (2019). RE-AIM in the real world: use of the RE-AIM framework for program planning and evaluation in clinical and community settings. *Frontiers in Public Health*, 7, 345.
- Turney, K., Wildeman, C., & Schnittker, J. (2012). As fathers and felons: Explaining the effects of current and recent incarceration on major depression. *Journal of Health and Social Behavior*, 53(4), 465-481.