A photograph of the California State Capitol building, showing its iconic dome and classical architecture. The building is white with a dark dome and is set against a clear blue sky. The image is partially obscured by a large, curved blue graphic element that sweeps across the page from the top right towards the bottom left.

# **MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM**

LEGISLATIVE REPORT 2017

STATE OF CALIFORNIA – EDMUND G. BROWN, GOVERNOR  
**BOARD OF STATE AND COMMUNITY CORRECTIONS**

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\* Board member composition is pursuant to Penal Code 6025

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## **MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM LEGISLATIVE REPORT 2017**

### **EXECUTIVE SUMMARY**

The State Budget Acts of 2014 and 2015 invested a total of \$18.8 million to assist counties in using innovative strategies, promising and evidence-based practices to serve justice-involved individuals with mental illnesses.

Penal Code Section 6045 authorized the Board of State and Community Corrections (BSCC) to administer the Mentally Ill Offender Crime Reduction (MIOCR) Grant Program.

Through a competitive process, the BSCC awarded grant funds to counties that collaboratively developed local multidisciplinary projects designed to reduce the recidivism rates of offenders with mental illness, improving outcomes for these individuals while continuing to protect public safety.

Half of the MIOCR funds was awarded to projects designed to treat and support justice-involved adults with mental illness and half was awarded to projects targeting juvenile justice youth with mental health issues.

Penal Code Section 6045.8 requires the BSCC to design an evaluation that assesses the effectiveness of these local projects and to report annually to the Legislature on progress.

This report provides an overview of how it will evaluate grantees' use of innovative, promising and evidence-based practices and strategies to reduce recidivism and improve quality-of-life for this population.

In addition, it reviews describes the methodology by which the BSCC will complete its evaluation of the projects and includes brief descriptions of the funded projects.

## **MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM**

### **LEGISLATIVE REPORT 2017**

#### **INTRODUCTION**

Justice-involved individuals with mental illness are involved in multiple local and state systems. They often have numerous needs that require a higher level of care and services. A mechanism to directly connect this population to more appropriate treatment and housing options that help them manage their symptoms and conditions was needed.

To support this effort, 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. MIOCR was developed to support prevention, intervention, and supervision services through promising and evidence-based strategies aimed at reducing recidivism in California's mentally ill justice-involved population.

Penal Code Section 6045 (Appendix A) required the BSCC to award grants to counties on a competitive basis to implement locally-developed, collaborative, and multidisciplinary projects to improve outcomes for specified offenders while continuing to protect public safety. Half of the funding was required to be awarded to projects designed for adult mentally ill offenders and half was required to be awarded to projects targeting juvenile offenders with mental health issues. In June 2015, the BSCC Board approved awards to fund 21 projects in 17 counties - 11 awards for juvenile projects and 10 awards for adult projects.

This three-year grant program aims to help establish locally-developed, collaborative projects to serve mentally ill individuals by providing alternatives to incarceration and detention. In turn, these projects should: reduce facility population; reduce correctional/custodial costs for this population; establish a continuum of services from prevention through aftercare; and promote public safety.

In addition to managing the grant process and monitoring the progress of projects, the BSCC is required to create an evaluation design to assess the effectiveness of the program in reducing each of the following: crime, adult and juvenile offender incarceration and placement levels, early releases due to jail overcrowding, and local criminal and juvenile justice costs.

#### **Evaluation Process**

All MIOCR-funded projects are required to submit a Final Local Evaluation Report by September 7, 2018. These reports will individually assess the efficacy of local projects and document at a minimum:

1. activities carried out during the project period;

2. a description of the research design used to evaluate the effectiveness of the project;
3. a description of the final outcomes of the project; and
4. the degree of project success per intervention, the strategy for determining whether the project goal was achieved, and lessons learned.

The BSCC does not yet have these Final Evaluation Reports from the grantees that are necessary to complete a final evaluation of the outcomes of this grant program. In the BSCC’s 2015 and 2016 reports, the BSCC described in detail the background and design of the program and the strategy proposed to be used for evaluation.

This 2017 report serves to provide an interim update as the final project evaluations will commence after outcome information becomes available. In short, all of the funded programs are currently operating and serving the programs’ target populations. All grantees are also submitting the required quarterly progress reports while the BSCC conducts its monitoring activities. The quarterly progress reports and BSCC’s monitoring activities will supplement the information the grantees will provide in their Final Evaluation Reports. This information will then be analyzed to complete the final 2018 Legislative Report which will provide outcomes.

As a reminder, counties receiving MIOCR grant funding are:

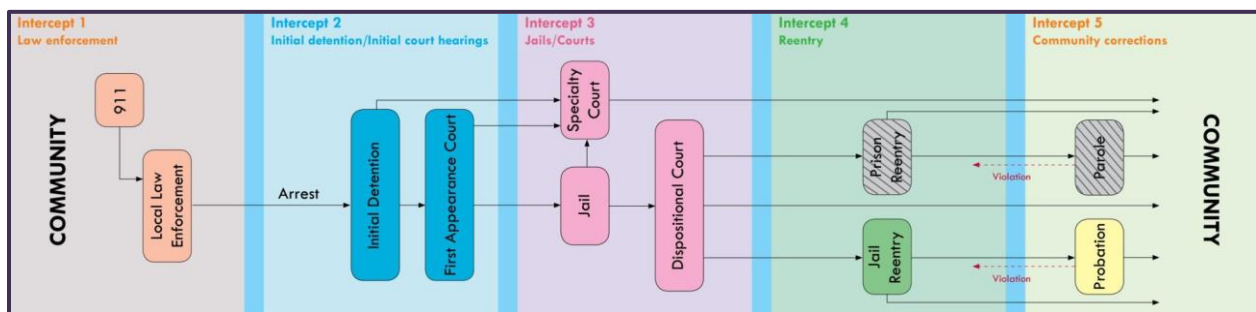
<u>Adult MIOCR Projects</u>		<u>Juvenile MIOCR Projects</u>	
<u>County</u>	<u>Funding</u>	<u>County</u>	<u>Funding</u>
Alameda	\$948,459	Contra Costa	\$950,000
El Dorado	\$950,000	Nevada	\$750,000
Los Angeles	\$1,834,000	Riverside	\$948,510
Madera	\$869,547	San Diego	\$950,000
San Francisco	\$950,000	San Joaquin	\$949,073
San Luis Obispo	\$950,000	Santa Clara	\$946,250
Santa Clara	\$887,529	Santa Cruz	\$950,000
Santa Cruz	\$949,995	Shasta	\$938,842
Solano	\$949,998	Solano	\$761,322
Nevada*	\$110,472	Tuolumne	\$262,730
		Yolo	\$950,000

*\*Partial funding*

Project summaries for these projects are provided in Appendix B (Adult Counties) and Appendix C (Juvenile Counties). Appendix D provides information on the projects' target populations, the interventions chosen, and the data chosen to measure outcomes.

## THE SEQUENTIAL INTERCEPT MODEL

The MIOCR Grant projects use the Sequential Intercept Model (Model), a collaborative process between the justice and behavioral health systems, to look for diversion points and gaps in services along the justice continuum. The Model illustrates key points to “intercept” offenders to promote prompt access to treatment, opportunities for diversion, timely movement through the justice system, and links to community resources.



The Model provides a framework for counties to use when considering the interface between the justice and mental health systems as they address concerns about the criminalization of people with mental illness. Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point. Each intercept describes a stage at which a jurisdiction might divert offenders from further penetration into the justice system. The interception points are:

- Law enforcement and emergency services;
- Initial detention and initial hearings;
- Juvenile detention, jail, courts, forensic evaluations, and forensic commitments;
- Reentry from juvenile detention, jails, state prisons, and forensic hospitalization; and
- Community corrections and community support.

The Model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization. By using this Model, a county can develop targeted strategies that can evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community services and treatment.

## **COUNTY-LEVEL PROJECT EVALUATION**

The BSCC developed an evaluation process for the MIOCR Grant Program that can account for differences between the local projects using the Model framework. Examples of differences include diversity of the services provided, the target populations being served, and the interventions that occur at multiple points along the criminal justice continuum. Appendix D illustrates the interventions used by the projects.

### Points of intervention Using the Model

**Front-end Diversion:** Law enforcement and school authorities are provided alternatives to arresting and criminally prosecuting people whose behavior reflects mental disturbance.

**Disposition Options:** 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;** 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:** 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:** Continuing treatment, financial support, and interdisciplinary case management are provided to minimize risks, maintain stable housing, and encourage continuing participation in treatment.

It is important to note: outcomes will be project specific. As part of the Local Evaluation Plan requirement, at a minimum, counties must provide the BSCC with the following project-level information:

- Project goals and objectives;
- Demographics of the project participants (level of mental illness, gender, age, race/ethnicity);
- Estimated number of participants receiving interventions per project component;
- Processes for determining which intervention(s) a participant will receive;
- Plans to document the services within the intervention(s) provided to each participant;
- Plans for tracking participants in terms of progress in the project;
- Project oversight structure and overall decision-making process;



- Overall project approach to ensuring project components are being monitored, assessed, and adjusted, as necessary;
- Plans for documenting activities performed by staff who are conducting the project;
- Process evaluation variables;
- Outcome variables that will be tracked;
- Outcome measures that will be tracked;
- Logic model providing a graphic overview of the project;
- Criteria for determining participant success for the intervention(s);
- Criteria for determining participant success/failure in the project;
- Plans for assessing the effectiveness of the local MIOCR project including all individual project components;
- Methods of determining if the project achieved the set project goals;
- Research design that will be used to complete the evaluation; and
- Plans for documenting cost of evaluation and cost per participant.

MIOCR-funded projects will submit their Final Local Evaluation Report by September 7, 2018. These reports will assess the efficacy of local projects and document at a minimum:

1. describe activities carried out during the project period;
2. provide a description of the research design used to evaluate the effectiveness of the project;
3. provide a description of the final outcomes of the project; and
4. include the degree of project success per intervention, the strategy for determining whether the project goal was achieved, and lessons learned.

County projects are required to provide mental health treatment programs, practices and strategies demonstrated through an evidence-based foundation and treatments/services appropriate for the target population. It should be noted that given there could be multiple initiatives aimed at serving the same population, additional local leveraging opportunities and possible benefits of multidisciplinary collaboration, it may be difficult to determine what local outcomes are due solely to the MIOCR Grant Program.

## **BSCC EVALUATION DESIGN**

The MIOCR Grant Program-level Evaluation Design addresses the extent to which the county-identified objectives of the projects were met. The use of evidence-based practices and strategies for service interventions and reducing recidivism were a required component of the Request for Proposals (RFP); therefore, implementation of these modalities is critical. By using a demonstrated research-based mental health treatment model, it can be expected these projects will produce similar outcomes to that model's proven results.

The concept of evidence-based practices was developed outside of the criminal justice arena, and is commonly used in other applied fields such as medicine, nursing, and social work. In criminal justice, this term 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 involve using research-based and scientific studies to identify 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.

Successful implementation of evidence-based practices also includes, but is not limited to:

- Organizational development to create and sustain a culture accepting of best practices and evidence-based approaches;
- A commitment to initial and ongoing professional development and training;
- Use of validated risk/needs/responsivity assessment tools;
- Data collection and analysis;
- Use of case management strategies;
- Use of programs known to produce positive criminal justice outcomes;
- Quality assurance activities to ensure program fidelity;
- Performance management to improve programs, service delivery, and policies;
- A “systems change approach” to develop collaborations so tasks, functions and sub-units work effectively together and not at cross-purposes; and
- A focus on sustainability.

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.

The BSCC collects common data elements on each MIOCR participant during the grant period. This includes participant demographics such as age, gender, race/ethnicity, and co-occurring (mental health and substance use issues) or tri-morbid (mental health, chronic medical, and substance use issues) disorders as well as measures related to recidivism, homelessness, and participant benefits/entitlements. Staff will aggregate data to describe the population being served and outcome data upon completion in the local programs. Reporting will also accommodate project-specific interventions to demonstrate that progress toward goals and objectives can be monitored.

As previously stated, the MIOCR-funded projects must submit a Final Local Evaluation Report to the BSCC at the end of the three-year grant cycle. Staff will then evaluate the evaluation reports to gather information such as:

- Did the project succeed in putting interventions in place?
- If so, was the intervention implemented as originally planned?
- To what degree?

- Did the projects reach their goals and objectives based on individual project evaluations?

Local evaluation findings, coupled with the quarterly progress report information and monitoring/site visits, should provide the BSCC with the data to determine the effects of the MIOCR Program and the status of each local MIOCR project in providing effective alternatives to incarceration, effective treatment and services, and, equally important, the contribution to the long-term welfare of the men, women, and children living with mental health issues in our communities.

**APPENDIX A**  
**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 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 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 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.



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## APPENDIX B

### 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 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 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 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)**

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 Reconciliation 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 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 Reconciliation Therapy), and trauma-focused treatment (Seeking Safety).

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**Santa Clara County (\$887,529)**

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.

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## APPENDIX C

### 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 Respetto, 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.

## APPENDIX D

### MIOCR PROJECT INTERVENTIONS

#### 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)	

#### Adult MIOCR Projects

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



### Juvenile MIOCR Projects

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