

Madera Mentally Ill Crime Reduction (MIOCR) Program 2015-18

Final Local Report

Executive Summary

Madera County implemented the MIOCR program in September of 2015. The primary goal was to reduce the number of in-custody mentally ill offenders. The planned strategies included

- 1). Increasing the collaboration and effectiveness of the existing resources and
- 2). Using the additional MIOCR funding to develop and engage new resources.

Private sector resources were leveraged and these included employment, housing, education, housing, food, and positive social support. Prior to initiation of the program, Madera County Courts implemented a Behavioral Health Court that became an integral part of the program. Collaboration with The Department of Corrections, Probation, Behavioral Health and the Madera Rescue were instrumental in the successes of the program.

Initial implementation of the program began in October 2015 with the contracted services of Sierra Educational Research Institute. Doctoral students were placed with Behavioral Health Services to provide mental health services to the clients admitted in to the MIOCR program. While this appeared to hold some initial promise, during the first year it became obvious that the limitations of the students schedule did not allow for the consistency and wrap around services that had been envisioned for the program. The MOU lapsed and behavioral Health Services incorporated the MIOCR program in to its traditional Full Service Partnership program. This allowed for consistent wrap around services to be provided to the members of the program.

The project outcomes were beyond the expectations of all parties involved. Collaboration between the Courts, Probation, Corrections, the Madera Rescue Mission, and Behavioral Health were instrumental in positive outcomes for the clients. Those clients that entered the program voluntarily, with a history of law enforcement interventions, but no current involvement were less likely to successfully complete the program. Those clients who were involved with the Courts and Probation and placed in the MIOCR housing at the Madera Rescue Mission were significantly more likely to successfully complete the program and comply with mental health treatment. Successful program completion consisted of the client having reduction of recidivism risk and rate (measured by the Correctional Assessment and Intervention System (CAIS), rate of access to community resources, and mental status.

Substance abuse issues were a huge barrier in client success. While monies were allotted for residential treatment, few clients made use of the services. There was a widespread denial of

substance use issues amongst the program participants. To alleviate this dynamic, Behavioral Health used a Clinician to provide a Dual Diagnosis “PreContemplative” group to provide psychoeducation regarding substance use and its effect on mental illness. Even with this, few remained in residential treatment beyond 2 weeks.

Of interest to note, it was expected that most of the referrals would be resulting from the Department of Corrections and Probation, many of the clients had few arrests the year prior to enrollment and few emergency room visits or 5150 hospitalizations. It appears that many of the clients who were referred were seen regularly by police but were not arrested and were more of a community nuisance. These referrals were largely homeless. Those referred by Probation and Behavioral Health Court were generally housed. The ability to house in the MIOCR housing resulted in less nuisance calls for those who were previously homeless. It was anticipated that assistance would be required to obtain medications for clients upon discharge from the jail, however those resources were able to be used elsewhere. During the implementation of the program, Covered California was developed and most enrollees were able to obtain Medi-Cal while in the Jail with the assistance of the Eligibility worker.

It was projected that 70 clients a year would be served by the MIOCR program. During the first year there were 70 referrals, however this did not remain constant. Over the life of the program, there were 151 clients served.

The results agreed on by all agencies involved, is that the success of the program results from the agency collaboration, all seeking to meet the unique needs of these clients in the MIOCR program. It would appear that involvement with Probation and the Courts provided an incentive for clients to follow through with mental health treatment. Even as the MIOCR program officially ended as a result of the grant ending, all parties agreed to continue regular meetings to staff clients in common.

Project Description

The MIOCR Program has three components: (1) Prerelease from Jail, identification, needs determination and engagement, completed by MIOCR Clinician stationed at the Jail, (2) Re-Entry: provide access to psychotropic medication and stable housing, and (3) Post Release intensive supervision by Probation, intensive Behavioral Health Services, and social support from the Wellness center. Potential participants are referred to Behavioral Health Court who creates the post release judicial, treatment, and services structure required. Once client is referred, a needs assessment is completed. The Behavioral Health Case manager will initiate Forensic Intensive Case Management to identify and engage the resources needed to address recidivism risk. This includes Cognitive Behavioral Therapy, access to resources in the community for food, housing, employment preparation, peer support. The target population

for the program are those offenders with serious and persistent mental illness identified as at risk for recidivating, but who are not being incarcerated or going to the State Hospital. Clients identified in the Jail will be followed and engaged by a case manager who will begin to develop resources. Once discharged from the jail, housing will be provided in a supportive housing if no other housing is available. The Behavioral Health case manager links the client to an assessment with a therapist, the therapist, and resources as needed.

The collaborative, (Probation, Courts, Corrections, and Behavioral Health) meet monthly to staff cases.

The primary goal is to reduce the number of in-custody mentally ill offenders. The planned strategies included

- 1). Increasing the collaboration and effectiveness of the existing resources and
- 2). Using the additional MIOCR funding to develop and engage new resources.

The Project was overseen by

Data Collection

Client progress was measured by materials in the Electronic Health Record (EHR). The Adult Needs and Strengths Assessment (ANSA), Clinical Assessment, and Mental Status were completed every 6 months to allow the Behavioral Health clinician to document to progress, as well as a Psychiatric exam. Probation completed the CAIS upon entry in to the program. The CAIS was only obtained for those who were on Probation. The Data was obtained by report from the EHR. Probation supplied the CAIS scores upon admission. These were kept on a spreadsheet. The EHR is not up to the task of measuring outcomes using the ANSA, or extracting information from the Assessment or Mental Status. These were used as measures to assist with Treatment Planning as needs changed. From the EHR, reports were run that included number of clients served, age range of clients for each year, race, and sex, and Reasons for Discharge. Behavioral Health collects data on 5150 visits, acute hospitalizations and the enrollee information was extracted from these records when appropriate. Correction used their Electronic system to supply the information regarding arrests and number of days in jail the year before the program and the year after discharge. This information was collected and was used to submit Quarterly Reports. Successful Discharges from Behavioral Health MIOCR program included the enrollee having found housing, employment or other funding, insurance, compliance with mental health treatment, completion of legal obligations, no Acute psychiatric hospitalization or arrests in last 6months of program. The clients that were successful discontinued the program or their treatment was moved to a lower level of care.

While Behavioral Health was unable to run outcome reports on the tools in the HER, the observable criteria was used as the measure of success.

Research Design

Process Evaluation

From the point of implementation, the program was reviewed quarterly to determine if fidelity to the plan was being followed. The original plan was written that all clients would be involved in Behavioral Health Court. This was quickly changed when it became clear that the numbers of clients that were anticipated to benefit from this program would not be met as the population of Behavioral Health Court remained small. In spite of this change, the MIOCR grant was implemented as written in the Project Design. The program was designed to assist enrollees in meeting their basic needs, remove them from high risk housing situations and using transitional housing to support their recovery, provide linkage to resources, and to support compliance with mental health treatment.

Outcome Evaluation

From October 2015 to June 30, 2018, the MIOCR program enrolled 151 clients. Of this number, 23 remained in the program after June 30. The program enrolled clients from various age groups, with Transitional Age Youth (TAY 18-25) representing 19, Adult (age 26-29) including 122, and Older Adult (60+) accounting for 10. The program served 31 females and 120 males. Of these clients there were no Veterans, and 5 were Asian, 17 were African-American, 2 were Native American, 37 were Hispanic, 50 were White, and 3 were unknown. (The numbers do not match clients served as the client served number includes those who enrolled multiple times)

Forty of the 151 enrollees discharged successfully from the program. Successful Discharges from Behavioral Health MIOCR program included the enrollee having found housing, employment or other funding, insurance, compliance with mental health treatment, completion of legal obligations, no Acute psychiatric hospitalization or arrests in last 6months of program. The clients that were successful discontinued the program or their treatment was moved to a lower level of care.

Interventions provided to the clients consists of services that include Forensic Assertive Case Management, cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Precontemplative Dual Diagnosis Groups, Restoration to Competency Groups where appropriate. Additionally, MIOCR funds were used to provide transitional housing to those whose homes placed them at greater risk to recidivate, and those who discharged from the Jail as homeless. Clients were linked to their Probation Officer and to Court hearings to help maintain compliance with legal requirements. Medication services were offered when necessary to assist clients in stabilization of their mental illness. Probation provided support to roughly one third of the group.

Clients were offered treatment that met their very unique needs. Clients were also offered Substance Use Disorders treatment and residential treatment. No one program looked like another. Due to this factor, it is difficult to determine if one treatment modality or service provision was more effective than another. As data was collected for the Quarterly Evaluations, measuring for all variable, it appears that the common pattern for client success in the program had a high correlation with Court and Probation involvement, use of transitional housing, decreased substance abuse, and compliance with mental health treatment. Those clients who were not involved in Behavioral Health Court or with Probation, maintained their own housing or chose homelessness, were less likely to achieve success in the program.

Data from Corrections indicates that there was little recidivism in those who successfully completed the program. One is awaiting trial for an assault, and several others have had a flash incarceration. There has been no significant finding of return to custody and recidivism with these clients. There were no 5150's and acute psychiatric hospitalizations for those successfully completing the program.

Logic Model

See Attachment

Results and Conclusions

Results

All clients were provided intensive services with the Full Service partnership. Services were individualized to meet the unique needs of each individual. These services included monitoring by Probation, transitional housing if necessary, individual and group mental health services, Forensic Case management Services, and Medications. 151 clients enrolled in the program, with 40 clients discharging successfully and 23 remaining in services currently. Those referred tended to be more of a community annoyance than serious offenders. Of those referred, there was little time in custody in the year prior to referral, although there was some Acute psychiatric hospitalizations. While enrolled in the program and upon discharge, the successful discharges for the most part, did not return to custody status, were not hospitalized, and continued in treatment. The predominant indicators of success were involvement with Behavioral Health Court, Probation, Transitional Housing, and Behavioral Health Services.

Conclusions

Madera County chose to use the Grant to finance an additional Probation Technician, and transitional housing. The research indicated that lack of resources upon discharge from the jail was a major indicator of recidivism. The proposal indicated that with the resources assistance provided, collaboration between the agencies serving the released inmates, there would be a reduction in recidivism for this population. The data confirms this. There was not a plan for a control group, however a natural occurring control group emerged. The control group were

those enrollees who were not involved with the courts or probation. Early in the program, it became apparent that the those enrollees who were part of the Behavioral Health Court, were being followed by the Probation Officer, were housed in the MIOCR Housing and were involved in their treatment with Behavioral Health were much more successful in the program than those who did not have the current legal involvement.

The results of the program clearly indicate that housing, in conjunction with supportive services, and involvement with the legal services resulted in a higher rate of success. Madera County is very excited with the results, and the Collaborative Committee has chosen to continue with their joint staffings to continue this trend in better servicing the residents of our Count.