

Local Evaluation Report for Solano County's Mentally Ill Offender Crime Reduction (MIOCR) Program

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EXECUTIVE SUMMARY

The Solano County MIOCR project created a county-wide response to the issues of services, treatment and recidivism reduction for the justice-involved mentally ill. The project design directly targets reducing the number of mentally ill offenders who are incarcerated by diverting low-level offenders prior to and shortly after booking; providing Jail Based Mental Health programming for sentenced and certain un-sentenced offenders, based on assessment; and by providing comprehensive Re-entry Planning and intensive case management aftercare services to the target population prior to and after release.

1. Did the Project Work as Intended?

A major goal of the project was to develop a county-wide infrastructure for providing targeted services to individuals with mental illness at different stages of involvement in the criminal justice system. This county went from providing very few services to the mentally ill offender population to providing a wide array of in-custody programming and other services that can help this population succeed in the community. A total of 211 individuals with mental illness were enrolled in the reentry program and 64 enrolled in the jail program. While limitations to the study design does not allow us to draw causal conclusions from this evaluation, significant reductions in jail stays and the percentage receiving a conviction as well as improvements in psychological functioning were observed among MIOCR participants.

2. What were the project accomplishments?

Probably the most significant accomplishment for the Solano County Adult MIOCR Project is that all four components of the project are sustained. The Community Based Diversion Partnership with the Fairfield Police Department has been sustained by the Fairfield Police. They have hired a Social Worker and leveraged collaborative benefit services for monthly encampment visits where they assess client need, provide diversion services and sign folks up for benefits. The jail based Mental Health Service provider, California Forensic Medical Group (CFMG), will continue the MIOCR In-Custody program and the Sheriff's Office is considering additional Mental Health Programs as well as being in the contracting process with the Department of State Hospitals for the provision of a Jail-Based Competency Program. The MH Collaborative Court is in the implementation process and will hopefully begin by the end of 2018. Finally, the Sheriff's Office and the H&SS MHSA project will continue to fund the MIOCR Re-entry Program through June 30, 2020, at least. There will be a provider change and some adjustments to the

program based on lessons learned from this project but the county feels it is an important component of our recidivism reduction efforts.

An additional significant accomplishment derived through this project has been the breaking down of departmental silos within the county. MIOCR required an “all hands on board” approach to assisting mentally ill offenders and helping to reduce their recidivism. Relationships were developed and strengthened with the Collaborative Courts, Probation, Health and Social Services, the Public Defender’s Office and the District Attorney. These collaborative relationships lead to further partnering during the grant period which allowed the Courts to receive a Mental Health Court Implementation Grant through DOJ and Health and Social Services to receive a Proposition 47 Grant to explanation Substance Use Disorder Treatment. Thus, the county has enhanced the potential to serve justice-involved individuals with mental illness as well as those with co-occurring Disorders.

The Solano County MIOCR Mental Health Court (MHC) worked diligently with our criminal justice partners to complete the planning and implementation phase of the court component of the project. The MHC has several accomplishments to note below.

The MIOCR MHC Working Group has drafted a county-wide Sequential Intercept Map (SIM) to develop our criminal justice-mental health partnerships and identify resources, gaps, and opportunities in serving justice-involved persons with mental illness. The mapping exercise aims to identify potential opportunities for diversion, or alternative justice and behavioral health interventions for persons with mental illness and co-occurring disorders. Our Group is committed to developing a seamless continuum of care beginning with initial law enforcement contacts, in-jail services, transitional care prior to release, and wrap around support upon release into the community.

The MHC developed a written Policies and Procedures manual and Participant Handbook. These documents establish program guidelines and outline the continuum of care mentioned above. Upon acceptance into the program, clinical providers develop an individualized treatment plan for each client that includes intensive case management, medication management, psychiatric rehabilitation, supportive living arrangements, and substance abuse treatment. Throughout their participation in MHC, clients attend regular judicial status hearings. In order to graduate, clients must participate in MHC for a minimum of one year, demonstrate consistent engagement in treatment, and remain arrest free. Solano’s MHC plans to utilize a range of evidence-based practices for treating mentally ill offenders which includes: Forensic Assertive Community Treatment, Illness Management and Recovery, Trauma-Informed Care, Integrated Dual Diagnosis Treatment, Dialectical Behavior Therapy and gender-specific treatment for women.

The Solano MIOCR Mental Health Court (MHC) Working Group has worked proactively to make necessary program adjustments in response to the current reform in California's bail system. In *re* Humphrey, a recent state appellate court ruling questions the constitutionality of California's bail system and mandates that courts consider an individual's ability to pay before setting bail. The case recently concluded when Attorney General Xavier Becerra opted not to appeal the decision. This outcome has had a ripple effect on our local criminal justice system and mental health court planning and implementation efforts.

The Working Group convened to address the local impact of Bail Reform. During the meeting, MIOCR Team members reached a consensus to expand the mental health court target population to include both misdemeanor and felony offenders. The original MHC planning and implementation strategy involved in-custody screening and assessing misdemeanor offenders in County Jail. However, this approach may not be feasible due to certain policy changes related to bail and pretrial release criteria.

The determination to expand our MHC target population has required coordination with the Public Defender, District Attorney, and Court to identify new eligibility and exclusionary criteria for felony cases. The MHC Coordinator met with the Lesli Caldwell, Chief Public Defender; Julie Underwood, Deputy District Attorney; and Hon. Dan Healy, MHC Judge during the reporting period to discuss updating the mental health court policies and procedures to accommodate certain felony cases. These meetings and discussions provided valuable recommendations to improve the MHC screening, referral, and case processes.

Additional accomplishments include beginning to utilize Sober Living and Transitional Housing Environments for clients who do not qualify for Board and Care. Due to the grant starting in Quarter 3 and having to ramp into services, funds were unspent. Therefore, as the grant came into full operation there were funds available to house a larger number of clients than initially anticipated. This was a wonderful outcome for clients because we found that clients without housing did poorly. This ability to pay for housing also gave Health and Social Services key information in the preparation of their Proposition 47 Grant proposal.

Finally, the Sheriff's Office has had great difficulty accessing data from its new jail management system. Data provided for our initial MIOCR Grant Application was a "hand pull" completed by a Nurse Manager who retired in 2017. Therefore, accessing mental health data after his retirement lead to inconsistent and unreliable results. The MIOCR Grant, which led to the County becoming a "Stepping Up" county. Due to a desire to develop a Jail-Based Competency Program, the Solano County Sheriff's Office has begun to focus on the use of data beyond population management. In the FY 2017/2018 we were able to get a better picture of our mental health population through pulling automated reports. This is the

beginning of the development of systems to gather a variety of data regarding Solano County inmates.

In sum, the accomplishments of the MIOCR project in Solano County were largely Macro in nature. In order to serve the variety of justice involved mentally ill in our county we had to create relationships, collaborations, systems and structures that did not exist prior to the grant. We have now created a criminal justice partner group that uses the Transition from Jail to Community Initiative as a guide as we are moving forward with programs, even though the grant has ended. Prior to MIOCR Solano County only had one program for mentally ill justice-involved individuals transitioning back to the community. The MIOCR Grant has allowed us to create four projects that we can now build on.

3. What goals were accomplished?

A major goal of this project was to reduce recidivism and jail stays among individuals with mental illness. Limitations to the previous documentation of those with mental illness in the jail system made it difficult to get accurate information about the mentally ill jail population each year prior to MIOCR implementation. Thus, we were not able to assess change in the overall population over time nor were we able to identify a comparison group of offenders who did not receive MIOCR services. However, the evaluation findings focusing on changes in the proportion of MIOCR participants who received a conviction during the 12 months prior to enrollment and 12 months after release from jail showed that there was a significant decrease in the proportion that received one or more convictions from pre- to post-incarceration. Additionally, the findings showed that there was a decrease in the mean number of jail days and days spent on a presentence hold among the MIOCR participants who had been out in the community during the project period for at least 12 months month after their release from jail. A secondary goal of this project was to improve the psychological functioning of MIOCR participants. An examination of change in psychological functioning from enrollment to 90-days post-enrollment in a subsample of participants who completed both assessments revealed that these participants experienced a significant reduction in psychological distress over time.

4. What problems or barriers were faced and how were they addressed?

Staff turnover was an issue until the final year of the project. It impacted service delivery as well as the organization of the deliverables and the staff. With the Departure of the Re-entry Specialist on two occasions, recruitment of

participants came to a halt as the provider looked to hire another staff person. This impacted target numbers for recruitment which could not be made up as increasing caseloads merely lead to clients dropping out of the project due to lack of attention and support. Additionally, while Case Managers were following folks in-custody the coordination of services was impacted by the absence of the Re-entry Specialist.

The Sheriff's Office and BACS Executive staff discussed the problems with staffing related to the Re-entry Specialist and the Forensic Clinician (for the Mental Health Collaborative Court) as well as issues with project organization and client outcomes. It was determined that a re-organization of the project structure was necessary in order to improve service delivery as well as to facilitate achievement of the grants deliverables. Therefore, it was decided that the Forensic Clinician who was to be the lead Clinical staff person for the MH Collaborative Court would also be the project supervisor and report to the BACS Solano County Manager who was in the community and formerly supervised the project. This re-organization would allow closer and more streamlined supervision of the project as well as provide an opportunity to create a more cohesive project team with a goal of improving project outcomes.

Recruitment of clients for the program was impacted by more than staffing issues. Identifying the "right" clients for the program was a struggle at the beginning of the project. Some individuals referred to the project eventually went to prison or eventually went to our County FACT program. Thus, we were not identifying the right clients. We spent a great deal of time developing a process of collecting collateral information as well as a process for correctional screening of clients to attempt to decrease enrolling the wrong clients. We have improved in this area but the process needs constant refinement. Provider staff and jail mental health staff worked to refine the referral, screening and assessment process in order to pick clients who were appropriate for the program. Additionally, time was spent developing a process of collecting collateral information as well as a process for correctional screening of clients to attempt to decrease enrolling the wrong clients. The Re-entry/Aftercare Work Group also came together to help with refining the screening and collateral information processes to help identify appropriate clients to refer to the program.

Retention of clients has also been an issue. WRAP Program staff (another program of the Sheriff's Office) provided training to the BACS staff on how to work within the jail to manage the client caseload and be aware of court and release dates. The provider staff had to get used to managing time both in-custody and in the community as well as all of the needs of the clients. Initially, the project was designed for the low misdemeanor offenders but as it progressed, we realized that we were actually dealing with the felon population due to their greater need for the services. Additionally, these mentally ill felons required a higher level of service. With a new project organizational structure, which created a more cohesive team, staff focused on the engagement of clients in-custody and used staff meetings to review court dates and prioritize client needs. Critical Time Intervention booster

trainings, EPICS training and Motivational Interviewing training were provided to staff over the course of the grant in order to provide them with skills necessary to engage and retain the client population. Finally, staff received on-going supervision from the Forensic Clinician who has a wealth of experience working with the justice-involved population.

Over the course of the grant there have been a variety of issues related to the implementation of outcome measures. Implementing the tool at intake became routine after the start-up phase of the grant and as the staff stabilized. However, getting 60-day measures proved to be challenging even as the project became more stable. The reasons for this were related to the multiple tasks that case managers must complete when working with a criminal justice population such as; In-reach into the jail to complete re-entry plans; accompanying clients to court appointments which often can be lengthy, providing transportation to multiple and complex appointments, working with housing providers to prevent placement failure, etc. These tasks, which can often be quite lengthy, have challenged the case manager's ability to be organized in obtaining 60-day measures. Other issues have included clients going MIA at the time when the instrument is due, clients dropping out of program before the 60-day mark, clients going to prison and relocating to other counties.

As the project has become more mature and case managers have begun to place more clients in housing situations more instruments have begun to be gathered. Additionally, in staff meetings due dates for measures have been reviewed. Finally, a quarterly QA is done of measures to look at the issues arising related to their capture in order that new strategies could be put in place.

In Year 2 the Community Based Diversion component began to have some challenges. The Fairfield Police Department had some internal changes and was short of staff in their Homeless Intervention Team. Therefore, BACS Case Managers only when out with FFPD sporadically. They worked out a strategy whereby FFPD would refer clients they ran into on the street to a BACS case manager in between "ride alongs". The case manager would then meet the client to screen and provide referrals and/or services.

The MH Collaborative Court was on track to start in the beginning of 2018 after a year- long, grant funded, implementation project and was derailed by a Bail Reform ruling. In re Humphrey, a recent state appellate court ruling questions the constitutionality of California's bail system and mandates that courts consider an individual's ability to pay before setting bail. The case recently concluded when Attorney General Xavier Becerra opted not to appeal the decision. This outcome has had a ripple effect on our local criminal justice system and mental health court planning and implementation efforts. As previously stated in this document, our

MHC Work Group met to discuss the expansion of the scope of service to include both misdemeanants and felons in our Mental Health Court. This change in scope has required additional meetings with the court, DA and Public Defender which has delayed the start of the court. Yet, the MHC is still on track to launch sometime toward the end of 2018.

A barrier to the accuracy of our final evaluation is the fact that we lost our initial evaluator at the end of Year 1 of the grant. While we had developed processes for collecting data for our reports we had not established tools to collect data in a systematic way. We also did not have an evaluator to drive our evaluation effort and give us feedback related to the processes of the project. Since our original Evaluator was an in-kind staff person from Probation who would not be replaced, we obtained permission from the BSCC to contract with an outside Evaluator who came on board in Quarter 7.

Our new Evaluator revised our LEP, created data collection tools with us and helped plan the final evaluation. From Quarters 7 through 12 we used the new data collection tools to collect our data systematically. We had to collect quarters 3 through 6 in arrears and therefore, in addition to the fact that these were the start-up quarters, this data may not be as accurate. Our Evaluator understands this issue and will be analyzing the data for this project with this understanding.

Finally, when Solano County applied for the MIOCR grant we were beginning to implement new Jail Management System software. It was assumed that we would be able to pull reports on mental health clients for the purpose of writing reports and grants. As it turned out our JMS software was not as flexible as we had hoped and we were unable to obtain the data we wanted in order to track the numbers of inmates with mental health issues coming into the jail in past years. This issue has been a problem for the Sheriff's Office related to developing the MIOCR Report, writing grants, reporting information to the County Administrators Office and in a variety of other situations. Understanding the inmate population and in particular the mental health population has become an issue of great importance to our Sheriff this year. Therefore, a Technical Sergeant has been hired to work with our Information Technology folks to develop reports to track our mentally ill, our program participants and other populations in order that we understand inmate profiles, refer inmates into appropriate programs and can track recidivism.

5. What unintended outcomes (positive or negative) were produced?

There were four unintended outcomes from this project: 1) The Courts liked the program and wanted to order Mentally Ill offenders to participate. This created some work for the project in that the court had to be educated that it was a voluntary program. Therefore, more judges became informed about the project than we had anticipated. 2) Jail Correctional staff and contracted mental health staff really loved the program as they felt it gave inmates more help than they had had before. 3) The Fairfield Police Department was so excited about partnering and creating services for the folks on the streets that they sustained the grant themselves by hiring a Social Worker prior to the end of the grant. We were quite surprised that they sustained the grant. 4) Finally, we were surprised that we were able to sustain all four components of the grant. This was really big for the county and indicates how important services to mentally ill offenders are in Solano County.

6. Were there any lessons learned?

Perhaps the biggest lesson learned from having implemented the Solano County MIOCR Project is that “more is not always better”. Solano County, in 2015, when the MIOCR proposal was written, did not have many services for the justice-involved mental health population. Therefore, we at the Sheriff’s Office were keen to respond to the BSCC solicitation as we saw it as an opportunity to add to the service structures within the county on behalf of mentally ill offenders. We, therefore, created a very ambitious four component project to: impact folks before ending up in jail; divert them early once incarcerated; treat them while in jail and finally to provide re-entry programming and serve them in the community.

Since the county did not have the above mentioned services this seemed like a good plan and multiple county departments were on board. However, the rollout of the project was quite time consuming and trying to put so many components up at the same time was quite challenging. Solano County is under-resourced which also applies to management necessary to guide a project as large as MIOCR. What we learned was that we needed a consistent Champion for each project component. Over the course of the grant staff retired, transferred, got new jobs or were re-assigned which impacted the consistency of rolling a project with so many parts. When a consistent leader was moving a component of the project, for example, when the court began to drive the post-filing diversion component and turned it into the Mental Health Court component things began to come together. However, when

staffing issues at the Police Department lead to fewer “ride alongs” than the Community Based Diversion project would stagnate and we were unable to devote resources to help create a workaround due to lack of bandwidth.

What we learned in hindsight was that if we had developed a smaller project, perhaps just the in-custody and community re-entry components, we probably would have been more successful with client services. We would have been able to focus all attention and resources on these components instead of being split in four directions. On the upside, we did build a lot of valuable relationships and began to put some infrastructure in place that we can build upon in the future—especially since all of our components are sustained.

As we developed our systems to refer clients to the Re-entry Program and as we contemplated how we would refer folks for consideration to the Mental Health Court, we came to realize that our jail did not have a best practice approach to screening folks for mental health issues and substance use disorders shortly after jail booking. Rather, our folks are screen within two weeks of booking. Particularly with the shorter lengths of stay we are seeing in California, we need to screen folks as soon as possible after booking so they can be referred for further assessment and then into the diversion or in-custody program that might best address their needs. Having realized our need to develop new screening systems in the county jail, we are planning to change our processes.

A big lesson learned for all partners on this grant was to have patience. We set out to change some of the systems in the county and to create new ways of doing things. County bureaucracies can be slow to move but if teams persist they will ultimately be able to make changes—if they have garnered the needed support from department heads. Relationship building and inclusion is key to making this happen.

Another lesson learned included understanding that the Work Group meetings that are created to get the projects up and running need to be sustained for the duration of the grant. We created Work Groups for each component of our grant and they operated quite effectively for the first to years of the grant. During Year 3 interest started to flag and attendance at the Work Groups was fading. Additionally, departments that had helped to get the project up and rolling felt that their work was done. In hindsight both In-custody and Re-entry components could have benefited from full Work Group presence during Year 3 to continue to work on barriers, as a measure of accountability and to provide support for the project team.

We also learned that we could and should have included MHSA staff on our Work Groups both due to the fact they provided the match as well as understanding they have a great deal of technical expertise to offer provider staff as well as understanding how to work with stakeholders. While we had representation from Health and Social Services staff who were from the FACT program and hospital liaison team, the Sheriff's Office was not as knowledgeable about Health and Social Services systems therefore MHSA was forgotten about after a manager retired.

Locating workstations of community-based provider staff embedded in the jail is important to consider when implementing a new program. Our provider team had not worked in a jail prior to this project. They saw themselves as community-based staff who came to the jail to do a part of their job rather than as a significant part of the jail program team. We located them in an office space where other program staff came infrequently. This location did not help to acclimate them to the jail or help them to bond with other program providers. It is important that all jail program staff understand each other's programs and are able to create a collaborative opportunity. Locating program staff in areas where they have easy access to each other will help to acclimate new providers to the institutional process and will allow all program staff to come up with creative ways to work together.

Collaboration is the key to resolving any barrier. There were a variety of barriers experience along the way during this grant and we learned that if we identified the problem correctly and identified the entity that might be most helpful, we could ultimately make progress. Identifying all of the stakeholders necessary to implement and run the services identified in your grant is important at the outset of the grant. Additionally, it is important to include additional partners along the way as the project matures.

At a micro level we discovered that clients who were involved with multiple providers and case conferenced as a part of their MIOCR episode were easier to engage and often remained in the program longer. We wished we had been able to capture this data for our report as now it is only anecdotal. A recommendation for working with the engagement of mentally ill offenders is to see they have access to other in-custody programs and utilize case conferencing when at all possible.

In planning the grant we thought that case managers would have 20 clients on their caseloads based on thinking most of their clients would be lower level misdemeanor offenders. As it turned out the majority of clients involved in the project were felons. These folks required a great deal more of case management to reach stability and client were lost due to the need for more follow up. In our

sustaining the project we are looking at caseloads of 12-15 in order to be able to meet the high need level.

On the direct service level we learned that our case managers were focused on mental health issues when working with our clients but seemed not to focus on the co-occurring substance use disorders. It is important to remind staff that the co-occurring disorder is best addressed concurrently with the mental health issues and provide training and resources.

A big lesson learned had to do with housing, housing, housing! We learned that without the ability to place clients in sober living, transitional or supportive housing any services received or gains made may not be maintained. Clients placed in housing were more likely to positively finish the program, maintain contact with case managers and become supportive peers. We also learned that we needed to work on expanding the housing capacity in our county. The options for transitional and temporary housing in our county are limited as well as those for permanent and supportive housing. We were able to provide this information to Health and Social Services as they were facilitating focus groups on the way to developing their Proposition 47 proposal—which was ultimately funded and included an expansion of Sober Living and Transitional Housing resources in our County.

Finally, we learned that without data we have no way of measuring whether the interventions we are applying have any merit. Our initial data pull to create our grant proposal was a "hand pull" from the Nurse Manager who oversaw our medical and mental health contract. He was able to pull data because he had overseen the contract for many years. Unfortunately, he retired in the middle of the grant and took his "institutional history" with him. We were unable to identify accurate data regarding our mental health population because this data was not in our Jail Management System. It is important that data relevant to being able to describe and understand your inmate population be included in your Jail Management System. We have been taking steps to remediate this problem.

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Project Overview

The Solano County MIOCR project has created a county-wide response to the issues of services, treatment and recidivism reduction for the justice-involved mentally ill. The project design directly targets reducing the number of mentally ill offenders who are incarcerated by diverting low-level offenders prior to and shortly after booking; providing Jail Based Mental Health programming for sentenced and certain un-sentenced offenders, based on assessment; and by providing comprehensive Re-entry Planning and intensive case management aftercare services to the target population prior to and after release.

Solano County used the Transition from Jail to Community (TJP) Model as the overarching guide to the development of a service structure and transitional process for the Mentally Ill Offender population. TJP is an evidence-based reentry initiative begun by the National Institute of Corrections and the Urban Institute in 2007 and designed to address the special issues of jail re-entry while reducing recidivism (Mellow, et al, 2013). It is designed to improve reentry outcomes through a structure that requires corrections, community corrections and other partner agencies to work together both in-custody and in the community in order to improve successes for the target population (Warwick, K., Dodd, H., and Neusteter, 2012). Through the implementation of our MIOCR Strategies Committee we began our county-wide culture shift. We implemented three Work Groups to guide the implementation and functioning of our project: The Diversion/Collaborative Court Work Group; the In-Custody Work Group and the Re-entry/Aftercare Work Group. These three Work Groups served to guide the various components of the project.

The TJP model draws on research related to evidence-based practices and principles of effective intervention in community corrections. Drawing on these bodies of knowledge the model suggests triaging participants based on risk and need, length of stay, offense and disposition in order to determine appropriate intervention strategy (Warwick, K., Dodd, H., and Neusteter, 2012). In keeping with current correctional theory (Lowenkamp and Latessa, 2002) it suggests high-risk offenders benefit most from higher dosage interventions while low-risk offenders may benefit most from referrals to community resources. While the TJP model has yet to post results related to recidivism it is an evidence-informed intervention and service model designed by integrating the most cutting-edge correctional research into its structure.

In keeping with the TJP Model low-level offenders accused of committing minor crimes related to issues of mental illness will be screened and diverted when possible. The Solano County MIOCR Project created a Community Based Diversion Component in partnership with the Fairfield Police. This component consisted of police officers from the FFPD Homeless Intervention Team working with MIOCR Case Managers from the Bay Area Community Services Agency (BACS). On a weekly basis, case managers accompany the police on “ride alongs” into homeless encampments where the police identified as being a place where many mentally ill

offenders lived. The police and BACS case managers screen individuals and offer a variety of concrete supportive community-based services and referrals into mental health services in order to improve stability and decrease the opportunity for recidivism back to jail. This component of the project met with a great deal of community support. The Fairfield Police Department ultimately hired their own Social Worker and Health and Social Services offered to join visits to the encampments with a variety of benefits specialists. This component was sustained by the Fairfield Police Department prior to the end of the grant period.

The second component of the project that was planned was a Post Filing Diversion option whereby mentally ill individuals who were arrested and booked into jail on misdemeanor offenses would be assessed shortly after jail entry and referred for Pre-Trial Diversion. After meeting with the DA, Public Defenders, Probation and the Courts it was determined that the County and mentally ill offenders would be best served through the creation of a Mental Health Collaborative Court. The Collaborative Court Manager began to attend our Diversion Work Group Meetings and ultimately wrote and won a DOJ grant to guide the implementation of a MH Collaborative. The grant allowed for the hiring of a MH Collaborative Court Manager and the MIOCR grant would provide case management in the community as well as assessment in the jail to determine who should be referred. All partner departments participated in the planning process for this court with a consultant. A Sequential Intercept Map (see appendix) was developed, Policies and Procedures for the MH Collaborative Court were developed, a list of Misdemeanor charges was agreed upon by the DA and Public Defender. The new MH Collaborative Court was preparing to launch in early 2018. Unfortunately, the Humphrey decision regarding bail reform derailed the start of the new court as the mentally ill misdemeanants would no longer make up much of our jail population. Currently, the Courts are working with the DA and Public Defender to identify the felony population to be served by the MH Collaborative Court. Independent of this project, mental health inmates who remain in jail longer than 7 days will be assessed using the LSCMI and a formal mental health assessment, starting September of 2015. This assessment process will identify each inmate's risk level and criminogenic needs as well as mental health needs and thus direct program and transition planning. Transition planning will start immediately after the assessments are complete.

A third component of this project is an in-custody component. The California Forensic Medical Group (CFMG), the medical/mental health provider in the jail launched a small mental health program unit in the jail. Interventions include Medication Education, various evidence-based practices related to Illness Management, Coping Strategies, and Social Skill Building. This unit is staffed by Correctional Officers, specially picked for the unit and a Mental Health Clinician. Psychiatrist hours are also available on a part-time basis. This in-custody program was the first Mental Health Treatment intervention launched in the Solano County

jail and has helped highlight additional services that are needed in the jail. It is being sustained beyond the grant period by CFMG.

In order to directly impact community re-entry and to assist with recidivism reduction, Solano County created the fourth (and largest component) of the MIOCR Project, the Re-entry Team. This “Team” consists of a Forensic Clinician who will guide the team and oversee assessment, a Re-entry Specialist who will be embedded in the jail and three Community Based Case Managers. These staff members are employed by the Bay Area Community Services agency (BACS), a county contractor.

The Re-entry Specialist accepts referrals from CFMG (Sheriff’s Office Medical and Mental Health Provider) for individuals who are severely mentally ill, Solano County residents and who do not meet the criteria for FACT. These individuals are volunteers and must be re-entering the community (rather than on their way to state prison). The Re-entry Specialist administers a needs assessment, collects information regarding the individual from Sheriff’s Office staff, Jail Mental Health Staff, the participant, Probation and then works with the participant to create the Re-entry Plan. At this point the Re-entry Team will begin to utilize the Critical Time Intervention (CTI), the case management evidence-based practice chosen for this project.

CTI is a time-limited case management model designed to support continuity of care and community integration for persons with severe mental illness who are transitioning from institutional settings (shelters, hospitals, jails) to community care and are at risk for homelessness. This intervention was chosen due to positive results with our justice-involved mentally ill, of whom, the majority are at risk for homelessness. Two experimental studies determined that the use of the CTI intervention reduced the likelihood of recidivism back to an institutional setting by 33% when compared to the usual care model (Herman, D.B., et al, 2011; Tomita, A. & Herman, D.B., 2012). Additionally, the use of CTI reduced by 66% the number of homeless night spent by the target population as compared to usual care (Herman, D.B., et al, 2011; Tomita, A. & Herman, D.B., 2012). Thus, research indicates that CTI reduces homelessness as well as time spent in institutional settings.

Each program participant is assigned a Community Case Manager who completes in-reach visits with him/her in order to begin relationship building. On release day the Community Case Manager collects the participant from jail, takes him/her to the pharmacy to pick up medication, to the Mental Health clinic for an appointment with the psychiatrist, to probation for a meeting with the probation officer (if necessary) and will then transport the individual to her/his housing situation.

The Community Case Manager follows the newly released participant closely providing support and connecting him/her to people and agencies that will assume

the role of primary support. During this period the Case Manager follows the individual in the community, will make home visits, meet with supports, introduce participant to new supports, conduct collaborative assessments and give support to participants and caregivers.

The Case Manager follows the participant in the community for three to six months depending on need. Once the Transition period has ended the case manager's role will shift and s/he will focus on monitoring and strengthening both the participant's support network and skills. The Case Manager will mediate conflicts with caregivers and support network, help participant adjust support networks and encourage her/him to take more responsibility.

Program Logic Model

A visual representation of the project and the logical relationships between the different components is included in the appendix. This model shows the process used to determine which intervention a participant will receive.

Project Goals and Objectives

Solano County MIOCR main project goals and objectives were as follows:

Goal 1: Decrease the number of MIO from Fairfield booked into jail for victimless crimes.

Objective a. Case managers will work with the Police Department in Fairfield to screen and/or assess all potentially misdemeanor MIO encountered during scheduled ride-along days for needed services

Objective b. Case managers provide the potentially misdemeanor MIO encountered during the ride along with referrals to community programs when needed.

Goal 2: Decrease # of jail bed days utilized by MIO.

Objective a. Divert misdemeanants booked into jail through Pre-Trial Services.

Objective b. Decrease length of stay for un-sentenced MIO through use of Re-entry Planning and aftercare process.

Goal 3: Decrease classification levels of MIO in county jail.

Objective a. Enroll MIO housed in Ad Seg into the In-Custody Mental Health Treatment program in order to improve medication adherence, coping skills, and social skills.

Goal 4: Reduce the recidivism rate of recently released MIO from Solano county jails.

Objective a. Enroll MIO housed in Ad Seg into the In-Custody Mental Health Treatment program in order to improve medication adherence, coping skills, and social skills.

Objective b. Enroll eligible MIO into Re-entry/Aftercare services to provide them with case management support after released from jail, which includes assisting them with obtaining Medi-CAL, SSI/SSDI, housing, and employment.

Eligibility Criteria

In-custody: Adults; moderate to high risk as measured by the LSCMI; seriously mentally ill as measured by assessment and chart review (Jail Mental Health and Health and/or Social Services).

Reentry: In order to be eligible for the MIOCR Re-entry Program an individual must be incarcerated in the Solano County Jail and meet the following criteria:

- A. S/he may be sentenced or un-sentenced but must be post-arraignment with a high likelihood of returning to the community within three weeks to 90 days.
- B. The individual **MUST** have a primary mental health diagnosis (substance abuse may be co-occurring but may **NOT** be primary) determined through assessment by Jail Mental Health staff, the MIOCR BACS Clinician and the collection of collateral information.
- C. The individual will not usually be on probation (these folks are usually referred to FACT) unless they have been ruled out as a FACT client.
- D. The individual **MAY** be a Felon IST individual but **ONLY** if their confinement time has maxed out and they will not be going to FACT. The individual may be a Misdemeanant IST individual.
- E. An individual may **NOT** be a FACT and MIOCR client at the same time.
- F. The individual must be a Solano County resident.

- G. The individual may NOT have a history of serious or persistent violence.
- H. An individual may not be ordered to the MIOCR program, s/he must volunteer.

Sex Offenders are evaluated on a case by case basis for the reentry program.

Criteria for Determining Participant Success for the Project

The following criteria was used to determine participant success in each program:

In-Custody

- A. Able to participate in a group setting of greater than 5 individuals.
- B. Actively participate in 60% of group sessions during the time spent in the module.
- C. Less than two writeups requiring classification disciplinary action by Classification per 30 days on module.

Re-entry

- A. Greater functioning and integration in the community as indicated by one of the following:
 - a. Reduced interactions with law enforcement
 - b. Ability to maintain independence in the community
 - c. More stable housing

MIOCR Services and Practices

In-Custody: MIOCR participants enrolled in the in-custody program receive individual counseling sessions and group sessions three times per week. Current Evidence-Based programming includes Seeking Safety, Illness Management, and Thinking for a Change. MIOCR in-custody participants can also receive chemical dependency and anger management programming depending on their needs.

Re-entry: MIOCR participants enrolled in the reentry program meet with a Re-entry Specialist who assesses them and develops a re-entry plan based on the participants' needs. Case managers do in-reach services prior to release from jail to develop a relationship with the participant to implement their re-entry plan as they

transition into the community. Case managers work with the MIOCR reentry participants assigned to them to implement the individualized reentry plan with the practice of Critical Time Intervention (CTI) principles to meet goals in the plan, which may include one or more of the following services:

- Establishing linkages to behavioral health treatment
- Assisting them with obtaining health insurance coverage (e.g., Medi-Cal), Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) and/or other benefits.
- Employment and/or education assistance
- Housing assistance
- Assistance obtaining an identification card (ID); and
- Transportation assistance.

How Services and Practices Were Monitored for Quality and Effectiveness

In order to monitor the quality of services delivered to the MIOCR program participants, case managers and other service providers were instructed to develop a chart for each participant they are providing services to in order to document the services they provided to the participant each week. The MIOCR project work groups met on a regular basis to review the service logs and client case reports in order to assess the quality and effectiveness of the services and practices delivered by contracted staff, making adjustments as needed. This included assessing issues related to caseloads and the number of participants in each group.

Participant Tracking

The MIOCR project team documented service delivery for the in-custody and reentry programs in a variety of ways. Services delivered to the participants in the in-custody program were documented in the Sheriff's Department electronic management system. Client encounters were also documented in paper case files. The local evaluator created data collection tools to abstract key information from the jail management system and paper case files for each MIOCR program participant. The baseline data collection tool was used to collect basic demographic information (i.e., age, gender, ethnicity, psychiatric diagnoses, physical disabilities), historical information (i.e., prior convictions, jail days, ER visits, inpatient visits, receipt of benefits, housing status, and employment during the 12 months prior to the incarceration that led to MIOCR enrollment), and baseline assessment results.

Another data collection tool was implemented to capture information on program status, convictions, ER visits, inpatient visits, incarcerations, program participation and services received each quarter.

Project Oversight Structure

In order to ensure that the activities and services occurred in an effective and coordinated manner, a Steering Committee was formed consisting of the Sheriff, the Chief Probation Officer, department Heads from other county services, community stakeholders and consumer. This Steering Committee served as the oversight body for this grant and met on a bi-annual and then annual basis. Three MIOCR project Work Groups (Diversion, In-Custody, and Reentry/Aftercare) were established to direct the work of each specific component of the project. These Work Groups were responsible for developing policies, procedures and protocols for their components and present this information to the Steering Committee which approves all work. Specifically, the Work Groups monitored the work completed by project staff, reviewed data and processes, and made recommendations to the Steering Committee for necessary adjustments to workflow and/or data collections.

How Project Components Were Monitored, Assessed, and Adjusted as Necessary

The Work Groups met on a regular basis to review project implementation, including the number and type of referrals, number of completed assessments, retention rates, benefits establishment, and engagement in MIOCR programs and services. The team worked closely with the evaluator to ensure that all project components were being monitored and documented.

Evaluation

Process Evaluation

A primary component of this project was to implement a system to identify inmates with mental illness who are in need of intensive and comprehensive services through referrals and screening. These project components were documented by the service providers and submitted to the evaluator on a quarterly basis. The following components were assessed to determine the extent to which the MIOCR services and practices were being implemented as planned:

- Participant received a formal psychiatric evaluation

- Participant received a standardized assessment for risk to re-offend
- The Brief Symptom Inventory (BSI) and Brief Resilience Scale (BRS) were administered to each participant at enrollment and 90-days post-enrollment
- Percentage of reentry participants who did not receive services after release from jail
- Percentage of participants receiving services each quarter

Outcome Evaluation

The following were the major outcomes assessed in this evaluation:

1. Recidivism following release from jail
2. Psychological functioning and resilience at project enrollment and 90-days post-enrollment
3. Benefits establishment at discharge
4. Employment status at discharge
5. Housing status at discharge

Measures

This evaluation included both administrative and self-report data. This section provides descriptions of the specific measures used in this evaluation

Recidivism: Information about convictions and days spent in jail before and after the incarceration that led to their enrollment in the MIOCR program were abstracted from the jail information management system. Specifically, we obtained information on the number of prior felony and misdemeanor convictions and days in jail during the 12 months prior to their incarceration and compared that to the number of convictions and days spent in jail during the 12-month period following their release from jail.

Mental Health: The BSI-18 was used to assess mental health status at project enrollment and 90-days post-enrollment. The BSI-18 is an 18-item scale used to assess psychological distress across three domains: somatization, depression, and anxiety. Respondents are asked to rate the extent to which they have been bothered by each item on the scale over the previous 7 days. Responses, based on a Likert-type scale, ranging from 0 (not at all) to 4 (extremely), were summed into an overall global distress score. The possible scores range from 0 to 72 with higher

scores representing higher levels of psychological distress. This scale has shown acceptable internal consistency with a Cronbach alpha of 0.89 (Zabora et al., 2001).

Resilience: BRS was used to assess resilience at project enrollment and 90-days post-enrollment. The BRS is a 6-item self-report scale used to assess the ability to bounce back or recover from stress. Respondents are asked to indicate the degree to which they agree with each statement on the scale. Responses, based on a Likert-type scale, ranging from 1 (Strongly disagree) to 5 (Strongly agree) were summed and averaged to create a resilience score that ranged from 1 to 5. Higher scores on this scale represent higher levels of resilience. This scale has shown acceptable internal consistency with a Cronbach alpha ranging from 0.80-0.91 (Smith et al., 2008)

Benefits Establishment: MIOCR program staff collected information about whether or not reentry participants were receiving SSI/SSDI and Medi-Cal at the time of their discharge from the program.

Employment: MIOCR program staff collected information about whether or not reentry participants were employed at the time of their discharge from the program.

Housing Stability: MIOCR program staff collected information about whether or not reentry participants were homeless at the time of their discharge from the program.

Analytic Methods

Data were screened prior to conducting statistical analysis for accuracy, outliers, and missing data. Analytical strategies included descriptive and inferential statistics comparing subgroups or assessing relationships between variables. Chi-square was used to test hypotheses from a bivariate perspective, as relevant to distributional characteristics of independent and dependent variables. Analyses were extended to logistic regression as appropriate to the dependent variables to allow inclusion of covariates and to assess multivariate effects of background characteristics.

Paired-sample *t*-tests were conducted to assess changes in psychological functioning, resilience, convictions, jail days, and presentence jail days over time. Cohen's *d* scores were calculated to estimate effect sizes for significant paired differences in scores from pre- to post-intervention. Paired-sample *t*-tests allow us to look at change over time per individual but report the findings for the group. Thus, we do not need to control for other variables (e.g., age or race, etc.) because each person is their own control case and demographic variables will not vary over time.

Statistical significance is represented by the “p-value.” This value represents the probability that the observed results would have occurred if the program indeed did not have an impact on the participants. The commonly accepted minimal p-value that represents statistical significance is $p < .05$ was used in all analyses. The effect size (Cohen’s d) represents the magnitude of the treatment effect. Cohen (1988) defined effect sizes as "small, $d = 0.20$," "medium, $d = 0.50$," and "large, $d = 0.80$ "

Results and Conclusions

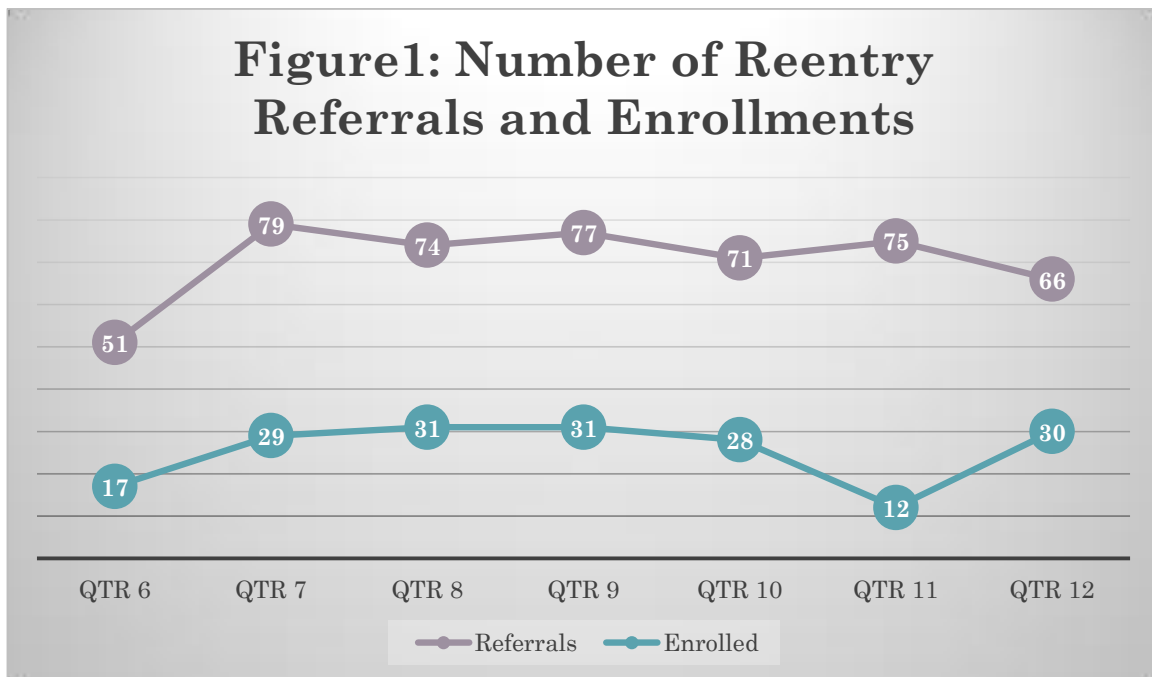
Recruitment and enrollment

Table 1 presents the number of individuals who enrolled in each program every quarter. A total of 64 individuals enrolled in the jail program and 211 individuals enrolled in the reentry program. While the number of individuals enrolled in the jail program each quarter remained under 10, the number of individuals enrolled in the reentry program increased over time with around 30 being enrolled each quarter. However, in quarter 11, there was a decrease in the number enrolled in the reentry program due to a loss of staff, which led to caseloads becoming too large to adequately manage all clients. Thus, a decision was made to slow recruitment during quarter 11.

Table 1: Number of individuals enrolled in each program by quarter

	Jail	Reentry
Quarter 3	12	8
Quarter 4	8	15
Quarter 5	7	10
Quarter 6	5	17
Quarter 7	7	29
Quarter 8	4	31
Quarter 9	7	31
Quarter 10	7	28
Quarter 11	5	12
Quarter 12	2	30

Figure 1 provides information on the number of referrals the MIOCR team received for the reentry program and the total number of individuals who were enrolled in the program each quarter. The MIOCR team determined that in order to meet their enrollment goal of approximately 30 individuals each quarter, they would need to receive around 70 new referrals each quarter. As the figure below shows, the MIOCR team received around 70 new referrals each quarter, which allowed them to meet their enrollment goal of about 30 participants for most of the quarters.



Participant Characteristics

This section provides a description of the project population. As indicated in figure 2, the majority of participants in the jail program were Black (36%) and White (28%). In the reentry program, the majority of the participants were also Black (33%) and White (44%). As shown in figure 3, almost all of the jail participants were male (98%). In contrast, approximately 63% of the reentry participants were male. With regard to age, figure 4 shows that the majority of the participants in both the jail program (52%) and the reentry program (63%) were between the ages of 26 and 44.

Figure 2: Ethnic Breakdown of Participants

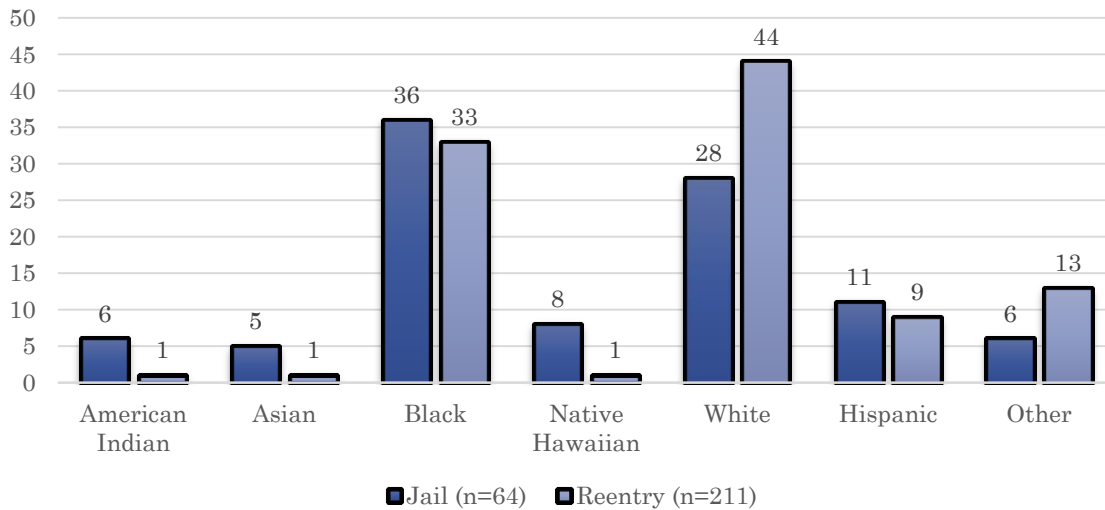
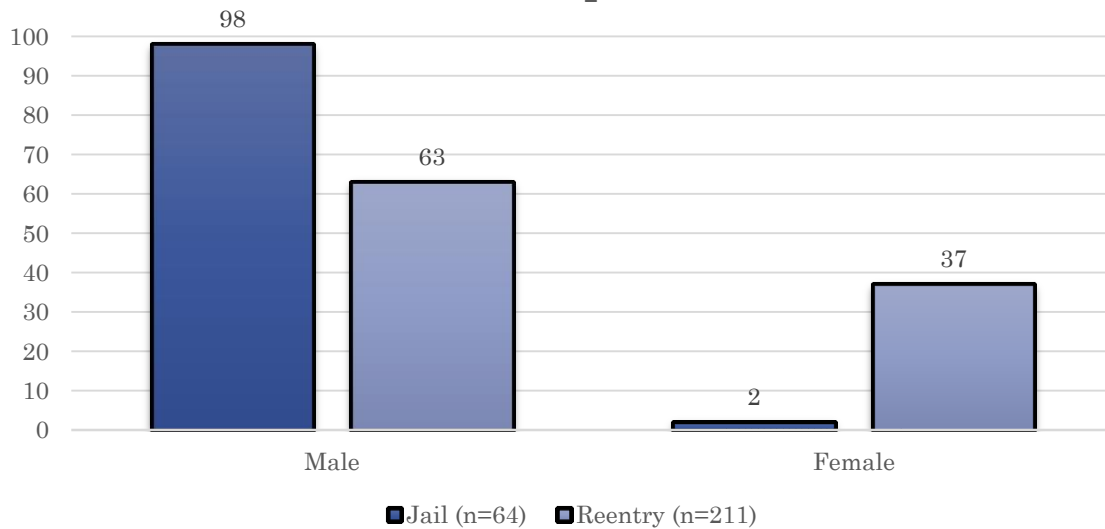
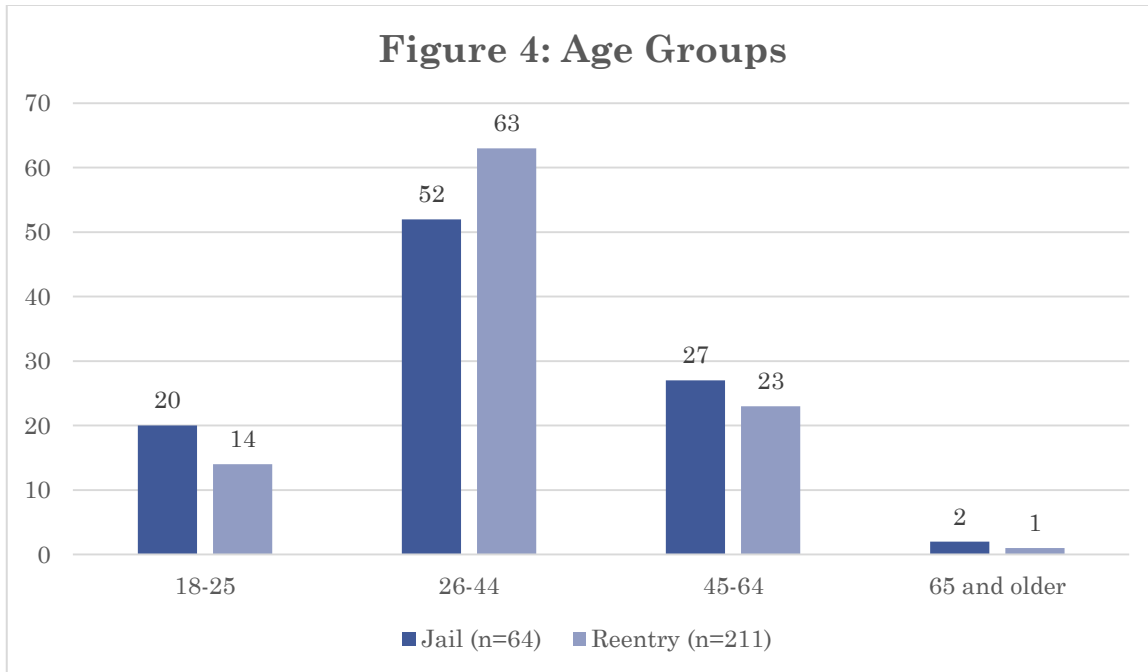


Figure 3: Gender Breakdown of Participants





As shown in figure 5, approximately 39% of jail participants and 45% of reentry participants reported having one disability. About 23% of the jail participants and 14% of reentry participants reported having two or more disabilities. A total of 165 participants reported having at least one physical disability. Of those with a physical disability, over half of the jail (55%) and reentry participants (62%) reporting having a chronic health issue. Around 43% of the participants in the jail program reported having cognitive difficulties while only 10% of the reentry participants reporting having cognitive difficulties. Approximately 30% of the reentry participants reported having sight problems and 15% of jail participants reported sight problems. About 18% of the jail participants and 10% of the reentry participants reported having hearing problems. Around 18% of the jail participants and 17% of the reentry participants reported having physical mobility issues.

Figure 5: Number of Physical Disabilities Reported

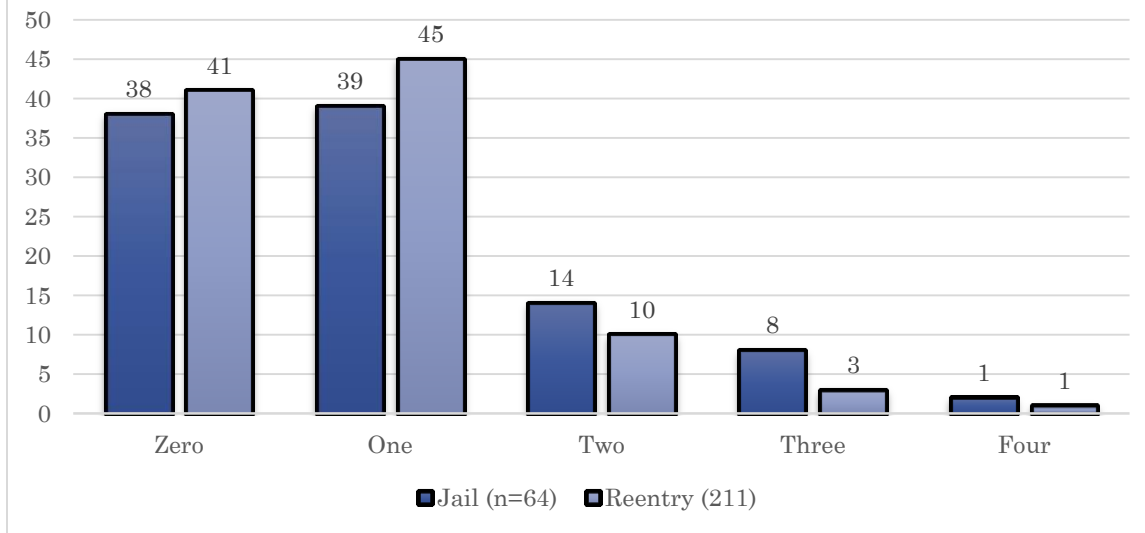
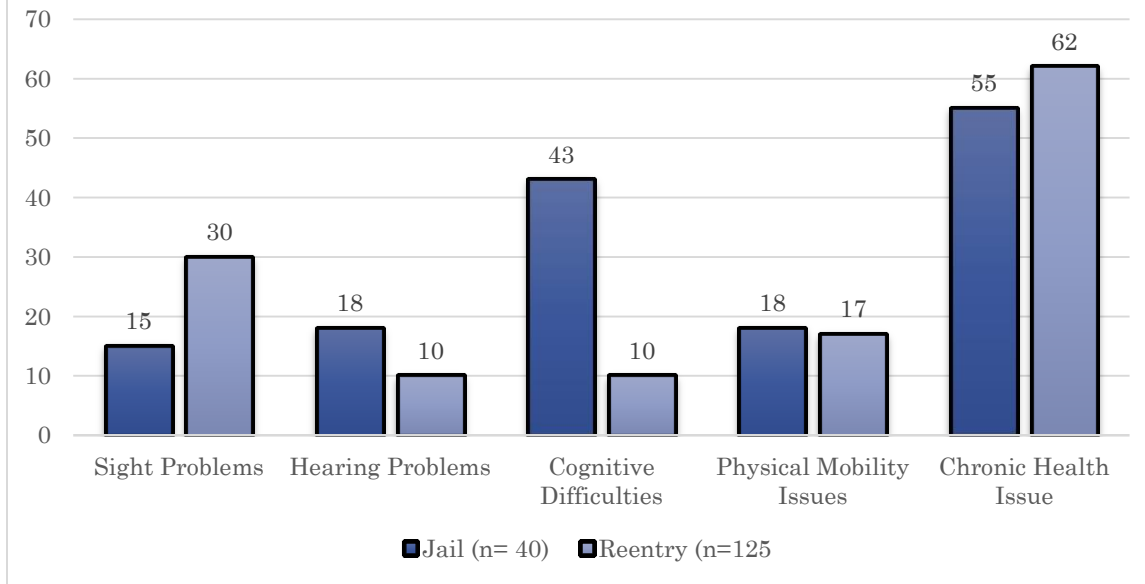
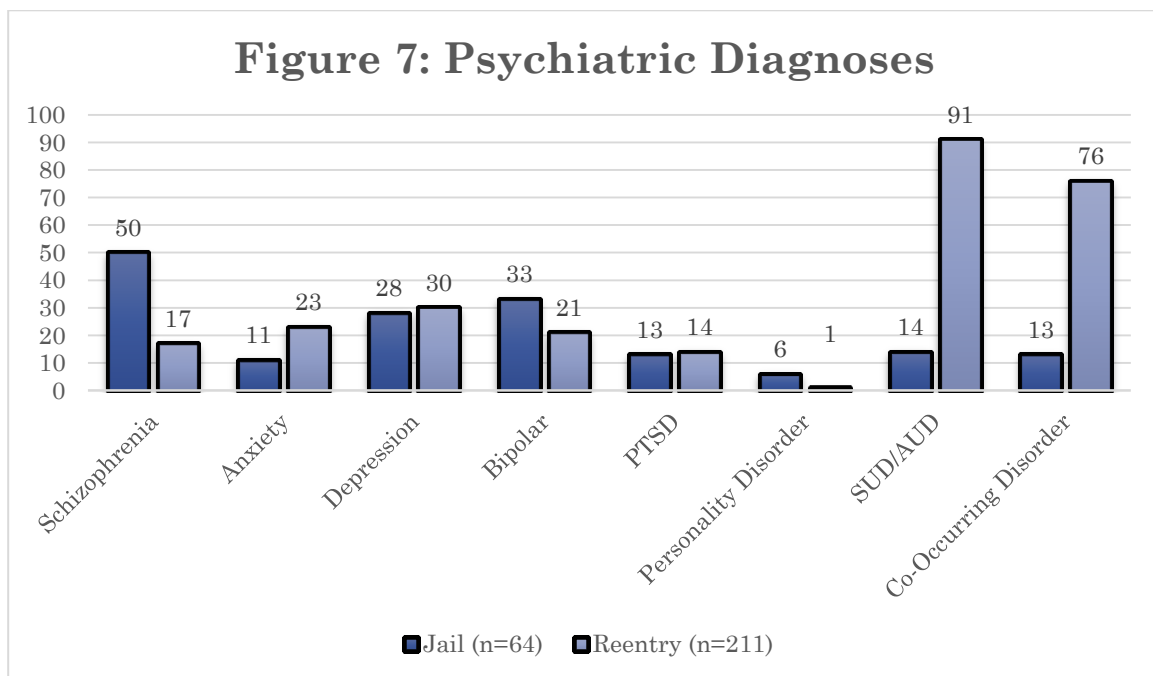


Figure 6: Physical Disability Breakdown



All participants were assessed for mental health and substance abuse problems at project enrollment. Figure 7 provides information on the percentage receiving each type of psychiatric diagnosis. There were substantial differences between the jail and reentry participants as almost all of the reentry participants (91%) were diagnosed with a substance use disorder (SUD) compared to only 14% of the jail participants receiving this

diagnosis. Reentry participants were also more likely than the jail participants to be diagnosed with a co-occurring mental and substance use disorder (76% versus 13%). In contrast, jail participants were more likely to be diagnosed with schizophrenia than the reentry participants (50% versus 17%). Approximately 33% of the jail participants and 21% of the reentry participants were diagnosed with bipolar disorder. With regard to depression, 28% of the jail participants and 30% of the reentry participants received this diagnosis. Around 13% of the jail participants and 14% of the reentry participants met the criteria for PTSD. Approximately 6% of the jail participants and 1% of the reentry participants were diagnosed with a personality disorder. Finally, almost a quarter of the reentry participants (23%) and 11% of jail participants were diagnosed with an anxiety disorder.



Process Evaluation Results

As noted previously, the primary project components were to (1) provide comprehensive assessments to MIOCR participants, and (2) provide services in the jail and the community. This next section examines the extent to which MIOCR staff performed all of the necessary assessments and provided services to MIOCR participants.

With regard to the assessments, all of the MIOCR participants received a formal psychiatric evaluation at project enrollment. However, there were several inconsistencies in the administration of the other assessments throughout the duration of this project. MIOCR staff used the Level of Service/Case Management Inventory to assess risk. While figure 8 shows that there was an increase in the percentage of MIOCR jail and reentry participants who received this risk assessment at project enrollment, the overall percentage

of jail participants who received this risk assessment was low. However, there was one quarter where all of the jail participants received this assessment. Additionally, the BSI is supposed to be administered to all participants at multiple time points. While the majority of individuals who enrolled in the MIOCR program in quarters 7 through 12 received the BSI, only 32% of the jail participants and 12% of the reentry participants completed the BSI at both enrollment and 90-days post-enrollment. The BRS was implemented in quarter 7 and supposed to be administered to all participants at multiple time points. As shown in figure 10, the BRS was administered to the majority of reentry participants at project enrollment in each quarter with the exception of quarters 12 and 7. In contrast, the BSR was not consistently administered to jail participants at project enrollment with 0 participants receiving this assessment in quarters 9 and 12. Furthermore, none of the jail participants and 13% of the reentry participants completed the BSR at both project enrollment and 90-days post-enrollment.

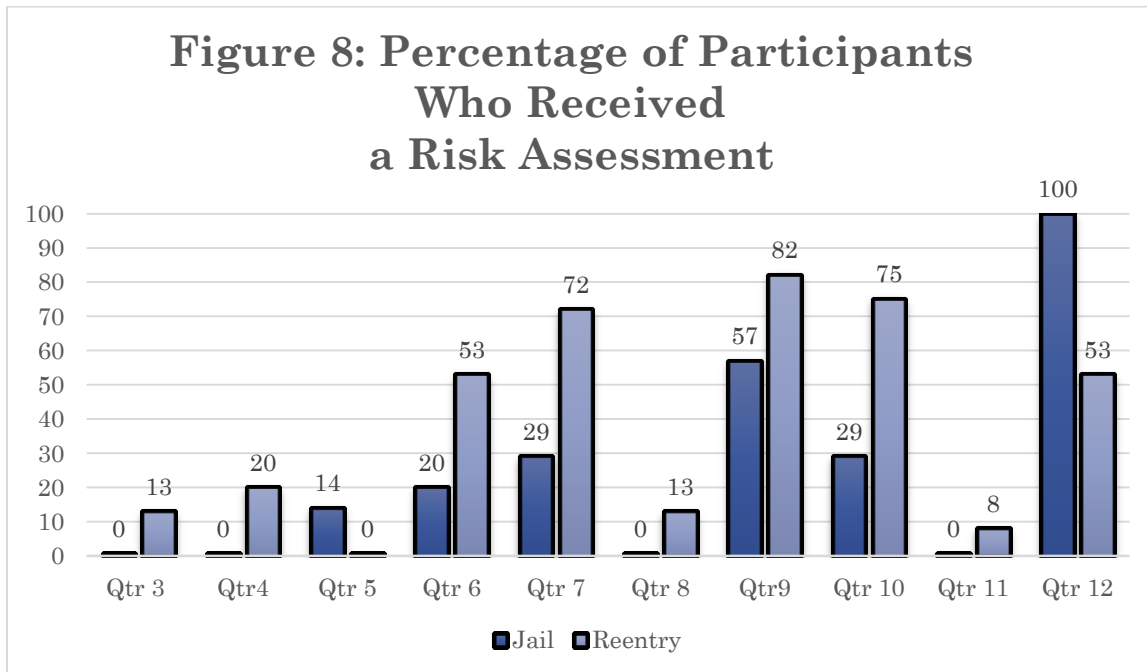


Figure 9: Percentage of Participants who received the BSI at Enrollment

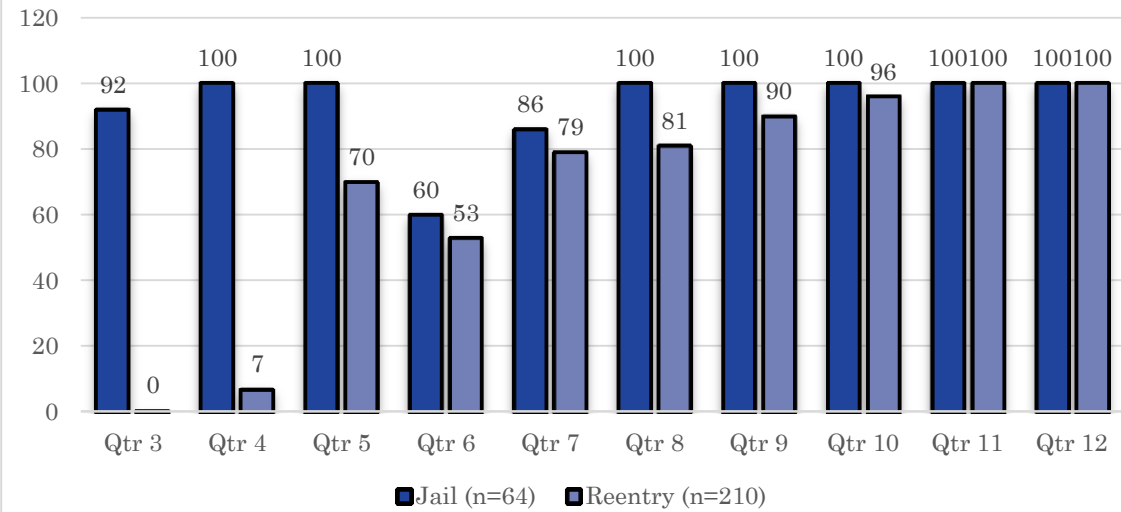
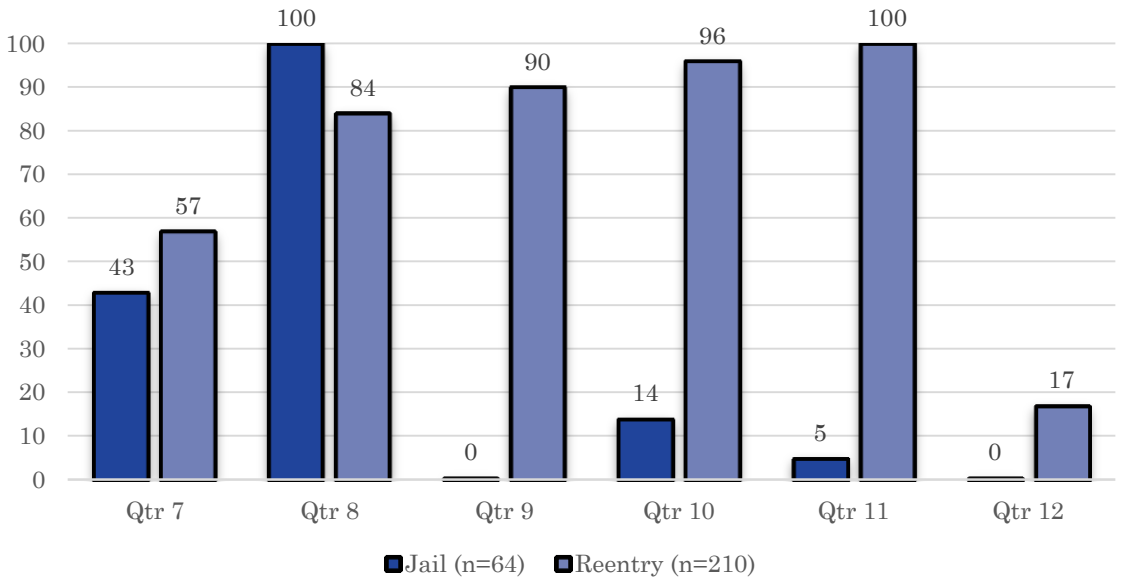


Figure 10: Percentage of Participants who received the BRS at Enrollment



Figures 11 and 12 presents the discharge status of MIOCR participants as of June 30, 2018. As shown in figure 11, approximately 31% of the jail participants had completed the program, 34% were released before completing the program, 13% were sent to state hospital, 3% were transferred to another housing module, 2% disengaged, another 2% were terminated due to behavioral incidents, and 8% were still in the program. Figure 12 shows that 35% of the reentry participants had made positive gains resulting in a positive discharge, 30% disengaged from the program, 14% were still in the program, 6% withdrew from the program, 5% were sent to prison, another 5% were sent to another county, 4% transitioned to a new program, and 1% was sent to the state hospital. While the MIOCR team attempted to identify individuals appropriate for the program, there are several factors that the MIOCR team could not control such as participants being sent to prison, mandated to another program or released early on their own recognizance. Thus, these participants were not able to fully receive all of the services provided by their MIOCR program. A number of participants in the reentry program disengaged immediately upon release so never received services while in the community. The MIOCR team believes this is something that can be avoided by having case managers meeting with clients with known release dates sooner in order to build a relationship with the client while he or she is still in custody; and creating a re-entry plan with clients while they are still in custody so they are not released without a way for the case managers to contact them, and so client's know how to contact their case managers.

Figure 11: Discharge Status of Jail Participants (n=64) as of June 30, 2018

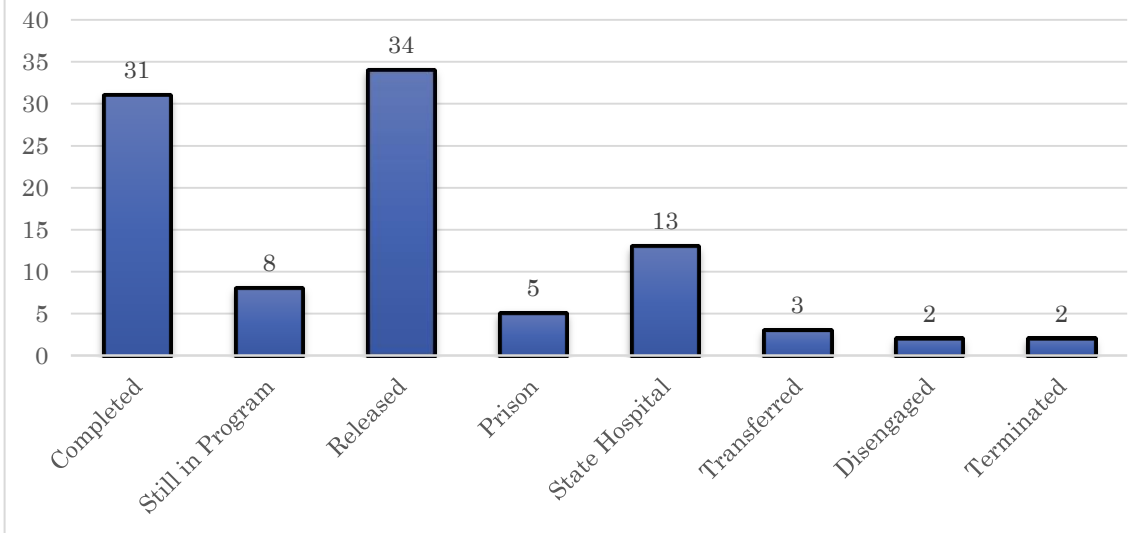


Figure 12: Discharge Status of Reentry Participants (n=211) as of June 30, 2018

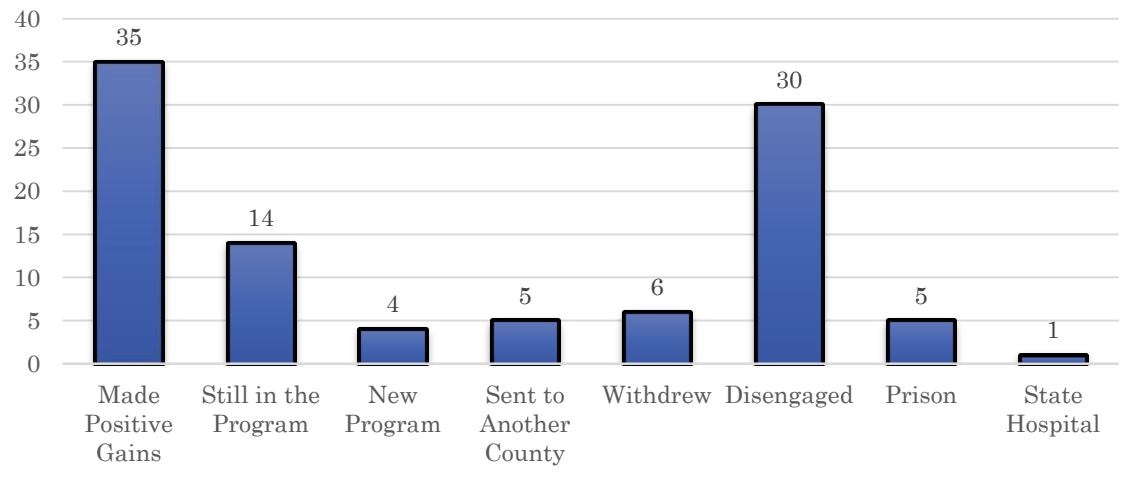
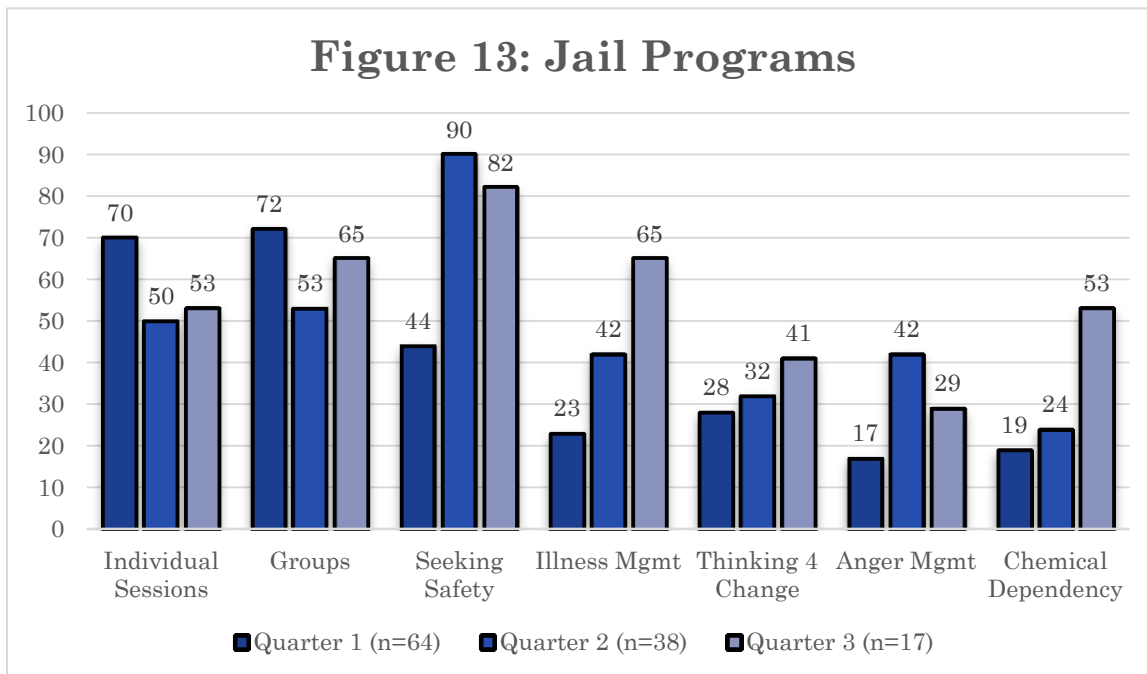
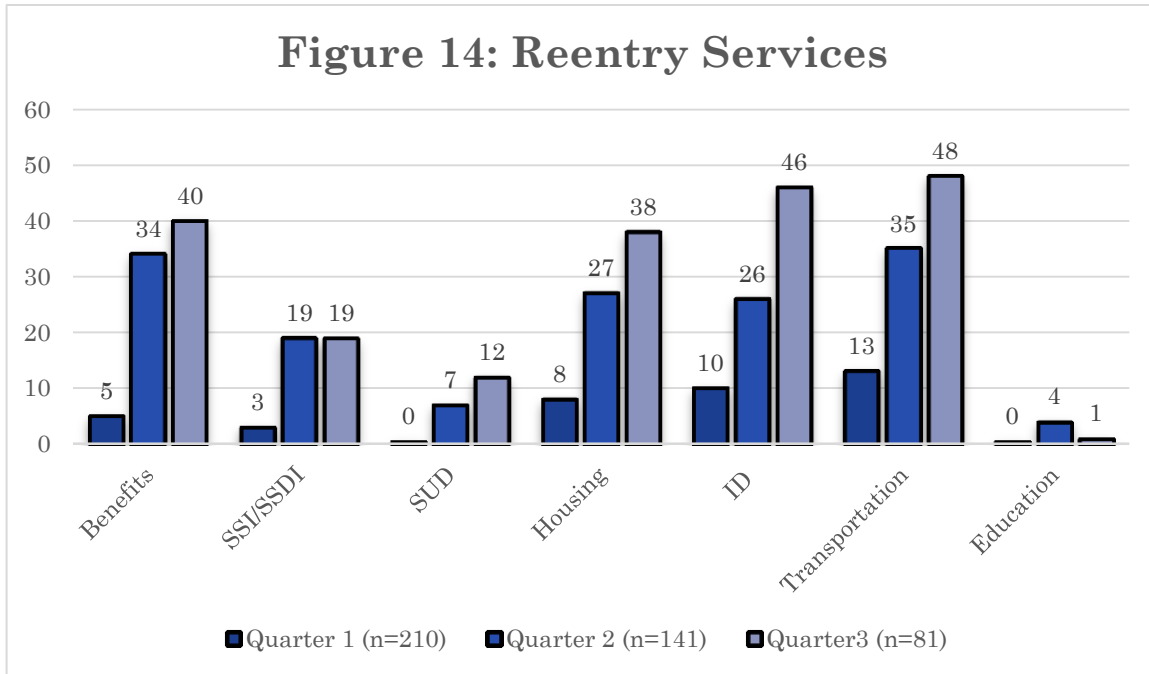


Figure 13 presents information on the percentage of individuals who participated in the various MIOCR jail programming during the first three quarters. As shown in this figure, the majority of participants receive individual sessions and/or group sessions during the

first quarter and Seeking Safety in the second quarter. By the third quarter, over half attended group sessions, illness management, and/or chemical dependency. Figure 14 presents information on the percentage of reentry participants receiving the different services each quarter. The percentage of reentry participants receiving services during the first quarter is very low, largely due to the fact that they were still incarcerated for most of this quarter. By the second quarter, approximately 35% received transportation assistance, 30% of the reentry participants received assistance with establishing benefits, 27% received housing assistance, 26% received assistance obtaining an ID card, and 19% received help establishing SSI/SSDI. During the third quarter, the most common services received by reentry participants were transportation (48%), ID (46%), Medi-Cal (40%), and housing (38%)





Impact Evaluation Results

Recidivism: Figure 15 presents the percentage of MIOCR participants who received one or more convictions within 12 months prior to their incarceration and the first 12 months following their release from jail. A total of 91 MIOCR participants had been in the community for at least 12 months following their release from jail. The McNemar test was used to check if the proportion of MIOCR participants who received one or more convictions prior to their incarceration is significantly different from the proportion of participants who received convictions during the first 12 months following their release from jail. Overall, there was a significant decrease in the percentage of MIOCR participants who received one or more convictions over time (51% versus 28%, N=91, McNemar's test, exact p=0.001). When just focusing on jail participants, there was not a significant decrease over time (36% versus 23%, N=22, McNemar's test, exact p=0.453). There was however a significant decrease in the percentage of reentry participants who received one or more convictions during the 12 months following release from jail (55% versus 29%, N=69, McNemar's test, exact p=0.002).

Figure 15: Percentage of MIOCR Participants Convicted Pre- and Post-Incarceration

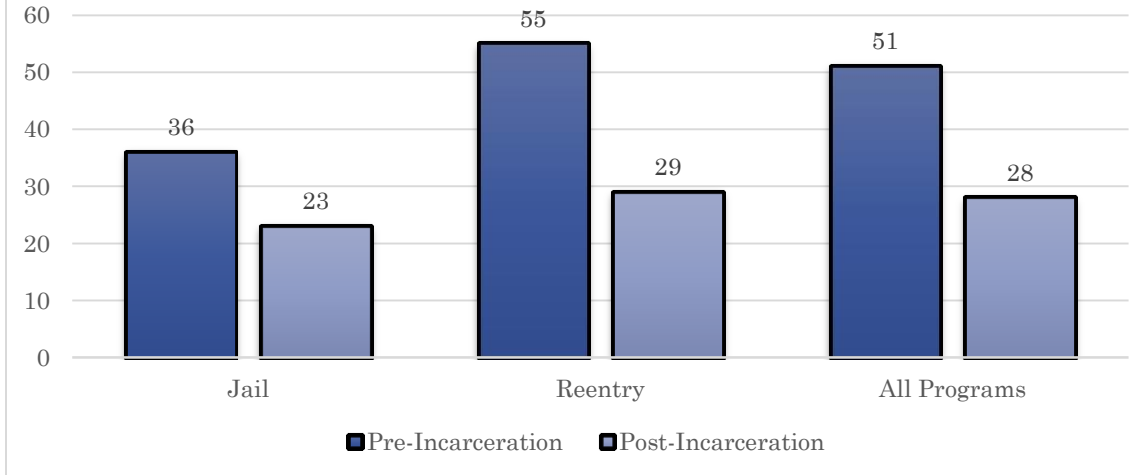


Table 2 presents the mean changes in the number of convictions, jail days, and presentence jail days among the 91 participants who had been in the community for at least 12 months following their release from jail. Mean changes in the number of convictions, felony convictions, misdemeanor convictions, jail days, and presentence jail days all decreased from the 12-month period prior to their incarceration and the 12-month period following their release from jail. However, only jail days and presentence jail days were significant. Specifically, there was a significant decrease in the mean number of days spent in jail among the jail participants (28.45 versus 8.32), the reentry participants (58.23 versus 14.54), and the total sample (51.03 versus 13.03). There was also a decrease in the mean number of days spent in jail for presentence hold among the reentry participants (19.30 versus 10.58) and when assessing the total sample (19.09 versus 9.93). Medium effect sizes were found for the reentry participants and total sample for change in the mean number of days spent in jail.

Table 2: Pre- and Post-Incarceration change in recidivism outcomes

	Pre- Incarceration	Post- Incarceration	t (df)	Cohen's <i>d</i>
	M(SD)	M(SD)		
Jail Participants (n=22)				
Convictions	0.59 (1.01)	0.27 (0.55)	1.91 (21)	0.32
Felony Convictions	0.18 (0.40)	0.14 (0.35)	0.37(21)	0.10
Misdemeanor Convictions	0.41 (0.96)	0.14(0.35)	1.67 (21)	0.28
Jail Days *	28.45 (47.22)	8.32 (21.10)	2.16 (21)	0.43
Presentence Days	18.41 (33.82)	7.91 (22.05)	1.28 (21)	0.31
Reentry Participants (n=69)				
Convictions	0.96 (1.22)	0.72 (1.48)	1.13 (68)	0.20
Felony Convictions	0.57 (0.93)	0.39 (0.81)	1.16(68)	0.19
Misdemeanor Convictions	0.39 (0.71)	0.32 (0.80)	0.60 (68)	0.10
Jail Days ***	58.23 (80.71)	14.54 (32.20)	4.51 (68)	0.54
Presentence Days*	19.30 (30.91)	10.58 (27.20)	1.99 (68)	0.28
All Participants (n=91)				
Convictions	0.87 (1.18)	0.60 (1.32)	1.55 (90)	0.23
Felony Convictions	0.47 (0.85)	0.33 (0.73)	1.22 (90)	0.11
Misdemeanor Convictions	0.40 (0.77)	0.27 (0.72)	1.21 (90)	0.17
Jail Days ***	51.03 (74.88)	13.03 (29.90)	4.92 (90)	0.51
Presentence Days *	19.09 (31.45)	9.93 (25.96)	2.38 (90)	0.29

* p <0.05; **p< 0.01, *** p < 0.001

Table 3 presents the mean changes in the global severity score and BRS score for participants who completed the assessments at enrollment and 90-days post-enrollment. Change in resilience was not assessed for the jail participants due to the small number of participants who completed both assessments. A comparison of those who completed the assessments at both time points to participants who did not revealed a significant difference where participants who did not complete the

BSI at both time points were significantly more likely than participants who completed both BSI assessments to be diagnosed with anxiety (23% versus 9%), a substance use disorder (68% versus 44%), and a co-occurring mental health and substance use disorder 65% versus 39%). There were no significant differences between those who completed the BRS at two time points and those who did not. Mean scores for the BSI and BRS both decreased over time, however these changes were only significant for the BSI Global Severity Index scores. Additionally, medium effect sizes were found for the change in the BSI scores for all groups.

Table 3: Pre- and post-enrollment change in psychological functioning and resilience

	Baseline	90 Days	t (df)	Cohen's <i>d</i>
	M(SD)	M(SD)		
Jail Participants				
Global Severity Index (n=21)**	25.2(14.58)	15.9 (11.53)	2.91 (20)	0.64
Reentry Participants				
Global Severity Index (n=26)**	21.5 (13.70)	13.2(10.39)	3.54 (25)	0.61
Resilience (n=27)	3.11 (0.70)	3.35 (0.75)	1.98 (26)	0.34
All Participants				
Global Severity Index (n=47)**	23.19 (14.07)	14.38 (10.87)	4.58 (46)	0.63
Resilience (n=30)	3.16 (0.69)	3.38 (0.73)	2.02(29)	0.32

* p <0.05; **p < 0.01, ***p < 0.001

Table 4 provides comparisons between those who had a positive discharge and those who did not with regard to their benefits, employment, and housing status at baseline. This analysis includes the 125 individuals who participated in the reentry program and were released to a community within Solano County. A total of 69 reentry participants had a positive discharge and 56 had a negative discharge. As expected, when compared to reentry participants with a negative discharge, findings from the chi-square test of independence showed that a higher proportion of reentry participants with a positive discharge had Medi-Cal coverage (88% vs. 32%; p<0.001), SSI/SSDI (35% vs. 11%; p<0.001), employment (28% vs. 2%; p<0.001), and stable housing 82% vs. 26%; p<0.001).

Multivariate logistical regression models were employed to determine whether number of days receiving reentry services (community services days) was independently associated with having Medi-Cal, SSI/SSDI, employment, and housing status at discharge while taking into account several factors that might also impact these outcomes. Table 5 presents the results of the multivariate

regression analysis predicting Medi-Cal at discharge. In this model, gender (OR=0.34; 95% CI=0.14, 0.02), number of days receiving reentry services in the community (OR=1.01; 95% CI=1.00, 1.01), and having a co-occurring mental and substance use disorder (OR=0.33; 95% CI=0.11, 0.99) were found to be significant. Specifically, a longer time spent receiving reentry services in the community was associated with an increased likelihood of having Medi-Cal or other insurance at discharge. Males and individuals with a co-occurring disorder were less likely to have Medi-Cal at discharge. Table 6 presents the results of the multivariate regression analysis predicting SSI/SSDI at discharge. In this model, age (OR=1.06; 95% CI=1.01, 1.10) was the only variable found to be significant. Specifically, older individuals were significantly more likely to have SSI/SSDI at discharge. Table 7 presents the results of the multivariate regression analysis predicting employment at discharge. In this model, community service days (OR=1.01; 95% CI=1.00, 1.01) was the only variable found to be significant. Specifically, longer time spent receiving reentry services in the community was associated with an increased likelihood of being employed at discharge. Table 8 presents the results of the multivariate regression analysis predicting homelessness at discharge. In this model no variables were found to be significantly associated with this outcome.

Table 4: Benefits, Employment, and Housing Status at Discharge

	Positive Discharge (n=69)	Negative Discharge (n=56)	Total (n=125)
Medi-Cal	88%	32%	63%
SSI/SSDI	35%	11%	24%
Employed	28%	2%	16%
Stable Housing	82%	26%	57%

Table 5: Multivariate regression results: Odds Ratios Predicting MediCal at Discharge (N=125)

Variables	Odds Ratio	95% CI	<i>p</i> -Value
Age	1.05	1.00-1.10	0.31
White	1.03	0.44-2.43	0.94
Male	0.34	0.14-0.83	0.02
Community Service Days	1.01	1.00-1.01	0.04
Co-occurring Mental and Substance Use Disorder	0.33	0.11-0.99	0.04
Physical Disability	0.56	0.23-1.37	0.21
Prior Medi-Cal	1.67	0.70-3.97	0.25

Note: p-value for Hosmer-Lemeshow Goodness of Fit = 0.64

Table 6: Multivariate regression results: Odds Ratios Predicting SSI at Discharge (N=125)

Variables	Odds Ratio	95% CI	<i>p</i> -Value
Age	1.06	1.01-1.10	0.01
White	0.79	0.32-1.96	0.61
Male	1.21	0.46-3.14	0.70
Community Service Days	1.00	1.00 -1.01	0.09
Co-occurring Mental and Substance Use Disorder	0.60	0.22-1.64	0.32
Number of Disabilities	0.69	0.26-1.85	0.46
Prior SSI/SSDI	1.64	0.57-4.70	0.36

Note: p-value for Hosmer-Lemeshow Goodness of Fit = 0.50

Table 7: Multivariate regression results: Odds Ratios Predicting Employment at Discharge (N=125)

Variables	Odds Ratio	95% CI	<i>p</i> -Value
Age	1.01	0.96-1.06	0.78
White	1.10	0.39-3.08	0.86
Male	0.71	0.24-2.08	0.53
Community Service Days	1.01	1.00-1.01	0.01
Co-occurring Mental and Substance Use Disorder	0.57	0.18-1.70	0.30
Number of Disabilities	0.74	0.24-2.33	0.61
Prior Employment	1.84	0.57-6.03	0.31

Note: p-value for Hosmer-Lemeshow Goodness of Fit = 0.19

Table 8: Multivariate regression results: Odds Ratios Predicting Homelessness at Discharge (N=125)

Variables	Odds Ratio	95% CI	<i>p</i> -Value
Age	0.99	0.96-1.03	0.71
White	0.85	0.37-2.00	0.71
Male	2.33	0.95-5.70	0.06
Community Service Days	1.00	0.99-1.00	0.09
Co-occurring Mental and Substance Use Disorder	1.40	0.51-3.83	0.51
Physical Disability	1.67	0.68-4.09	0.26
Prior Homelessness	2.16	0.84-5.57	0.11

Note: p-value for Hosmer-Lemeshow Goodness of Fit = 0.70

Project Cost of Evaluation and Cost per Participants

The cost of the evaluation was \$35,695.

The cost per participant was \$3956. This is calculated by the cost of the project \$1,087,843 divided by the number of participants, 275.

The project cost per participant, \$3956 seems like a good expenditure of funds when one considers that the average length of stay for the MIOCR cohort, during their enrollment episode, was 166 days and the cost of a jail bed is \$214 a day. Therefore, $166 \text{ days} \times \$214 = \$35,524$ per person or \$9,769,100 for the entire cohort.

If the MIOCR intervention works for a participant, the county saves \$31,568 ($\$35,524 - \3956) per person.

Conclusion and Next Steps

The Solano County MIOCR project created a county-wide response to the issues of services, treatment and recidivism reduction for the justice-involved mentally ill. During the project period the county was successful in increasing the number of services that they can offer to their mentally ill offender population through their in-custody program and re-entry program. A total of 64 inmates with mental illness enrolled in the in-custody program and 211 inmates with mental illness enrolled in the reentry program. While the county experienced a number of issues with retention in each program, the majority of MIOCR participants received some kind of programming and/or services prior to their discharge. Significant reductions in jail stays and convictions as well as improvements in psychological functioning were observed among MIOCR participants. However, limitations to data obtained for the evaluation and study design does not allow us to draw causal conclusions from this evaluation.

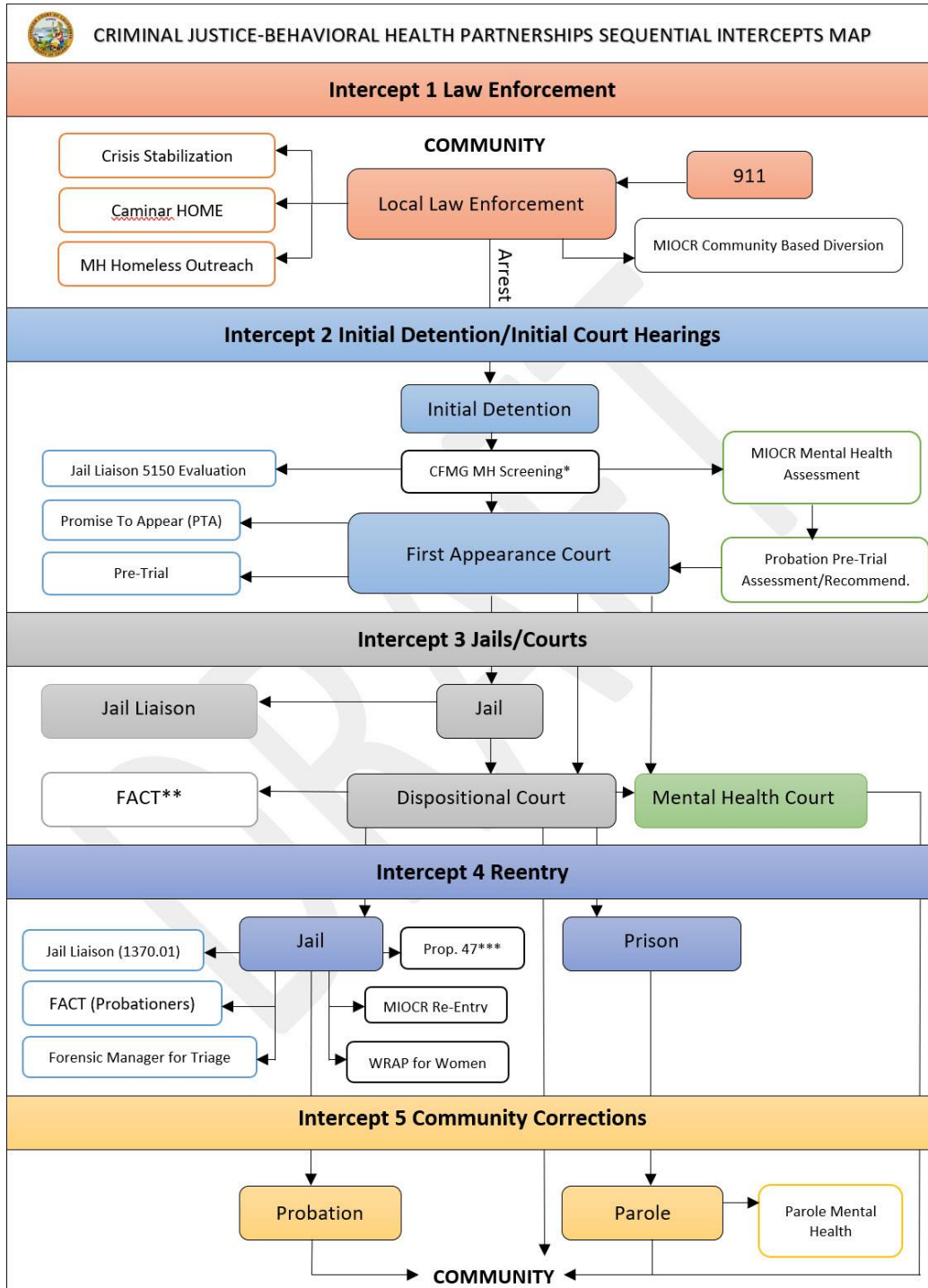
During the MIOCR grant period, the county devoted the majority of their resources and time to the in-custody and reentry program. However, all four components of the project were sustained by the end of the grant period. The Community Based Diversion Partnership with the Fairfield Police Department has been sustained by the Fairfield Police. They have hired a Social Worker and leveraged collaborative benefit services for monthly encampment visits where they assess client need, provide diversion services and sign folks up for benefits. The jail based Mental Health Service provider, CFMG, will continue the MIOCR In-Custody program and the Sheriff's Office is considering additional Mental Health Programs as well as being in the contracting process with the Department of State Hospitals for the provision of a Jail-Based Competency Program. The MH Collaborative Court is in the implementation process and will hopefully begin by the end of 2018. Finally, the Sheriff's Office and the H&SS MHSA project will continue to fund the MIOCR Re-entry Program through June 30, 2020, at least. There will be a provider change and some adjustments to the program based on lessons learned from this project but the county feels it is an important component of our recidivism reduction efforts.

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Appendix

Sequential Intercept Map

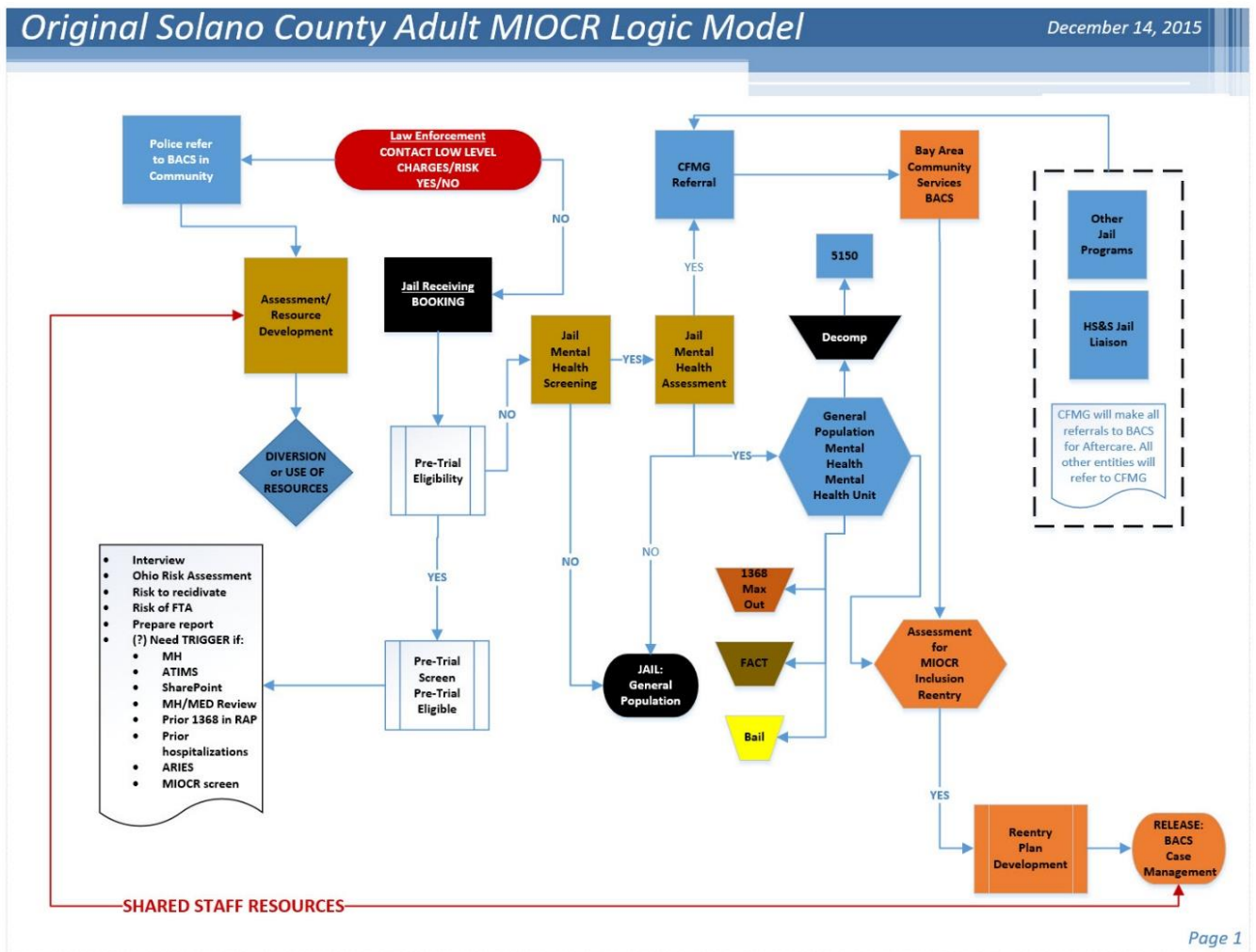


*California Forensic Medical Group (CFMG) screens every inmate booked in Solano County Jail.

**Forensic Assertive and Community Treatment (FACT).

***Proposition 47 Case Management Services.

Original Solano County Adult MIOCR Logic Model December 14, 2015



Solano County Adult MIOCR Logic Model June 30, 2018

