

Santa Cruz County Mentally Ill Offender Continuum of Care

Final Evaluation Report

2015-2018



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Executive Summary

The **Santa Cruz County Mentally Ill Offender Continuum of Care (MIOCC)** addresses an acute and long-standing need for mental health and substance use treatment among people incarcerated in county jails. From July 2015 to June 2018, MIOCC capacity and services expanded as a result a grant from the California Board of State and Community Corrections (BSCC). The three core agencies responsible for overseeing implementing the MIOCC project include the Santa Cruz County Sheriff's Office, Santa Cruz County Behavioral Health Services and Santa Cruz County Probation.

The BSCC grant enabled the County to boost capacity by augmenting existing prevention, diversion and intensive services for mentally ill offenders in the county, and to strengthen the level of collaboration among partners within the continuum of care.

Overall the results indicate the MIOCC project and its network of partners have helped to provide much needed treatment services and case management support, which helped the initiative achieve its goal of reducing recidivism among a cohort of mentally ill offenders in Santa Cruz County. In addition to producing positive outcomes for these individuals, the project has helped reduce jail-related public expenses and developed greater collaboration and mental health skills among agencies that regularly interact with people who are mentally ill or have substance use disorders.

The most visible barrier faced by MIOCC partners and mentally ill offenders is the lack of affordable housing in Santa Cruz County. While in the short term the services provided within the MIOCC project can effectively address the needs of participants, staff remain concerned that the limited housing options may lead some participants back to environments that will put them at greater risk of re-offending.

SERVICES

For the prevention component of the MIOCC, downtown outreach workers and mental health liaisons worked with other local agencies in the field (e.g., patrol officers) to prevent and resolve crises, and to coordinate referrals for services for mentally ill offenders. With the extra staffing capacity provided by the grant, MHLs increased their county reach by 79%, going from 1,824 contacts in 2015-2016 to 3,272 in 2017-2018. Similarly the number of 5150 assessments nearly doubled, rising from 1,210 to 2,187.

The diversion component of the project included the Jail Behavioral Health and In-Custody Treatment program and the Pre-Trial Supervised Release program. In-custody treatment maintained strong participation for the first two years of the grant, but the loss of two clinicians contributed to a decline in services in the third year. The Pre-Trial Supervised Release program included at least two participants in 9 of the 12 quarters in the grant period

The intensive service component of the MIOCC project was represented by the MOST (Maintaining Ongoing Stability through Treatment) program. The MOST program far exceeded its objective of providing intensive case management to at least 30 mentally offenders per year, serving 160 participants over the entire three-year grant period.

KEY RESULTS

This evaluation found that the MIOCC project achieved all of its stated outcome objectives, most of which are associated with the intensive MOST program and include the following. Bookings declined by 74% and convictions declined by 90% among MOST participants. Relatedly, MOST participants reduced their jail days by 63% after joining the program, which contributed to a 71% estimated reduction in jail costs. Thirty percent of MOST participants reduced their risk of recidivism (as measured by the CAIS), and over half of MOST participants improved their functioning in at least three domains according to the ANSA. Over one third of participants who had experienced significant homelessness before entering were placed in residential treatment and/or stable housing by program exit. MOST partner agencies showed modest average increases in their level collaboration and interactions from 2016 to 2018. Over 200 law enforcement officers indicated reported increases in their knowledge of mental health and trauma after participating in a series of Crisis Intervention Trainings.

Project Description

In 2015, the California Board of State and Community Corrections (BSCC) awarded a \$949,995 grant to Santa Cruz County under the state's Mentally Ill Offender Crime Reduction (MIOCR) program for adults. This grant funded the expansion of the County's **Mentally Ill Offender Continuum of Care** (MIOCC) project between July 2015 and June 2018.

The MIOCC project builds on existing efforts in Santa Cruz County to address an acute and long-standing need for mental health and substance use treatment among people incarcerated in county jails. In recent years, one third of jail bookings in Santa Cruz County involved mentally ill adults, while the recidivism rate among these offenders was over three times the rate of all other people booked into jail (36% vs 11% in 2009).

The MIOCR grant enabled the County to boost capacity by augmenting existing prevention, diversion and intensive services for mentally ill offenders in the county, and to strengthen the level of collaboration among partners within the continuum of care.

Prevention services include the **Downtown Outreach Worker (DOW)** and **Mental Health Liaisons**. The DOW coordinates services for individuals experiencing homelessness in downtown Santa Cruz, many of whom live with a mental illness, and serves as a liaison between these individuals, law enforcement and downtown businesses. Mental health liaisons are embedded within local law enforcement to work with patrol officers and deputies in response to mental health crises (e.g., 5150 calls), while also providing consultation and training to officers.

Diversion services are designed for individuals with a significant psychiatric disability who have been arrested and would benefit from treatment in lieu of incarceration. Services include the **Jail Behavioral Health and In-Custody Treatment** program and the **Probation Pre-Trial Supervised Release** program. Jail Behavioral Health provides assessments and treatment services to inmates while they are in custody and during the jail discharge planning process. Services include crisis assessment and intervention, safety assessment, psychiatry services, discharge planning and court liaison services. Pre-Trial Supervised Release enables mentally ill offenders to be released from custody and receive mental health treatment during the court process.

Intensive services are implemented through the **MOST** program (Maintaining Ongoing Stability through Treatment) in coordination with the county's Behavioral Health Court. Designed for mentally ill offenders adjudicated by the court for misdemeanor and felony charges, MOST is a post-adjudication, behavioral health case management program that matches participants with a probation officer who has mental health expertise. Participants are then supported with a variety of wraparound services throughout the program.

The funds provided by the MIOCR grant were used to hire an additional Probation Officer to supervise offenders in the MOST Program, increase a half-time county mental health clinician to full time, and increased a half-time supervisor of the clinical team to full time. To broaden the continuum of services for mentally ill adult offenders, the grant funding increased a current half-time mental health liaison working with the Sheriff's Office to full time and increased a half-time Jail Behavioral Health Team Supervisor to full time.

The three core agencies responsible for overseeing implementing the MIOCC project include the Santa Cruz County Sheriff's Office, Santa Cruz County Behavioral Health Services and Santa Cruz County Probation. As part of the grant, representatives of the three agencies committed to working more collaboratively to ensure that the expansion in service capacity aligned with improvements in planning and coordination throughout the continuum of care. If successful, the County expected the improved capacity and collaboration would contribute to further reductions in arrests, jail days, and recidivism among mentally ill offenders.

PROJECT GOALS AND OBJECTIVES

The MIOCC project has three primary implementation goals.

GOALS

- 1) **Provide pre-offender interventions as prevention opportunities through law enforcement liaison personnel;**
- 2) **Provide post-arrest diversion programming through in-custody dual diagnosis treatment services, Probation pre-trial, and supervision services;**
- 3) **Expand capacity for MOST.**

PROJECT OBJECTIVES

To assess progress within these goals, ASR and the MIOCC partners outlined the following process and outcome objectives. Process objectives refer to measurable indicators of an increase in MIOCC-related programs and services.

Process Objectives

- 1) **The number of adults with severe mental illness (SMI) served by the Santa Cruz Sheriff's Office (SCSO) Liaison will double;**
- 2) **The number of mentally ill offenders served by the Jail Behavioral Health (i.e., Crisis Intervention Team (CIT)), Pre-trial Release, and MOST will increase (average of 20 contacts/week for CIT, 2-3/caseload for Pre-trial Release, and at least 30-35/year for MOST caseload);**
- 3) **The number of inmates receiving in-custody dual diagnosis therapy will increase by 30%;**
- 4) **The number of offenders screened and evaluated for mental illness and associated needs will increase by 20%;**
- 5) **The number of hours and types of services received will increase for newly enrolled mentally ill offenders by 30%; and**
- 6) **Sampled case reviews from years 2-3 will demonstrate 80% or greater adherence to the probation program model.**

Outcome Objectives

Outcome objectives measurable indicators that the program has generated benefits for mentally ill offenders, MIOCC partner agencies and residents of Santa Cruz County.

- 1) **Number of jail days will decrease by 50% among arrested mentally ill offenders;**
- 2) **Improvement in behavioral characteristics (e.g., drug and alcohol use, employment, stable relationships, health and marital relationships) as measured by the CAIS among mentally ill offenders served by MOST;**
- 3) **Functioning (as measured by the ANSA) will improve across three or more life domains among mentally ill offenders served by MOST;**
- 4) **Frequency of bookings and convictions for new charges will decrease by 20% among mentally ill offenders;**
- 5) **15% of mentally ill offenders not housed in the 30 days preceding arrest will be placed in residential treatment and/or stable housing upon release;**
- 6) **Costs associated with incarceration and locked psychiatric care will decrease by 20% among mentally ill offenders;**
- 7) **Collaborative partners will report high levels of interagency linkages and collaboration; and**
- 8) **Law enforcement officers will demonstrate an increase in awareness of mental health issues and trauma.**

PROJECT OVERSIGHT STRUCTURE AND DECISION-MAKING PROCESS

COMMUNITY CORRECTIONS PARTNERSHIP

When the MIOCC began, the Santa Cruz County Community Corrections Partnership (CCP) served as advisory group to MIOCC partners to develop strategies, provide oversight of service efficiency, review and interpret outcome findings, and discuss project sustainability. The CCP formed a MIOCC Strategy Committee, which convened weekly for the first three months of the project and monthly thereafter to address policy level issues and barriers to implementation. Chaired by the county's Chief Probation Officer, CCP is responsible for overseeing the local implementation of AB 109 and related initiatives. In addition to the Probation Department, CCP membership also includes directors of the county's health and human services departments, local law enforcement leadership, and representatives from the Superior Court, District Attorney and Public Defender's offices.

MULTI-DISCIPLINARY TEAM

The Probation & Behavioral Health Multi-Disciplinary Team (MDT) is responsible for day-to-day oversight and decision-making, and comprised of the following people:

- Pam Rogers-Wyman, Behavioral Health Adult Services Director
- Jasmine Najera, Forensic Behavioral Health Program Manager

- Eli Chance, Clinical MOST Team Supervisor
- Robert Annon, Jail Behavioral Health Supervisor
- Sarah Fletcher, Adult Probation Division Director
- Natalie Berns, Probation MOST Team Supervisor

The MDT Team communicates periodically with the Santa Cruz County Criminal Justice Council and the Community Corrections Partnership (CCP) through its Mentally Ill Offender Task Force.

PREVENTION, DIVERSION AND INTERVENTION PLANNING

For the prevention component of MIOCC, mental health liaisons and their patrol counterparts check in daily (or as needed) to review the previous day's contacts and follow-up services.

For the diversion component, there are almost-daily multi-disciplinary team meetings to review cases of inmates in custody with significant mental health treatment needs, inmates with court appearances that day, and discharge planning/release efforts. These meetings are attended by representatives from the Jail Behavioral Health staff, corrections, jail medical services and jail discharge planning services. Jail Behavioral Health staff meet weekly to review treatment planning and services delivery needs of inmates and in-custody dual diagnosis treatment services.

For intensive services, the MOST team meets weekly to review the treatment needs and compliance of participants, to review probation supervision and compliance issues, and to assign staff to new cases pending from either pre-trial services or Behavioral Health Court (BHC) referrals. MOST staff also meet weekly to review BHC pre-court treatment plans regarding progress, compliance, rewards, and sanctions.

BEHAVIORAL HEALTH COURT INTERDISCIPLINARY TEAM

Santa Cruz County established a Behavioral Health Court Interdisciplinary Team. The team includes representatives from the Superior Court, District Attorney's Office, the Public Defender's Office, Probation and Behavioral Health Division. The BHC is a supportive review court designed to reduce recidivism, improve offender treatment outcomes, respond to public safety concerns and more effectively utilize public resources. The interagency partners developed comprehensive policies and procedures for the BHC operation and interagency collaboration that reflects a commitment to public safety by focusing on treatment needs and creating an environment to foster compliance and success for moderate to high risk offenders.

Data Collection

MIOCC data are collected mainly by staff with the Behavioral Health and Probation offices. Behavioral Health staff log clinical assessments, treatment, referrals, and case management sessions directly into the County's electronic medical record system. Probation staff

document their assessments, supervision activities, completion of probation terms, placements, lengths of stay, and court orders in their CE-case management system. Summary data from these two systems are provided to the MOST Program Manager on a monthly basis for program monitoring and performance management with line staff.

Behavioral Health compiles probation, jail, behavioral health, and applicable court data into an electronic dataset, stripped of personal identifiers, to share with the external evaluator, Applied Survey Research (ASR). Findings presented in quarterly reports are used to determine possible mid-course adjustments necessary to achieve the project objectives.

The MOST program assessed its participants using the Correctional Assessment and Intervention System (CAIS) and the Adult Needs and Strengths Assessment (ANSA). The CAIS is conducted through a face-to-face interview to determine the participant's risk levels and criminogenic needs. Staff use the results to develop supervision strategies and program recommendations. In 2016-2017 and 2017-2018, participants were assessed with the ANSA to inform the design of individualized service plans and to monitor changes in domains such as personal strengths, life functioning, behavioral health, risk behaviors, and caregiver needs.

To assess changes in collaboration among partners of the MOST program, ASR administered a baseline survey in 2016 and a follow-up survey in 2018.

To assess changes in law enforcement officers' attitudes and beliefs resulting from Crisis Intervention Trainings, the Behavioral Health Division administered pre and post surveys to officers who attended trainings in 2017 and 2018.

Research Design & Findings

This section describes the methods used to assess each of the process and outcome objectives, and the results indicating the extent to which those objectives were achieved. As detailed earlier, the MIOCC project boosted the capacity and coordination efforts of existing services. The start of the grant neither launched completely new services or programs, nor did the close of the grant lead to the termination of a type of service or program. Indeed, many of the services described below remain in place after the grant expired, though perhaps with few resources than existed from 2015 to 2018. Similarly, many of the participants whose outcomes are described below remain actively engaged in services to improve those outcomes.

PROCESS EVALUATION

The process evaluation describes the extent to which services were carried out for each component of the MIOCC project, and how many individuals were reached through those services. Each of the process objectives listed in the Project Description is described and measured where applicable.

DOWNTOWN OUTREACH WORKER

The Downtown Outreach Worker (DOW) coordinates services for individuals experiencing homeless in downtown Santa Cruz and serves as a liaison between these individuals, law enforcement and downtown businesses. The DOW works with the City of Santa Cruz Police Department and mental health liaisons to identify and case-manage individuals chronically engaged in problematic behavior and connects them to needed services.

The DOW is contracted through Encompass Community Services and focuses primarily on the Pacific Avenue corridor and adjacent neighborhoods in downtown Santa Cruz. Intensive case management services are provided to approximately four individuals monthly to move toward resolution of their presenting issues.

Figure 1 displays the total number of contacts and referrals the DOW made with individuals in downtown Santa Cruz. Totals include *any* contacts, contacts with individuals receiving intensive case management (usually four per month), contacts with individuals in the city's Homeward Bound program,¹ and the total service referrals made by the DOW. Overall, the DOW made 5,715 contacts with community members, and had 619 contacts with individuals in their case management portfolio. The DOW also made 2,316 referrals to housing and shelter services, 929 referrals to medical services, 556 referrals for mental health, and 733 referrals for substance use disorders.

¹ Homeward Bound is a program funded by the City of Santa Cruz that provides bus tickets for participants who have verified housing opportunities with family members or employment opportunities somewhere else in the county.

Fig. 1. Downtown Outreach Worker Contacts and Referrals

	2015-2016	2016-2017	2017-2018	TOTAL
Total Contacts with Individuals	1,481	1,811	2,423	5,715
Case Management Contacts	199	282	138	619
Homeward Bound Contacts	123	147	239	509
Referrals for:				
Housing/Shelter	947	745	624	2,316
Medical Services	365	321	243	929
Mental Health	145	187	224	556
Substance Use Disorder Services	267	256	210	733

Source: Santa Cruz County Behavioral Health Division

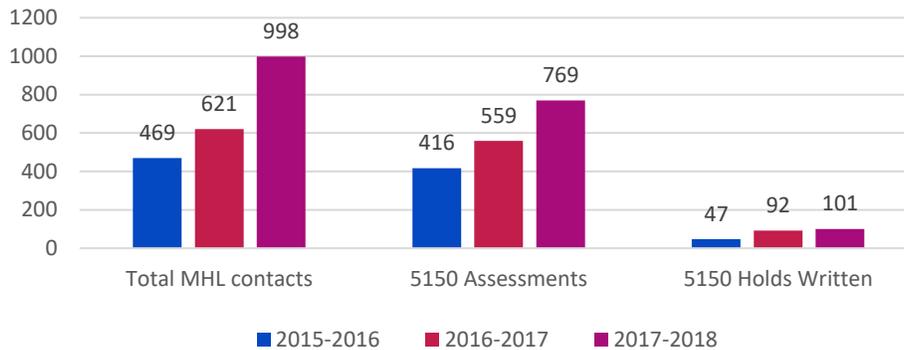
MENTAL HEALTH LIAISONS

Mental health liaisons at the Santa Cruz County Sheriff’s Office, the Santa Cruz Police Department, and Watsonville Police Department collaborate with field-based officers and deputies to provide rapid responses to calls for mental health support and crisis intervention. In addition, MHLs assist in training, crisis assessment, suicide risk assessment and mental health disposition planning. From 2015 to 2018, five mental health liaisons worked with law enforcement offices across the county. Two worked with the Sheriff’s Office, two worked with the Santa Cruz Police Department, and one worked with the Watsonville Police Department. Two Process Objectives apply to mental health liaisons.

PROCESS OBJ. 1: The number of adults with severe mental illness (SMI) served by the Santa Cruz Sheriff’s Office (SCSO) Liaison will double.

Results: The chart below indicates that the MIOCC program exceeded both process objectives. The additional mental health liaison capacity at the Sheriff’s Office led to a substantial increase in services. The number of adults served by the SCSO mental health liaison more than doubled, rising from 469 in 2015-2016 to 998 in 2017-2018. Likewise, the number of 5150 holds written over that time doubled from 47 to 101.

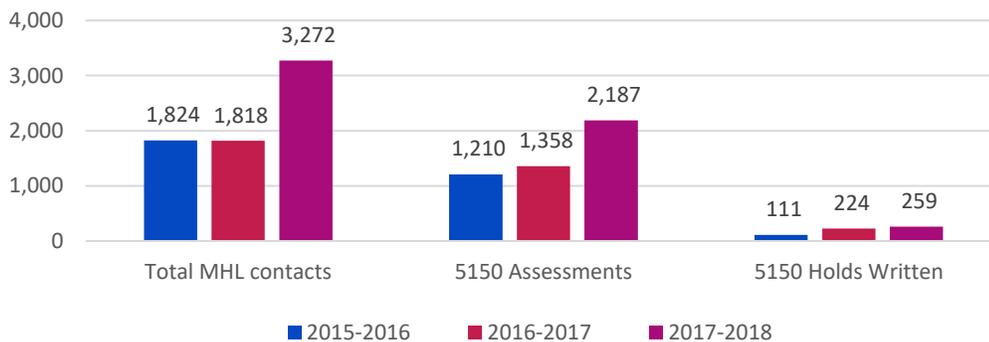
Fig. 2. Adults Served by Mental Health Liaisons at the Sheriff’s Office



Source: Santa Cruz County Behavioral Health Division

Additional mental health liaisons were added at the Watsonville Police Department (starting 2015-2016) and the Santa Cruz Police Department (starting in 2017-2018). The Santa Cruz Police Department already had one MHL on staff before the MIOCR grant. Figure 3 shows the increases in the combined total of MHL-based contacts, 5150 assessments and 5150 holds written in the county during each year of the grant.

Fig. 3. Adults Served by All Mental Health Liaisons in Santa Cruz County*



Source: Santa Cruz County Behavioral Health Division

*Five MHLs embedded with the Sheriff’s Office (2), City of Santa Cruz PD (2), and Watsonville PD (1).

JAIL BEHAVIORAL HEALTH & IN-CUSTODY TREATMENT

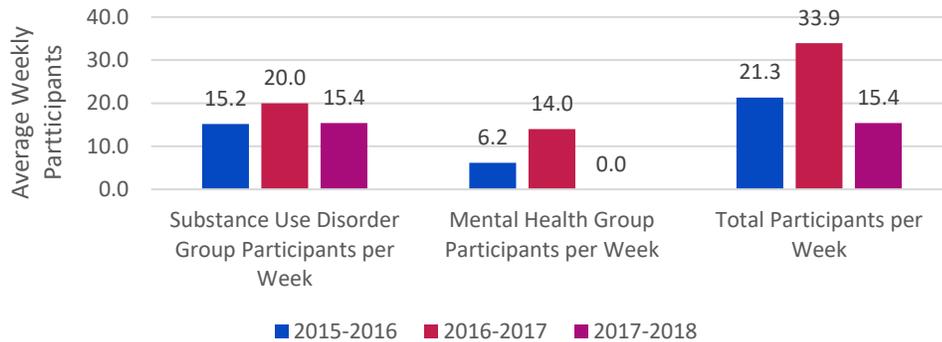
The Jail Behavioral Health Program provided substance use and mental health treatment groups to adults in custody through the county’s Adult Mental Health and Substance Use Disorders Services (SUDS) offices. These services are provided for intended for inmates who present a stated or suspected risk to themselves, a severe and persistent mental illness, psychiatric symptoms, and/or significant substance use disorders. Services include substance use recovery and mental health support groups, pro-social activity groups, and discharge planning. Both types of groups began in early 2016 and convened frequently

throughout 2016-2017. Due to the loss of two full-time clinicians, neither group convened during the final three quarters of 2017-2018. Process Objectives 2 and 4 apply to this service.

PROCESS OBJ. 2: The number of mentally ill offenders served by the Jail Behavioral Health program (in-custody) will increase to an average of 20 contacts/week.

Result: Figure 4 indicates that the average number of weekly participants in mental health or substance use disorder treatment groups stayed above 20 in the first two years of the grant (21.3 in 2015-2016, 33.9 in 2016-2017). The loss of the two clinicians with the Behavioral Health Division led the weekly participation rate to drop to 15.4 in 2017-2018. As the figure also shows, substance use disorder groups contained more participants, on average, than did groups focused on mental health.

Fig. 4. Average Weekly Participants in Jail Behavioral Health/In-Custody Treatment Programs



Source: Santa Cruz County Behavioral Health Division and Probation Department.

PROCESS OBJ. 3: The number of inmates receiving in-custody dual diagnosis therapy will increase by 30%.

Result: Prior to the MIOCR grant, the Behavioral Health Division was not providing any mental health or substance use disorder treatment groups, therefore the 30% increase over baseline is not measureable. Nevertheless, the cumulative attendance at substance use disorder and mental health groups was 2,519²: 1,633 attended substance use groups and 886 attended mental health groups. The groups were conducted separately, not as a dual-diagnosis therapy.

² Includes duplicated participants.

PROBATION PRE-TRIAL SUPERVISED RELEASE

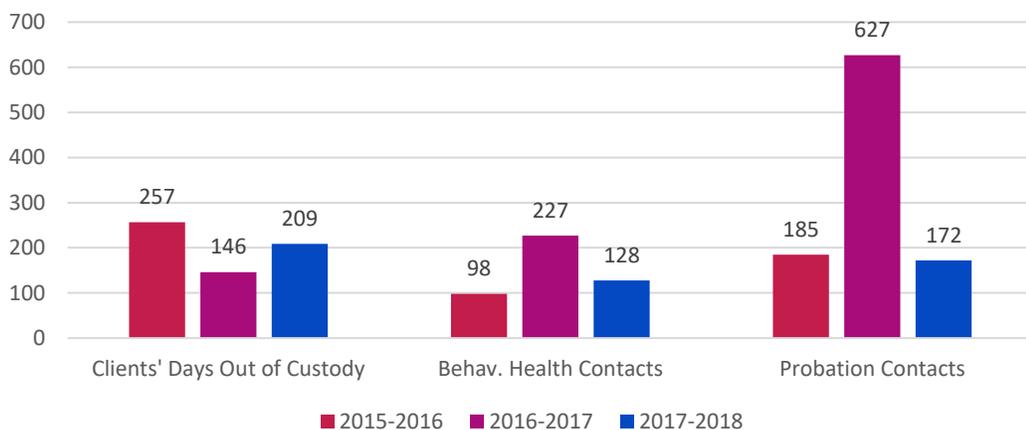
The Pre-Trial Supervised Release program allows mentally ill offenders who are booked into jail to be released from custody on electronic monitors so that they may receive mental health treatment during the court process. The Probation Pre-Trial Supervisor works with the Jail Mental Health Supervisor and Jail Discharge Planner to identify potential individuals who could benefit from the program.

PROCESS OBJ. 2: The number of mentally ill offenders served by the Pre-trial Release program will remain at 2 or 3.

Result: Quarterly progress reports indicate that the Pre-Trial Supervised Release Program included at least two clients in 9 of the 12 quarters of the grant period.

As the chart below indicates, 2016-2017 was the most intensive year for the program. Contacts include all face-to-face and phone contacts with Behavioral Health and Probation staff.

Fig. 5. Total Days Out-of-Custody & Contacts Made with Clients in Pre-Trial Supervised Release Program



Source: Santa Cruz County Behavioral Health Division and Probation Department.

Note: In 2015-2016, participants did not join until the third quarter of the fiscal year.

MAINTAINING ONGOING STABILITY THROUGH TREATMENT

MOST is an intensive case management program based on the Forensic Assertive Community Treatment (FACT) model.³ The program serves mentally ill persons whose cases

³ Forensic Assertive Community Treatment (FACT) is a model of service used throughout the U.S. It is designed to transition adults with severe mental illnesses from correctional facilities into the community.

have been adjudicated and whose untreated symptoms bring them into repeated contact with law enforcement and the criminal justice system. The objective criteria used includes a primary mental health diagnosis (Axis I, DSM-V) and at least two arrests related to treatment failure or treatment refusal in the prior six months. Offenders referred to MOST receive specific probation terms related to their compliance with treatment. MOST provides participants with a probation officer who has mental health expertise, along with wraparound services such as psychiatric care, medication management, motivational interviewing, cognitive behavioral therapy, and employment skills.

PROCESS OBJ. 2: The number of mentally ill offenders served by MOST will increase to at least 30 per year.

Result: The number of active participants in the MOST program grew from 78 in 2015-2016 to 97 in 2016-2017 and reached 98 participants in 2017-2018. The average monthly MOST caseload over the three-year period was 61 active participants per month. The program served a total of 160 mentally ill adult offenders during the grant period, exceeding the expected total of 90 by 78%.

MOST Participant Demographics

The MOST participant sample over the 2015-2018 grant period was mostly white (72%) and male (82%), but participants varied significantly by age. Participants who entered the program before age 30 represented 29% of the sample; participants in their 30s represented 29%; participants in their 40s represented 27%; and participants 50 and older at entry represented 15%. One third (33%) of participants were first admitted to the MOST program before the MIOCC grant started in 2015-2016.

Fig. 6. MOST Participant Demographics, July 2015 – June 2018

	PERCENT
Male	82%
Female	18%
Race/Ethnicity	
White	72%
Latino/Latina	19%
African American	4%
Other	5%
Age at Entry (Avg.=38)	
18-29 years	29%
30-39 years	29%
40-49 years	27%

50-59 years	11%
60-69 years	4%
First Admitted to MOST Program	
Before 2013-2014	6%
2013-2014	11%
2014-2015	16%
2015-2016	17%
2016-2017	27%
2017-2018	24%

Source: Santa Cruz County Behavioral Health Division and Probation Department.
N=160 participants.

MOST Participants' Risk Levels at Entry

Figure 7 (below) shows that 84% of MOST participants were considered to have a moderate (46%) or high risk (38%) of reoffending based on the CAIS assessment conducted when they entered the program.

Fig. 7. Risk Levels at Entry (CAIS Assessment)

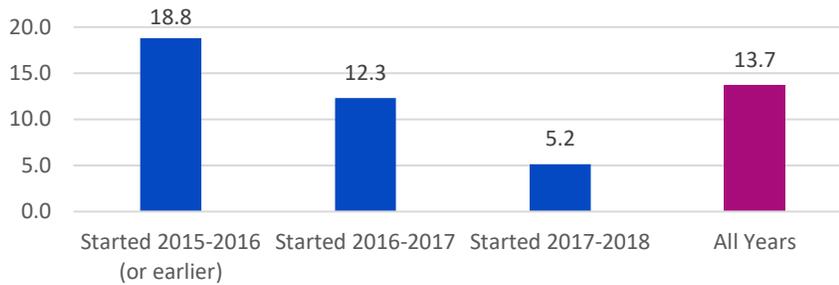
RISK LEVEL	PCT OF MOST PARTICIPANTS AT ENTRY
Low Risk	16%
Moderate Risk	46%
High Risk	38%

Source: Santa Cruz County Probation Department.
N=140 participants with assessment data.

Length of Time in MOST

The length of time participants spent in the MOST program varied in relation to when they entered the program. Participants who joined the program in 2015-2016 or earlier spent an average of 18.8 months in the program over the three-year MIOCR grant period. Participants who started in 2016-2017 spent an average of 12.3 months in the program, and participants who started in the third year spent only 5.2 months. Many of these recent participants were still in the program as of July 2018.

Fig. 8. Average Months* in MOST Program During MIOCR Grant Period, by Start Year



Source: Santa Cruz County Behavioral Health Division and Probation Department.
 N=78 participants who started in 2015-2016 or earlier, 43 participants who started in 2016-2017, and 39 participants who started in 2017-2018.
 *Each participant's total months only includes months served during the program period, between July 2015 and June 2018.

PROCESS OBJ. 5: The number of hours and types of services received will increase for newly enrolled mentally ill offenders by 30%.

Methodology: For MOST participants, this objective is measured by a pre-post comparison of days spent at the Behavioral Health Center, Telecare Psychiatric Health Facility, and sub-acute treatment and residential services. The pre-total covers the 12-months prior to entry and the post-total is prorated over a 12-month period, based on the participant's number of months in the program. Only participants who enrolled during the grant period are included.

Result: Out of 107 MOST participants who enrolled between July 2015 and June 2018, the average number of days receiving treatment (per 12 months) increased from 19 before the program to 73 after joining the program.

MIOCC-WIDE PROCESS OBJECTIVES

Process Objectives 4 and 6 apply to participants across the full continuum of care.

PROCESS OBJ. 4: The number of offenders screened and evaluated for mental illness and associated needs will increase by 20%

Methodology: In quarterly reports to the BSCC, Santa Cruz County Behavioral Health staff reported the number of participants who received full Access Assessments. These included standardized assessments and psychological/psychiatric evaluations. Unfortunately the targeted increase of 20% cannot be assessed because pre-grant/baseline assessment totals could not be obtained across all service areas.

Result: In the first quarter of the grant, 64 offenders were assessed using standardized assessments and 3 received psychological/psychiatric evaluations. After that initial assessment period, the numbers fluctuated between 4 and 28 assessments and evaluations per quarter, reaching a grand total of 193 assessments by the end of the grant period.

PROCESS OBJ. 6: Sampled case reviews from years 2-3 will demonstrate 80% or greater adherence to the probation program model.

Methodology: Adherence to the probation program model is measured by the amount of staff training in evidence-based practices, and the implementation of regular supervision and quality assurance practices. Case reviews of sampled probation records were not able to be conducted in comparison with a pre-grant baseline level.

Result: There are several indicators that Probation and Behavioral Health staff demonstrated adherence to the probation program model. First, staff from both offices have received training on current best practices in every quarter of the grant period between January 2016 and June 2018 (10 of 12 quarters). Trainings covered a wide variety of relevant topics, including, for example: Cognitive Behavioral Therapy, ASAM criteria, adult law, CPR, crisis intervention, trauma-informed care, hostage negotiation, naloxone, treatment planning, gang awareness, human trafficking, de-escalation, defensive and restraint tactics, and the ANSA.

Second, Probation staff follow a standard set of practices to ensure that all members of the department adhere to the probation program model. First, supervisors conduct monthly adult case audits which consist of a review of the following areas: risk level (CAIS), re-assessments, intake forms, financial investigation form, case plan, referrals related to criminogenic needs, EPICS (Effective Practices in Community Supervision⁴), sanctions & rewards, violation response, court-ordered terms compliance, and contact standards compliance.

The supervisor also observes staff working with clients and Behavioral Health staff while conducting field work, at program sites, and at mental health check-ins. Supervisors observe probation staff using their motivational interviewing skills, and conducting EPICS sessions for quality control. The supervisor and staff also attend weekly MDT meetings to share information and collaborate with Behavioral Health. The unit also attends Behavioral Health Court pre-meetings, and is present for all ongoing court reviews.

Finally, Probation Department managers meet weekly with supervisors and probation officers. They address any training needs of staff, evaluation of staff and the collaboration with other agencies, including the Court and Behavioral Health Division. Staff provide input on ways to make the caseloads more manageable and to improve the current system of mental health check-ins.

⁴ A model for structured face-to-face meetings between probation officers and their clients.

OUTCOME EVALUATION

This section details each of the eight outcome objectives described in the Project Description. Most of the outcome objectives are measured using data from the MOST program, an intensive case management program with detailed participant records. In certain cases, outcome measures were prorated over a 12 month period to create a valid comparison with the 12 month period prior to MOST program entry.

The outcomes below include the key criteria used to determine participant success. These criteria are:

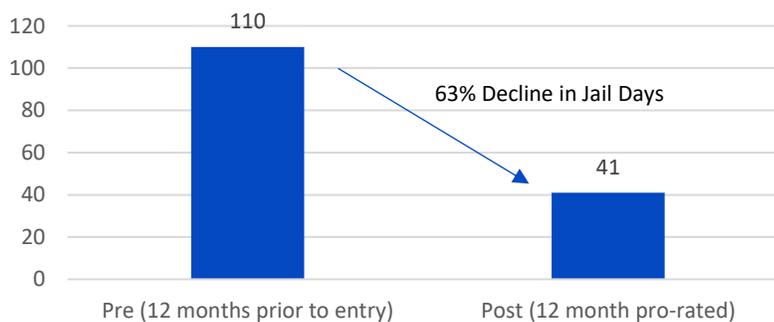
- 1) Prevention: Fewer arrests and stays in locked psychiatric facilities
- 2) Diversion: Fewer jail days, increased housing stability
- 3) MOST: No new convections, improved functioning in life domains.

OUTCOME OBJ. 1: Number of jail days will decrease by 50% among arrested mentally ill offenders.

Methodology: Because participants spent varying amounts of time in the program during the 2015-2018 grant period, the total days participants spent in jail while in the MOST program was prorated over a 12-month period. For example, if a participant spent six months in the program, and was in jail for 10 days, then the participant’s prorated yearly total would be 20 jail days.

Result: Based on a comparison of total jail days before the program with the prorated 12-month total during the program, 76% of participants spent less time in jail after joining the program. This change is equivalent to an average of 69 fewer days in jail over a 12-month period—a 63% average decrease (Pre-average: 110 days; Post-average: 41 days).

Fig. 9. Average Jail Days Pre and Post Entry to MOST



Source: Santa Cruz County Behavioral Health Division and Probation Department.

OUTCOME OBJ. 2: Improvement in behavioral characteristics (e.g., drug and alcohol use, employment, stable relationships, health and marital relationships) as measured by the CAIS among mentally ill offenders served by MOST.

Result: Of the 65 MOST participants who received at least two CAIS assessments during the grant period, 34% demonstrated a lower risk of reoffending at their final assessment than at their first assessment (22 of 65). Forty-six percent of participants demonstrated the same general risk level at both assessments (30 of 65), and 20% (13 of 65) demonstrated increased risk.

Fig. 10. Changes in Risk Levels after Final CAIS Assessment

	LAST CAIS: LOW RISK	LAST CAIS: MODERATE RISK	LAST CAIS: HIGH RISK
First CAIS: Low Risk (N=6)	3	3	0
First CAIS: Moderate Risk (N=34)	4*	20	10
First CAIS: High Risk (N=25)	1*	17*	7
Total (N=65)	8 (12%)	40 (62%)	17 (26%)

Source: Santa Cruz County Behavioral Health Division and Probation Department.

Note: Percentages total to 100 within rows.

**These are participants who demonstrated lower risks on the last CAIS assessment than on their first CAIS.*

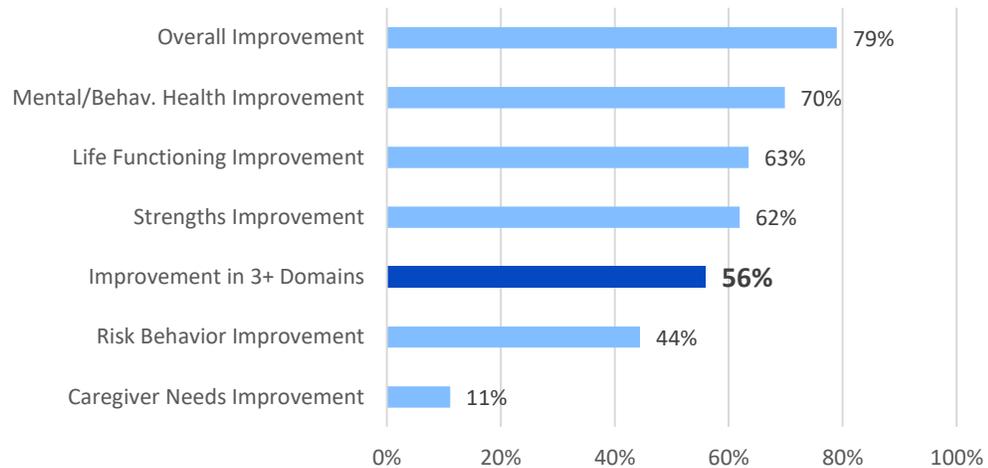
OUTCOME OBJ. 3: Functioning (as measured by the ANSA) will improve across three or more life domains among mentally ill offenders served by MOST.

Methodology: The ANSA (Adult Needs and Strengths Assessment) was conducted with 63 MOST participants between July 2016 and June 2018. The average time between initial and follow-up assessments was 28 weeks. Each participant’s needs and strengths were assessed across four domains:

- 1) **Strengths** (e.g., family, interpersonal/social connectedness, resiliency, job history)
- 2) **Life Functioning** (e.g., intellectual/development, medical/physical)
- 3) **Caregiver Needs** (e.g., involvement with care, physical health, social resources, safety, family stress)
- 4) **Mental Health/Behavioral and Emotional Needs** (e.g., psychosis, anger control, witness to violence, dissociation, depression)
- 5) **Risk Behavior** (e.g., suicide risk, sexual aggression, delinquency, resiliency, dangerous activity intent)

Results: Fifty-six percent of MOST participants improved their functioning across at least three out of five domains (Fig. 11). Overall, 79% of participants showed some form of improvement. The most common domain in which participants improved was Mental Health/Behavioral and Emotional Needs (70%).

Fig. 11. Percentage of MOST Participants Who Improved Their Strengths and Needs on the ANSA



Source: Santa Cruz County Behavioral Health Division and Probation Department.
 N=63
 Note: Assessments conducted between July 2016 and June 2018.

OUTCOME OBJ. 4: Frequency of bookings and convictions for new charges will decrease by 20% among mentally ill offenders.

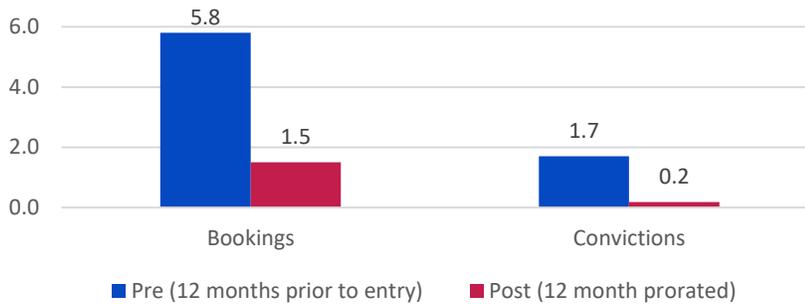
Methodology: The same methodology used for estimating changes in jail days was applied to the analysis of bookings and convictions among MOST participants. The number of participant bookings and convictions for charges after joining the MOST program were prorated over a 12 month period to create equal time periods for pre and post program entry.

Results: Bookings and convictions of MOST participants both declined over 20%.

Bookings: In the 12 months prior to MOST, participants were booked with either felony or misdemeanor charges an average of 5.8 times. After joining MOST, participants were booked an average of 1.5 times (based on a 12-month prorated period). This is a decline of 74%, or 4.3 fewer bookings per year.

Convictions: In the 12 months prior to MOST, participants were convicted an average of 1.74 times. After joining MOST, participants were booked an average of 0.18 times (based on a 12-month prorated period). This is a decline of 90%, or 1.56 fewer bookings per year.

Fig. 12. Average Bookings and Convictions, Pre and Post Entry to MOST



Source: Santa Cruz County Behavioral Health Division and Probation Department.

OUTCOME OBJ. 5: 15% of mentally ill offenders not housed in the 30 days preceding arrest will be placed in residential treatment and/or stable housing upon release.

Methodology: The program does not collect 30-day pre-arrest housing status. Instead, this outcome is assessed for MOST participants who were homeless for at least 30 days in the year preceding their entry to MOST, and were no longer active in the program as of June 2018. Forty-four participants met these criteria.

Result: Thirty-six percent of inactive participants (16 of 44) who had experienced at least 30 days of homelessness in the year prior to joining the MOST Program were in either a residential treatment program or had been housed when they left the program.

OUTCOME OBJ. 6: Costs associated with incarceration and locked psychiatric care will decrease by 20% among mentally ill offenders.

Methodology: Jail costs are estimated by multiplying the average daily jail cost per person by the number of days MOST participants spent in jail. Average daily jail costs are estimated annually.

Results: The table below shows the estimated difference in costs associated of keeping MOST participants in jail, before and after they joined the program. The 160 participants collectively spent over 17,000 days in jail in the years prior to the joining MOST, which cost an estimated \$2,940,799 to the county.

After joining the program, however, the number of days spent in jail declined significantly, to under 2,000 per year for those same participants. The estimated total cost of incarceration for these participants after they joined MOST was \$842,699. This represents a net reduction of \$2,098,100 in jail costs, or 71% from the pre-MOST baseline period.

Fig. 13. Total Jail Costs Pre and Post MOST Entry

PROGRAM START YEAR (AVERAGE JAIL COSTS)	PRE-MOST	POST-MOST
Pre-Grant, 2010-2015 (cost varies by year)	\$561,904 (4,036 jail days)	N/A
2015-2016 (\$165.97/day)	\$686,784 (4,138 jail days)	\$194,849 (1,174 jail days)
2016-2017 (\$175.90/day)	\$873,695 (4,967 jail days)	\$336,848 (1,915 jail days)
2017-2018 (\$185.12/day)	\$818,416 (4,421 jail days)	\$311,002 (1,680 jail days)
Total Jail Costs (all participants)	\$2,940,799	\$842,699

Source: Participant jail days were provided by the Santa Cruz County Behavioral Health Division and Probation Department. Daily jail costs were provided by the Santa Cruz Sheriff's Office, who operates the county's Main Jail.

OUTCOME OBJ. 7: Collaborative partners will report high levels of interagency linkages and collaboration.

Methodology: To assess interagency collaboration, ASR conducted a survey of MOST partner agencies in 2016 and 2018. The survey asked each respondent to rate its level of collaboration with 19 different MOST partner agencies on a six-point collaboration scale (0=No interaction, 1=Networking, 2=Cooperation, 3=Coordination, 4=Coalition, 5=Collaboration). Respondents included representatives from a wide array of agencies and programs that work with the MOST Team and MOST participants, such as the Probation Department, the County Court, local treatment providers, County Behavioral Health Division, the Sheriff's Office and other local police departments. In 2016, 22 respondents completed the survey, and 21 completed the follow-up in 2018. Due to staff turnover and role changes, only six respondents completed the survey both years. Differences in measures between 2016 and 2018 are not statistically significant due largely to the small sample size of the survey.

Results: In 2018, respondents reported some form of interaction with an average of 13.8 out of 19 agencies. This is an increase of two organizations over the 2016 average of 11.9 organizations.

The overall degree of collaboration reported among all agencies increased slightly over the two-year period, from an average of 2.0 to 2.4 on the 0-5 scale. Most organizations described

their relationship with other MOST partners in the mid-range of the collaboration scale, between “cooperation (2)” and “coordination (3)”.

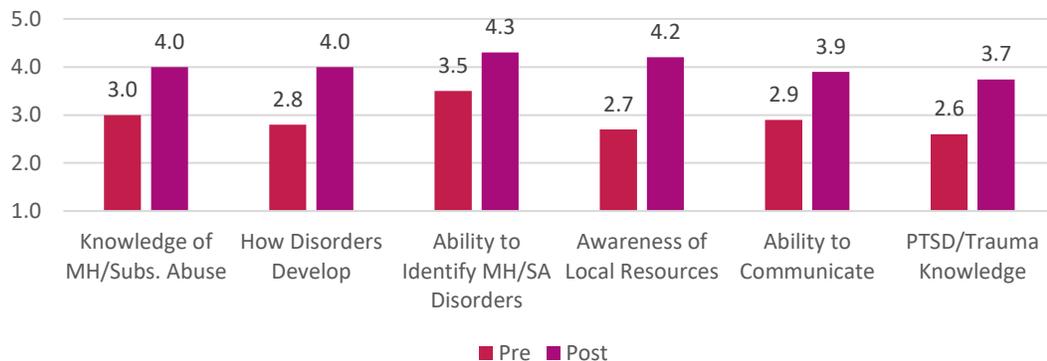
The organizations that received the highest collaboration scores in 2018 were the County Adult Behavioral Health Department (4.0), the County Adult Probation Department (3.7), the Sheriff’s Office (2.9), and the County’s Behavioral Health Court (2.9). This is an expected outcome given the role that each of these offices holds in the administration of the MOST program.

OUTCOME OBJ. 8: Law enforcement officers will demonstrate an increase in awareness of mental health issues and trauma.

Methodology: Mental health liaisons led seven Crisis Intervention Trainings with local law enforcement officers between February 2017 and May 2018. Each attendee was asked to complete a survey before and after the trainings to report their knowledge of mental health and substance use disorders, knowledge of local resources for mental health and substance abuse treatment, and ability to communicate and apply de-escalation skills. Survey questions were answered on a 1-5 scale in which 1 indicates the least knowledge or skills, and 5 indicates the most knowledge or skills. Altogether, 212 attendees completed a pre survey and 204 completed a post survey. Independent sample t-tests were used to analyze pre-post differences.

Results: Officers reported statistically significant increases in their knowledge of mental health and substance abuse disorders, from an average of 3.0 at pre to 4.0 at post ($p < .05$). Similarly, they reported significant increases in their understanding of how people develop mental illness and substance use disorders (from 2.8 to 4.0), and their ability to identify subjects who might have mental illness and/or substance use disorders (from 3.5 to 4.3), and their level of awareness of resources and services for mental health and substance abuse treatment (2.7 to 4.2). Officers’ reported knowledge of PTSD and trauma increased as well, from 2.6 to 3.7.

Fig. 14. Average Increases in Officers’ Knowledge and Skills* After Completing Crisis Intervention Training

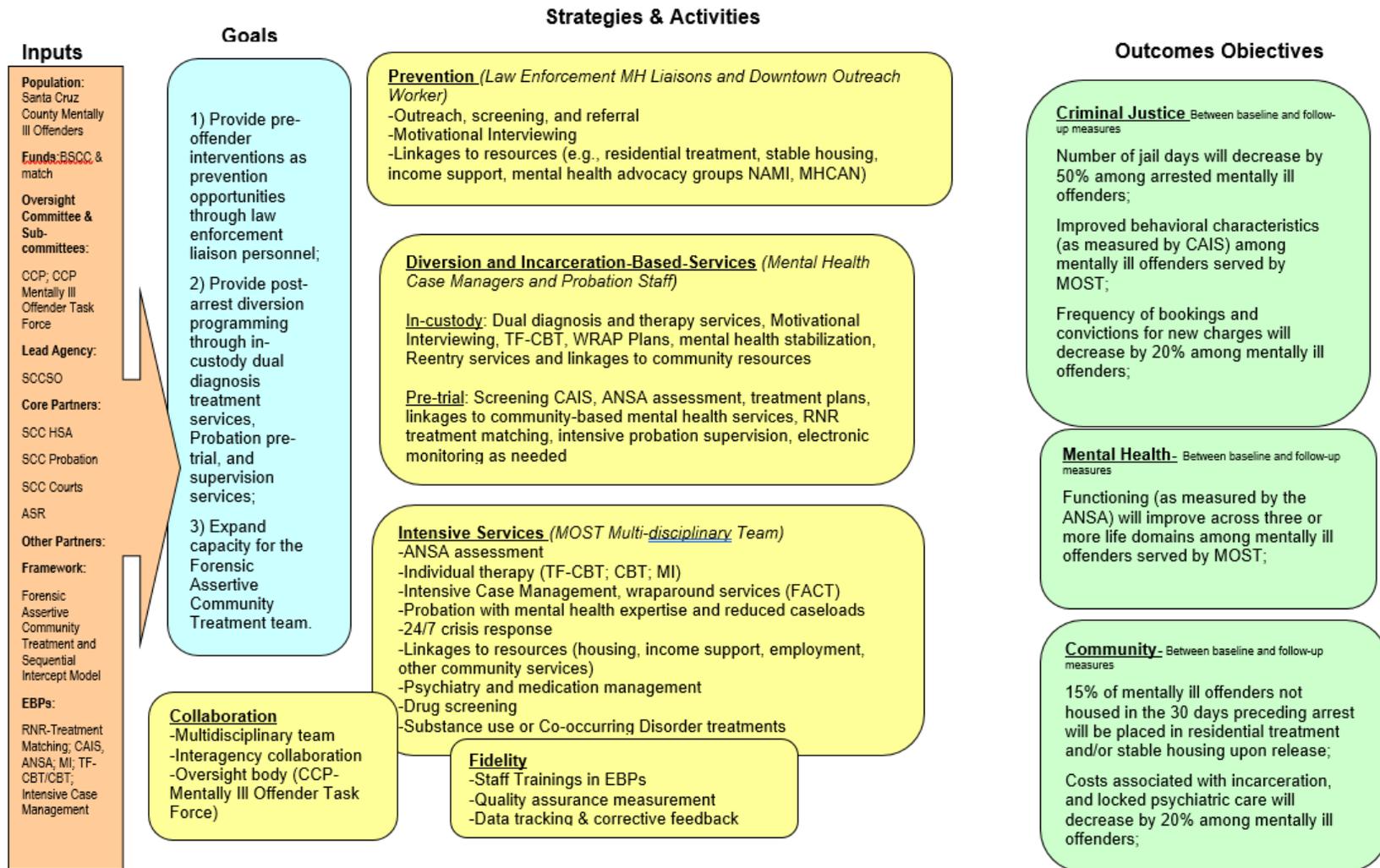


Source: Santa Cruz County Behavioral Health Division. N=212 (pre) and 204 (post).

Note: All increases are statistically significant ($p < .05$)

*Self-reported knowledge and skills.

Logic Model



Results and Conclusions

RESULTS

From July 2015 to June 2018, Santa Cruz County implemented the MIOCC project to boost the capacity of a range of services to reduce incarceration and recidivism among mentally ill offenders. These efforts were coupled with strategies to improve collaboration among public and private agencies that frequently interact with mentally ill offenders.

The **prevention** component of the project consisted of two services that are often the first point of contact for mentally ill individuals who are at risk of being arrested and incarcerated. Downtown outreach workers work primarily with individuals experiencing homelessness in downtown Santa Cruz. The DOW coordinates referrals and facilitates communication between the homeless community, treatment centers, downtown businesses and law enforcement. The DOW contacted between 1,400 and 2,400 people per year during the grant, and provided thousands of referrals related to housing, medical services, mental health, and substance use disorder services.

Mental health liaisons were the second prevention service enhanced by the MIOCC project. Over the grant period, five MHLs worked directly with Santa Cruz County Sheriff's Office, Santa Cruz Police Department and Watsonville Police Department, to assist with crisis interventions, risk assessments and disposition planning. With the extra staffing capacity provided by the MIOCC grant, MHLs increased their county reach by 79%, going from 1,824 contacts in 2015-2016 to 3,272 in 2017-2018. Similarly the number of 5150 assessments nearly doubled, rising from 1,210 to 2,187.

The **diversion** component of the project included the Jail Behavioral Health and In-Custody Treatment program and the Pre-Trial Supervised Release program. The in-custody treatment objective set forth in the evaluation plan was to maintain at least 20 weekly participants. This objective was met for the first two years of the grant, but the loss of two clinicians contributed to a decline in services in the third year. The average number of weekly participants in mental health or substance use disorder treatment groups was 21.3 in 2015-2016, 33.9 in 2016-2017, and 15.4 in 2017-2018. The Pre-Trial Supervised Release program mostly met its objective of including at least two participants throughout the grant period. In only three of the 12 quarters were there no active participants.

The **intensive** service component of the MIOCC project focused on the MOST program. The MOST program far exceeded its objective of providing intensive case management to at least 30 mentally offenders per year. It served 160 participants over the grant period, rising from 78 in 2015-2016 to 97 in 2016-2017, and reaching 98 in 2017-2018. In addition, the number of days that MOST participants received treatment services far exceeded the 30% increase stated in the evaluation plan's process objectives.

The key outcomes achieved by the MOST program include:

- A 63% decline in jail days (Outcome Obj. 1),

- A reduction in recidivism risks for 30% of participants, as measured by the CAIS (Outcome Obj. 2),
- Improvement by 56% of MOST participants in at least three domains of functioning according to the ANSA (Outcome Obj. 3),
- A 74% decline in bookings (Outcome Obj. 4),
- A 90% decline in convictions (Outcome Obj. 4),
- Stable housing or placement in residential treatment for 36% of participants who exited the program and had experienced significant homelessness before entering (Outcome Obj. 5),
- A 71% reduction in jail costs due to MOST participants spending less time in jail (Outcome Obj. 6), and
- Increased collaboration and interactions between MOST partner agencies (Outcome Obj. 7).

In addition to these outcomes, MIOCC met Outcome Objective 8. Survey results from over 200 law enforcement officers indicated self-reported increases in their knowledge of mental health and trauma after participating in a series of Crisis Intervention Trainings in 2017 and 2018 (Outcome Obj. 8).

CONCLUSIONS

Overall the results indicate the MIOCC project and its network of partners have helped to provide much needed treatment services and case management support, which contributed to a reduction in recidivism among a cohort of mentally ill offenders in Santa Cruz County. In addition to producing positive outcomes for these individuals, the project has helped reduce jail-related public expenses and developed greater collaboration and mental health skills among agencies that regularly interact with people who are mentally ill or have substance use disorders.

Program managers from the county's Behavioral Health Division share the belief that collaboration among agencies is significantly stronger than it was at the beginning of the project. They have stated that the increase in mental health liaisons in law enforcement agencies, and regular meetings between the probation, mental health, and law enforcement offices have contributed to a shared understanding of each other's roles and the skills they bring to their work. This, in turn, has contributed to better quality and more efficient services for their participant populations.

The MOST program leadership believe the greatest long term obstacle to assisting mentally ill offenders is the lack of affordable housing. While in the short term the services provided within the MIOCC project can address the primary treatment-related and legal needs of participants, there are scant options available to solve the problem of limited affordable housing, and residential treatment is only short term. Staff remain concerned that the limited housing options may eventually lead some participants back to environments that will put them at greater risk of re-offending.

About the Researcher

Applied Survey Research (ASR) is a social research firm based in Santa Cruz County. ASR is dedicated to helping people build better communities by creating meaningful evaluative and assessment data, facilitating information-based planning, and developing custom strategies. ASR has more than 30 years of experience working with public and private agencies, health and human service organizations, city and county offices, school districts, institutions of higher learning, and charitable foundations. Through community assessments, program evaluations, and related studies, ASR provides the information that communities need for effective strategic planning and community interventions.

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