NEVADA COUNTY ADULT MIOCR GRANT
FINAL LOCAL EVALUATION REPORT

Executive Summary:

Nevada County developed a pilot project to reduce the disproportionate representation of mentally ill offenders in the county jail. Our MIOCR efforts focused on screening adults for mental illness that came into contact with law enforcement, identifying individuals with frequent calls for law enforcement response, and/or frequent short jail bed days, and connecting those identified with services and options other than jail to resolve crisis. The effort included developing resources for patrol officers so they had options other than taking individuals to jail when suffering from a mental health crisis. A forensic mental health case manager was employed as the liaison between the officers and service delivery. The RNR simulation tool was utilized to match clients to services, ensure program fidelity, and help identify service need gaps.

The project worked as intended for the most part. Given all of the agencies in the county have limited numbers of staff, the Crisis Intervention Team membership (CIT) was not as consistent as desired. At times this made efforts with individual clients less than ideal as we were having to bring officers back up to speed. However, the officers developed a list of individuals based on calls for service and number of contacts they would staff on a regular basis. This front-end staffing and planned intervention helped in reducing some of these individuals' trips to the jail. They would remove barriers the individuals were facing before it became a crisis.

Half way through the project we also experienced the departure of the original forensic mental health case manager. This caused some service delivery problems. It took time to hire a new staff and bring them up to speed. Eventually, a new staff were hired and we were able to get back on track.

One of the most important accomplishments of this project was the collaboration that resulted in several "spin-off" projects. One of the most significant of those was the opening of the Crisis Stabilization Unit (CSU) in partnership with the local hospital. The unit is located just outside of the emergency room and gives officers another viable and predictable option for clients other than jail. The use of the CSU by patrol officers has steadily increased and continues to reduce the use of the jail as the only option for those in crisis.

Another "spin-off" was the creation of a unit to address homelessness and affordable housing options in the county. The initial MIOCR Forensic Mental Health Case Manager was selected to run this unit and has embraced the concepts learned in the MIOCR project in creating housing options. They have focused on the barriers the justice involved mentally ill face in securing stable housing. This has become a priority for the county and housing first options for MIOCR clients continues to expand. As housing options expand, the overreliance on the jail for housing will continue to decrease.

As mentioned above, most of the barriers revolved around staffing. In a rural county, most staff are required to wear many hats. At times, this takes away from them being able to focus too long on any one thing. Although the officers assigned to CIT were passionate and excited about the program, competing priorities made it difficult for them to sustain long-term progress and momentum when the workload was too demanding.

Another barrier that we encountered was the jail's ability to screen all bookings for mental illness. There was a change in jail leadership and concern around workload. We are continuing to meet with jail staff to try and make this happen. It is felt this is the biggest gap we still have in the system as we are unable to easily define and quantify what the mentally ill jail population is. Without this piece there will be a continued struggle to truly make systemic changes. Nonetheless, it is promising that discussions have continued and it has not been totally taken off the table.

An unintended outcome was putting the conversation of justice involved mentally ill citizens near the top of the public agenda. The lessons we learned from the MIOCR project resulted in us becoming a "Stepping Up" county. This started a dialog about what we can do to reduce the overrepresentation of the mentally ill in the criminal justice system. That conversation is now regularly scheduled and ongoing.

The County has also partnered with the local hospital and started a mental health workgroup. This partnership includes the Crisis Stabilization Unit. These efforts include many of the original members of the MIOCR workgroup. The hospital's involvement includes the potential for financial investment in creating alternatives for people in crisis. Their interest revolves around the emergency room being over used for people in crisis. The hospital's involvement demonstrates the increase in collaboration to address this problem.

The most important lesson learned was that there are potential solutions for persons in crisis other than jail. The key is to make those solutions predictable and as streamlined as possible if you want officers to utilize them. If the solution requires too much effort there will be a tendency to use the jail as that becomes the most reliable option for them to return to duty quickly. To do this, officers need to be a part of the process in developing the solutions. This creates a partnership were they are not only vested in the success of the project, but also limits pushback as they created the solutions.

Another lesson was you are not going to be able to help everyone, but you should still keep trying. There were clients with hundreds of calls for service per year due to mental health crisis situations. However, you will reach some of them if you keep trying and never give up on them. Some of our greatest success stories were with clients that most of the group had somewhat given up on. It was surprising to see the transformation of some of these individuals once their needs were able to be addressed in a way that matched to them.

One piece of the puzzle we had left out and needed to be involved was dispatch. Dispatch needs to be included in the process as they are a vital link to CIT and getting the information they need out on the streets. Once this oversite was identified, not having a universal case management system hampered finding solutions. Although not yet implemented, the solution was to flag MIOCR clients in the probation case management system that dispatch has access to. Another improvement was to include dispatch in formal CIT training.

Overall, we feel that we did a great job making use of the reduced award we received. The project was intended as an 18-month pilot project and instead it lasted the entire grant period. We were able to use the funds to help create alternative connections and entry points to services

that didn't exist prior to the project. This allowed officers options other than jail for those suffering from a mental health crisis.

Project Description:

1. **Project Goals:**

    - Reduce our community's overreliance on the use of custody for those suffer from a mental health crisis and a lack of capacity of resourced interventions.

2. **Project Objectives:**

    - By January 2016, recruit and hire Forensic Mental Health Case Manager
    - By January 2016, select and assign officers to the CIT team
    - By March 2016, insure all jail clients are screened using the modified mini screener (MMS) at booking
    - By April 2016 have all adult services participating in the RNR tool evaluation.
    - By June 2016, insure all clients that screened in based on the MMS receive a full mental health assessment
    - By June 2016, all CIT officer receive full scope CIT training
    - By June 2016 conduct a gap analysis of adult services and develop a plan to close those gaps
    - By June 2016, insure that all early identified justice involved clients in the community that suffer from mental illness are identified.
    - By June 2016, CIT team meeting on a regular basis to develop intervention plans and re-entry plans.
    - By June 2016, CIT members have access to resources and funds to intervene to divert clients away from potential jail stays.

3. **Target Population:**

    - Male and Female
    - Any Age
    - Referral to law enforcement for a law violation, currently on supervision, or detained in the jail

- Screened in on the MMS and full mental health assessment indicates mental health needs.
- High Risk (CAIS)

4. **Number of Participants:**

    - MMS: 200 screened per year
    - Full Mental Health Assessments: 40 per year
    - CIT Participants: At least 20 per year
    - Direct Service Hours: 150 hours per client per year

5. **Intervention Determination**

    - To be eligible for CIT clients will need to be screened in using the MMS and the subsequent full mental health assessment.
    - Programing for criminogenic needs will be determined using the CAIS assessment instrument.
    - Mental health treatment will be decided on the basis of the full mental health assessment and clinical discretion.
    - All interventions will be selected based on the predicted level of recidivism reduction provided by the RNR tools inventory of available community interventions.

Data Collection:

The data was collected from several sources. Behavioral Health maintained an excel spreadsheet they used to track demographic information, services provided and case notes. The client data was used to check for records in probation's case management system. The case management system provided additional information regarding services provided, criminal history, supplemented missing demographic information, risk scores, and needs.

The spreadsheet from behavioral health was also used to gather criminal history information from the Sheriff's jail system. The jail system provided a count of bookings as well as a general idea of the types of crimes committed.

The spreadsheet was also used to compare data from the court's system. The court's system provided convictions and what types of crimes were committed.

The data was continuously collected. Notes were continuously entered into the spreadsheet and the jail and court system were checked for recidivism information. The information was collected by probation staff as well as staff at behavioral health.

The information was collated and frequencies were examined. Pivot tables in excel were used to determine frequencies and excel tables were used to identify trends and compare populations.

Difficulties involved integrating the sources of information. Gathering and comparing information between the systems was difficult but was managed using unique identifiers (social security numbers, driver's license numbers, name and date of birth, etc.).

The quality of data was also an issue. The jail and court system are antiquated which makes collecting data difficult. Some of the charge information was missing in the jail and court system due to the information being decades old. This may affect the types of crime committed, but it is unlikely. More recent crime type information was available for all client.

Research Design:

1. **Outcome Evaluation**

The data indicates that the MIOCR clients being screened had mental issues requiring identification and treatment. Screening them gave us a better picture as to what our population looked like and where there were gaps in needs. The most common need identified was housing. Many of the clients identified did not have stable housing. Given the lack of inventory in Nevada County of housing and more so, affordable housing, this lead to additional efforts to address these barriers. The data also indicated that we knew who most of these clients were given the frequency in which the hit the doors of the jail and/or the calls for service received involving them. Although a majority of them had felony convictions, a large portion of their calls for service were related to misdemeanor behavior for which would result in a brief jail stay. A lot of these misdemeanors would be dismissed in court or not filed. Most clients were high utilizers of several services in the county, however there was a lack of service coordination. The Forensic Mental Health Case Manager's effort to match MIOCR clients to their utilization of other services reduced redundancy and streamlined efforts. The majority of MIOCR clients did assess as high risk to re-offend due to their cycles through the system.

2. **Process Evaluation**

The implementation of the program went as planned. We were able to expand access to care in lieu of jail through the CIT model. Access to options other than jail were provided and many times this kept officers from booking someone as their goal in most cases was to clear a call. Jail had been the way to quickly accomplish this in the past. We implemented the GMU RNR and SUSTAIN program. The RNR tool helps officers match programing with clients, evaluate program fidelity, and identify programing gaps in the community. We were able to provide POST certified crisis intervention training to all of the officers in Nevada County. We were also able to provide training on evidenced based practices and effective interventions to our collaborative partners that were unfamiliar with these concepts. All of the implementation efforts went as planned and will help in sustain this project for years to come.

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Program: **ADULT MIOCR LOGIC MODEL**

Inputs	**Outputs**		**Outcomes -- Impact**		
	Activities	*Participation*	*Short*	*Medium*	*Long*
44 Clients Enrolled 18 Programs	46 MMS Screenings 27 Full Assessments 18 Team Meetings	44 Clients Screened In 42 Clients Diagnosed 18 of Team Meeting Attended	Increase in Mental Health Screenings Increase in Mental Health Assessments	Increase in mental health screenings. 100% increase in analysis of local treatment availability inventory 100% increase of correctional programming quality assurance.	5.2% recidivism reduction in participants while supervised.

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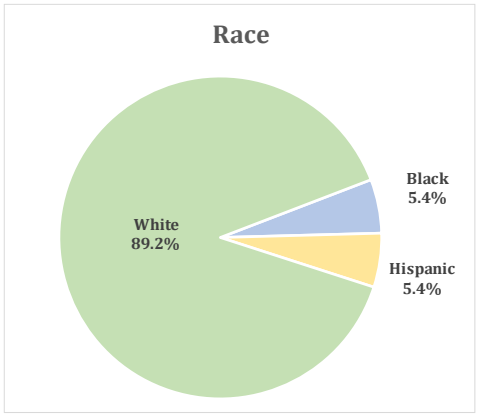
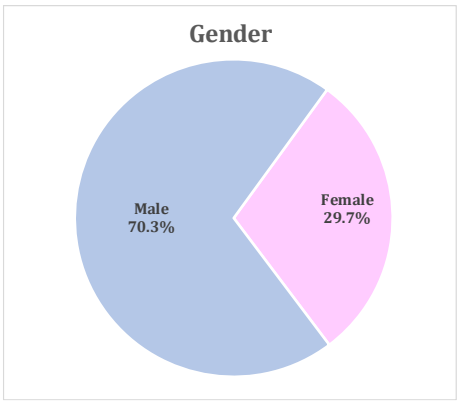
Results and Conclusions

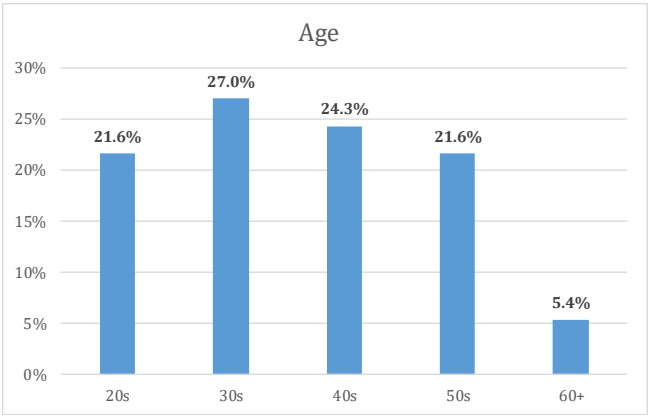
1. Results

The majority of clients receiving services through MIOCR were male (70.3%) and white (89.2%). This closely matches the demographics of Nevada County Probation's clients.

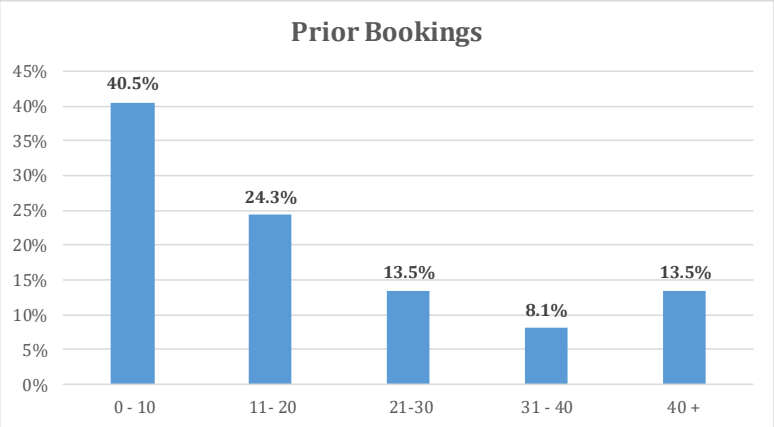




Most of the clients started receiving funding for services when they were in their 30s (27%) or 40s (24.3%).



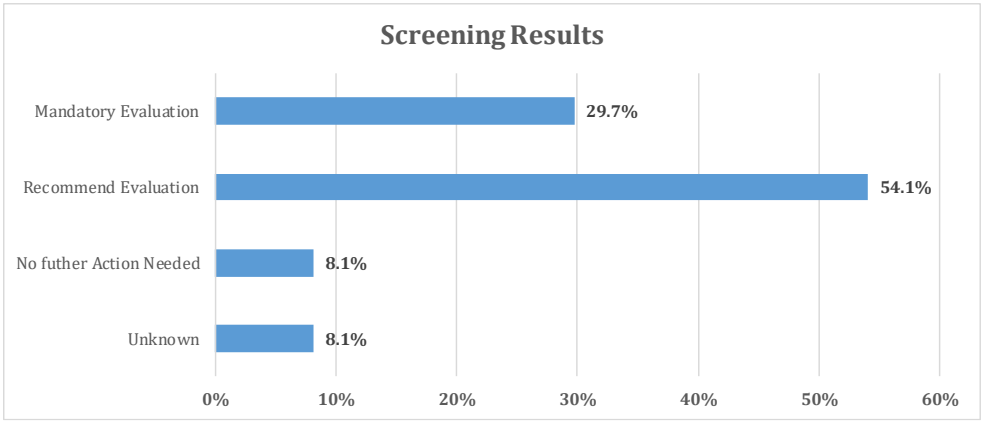
Roughly four out of ten clients (40.5%) had less than 11 bookings prior to receiving services through MIOCR. Clients had, on average, 22 bookings. One client had 127 bookings due mostly for public intoxication.



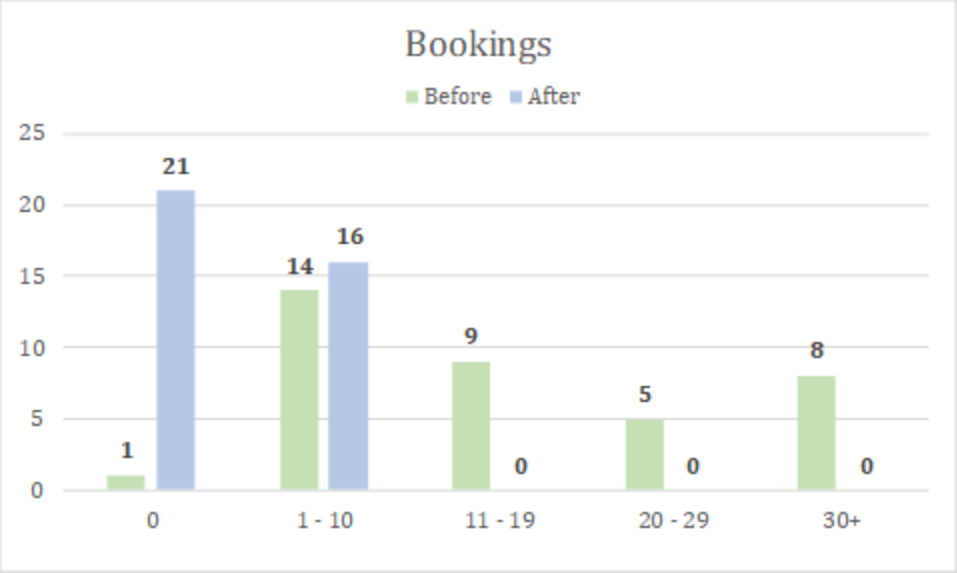
Almost all of the clients were convicted of a felony (62.2%) of misdemeanor (35.1%) as their most serious charge prior to receiving services.

Over 75% of clients were screened for risk by the probation department. The majority were high risk (43.2%). The rest of the clients were medium (13.5%) or low risk (16.2%)

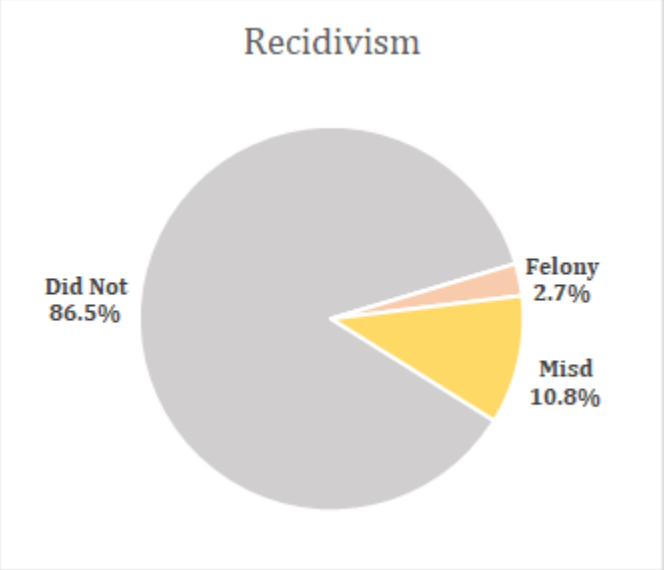
Of the 34 (91.9%) clients screened with the Modified Mini Screener, the majority scored in a range suggesting further evaluation (54.1%). The second largest group had scores resulting in additional screening that was mandatory (29.7%). The results indicate the group receiving MIOCR services had mental issues requiring identification and treatment.



There were an average of 22 bookings per client prior to receiving MIOCR services. Following MIOCR services, the average dropped to 1. The significant drop may be due to the short time frame. Twenty one clients (50%) did not have a booking after receiving services.



Five (13.5%) of the clients were convicted of a new crime after receiving services. Four (10.8%) were convicted of misdemeanors and one (2.7%) was convicted of a felony. This recidivism, rate is consistent with the department's overall recidivism rate (12.8%).



2. Conclusions

The most important outcome of this project was a shift in patrol officer's tendency of booking individuals at the jail for low level offenses that were in mental health crisis. Although the belief was already there that the jail might not be the most appropriate placement for many of these individuals, the officers felt it

was their most reliable option. They did have a few other options, but there was a belief that the process was not worth the effort given their need to get back on patrol. Our effort to identify individuals that were over utilizers of the system (large call volume) due their mental health issues, resulted in pre-planning and intervention prior to that next call for service. This allowed for a plan to be in place when and if that next call was received.

The key to this was collaboration in making referrals for screening. Referrals came from most contact points in the system. Once a person was screened in contact by the forensic mental health case manager was made. After a full assessment a case plan was developed in an effort to get the client the services they needed to reduce their likelihood of ending up back in jail. Some of the success we realized with clients led to expanded collaboration and large projects like the Crisis Stabilization Unit and the new County Housing Crisis Unit. These would not have been possible without the groundwork and accomplishments of the MIOCR project.