

Mentally Ill Offender Crime Reduction Grant Program
Final Local Evaluation Report
County of San Luis Obispo Behavioral Health

Executive Summary:

1. Did the project work as intended? If not, explain why.

County of San Luis Obispo's Mentally Ill Offender Crime Reduction (MIOCR) Project was quite successful, managing over a three-year operational period to provide service interventions to 552 distinct participants and demonstrate successful courtroom screenings, complete referrals to ongoing treatment options, in-custody evidence-based treatment services, and demonstrate significant improvements in mental health, addiction recovery, criminal justice, housing and other behavioral outcomes. The project provided medication evaluations and linkage to mental health treatment services in the community for participants with mental health needs, and reduced episodes of criminality and acute behavioral health services. The project achieved its goal of increasing the capacity in San Luis Obispo for evidence-based mental health treatment programs, practices, and strategies to well over 60 individuals per year over a three-year period, total 180 anticipated participants. A total of 552 participants were served in the three-year period or 307% over the anticipated number. The project's measurable outcomes demonstrate that project services and resources were cost-effective in promoting rehabilitation and reducing recidivism.

2. What were the project accomplishments?

In addition to successfully completing all the project's Goals and Objectives, SLO County's MIOCR project accomplished this through a smoothly functioning partnership between SLO County's Behavioral Health Department, the County Sheriff's Office (Jail), the Superior Court and the Department of Probation. The project accomplishments can be seen in the increased continuity of care for participants and the significant improvements in a variety of indicators, including a dramatic decrease in arrests and convictions and excellent participant treatment engagement. The addition of a therapist in the jail allowed mentally ill offenders early access to treatment. Identification of treatment resources at participants' first court hearing assisted in client-centered sentencing decisions and treatment connections, followed by the safety net of medication coverage between the potential service gap between incarceration release and before County Mental Health can begin services. The integration of these project elements improved the connection of mentally ill offenders to community resources and thus provided them with the opportunity to achieve a lasting wellness and recovery lifestyle.

3. What goals were accomplished?

The MIOCR project successfully completed all three of its goals: 1) project participants were able to establish a wellness and recovery-oriented lifestyle and improve the quality of their lives with

mental health and substance abuse treatment which resulted in reduced episodes of criminality and acute behavioral health services admissions; and 2) MIOCR also allowed for an increased capacity for evidence-based behavioral health treatment programs, practices, and strategies to 552 participants during the three-year period of project funding. These services included connection to drug and alcohol treatment to reduce drug use, connection to post jail psychiatric services to prevent a lapse of medications, and a courtroom screening to identify the most appropriate treatment services. The treatment services in the jail allowed the use of evidence-based practices for addressing not only mental health, but also drug and alcohol issues. The clients' connection to the MIOCR project has opened opportunities to participate in evidence-based practices such as Dialectical Behavioral Therapy (DBT) for substance abuse, Illness Management and Recovery, criminogenic interventions (Moral Reconciliation Therapy - MRT), and trauma-informed treatment (Seeking Safety). Thirdly, project participants demonstrated improved rehabilitation and reduced mental health and criminal justice recidivism, as well as improvements in other lifestyle factors such as stable housing, access to Medi-Cal and health insurance, Social Security or other income entitlements, employment or receiving stipends, and reduction in homeless status. Sustainability has also been achieved and the programs are now funded through Public Safety Realignment (AB109) resources for the court screening component and through the Sheriff's Office to fund the work of the therapist in the jail. Positive outcomes identified in the MIOCR Project's outcome measures were greatly influential in convincing partner agencies and the County Board of Supervisors to provide sustainability funding for future years of project operation.

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

Differences in the prevailing policies and procedures of the courtroom, Jail and Behavioral Health Department created some barriers that had to be overcome before the MIOCR partnership could work effectively.

The courtroom needed a confidential space for MIOCR staff to interview defendants, and the attorneys were initially displaced by having to share the space. We also had to build a tool for screening participants that was short enough to match the fast pace of the predisposition courtroom. And lastly, the screeners had to engage attorneys to consider treatment as being in the best interest of their clients versus the traditional mindset that the only success was getting the "best deal" for their client which often didn't include treatment. The process of changing the culture in the courtroom started with the officiating Judge, who was a great proponent of the MIOCR project. She set a tone of collaboration in the courtroom and sent the message that the screeners were a part of the courtroom team. The next thing the team did was to provide education on the services the screeners offered. The MIOCR team set up times to meet with the Judges, the District Attorney's office, as well as the Public Defender's office. We later offered a training with legal continuing educational units for attorneys to engage an even wider audience of all attorneys and judges. Although this was very effective we learned that it required ongoing training to keep the value of the screeners as an awareness of the critical elements of the MIOCR partnership fresh in everyone's minds.

The Jail presented barriers to the project as well. Initially, custody policies dictated that the mentally ill clients created an unacceptable risk when they were gathered in a group together. It

took patience and perseverance for the in-custody therapist to build trust with the jail officers. The other initial barrier was that jail inmates were taken for short visits to the medical wing and the mental health therapist needed longer sessions. Again, the in-custody therapist worked hard to be responsive to the officers' needs which then built trust, setting the stage for more cooperation and system changes such as facilitating longer visits with the in-custody therapist for mental health psychotherapy sessions with the inmates.

At the Behavioral Health Department, finding a psychiatrist to be on the team was a challenge and we utilized a variety of resources to find a good fit. A couple of *locum tenens* psychiatrists who worked briefly for the project did not have the engaging attitude necessary for this fragile, often resistant population. Understanding the medication concerns with a co-occurring population that can jeopardize their recovery by abusing certain medications was also difficult for some psychiatrists to grasp. Eventually, a psychiatrist was found who was an excellent fit.

An additional problem with insuring a smooth and effective transition from jail to follow-up treatment occurred when clients were released early from jail before a community partner could be there for a "warm hand-off" to their next treatment option. Occasionally a lack of clarity regarding probation terms and conditions with a participant also presented barriers to overcome. Having staff on site at the jail or having a Probation Officer's involvement provided quick access to address and solve these barriers.

5. What unintended outcomes were produced?

- a. One of the key requirements of this project was the need for collaboration among the various partners including SLO County's Behavioral Health Department, the Sheriff's Office, the Superior Court and the Department of Probation. Because of the differences in agency policies, procedures and the possibility of departmental "turf issues" there was no guarantee that collaboration would be achieved. Differences and conflicts did arise, but they were successfully overcome and, in fact, resulted in a viable sustainability plan with funds identified to continue the project after State funding ended.
- b. This project generated a significant amount of national interest in its court screening process and resulted in an invitation to give a presentation about the project at the Forensic Mental Health Association of California Annual Conference held March 21-23, 2018 as well as on two national webinars: The National Association of County Behavioral Health and Developmental Disability Directors on November 27, 2017, and the Minority Fellowship Program Coordinating Center on February 26, 2018. The presentations emphasized that in-court screenings are an opportunity to engage clients early in their criminal justice case and provide Judges with treatment information to inform the judicial decisions. This could be used to reduce time in jail or support pre-plea options. This promising practice has shown increased client entry into services, and data is pointing to a reduction in recidivism. The presentations provided information on how to begin an in-court screening process and how the screening is conducted in the fast-paced courtroom environment.
- c. One of the negative unintended consequences arose from early release from jail for MIOCR participants. Early release often truncated a participant's involvement in

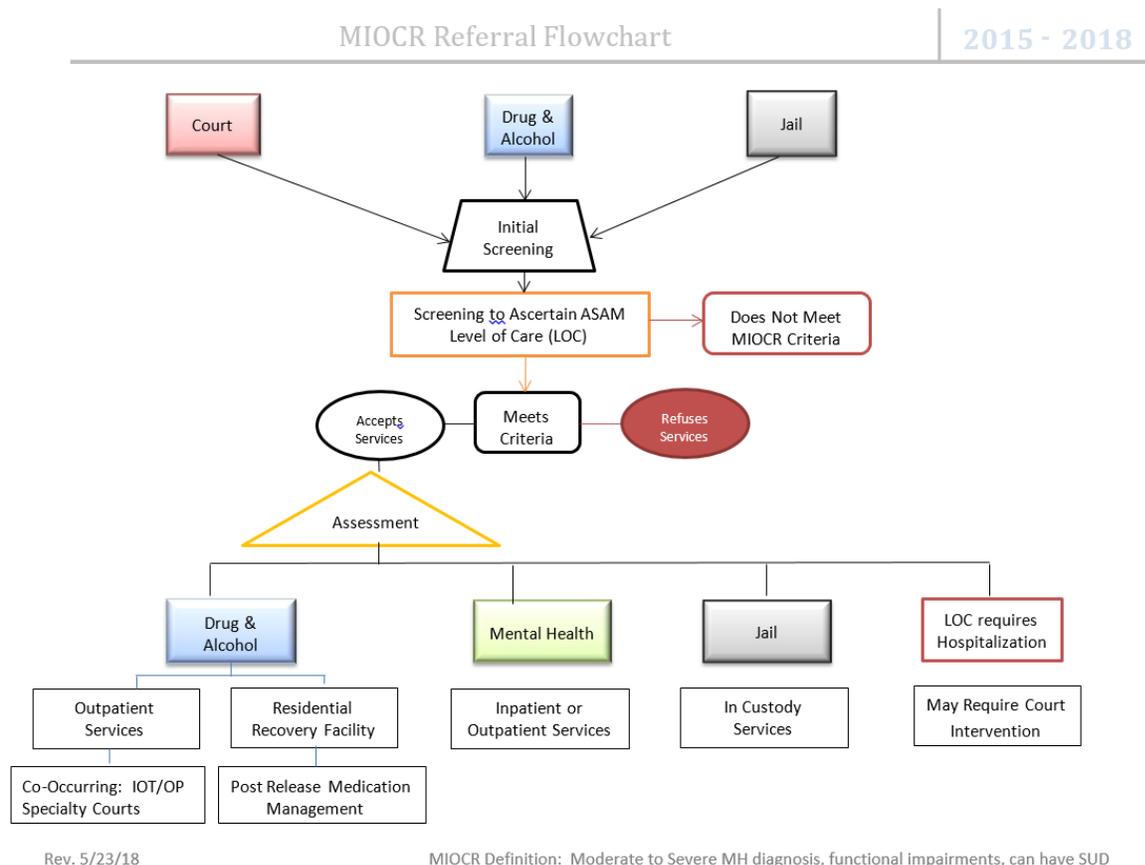
- MIOCR in-custody treatment resources and interfered with the project's ability to connect the participant to post-custody follow-up treatment. Staff sometimes did not know that a participant had been released from jail, and by the time staff were informed by the jail, the participant often failed to show for post release follow-up and disappeared from all treatment involvement for various periods of time.
- d. Engaging a large number of participants in treatment options placed a strain on community resources like housing. There are not enough resources for Recovery Residences in San Luis Obispo County to meet the needs of MIOCR participants who could benefit from such housing options.
 - e. Despite a carefully designed project Logic Model, it soon became apparent that participant engagement in programs and participant flow management was not a linear process. Participants could enter the project at many different points in the criminal justice system. Although this increased participant access to treatment, which is a best practice, it also made tracking and follow-up difficult for administrative purposes.
 - f. Providing a safe and comfortable environment for participants was part of the project design from the beginning. What was not anticipated was that participants felt so safe and comfortable at the MIOCR transitional treatment office that they were reluctant to leave and seek admission to follow-up treatment options in other services provided by the Behavioral Health Department.

6. Were there any lessons learned?

Perhaps the most important lesson learned was that creating an effective partnership between the Courts, Sheriff's Office, Department of Probation and the Behavioral Health Department resulted in a synergy that provided the best outcomes for our target population, mentally ill criminal offenders. The project's success at increasing the number of referrals to treatment providers, Forensic Re-entry Services (FRS) and housing options created a strain on the systemic flow from referral to treatment service increasing the numbers of intakes and the mechanics, staff time, paperwork and other processes associated with intake for FRS, Drug and Alcohol Services, and Mental Health programs needed to be developed or continually revised. This increase in referrals also led to some capacity challenges with our community partners as well. We learned that the Behavioral Health staff of MIOCR needed to be very clear about their work parameters and scope of practice. The courtroom screeners initially were often asked to do case management duties such as provide immediate assistance in finding housing or residential treatment for prospective participants in court, and staff had to be firm with their boundaries, focusing on screening and referrals and guaranteeing to the court personnel that case management would occur later after completion of referral. MIOCR courtroom screening staff also found they had to make it clear that they were not making sentencing recommendations but offering the information to the courts, so that the court and attorneys could make more informed recommendations and decisions.

A. Project Description:

The San Luis Obispo MIOCR project designed and implemented a collaborative and multidisciplinary program designed to provide a Behavioral Health clinician at pre-trial to screen mentally ill offenders as they were being sentenced to provide an alternative to incarceration, in-custody evidence-based treatment services, increased capacity within the community clinic to provide walk-in medication and screening appointments for post-release offenders in order to provide an immediate and seamless reentry of the client into the community. In-custody treatment services included Dialectical Behavioral Therapy (DBT) for substance abuse, Illness Management and Recovery, criminogenic interventions (Moral Reconciliation Therapy - MRT), and trauma-informed treatment (Seeking Safety). MRT was later discontinued in the jail setting and provided in a community setting at Drug and Alcohol Services treatment programs. Illness Management and Recovery (IMR) replaced MRT in the jail. Assessments and/or evaluations were also provided at the County Jail. Lastly, the community-based interventions were provided at the Behavioral Health Forensic Clinic at Johnson Avenue or at the Mental Health Clinic also on Johnson Avenue. These interventions include medication screening, evaluations and ongoing medication visits conducted by the Nurse Practitioner, Psychiatrist and the Licensed Psychiatric Technician.



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Project Goals and Project Objectives:

The table below highlights the Project Goals and Objectives and a brief analysis of progress toward their achievement.

Goal 1. (Participant Level): To help San Luis Obispo participants establish a wellness and recovery-oriented lifestyle, to improve the quality of their lives with medication compliance (as applicable) and treatment, and to reduce episodes of criminality and acute behavioral health services.	
Objective	Progress
<u>Objective 1.1:</u> Project participants will exhibit a reduction in drug use as measured by self-reported drug use and drug testing during project participation (as appropriate).	Self-reported drug use prior to project admission was entered into the participant file in the electronic health record (EHR) and with follow-up data entered after 6 months. Drug testing outcomes were also documented for participants entering treatment with Drug and Alcohol Services. An analysis of EHR data demonstrates that for participants who engaged in substance abuse treatment with Drug and Alcohol Services, a reduction of 79% in drug use between 30 days prior to project admission and 6 months post project admission was reported. Participants with 180 days or more in treatment showed an average negative drug test rate of 89%.
<u>Objective 1.2:</u> 100% of project participants will become stabilized on medications, thus showing positive changes during treatment in the domain of psychiatric symptoms as measured by the ANSA/GPRA instrument at admission and discharge.	Successful implementation of medication management resulted in 100% of project participants who were able to be stabilized on appropriate medications and maintain that stabilization for the duration of their engagement with the project. The project was also able to avoid medication gaps for participants post release from jail and establish ongoing medication management in community programs.
<u>Objective 1.3:</u> Project participants will show positive changes during treatment in the domain of legal problems as measured by the ANSA/GPRA at admission and discharge.	An analysis of the EHR and the Criminal Justice Database (CJIS) at admission and the end of the 3 years shows reduction in legal problems as defined by additional convictions while engaged with the MIOCR project (see Recidivism Graph).
<u>Objective 1.4:</u> Behavioral Health Department (BHD) staff will conduct 90% of pre-trial screenings upon referral, BHD will initiate 90% of services within 7 days and 70% of admissions will have at least two treatment contacts within 14 days of admission.	This objective was successfully met: pre-trial screenings were successfully completed for 100% of eligible in-court referrals and services were initiated within 7 days for 100% of those screened. Of those participants who were remanded to jail from court after screening, 90% had services initiated from the MIOCR in-

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	custody staff within 7 days if those individuals voluntarily chose to become MIOCR participants. Of those admitted to community-based (non-jail) treatment post courtroom screening, 100% received a treatment service within 14 days.
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Goal 2. (Program Level): To increase the capacity in San Luis Obispo for evidence-based mental health treatment programs, practices, and strategies to 60 individuals per year.
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Objective	Progress
<u>Objective 2.1:</u> San Luis Obispo County will implement CBT within the County Jail and 90% of project participants in the Mental Health Unit 200 will participate within four months of the award.	Dialectical Behavioral Therapy (DBT) and Illness Management and Recovery (IMR) Therapy were begun at the SLO County Jail Mental Health Unit 200 during the second quarter of the MIOCR project, in compliance with the objective. DBT replaced the originally planned Cognitive Behavioral Therapy (CBTp). Illness Management and Recovery was also provided.
<u>Objective 2.2:</u> Moral Reconciliation Therapy will be implemented within six months to 90% of project participants within the County Jail.	Moral Reconciliation Therapy (MRT) was begun at the SLO County Jail Mental Health Unit 200 during the third quarter of the MIOCR project, in compliance with the objective. Although MRT was begun in the jail, this intervention was determined to be not conducive to the jail environment due to substantial turnover of inmates at the jail, so was instead provided after participants were released from jail and started MRT as part of their community-based Drug and Alcohol Services (DAS) treatment.
<u>Objective 2.3:</u> Trauma focused treatment will be available to project participants, using Seeking Safety, and 90% will participate within one year.	Trauma focused treatment using Seeking Safety was provided in the jail through DAS for participants who wanted to participate. Seeking Safety continues to be provided in the jail. It is also provided after participants were released from jail and started or continued Seeking Safety as part of their DAS treatment services.
<u>Objective 2.4:</u> Convene the Strategy Committee within one month of award of the funding.	A Strategy Committee, convened to provide inter-agency management oversight, was successfully convened and met every month during the first year of the project and now meets quarterly during the second and subsequent years of the project. The committee is a collaboration of various community member stakeholders: law

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	enforcement, district attorney, courts, behavioral health, drug and alcohol services, social services, office of education, state and federal representatives. This forum also became a resource for educating the project partners, Court, Attorneys, and Probation, and was successful in achieving their support and changing the dynamics of the treatment options available to Mentally Ill Offenders.
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Goal 3. (System Level): To emphasize measurable outcomes and ensure services and resources are effective in promoting rehabilitation and reducing recidivism.	
Objective	Progress
<u>Objective 3.1:</u> Reduce the conviction of a new felony or misdemeanor committed within 3 years of placement into the MIOCR project.	Participation in the MIOCR Project resulted in a dramatic reduction of combined felony and misdemeanor offenses while participants were engaged with either MIOCR or follow-up treatment options (See Recidivism graph).
<u>Objective 3.2:</u> Reduction of number of days that mentally ill offenders are incarcerated in SLO County Jail as measured to the prior year’s baseline.	Participants also demonstrated a remarkable reduction in conviction lead to a reduction of the number of days that mentally ill offenders were incarcerated in SLO County Jail as measured to the prior year’s baseline.
<u>Objective 3.3:</u> A long-term sustainability plan for the project will be developed and implemented by the beginning of Project Year 3.	Careful long-range planning and an analysis of positive project outcomes set the stage for successful ongoing sustainability of MIOCR. Sustainability has been successfully achieved and the MIOCR Project elements are now funded through Public Safety Realignment (AB109) resources and through the Sheriff’s Office (through County General Fund Support) continuing the work of the therapist in the jail.

B. Target Population

Eligible participants are defined as “mentally ill adult offenders” as defined by Welfare and Institutions Code. The participant may have a serious mental disorder and a diagnosis of substance abuse or developmental disability (co-occurring disorder). In addition, the person will have a substantial functional impairment or symptoms or psychiatric history demonstrating risk of decompensating to having substantial impairments.

Based on current demographics of SLO County, the target population to be served was: white, unemployed, recent history of criminal justice involvement with a gender ratio of 50% men and women. Participants with both misdemeanors and felonies were served in the project.

Table 1: Numbers of participants and treatment sessions per type of intervention and type of setting (In custody or community)

Table 1: Numbers of Participants Served and Intervention Sessions Provided in MIOCR FY 2015-16 to FY 2017-18 (3 Years)								
Component -Type of Intervention	Year 1	Year 1	Year 2	Year 2	Year 3	Year 3	Total	Total
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved
Pre-trial screening	60	211	300	325	500	249	860	785
DBT and IMR Sessions (in-custody)	400	131	600	736	750	1,078	1,750	1,945
Moral Reconciliation Therapy (both)	400	72	600	486	750	408	1,750	966
Seeking Safety (in-custody)	400	21	600	4	750	0	800	25
Seeking Safety (out-patient)	0	0	0	51	0	43	950	94
Individual sessions (in-custody)	200	37	300	77	400	122	900	236
Individual sessions (out-patient)	0	3,594	0	11,846	0	12,708	0	28,148
Medication screening (out-patient) and monitoring	300	195	300	866	400	864	1,000	1,925

Table 1 (above) documents the number of MIOCR participants admitted to the program for each of the three years of program funding and compares those numbers to the anticipated numbers of admissions and services. The project not only met but exceeded its anticipated goal of 180 participants with 552 total participants (307% increase). The team screened 785 individuals of the planned 860. We found that changes in the Presiding Judge and District Attorney representative in the third-year lead to a drop-in referrals for screening and by the third year, we could also focus more on providing the services rather than doing as much courtroom screening as the goal for admission was met. However, this led us to meet with the new Presiding Judge and to provide another round of trainings on the court screening program.

The Table also documents the number of Intervention Sessions provided in either the jail or in community settings. As described elsewhere in this report, the jail setting presented some challenges to service provision which had to be overcome and adjusted. Some interventions like Moral Reconciliation Therapy were discontinued at the jail and provided, instead, in the community setting. Seeking Safety was provided in the jail setting but due to substantial turnover and erratic availability of inmates at the jail this proved to be better offered in out-patient treatment setting for the consistency necessary in trauma-informed care. On the other hand, group therapy in-custody using DBT and IMR were successfully delivered exceeding the anticipated goal of 1,750 sessions. The group intervention had higher rates due to being provided consistently every week at the same time and in the housing unit where participants were located leading to higher number of

services. In-custody individual sessions proved to take a great deal of time because the treatment staff was dependent on custody officers to bring inmates to the mental health office. Individual treatment sessions in the jail only reached 26% of the expected sessions but instead were provided to participants in a community setting after their release from custody. Community-based medication screening and monitoring also exceeded expectations.

C. Description of the process used to determine which interventions were employed for different participants:

There are two divisions of the county that focus on providing direct services to the participants of the MIOCR project: 1) Law enforcement including the Sheriff/Jail and the Probation Departments; and 2) Behavioral Health Department consisting of the Mental Health and Drug and Alcohol Services divisions. The following describes how participants are assessed for risk, need and responsivity (RNR):

(Criminal Justice) Probation Assessment:

The Probation Officer conducts the RNR assessment through the use of the LSI-R which is administered to every offender at the time of sentencing. The priority is on felony offenders at this time, but the MIOCR Probation Officer can also conduct the RNR assessment using the LSI-R at the time of referral to the MIOCR. The LSI-R score is generally used by Probation to ensure that the offender is getting the correct level of probation supervision. In addition, the Probation Department focuses on the high-risk and high-need offenders for programming. An effort is made to not mix high-risk with the low-risk in treatment programming. San Luis Obispo Probation Department uses the (LSI) Level of Services Inventory assessment tool in determining risk for recidivism. This assessment helps identify the risk factors for future criminal activity. MIOCR participants who are sentenced to formal probation by the court are assessed and scored using this tool. Their score identifies how the Probation Department will respond to their level of recidivism risk. Risk is categorized into four risk levels: Low, Low/Medium, Medium/High, and High.

Courtroom Assessment by Behavioral Health Department: Mental Health and Drug and Alcohol Services:

At the pre-trial or sentencing hearing of the MIOCR participant, the court determines that the defendant may be eligible to participate in various substance use disorder (SUD) and/or mental health programs. A MIOCR court screener is present in the courtroom at pre-trial and pre-sentencing hearings. The court refers the defendant to the MIOCR court screener for an initial screening to determine eligibility. Once it is determined that the potential participant is eligible, the participant is screened to determine the severity of mental health or substance abuse. The screening and assessment tool used by Drug and Alcohol Services (DAS) is the (DSM 5) Diagnostic and Statistical Manual and (ASAM) American Society of Addiction Medicine criteria is used to determine the level of care that the participant requires. The ASAM level of care is categorized

into five levels of continuum of care, they are as follows: a) Level .05 Early intervention; b) Level 1 Outpatient Services; c) Level 2 Intensive Outpatient Services; d) Level 3 Residential/Inpatient Services, and; e) Level 4 Medically Managed Intensive Inpatient Services. Based upon the initial screening, the participant is referred to the appropriate type of treatment, will receive further assessment and prescribed an individual treatment plan. The treatment referral must include mental health treatment and/or drug and alcohol treatment.

Upon enrollment a participant is assigned to a clinician, drug testing color protocol, individual and group sessions. The length of treatment is determined by the level of care required by the participant and may include enrollment in the following: medically assisted treatment (MAT), detox services, a residential treatment facility or a stay in a Recovery Residence (RR). The level of care may change based upon the participant's program compliance, treatment needs, or post enrollment recidivism. A participant's ability to pay for services, housing and medical needs are determined at the time of enrollment. Clients who have been placed on formal probation are required to report to probation and are assigned a probation officer.

In-Custody Assessment and Treatment:

Once referred to the in-custody therapist the prioritization of participant treatment was:

- Highest Priority
 - Anyone presenting with suicidal and or homicidal ideations
 - Especially if they have already been assigned to a safety cell while in-custody
 - Participants who have a long sentence
 - Participants who recently experienced a death of a close family member or friend
 - Tendency to have mental health symptoms decompensate while in custody
 - Participants who have been diagnosed with Mental Illness and who can participate in treatment (may be limited by the housing area in the jail)

- Moderate Priority
 - Adjustment to jail issues
 - Family or relationship concerns
 - Personality Disorder issues

- Mild Priority
 - Participant who is "wanting to just talk about charges" (with hopes that they will get to the real issues)
 - Participants who are wanting to process anger towards staff
 - Participants who are willing to go into treatment but once in treatment is unwilling to engage in treatment, redirects and then ends therapy sessions

In Custody Treatment Strategies:

Initially therapy sessions are held on a weekly basis. Once a participant has been stabilized, bi-weekly sessions are scheduled. It is essential that staff always facilitates opportunities for open

spots for higher priority clients. The treatment type used in the project is the "Brief Therapy Model" which focuses on skill building and coping strategies. The In-custody interventions are: Individual and group sessions of Dialectical Behavioral Therapy (DBT) for substance abuse which replaced the originally planned use of Cognitive Behavioral Therapy (CBTp), Illness Management and Recovery (IMR), criminogenic interventions addressed through (Moral Reconciliation Therapy - MRT), and trauma-informed treatment (Seeking Safety). MRT was discontinued in the jail setting but continued in the community setting. Illness Management Recovery therapy replaced MRT in the jail setting. Assessments and/or evaluations were also provided at the County Jail. Once released from custody, the community-based interventions were provided at the Behavioral Health Forensics Clinic at Johnson Avenue or at the Mental Health Clinic also on Johnson Avenue. These interventions include medication screening, evaluations and ongoing medication visits conducted by the Nurse Practitioner, Psychiatrist and/or the Licensed Psychiatric Technician. The components are not necessarily sequential. For example, an offender who is seen at the courtroom, can later also be seen in the County Jail for counseling services. Upon release from County Jail, the participants will also be seen in the community-based clinic setting. As long as the MIOCR client participates in services anywhere along the continuum of behavioral health treatment, all interventions are recorded in the Behavioral Health Department integrated Electronic Health Record (EHR).

D. Data Collection:

County of SLO Behavioral Health Department and partner agency data collection and management of MIOCR participants took place in two separate but connected systems. The Behavioral Health Department uses an Electronic Health Record (EHR) developed for the County by Anasazi/Cerner. This system is consistent with co-occurring disorder treatment and links both substance abuse and mental health records including billing, client management and outcome data. It provides the basis for data collection and management. County Probation, Sheriff's Office, and the Superior Court also benefit from a highly robust shared data management system. The Criminal Justice Information System (CJIS) tracks all levels of criminal justice data needed by the Court, Probation, District Attorney and the Sheriff/Jail. Behavioral Health Department has access to court and probation data as well as some (but not all) criminal justice data, as it relates to project participants. All court actions (including arrests, convictions, and jail days) pertaining to project participants are documented and tracked through the CJIS system, providing Behavioral Health Department with information on potential participants, status of current participants, and outcomes of court actions.

Tracking and Reporting Results for Participants: Using the EHR, staff such as case managers and therapists collected intake information that gives a profile of the participants assessments, such as the Adult Mental Health Assessment (includes Adult Needs and Services Assessment ANSA), drug history, DSM5 diagnosis, health status, HIV/TB information, authorization to exchange information, and the American Society for Addiction Medicine (ASAM) Criteria. Together these instruments provide documentation of the demographic characteristics including individual strengths, educational and employment status, medical and mental health needs, and drug and

alcohol history. Every contact with the participant, by any staff of any agency or program providing intervention services through the project is recorded on rosters. Attendance and non-attendance is entered in the EHR.

The EHR has built-in reports that return information about services provided to participants on demand. It allows staff to immediately understand the full range of services the participant has received, and to relate these to outcome data. Since this is a combined electronic health record system within the Behavioral Health Department, information related to drug and alcohol use as well as medication compliance and mental health treatment services will be available to staff working on this project. Each participant will have a single client chart to quickly identify both drug and alcohol and mental health concerns (such as hospitalizations at our Psychiatric Health Facility and services conducted at the County Jail). Treatment can then be immediately intensified or modified to meet the needs of the individual participant and to protect the public safety. These reports also become the basis for periodic outcome analysis and evaluation.

Evaluation used data elements that were collected by San Luis Obispo County Behavioral Health Department and reported quarterly to the BSCC. These included the number of project participants served; number of participants referred; number of offenders screened and assessed; number of project participants with formal psychological or psychiatric evaluations; number of service-hours completed; average length of stay in the project; number of days from screening/referral to participants' first admission to project treatment services; number of project participants who offend or re-offend; number of project participants charged with a formal violation; and number of participants who are homeless. Some of this data was broken out by gender, age, and race/ethnicity.

E. Research Design:

The Project was designed to provide intervention services for project participants that would generate and incorporate data that would identify specific elements of success in both process and outcomes of anticipated project outcomes and objectives. Data collection was designed to answer the key question, "Did the project achieve what it was designed to achieve, and what were the positive outcomes both systemically and among participants?"

1. Process Evaluation:

The MIOCR Project involved a systemic approach to providing service interventions to mentally ill offenders that required periodic assessment and review of project elements for functionality, appropriateness, timeliness, teamwork and fiscal responsibility. All process elements were reviewed monthly and reported quarterly. The Project Evaluator was able to identify areas of concern and present them at staff and management meetings so they could be addressed. The Table below highlights the major Process Evaluation items and progress in addressing them.

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Process Evaluation: Analysis of differences between planned and actual implementation of project interventions and strategies, timelines, staffing, participant acceptance and systems analysis.	
1. Elements of Strategy Design	Progress
1.a. Compliance with the proposed project timeline.	The project was compliant with all required timelines including convening the Strategy Committee and all stakeholders and partner agencies, hiring and training staff, establishing budgeting and financial systems, admitting participants and implementing sustainability plans.
1.b. Barriers and solutions to the grant deliverables.	Problems and barriers were anticipated and were indeed encountered but none were intractable; solutions were found for all barriers and did not fatally impede the success of the project. As described in the Executive Summary, addressing problems with courtroom procedures and changing space, initial jail procedures, and Behavioral Health Department staffing were all addressed professionally and successfully.
2. Other Items of Inquiry	Progress
2.a. Appropriate anticipation of Intervention Strategies (Did intervention strategies pan out? Were they appropriate and effective with target population?)	<p>There were some discrepancies between successful intervention strategies in the Jail setting compared to community clinic settings. The use of Moral Reconciliation Therapy (MRT) in the jail by in-custody staff was not always successful because participants were not always in custody long enough to participate effectively in a sequential curriculum. MRT was discontinued in the jail but Seeking Safety continues to be provided. MIOCR staff were able to successfully employ Dialectical Behavioral Therapy (DBT) for substance abuse, and Illness Management and Recovery (IMR) in the jail setting. Additionally, Cognitive Behavioral Therapy (CBTp) was replaced by Dialectical Behavioral Therapy (DBT) as in-custody-based treatment programs because it was economically more feasible to train staff in its use and was deemed to be equally effective.</p> <p>In a community clinic setting, the anticipated intervention strategies of Dialectical Behavioral Therapy (DBT), Moral Reconciliation Therapy, Seeking Safety and Medication Management were employed as planned.</p>

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<p>2.b. Completion of all Goals and Objectives</p>	<p>All MIOCR project goals and objectives were successfully achieved. Project participants were able to establish a wellness and recovery-oriented lifestyle and improve the quality of their lives with mental health and substance abuse treatment which resulted in reduced episodes of criminality and acute behavioral health services admissions. MIOCR also allowed for an increased capacity for evidence based mental health treatment programs, practices, and strategies to over 552 participants during the three-year period of project funding. Finally, project participants demonstrated improved rehabilitation and reduced mental health and criminal justice recidivism as well as improvements in other lifestyle factors such as stable housing, receiving Social Security or other entitlements, and employment.</p>
<p>2.c. Organizational changes</p>	<p>Although there were periodic staff vacancies, all project staff positions remained consistently filled throughout the duration of the project and staffing patterns did not vary from what was originally conceived in the initial grant proposal. When MIOCR-funded positions were vacated, the position was temporarily filled by an existing BHD staff member, until a new recruitment could be completed.</p>
<p>2.d. Staff training</p>	<p>All project staff readily engaged in training opportunities aimed at improving their professional capabilities. In some cases MIOCR staff PROVIDED training to other agency representatives and even at State and National training events.</p>
<p>2.e. New or altered assessment instruments</p>	<p>Additionally, after exploring other tools such as the brief jail screen the team found that they were not collecting the material needed. MIOCR needed to assess ASAM level of care for substance use and to be able to look at RNR (Risk, Need and Responsivity) to determine the best treatment modality for participants. Through sequential trials the team was able to develop a one-page form that provided the information necessary for screening in the courtroom. Once the team was satisfied with the tool, it was implemented into the electronic health record so that screenings</p>

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	<p>could be done straight into the electronic health record or on paper as needed.</p>
<p>2.f. Services</p>	<p>Participants successfully enrolled in community-based treatment services including: medically assisted treatment, detox services, and a residential treatment facility or Recovery Residence. If found amenable for SUD treatment, the participant may be concurrently enrolled in both SUD program and mental health services.</p> <p>In-custody treatment, however, presented some initial challenges. Scheduling, access to participants in a timely manner, jail policies all conspired to force the in-custody portion of MIOCR to adjust the service interventions implemented at the jail. Although Moral Reconciliation Therapy was begun in the jail, this intervention was not conducive to the jail environment due to substantial turnover of inmates at the jail, so was instead provided after participants were released from jail and started MRT as part of their DAS treatment services in a community setting. An additional problem with insuring a smooth and effective transition from jail to follow-up treatment occurred when clients were released early from jail before community partner could be there for a “warm hand-off” to their next treatment option.</p>
<p>2.g. Rates of successful referral completion (after initial screening, did participant show up at referral destination?)</p>	<p>In general courtroom screening ended with participants being referred to treatment options. In many cases the participant had to return to jail before taking advantage of the recommended treatment options, but the MIOCR project also provided in-custody service interventions to which the participant could complete while in jail. The rate of successful referrals was 83% (See discussion in Outcomes).</p>
<p>2.h. Rates of successful transition from jail to non-jail Treatment.</p>	<p>Rates of successful transition from jail to non-jail Treatment was 74%. Most MIOCR In-Custody participants (74%) completed their referral to a follow-up Treatment option once they were released from jail.</p>

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2. Outcome Evaluation:

The Outcome Evaluation was based on measures identified in the MIOCR Local Evaluation Plan. The table below highlights some of the variables and where those numbers would be obtained. Measures were also based on the reporting spreadsheet submitted to the State Department of Corrections on a Quarterly basis by the Project Evaluator.

Name of outcome measure	Source of outcome measure/Responsible party
Number of jail bookings for a new offense after enrollment in the MIOCR project	New offenses will be recorded by felony or misdemeanor. Source of information: County CJS information database. Collected by MIOCR Probation Officer.
Average number of days in jail after enrollment in the MIOCR project	Length of jail stays will be provided by the Probation Officer.
Number of participants who are/become homeless after enrollment in the MIOCR project	Recorded periodically in the Behavioral Health Department EHR as self-reported by the MIOCR participant.
Number of participants who are/become employed after enrollment in the MIOCR project	Recorded at a minimum at intake and at discharge and entered into the EHR as self-reported by the MIOCR participant.
Number of participants who are admitted to an Acute Psychiatric Hospital after enrollment in the MIOCR project	San Luis Obispo has only one psychiatric health facility (PHF) operating in the County by the Behavioral Health Department. The admissions are recorded into the EHR and can be gathered by the Evaluator.
Number of participants receiving Social Security Income (SSI) after enrollment in the MIOCR project	Recorded at a minimum at intake and at discharge and entered into the EHR as self-reported by the MIOCR participant.
Number of participants enrolled in Medi-Cal or type of insurance plan	Recorded at a minimum at intake and at discharge and entered into the EHR as self-reported by the MIOCR participant and checked against the MEDS.
Number of participants receiving other federal/state entitlements	Recorded at a minimum at intake and at discharge and entered into the EHR as self-reported by the MIOCR participant.

The MIOCR Outcome Evaluation consisted of collecting Participant Descriptor data on a quarterly basis and then comparing the outcomes of specific outcome variables in a Pre/Post fashion over time. The Descriptors and Outcome Variables are listed in the table below. An analysis of

outcome data demonstrates excellent improvements in criminal justice involvement, health and well-being for MIOCR Project Participants.

Outcome Evaluation: This consists of a numerical description of participant demographics, other participant descriptors and an assessment of the impact of project service interventions. (Graphs and more detailed discussion presented later in the report)	
Screening and Admission Rates:	The admission target was 180, during the three years of project operation, a total of 552 participants were screened and admitted to the MIOCR Project.
Services:	See graphs and more detailed discussion presented below.

3. Project Components:

A partnership among San Luis Obispo County's Behavioral Health Department, the Superior Court of San Luis Obispo, the County Sheriff's Office (Jail), and the Department of Probation conducted a locally developed, collaborative and multidisciplinary project designed to: 1) implement the presence of a Behavioral Health clinician in the pre-trial courtroom to screen mentally ill offenders as they are being sentenced, thus providing information for the courts to consider when hearing a case and establishing a case for an alternative to incarceration; 2) providing evidence-based treatment programs by implementing clinical treatment services and group therapy in-custody for mentally ill inmates in the specialized Mental Health housing Unit 200 at the County Jail; and 3) increase Psychiatrist and Licensed Psychiatric Technician capacity in the community clinic to provide walk-in medication and screening appointments for post-release, mentally ill, adult offenders in order to provide an immediate seamless re-entry from jail to community. The clinical treatment services provided both in-custody and in DAS/community settings included: a) Behavioral health specific treatments, known as Dialectical Behavioral Therapy (DBT) for substance abuse, Illness Management and Recovery (IMR); b) Criminogenic cognitive behavioral interventions, known as Moral Reconciliation Therapy (MRT), and c) Trauma focused treatment, known as Seeking Safety. In addition to the interventions listed above the benefits of the MIOCR program arose from establishing a therapeutic connection with prospective participants through the in-court screening process. Participants were referred to appropriate treatment options and then upon follow-up, ensuring they engaged with an appropriate treatment provider. For many of the participants who were mentally ill, medication management was a critical component, restoring their medications that lapsed during the gap between release from jail and entry into other treatment. Medication management was necessary to ensure that the participants could meaningfully engage in community treatment options.

Developing the linkages with other partners was also critical. These included FRS Forensic Re-entry Services which provided services such as housing and case management, Drug and Alcohol Services and County Mental Health which provided individual and group treatment, Probation for legal case monitoring, and Transitions Mental Health Association for pro-social community peer services.

4. Length of the Project:

The MIOCR Project was three years in duration, with State funding ending in July 2018. The anticipated duration of participant engagement was 90 days. This allowed the program evaluator to track the participant from court through treatment engagement with behavioral health services. MIOCR was deemed “successful” if the participant was admitted and engaged with a treatment service within the 90 days.

5. Eligibility criteria for participation in the project:

Project eligibility criteria consists of adult individuals with moderate to severe mental health (and substance use) disorders who are engaged at any point in the County's criminal justice continuum after arrest and who voluntarily agree to participate in the project. Eligible participants are defined as "mentally ill adult offenders" as defined in subdivisions (b) and (c) of Section 5600.3 of the Welfare and Institutions Code. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorders, as well as major affective disorders or other severely disabling mental disorders. The participant may have a serious mental disorder and a diagnosis of substance abuse or developmental disability (co-occurring disorders). In addition to the mental disorder(s), the person will have a substantial functional impairment or symptoms, or psychiatric history demonstrating risk of decompensation to having substantial impairments in independent living, social relationships, vocational skills, or physical conditions. As a result, the person is likely to become so disabled as to require public assistance, services or entitlements.

6. Criteria for determining participant success for the intervention:

The MIOCR participant must attend and participate in the intervention in order to be counted as a service. The more services the participant attends, the more likely the participant's long-term success in the project. Attendance, numbers and types of services, and the overall length of stay in the intervention determine participant success. The San Luis Obispo project is made up of three main interventions: 1) court screening; 2) in-custody jail treatment services; and 3) medication evaluation and linkage to mental health treatment services in the community. Each 'intervention' is designated by a sub-unit in the EHR. Services get attached to the sub-unit (intervention), so we can determine the attendance, the number and types of services, and the length of stay in each intervention for each MIOCR participant.

7. Criteria for determining participant success/failure in the project:

The definition for the “successful participation” in the intervention is more subjective and is provided as a rating by the MIOCR staff person interacting with the client at the time. This information can be found in the progress notes associated with the services, but an overall rating will be made by the therapist at the discharge of each intervention.

The participant was rated as ‘successful’ if they attended services and the length of stay was generally long enough to meet some of the outcome measures. For example, some MIOCR participants may be able secure employment or meaningful activities fairly easily, while others may take a long time as they struggle to get stabilized on medications, secure housing, and participate in counseling prior to even considering employment. Success is defined as being stabilized, meaning a majority of the outcome measures have been achieved by the individual: housing, employment, Medi-Cal benefits and other entitlements and no further arrests, jail stays, or psychiatric hospital stays.

8. A description of how those who failed to successfully complete the project (e.g., dropouts) were treated in the research:

If multiple types of interventions were employed, describe how the effects of each of the interventions were determined, if possible. If not possible, explain how the results were interpreted given that outcomes might be due to complex interactions among interventions.

9. List treatment service(s)/practice(s) participants received during the project:

MIOCR participants received pre-trial courtroom screening for eligibility for treatment services. Screening was provided by a Behavioral Health clinician to screen mentally ill offenders as they are being sentenced, thus providing an alternative to incarceration. Some screening was initially performed in the jail, but it was determined that providing uniform screening in the courtroom resulted in better outcomes. Screened participants were then transferred either to the jail or to the Behavioral Health Department for a variety of treatment options. For those returned to jail, they were offered Dialectical Behavioral Therapy (DBT), Illness Management and Recovery (IMR) and Seeking Safety. Assessments and/or evaluations were also provided at the County Jail. Moral Reconciliation Therapy (MRT) was also initially provided, but jail procedures and unpredictable inmate transfers rendered this program, which must be presented in a sequential fashion, ineffective so MRT was instead provided by DAS in a community setting after participants were released from custody. Community based interventions were provided at the Behavioral Health Forensics Clinic at Johnson Avenue or at the Mental Health Clinic also on Johnson Avenue. Interventions including medication screening, evaluations and ongoing medication visits conducted by the Nurse Practitioner, Psychiatrist and/or the Licensed Psychiatric Technician.

Walk-in medication management and screening appointments with a psychiatrist and a Licensed Psychiatric Technician were specifically provided for post-release, MIOCR participants in order to provide an immediate seamless re-entry from jail to the community and engagement in community-based treatment.

10. Discuss how the treatment service(s)/practice(s) was monitored for quality and effectiveness:

Monitoring for quality and effectiveness was conducted throughout the duration of the project. A roster and client tracking system was employed for all components of the MIOCR project. All rosters were loaded into the Behavioral Health Department client electronic health record (EHR). Attendance and failure to shows were recorded as appropriate. Any and all services that a participant received, including those services not paid for with MIOCR funding, were recorded. The date, time, length of the service, location of the service, the service provider or staff member conducting the service, the type of service, the content of the service provided, and the offender's response to the service were recorded for each participant visit.

Spreadsheets were also developed and used to track individuals at the time of referral. The data collected at the time of service was transferred from the screening form, which includes MIOCR data requirements, to the spreadsheet. All clients that were screened in court were tagged in the EHR to indicate the number of people screened, of those the ones that choose to participate and met mental health criteria were entered into the spreadsheet to track data points. Referrals were tracked by client name to determine an unduplicated client count as well as the number of times an individual had been referred and the disposition of each referral.

11. Plan for tracking participants in terms of progress in the project:

In the EHR, each MIOCR participant who is admitted to the MIOCR project was given a Client Category. This Client Category is like a tracking code that allows each MIOCR participant to be tracked over the three years of the project. For some participants who "apparently" drop out of the project, follow-up services were continued to be recorded by the Behavioral Health Department. For example, a MIOCR client may seem to discontinue jail services upon discharge from the facility, but then later show up in the Mental Health Homeless Outreach Program, the MIOCR team will be able to see this continuity of services in the EHR database. Admission dates were recorded into the EHR, drop-out/discharge dates were also recorded into the EHR. At the time of discharge, each episode is reviewed and determined to be 'successful', 'sufficiently successful', "not completed and referred to another provider", or "not completed/unsuccessful". Other indicators can also be used at discharge, such as 'incarcerated'. The first two categories of termination—successful or sufficiently successful are counted as successful. The two "not completed" categories count as "not successful." Other and incarcerated are not counted one way or the other.

12. Project Oversight and Decision-making:

The MIOCR project team functions as a multi-disciplinary team along with the Mental Health Program Supervisor/Clinical Supervisor, Teresa Pemberton. The Mental Health Program Supervisor reports to the Division Manager/Project Director Star Graber. The Project Evaluator, Irma Perez, also reports to the Project Director Star Graber. Dr. Star Graber works directly with the MIOCR Strategy Committee. Dr. Graber provided progress reports at the monthly meetings including reporting updates of the MIOCR project to the approved timeline. Documented statistics to the outputs and outcomes were presented to the MIOCR Strategy Committee on a quarterly basis. Any progress, challenges, barriers, and the potential solutions were presented to the MIOCR Strategy Committee, who served as an Advisory Board to the MIOCR project. Decision making was generally conducted on a consensus basis at each level of the program; however, the Behavioral Health Department is the lead agency and is the ultimate authority and responsible entity for the MIOCR project.

13. Describe How Project Components were Monitored, Assessed and Adjusted:

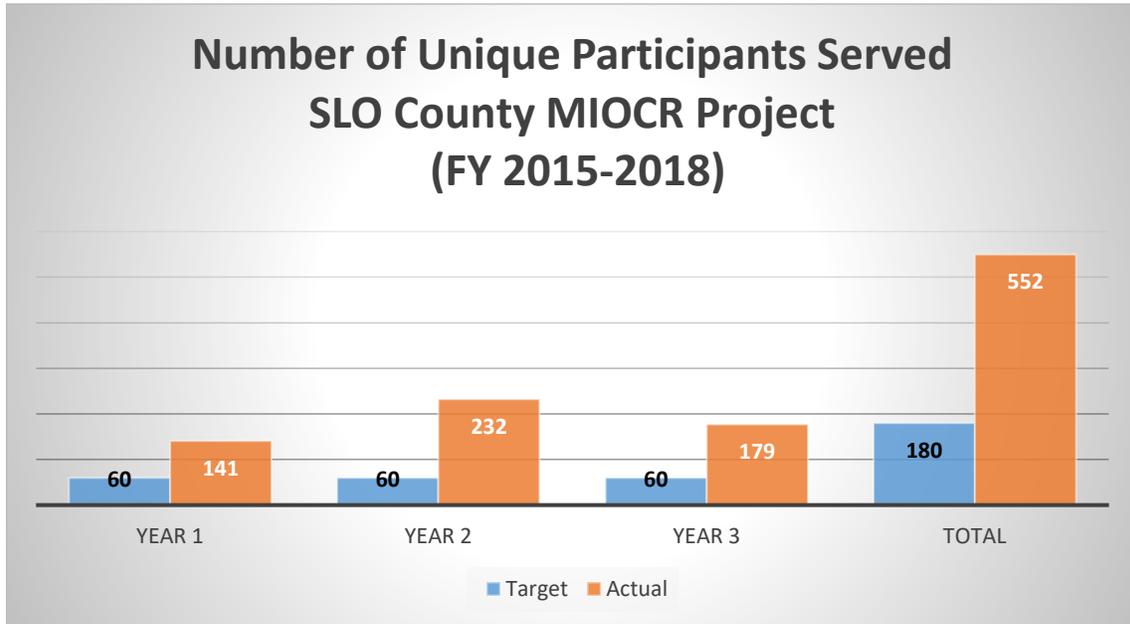
Regular and consistent reporting on a monthly basis is key to ensuring a successful project. The project Evaluator provided these reports to the Project Director. The Project Director reported on a monthly or quarterly basis to the Strategy Committee. These reports were not necessarily all monthly data, but rather the overall trend, directions, achievements and barriers. The project Evaluator also shared the monthly staffing reports with the Mental Health Program Supervisor. The Mental Health Program Supervisor shared the information with the project staff, either individually, or in team meetings.

If adjustments were needed in the work flows or work processes in order to improve productivity, outputs, or results, the Program Supervisor was authorized to make these minor project adjustments on their own. However, any major project adjustments were discussed with the Project Director who then communicated with and requested permission (say in a Budget Modification, if necessary) from BSCC. These project adjustments and results of the adjustments were also documented in the quarterly report to the BSCC.

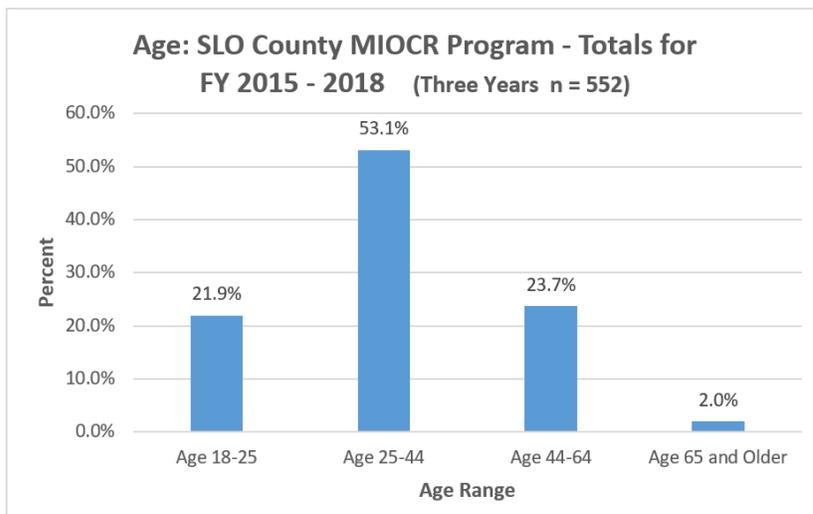
G. Results:

1. Discuss the evidence showing the treatment/service(s)/practice(s) were effective. Provide local data and any evaluation findings that demonstrate the project’s impact.

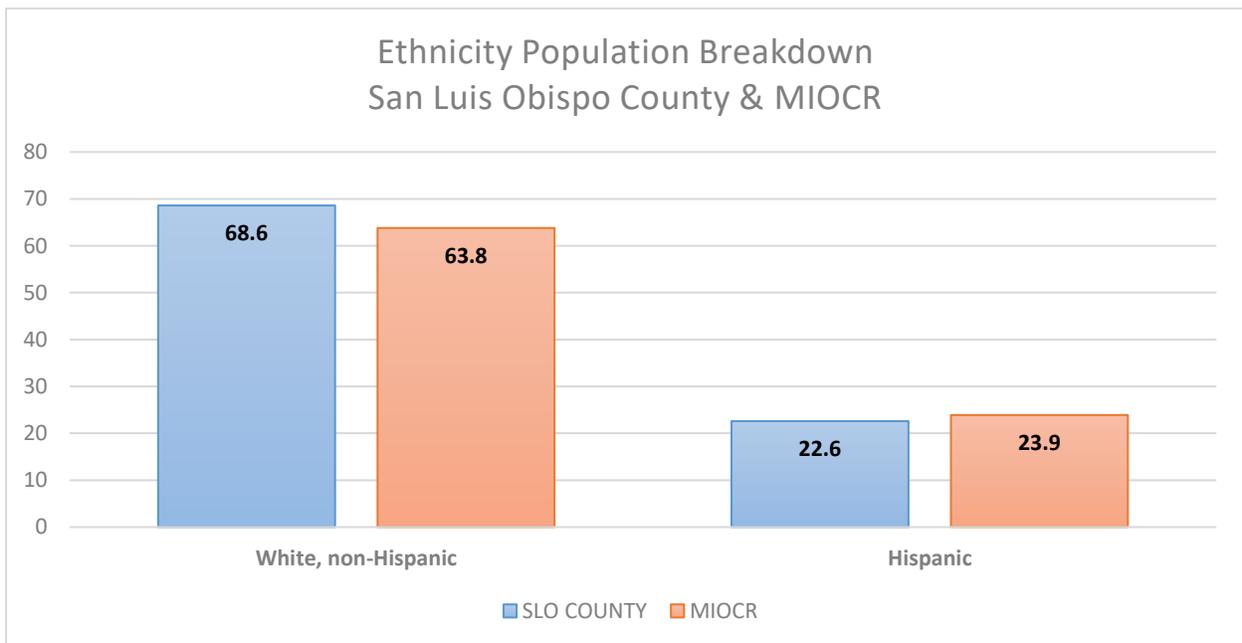
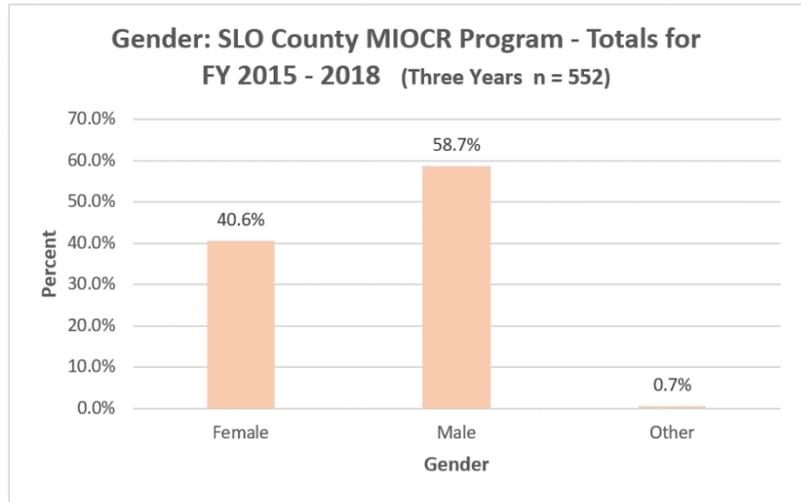
Admissions: The MIOCR Project exceeded its three-year project goal of admitting 60 participants per year for a total of 180 participants; the total number admitted over the project period was 552 (307%).



Demographic Data: The demographics of the 552 admitted project participants are presented below.



The participation in MIOCR was somewhat more male dominant than the general population of San Luis Obispo County demographics with 58.7% males in MIOCR and 51.2% males in SLO County.

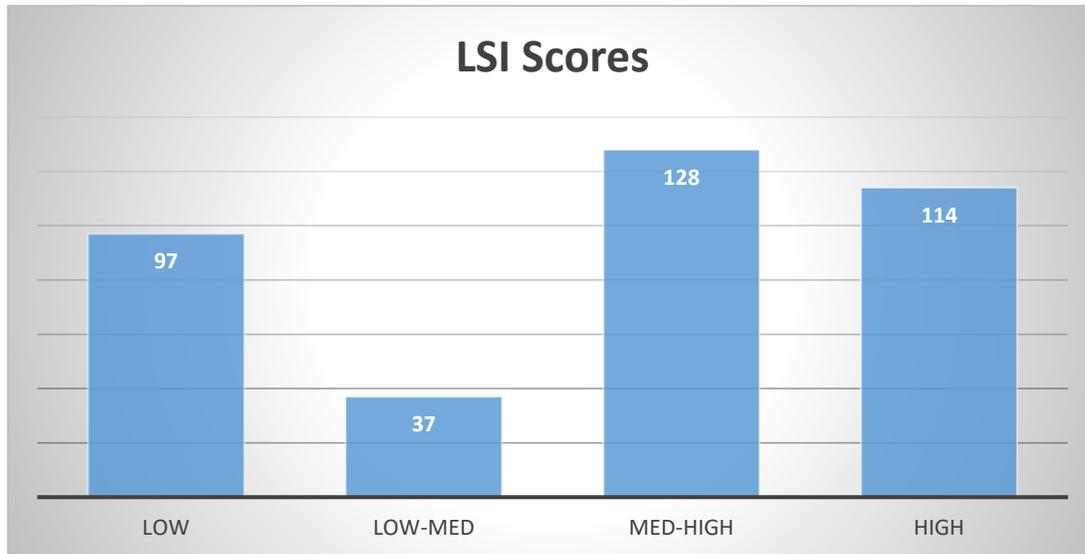


The graph above depicts the ethnic breakdown of the project population. 87.7% of the population of the project are in the two predominate ethnic groups with the balance (12.7%) being from other ethnic groups.

Data extracted from the 2010 Census for San Luis Obispo County <https://www.census.gov/quikfacts/fact/table/sanluisobispocountycalifornia/PST045217>

The Project participants were consistent with the racial demographics of San Luis Obispo County. No evidence of disparity within the MIOCR Project.

Risk and Needs Assessment to Predict Recidivism:



Of the 552 participants 376 (68%) were assessed by Probation as to their LSI scores. The balance of participants were not administered a LSI as the Probation Officer had not yet been assigned to the MIOCR Project until the fourth quarter of the grant.

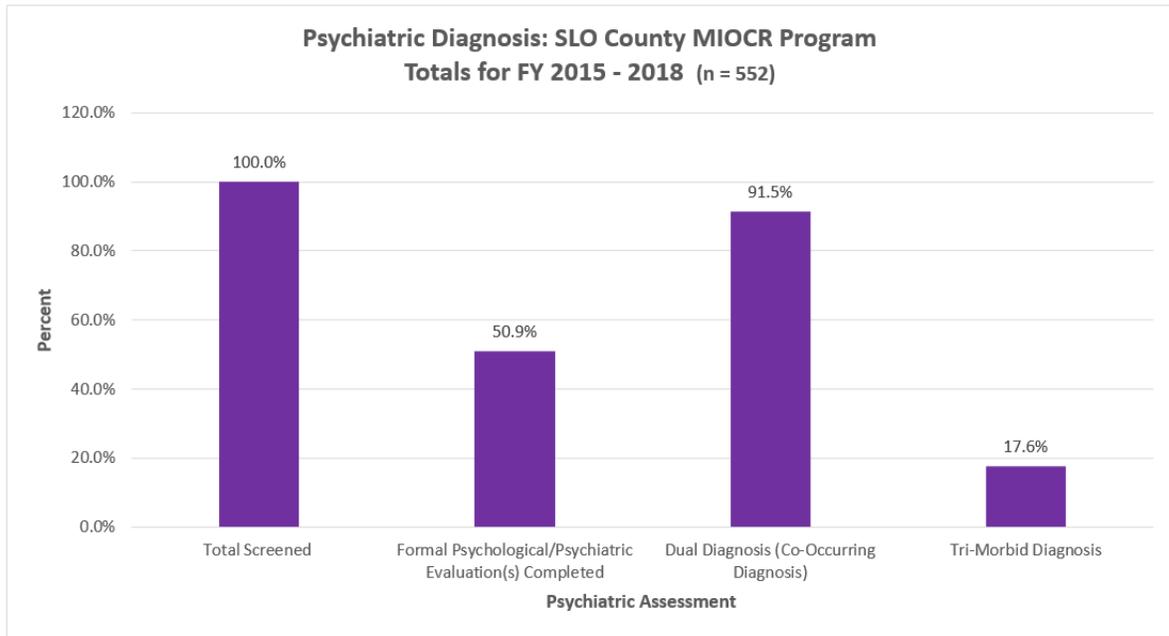
San Luis Obispo Probation Department uses the (LSI) Level of Services Inventory assessment tool in determining risk for recidivism. This system helps identify the risk factors for future criminal activity. MIOCR participants who are sentenced to formal probation by the court are assessed and scored using this system. Their score identifies how the Probation Department will respond to their level of recidivism risk. Risk is categorized into four risk levels: Low, Low/Medium, Medium/High, and High.

The Probation Department does not have jurisdiction over MIOCR participants that are designated by the court as bench/informal probationers. For purposes of this grant, unsupervised bench probationary MIOCR participants are assumed to be low-risk recidivists and are reported as such in the above graph.

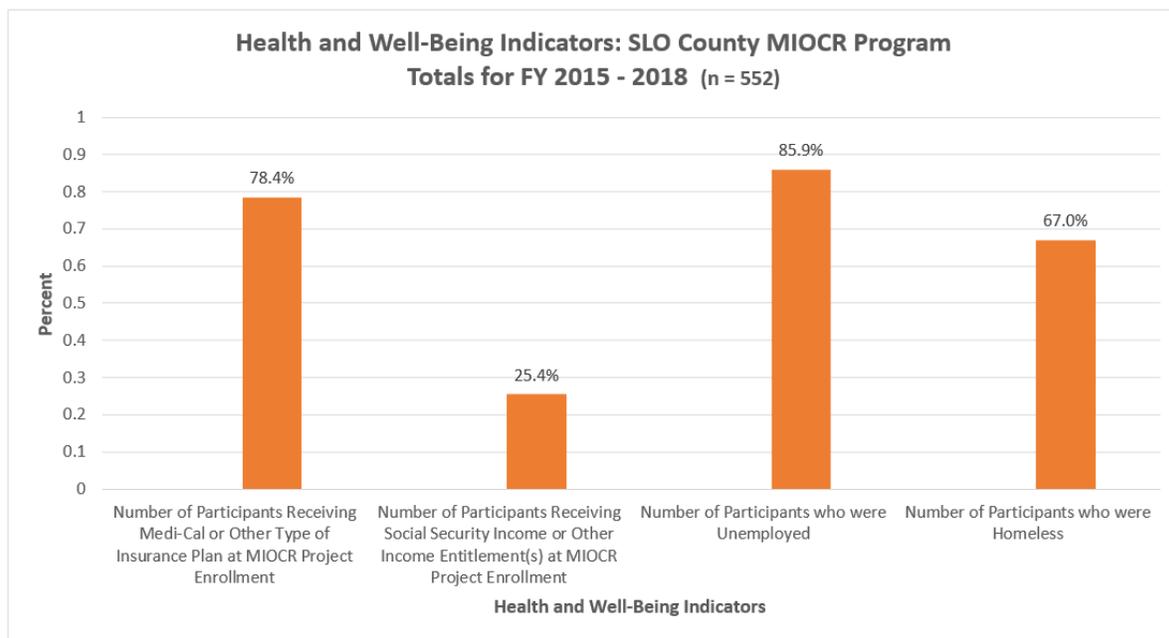
Should a participant's probation status change within the grant period, from bench to formal probation or the participant is remanded to a state/federal correctional facility, the participant is then assessed to determine their LSI risk score. The MIOCR Project Evaluator identifies the participant and submits a request to the MIOCR Probation Officer for reassessment of the returning/re-entering participant initiating the reassessment and ensuring the integrity of MIOCR unique participant count. The new LSI score and status change is then reported to the MIOCR Project Evaluator and the reporting data is annotated to reflect the change.

As noted in the graph above, the majority (64%) of MIOCR participants are Medium to High Risk Level, presenting unique challenges to the MIOCR team to keep participants successfully engaged with the project and its recovery goals.

Other Demographics of Risk and Needs:

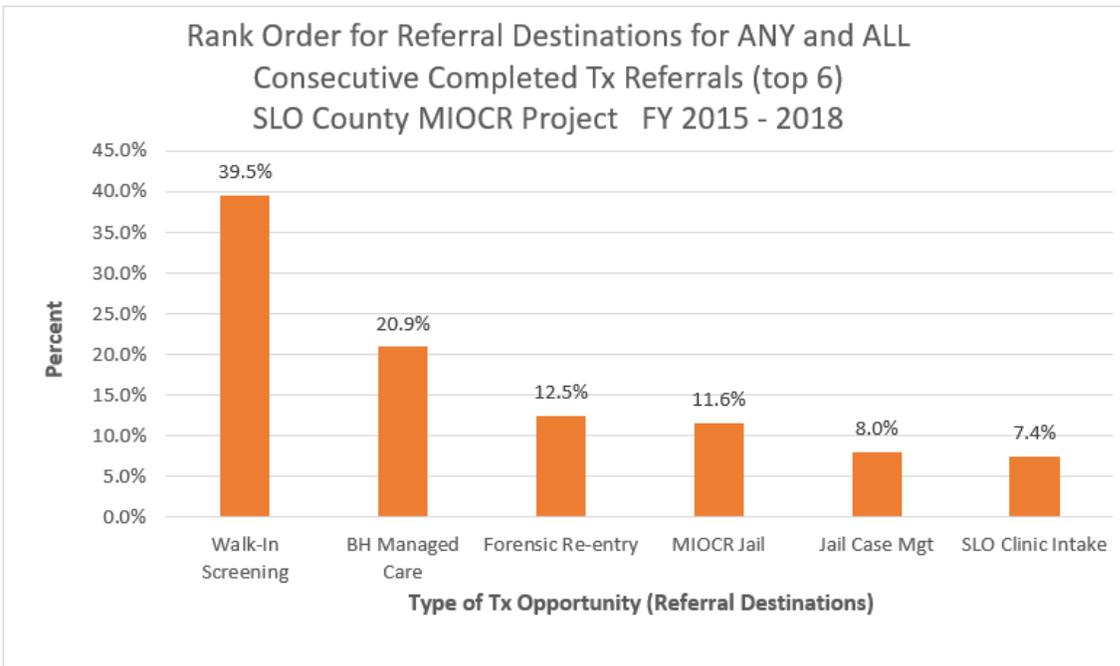


The MIOCR participant population is also high risk in that 91.5% of a total of 552 participants have a co-occurring diagnosis and 17.6% have a tri-morbid diagnosis. 50.9% of the MIOCR participant population received a formal completed psychological/psychiatric evaluation.



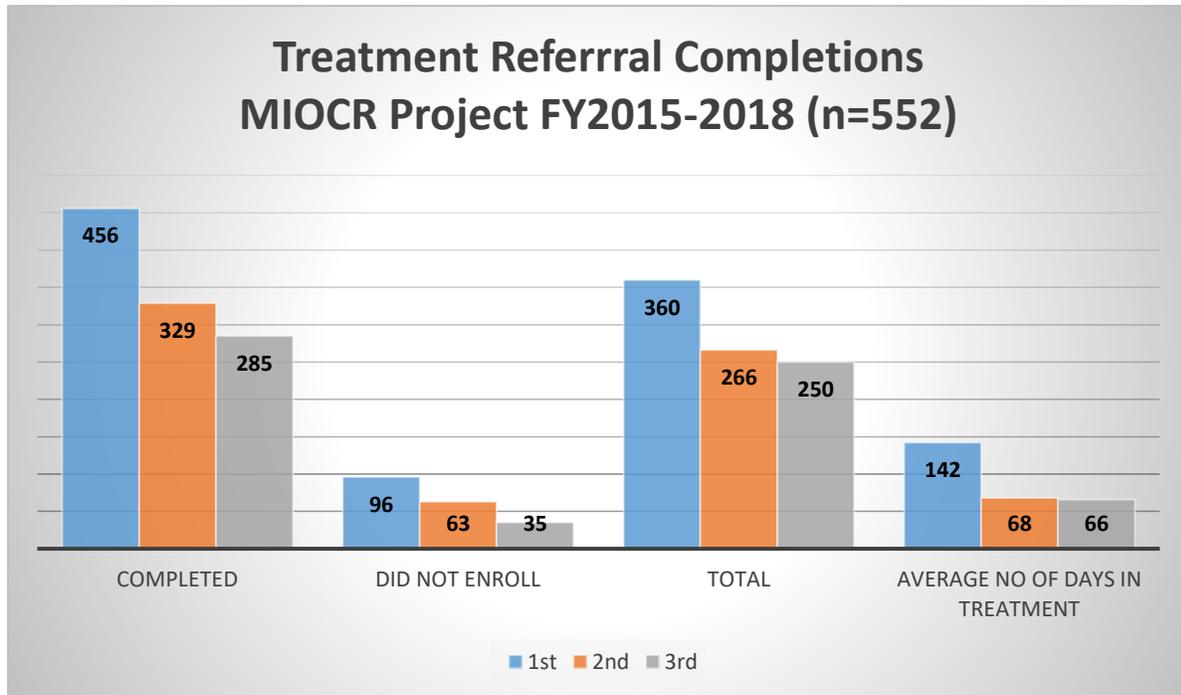
On admission, MIOCR participants reported high risk in terms of health and well-being indicators: most were unemployed, receiving Medi-Cal benefits and were homeless. These indicators improved over time as participants remained in MIOCR.

Continuity of Care: The goal of the MIOCR Project for County of San Luis Obispo was to fill in the gaps within the criminal justice system for mentally ill offenders. The sense was that persons with mental illness in the criminal justice system were falling through the cracks and not participating in treatment.



Based upon the initial courtroom screening, a MIOCR participant is referred to the appropriate type of treatment and will receive further assessment and prescribed an individual treatment plan. The treatment referral must include mental health treatment and/or drug and alcohol treatment. The length of treatment is determined by the level of care required by the participant and may include enrollment in the following: medically assisted treatment, detox services, a residential treatment facility or Recovery Residence. If found amenable for substance use disorder (SUD) treatment, the participant may be enrolled in both mental health and SUD services.

Some treatment options lend themselves to longer or shorter intervals of participation and some treatment options are more likely to be a referral destination. All treatment referrals occur immediately after initial MIOCR courtroom screening, so one would expect that the most likely referral destinations are those associated with treatment access that lead to other programs requiring longer participation. That is, in fact, what is demonstrated by the data in the graph above.



552 Participants were assessed and were found eligible.

Of the 552 referrals 456 participants completed the 1st referral, ninety-six (96) did not enroll but may have enrolled at a later date. The successful completion rate of the first referral was 83% (456/552).

Of the 456 participants, 329 were referred to 2nd additional source of treatment. Of the 329, 63 did not enroll but may have enrolled or re-enrolled at a later date. The successful completion rate of the second referral (266/329) was 81%.

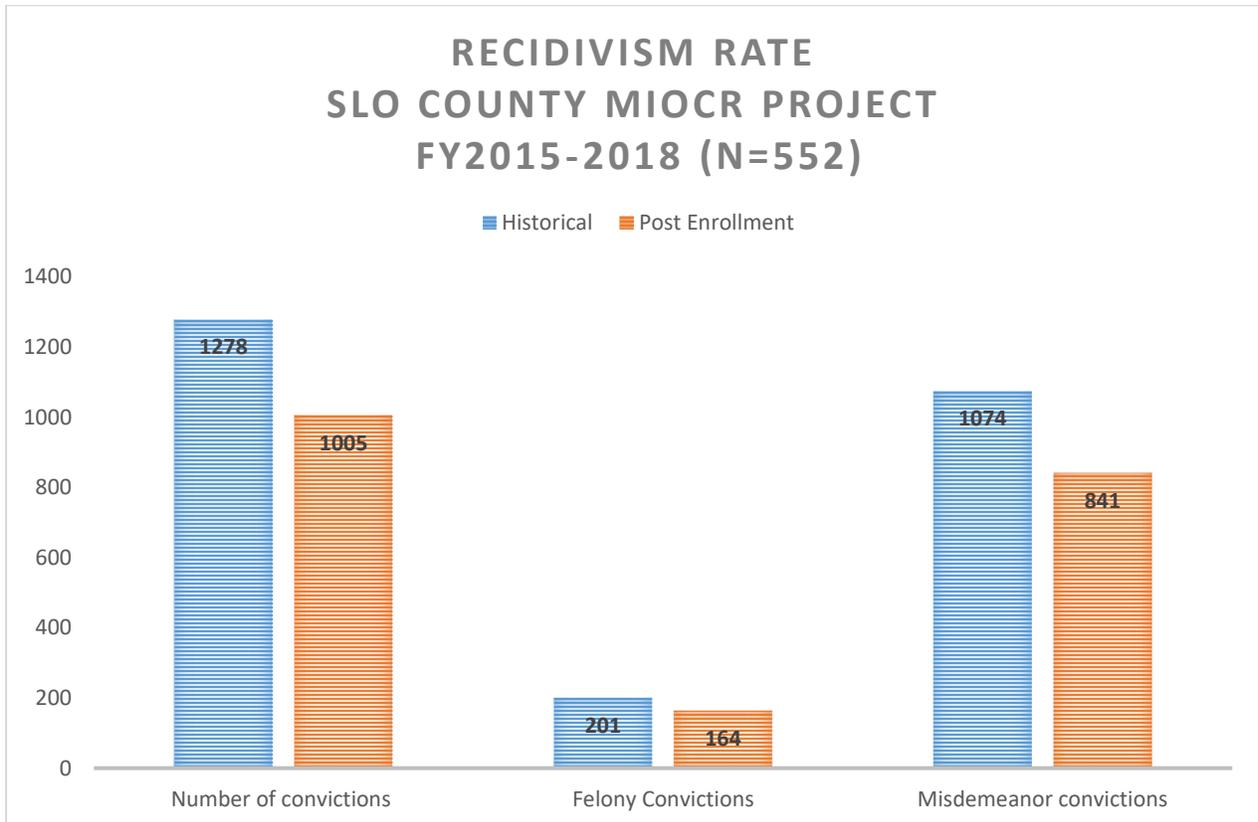
Of the 329 participants, 285 were referred to 3rd additional source of treatment. Of the 285, 35 did not enroll but may have enrolled or re-enrolled at a later date. The successful completion rate of the third referral was 250/285 or 88%.

Those who were referred and actively remained in treatment may have continued services in as many as 43 referral services and may have exited and re-entered into treatment throughout the duration of the grant.

Our MIOCR Project was to fill the gaps in services so that offenders would go from one referral to another without significant time lags. The completion of referral rate was over 80% between service referrals, this indicated a high level of participant engagement and demonstrates the success of our Project.

Rates of Change – Improvements in Criminal Behavior:

MIOCR participants demonstrated extremely significant reductions in criminal justice indicators such as new convictions and days in jail post admission to MIOCR. The reduction in numbers of pre-post convictions (below) is reflected in the rates of change in recidivism. Previous convictions were taken from SLO County CJIS criminal justice database for arrests during the twelve (12) months prior to MIOCR admission. Subsequent convictions after MIOCR admission were tracked over three years and compared to pre-enrollment convictions for twelve months.



The data in blue denotes the number of convictions in the period twelve (12) months *prior* to enrollment.

The data in orange denotes the number of convictions post enrollment (552 participants) over the **3-year** grant period (2015-2018).

The average number of convictions post enrollment is 335 per year.

The average number of misdemeanor convictions post enrollment is 280 per year.

The average total number of felony convictions post enrollment is 55 per year.

Cost per participant: County of San Luis Obispo spent \$848,223 over the three-year MIOCR grant period. There was a total of 552 participants admitted to the MIOCR program for an average cost

per participant of \$1,536.64. Some enrollees received a wide variety of referrals and types of services, while others did not participate at all. It should be noted that this cost per participant does not include the associated costs of community based out-patient treatment, which was generally covered by Medi-Cal. The MIOCR project funded the costs of the court screener, the cost of the in-custody mental health treatment therapist, and the cost of the licensed psychiatric technician and psychiatrist to provide medications upon release of custody as these costs were not reimbursable by Medi-Cal. Recovery Residence costs were also covered by the grant as medically needed by the participant. A cost of \$1,536.64 per participant to close the gaps for mentally ill offenders in the continuum of care seems a reasonable and cost-effective effort.

H. Results and Conclusions:

1. Accomplishments:

San Luis Obispo's Mentally Ill Offender Crime Reduction Project (MIOCR) was quite successful, managing over a three-year operational period to provide service interventions to 552 participants and demonstrate successful referral courtroom screening, complete referral to ongoing treatment options, in-custody evidence-based treatment services, and demonstrate significant improvements in mental health, addiction recovery, criminal justice, housing and other behavioral outcomes. The project provided medication evaluation and linkage to mental health treatment services in the community for participants with mental health needs, and reduced episodes of criminality and acute behavioral health services.

In addition to successfully completing the Project's Goals and Objectives, SLO County's MIOCR project accomplished this through a smoothly functioning partnership between SLO County's Behavioral Health Department, the Sheriff's Office, the Superior Court and the Department of Probation. The project accomplishments can be seen in the increased continuity of care for participants and the significant improvements in a variety of indicators, including a dramatic decrease in arrests and convictions, improvements in Health and Well-Being Indicators, excellent participant retention, and extraordinarily successful rates of treatment referral completions. The development and fine-tuning of the pre-trial courtroom screening process resulted in a court and criminal justice system change which greatly improved access to treatment and an alternative to revolving door incarceration for mentally ill offenders.

The MIOCR Project successfully completed all three of its goals: project participants were able to establish a wellness and recovery-oriented lifestyle and improve the quality of their lives with mental health and substance abuse treatment which resulted in reduced episodes of criminality and acute behavioral health services admissions. MIOCR also allowed for an increased capacity for evidence-based behavioral health treatment programs, practices, and strategies to 552 participants during the three-year period of project funding. These services included connection to drug and alcohol treatment to reduce drug use, post jail medication services to prevent a lapse of medications, and a courtroom screening to expeditiously identify the most appropriate treatment services. The treatment services in the jail allowed the use of evidence-based practices for addressing not only mental health but drug and alcohol services. The clients'

connection to the MIOCR project opened opportunities to participate in evidence-based practices such as Dialectical Behavioral Therapy (DBT) for substance abuse, Illness Management and Recovery (IMR) and criminogenic interventions (Moral Reconciliation Therapy - MRT), and trauma-informed treatment (Seeking Safety). Finally, project participants demonstrated improved rehabilitation and reduced mental health and criminal justice recidivism as well as improvements in other lifestyle factors such as Stable Housing, access to Medi-Cal/Health Insurance, Social Security or other Income Entitlements, Employment or Receiving and Stipends, Reduction in Homeless status. Sustainability was also achieved and the programs are now funded through Public Safety Realignment (AB109) resources and through the Sheriff's Office continuing to fund the work of the therapist in the jail. Positive outcomes identified in the MIOCR Project's outcome measures were greatly influential in convincing partner agencies and the County Board of Supervisors to provide sustainability funding for future years of project operation.

2. Results:

A review of the Outcomes Section of this report provides ample evidence of the significantly positive impact the MIOCR Project had on its participants. Highlights include:

- 64% of MIOCR participants have LSI scores in the Medium to High Risk range. (LSI) Level of Services Inventory assessment represents criminal risk to recidivism.
- The MIOCR participant population is also high risk in that 91.5% of a total of 552 participants have a co-occurring diagnosis and 17.6% have a tri-morbid diagnosis. 50.9% of the MIOCR participant population received a formal completed psychological/psychiatric evaluation.
- On admission, MIOCR participants reported high-risk in terms of health and well-being indicators: most were unemployed, receiving Medi-Cal benefits and were homeless. These indicators improved over time as participants remained in MIOCR. Changes and improvements in status were noted.
- MIOCR participants demonstrated extremely significant reductions in criminal justice indicators such as new convictions and commensurate days in jail post admission to MIOCR. Participants demonstrated a significant reduction in new convictions for arrests post admission compared to the twelve months prior to MIOCR admission.
- Most MIOCR In-Custody participants (74%) completed their referral to a follow-up treatment option once they were released from jail.
- The average amount of time jail-screened participants remained in any and all consecutive referred treatment programs was 234 days or 7.7 months. This amount of time engaged in treatment can be distributed into time intervals. Of the 91 MIOCR In-Custody participants who engaged in treatment post-release, 30% remained in treatment for more than ten (10) months. This represents excellent participant retention.
- Additionally, the courtroom screening process generated a lot of attention. This innovative process was recognized as a Promising Program by the Council on Mentally Ill

Offenders at the State Legislature on November 7, 2017. In addition, our courtroom screening program was the focus of a nation-wide webinar on November 27, 2017 and was highlighted at the 2018 Forensic Mental Health Annual Conference in Monterey with Judge Dodie Harman and the team presenting the Program.

3. Conclusions and Lessons Learned:

- Perhaps the most important lesson learned was that creating an effective partnership between the Courts, Jail, Probation and Behavioral Health Department resulted in a synergy that provided the best outcomes for our target population, mentally ill criminal offenders.
- Jail is a source for providing an access to mental health and substance use disorder treatment for individuals who may otherwise NEVER have sought treatment or had access to it in the community. The treatment strategies, methods and delivery, however, had to be amenable to jail policies and the constant and unpredictable turnover of inmates.
- Some types of interventions are ineffective in a jail environment. Intervention programs that are sequential in nature and require uninterrupted participation do not lend themselves to the unpredictable availability patterns of in-custody inmates where availability is often at the direction of jail housing and classification policies.
- Despite the use of a sophisticated Electronic Health Record and participant database, tracking the progress of participants as they move from MIOCR screening on to a variety of treatment options can be challenging and really require the work of a dedicated employee whose responsibility it is to track and document follow-up and outcomes. This also requires a partnership between treatment, the court and probation.
- Timing is Important: At their first court hearing MIOCR participants are ready for change, and MIOCR takes advantage of that by providing immediate access to appropriate treatment options. Providing “warm hand-off” from jail release to follow-up treatment options is also very important and reduces “No Show” rates – otherwise participants easily drop out of the system.

4. Sustainability:

Careful long-range planning and an analysis of positive project outcomes set the stage for successful ongoing sustainability of MIOCR. Sustainability has been achieved and the programs are now funded through Public Safety Realignment (AB109) resources and through the Sheriff’s Office continuing to fund the work of the therapist in the jail. Positive results identified in the MIOCR Project’s outcome measures were greatly influential in convincing partner agencies and the County Board of Supervisors to provide sustainability funding for future years of project operation. Because of successful project sustainability efforts, MIOCR participants continue to remain active in a variety of treatment programs.