

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CORRECTIONS STANDARDS AUTHORITY



**MENTALLY ILL OFFENDER  
CRIME REDUCTION GRANT PROGRAM**

**SECTION I: APPLICANT INFORMATION**

**A. APPLICANT (LEAD AGENCY)**

AGENCY NAME (COUNTY AND DEPARTMENT)			TELEPHONE NUMBER	
El Dorado County Sheriff's Department			(530) 621-5655	
STREET ADDRESS	CITY	STATE	ZIP CODE	
300 Fair Lane	Placerville	CA	95667	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
300 Fair Lane	Placerville	CA	95667	

**B. PROJECT TITLE (NAME OF PROPOSED GRANT PROGRAM)**

**C. AMOUNT OF FUNDS REQUESTED**

El Dorado County Behavioral Health Court Expansion Program

\$: 700,000

**D. IMPLEMENTING AGENCY (DESIGNATED BY LEAD AGENCY)**

AGENCY NAME			
El Dorado County Mental Health Department			
CONTACT PERSON			TELEPHONE NUMBER
John Bachman, PhD			(530) 621-5106
STREET ADDRESS			FAX NUMBER
2808 Mallard Lane			(530) 295-2317
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Placerville	CA	95667	john.bachman@edcgov.us

**E. PROJECT DIRECTOR**

NAME AND TITLE			TELEPHONE NUMBER
Lt. Randy Peshon			(530) 573-3040
STREET ADDRESS			FAX NUMBER
1051 Al Tahoe Blvd.			(530) 541-6721
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
South Lake Tahoe	CA	96150	peshonr@edso.org

**F. PROJECT FINANCIAL OFFICER**

NAME AND TITLE			TELEPHONE NUMBER
Mary Pierce			(530) 621-5691
STREET ADDRESS			FAX NUMBER
300 Fair Lane			(530) 626-8091
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Placerville	CA	95667	piercem@edso.org

**G. APPLICANT'S AGREEMENT**

By signing this application, the applicant assures that the grantee will abide by the laws, policies and procedures governing this funding.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN AGREEMENT (SHERIFF, DIRECTOR OF CORRECTIONS, CHIEF PROBATION OFFICER, OR BOARD OF SUPERVISORS' CHAIR)

Sheriff Jeff Neves

APPLICANT'S SIGNATURE

DATE

11/3/06

## SECTION II: STATEMENT OF NEED

### A. IMPACT OF MENTALLY ILL OFFENDERS

In the space below, describe the impact of mentally ill offenders on the local justice system, particularly on adult or juvenile detention facilities. Include data supporting the described impact.

A survey released by the U.S. Department of Justice in September 2006 found that 64% of local jail inmates, 56% of state prisoners and 45% of federal prisoners reported symptoms of serious mental illnesses within the last year. Nearly a quarter of both state prisoners and jail inmates with mental health problems, compared to a fifth of those without, had served three or more prior incarcerations. The results confirm what prison administrators and County officials have known for a long time- large numbers of individuals with mental health problems cycle through the jails repetitiously. The findings emphasize the urgent need to connect released prisoners with mental health treatment and social services in the community in order to reduce recidivism and improve mental health.

El Dorado County (EDC) encompasses a large geographical area (1,711 square miles) with a population of approximately 175,000 people. Placerville, the County seat, is located in a region known as the Western Slope (WS) and is surrounded by small, rural communities and unincorporated areas. South Lake Tahoe (SLT) is the most densely populated area of the County. A 60-mile stretch of mountainous road, difficult to navigate during the winter, connects these regions. This grant proposal represents the County's desire to expand its existing SLT Behavioral Health Court (BHC) program, establish a BHC program in Placerville and provide enhanced Forensic Assertive Community Treatment (FACT) for mentally ill offenders in both regions of the County. The Sheriff's Department will serve as the Lead Agency and the Mental Health

Department will serve as the Implementing Agency in this collaborative expansion effort.

In the County's SLT jail facility, 28% of the average daily census of 147 inmates receives psychiatric medications; in the Placerville facility, 17% of the daily average of 219 inmates receives psychiatric medications. These are (proxy) estimates of mental illness prevalence in the County's jails and are most likely underestimates because additional resources are needed in order to improve case finding in the jails. Furthermore, under-identification of mental illness among the Latino population is particularly acute in EDC, as determined in a recent community assessment. Among the five ethnic groups studied at under 200% of the Federal poverty level, the mentally ill Latino population was disproportionately underserved. Between 10% and 40% of county jail inmates are Latino.

During their incarceration, the 42 SLT inmates who were prescribed psychiatric medications spent a total of 4,218 days in custody; 38% of them had been in custody before (the average time it took for them to return to custody was 7.7 months). The 37 Placerville jail inmates who were prescribed psychiatric medications spent 4,032 total days in custody and 46% of them had been in custody before (the average time for them to return to custody was 6.9 months). At the local estimated cost of \$110 per inmate per day in custody, or \$907,500 per year, in conjunction with roughly a 40% to 50% recidivism rate, the financial impact of mental illness on the jails is significant. These per diem charges do not include the additional costs of arresting and adjudicating mentally ill offenders.

Data from our existing SLT BHC program suggest the potential for a significant reduction in the adverse impact of mentally ill offenders on the jails and community. Thirteen mentally ill offenders, who served a total of 1,077 days in custody during the

12 months preceding their appearance in the BHC, have shown a reduction in "annualized" custody days to 60 since their Court appearance. This represents a cost savings of \$111,870 for just those 13 inmates. This significant figure represents the per diem costs that could be spent instead on offenders convicted of serious felonies who might otherwise be displaced from incarceration by non-violent, mentally ill offenders typically convicted of misdemeanors.

## **B. IDENTIFIED NEEDS**

In the space below, describe the identified need(s) that would be addressed with grant funds (i.e., the in-custody and/or post-custody gaps in treatment and/or support services for mentally ill offenders).

Jailed mentally ill offenders have numerous unmet mental health and social service needs that, if met, would reduce their recidivism and improve their mental health. The Adult Division of the SLT Probation Department estimates that about 10% of their current caseload is referred for mental health services; 25% of cases are referred to the BHC, and 30% to dual diagnosis groups, suggesting a high rate of mentally ill offenders who suffer from substance abuse problems. In EDC, mentally ill offenders require in-custody screening for identification of their illnesses, opportunities for rehabilitative transition planning for their release, and post-release treatment for mental illness and substance abuse disorders along with intensive case management to support successful community re-integration in areas such as transitional housing, education, transportation and supported employment. Mentally ill offenders need linkage between in-custody and post-release services; that connection has been successfully provided in SLT for a small group of inmates via the linkage between the BHC and mental health department team members who provide assertive community treatment, but greater capacity is sorely needed.

Beginning in April 2006, Mental Health Services Act (MHSA) dollars were used to fund 1.5 FTE mental health clinician positions in SLT so we could begin providing mental health services to the inmates referred by the BHC. So far, our BHC program (like many around the State and Country) has been successful in reducing recidivism and repeat offenses while increasing the number of days spent in school, at work and involvement in mental health rehabilitation. However, due to the time and labor-intensive demands of the assertive community treatment services provided, the caseloads are at full capacity with 42 additional inmates waiting in the SLT jail who are eligible for BHC hearings and subsequent mental health services. Therefore, there is significant need to increase the staffing capacity in the SLT BHC. In addition, there is a need to expand the housing capacity, employment and education services.

Placerville, located approximately 60 miles west of and 5,000 feet below SLT, would benefit from a local BHC and an assertive community treatment team as well. 15% to 20% of its jail's inmates are treated for mental illness while in custody. Mental health services in this jail are limited to a contract with the California Forensic Medical Group (CFMG) which provides an on-call psychologist and weekly consultation with a psychiatrist via videoconferencing equipment. However, unlike the SLT BHC team (described below), Placerville has no integrated services team to provide in-custody rehabilitative transition planning and post-custody assertive community treatment.

### **C. EXISTING RESOURCES**

In the space below, explain why existing state and local resources are inadequate to address the identified need(s).

-- In addition to MHSA funding, the SLT BHC currently utilizes existing resources available from the County's "Tahoe Opportunity Project" Program (AB2034) for housing, medication and dual diagnosis integrated services, as well as funds from the joint Cooperative Grant Program ("Co-Op") between Mental

Health and the State Department of Rehabilitation for employment services. The AB2034 program is funded for a capacity of 47 consumers and currently has 54 enrolled. This program includes a transition house for dually diagnosed clients and is operated in conjunction with the local non-profit substance abuse treatment agency, Sierra Recovery Center. It houses up to 5 consumers. Inmates served by the BHC program have had to wait in custody as the transition house has been full and AB2034 funding for apartment or motel vouchers has been exhausted. Similarly, employment services provided through the AB2034 and Co-Op grants is at capacity with a critical need for a job coach to assist released offenders find employment. Finally, parolees prohibited by law from receiving MHSA-funded BHC resources would benefit significantly if alternative funding allowed their participation in this highly effective program.

In Placerville, MHSA dollars have recently funded an integrated services program for homeless seriously mentally ill adults similar to the TOP program in SLT, but on a smaller scale due to funding limitations. This new program, called "Prospect Place," has, among other things, implemented use of the Brief Jail Mental Health Screen and provided outreach services to clients in the Placerville jail, resulting in six referrals to date. A modest team comprised of a Mental Health Clinical Supervisor, a half-time mental health clinician, an outreach worker, and three case managers/housing managers are funded through the MHSA to provide outreach and full service partnership services to 30 homeless mentally ill adults.

In addition, MHSA is funding 18 transitional housing beds. To adequately serve the mentally ill offenders in this community, personnel for jail assessment, outreach, medication management, specialized probation oversight, vocational assistance, and additional housing resources are required. By leveraging the

Prospect Place and MIOCR resources, in-custody identification and assessment and linkage to post-release health and social services, housing/employment assistance, and assertive community treatment can occur for this high risk population. With the recent Prospect Place program development, Placerville is well-positioned to effectively implement a BHC.

### **SECTION III: PROJECT DESIGN**

#### **A. PROJECT DESCRIPTION**

In the space below, describe the proposed project, including the evidence-based treatment model upon which it is based, specific services that would be provided, where and when service delivery would occur, and who would provide services (i.e., project staff by position).

We conceptualize specialty behavioral health courts as therapeutic conduits through which incarcerated individuals with mental illness and other co-occurring disorders access treatment and social services. Our intention, through MIOCR funding, is to expand the array of mental health and community services necessary to significantly reduce recidivism among mentally ill offenders while assisting them lead productive lives. We propose to accomplish these goals by expanding the BHC/Forensic Assertive Community Treatment (FACT) programs in SLT and establishing one in Placerville in order to use them as portals through which mentally ill inmates can access a range of evidence-based practices known to be effective in treating this population.

We follow the "best practices" associated with positive outcomes for mental health courts as outlined in Peters and Osher's (2004) "Co-Occurring Disorders and Specialty Courts" published by the National Gains Center and the TAPA Center for Diversion. These practices address the underlying mental illness that brings offenders to court, engage the entire criminal justice system in diverting the target population to

appropriate treatment alternatives, and suggest incentives and sanctions as appropriate to encourage adherence to treatment plans.

Specifically, we use an integrated service delivery model that consists of intensive collaboration and cooperation between County Superior Court Judges, the County offices of the District Attorney, Public Defender and Sheriff, the Departments of Mental Health, Probation and Human Services, as well as local advocacy and community support agencies such as homeless service providers, mental health consumer groups, vocational service organizations, NAMI and private mental health and substance abuse providers. This dedicated "multi-disciplinary" group functions much like an inpatient triage team, led by a Superior Court Judge. The team orchestrates in-custody interventions (e.g., assessment, outreach, engagement, transition planning for release) and improved linkage to post-custody treatment resources and social services by using a Forensic Assertive Community Treatment approach. In this expansion proposal, we will build the county-wide resources necessary to fill the in-custody and post-release service gaps.

In-custody assessments, outreach and engagement are conducted in several ways. First, jail facility officers are trained to use the Brief Jail Mental Health Screen instrument as a case-finding tool. In addition, mental health staff (including bilingual staff in SLT and Latina Promotora's in Placerville) routinely screen the jail population to identify those with serious mental illness who meet the BHC eligibility criteria. Prior to an inmate's acceptance into the BHC program, a mental health clinician meets with the potential participant while in custody to assess all mental health and ancillary service needs, to review program expectations, including court appearances, treatment requirements, drug testing locations and schedules and to emphasize the associated rewards and sanctions. The BHC team reviews the assessment data and creates an



individual treatment plan for each eligible participant. The plan often becomes synonymous with the formal court orders and probation plan.

The treatment plan addresses the post-custody services and interventions thought to be relevant to the individual's needs and situation. It is rooted in the forensic assertive community treatment model (FACT, adapted locally from SAMHSA's "Assertive Community Treatment Implementation Resource Kit," 2003) and typically includes intensive case management to provide assistance procuring social security disability entitlements, vocational training, employment, transportation and transitional housing. Additional FACT services can include medications, day rehabilitation, individual and group treatment, educational opportunities, self-management and relapse prevention planning.

Participation in the BHC program consists of overlapping phases that include judicial oversight, probation supervision, individual treatment, drug testing, rewards and sanctions. Phases overlap to build upon already acquired skills and to adjust for relapses and, occasionally, rearrests. As a person moves through the phases of the program, s/he is evaluated and promoted based on successful completion of each phase. Because treatment plans are individualized, the requirements for success vary and are determined by the mental health case manager, treatment team members and BHC Judge.

Each of the evidence-based practices cited above, and the BHC program described below, are currently in place in early stages of implementation and/or in limited scope within the County. If funded, this expansion proposal will leverage the existing AB 2034 and MHSA resources and allow the County to serve mentally ill offenders in greater capacity county-wide.

In SLT, MIOCR funds will be used to fund a 1.0 FTE mental health program coordinator to coordinate FACT and BHC services, a 1.0 FTE mental health clinician to provide in-custody services and post-release FACT treatment and a 1.0 FTE mental health worker to assist with meeting the employment needs of this population. We will provide the in-kind services of our psychiatrist, licensed psychiatric technician, adult services program manager (who is the contact person for the implementing agency), medical records clerk and administrative secretary, as outlined in our budget. The preference for bilingual staff is to address the needs of the 40% Hispanic population in the SLT jail. In addition, funds will be used for 5 transition beds and the part-time use of a mental health consumer aide who will provide peer support, life skills training, and transportation assistance.

In Placerville, the MIOCR funds will be used to fund a 1.0 FTE mental health outreach worker who will provide in-custody jail outreach and post-release assertive community treatment, a 0.5 FTE mental health clinician who will provide in-custody assessment and treatment planning services, a 1.0 FTE psychiatric technician who will provide in-custody and post-release psychiatric assessment and medication services, a 1.0 FTE job specialist who will provide post-release vocational rehabilitation and job development services, and a 1.0 FTE Deputy Probation Officer, who will provide post-release treatment planning and probationary supervision. In addition, funds will be used for 6 transition beds and the part-time use of a mental health consumer aid who will provide peer support, life skills training, and transportation assistance.

#### **B. TARGET POPULATION**

In the space below, identify the project's target population and program eligibility criteria (e.g., estimated number of offenders who would participate, criminal history, types of offenders, diagnostic categories, etc.).

The El Dorado County Sheriff's Department manages two jail facilities; one in

SLT and the other in Placerville. At any given time, the SLT jail averages 147 inmates in custody and the Placerville facility averages 211 inmates in custody. As indicated above, close to 30% of the SLT inmates receive psychotropic medications and 17% in the Placerville jail. These estimates suggest that between 40 to 45 inmates in SLT and 35 to 40 inmates in Placerville would be eligible for participation in the BHC programs. All adults eligible for the BHC program funded with MIOCR monies will have been booked into one of these county jail facilities. The requested funds for additional staff and housing resources are designed to serve an additional 24 clients in SLT and 24 clients in Placerville on an annual basis.

Program eligibility may date back to the offenders' status on or after July 1, 2006. Potential participants must be residents of El Dorado County. We will rely on the California Welfare and Institutions Code to define mental illness for adults. These adults will have a primary diagnosis of a "serious mental disorder" which is severe in degree and persistent in duration, including but not limited to schizophrenia, major affective disorders, or other severely disabling mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders other than a substance abuse or acquired traumatic brain injury. Persons with co-occurring disorders (e.g., mental illness and substance abuse) are eligible as long as the primary diagnosis is a mental illness. The mental disorder should result in the offender's having substantial functional impairments (in independent living, social relationships, vocational skills or physical condition) or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of significant decomposition. Mental illness should be a primary motivating factor or contributing factor in the criminal activity and/or the offender should be one who is at risk of re-offending due to untreated or under treated mental illness.

Mentally ill offenders who have participated in our SLT BHC to date have been charged with: Spousal Abuse, Theft, Burglary, Disorderly Conduct, Battery, DUI, Resisting Arrest, Robbery, Receiving Stolen Property, Driving with a Suspended License, Driving without a License, Obstruction of a Public Officer, Child Cruelty, Under the Influence of a Controlled Substance, Possession of a Controlled Substance, Vandalism and Property Damage. Clients to be served by the proposed BHC programs are anticipated to have criminal records similar to this range seen in SLT.

The Behavioral Health Court protocol regarding eligibility states that the El Dorado County Superior Court will adjudicate the following cases:

- I. **Defendants Qualified for Treatment under the Behavioral Health Court**
- A. A defendant is suitable for referral to the Behavioral Health Court calendar for disposition if he or she is charged with a qualifying offense and it appears that a contributing factor in the criminal activity is a mental illness. Except as provided in paragraphs C and D, all felony and misdemeanor charges qualify for treatment under the program.
- B. The following offenses are presumptively ineligible for disposition under the program:
  1. Any felony or misdemeanor which demonstrates that the defendant presents a substantial risk to the health and safety of others.
  2. Any "serious" felony under P.C. § 1192.7(c)
  3. Any crime subject to the Three Strikes sentencing law.
- C. The determination of eligibility shall be made by the judge assigned to the Behavioral Health Court calendar. It shall be the burden of the prosecution to establish the facts under subparagraph B. 1. It shall be the burden of the defendant to establish that he or she is otherwise suitable for disposition,

notwithstanding the factors set forth in subparagraphs B.1, 2 and 3.

- D. A defendant charged with a "violent" felony under the provisions of P.C. § 667.5(c) is conclusively ineligible for disposition unless the defense, the prosecution and the court agree that the particular case is suitable for such disposition.
  - E. Notwithstanding the exclusions created by paragraphs C and D, a defendant initially excluded because of the nature of the charges, may nevertheless qualify for the Behavioral Health Court if the defendant ultimately is convicted of a qualifying offense and is otherwise suitable for disposition.
  - F. If the defendant is excluded as unsuitable, the case shall be referred back to the original court calendar.
  - G. Any preliminary hearing or other substantive motion shall be heard on the original court calendar, not the Behavioral Health Court calendar.
  - H. Any matter not settled shall be referred back to the referring court for trial. At the option of the sentencing judge, the matter may be returned to the Behavioral Health Court calendar for sentencing.
- II. Competency to Stand Trial (P.C. §§ 1368, Et Seq.)
- Defendants determined incompetent to stand trial will not be referred to Behavioral Health Court.

#### **SECTION IV: INTERAGENCY COLLABORATION**

##### **A. COORDINATED PLANNING PROCESS**

In the space below, describe the coordinated planning process undertaken to develop the grant proposal. Following this description, use the table to identify the individuals who participated in

. this planning process. *Refer to the section on Grant Application Requirements for information on mandatory representation and, if necessary, extend the table.*

During the spring of 2006, the El Dorado County MHSA Advisory Committee discussed the goal of expanding the SLT BHC to Placerville. Placerville NAMI chapter members and the Human Services Commissioner also conveyed their desire for the replication of this successful program in this region. In collaboration with NAMI and Gates Recovery, Placerville mental health staff representatives have been sent to two trainings to assist in the preparation for future BHC program expansion.

On October 3, 2006, a stakeholders meeting was held with county-wide representatives from criminal justice and mental health agencies, vocational and substance abuse treatment service providers, and NAMI, to elicit each stakeholder's programmatic interests, to discuss their needs in terms of budgetary considerations, to plan subsequent collaboration and to assign specific data gathering tasks necessary to complete a competitive MIOCR grant application. Additionally, the BHC team in SLT has discussed expansion needs during several of their court team meetings, and are committed and unified in this planning process.

Coordinated Planning Process Participants (include the individual's name, title and agency/organization)
Sheriff Jeff Neves, Sheriff, El Dorado County Sheriff's Dept.
Lt. Randy Peshon, El Dorado County Sheriff's Dept Jail Commander, So. Lake Tahoe
Suzanne Kingsbury, Presiding Judge of the Superior Court, El Dorado County
Dr. John Bachman, Interim Mental Health Director, El Dorado County Mental Health
Barry Wasserman, Interim Deputy Mental Health Director, El Dorado County Mental Health
Dr. Sandra Branton, Adult Services Program Manager, So. Lake Tahoe, EDCMH

Greg Sly, El Dorado County Probation, South Lake Tahoe  
Hans Uthe, El Dorado County District Attorney's Office, South Lake Tahoe  
Terry Daniels, Chief of Police, South Lake Tahoe Police Department  
Kim Brehm, Placerville Chapter NAMI member  
Maureen Focht, Placerville Chapter NAMI member  
Chris Kondo-Lister, MHSA and Prospect Place Program Manager, EDCMH  
Marlene Hensley, Psychiatric Health Facility (PHF) Program Manager  
Chris Woolever, Placerville Police Department  
Peter Stressenger, Gates Recovery Administration  
Pete Nielsen, Gates Recovery Program Manager  
Mark Erlichmann, Regional Manager, State Department of Rehabilitation  
Jay Onash, Western Slope Region Supervisor, State Department of Rehabilitation  
Danny Marquez, Director, Crossroads Employment Services  
Michele Lewis, Program Manager, Crossroads Employment Services

## **B. PROJECT COLLABORATION**

In the space below, describe the applicant's plan for ongoing collaboration among those who participated in the planning process and explain the role of each partnering agency/community-based organization in the project.

The SLT BHC team meets prior to setting the Court Calendar once every two weeks to review cases as part of a "case conference" and to continue collaboration on the mission and goals of this court. Additionally, collaborative meetings are held with the Sheriff, SLT police and Probation departments to plan for restorative policing and an eight-hour crisis intervention training for all Sheriff's Deputies, Correctional Staff, SLT PD staff and Probation staff. In Placerville, after months of collaborative planning to begin the MHSA homeless program, there continues to be ongoing weekly collaborative planning meetings involving the Mental Health Department and Gates Recovery (regarding program development, jail outreach/advocacy, and transitional housing), as well as ongoing collaborative outreach with the Sheriff's Department, the Placerville jail, and the local homeless services providers.

The following roles, responsibilities, activities and interactions exemplify the high degree of interagency collaboration that characterizes the operation of the BHC in SLT and which will be expanded and replicated in Placerville.

The Behavioral Health Court Judge:

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- Presides over court sessions, issues incentives, rewards and sanctions to offenders
- Orders terms and conditions of probation; includes issuing the Participation Contract and Treatment Plan
- Participates in Administrative Review Team and Program Operation Team meetings as well as pre-court staffing and other relevant case management meetings
- Acts as a spokesperson to community and peers
- Provides and participates in cross training for Behavioral Health Court Team members and their staffs to assure mutual understanding of court proceedings and requirements
- Assists with data collection
- Assists with identifying all pending cases and outstanding court obligations

**The District Attorney:**

- Familiarizes staff within the District Attorney's Office regarding the goals, policies and procedures of the Behavioral Health Court
- Reviews criminal case filings to determine need for formal prosecution or eligibility for the Behavioral Health Court; refers cases to the Behavioral Health Court on a case-by-case basis
- Identifies potentially mentally ill offenders who may benefit from the supervision of Behavioral Health Court and refers to Case Manager for evaluation
- Participates in adjudication and dispositional hearings
- Attends pre-court staffing, regular meetings of the Program Operation Team and other relevant case management meetings
- Participates in Behavioral Health Court sessions
- Provides and participates in cross training for Behavioral Health Court Team members and their staffs to assure mutual understanding of prosecution proceedings and requirements



- Participates in data collection

- Assists with identifying all pending cases and outstanding court obligations

The Public Defender:

- Familiarizes staff within the Public Defender's Office regarding the goals, policies and procedures of the Behavioral Health Court

- Identifies potentially mentally ill offenders who may benefit from the supervision of Behavioral Health Court and refers to Case Manager for evaluation

- Participates in adjudication and dispositional hearings

- Attends pre-court staffing, regular meetings of the Program Operation Team and other relevant case management meetings

- Participates in Behavioral Health Court sessions

- Provides and participates in cross training for Behavioral Health Court Team members and their staffs to assure mutual understanding of defense proceedings and requirements

- Participates in data collection

- Assists with identifying all pending cases and outstanding court obligations.

El Dorado County Sheriff-Jail Commander:

- Familiarizes staff within the Sheriff's Office, especially the Corrections Division, regarding the goals, policies and procedures of the Behavioral Health Court

- Assures the involvement of a jail medical services provider (currently the California Forensic Medical Group) who will be notified by the jail booking officer when a person exhibiting mental illness has been identified

- Assures that jail medical staff notify the Behavioral Health Court Case Manager or the Public Defender when an inmate exhibiting mental illness is identified

- Facilitates treatment of incarcerated defendants who are under the supervision of Behavioral Health Court, including court-ordered sanctions
- Attends pre-court staffing, regular meetings of the Behavioral Health Court Operations Team and other relevant case management meetings, as necessary
- Provides and participates in cross training for Behavioral Health Court Operations Team members and their staff to assure mutual understanding of arrest and detention proceedings and requirements
- Participates in data collection
- Assists with identifying all pending cases and outstanding court obligations
- SLT Jail Commander is the Project Director and Coordinates with Placerville Jail staff and SLT MH Program Manager for implementation of BHC expansion program.

**The Jail Medical Provider:**

- Notifies the Behavioral Health Court Case Manager when an inmate with mental illness issues is identified
- Screens jail bookings to determine if persons have a mental illness for evaluation by the Treatment Assessment Team
- Provides medication(s) supervision for inmates referred to the Behavioral Health Court
- Provides treatment of incarcerated defendants who are under the supervision of Behavioral Health Court, including court-ordered sanctions
- Attends pre-court staffing, regular meetings of the Team and other relevant case management meetings, as necessary

**The Mental Health Department:**

- Serves as the lead treatment agency for the Behavioral Health Court
- Familiarizes staff within the Mental Health Department regarding the goals, policies and procedures of the Behavioral Health Court

- Provides staff to serve on the Behavioral Health Court Treatment Assessment Team
- Consults regularly with the jail medical provider regarding mentally ill offenders
- Offers consultation with regard to Case Management Plans
- Provides ACT services
- Provides or arranges for treatment and consultation regarding medication compliance
- In cooperation with the jail medical provider, provides treatment of incarcerated defendants who are under the supervision of Behavioral Health Court, including court-ordered sanctions.
- Provides triage screening for Behavioral Health Court clients.
- Attends pre-court staffing, regular meetings of the Behavioral Health Court Operations Team and other relevant case management meetings
- Provides and participates in cross training for Behavioral Health Court Operations Team members and their staff to assure mutual understanding of mental illness, agency services, and procedures and requirements for intervening with the mentally ill
- Participates in data collection

The Program Coordinator, Mental Health Clinician and Mental Health Worker (Mental Health Department):

- Evaluates potential participants for appropriateness within 5 business days of referral
- Determines appropriate modality of treatment to meet client's needs
- Prepares and monitors individual case management plans for every client under the supervision of the Behavioral Health Court
- Consults with Team members, client's family and support regarding client progress
- Consults with other Court and Mental Health Team members, client's family and support network regarding client progress. Participates in meetings with Probation, law enforcement, and court team meetings.

- Maintains daily electronic chart of client treatment progress and drug testing results
- Program Coordinator only: Coordinates services, provides supervision to MH staff.
- MH Worker (SLT) or Job Specialist (WS): Provides job development and job coaching services to appropriate clients within the target population.
- Attends staffing meetings and presents reports of client's progress in treatment
- Attends pre-court staffing, regular meetings of the Behavioral Health Court Operations Team and other relevant case management meetings
- Acts as community resources broker to assure that ancillary needs of the client are being addressed.
- Provides treatment and linkage to medication services (Psych tech in WS)
- Participates in data collection

Mental Health Aides: Provide peer support, skills training, and transportation.

The Probation Department:

- Familiarizes staff within the Probation Department regarding the goals, policies and procedures of the Behavioral Health Court
- Carries out orders of the court with regard to detention and other Department functions; may perform drug tests
- Prepares pre-sentence reports to assist in evaluating client suitability
- Attends pre-court staffing, regular meetings of the Behavioral Health Court Operations Team and other relevant case management meetings such as monthly criminal justice system of care meeting.
- Provides and participates in cross training for the Behavioral Health Court Operations Team members and their staff to assure mutual understanding of department procedures and requirements
- Participates in data collection

- Participates in monthly meetings with mental health staff to coordinate services

#### Alcohol and Other Drug Services:

- Referrals to Alcohol and Other Drug Services will be provided through the Tahoe Opportunities Project and Mental Health Behavioral Health Court staff through weekly relapse prevention, harm reduction, and dual diagnosis groups.
- Alcohol and other Drug Counseling services will be available through the Tahoe Opportunities Project and Prospect Place.
- Peer support/self-help are available via the Dual Recovery Anonymous support group.

#### The Mental Health Program Manager:

- Maintains Mental Health Court policies and procedures
- With Sheriff's Department monitors budgets and program expenditures
- Oversees grant writing and other funding efforts on behalf of the Program
- With Sheriff's Department, facilitates public education and outreach efforts
- With Sheriff's Department, coordinates data collection, maintains program statistics and directs the preparation of progress reports
- Provides administrative and clinical direction and leadership to program
- SLT Manager is Implementing Agency Contact Person and works directly with Sheriff's Department Project Director to assure compliance with MIOCR and CSA guidelines.
- Monitors offender's outcomes

#### **C. PAST COLLABORATION**

In the space below, describe the applicant's involvement in other collaborative efforts involving treatment and support services for offenders with mentally illness.

The El Dorado County Sheriff's Department, Probation Department and Mental Health Department have multiple, overlapping community projects and service commitments. For example, the Mental Health Department provides the mental health services for juveniles in the Probation Department's Juvenile Hall

and the Sheriff Department's collaboration with the Tahoe Outreach Program has, for many years, helped identify severely mentally ill offenders who would have been homeless upon release. Most recently, the MHSA funded a BHC in SLT and involved collaboration between the El Dorado County Superior Court Presiding Judge, NAMI, the Public Defender, District Attorney, Probation and Mental Health. Some existing resources currently accessed by mentally ill offenders in-custody are a direct result of successful collaboration between the Sheriff's Department, CMFG, the Sierra Recovery Center, the El Dorado County School District, an employment readiness group, and local AA and NA groups. In addition, the Mental Health Department and Sheriff are planning to offer an in-custody Aggression Replacement Therapy group for mentally ill offenders under age 25.

Additional collaboration in Placerville relevant to this proposal includes collaboration between the County Mental Health Department and:

- MHSA Advisory Committee – includes Departmental Directors of the Sheriff's Department, Probation, Public Health, Human Services, and Mental Health, as well as community providers, such as Sierra Recovery Center.
- Dual Diagnosis Collaborative – the Mental Health Department is the lead agency and there are monthly case conference meetings.
- State Department of Vocational Rehabilitation – there is an existing MOU and monthly case conferences.

## **SECTION V: PROBABILITY OF SUCCESS**

### **A. LIKELIHOOD OF SUCCESS**

In the space below, describe the likelihood that the project would succeed due to the proven effectiveness of its design (evidence-based treatment model) with the target population. Include research data.

The numerous published studies indicating the success of mental health courts in conjunction with forensic assertive community treatment teams, motivational interviewing, cognitive behavioral therapy, dual diagnosis groups, transitional housing and supported employment in reducing recidivism among mentally ill offenders provide the backdrop and architecture of our proposal. (References are too numerous to list here, given the space limitations of the application. Our bibliography is available upon request.) Our commitment to adhering to evidence-based treatments and our current success in implementing a SLT BHC combine to provide evidence of our ability to succeed in this project.

## **B. PAST SUCCESS**

In the space below, describe past successes by the applicant in implementing and managing grant-funded projects (state and/or federal).

The Sheriff's Department has successfully implemented the following grants:

Grant Name	Grant Source	Amount	Purpose
2006 EMPG	State OES	Annual \$69,535	Disaster prep
2005 Homeland Security	State OES	\$520,235	Homeland Security
2004 Homeland Security	State OES	\$737,737	Homeland Security
Anti-Drug Abuse	State OES	Annual \$18,000	SLEDNET Drug enforcement team
Domestic Cannabis	DEA	Annual \$38,000	Drug eradication
Hi-tech Crimes	Sacramento Co.	Annual \$76,267	Tech task force
Boating & Waterways	State	Annual \$261,766	Boating program
Vehicle Abatement	State	Annual \$90,000	Vehicle abatement
COPS Ahead	Federal	Annual \$225,000	Add'l Deputies
COPS MORE	Federal	Sliding \$225K to \$97K	Add'l personnel

The El Dorado County Mental Health Department, the applicant's implementing agency, has successfully used SAMHSA grant funds (\$135,000 annually) and PATH grant funds (\$30,000 annually) to serve youth detained by the Probation Department in Juvenile Hall and homeless mentally ill adults. The Mental Health Department successfully manages California's AB2034 and MHSA programs in SLT and Placerville. The AB 2034 program funded 38 California counties, and El Dorado County now ranks in the top five for positive outcomes for mentally ill clients in the areas of housing, employment and education. We have been invited to discuss our progress to date at the next AB 2034 Coordinator's meeting to inform other counties of our experience. In addition, Mental Health has consistently met the outcome criteria for the joint Cooperative Grant Program with the State Department of Rehabilitation for employment services provided to mentally ill offenders

In addition to the BHC in SLT, the Mental Health Department has successfully implemented other MHSA-funded programs, including the Integrated Services Program for homeless transitional age youth (TAY) and adults in the Western Slope Region and a Mobile Assessment and Treatment Team for Older Adults. El Dorado County was invited to be one of seven counties studied during the first year of implementation due to early successful completion of our MHSA three-year plan.

Each MHSA program applies an evidence-based practice model and we have successfully completed staff training in the following areas: 1) for the MHSA Wraparound program, training in the "Incredible Years" and "Aggression Replacement Therapy" 2) Motivational Interviewing training for the Behavioral Health Court, Prospect Place and the Latino Engagement Initiatives, and 3) the IMPACT model of integrated care and problem solving therapy for the Older Adults' program.



As an example of current success, the El Dorado County MHSA program has funded (in part) the startup of the SLT BHC. With statistical consultation from Dave Pillon, PhD, Vice president for Training, Consultation and Evaluation for the Mental Health Association of Greater Los Angeles, we have calculated "annualized data" (a statistical adjustment recommended by the AB2034 program consultant and referenced in Kleinbaum, Kupper & Morgenstern. Epidemiology Research: Principles and Quantitative Methods. New York: Van Nostrand Reinhold, 1982) for BHC clients enrolled in the program for more than one month. These early data for Behavioral Health Court participants in South Lake Tahoe show the annualized number of in-custody days since BHC enrollment to be 60, compared to 1,077 total in-custody days during the year prior to enrollment. Although the sample size is too small to analyze in any fashion other than in this purely descriptive way, the results are very promising.

Additionally, among these 13 BHC program participants, while none had any school or educational activity during the year prior to enrollment, four have taken college courses since enrollment. Similarly, none had performed volunteer work during the year prior to enrollment, but four have participated in volunteer activities since enrollment. And, although only one was working during the year prior to enrollment, eight have become employed since enrollment.

El Dorado County is fully committed to assessing of the impact of the BHC and FACT on the recidivism and recovery of mentally ill offenders in the justice system. We understand CSA is developing a set of outcome measures and we welcome the opportunity to join in this discussion. We plan to collect data on recidivism (the number of arrests and days of incarceration) as well as quality of life outcome indicators, such as the number of days employed, homeless, or involved in school or volunteer work.

We are well-positioned to collect these data due to the AB 2034 and MHSA projects in which we are already measuring these key variables.

Our likelihood of success is strengthened by the strong cooperation and support among law enforcement, jail, court, probation, substance abuse treatment, and mental health agencies. This proposed grant project is the result of interdepartmental collaboration and mutual respect for and from the agencies involved. A 40-page Program Manual for the SLT BHC serves as the blueprint for the program expansion proposed. Expanded MOU's and outcome monitoring mechanisms will need to be developed to reflect the expanded scope and capacity of this proposal. Past experience in the successful management of grants by both the Sheriff's Department and the Mental Health Department provides the personnel expertise and the organizational infrastructure necessary to assure success of the proposed project.

### C. TIMELINE OF ACTIVITIES

Use the table below to list project start-up/implementation activities and anticipated timelines for the 18-month grant period. If more space is needed, extend the table.

Project Activity	Timeline (month(s)/year)
Conduct project collaboration and implementation meetings, establish referral mechanisms; develop MOUs; Pending receipt of MIOCR funding, hire staff; Team visits to selected mental health courts in San Francisco, Nevada County and Reno, NV; Identify process and performance outcome measures and tracking mechanisms; Establish court calendar process, team meeting structure, and cost-reporting documentation procedures; Modify policies and procedures manual for Placerville; Provide training on the BHC model for all new project staff.	Jan-March 2007
Provide training in EBP's (e.g., BJMHS screening, Forensic Assertive Community Treatment interventions motivational interviewing, cognitive behavioral therapy & integrated dual diagnosis service delivery ; Establish assessment and outreach processes to incarcerated mentally ill offenders; Begin Behavioral Health Court proceedings to serve 5 clients in each location;	April - June 2007

Semi-annual progress report due.	June 2007
Establish additional transitional housing paid for by MIOCR funds; goal of serving 10 clients in each location by the 2nd quarter of operation	July – Sept 2007
Provide training and implement interventions in illness self-management and recovery services; SLT & Placerville Goal: serve 15 clients at each location by the 3rd quarter of operation.	Oct – Dec 2007
Semi-annual progress report due	Dec 2007
Mid-cycle program accomplishments report; SLT & Placerville Goal: serve 20 clients at each location by the 4th quarter of operation.	Jan – March 2008
SLT & Placerville Goal: serve 24 clients at each location by the 5th quarter of operation; Provide training and implement interventions in family psycho-education and supported employment services; Semi-annual progress report due.	April – June 2008  June 2008

## SECTION VI: PROJECT BUDGET

**A. BUDGET LINE ITEM TOTALS:** Please fill out the following table for the project's proposed budget. Although line items may not reflect those used by counties, the CSA uses these line items for its invoices, so please insert amounts where they fit best. Amounts must be whole dollars only. Applicants must provide a 25 percent match of the grant funds requested.

LINE ITEM	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits	484,886	0	212,807	697,693
2. Services and Supplies	0	0	0	0
3. Professional Services	0	0	0	0
4. CBO Contracts	151,650	0	0	151,650
5. Indirect Costs	63,464	0	21,280	84,744
6. Fixed Assets/Equipment	0	0	0	0
7. Other	0	0	0	0
<b>TOTAL</b>	<b>700,000</b>	<b>0</b>	<b>234,087</b>	<b>934,087</b>

**B. LINE ITEM DETAILS:** In the space below each line item, describe how grant funds and local match funds would be used to implement the project. Please provide sufficient detail to assess the nexus between the requested grant funds and the proposed project.

### 1. SALARIES AND BENEFITS:

On the Western Slope, grant funds will be used to employ a 1.0 FTE mental health outreach worker who will provide in-custody jail outreach and post-release forensic assertive community treatment (FACT), a 0.5 FTE mental health clinician who will provide in-custody assessment and treatment planning services, a 1.0 FTE psychiatric technician who will provide in-custody and post-release psychiatric assessment and medication services and a 1.0 FTE Deputy Probation Officer who will provide post-release treatment planning and probationary supervision. The County will make an in-kind contribution to the grant program of a .20 FTE program manager, a .25 FTE program coordinator, a .25 mental health clinician and a .25 mental health worker. These staff members provide clinical services and administrative support to the MHSA Prospect Place program which will be part of the BHC and FACT Team.

In SLT, grant funds will be used to employ a 1.0 FTE mental health program coordinator to coordinate FACT and BHC services, a 1.0 FTE mental health clinician to provide in-custody services and post-release FACT treatment, a 1.0 FTE mental health worker to assist with meeting the employment needs of this population and 1.5 FTE mental health aides to provide peer counseling. The County will make an in-kind contribution to the grant program of a .20 FTE psychiatrist, a .50 FTE licensed psychiatric technician, a .20 FTE adult services program manager (who is the contact person for the implementing agency), a .20 FTE medical records clerk and a .20 FTE administrative secretary. These staff members will provide clinical services to the Behavioral Court clients and will provide administrative oversight for the program.

**2. SERVICES AND SUPPLIES:**

None requested.

**3. PROFESSIONAL SERVICES:**

None requested.

**. 4. COMMUNITY-BASED ORGANIZATIONS:**

On the Western Slope, the grant will fund a 1.0 FTE job specialist contracted through a community-based organization called Crossroads, who will provide post-release vocational rehabilitation and job development services. The grant will also fund the cost of providing 6 beds in Placerville and 5 beds in SLT for the Behavioral Health Court clients. These beds will be contracted through community-based organizations.

**5. INDIRECT COSTS:** This total may not exceed 10% of the grant funds.

Indirect costs incurred by the Sheriff's Department, equaling 10% of the grant amount, will be funded by the grant. Indirect costs incurred by the Mental Health Department, equaling 10% of the County's in-kind match, will serve as an in-kind match.

**6. FIXED ASSETS/EQUIPMENT:**

None requested.

**7. OTHER**

None requested.

**C. FUNDING REQUEST**

In the space below, explain why the amount of funds requested is reasonable and appropriate given the proposed project's design and scope. If applicable, describe any other funding streams that may be used to support the proposed project.

MIOCR grant funds are being requested:

- 1) To expand the capacity of the existing SLT BHC program in order to provide additional in-custody case finding, assessment, outreach services and post-release forensic assertive community treatment and bilingual peer counseling for 24 clients and
- 2) To create an assessment, outreach, treatment and intensive case management BHC and FACT team in Placerville that will work collaboratively with the Sheriff and Probation Departments and community providers to serve a caseload of 24 clients.

Incarcerated mentally ill offenders often suffer from co-occurring addictions, unemployment, homelessness and, in our experience, are not engaged sufficiently in badly needed mental health treatment. Positive outcomes for these problems are accomplished with integrated service programs, assertive community treatment, and innovative programs such as Behavioral Health Courts. All provide intensive and individualized case management, which is extremely resource intensive. Despite the costs required to run such programs, this \$700,000 funding request is reasonable in light of the annual custody cost savings alone of roughly \$413,000- in excess of 50% of the funding amount requested. If funded for a full four year period, these custody cost savings will exceed \$1.6 million of law enforcement dollars that can be effectively re-directed to other areas of need.

In both locations, significant MHSA funding is available to leverage MIOCR funding as a county match – management, supervisory, clinical, and administrative services will be made available by the Mental Health Department to support the BHC programs via the integrated services programs for seriously mentally ill homeless adults now available in both regions. In addition, in SLT, AB 2034 and Cooperative Grant Program funds may be accessed to serve the MIOCR population, as well. In Placerville, the services from the MHSA homeless program has been identified by the State Department of Rehabilitation as a priority program to access Co-Op funding in the near future. Both locations can access Medi-Cal funding, as appropriate, and are in the process of establishing mechanisms to bill Medi-Cal administrative funds, too.



## **RESOLUTION NO.**

### **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

**WHEREAS**, El Dorado County is seeking state funds available through the Mentally Ill Offender Crime Reduction (MIOCR) grant program administered by the Corrections Standards Authority (hereafter referred to as CSA)

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors authorizes Sheriff Jeff Neves to submit the MIOCR application on behalf of the county and to sign the Grant Agreement with the CSA, including any amendments thereof, on behalf of the county;

Assures that the county will provide all matching funds required for the MIOCR grant;

Assures that the county will not use grant funds to supplant expenditures controlled by this body; and

Assures that the county will abide by the statutes governing the MIOCR grant program as well as the terms and conditions of the Grant Agreement as set forth by the CSA.

**PASSED AND ADOPTED** by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by the following vote of said Board:

**Attest:**  
Cindy Keck  
Clerk of the Board of Supervisors

**Ayes:**

**Noes:**  
**Absent:**

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Chairman, Board of Supervisors

**I CERTIFY THAT:**  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

**DATE:** \_\_\_\_\_

**Attest:** CINDY KECK, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_

**EXECUTIVE STEERING COMMITTEE RECOMMENDATIONS TO THE  
CORRECTIONS STANDARDS AUTHORITY BOARD**

<b>MENTALLY ILL OFFENDER CRIME REDUCTION GRANT ADULT PROPOSAL EVALUATION- FUNDING TOTALS</b>		
<b>County / Bidder</b>	<b>Proposal Rank</b>	<b>Amount Funded</b>
Marin County Sheriff's Department	1	\$997,214.00
Santa Clara County Dept. of Correction	2	\$1,500,000.00
San Francisco Sheriff's Department	3	\$995,128.00
San Bernardino County Sheriff's Dept.	4	\$1,500,000.00
Monterey County Sheriff's Department	5	\$1,000,000.00
Los Angeles County Sheriff's Dept.	6	\$1,494,575.00
→ El Dorado County Sheriff's Department	7	\$700,000.00
Humboldt County Sheriff's Department	8	\$700,000.00
Nevada County Sheriff's Office	9	\$700,000.00
Yolo County Sheriff's Department	10	\$700,000.00
Butte County Sheriff-Coroner	11	\$999,995.00
San Mateo County Office of Sheriff	12	\$902,589.00
Orange County Sheriff's Department	13	\$1,500,000.00
Ventura County Sheriff's Department	14	\$1,000,000.00
Madera County Dept. of Correction	15	\$699,938.00
Stanislaus County Sheriff's Department	16	\$916,740.00
Trinity County Sheriff's Department	17	\$534,713.00
Tuolumne County Sheriff's Department	18	\$689,851.00
Contra Costa County Office of the Sheriff	19	\$1,500,000.00
Santa Cruz County Sheriff's Office	20	\$999,916.00
San Diego Co. Sheriff's Department	21	\$1,497,945.00
Sacramento County Sheriff's Dept.	22	
San Luis Obispo Co. Sheriff's Dept.	23	
San Joaquin Co. Sheriff's Department	24	
Napa County Department of Corrections	25	
Solano County Sheriff's Department	26	
Alameda County Sheriff's Office	27	
Santa Barbara County Sheriff	28	
Placer County Sheriff's Department	29	
Riverside County Sheriff's Dept.	30	
Del Norte County Sheriff Department	31	
Sonoma County Sheriff's Department	32	
Shasta County Sheriff's Office	33	
Tulare County Sheriff's Department	34	
Yuba County Sheriff	35	
Calaveras County Sheriff's Department	36	
Merced County Sheriff's Department	37	
Kern County Sheriff's Department	38	
Fresno County Sheriff's Department	39	

**FULLY FUNDED PROJECTS TOTAL: \$21,528,604.00**

**TOTAL AVAILABLE GRANT FUNDS: \$22,295,500.00**

**TOTAL AMOUNT REQUESTED BY APPLICANTS: \$38,625,030.00**