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June 2023

Justice and Mental Health in El Dorado County

Analysis and Recommendations to
Reduce Behavioral Health Needs in
the Justice System

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Several thin, curved lines in shades of blue and grey originate from the bottom left and sweep upwards and to the right, creating a sense of movement and design.

Acknowledgements

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The Stepping Up workgroup is made up of:

- El Dorado County Probation
- El Dorado County Sheriff
- El Dorado County Behavioral Health Dept.
- El Dorado County District Attorney
- El Dorado County Public Defender
- El Dorado County Counsel
- El Dorado County Administrator's Office
- Placerville Police Department
- Superior Court of El Dorado
- Behavioral Health Commission
- NAMI of El Dorado County

¹ <https://jmhcp.org/>

² <https://mhsoc.ca.gov/initiatives/innovation-incubator/>

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INTRODUCTION AND GENERAL FINDINGS

El Dorado County has made a commitment to work collaboratively to reduce the number of people with mental illnesses and co-occurring disorders in the justice system. El Dorado County's Board of Supervisors signed a resolution in 2016 to join the Stepping Up Initiative, a national movement to:

- Convene multiple agencies committed to safely reducing the number of people with mental illnesses in jails.
- Collect and review prevalence numbers and assess individuals' needs.
- Examine treatment and service capacity for people with mental illnesses and co-occurring substance use disorders.
- Regularly review data, system alignment, and research on progress in meeting shared goals

In 2019, El Dorado County invested in this vision by convening a standing group of the Community Corrections Partnership (CCP) focused on justice and mental health. The group's mandate was to develop and implement a strategic plan, as well as a data-driven approach to reducing the prevalence of people with mental health needs in the jail.

The resulting collaborative effort supported by planning grants³, a strategic plan⁴, and data strategy⁵ resulted in national recognition of its innovative work⁶ and demonstrated El Dorado County could work collectively to both look at cross systems issues and plan for the long term across multiple agencies and stakeholders. The CCP envisioned a new way of doing business that was both plan-driven and lead by data.

However, the confluence of COVID's long impact in 2020 and 2021, as well as local wildfires, made this collaboration difficult to maintain. There were limits to what workgroup members' capacities as well as boundaries to the available frameworks to problem solve amid increasing programmatic complexity and a relentless pace of change brought forth by changes in state

³ The work was funded by several planning grants from the JMHC, MHSOAC, BHJIS, and CCMS.

⁴ Rane Community Development. El Dorado County Strategic plan. 2020
<https://www.dropbox.com/s/19vug5chf4762g0/EDC%20Stepping%20Up%20Initiative%20Strategic%20Plan%20-%20December%202020%20FINAL%20CCP%20Approved%201.21.2021%20%281%29%20%282%29.pdf?dl=0>

⁵ O'Connell , Kevin. El Dorado County Behavioral Health and Justice Data Strategy, 2021
<https://www.dropbox.com/s/u18d27zcnv7xe8a/Eldorado%20Data%20Strategy.pdf?dl=0>

⁶ The Counties - Step Up Together (2023). Available at: <https://stepuptogether.org/the-counties/#/CA/El%20Dorado%20County> (Accessed: 3 May 2023).

laws. Some of these law changes offer new opportunities and funding streams, while others pose new challenges and will require new resources and collaborations. The foundation has been laid for this effort to continue as positive steps were made in priority programming areas as well as collaborative program improvement efforts.

The purpose of this report is to summarize the progress on meeting the goals as a county system, as well as provide an analysis for the county to continue to innovate and collaborate in the spirit of Stepping Up Initiative Resolution. The report also provides some new tools to support El Dorado County in sustainably implementing data-driven practices such as a problem-solving toolkit using principles of process improvement and human centered design, as well as tools to forecast policy and resource impacts. The analytic focus of this report is meant to give the county a baseline view of multiple systems, and the people that cross between them. COVID-19 makes comparisons or discussion of quantitative impacts that have been complicated by pandemic responses but provides a framework for moving forward.

Updates from the 2020 Strategic Plan

The 2020 plan prioritized areas of program development and process improvement to help increase connection to services at the front end of the justice process. It also prioritized improvements in systems integration. These short overviews are meant to summarize the goals set out in the 2020 plan and the status.

Goal: Increase use of diversionary court proceedings for people with serious mental illness, as well as improve the flow of information between court partners

- As of June 2022, there are 78 cases in Mental Health diversion, with 48 pending review and 30 in treatment. Of these 30 accepted cases, 13 are in case management by EDC BH, and 17 are receiving services from a private provider. Of the 52 referrals since July 2019, 20 were rejected and 12 cases are still pending. There is likely to be an increase in diversion cases in 2023.⁷
- The public defender's office has increased its capacity to support people early in the court process through a grant that supports a case assistant as well as early representation at arraignment.
- The Probation department, in partnership with the Superior Court, is developing improved ways to support mental health diversion through enhanced information sharing as well as resource coordination.⁸

⁷ O'Connell, Kevin and Davaran, Ardavan. Pretrial Release and Mental Health Diversion: A Road To Community Safety And Support, 2022. Available at: https://www.dropbox.com/s/mvdhf9pst5xqtao/EDCXchange_MH-Diversion-pretrial.pdf?dl=0

⁸ Ibid

Goal: Increase partnership between law enforcement and mental health around crisis response.

- El Dorado County is in the process of planning for expansion of its crisis response efforts, both through new planning processes and to align with new state requirements beginning in 2024 to operate 24/7 options.⁹
- EDCBH has utilized MHSA funding for the PERT Mobile Crisis Team, to pay for 1.0 FTE. mental health clinician as well as the .2 FTE for the STACS team. Both operate as partnerships between law enforcement with the El Dorado County Sheriff and South Lake Tahoe Police.
- EDCBH recorded nearly 900 crisis interventions in FY20-21, despite limited staffing and hours of availability.

Goal: Increase access to treatment for justice involving individuals displaying signs and symptoms associated with emerging mental illnesses, as well as access to treatment.

- Beginning in 2020, the County began operating a Forensic Full Service Partnership (FSP) program for justice involved individuals who require this level of care; there have been 24 episode openings for the program through 2022. There were also nearly 400 episode openings for other Justice MH Programs that serve justice involved individuals in jail and the community, through the Community Corrections Center (CCC). If individuals with involvement with the criminal justice system do not meet medical necessity criteria for Forensic FSP, behavioral health linkages and/or case management services may be provided to eligible participants with mild-to-moderate or emerging mental health concerns through the Prevention and Early and Intervention(PEI) project “Forensic Access and Engagement Project”.
- Analyzed in more detail in the Program Outcomes section, participants in justice FSP had fewer crisis interventions and fewer jail bookings after entering the program.

Report Structure

The purpose of this report is to provide a backdrop for county partners to better understand the populations engaging with the jails, probation, and behavioral health services to support ongoing

⁹ Crisis Response

<https://www.dropbox.com/s/kqtcqu60nte91xk/EDCBH%20CCMU%20Draft%20Action%20Plan%20FINAL%20UPDA TED%2010-26-2022.pdf?dl=0>

efforts to reduce the number of people with mental illness and co-occurring disorders in jails and offer them opportunities to receive treatment in the community to support their recovery.

The report begins with a *County Background* section to provide an overview of El Dorado County generally, before diving more deeply into describing specific subpopulations that are the focus. Next there is a *Sequential Intercept Map and Program Inventory* section highlighting the approach the county adopted in 2019 to convey a growing and complex adult system of care at the intersection of justice and behavioral health. This is followed by three sections -- *Jail Utilization Analysis and Findings*, *Behavioral Health Service Analysis and Findings*, and *Probation Population Analysis and Findings* – that provide detailed information on the utilization of services and populations 1) entering the county jail, 2) placed under probation supervision, and/or 3) engaged in behavioral health services. Next, we examine returns to custody and other outcomes (e.g., crisis episodes) among adults under probation supervision and/or engaged with a Full Service Partnership (FSP), including Forensic FSPs, in the *Population Outcomes* section. Lastly, we provide a set of *Recommendations to Support El Dorado County’s Efforts* to reduce behavioral health needs in the justice system.

In addition to these sections of the report that provide a backdrop for county partners, there are five appendices that can help support the ongoing efforts of county partners.

Appendix 1: Data and Analysis Overview gives a detailed overview of how data provided by county partners was used for analysis to develop this report. These types of data collection and analysis efforts can be repeated and built on for ongoing assessment.

Appendix 2: Screening, Assessment, and Criminogenic Needs provides an overview of numerous agencies’ screening or assessment tools, and how they are generally utilized or shared.

Appendix 3: Caseload Shifts and Projections – Jail Population Example provides an overview of a method to calculate caseload shifts and projections across county agencies. Projecting caseload changes can help the county better understand policy goals and allow for a better understanding of how specific program implementation can support these goals.

Appendix 4: Cost Analysis and Overview supports a basic understanding of what drives agency costs for various parts of the system and can bring a better understanding of how justice and human service agencies can work together to divert or refer clients to programs and services best situated to support them.

Appendix 5: Overview of Process Improvement Methods starts by summarizing elements of human centered design and then provides an overview of rigorous action steps that county partners can take to correctly identify challenges as well as analyze the current state before moving to solutions (Plan, Do, Check, Act). *Appendix 5* also provides a summary of the A3 planning method.

General Findings and Recommendations

Below is a summary of key takeaways across six overarching themes centered around El Dorado County’s efforts to support and reduce the number of individuals with behavioral health issues who contact and penetrate the justice system. We also provide an overview of key findings from the report and recommendations for county partners to consider in order to achieve the Stepping Up Partnership mission to offer resources, leadership, and strategic direction to improve access to services, promote recovery, and reduce justice involvement of people with mental illness.

Jail takeaways

- Jail bookings have declined since 2010; currently 96% of the population are in for felony offenses.
- Approximately 20% of the jail population takes psychotropic medication; 20% also screened positive on BJMHS.

Probation Takeaways

- The number of adults starting supervision per year has declined since 2018; consistent with expected impacts of AB1950
- Approximately 6% of adults on probation since 2018 had a mental health episode open with the County.

Behavioral Health Takeaways

- From 2017 – 2022, Behavioral Health Division served 8,005 unique adults; approximately 3x as many adults received MH services than SUD services.
- In 2021 and 2022, there were very few new AOT (0), Competency Restoration (1), DUI Court (3), or Behavioral Health Court (1) episodes opened.

Recurrence Takeaways

- In 2022 there were 80 high utilizers booked into county jail 4 or more times during the year
- Custody Return Rates have declined from 2018 - 2022 for adults on probation
 - Few people experienced crisis episodes or arrests while enrolled in an FSP, however many did after exiting the program.

Sustaining Takeaways

- The Stepping up Initiative should bring partners together to focus on specific policy challenges and funding opportunities to build an effective infrastructure for a shifting legislative landscape.

County Takeaways

- There are a number of programs the county has established to support justice involved individuals with behavioral health issues, including pre and post-plea diversion programs.
- Collaboration across partners is imperative to ensure criteria exist to determine what programs are appropriate for whom and that services are available for those who are enrolled.

Analysis Findings

- ✓ There have been long term declines in El Dorado County's jail population, however, there have been increases in jail bookings for misdemeanor and felony offenses since 2020. With COVID-19 emergency orders no longer impacting jail populations directly, county partners should collaborate to confirm goals and undertake efforts to address drivers of justice involvement if the county seeks to avoid a possible return to historical trends.
- ✓ People who are enrolled in an FSP make great progress in their recovery while enrolled. They experience much less justice system involvement and fewer crisis episodes while enrolled in an FSP. However, once people exit FSPs, a substantial proportion return to jail and experience crisis episodes. County partners should work together to ensure there are appropriate stepdown options in place to support people who are ready to exit an FSP but still need ongoing support to continue their recovery.
- ✓ Among adults on probation, people who have mental illness had twice the odds of those without mental illness to be re-booked into jail, all else equal. Overall, approximately 74% of adults on probation who have a mental illness were booked into jail within three years of starting probation, compared to 54% of all other adults on probation. The Probation Department should collaborate with the Behavioral Health Division to ensure they work together to support adults with mental health needs, as well as look to expanding specialized mental health caseloads.
- ✓ Since the COVID-19 pandemic began, the number of adults receiving MH services each year increased (from 1,066 in 2020 to 1,596 individuals in 2022), while the number of adults receiving SUD services declined, from 388 in 2020 to 298 in 2022.
- ✓ While there are several programs in place to support justice-involved individuals with behavioral health issues, many programs are not being utilized often (e.g., AOT, Competency Restoration, DUI Court, Behavioral Health Court). The county should explore why this is and add resources wherever appropriate to ensure that needed opportunities are available for justice-involved individuals with behavioral health issues.

Recommendations

1. **Continue to broaden data analysis** to better understand the use of different county resources and explore alternatives to incarceration for those with SMI, including the use of pretrial release and community-based services.

2. **Develop a “Release Playbook”** for people released from custody that reflects needs as well as release options so that for most people, a plan for release could be operationalized at booking, especially for mental health needs, substance use, and housing.
3. **Plan for CalAIM¹⁰ initiatives and Enhanced Care Management (ECM)** which will create several new services that are available to people being released from jail, and a new ECM role that needs to be defined and operationalized within the county’s current landscape.
4. **Plan for changes to the civil and criminal courts** as the changing nature of Misdemeanor Competency and the CARE Court¹¹ legislation means there will be several new avenues for courts to increase access to treatment and services.
5. **Increase connections for Reentry services** to find opportunities for alternative custody options overseen by probation in the field with a strong connection to services and programming.
6. **Refine qualifications for use of diversion programs** and develop a more coordinated approach for how and when to use the robust set of diversionary programs involving those with behavioral health needs that El Dorado County has developed, including Mental Health Diversion and Mental health Court.
7. **Continue to develop practices, approaches, and alternatives to custody for people at risk of IST**, or where a doubt of competency has been raised. The county faces a substantial penalty under the new state directive to reduce those found incompetent, making integrated planning essential.
8. **Form a cross-agency team to formalize coordination of assessments and screenings** so that as more agencies work to assist people during pretrial, Reentry, and in the community, there is common knowledge of the approaches and tools used.

¹⁰ California Advancing and Innovating Medical (CalAIM) is still evolving. This site has new guidance as things evolve: <https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices>, and this short summary of ECM is a useful primer <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf>.

¹¹ <https://www.chhs.ca.gov/care-court/>

9. **Increase the use of evidence-based information** by increasing the extent to which research-informed workgroups develop awareness of practices for specific target populations, including developing a consensus on the research foundation behind programs and policies.
10. **Conduct recurring SIM workshops** to help create and drive priorities involving justice and mental health systems.
11. **Implement a grant screening template** to summarize new funding opportunities from the federal and state levels to better assist targeted workgroups by identifying and pursuing only those funding opportunities that meet criteria for strategic fit or sustainability goals.
12. **Develop a standardized CCP sponsored workgroup charter** to guide CCP groups such as the Stepping Up workgroup to ensure consistent and clear staffing as well as group expectations.

COUNTY BACKGROUND

El Dorado County is one of the fastest-growing counties in California, with a population of 192,646 people in 2022. The population is comprised of approximately 88% White residents, of which approximately 12% identify as Hispanic or Latino (overall approximately 14% of individuals in El Dorado identify as Hispanic or Latino). Additionally, 5% of El Dorado residents identify as Asian; 4% identify with two or more races; and 1% or fewer identify as Black or African American, American Indian or Alaskan Native, or Native Hawaiian or Other Pacific Islander, respectively. Approximately 12% of households reported speaking a non-English primary language in their home, with half of these families speaking Spanish. Approximately 20% of the population is under 18 years of age, 58% are ages 18-64, and 23% are 65 or over.¹²

The median household income in El Dorado County has steadily increased over the past thirty years, and in 2021 it was \$88,770, above the California state median (\$84,097). However, approximately 9% of households live below the federal poverty level in El Dorado (compared to 12% of households across California),¹³ and the cost of living is also higher than the state average, which can be a challenge for some residents.

El Dorado County's economy is diverse, with significant contributions from industries such as healthcare, retail, tourism, and technology. The county has a low unemployment rate, and homelessness rates are low as well. Average life expectancy and the percentage of the population with health insurance is comparatively high relative to the rest of the state, while death due to external causes are comparatively low. The county also enjoys lower crime and incarceration rates than state averages.¹⁴

Crime in El Dorado County

There isn't always a relationship between crime rates as reported by victims in the community and the jail population. This is partly because not all crimes result in an arrest, and many jail bookings are a result of behavior that isn't typically reported in crime statistics. Crimes may go unreported, which can hide certain types of crimes, such as those related to domestic violence,

¹² United States Census Bureau, QuickFacts, El Dorado County California, Population Estimates, July 1, 2022, (V2022). Retrieved 9 March 2022, from <https://www.census.gov/quickfacts/fact/table/eldoradocountycalifornia#>

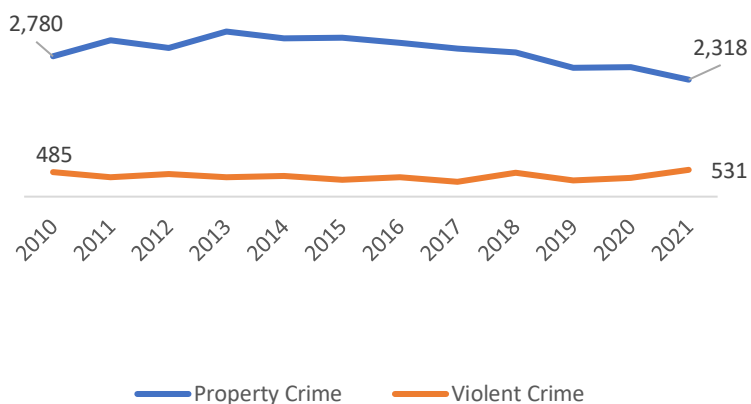
¹³ *ibid*

¹⁴ Data from these comparative measures is gathered from multiple sites using the Public Health Meets Public Safety Framework, here: <https://public.tableau.com/app/profile/oconnellresearch/viz/PHPSDashboard/Home>

as well as obscure victimization.¹⁵ The commission of crime and resulting bookings into jail can also happen in different time periods, creating a lag in the trends we see.

Figure 1 shows that the number of property crimes reported in El Dorado County has fallen in the last 11 years. There were 462 fewer property crimes reported to law enforcement between 2010 and 2020 representing a 17% decline. Violent crime between 2010 and 2020 saw a 23% decrease. However, 2021 represented an uptick in violent crimes, with a 9% increase between 2010 and

Figure 1: Violent and Property crime in El Dorado County



2021, with the entirety of this increase occurring between 2020 and 2021. Most of this new violent crime was related to assaults. Explaining and understanding crime and justice trends during COVID-19 is an ongoing effort that will require ongoing monitoring and understanding of how COVID-19 policies as well as community responses shaped some of these trends. Additionally, there's an understandable concern regarding

the rise in assaults and sex crimes over the last year, which greatly impacts how communities feel about overall crime rates.¹⁶

When adjusted for population growth of nearly 6% in the last 11 years¹⁷, the changes in property crime patterns are more pronounced, with the population adjusted crime rate for property falling over 20%. However, during this same period the population-adjusted violent crime rate has risen 5%, mostly due to the increase from 2020 to 2021. From 2010 to 2020 the population adjusted overall crime rate fell by approximately 27%. Adjusting for population can better summarize larger countywide shifts, but there also needs to be an assessment of local crime patterns in cities and communities as these patterns aren't identical for all El Dorado County communities.

¹⁵ The Nation's Two Crime Measures, 2011–2020. (2022). Retrieved 9 April 2022, from <https://bjs.ojp.gov/library/publications/nations-two-crime-measures-2011-2020>

¹⁶ Gallup, I. (2020). Perceptions of Increased U.S. Crime at Highest Since 1993. Retrieved 9 April 2022, from <https://news.gallup.com/poll/323996/perceptions-increased-crime-highest-1993.aspx>

¹⁷ Demographics | Department of Finance. (2022). Retrieved 9 April 2022, from <https://dof.ca.gov/forecasting/demographics/>

El Dorado County is part of a statewide¹⁸ and national trend¹⁹ of reduced crime rates over the last 10 years. When compared with 8 other California counties of similar size in 2021, it ranks 9th lowest out of the 9 counties for property crime rate and 8th lowest out of the 9 for violent crime rate. It is far below the state average in both rates as well, with 1,226 property crimes reported for every 100,000 people, and 281 violent crimes per 100,000 people.

Table 1. Violent and Property Crime Rates of California Counties Similar in Size to El Dorado in 2021

County	Population	Property Crimes per 100,000 adults	Property Crime Rank	Violent Crimes per 100,000	Violent Crime Rank
Humboldt	134,214	2,819	1	499	2
Napa	139,369	1,383	8	423	5
Kings	155,100	1,498	6	442	4
Madera	161,121	1,552	5	634	1
El Dorado	189,089	1,226	9	281	8
Imperial	191,619	1,674	4	292	7
Yolo	225,894	2,436	2	305	6
Butte	226,910	2,109	3	489	3
Marin	258,165	1,475	7	135	9

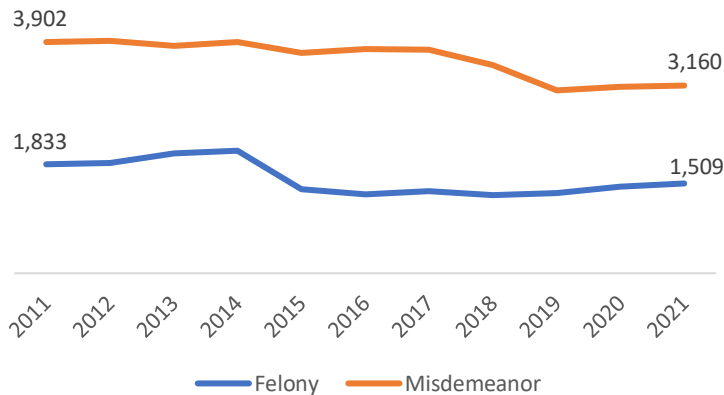
¹⁸ Crime Trends in California. (2022). Retrieved 9 April 2022, from <https://www.ppic.org/publication/crime-trends-in-california/>

¹⁹ What the data says (and doesn't say) about crime in the United States. (2020). Retrieved 9 April 2022, from <https://www.pewresearch.org/fact-tank/2020/11/20/facts-about-crime-in-the-u-s/>

Arrests²⁰ and Historic Jail Population²¹

For the period of 2011 through 2021, adult arrest rates have decreased in California, with both misdemeanor and felony arrests down 36%. El Dorado County also experienced an overall

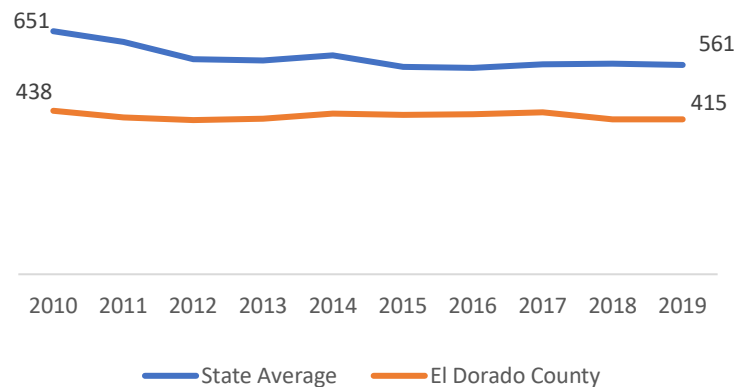
Figure 2: Misdemeanor and Felony Arrest in El Dorado County



reduction in arrests from 2011 to 2021, as illustrated in Figure 2. Both misdemeanor and felony arrests are down, and the drop in felony arrests was more precipitous after the passage of Proposition 47 in 2014, which reduced certain felony drug and theft crimes to misdemeanors. Compared to the state, El Dorado had a smaller decline in both misdemeanors and felonies.

Although there have been long term declines, the county should view 2020 and 2021 increases in misdemeanor and felony arrests as a possible return to historical trends unless efforts are undertaken to address drivers of justice involvement in the county. Overall, El Dorado's 5% decline in its incarceration rate has not been as dramatic as the statewide decline of 14%. However, El Dorado County's overall rate of incarceration is much lower than the state average.

Figure 3. El Dorado County Incarceration (Jail + Prison) Rates per 100,000 Adults

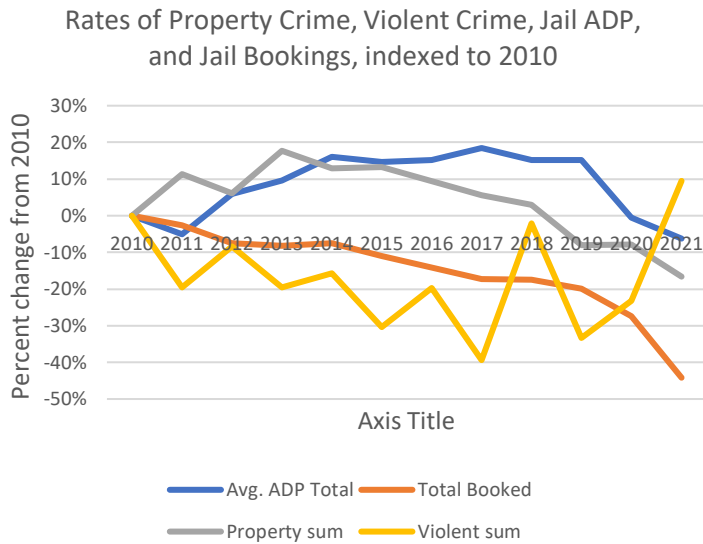


²⁰ <https://openjustice.doj.ca.gov/exploration/crime-statistics/arrests>,

²¹ BSCC Jail Profile Survey access 4/1/2022 from https://www.bscc.ca.gov/s_fsojailprofilesurvey/

Using 2010 as a base, Figure 4 shows the percent changes in several key metrics. El Dorado County's average daily population (ADP) in jail and the total amount of property crimes increased for several years after 2010 before declining dramatically. Total bookings have been declining steadily since 2010, with the most precipitous decreases occurring between the last 2 years because of COVID 19. Total violent crimes intermittently decreased and increased during the past decade before rising significantly in the past year to a level above 2010.

Figure 4: Changes in Justice Rates, compared to 2010 Index.



steadily since 2010, with the most precipitous decreases occurring between the last 2 years because of COVID 19. Total violent crimes intermittently decreased and increased during the past decade before rising significantly in the past year to a level above 2010.

System Mapping is a valuable tool in understanding the range of programs, practices, and assessments used to guide services. El Dorado County adopted the Sequential Intercept Model (SIM) as an approach in 2019 to convey a growing and complex adult system of care. This model serves to identify gaps and barriers for people with behavioral health needs.

The SIM was first developed in the early 2000s with the goal of helping communities understand and improve the interactions between criminal justice systems and people with mental illness and substance use disorders, especially for creating diversion opportunities.²²

The SIM has three main objectives:

1. Develop a comprehensive map of how people with behavioral health needs flow through El Dorado County's justice system at each phase of interaction (i.e., intercept)
2. Identify gaps, resources, and opportunities at each intercept.
3. Develop priorities to improve system and service level responses.

In El Dorado County, the SIM is an important planning document that can help to guide analysis and planning to align programming efforts, grant seeking, and operations to best meet the needs of people across agencies. The county's version, which has been updated several times, includes details on the model itself, as well as program details where available.²³ The six intercepts are described below:

0. **Community Services:** This area focuses on processes and programs offered to a general population that may or may not tie into law enforcement engagement.
1. **Law Enforcement Response:** This area focuses on how law enforcement entities engage at the point of first contact. Some of these interactions will result in an arrest, but others will not.
2. **Initial Detention and Initial Court Hearings:** This area covers the initial jail booking or detention, and the time and choices made leading up to and during arraignment.
3. **Jails and Courts:** This area focuses on the time between arraignment and case disposition when the person is held in custody. This includes services offered while in jail, as well as through court processes.

²² Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric services*, 57(4), 544-549.

²³ <https://public.tableau.com/app/profile/oconnellresearch/viz/ElDoradoSIMInventory/SIMInventory>

4. **Reentry:** This area looks at the efforts to prepare a person for release to the community. This can come in the form of making connections with community providers, probation, or other ways of ensuring a transition to the community.
5. **Community Corrections:** This area looks at the role of community corrections agencies like probation or parole in keeping the person connected to services based on risk need responsiveness, engagement with their probation officer, and other efforts to avoid future recidivism.

The SIM Map and Inventory is used in this document to refer to part of the justice process, or intercept, and can be a useful tool in understanding where opportunities for diversion, assessment, and service connection exist. The inventory contains more searchable details about implementation details, as well as service delivery.



El Dorado County Sequential Intercept Map (Fall 2022)

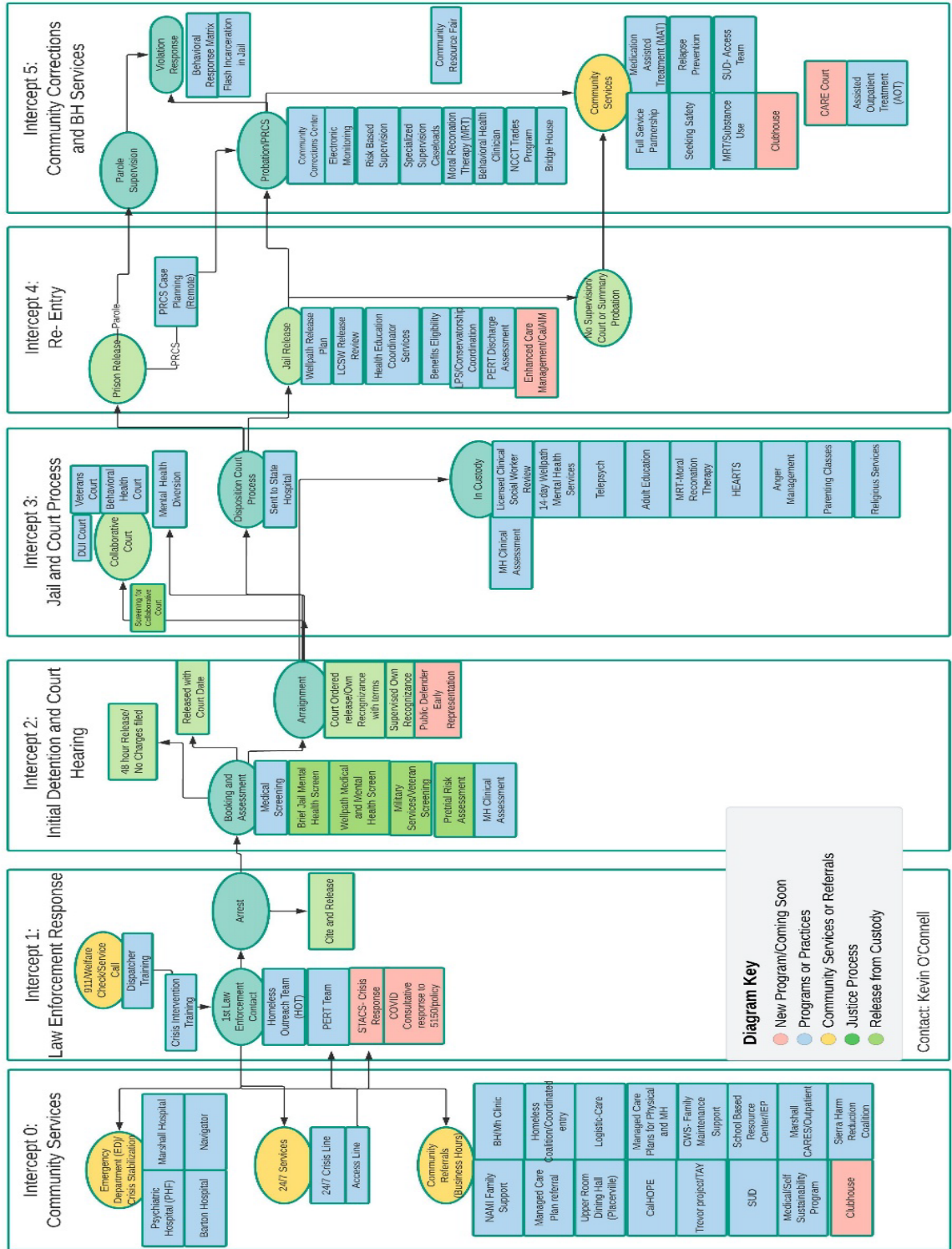


Figure 5: El Dorado County Sequential Intercept Model (linked)

Used differently, the SIM can also be a tool to look at the amount of people passing through various points in the justice system.

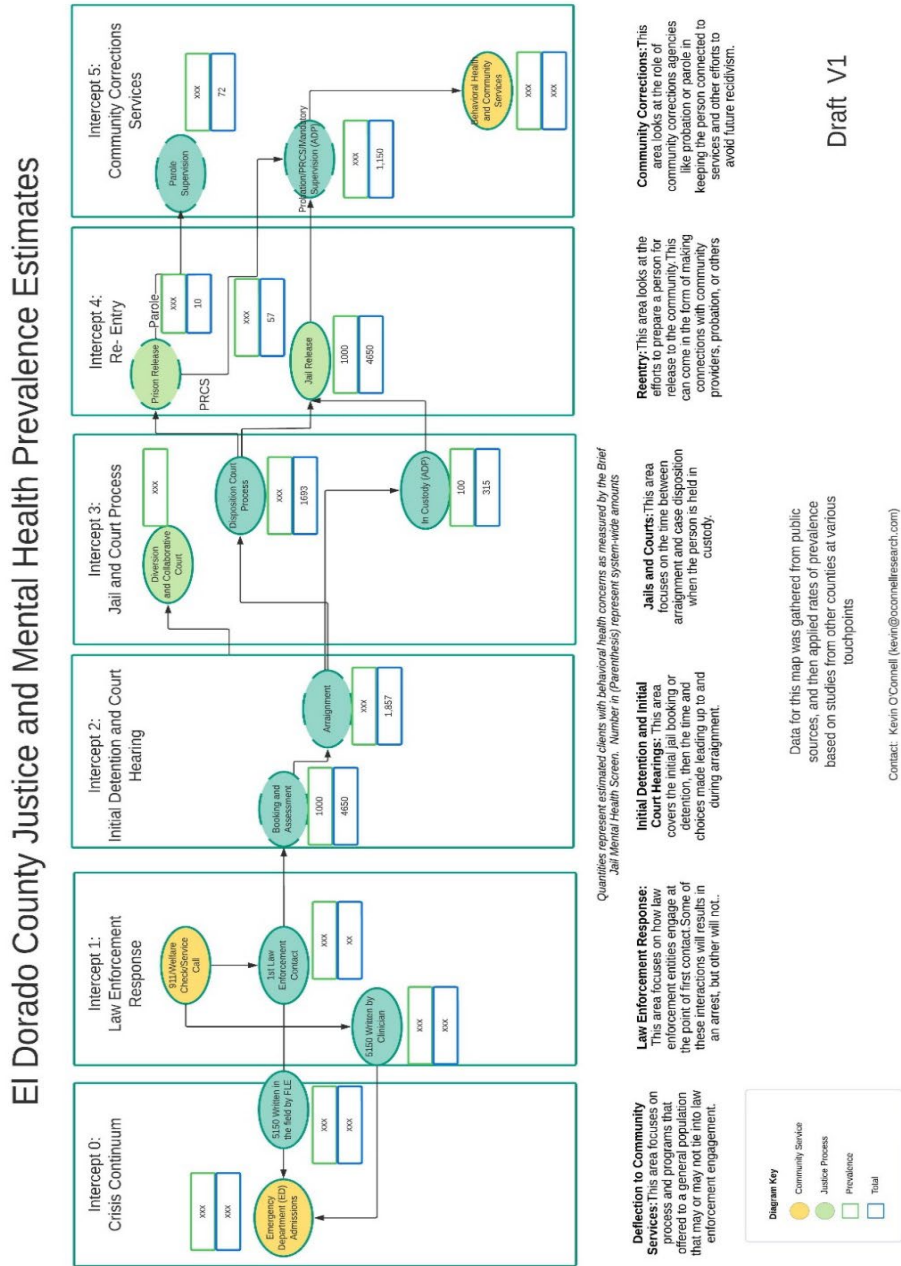


Figure 6: El Dorado County Sequential Intercept Model (linked)

JAIL UTILIZATION ANALYSIS AND FINDINGS

This section examines El Dorado County’s jail population in greater detail to better understand the drivers of the jail population, identify the specific crime types that result in jail bookings, justice system responses, and the profile of behavioral health needs among individuals booked into jail. The purpose of this section is to help county partners better understand the composition of the jail population, and act as the basis for future collaboration. The people represented are complex, and examining the jail with different viewpoints sets a foundation for recommendations that are included in this report.

Compared to other similarly sized California counties, El Dorado’s jail ADP is slightly lower than average. It also has a relatively low percentage of people awaiting trial. However, El Dorado County has a relatively high percent of their jail ADP consisting of adults awaiting trial for or convicted of felony offenses, with approximately 96% of the jail population in custody for a felony. As a result, the jail ADP increased through 2019 while the number of adults booked into jail each year was declining.

Table 2. Comparison of 2021 Jail Characteristics in Similar Sized California Counties

County	ADP per 100,000 adults	Avg. ADP Total	Avg. Bookings per Month Per 100,000 Adults	Avg. Pretrial Percent	Avg. Felony ADP Percent
Kings	436	472	356	80%	96%
Madera	378	398	376	78%	92%
Butte	323	549	501	74%	95%
Humboldt	267	281	407	90%	94%
El Dorado	229	315	275	62%	96%
Napa	189	195	299	58%	92%
Imperial	173	208	126	79%	97%
Yolo	150	225	277	86%	94%

SYSTEM HIGHLIGHTS

Overall, the El Dorado County jail analysis reveals several takeaways in 2022:

- ✓ Felony and misdemeanor arrests have declined over the last decade; however, the jail has become mainly a felony level facility, with only 4% of people held for misdemeanors.
- ✓ 65% of individuals booked into the county jail are released within three days.
- ✓ 38% of individuals booked into jail for a new crime are arrested for drug- or alcohol-related crimes.

- ✓ Approximately 80% of new crimes bookings were for nonviolent current offenses. Felony violence charges account for 15% of all bookings.
- ✓ The daily jail population is 62% of people who are pending trial for a new charge or violation, not serving a sentence.
- ✓ Individuals booked more than once in the last 6 years account for 70% of the daily population.
- ✓ 19% of people in custody were receiving psychotropic medication and 21% had positive screening for mental health needs, based on the Brief Jail Mental Health Screening tool²⁴

BOOKINGS: WHO ENTERED THE JAIL?

The section covers an overview of the basis for arrests, as well as the changes and impacts because of COVID 19 that drove who entered the jail. There were 3,523 bookings through September 2022, a 10% increase over 2021 when projecting for the entire year. Felony arrests were never dramatically affected by COVID-19, but misdemeanors stayed well below historic levels throughout 2022; however, misdemeanor jail bookings have continued to rise since the fourth quarter of 2021.

Figure 7 shows bookings for the four years of the study by charge severity level (felony vs misdemeanor).

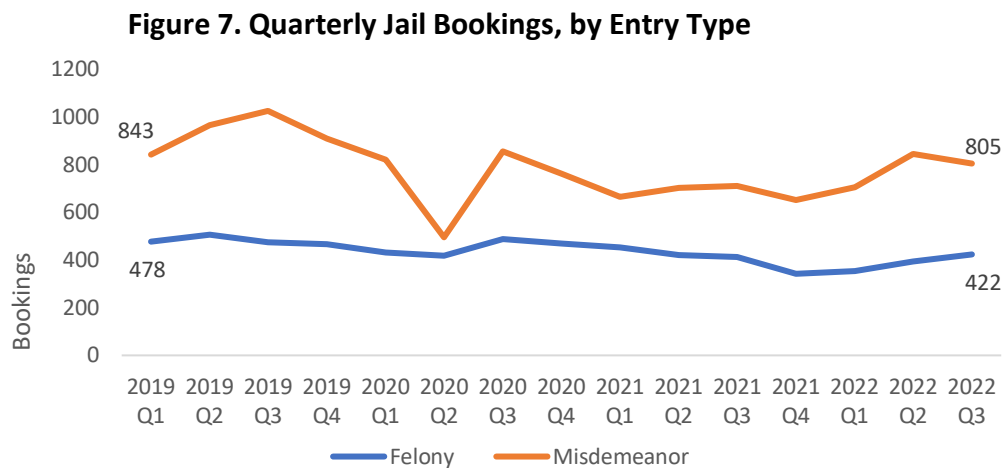
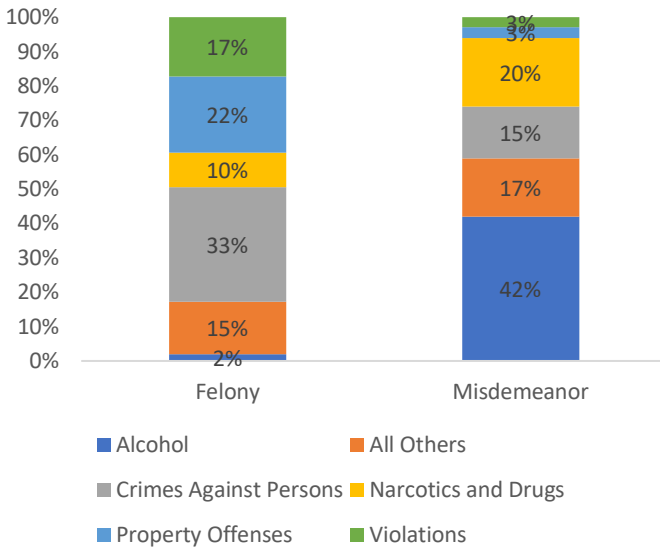


Figure 8 shows that felony crime bookings were largely for crimes against persons, which made up 33% of felony bookings in 2022. Property crimes made up 22%, and technical violations of

²⁴ The brief jail mental health screen is a validated tool that allows jail staff to quickly look at risk factors mental health, and make referrals using a standardized approach.

supervision (parole and probation) made up 17% of felony jail bookings. For misdemeanors, alcohol related crimes made up 42% of all bookings where the highest booked crime was a misdemeanor.

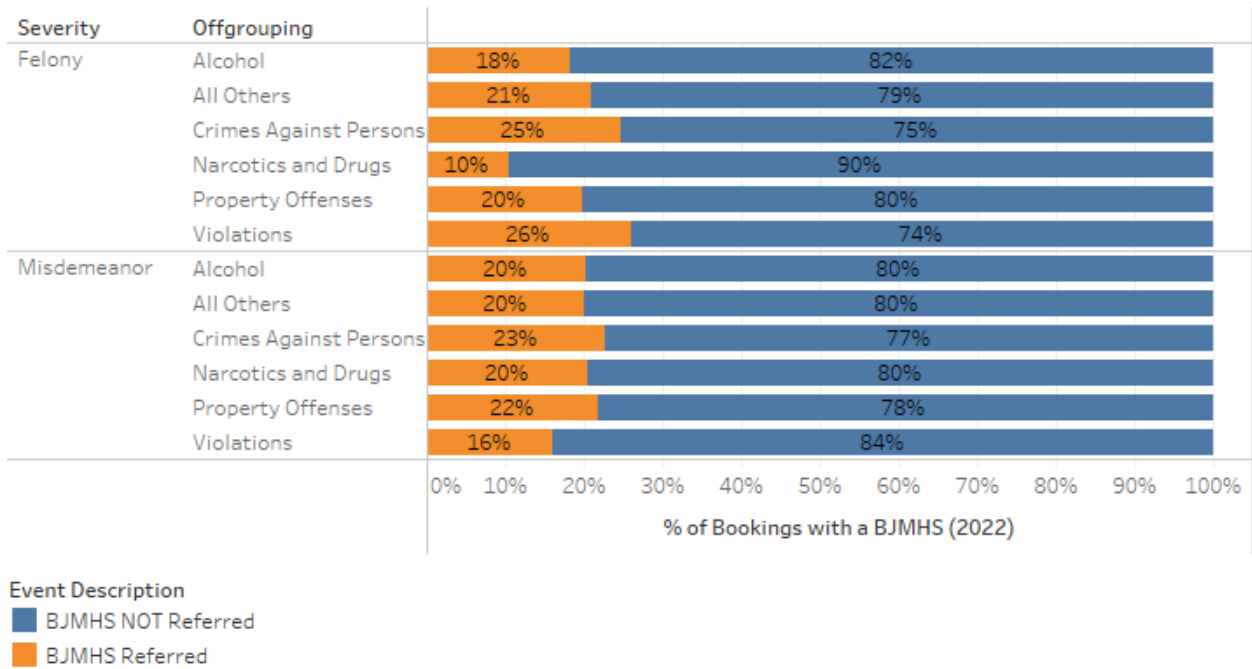
Figure 8. Percent of Jail Bookings, by Crime Type



Looking at bookings reviewed using the brief jail mental health screen (BJMHS), data demonstrate that 32% screened positive and were referred to correctional health in 2022. The BJMHS is an important tool for jail staff to identify clients with mental health concerns. As a screening tool, it is not conclusive, but it is a fairly accurate proxy for who should be referred for a full assessment. In 2019, approximately 30% of people booked showed mental health concerns, or around 400 people per quarter. In March 2020, this number declined to 250 people per quarter and

remained constant. As a percentage of bookings, the proportion that screened positive by the BJMHS has declined to 20% of bookings overall since 2021. Figure 9 shows the types of crimes associated with positive mental health screenings, showing most crime types are like the jail wide average; however, people who screened positive for mental health concerns had higher rates of technical violations and crimes against persons.

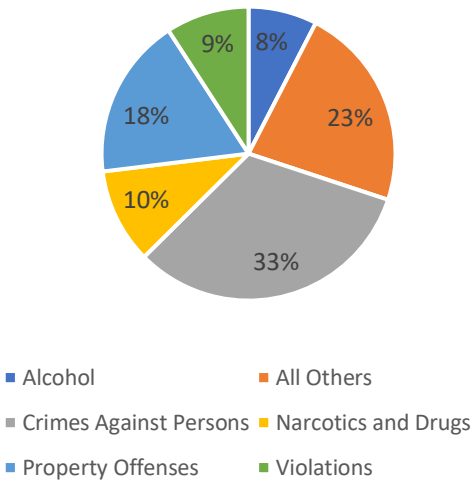
Figure 9: Bookings with Mental Health Concerns in 2022, by severity and crime type



DAILY JAIL POPULATION

The Average Daily Population (ADP) in jail is a function of jail admissions and length of stay in jail.

Figure 10: Average Daily Jail Population by Crime Type (2022)



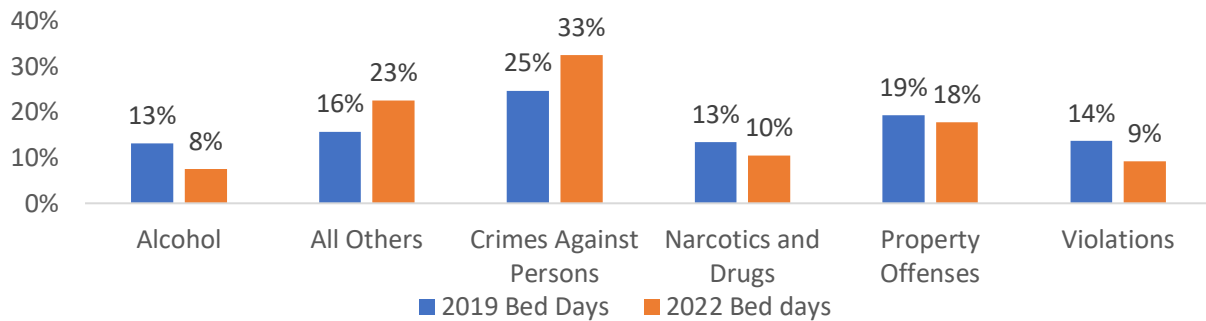
Since length of stay varies for different types of crime and is influenced by other factors, the characteristics of the ADP are not the same as the population at booking. For example, many alcohol-related crimes are released very quickly, so they may represent a large percentage of bookings, but do not greatly impact the average daily population. The ADP is calculated by using all people in the jail on a given day, so while it includes those booked and released in other years, it largely reflects 2022 entries and exits.

Figure 10 illustrates the average daily population and shows that most of the jail population is in custody for property crime or crimes against persons. The 23% in custody for “all other” offense types include charges such as weapons charges, various sex law violations, and

bringing contraband in the jail. In addition, 9% of inmates entered jail due to a technical violation of supervision (with no new charges).

Figure 11 shows that the composition of the jail has changed with relatively more people coming in for crimes against persons. There are also fewer people in custody on a daily basis for alcohol related crimes as well as technical violations of supervision. The severity of crimes has remained roughly the same with 70% of crimes related to felony crime.

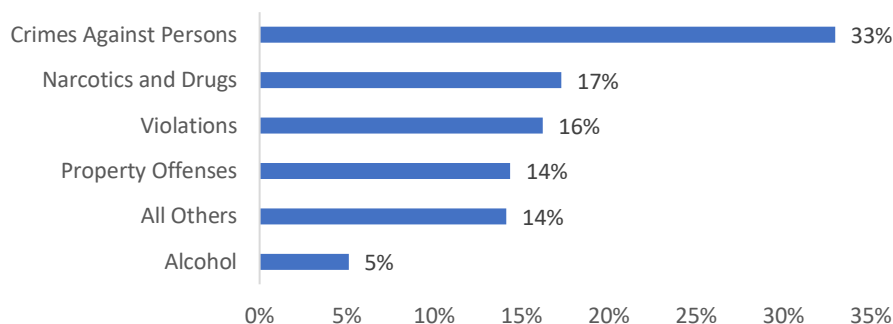
Figure 11: Percent of bed days, by entry Type 2019-2021



In terms of the daily population, nearly 70% of the people there have been there before (i.e., 2nd or more jail entries). The dynamics of jail re-admission will be covered in the outcomes section in more detail, however looking at the amount of jail recurrence shows 30% of the jail has been in 2-4 times. Differentiating the jail population by readmissions can offer more release strategies and target re-entry services.

The population of those screening positive for a mental health need in the jail has declined over the years, which could be related to COVID. Looking only at those with an SMI in jail on a given day shows that 33% entered due to crimes of violence.

Figure 12: Percent of Jail ADP who Screened positive for Mental Health Needs, by Crime Type



LENGTH OF STAY AND JAIL BED DAYS USED

The view of who enters the jail explains one part of the story, but the profile of length of stay shows another story. Examining the length of stay shows that many of the people booked into jail are released quickly. Sixty-three percent (63%) of all people entering jail are released before arraignment, while 25% were released in less than one day.

Figure 13 shows an increase in overall lengths of jail, but this also driven by fewer people entering custody. The median stay is 4 days for felonies and 1 day for misdemeanors indicating some long stays are having large impacts on the average length of stay. Some of these changes are being driven by longer lengths of stay for felony property crimes and technical supervision violations as well as misdemeanor violence and drug crime.

Figure 13. Average Length of Stay, by Crime Severity

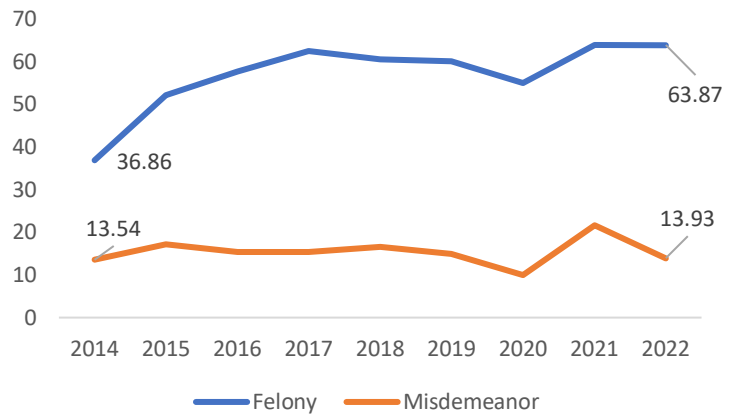


Figure 14 shows that since 2020, more people are being released earlier in their jail stay. This is likely directly related to COVID, with the number of people released at or before arraignment (0 or 1-3 days) since 2019 increasing from approximately 61% to 70% in 2020, and 64% in 2022. Approximately 73% of jail stays end in 10 days or less.

Figure 14. Length of Stay Distribution

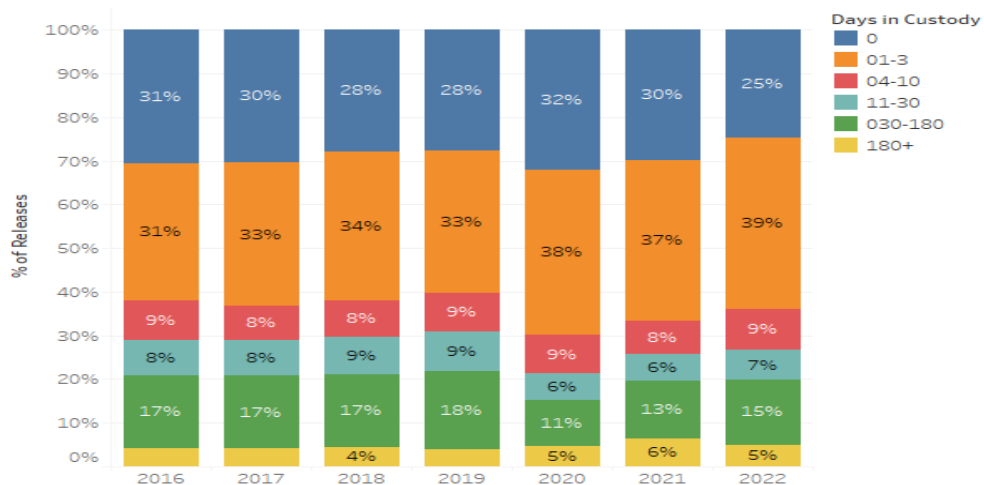


Figure 15 shows the percent of people booked that are released at or before arraignment (3 days or less) – 44% of all felonies are released at or before arraignment while 79% of misdemeanors are. Half of the shorter stays for misdemeanors are related to substance use.

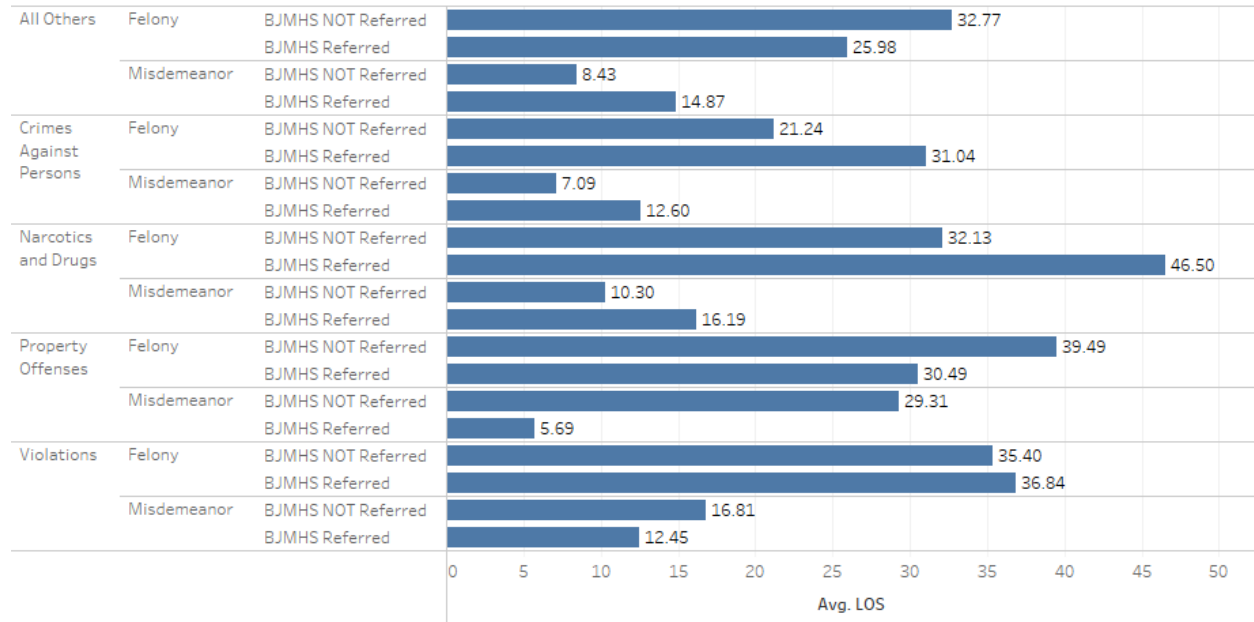
Figure 15: Length of time in Custody, by Crime type and Severity

	Felony		Misdemeanor	
	within 2 court days	After 2 court days	within 2 court days	After 2 court days
Alcohol	1%	1%	35%	7%
All Others	7%	9%	13%	4%
Crimes Against Persons	19%	14%	13%	3%
Narcotics and Drugs	5%	5%	15%	5%
Property Offenses	10%	13%	2%	1%
Violations	3%	15%	1%	2%
Grand Total	44%	56%	79%	21%

SERIOUS MENTAL ILLNESS AND LENGTH OF STAY

An analysis of people using the brief jail mental health screen indicates some disparity in length of stay for people screening positive for mental needs when controlling for the level of crime as well as type of crime. Figure 16 shows people in for felony crimes of violence and drugs stay 10-15 days longer, with misdemeanor drug and alcohol bookings staying 5 days longer than those not screening positive.

Figure 16. Length of Stay in 2022, by severity of crime, offense type, and BHJIS



REVIEW OF INCOMPETENCY TO STAND TRIAL

A major factor in the incarceration of people who have serious mental illness is when individuals are found incompetent to stand trial (IST). When doubt regarding a defendant’s competency is raised, they are often found in need of treatment to be restored to competency. Competency generally signifies that a defendant can understand the nature of the proceedings and assist the attorney in preparation of the case. When a person is found incompetent to stand trial, they are placed in a community or institutional setting where they can receive treatment and medication to be able to understand proceedings and be “restored” to competency within 3 years of placement. COVID-19 influenced this impact on the jail by delaying placements at DSH during the period of COVID-19 emergencies, adding to the number of people in custody with serious mental health needs. El Dorado has a relatively low rate of IST referrals with 18 IST referrals per 100,000 adults, putting it below the statewide average.²⁵

²⁵ Incompetent to Stand Trial Solutions Workgroup - California Health and Human Services Incompetent to Stand Trial Solutions Workgroup - California Health and Human Services (2023). Available at: <https://www.chhs.ca.gov/home/committees/ist-solutions-workgroup/> (Accessed: 27 April 2023).

Reviews of the competency process have shown that certain diagnoses, as well as social factors like isolation and unemployment, are more often associated with risk of IST than factors such as race, education level, gender, and crime types.²⁶

In El Dorado, clients where a doubt in competency was raised in 2019 were:

- 20% female
- 85% white, 5% Black, 5% Hispanic, 5% Native American
- Median Age of 39
- 30% had no address/possibly homeless.
- 20% had a previous open case with El Dorado County Behavioral Health

In addition, their justice involvement showed:

- 3 were high utilizers of jail in 2019 (5+ bookings), and 2 were high utilizers in 2018.
- 5th jail booking on average.
- 20% had previous probation cases.
- 30% were for violent crimes, 10% for property crimes (e.g., burglary, arson), 20% Others (resisting arrest, Criminal threats, and weapons charges)

DEMOGRAPHIC FACTORS

Demographics can offer an important view into the personal attributes of those entering jail. Differences between demographic categories can help identify program or system changes that could address or better understand these differences. As seen in Table 3 a significant number of bookings are released within a very short period, but this is often a source of disparity as to who is being brought to a facility. By the time of arraignment (roughly within three days of booking), 60 percent of those booked into jail were released, while others remained in custody for longer periods. Examining those chosen for release, and their demographics, can be helpful in determining not just who is booked, but who stays. It's important to note that the disproportionality for people of colors could be related to people coming from other counties, which would require more analysis. An analysis of resident zip codes showed many out of county residents booked into the jail.

²⁶ Pirelli, G., Gottdiener, W. H., & Zapf, P. A. (2011). A meta-analytic review of competency to stand trial research. *Psychology, Public Policy, and Law*, 17(1), 1–53. <https://doi.org/10.1037/a0021713>

Table 3: 2022 County Demographics and Jail Bookings

	El Dorado Adult Population ²⁷	Adults booked in 2022 (full year projection)	Adults staying more than 3 days
Overall	153,856	4,792	1,358
Female	51%	21%	15%
Male	49%	79%	85%
Average Age	36	36	37
18-70 Years Old	79%	98%	99%
70 and older	21%	2%	1%
Race			
White	77%	75%	74%
Black	1%	3%	5%
Hispanic	14%	14%	15%
Other Groupings	8%	8%	6%

²⁷ <https://www.census.gov/quickfacts/eldoradocountycalifornia>

BEHAVIORAL HEALTH SERVICE ANALYSIS AND FINDINGS

This section provides a descriptive overview of mental health (MH) and substance use disorder (SUD) episodes opened in El Dorado County from 2017 – 2022, including programs operated by the Behavioral Health Department in West Slope and South Lake Tahoe, as well those operated by contracted service providers.

SYSTEM HIGHLIGHTS

- ✓ Over the course of 6 years, from 2017 – 2022, El Dorado County’s Behavioral Health Division served 8,005 unique adults.
- ✓ Approximately 3 times as many adults received MH services (n=5,711) than SUD services (n=1,841) during the six-year period.
- ✓ Four hundred and fifty-three (453) adults received both MH and SUD services, or cooccurring disorder services during the six-year period.
- ✓ Most behavioral health services were provided in the West Slope of El Dorado County.
- ✓ Since 2020 when the COVID 19 pandemic began, the number of adults receiving MH services each year increased (from 1,066 in 2020 to 1,596 individuals in 2022), while the number of adults receiving SUD services declined, from 388 in 2020 to 298 in 2022.
- ✓ Nearly one third (32%) of behavioral health episode openings in 2019 were for SUD services, whereas only 15% of episode openings were for SUD services in 2022.
- ✓ Most MH episode openings were for Psychiatric Emergency Services (n=5,801); there was an average of 3.2 PES episodes per day over the period.
- ✓ Beginning in 2020 the County began operating a Forensic FSP program for justice involved individuals; 24 adults were opened to the program through 2022.
- ✓ El Dorado County had 21 AOT and 17 Competency Restoration episode openings from 2017 – 2022. However, there were zero AOT and only one Competency Restoration episode openings in 2021 and 2022.
- ✓ Thirty percent (30%) of SUD episodes opened from 2017 – 2022 were for justice involved individuals. However, in 2021 and 2022, there were only three DUI Court and one Behavioral Health Court episodes opened.

Mental Health and Substance Use Service Episodes – Trends over Time

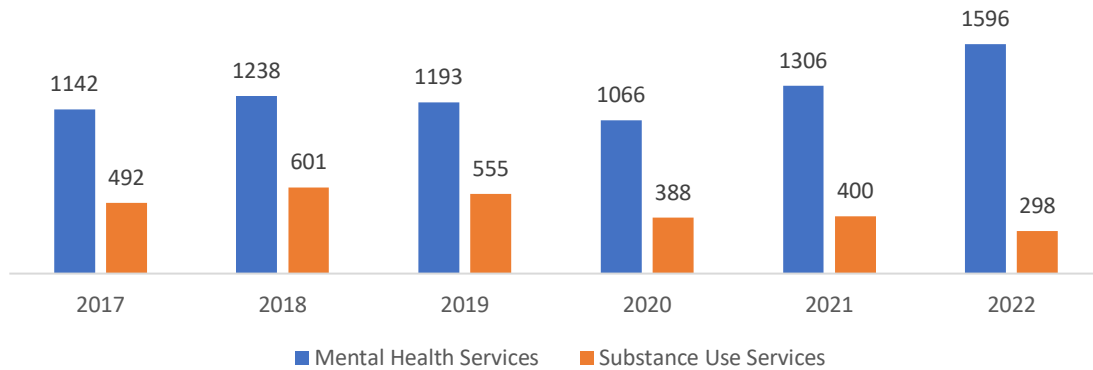
From 2017 through 2022, El Dorado County Behavioral Health served 8,005 unique individuals. Among these individuals:

- 5,711 received MH services only;
- 1,841 received SUD services only;
- 355 received both MH and SUD services; and

- 98 received cooccurring disorder services.²⁸

Figure 17 below shows the number on unique individuals who received MH and SUD services each year from 2017 through 2022.

Figure 17. Number of Unique Individuals Receiving Adult Mental Health and Substance Use Services

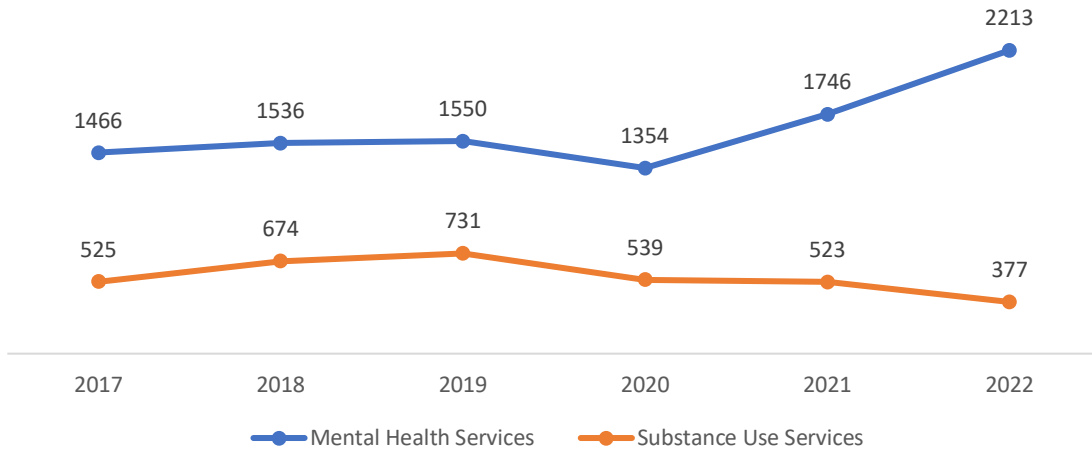


From 2017 to 2019, between 1,142 and 1,238 individuals received MH services each year, and 492 to 601 individuals received SUD services. In 2020, when the COVID pandemic began, fewer individuals received MH and SUD services than the year prior. This is in alignment with trends across the country, and across most service industries. Since 2020, the number of individuals receiving MH services has increased each year, from 1,066 in 2020 to 1,596 individuals in 2022. During this same period (since 2020), the number of individuals receiving SUD services has declined, from 388 in 2020 to 298 in 2022.

Similar trends are demonstrated in Figure 18 below, which shows the number of new MH and SUD episodes each year from 2017 – 2022.

²⁸ Cooccurring assessment and treatment services are also offered through the County’s mental health outpatient clinic; individuals receiving these cooccurring assessment and treatment services are grouped with MH services, and not separated out in the data to indicate the total number of individuals receiving cooccurring disorder services.

Figure 18. Episode Openings for Mental Health and Substance Use Services



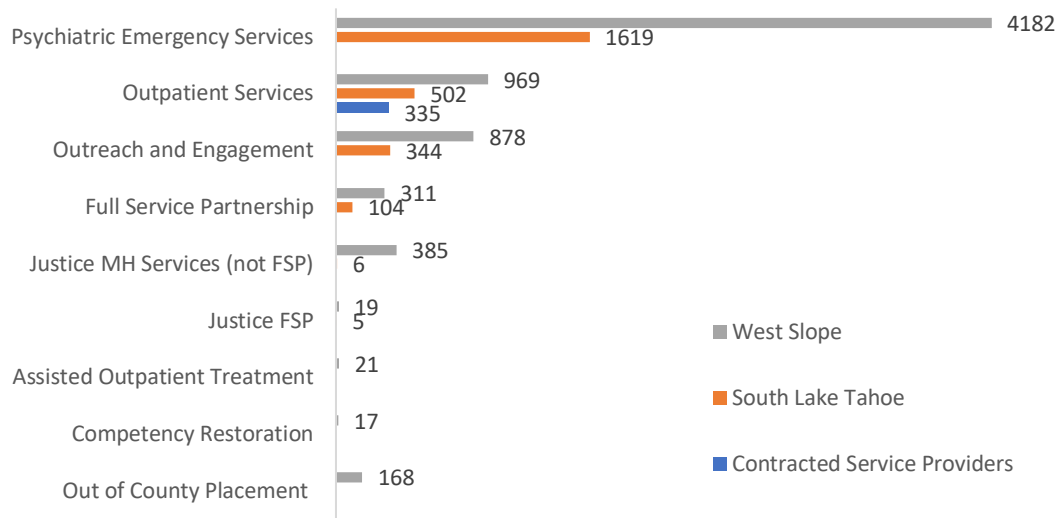
The number of MH and SUD episode openings increased each year from 2017 to 2019, and then decreased in 2020. Since 2020, the number of MH episode openings have increased each year, from 1,354 in 2020 to 2,213 in 2022. Most of the increase comes from the County’s new Outreach & Engagement program (described in greater detail in the following section), which accounted for 898 MH episode openings in 2022.

During this same period (since 2020), the number of SUD service episode openings declined each year, from 539 in 2020 to 377 in 2022. Whereas nearly one third (32%) of new behavioral health episodes in 2019 were for SUD services, only 15% of new behavioral health episodes in 2022 were for SUD services.

Mental Health Episode Openings by Program Type and Region

Figure 19 shows the distribution of mental health episode openings, by program and provider type, as well as region, from 2017 through 2022, demonstrating that most episode openings were for Psychiatric Emergency Services (PES), Outpatient Services (including services received at the Wellness Centers, Outpatient Clinic, and Intensive Case Management Services) and Outreach and Engagement (which El Dorado County started offering in 2021). In fact, these data also show that most services were provided in the Western Slope of El Dorado County, and that almost all specialty mental health services are provided by the El Dorado County Behavioral Health (other than a small proportion of outpatient services).

Figure 19. Mental Health Episode Openings from 2017 - 2020, by Program Type and Region



Psychiatric Emergency Services are provided by Telecare at the El Dorado County Psychiatric Health Facility (PHF), which is a 24-hour, 7-day a week community-based locked intensive inpatient psychiatric treatment program for people 18 years and older experiencing an acute mental health crisis who are referred to the PHF from a hospital Emergency Room setting after being medically cleared for services and meeting the Welfare and Institution Code §5150 requirements. The program is designed to stabilize the current crisis and assist the client’s return to a less restrictive setting. This recovery-oriented treatment program provides a safe and secure environment to pursue wellness and recovery through individual and/or group therapy, skills development, education activities, occupational therapy, family therapy, recreational and exercise programs.

Outpatient services include the County’s Outpatient Clinic, Wellness Center, and Intensive Case Management Services.

- **Outpatient Clinic:** Individualized services are provided to adults 18 years and older who meet the criteria for Specialty Mental Health Services by a multidisciplinary team of qualified and compassionate professionals, including Psychiatrists, Nurses, Mental Health Clinicians, Substance Use Disorder Staff, and Mental Health Workers/Aides. Services may include screening and assessments, referrals, medical evaluation, co-occurring assessment and treatment groups, individual, group, family and case management services.
- **Wellness Centers:** Provide a welcoming environment free of stigma, where clients and community members can socialize and gain a variety of personal skills, including cooking and meal preparation, peer support and groups that focus on managing behavioral health symptoms. Wellness Centers are located at office sites in Diamond Springs and South Lake Tahoe.

- Intensive Case Management: Intensive outpatient mental health services are provided by a multidisciplinary team that consists of Mental Health Clinicians, Mental Health Workers/Aides, Psychiatric Technician, and Resource Specialist. The customized array of services provided are designed to prevent hospitalization and assist individuals in attaining a life that does not revolve around their mental health diagnosis. The ICM Team also provides support and services to people living in any of the four Transitional Houses on the West Slope and one Transitional House in South Lake Tahoe.

Outreach and Engagement services are for populations who are currently receiving little or no specialty mental health services (SMHS), including locating individuals who have dropped out of SMHS. Outreach and engagement efforts may involve collaboration with community-based organizations, faith-based agencies, tribal organizations, health clinics, schools, law enforcement agencies, Veteran groups, organizations that help individuals who are homeless or incarcerated, and other groups or individuals who work with underserved populations.

In addition to these services, the County operates a **Full Service Partnership (FSP)** team for adults in the County with the highest level of mental health needs. FSP embraces a “whatever it takes” model, providing culturally competent services that include individualized consumer-driven mental health services and support plans which emphasize recovery and resilience, and which offer integrated service experiences for consumers and their families. Each year the County has opened over 50 FSP episodes, and in 2021 and 2022, there were over 80 FSP openings each year.

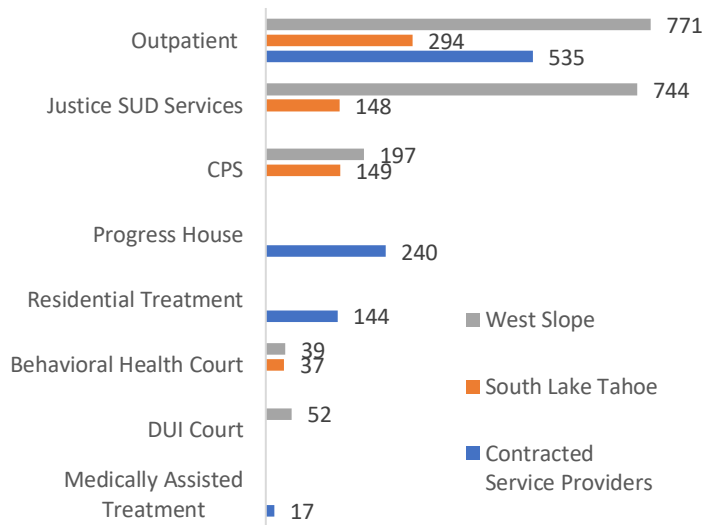
Beginning in 2020, the County began operating a **Forensic FSP program** for justice involved individuals who require this level of care; there have been 24 episode openings for the program through 2022. There were also nearly 400 episode openings for other **Justice MH Programs** that serve justice involved individuals in jail and the community, through the Community Corrections Center (CCC).

Lastly, the County had 21 **AOT** and 17 **Competency Restoration** episode openings from 2017 – 2022. AOT allows for court-ordered community treatment of individuals with a history of repeated hospitalization or incarceration, or a history of violent behavior to self or others, permitting California Counties to utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs. Competency Restoration services are meant to support individuals who have been deemed incompetent to stand trial for crimes they have committed. There were zero AOT episode openings in 2021 and 2022 (and 1 in 2020). Competency restoration services were provided for one individual in 2020 and 2021, and there were zero competency restoration episode openings in 2022.

Substance Use Service Episode Openings by Program Type and Region

Figure 20 shows the distribution of substance use service episode openings, by program and provider type, as well as regionally, from 2017 through 2022, indicating that most episode openings were for Outpatient Services²⁹, Justice SUD Services (dedicated to justice involved individuals with identified substance use disorders), and CPS services for families at risk of losing

Figure 20. Substance Use Service Episode Openings from 2017 - 2022, by Program Type and Region



legal guardianship of their children. This data also show that most services provided by the County were in the Western Slope of El Dorado County. Contracted service agencies provided a wide array of substance use services across El Dorado County as well, including all residential and medically assisted treatment services in the county, outpatient treatment, and transitional living through Progress House. Notably, Progress House closed in 2021. It is notable that the County's

Behavioral Health and DUI Court have had very few episode openings since 2020. There was 1 Behavioral Health Court episode opened in 2021 and 0 in 2022, while there were 3 DUI court episode openings in 2021 and 0 in 2022.

²⁹ Outpatient Services include 5 perinatal service openings, as well as 36 episode openings for families experiencing hardships, including substance misuse.

PROBATION POPULATION ANALYSIS AND FINDINGS

The Probation Department supervises individuals who are sentenced to community supervision, including formal supervision, 1170(h) mandatory supervision, and post release community supervision. This section provides a descriptive overview of El Dorado County's probation population from January 2018 through June 2022, examining the demographic and case characteristics of the probation population, as well as criminogenic risk and need profiles. Finally, there is a review of technical violations found true across the probation population.

SYSTEM HIGHLIGHTS

- ✓ There were 912 adults on probation in El Dorado County as of June 30, 2022. 87.5% were under formal supervision and 12.5% were under post release community supervision (PRCS)
- ✓ Black adults are overrepresented on probation (2.9%) relative to their population size in El Dorado County (.8%)
- ✓ Recent trends suggest there has been a decline in the number of adults starting supervision each year, especially since 2020.
- ✓ 2022 trends suggest the number of people on probation for at least one day during the year is the lowest it was during the study period (dating back to 2018)
- ✓ Approximately 31% of people on probation committed a crime against a person.
- ✓ Approximately one-third of adults on probation are assessed to be at high risk for recidivism based on the Static Risk Assessment 2.0
- ✓ The top three dynamic risk factors identified across adults on probation are antisocial personality (88% of adults assessed), substance abuse (59% of adults assessed), and on Antisocial Behavior (50% of adults on probation)
- ✓ Among 2,499 adults on probation from January 2018 – June 2022, 158 (6%) had behavioral episode openings between January 2017 – March 2021.
- ✓ Since 2018, approximately one-third (n=835) of adults were convicted of at least one formal violation. Among all formal violations, 60% were for violations of technical terms of probation. The four most common reasons for filing a formal violation petition were for failure to report to probation (62%), absconding from probation (53%), drug use (22%), or violation of a general probation condition (13%).

PROBATION POPULATION - JUNE 30, 2022

As of June 30, 2022, there were 912 adults on probation in El Dorado County. Among these individuals, 87.5% (n=798) were under formal supervision while 12.5% (n=114) were under post release community supervision (PRCS).

As shown in Table 4, the majority (77%) of adults under probation supervision were male. Black individuals were overrepresented in El Dorado’s adult probation population compared to their county population size (Black adults are approximately 0.8% of the adult population and 2.9% of the adult probation population), while Asian Americans were underrepresented.

Table 4. El Dorado County Adult and Adult Probation Population Demographic Characteristics

Demographic Characteristics	Adult Population (N=152,083) ³⁰	% Adult Population	Individuals on Probation (N=912)	% Adult Probation Population
Race/Ethnicity³¹				
Black	1,148	0.8%	26	3%
Asian	7,042	5%	12	1%
Hispanic/Latino	17,878	12%	101	11%
White	116,249	76%	730	80%
Other/Unknown	9,766	6%	43	5%
Gender³²				
Female	77,401	50%	208	23%
Male	77,674	50%	704	77%
Age³³				
18-24	13,137	8%	77	8%
25-34	19,353	12%	285	31%
35-44	24,527	16%	286	31%
45-54	23,474	15%	145	16%
55+	75,484	48%	119	13%

PROBATION POPULATION - TRENDS OVER TIME

Since 2018, 2,499 adults have been under the supervision of El Dorado County’s Probation Department; among these individuals 445 were under PRCS. Figure 21 below shows that each

³⁰ Decennial Census 2020: DEC Redistricting Data (PL 94-171): *Hispanic or Latino, and Not Hispanic or Latino by Race for the Population 18 Years and Over.*

³¹ *ibid*

³² American Community Survey: 2021: ACS 1-Year Estimates Data Profiles.

³³ *ibid*

year from 2018 to 2021, between 380 and 431 adults who were not already under Probation’s supervision were placed on probation. Trends suggest there has been a decline in the number of adults starting supervision each year, especially since 2020. As of June 30, 2022, 172 adults had been placed on probation, which projects to 344 adults being placed on probation by the end of the year.

Figure 21. Adults Placed Under Probation Supervision

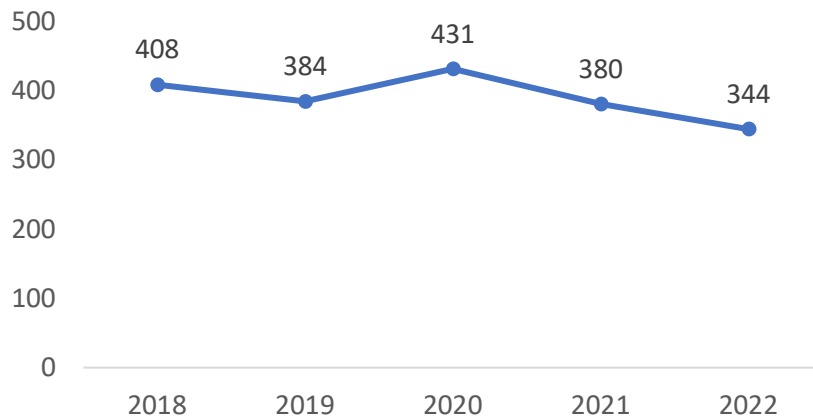
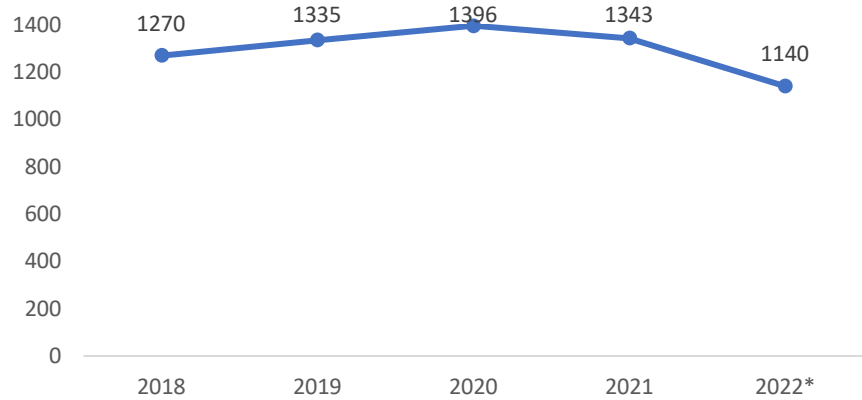


Figure 22 below shows the number of individuals who spent at least one day under probation supervision each year since 2018, indicating there were increases through 2020 and decreases since then. As of June 30, 2022, 968 adults had spent at least one day under probation supervision in El Dorado County. Projections through the end of the year suggest this number will reach approximately 1,140, representing a significant decrease relative to previous years. The decrease in the projected passthrough population for 2022 can largely be attributed to Assembly Bill 1950, which reduced probation periods for most misdemeanor offenses to a maximum of one year (exceptions for DUI and domestic violence offenses), and many felony offenses to a maximum of two years, with notable exceptions for serious offenses such as murder, attempted murder, assault with a deadly weapon, kidnapping, carjacking, voluntary manslaughter, robbery, first-degree burglary, rape, child abuse, corporal injury to a spouse, and stalking, among others.³⁴

³⁴ Refer to Assembly Bill 1950, Chapter 328 for legislative counsel’s digest of bill. Retrieved January 18, 2023 at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1950

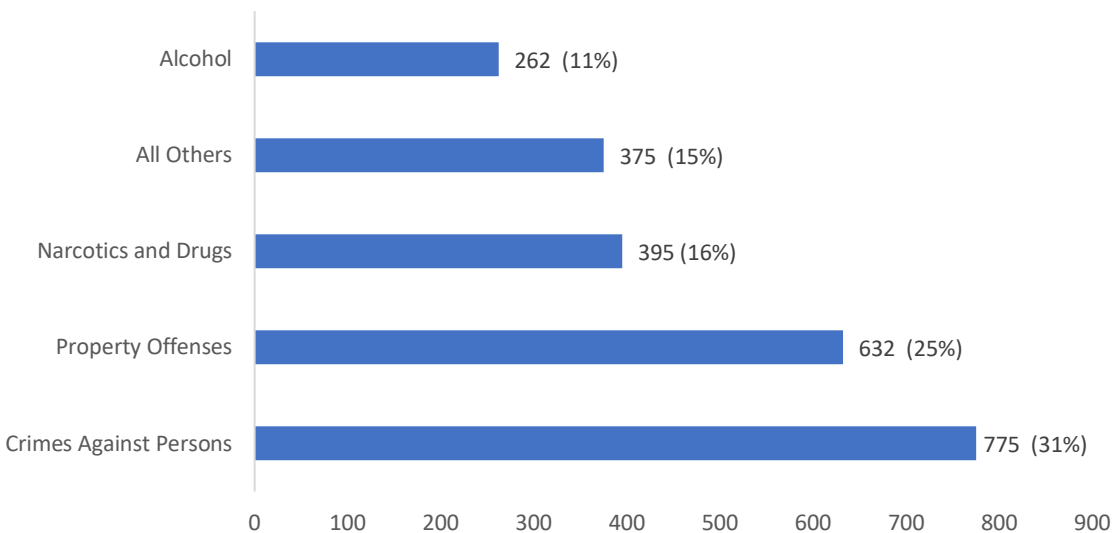
Figure 22. Passthrough Probation Population³⁵



PROBATION POPULATION - CASE CHARGES

Figure 23 below shows the most serious charge among adults on probation from January 2018 through June 2022. This data indicate that approximately 31% of adults on probation committed crimes against persons; 25% committed property offenses; 16% committed narcotics and drug offenses; 11% committed an alcohol related offense, and 15% committed some other offense.

Figure 23. Most Serious Charge Among Adults on Probation from Jan 2018 – June 2022



³⁵ 2022 is projected through the end of the year based on projecting that approximately the same number of adults who started probation during the first half of the year will start probation during the second half of the year.

El Dorado county Probation uses a combination of static and dynamic factors to supervise clients in the community as well as develop and address needs. Please Appendix 2 for a fuller discussion.

El Dorado County Probation uses the Static Risk Assessment (SRA) 2.0, a validated risk assessment tool, to examine the static risk of adults on probation. From 2018 through 2021, 2,493 adults were assessed and classified within one of the following risk scores:

- Low Risk
- Moderate Risk
- High Risk – Violent Offense
- High Risk – Property Offense
- High Risk – Drug Offense

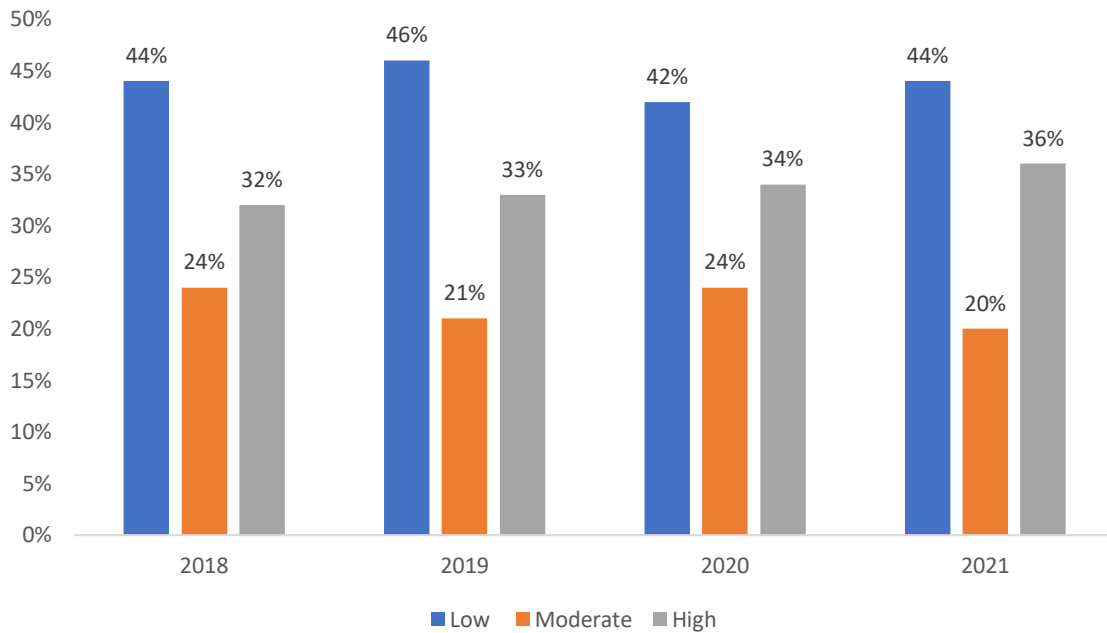
During this period, 44% of adults were assessed at low risk for recidivism on their most recent risk assessment. Approximately one-third were assessed at high risk for recidivism (17% High Risk -Violent, 12% High Risk – Property, 4% High Risk – Drug). Twenty-two percent of adults on probation since 2018 were assessed at moderate risk for recidivism based on the Static Risk Assessment 2.0.

Table 5. Risk Score Classifications for Adults on Probation since 2018

Risk Score	Individuals (n=2,293)	% Adult Population
High	1,120	33%
Moderate	1,487	23%
Low	799	44%

Figure 24 below shows that the risk profile of the adult probation population remained relatively stable from 2018 through 2021. During this period, between 42% and 46% of adults on probation were assessed as low risk each year, while 32% to 36% were assessed as low risk and 20% to 24% were assessed as moderate risk each year.

Figure 24. Risk Score Classifications for Adults on Probation, by Year



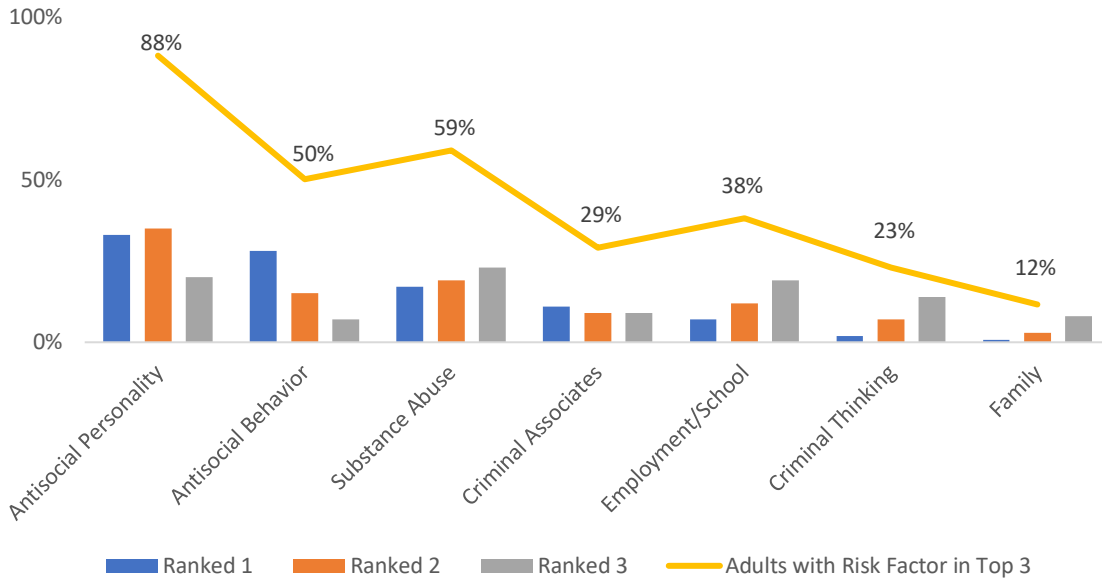
In addition to static risk score classifications, the assessment includes questions to determine the level of need across the following criminogenic categories: antisocial personality; antisocial behavior; substance abuse; criminal associates; criminal thinking; employment and school; and family. Based on responses to the questions used to measure each factor, a percentage is generated to indicate each person’s risk level for each criminogenic risk factor.

From 2018 to 2021, data examining the criminogenic risk factors among adults on probation were available for 996 individuals. This data suggest that antisocial personality, substance abuse, and antisocial behavior were the risk factors most identified in people’s top 3 criminogenic risk factors.

Top 3 Criminogenic Need Factors for Adults on Probation since 2018

- Antisocial personality - 88% of adults on probation
- Substance Abuse – 59% of adults on probation
- Antisocial Behavior – 50% of adults on probation

Figure 25. Highest Ranked Risk Factors among Adults on Probation since 2018, by Risk Factor



The table below shows the average rank out of seven for each criminogenic need factors, among adults scoring greater than zero for each factor. The table also shows the number of people who scored greater than zero for each risk factor (meaning they had some risk identified in the factor based on the assessment), as well as the average percentage of the max score for each risk factor.

Interestingly, while antisocial personality has the highest average rank, just over half of people assessed (548 of 996 people assessed) had risk identified in this area. On the other hand, 100% of adults had some level of risk identified in the antisocial behavior category, and nearly 90% had some level of substance use risk identified; however, on average, these risk factors were ranked slightly lower (2.2 and 3.0 respectively) than antisocial personality. This suggests that much fewer people have antisocial personality identified as a risk factors, but among those who do, it is most often one of, if not their top criminogenic risk factors.

Table 6. Risk Factor Rankings and Percentage of Max Risk Factor Scores among Adults on Probation since 2018 (Lower scores indicate higher risk rank)

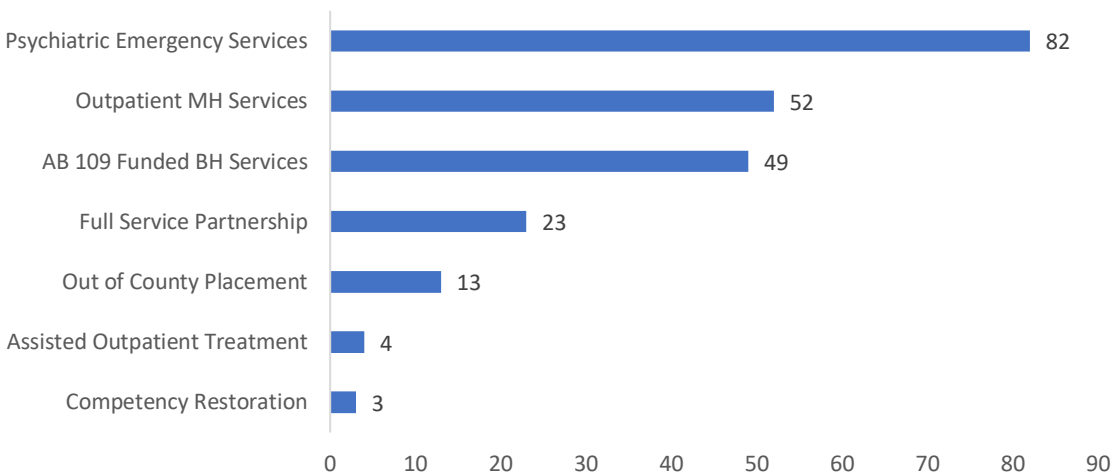
Risk Factor	Average Rank	Average Percentage of Max Score	Number with Score > 0 % n=996
Antisocial Personality	1.8	51%	548
Antisocial Behavior	2.2	37%	996
Substance Abuse	3.0	29%	884

Criminal Associates	3.5	31%	561
Employment/School	3.7	22%	867
Criminal Thinking	4.3	22%	726
Family	5.1	14%	681

PROBATION POPULATION CONNECTED W/ CCC OR BEHAVIORAL HEALTH SERVICES

Among adults on probation since 2018, 158 had open cases to the County’s Behavioral Health Department at some point from January 1, 2017, through March 30, 2021. Among these individuals, on average, each had approximately 2.2 behavioral health episodes during this time. Over half (n=82) of adults on probation with behavioral health episodes experienced psychiatric emergencies. Forty-nine received behavioral health services funded through AB 109 (45 received mental health service, 6 received services for cooccurring disorders – 2 individuals received both services). Twenty-three were enrolled in the County’s Full Service Partnership (FSP) program; among these individuals 2 were engaged through the County’s Assisted Outpatient Treatment (AOT) program (two other adults on probation were enrolled in the County’s AOT program as well). Thirteen adults on probation were placed out of County at least once during this time.

Figure 26. Adults on Probation with Behavioral Health Episode from January 2017 – March 2021, by Program³⁶



In addition to receiving behavioral health services, many adults on probation are referred to the Probation’s Community Corrections Center (CCC). The CCC brings together system partners with

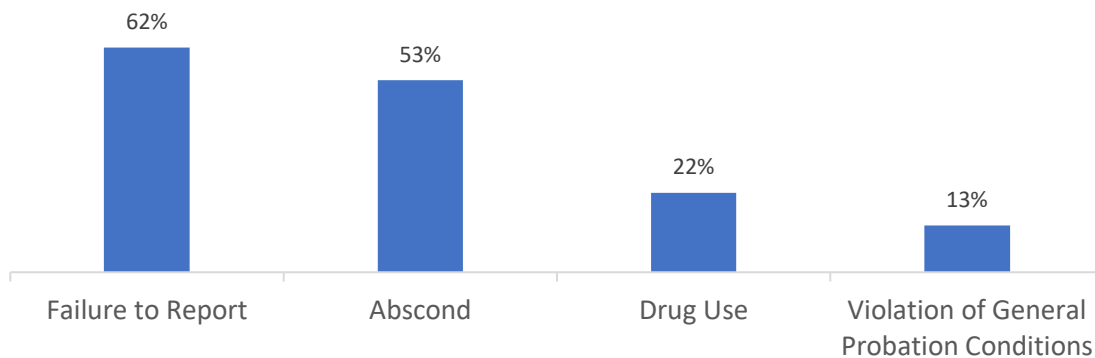
³⁶ Some adults on probation had episode open in more than one program

a common focus and goal of helping people who have committed non-violent, non-serious, and non-sex-related offenses and were assessed at high risk for recidivism with high needs for substance use, mental health, or other treatment to support their criminogenic needs. A large component of CCC programming is designed to assess the risks and needs of participants and target interventions by developing skills through both cognitive behavioral and Moral Reconciliation Therapy (MRT), which is a strategy that seeks to decrease recidivism by increasing moral reasoning. From January 2018 through July 2022, 230 referrals for 200 adults on probation were made to the CCC. Among these individuals, 96 were accepted into the program and eventually enrolled.

PROBATION POPULATION - FORMAL VIOLATIONS

Since 2018, 67% of adults on probation have successfully lived under the conditions of probation without being convicted of a formal probation violation; one-third (n=835) of adults were convicted of at least one formal violation during this time. Among all formal violations, 60% were for violations of technical terms of probation. The four most common reasons for filing a formal violation petition were for failure to report to probation (62%), absconding from probation (53%), drug use (22%), or violation of a general probation condition (13%).³⁷

Figure 27. Top Four Reasons for Technical Probation Violations from January 2018 - June 2022³⁸



³⁷ Percentages represent the proportion of violation petitions filed that included a specific technical violation. Percentages do not equal 100% because each violation petition filed may indicate more than one reason for the technical violation.

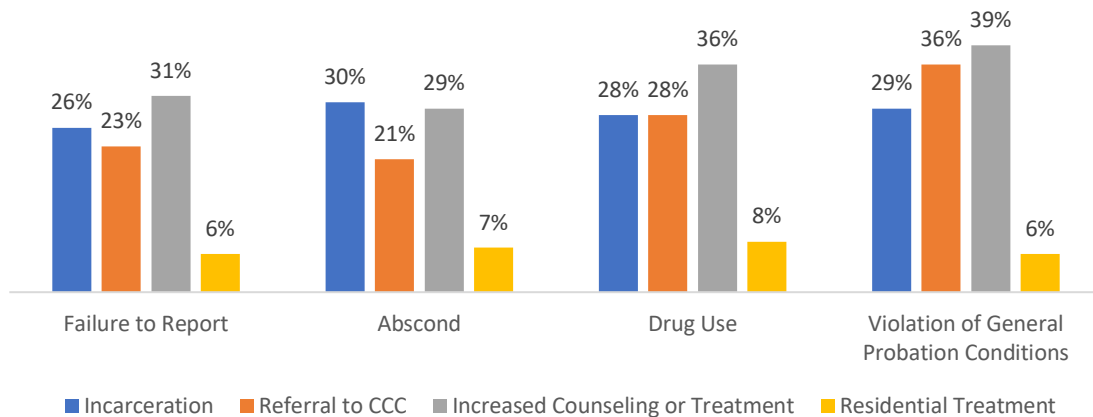
³⁸ Percentages represent the proportion of violation petitions filed that included a specific technical violation. Percentages do not equal 100% because each violation petition filed may indicate more than one reason for the technical violation.

The most common sentencing outcomes for probation violations resulting from technical violations only from January 2018 through June 2022 were:

- Increased Counseling or Treatment (31%),
- Incarceration (jail or prison, 27%),
- Referral to the CCC (25%), and/or
- Residential Treatment (8%).

Figure 28 shows the four most common sentencing outcomes for probation violations that were the result of Failure to Report to Probation Absconding, Drug Use, or Violations of General Probation Conditions.

Figure 28. Four Most Common Sentencing Outcomes Across the Four Most Common Technical Violations Resulting in Probation Violations, January 2018 - June 2022



This data demonstrates that there were similar sentencing outcomes across the four most common reasons probation violations were filed from January 2018 – June 2022. For each technical violation type, between 26% - 30% resulted in incarceration and between 6% and 8% resulted in mandated residential treatment. For Drug Use and Violations of General Conditions of Probation, a higher proportion were referred to the CCC or sentenced to increased counseling or treatment relative to violations for failing to report to probation or absconding.

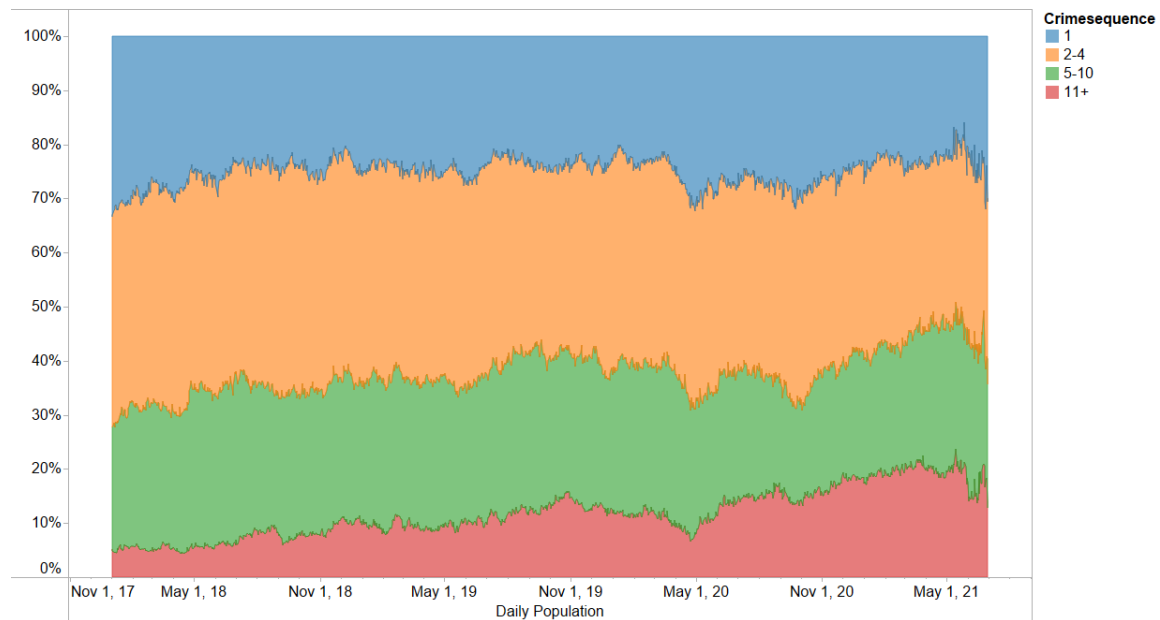
POPULATION OUTCOMES

In the following sections we use jail booking data obtained from the Sheriff’s Office to examine custody return rates across several populations. This section covers these outcomes by analyzing the outcomes by grouping, and reporting simple rates of returns to custody, while controlling for multiple outcomes.

Returns to Jail Custody and High Utilizers

This study includes some information on jail recurrence,³⁹ of which some people are considered high utilizers. Four years of data were examined to get a sense of how many individuals had repeated jail stays during those years and how much jail was used. Figure 29 shows that nearly 70% of the County jail has had at least 1 previous entry, with 15% having returned more than 11 times.

Figure 29: Jail Average Daily Population, by number of previous admissions



Looking at high utilizers can come from a few different approaches, but the value can be to:

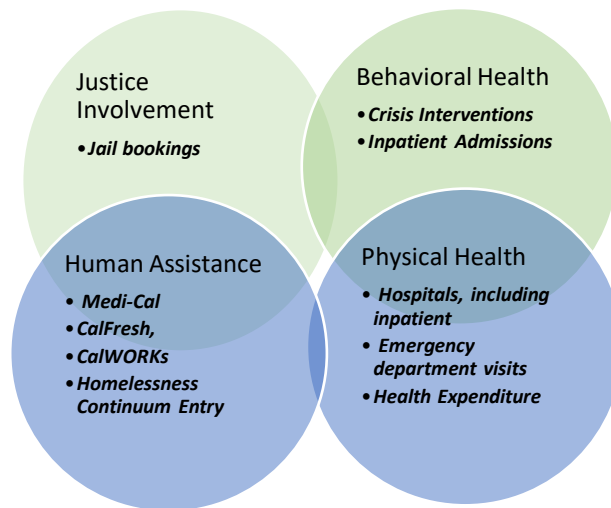
1. Identify people who have a high number of admissions into various systems, over the same period
2. Move to a people centric vs. system-centric approach to engaging people
3. Create targeted coordination of services across justice intercepts, as well as human services

³⁹ This report uses the term jail recurrence instead of recidivism because recidivism often denotes a new crime based on state definitions, whereas return to jail is not always due to, or associated with, a new crime.

4. Differentiate “chronic” high utilizers (high utilizer over many years) from “episodic” high utilizers (high utilizer in a single year)

Using cross-system data allows a county to see how and where people touch different systems, and is a key aspect of meeting primary care and behavioral health needs. Figure 30 shows the possible intersection of domains for people that are high utilizers in one or multiple domains. One way to define a high utilizer is to identify people who have one standard deviation⁴⁰ more episodes or admissions than an average person in over 12 months. However, approaches to address the issues of some of the most complex cases often miss the people that are accelerating into high utilization. As such, there is also value in predicting future high utilization, and connecting these people to wraparound services as well.

Figure 30: Framework for analyzing High Utilizers



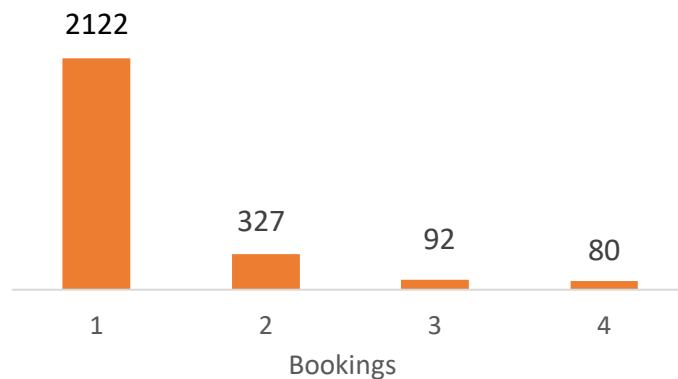
Some individuals who are booked into jail never return, while others have multiple returns and are often referred to as “frequent flyers” or high utilizers. “Frequent flyers” are often those who have committed low level offenses returning with unaddressed needs such as substance abuse, alcoholism, and mental health issues. These frequent flyers create stress and liability for a jail operation that can do little to address the underlying issues. Cross-system collaborative efforts can provide multiple benefits, as these populations are also high users of other county systems like behavioral health, emergency rooms, and county public health. The key reasons to examine this population are to:

⁴⁰ Standard deviation measures the dispersion of a dataset relative to its mean, so it’s an adaptive metric.

1. Identify people who have a high number of admissions into various systems over the same period;
2. Create targeted coordination of services across justice intercepts, as well as human services; and
3. Differentiate “chronic” high utilizers (high utilizer over many years) from “episodic” high utilizers (high utilizer in a single year)

Figure 31 shows the distribution of people’s jail stays in 2022. This was impacted by COVID-19, but the approach is to examine the situation of those who pass a certain threshold of bookings to then find alternative approaches to support these individuals. In this example, a high utilizer is defined as having one standard deviation more jail admissions than the average person who was booked into jail at least once over 12 months (2022); using this definition, a high utilizer is anyone with four or more jail admissions during the year.⁴¹

Figure 31: Number of People, by Number of Jail Bookings in 2022



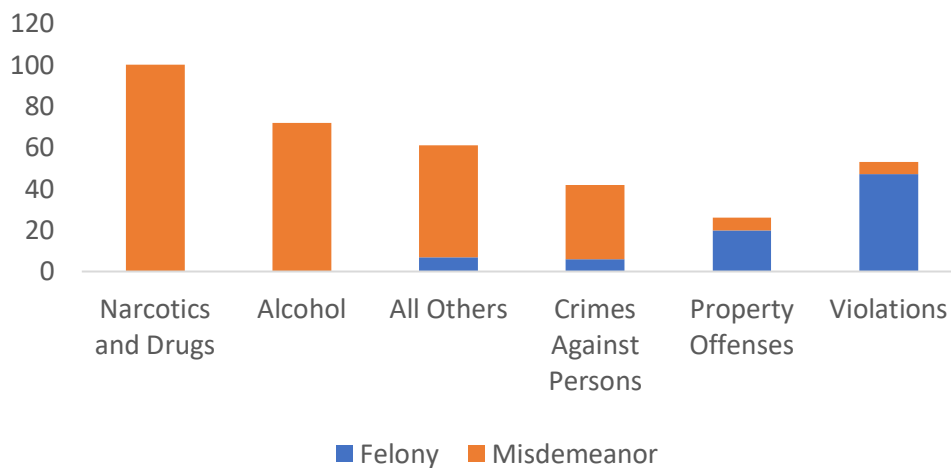
In 2022, 80 of the 2,711 unique people booked into jail met this criterion. Daily, 14 beds of the jail ADP were people who are in a state of high utilization. They cumulatively re-entered the jail 386 times, with each person averaging 60 days in custody over the course of the year.

- 5% Black, 77% White, 16% Hispanic
- Average age of 40
- 75% Male

⁴¹ Standard deviation measures the dispersion of a dataset relative to its mean, so it’s a relative and adaptive metric.

This high concentration of jail rebooking is often led by lower-level crimes and non-compliance issues, which for this segment of the jail population often meant returning for supervision violations and warrants. Nearly 65% of the high utilizers also had a positive screening for mental health needs, and most of these people had no zip code and therefore are likely to be homeless. Figure 32 shows that most of the returns to custody were related to misdemeanor drug and alcohol, as well as other quality of life crimes. Most felony returns to custody were related to technical violations of supervision.

Figure 32: Returns to Custody for High Utilizers, Offense group and Severity



Probation Returns to Custody Starting January 1, 2017 - December 31, 2021

This section examines returns to custody among adults who were placed under probation supervision in El Dorado County between January 1, 2017 – December 31, 2021 (n=1,953). First, we examine one-, two-, and three-year recidivism rates for cohorts of adults who started probation each year from 2017 – 2021. Then we examine the seriousness of crimes committed by people on probation, as well as the demographic and case characteristics of adults who were booked into jail while on probation. Finally, we show results from logistic regression, a method for analyzing data that examines the probability of an event occurring – in this case, the probability of individuals on probation being booked into custody. The logistic regression results indicate the estimated odds of a return to custody, examining how factors including age, gender, race, criminogenic risk and needs, case type, mental health, and substance use issues are associated with new jail bookings. We did not examine specific program outcomes here, but did examine the extent to which engagement in mental health or substance use services was associated with returns to custody.

Below we examine one, two, and three year custody return rates, for cohorts of adults who started probation each year from 2017 – 2021. Because we had access to jail booking data through December 2022, we examined one, two, and three-year custody return rates for adults starting probation from 2017 – 2019; one and two-year custody return rates for adults starting supervision in 2020, and one-year custody return rates for adults starting probation in 2021.

The one-, two-, and three-year custody return rates in Table 7 reflect the proportion of individuals under probation supervision who returned to custody within one, two, and three years of starting supervision. Table 7 also demonstrates that that the three-year custody return rates for the 2018 and 2019 Probation Cohorts are slightly lower (54.9% and 53.2% respectively) than the 2017 Probation Cohort custody return (56.6%).

Table 7. One, Two, and Three Year Custody Return Rates by Cohort

Custody Return Rate Timeline	2017 Cohort (n=412)	2018 Cohort (n=417)	2019 Cohort (n=372)	2020 Cohort (n=401)	2021 Cohort (n=351)
1 Year	44.4%	42.4%	40.6%	32.2%	35.0%
2 Years	52.7%	50.1%	48.9%	42.1%	
3 Years	56.6%	54.9%	53.2%		

Because we could not calculate three-year recidivism rates for individuals who started supervision in 2020 or 2021, we assessed one and two-year custody return rates over time to examine changes among adults placed under probation supervision most recently. Findings suggest that one and two-year custody return rates dropped significantly between 2017 and 2021.

- **Two-Year Custody Return Rates:** Approximately 53% of adults who started probation in 2017 returned to custody within two years of being placed on probation, compared to 42% of adults who started probation in 2020.
- **One-Year Custody Return Rates:** Approximately 44% of adults who started probation in 2017 returned to custody within one year of being placed on probation, compared to 32% of adults who started probation in 2020 and 35% of adults who started probation in 2021.

It is notable that custody return rates dropped significantly when COVID 19 began, and there was an increase of 3 percentage points from 2020 to 2021. The County should continue to monitor custody return rates in the coming years and develop policy and practice to reduce jail contact among people on probation whenever appropriate.

Beyond examining custody return rates among adults on probation, it is useful to examine the seriousness of offenses people were booked into jail for while under probation supervision. This can help the County better understand if the criminal behaviors of adults on probation are accelerating or decelerating as related to seriousness, which is another measure of the effectiveness of probation’s ability to support public safety.

Figure 33. Most Serious Booking Reason Prior to and After Starting Probation

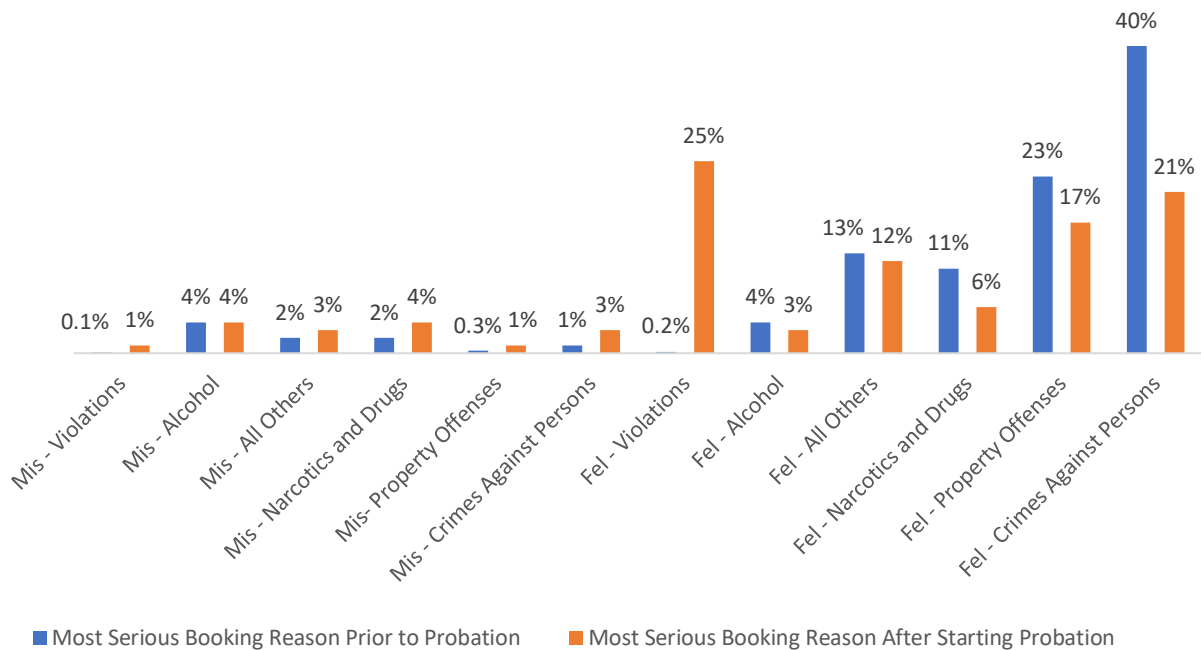
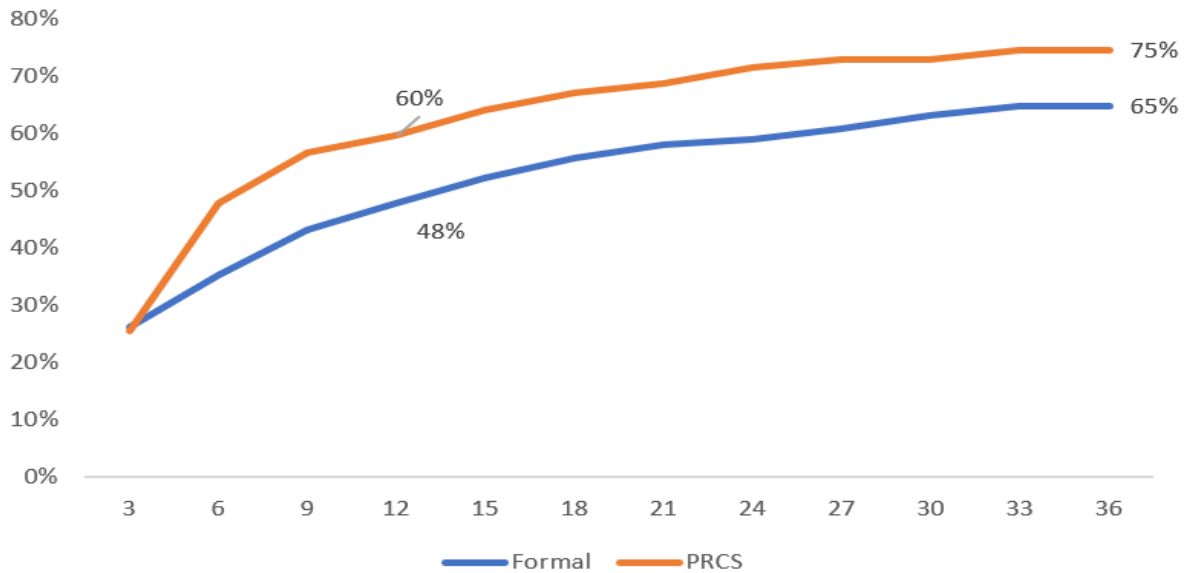


Figure 33 shows that among people booked into custody within three years of starting probation, the most serious charge for one quarter of individuals was a probation violation. Among people charged with new crimes, half as many were charged with felony crimes against persons after starting probation (21%) relative to prior (40%), and the proportion of adults charged with felony property offenses was also 25% lower after starting probation (17%) compared to prior (23%). These findings suggest that although a high proportion of adults on probation are returned to custody within three years, a much smaller proportion have committed the most serious felonies that impact public safety most directly. This indicates that most people who start with previous crimes of felony violence tend to recur with this less often; this is also the case for property crimes showing some level of desistance.

Looking at a pre-COVID cohort, the analysis found that the group entering probation in calendar year 2016 maybe be a relevant baseline for examining future outcomes. 2016 was the last entry cohort to have 3 full years of exposure before COVID19, which altered multiple societal and justice practices, including reducing jail bookings. Figure 34 below shows that 75% of PRCS clients

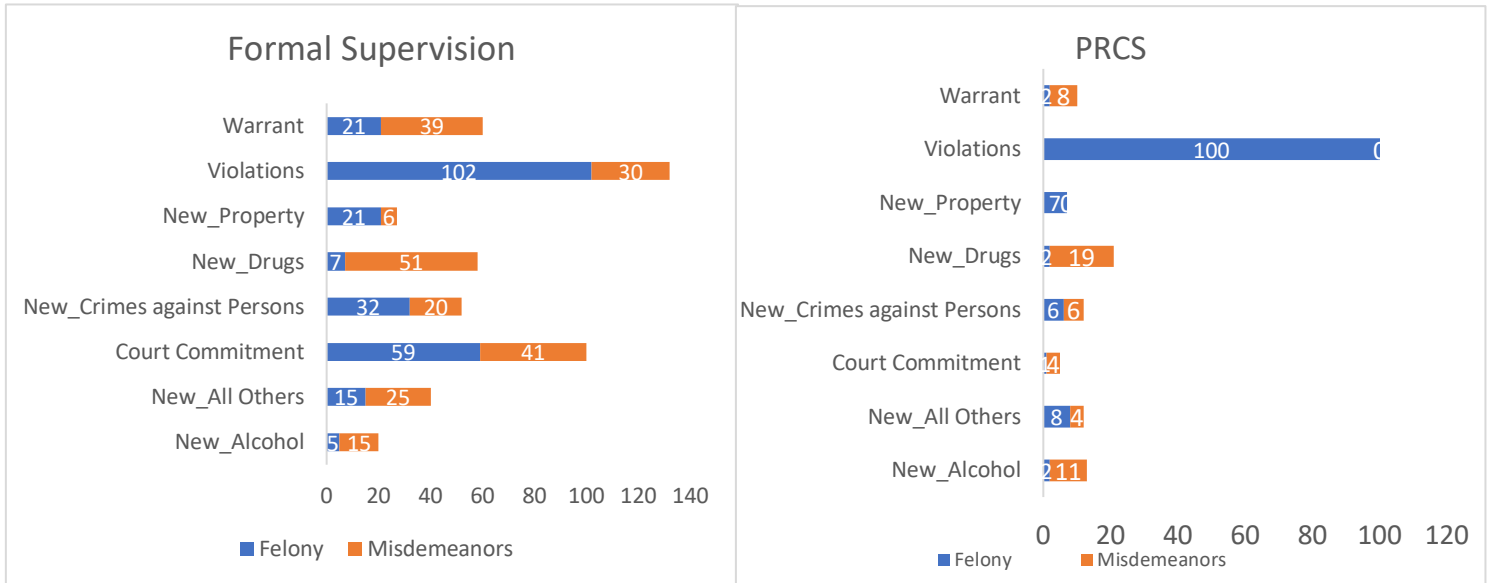
return to custody within 3 years of the start of supervision compared to 65% of adults under formal supervision. The figure also shows that most returns to custody happen within the first 12 months. This is especially pronounced for PRCS clients and reinforces the importance of engagement and treatment within the first year of release. This means that of the cohort of 386 people beginning supervision, 256 are returned to custody within 3 years. However, of those 256, 40% returned only once, 35% 2-3 times, and 20% returned 4 times or more.

Figure 34. Cumulative Jail Return to Custody Rate, by Supervision Type (2016 Cohort)



The PRCS population and formal supervision population also return to custody for varied reasons. Both return for new felony crimes approximately 15% of the time. As shown in Figure 35, the returns for formal supervision center around technical probation violations as well as revocations to custody from court. This translates into 26% of the jail rebookings related to new crimes. Figure 35 also shows that nearly 60% of rebookings for PRCS clients were due to violation of supervision (either flash incarceration or technical violations).

Figure 35. Supervision Returns to Custody for the 2017 Cohort over 3 years



CUSTODY RETURN RATES ACROSS DEMOGRAPHICS, CRIMINOGENIC RISK, AND NEEDS

Table 8 presents the three-year custody return rate of adults who started probation from 2017 – 2019 by demographic groups and case characteristics. Overall, 55% of adults who started probation supervision from 2017 - 2019 were subsequently booked into custody within three years. Findings indicate that individuals with a mental health episode opened between January 2017 – March 2021 had much higher-than-average custody return rates (74%), as did individuals assessed as high risk (64%). In addition, non-white and non-Hispanic individuals had lower custody return rates (African Americans had a custody return rate of 43%, and adults identified as an “Other or Unknown” race/ethnicity had a 48% custody return rate), as did adults over the age of 55, who had much lower-than-average custody return rates (35%).

Table 8. Custody Return Rates, by Demographic and Case Characteristics

Demographic Characteristics	Adults Starting Probation from 2017 – 2019 (n=1,201)	# Booked in Jail within Three Years	% Booked in Jail within Three Years
Race/Ethnicity			
White	957	541	56.5%
Hispanic/Latinx	100	52	52.0%
African American/Black	40	17	42.5%
Other or Unknown	104	50	48.1%
Gender			
Male	886	498	56.2%
Female	315	162	51.4%
Age (at Supervision Start)			
18-25	188	111	59.0%
26-35	432	249	57.6%
36-45	282	150	53.2%
46-55	183	110	60.1%
Over 55	116	40	34.5%
Risk			
High	364	232	63.7%
Moderate	325	185	56.9%
Low	481	229	47.6%
Missing	31	14	45.2%
Mental Health Episode Opening			
Yes	95	70	73.7%
No	1,106	590	53.3%
SUD Episode Opening			
Yes	6	5	83.3%
No	1,195	655	54.8%
Case Type			
Formal Supervision	989	543	54.9%
PRCS	212	117	55.2%

Mental Health and Custody Return Rates - Logistic Regression & Predicted Probability

In addition to examining custody return rates across demographic and case characteristics, we conducted logistic regression⁴² to examine which factors are most strongly associated with returns to custody, maintaining focus on understanding how having a mental health issue (as indicated by having an episode opening between January 2017 and March 2021) is related to returns to custody. Figure 36 below demonstrates that after accounting for race, age, gender, case type, risk to re-offend, and substance use service receipt, individuals with a mental health episode opened after 2018 had a predicted probability of being returned to custody of 66%, compared to 49% for people without a mental health episode opening. Appendix 1 shows the output for the full Logistic Regression Model.

Figure 36. Predicted Probability of Returning to Custody by Mental Health Episode



FSP and Forensic FSP – Service Utilization, Crisis Episodes, and Jail Bookings

This section provides an overview of the types and amounts of services individuals enrolled in El Dorado County’s Full Service Partnership (FSP) and Forensic FSP between January 1, 2018 – December 31, 2021 received, and then examines crisis episodes and jail bookings prior to and after enrollment in an FSP or Forensic FSP. We received Behavioral Health electronic health record data spanning January 1, 2017 – December 31, 2022 and jail booking data from the Sheriff’s Office spanning January 1, 2013 – December 31, 2022 for these analyses.

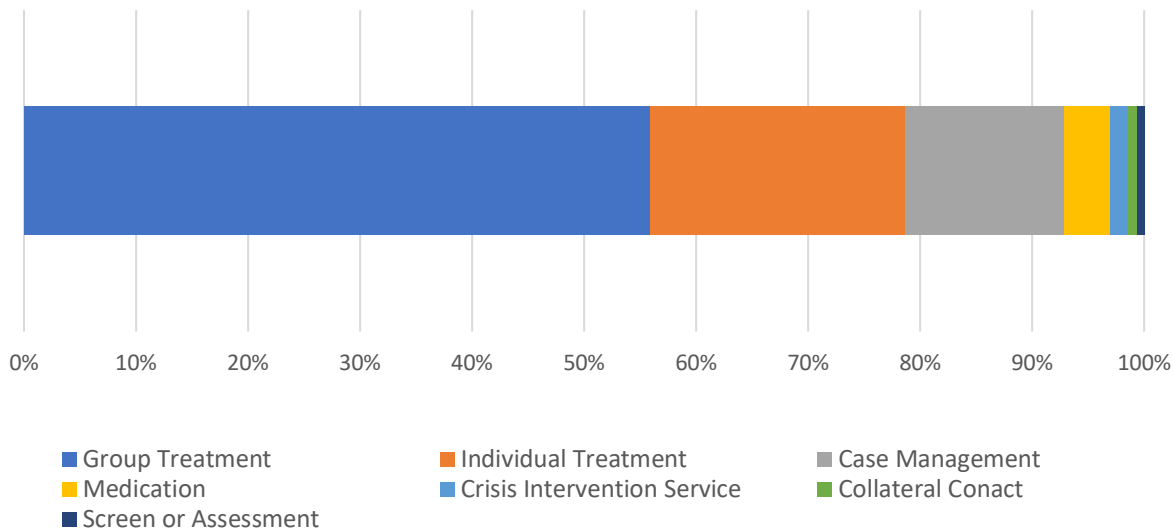
FSP Consumer Service Utilization

From January 1, 2018 - December 31, 2021, 206 adults enrolled in the County’s FSP program. Among these individuals, nearly three quarters (74%) enrolled in the West Slope region and all others enrolled in South Lake Tahoe’s FSP program. Thirty-seven (18%) adults enrolled in the

⁴² Logistic regression is a statistical analysis method to predict a binary outcome, the occurrence of event based on prior observations of a data set. A logistic regression model predicts a outcome variable by analyzing the relationship between one or more variables. In this case, the logistic regression used a return to custody within 3 years of supervision start as the binary variable, with the noted variables in the model.

County’s FSP were also on probation.⁴³ The average length of each person’s FSP episode was 296 days, and on average, each person received approximately 269 hours of service (ranging from approximately 1 – 2,807 hours). Figure 37 below shows the types and amounts of services individuals enrolled in FSP received.

Figure 37. Services Received while enrolled in FSP, by Proportion of Service Type



These data demonstrate that over half (56%) of services were individual treatment and nearly one-quarter (23%) were group treatment. Approximately 14% of services were case management services, including treatment planning and referrals to services, while medication (4%), crisis intervention (2%), collateral contacts (1%), and screening or assessments (1%) comprised all other services received by individuals enrolled in an FSP.

FSP Consumers – Crisis Episodes

Among the 206 FSP consumers beginning services between January 1, 2018 and December 31, 2021, 85 (41%) experienced at least one crisis episode in the year prior to enrolling in FSP. Among these individuals, 25 people experienced two crisis episodes and 14 people experienced three or more crisis episodes in the year prior to enrolling in an FSP. In the year after enrollment, much fewer people (n=29) experienced a crisis episode, and among these individuals, only 10 (approximately 5%) experienced a crisis while engaged with FSP. This suggests that engagement with FSP reduces crisis episodes among participants.

⁴³ Data were available to identify people who were on probation at some point between January 1, 2017 and March 30 – 2021.

Figure 38. Crisis Episodes Prior to and After FSP Enrollment

Crisis Episodes		
	Year Before FSP Enrollment	Year After FSP Enrollment
Number of Consumers (N = 206)	n = 85	n = 29
Number of Crisis Episodes	.46 crisis episodes per 180 days	.44 crisis episodes per 180 days

While fewer people experienced crisis episodes in the year after enrolling in an FSP relative to the year prior, it is noteworthy that over half (57%) experienced at least one crisis episode after exiting the FSP program. This suggests that participants may need additional support when they are stepping down from an FSP.

FSP Consumers - Jail Bookings

Fifty-two FSP consumers (approximately 25%) beginning services between January 1, 2018 and December 31, 2021 were booked into El Dorado County Jail at least once in the three years prior to enrolling in FSP. Among these individuals, 7 individuals had 2 jail bookings and 11 had three or more jail bookings in the three years prior to enrolling in an FSP. After enrollment (for which the average period was 1,103 days), fewer people (n=43) were booked into custody, and among individuals who were booked into custody, they had fewer bookings per 180 days than prior (.66 jail bookings per 180 days compared to .99 jail bookings per 180 days prior to enrollment). Twenty adults were booked into custody while enrolled in an FSP.

Figure 39. Jail Bookings Prior to and After FSP Enrollment

Jail Bookings		
	3 Years Before FSP Enrollment	After FSP Enrollment*
Number of Consumers (N = 206)	n = 52	n = 43
Number of Bookings	.99 bookings per 180 days	.66 bookings per 180 days

* On average, post period was 1,103 days

Forensic FSP - Consumer Service Utilization

From November 2020 – September 2022, 24 adults enrolled in the County’s Forensic FSP program. Four had a history of probation experience. The average length in the program for these individuals was 263 days, and on average everyone received 210 hours of service.

Figure 40. Services Received while enrolled in Forensic FSP, by Proportion of Service Type

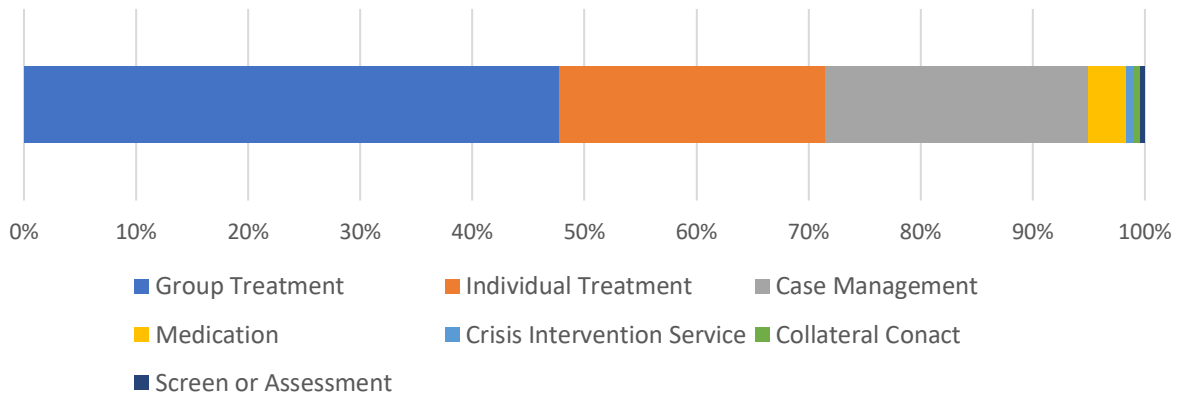


Figure 40 shows that nearly half (48%) of services were group treatment, while individual treatment and case management each made up approximately 24% of services received and nearly one-quarter (23%) were group treatment. Approximately 3% of services were medication administration. Crisis intervention, collateral contacts, and screening or assessments each comprised less than 1% of services individuals received while enrolled in the Forensic FSP.

Forensic FSP Consumers – Crisis Episodes and Jail Bookings

Among the 24 Forensic FSP consumers beginning services between November 2020 and September 2022, 6 (25%) experienced at least one crisis episode in the year prior to enrolling in the Forensic FSP. Among these individuals, 3 people experienced two crisis episodes. In the year after enrollment, no one experienced a crisis episode. However, 7 adults did experience a crises after this period, suggesting continued engagement with treatment services are imperative for this high need population.

Table 9. Crisis Episodes Prior to and After Forensic FSP Enrollment

	Crisis Episodes	
	Year Before Forensic FSP Enrollment	Year After FSP Enrollment
Number of Consumers (N = 24)	n = 6	n = 0
Number of Crisis Episodes	.74 crisis episodes per 180 days	0 crisis episodes per 180 days

Among the 24 Forensic FSP consumers beginning services between November 2020 and September 2022, 7 (29%) were also booked into El Dorado County Jail at least once in the three years prior to enrolling in the Forensic FSP. Among these individuals, 3 individuals had 2 jail bookings and 3 had four or more jail bookings in the three years prior to enrolling in the Forensic FSP. After enrollment (for which the average period was 358 days), only 2 individuals were

booked into custody, and no one was booked into jail while enrolled in the Forensic FSP. These are positive outcomes given the high needs population enrolled in the program.

Table 10. Jail Bookings Prior to and After Enrollment in Forensic FSP

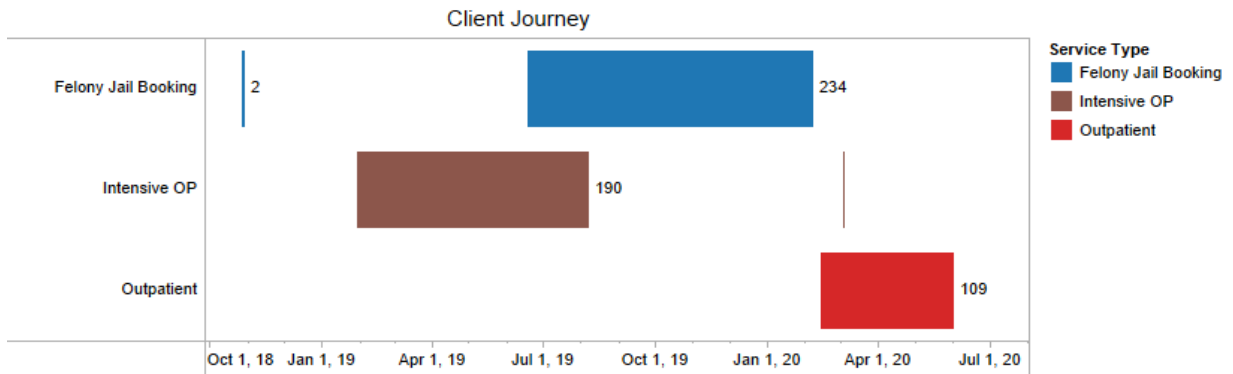
Jail Bookings		
	3 Years Before FSP Enrollment	After FSP Enrollment*
Number of Consumers (N = 24)	n = 7	n = 2
Number of Bookings	.54 bookings per 180 days	.94 bookings per 180 days

* On average, post period was 1,103 days

In 2019, El Dorado developed a bold plan to change the way its agencies collaborated with each other regarding those with mental health needs in the justice system. To sustain this, the following recommendations are a mix of areas to consider exploring as a Stepping Up collaborative, as well as approaches to use to collaborate and inform practice development using data-informed methods. See Appendix 2, 3, and 4 for more information on using forecasting tools as well as process improvement tools and approaches.

1. **Broaden Data Analysis:** Continue to broaden data analysis to better understand the use of different county resources and explore alternatives to incarceration for those with SMI, including the use of pretrial release and community-based services. This could specifically address how community-based services overlap, and how they can best work together. For example, overlaying jail interventions with community behavioral health can help develop “client journeys”. Information like this can then help to understand the different trajectories people are on and how programs overlap, as well as potential points of intervention, program gaps, or missed opportunities. This kind of analysis can be helpful in aligning and braiding funding across sustainable sources.

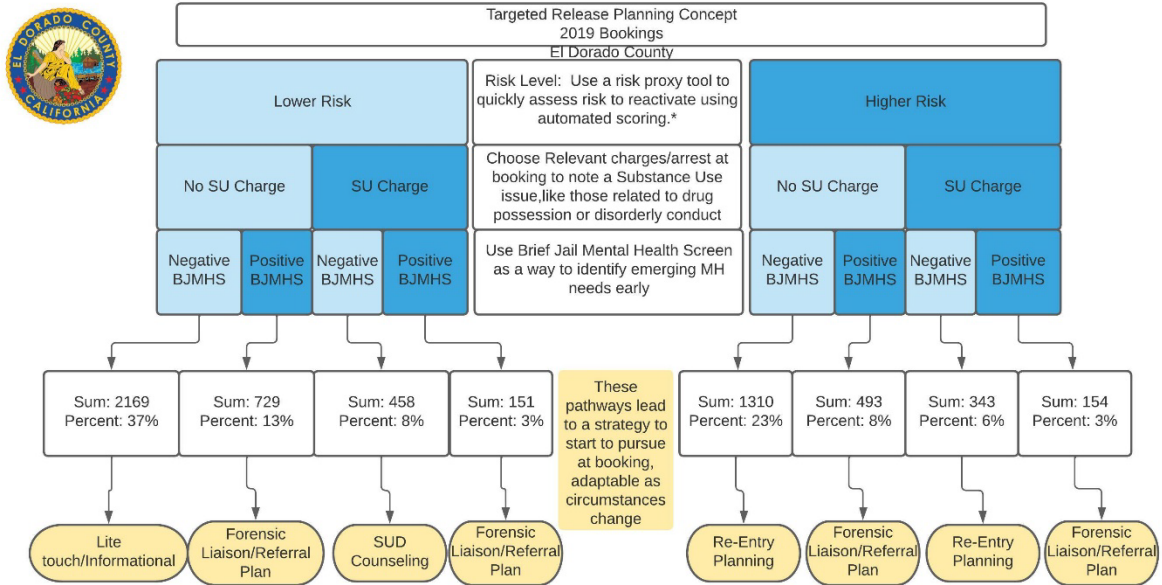
Figure 41. Client Journey Example



2. **Develop a “Release Playbook:”** Develop a playbook for people released from custody that reflects needs as well as release options so that for most people, a plan for release could be operationalized at booking, especially for mental health needs, substance use, and housing, as stabilization at release is imperative. Based on data available at booking, the jail or correctional health could automate basic facts like whether the person is a high utilizer, at

elevated risk of recidivism, has a substance-use related charge or screening, and/or a history of needing mental health services. ⁴⁴

Figure 42: Targeted Release Planning Concept (2019 Bookings) (link)



- 3. CalAIM Enhanced Care Management:** New initiatives by the state will change the face of healthcare and community stabilization after release from jail, but only if the county reimagines how, it shares information and plans for discharge “at booking”. CalAIM⁴⁵ will create several new services that are available to people being released from jail, starting 90 days before release. The challenge will lie in screening and assessing people in the most efficient way possible to enhance care coordination. The Enhanced Care Management (ECM) role will be new, so it is important to define the role, scope, and relationships to ensure this position has a clear operational place in the existing system of care. Planning for the role of ECM will also help to avoid duplication of effort and confusion involving division of responsibilities. El Dorado County is currently building several “warm handoff” and reentry

⁴⁴ This approach is based on one developed by the Council of State Governments to aid in balancing risk and needs of people exiting the jail. In this case, risk is used as a way to allocate resources not something to make release decisions

⁴⁵ California Advancing and Innovating Medical (CalAIM) is still evolving. This site has new guidance as things evolve: <https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices>, and this short summary of ECM is a useful primer <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf>.

functions. It is vital to learn from these efforts so when ECM is available for jail releases, the process and systems are already in place.

4. **Plan for Changes to the Civil and Criminal Courts:** Continue to expand the capacity of mental health diversion and mental health treatment courts to direct people to treatment in lieu of jail terms. In addition, the changing nature of Misdemeanor Competency and the CARE Court⁴⁶ legislation means there will be several new avenues for courts to increase access to treatment and services. However, the new civil courts will need coordination and implementation support to assure people are able to navigate the new system, as well as effectively share information as appropriate. With increases in referrals, there will need to be continued observation of the client population as well as their service needs. On the front end of the system, developing early ways to direct people to collaborative courts will be important, especially as more options and courts become available, with different approaches and missions.
5. **Increase Connections for Reentry Services:** Develop more connections between jail reentry services and community options like the Community Corrections Center (CCC) to find opportunities for alternative custody options, overseen by probation in the field with a strong connection to services and programming. Specifically, services offered at the CCC that focus on cognitive behavioral therapy and educational attainment could meet some of the emerging needs of people in the justice system.
6. **Refine Qualifications for Use of Diversion Programs:** The county should develop a more coordinated approach for how and when to use Mental Health Diversion and Behavioral Health Court. El Dorado County has developed a robust set of diversionary programs involving those with behavioral health needs, specifically pre-trial Mental Health Diversion (MHD) programs for individuals with mental health needs pre-adjudication, as well as post-adjudication programs like the Mental Health Court (MHC). Expansion of these programs can further reduce the jail population of people with SMI but should be undertaken in close collaboration with partners. More coordination at the front end of referrals could assist with routing people to the most appropriate court, as well as moving people between courts if they are found to be a better fit for another court. This coordination could involve reducing wait times for hearings, as well as avoiding a second clinical assessment since the level of care is similar.

⁴⁶ <https://www.chhs.ca.gov/care-court/>

7. **Continue to Develop a Focus on IST:** Continue to develop practices, approaches, and alternatives to custody for people at risk of IST, or where a doubt of competency has been raised. The county has developed a robust Mental Health diversion program, but further effort to reduce the time the IST process takes will improve outcomes. The county cannot control the time it takes to place someone in a state hospital (which is usually between 90-120 days), but it can work to make this process work as quickly as possible where they have control. The County can also proactively work to keep people connected to the court process after competency restoration.
8. **Form a Cross-Agency Team to Formalize Coordination of Assessments and Screenings:** Develop formalized coordination of screenings and assessments so that as more agencies work to assist people during pretrial, Reentry, and in the community, there is a common knowledge of the approaches and tools used. Figure 44 in Appendix 2 shows the range of screenings and assessment used in the County. By developing a standardized way to share and understand each agency’s assessment tools, there can be more opportunities for cross training, sharing of legal information where possible, as well as avoidance of situations where assessments or screenings are used for cross-purposes. This could be operationalized by a cross-agency team that looks for opportunities to expedite release or make linkages for people that otherwise might be held until arraignment or longer. Creating a clear “lead case planner” depending on rules will help navigate when one agency is leading certain parts of a person’s care plan. Also developing an approach to integrate assessments where possible into efforts involving CalAIM.
9. **Increase Use of Evidence-Based Information:** Increase cross-agency briefings and research-informed workgroups to grow awareness of practices and their target population, provide a better understanding of what assessment tools do and don’t do, and develop consensus on the research foundation behind policies and programs. The county should develop a definition of how and when evidence is used, from what sources, and what constitutes various levels of evidence. For example, the Pew Charitable Trusts maintain a database of evidence-based clearinghouse entries that includes justice, health, and child welfare programs rated as to the quality of evidence as well as the impact on outcomes. Using a standard reference source can help unpack concepts like “evidence-based” when looking at complex research studies as well as a consistent source.⁴⁷ This kind of language can then be

⁴⁷ Results First Clearinghouse Database. (2021). Retrieved 7 May 2022, from <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

used to improve contracts, services, and budget discussions to start to disentangle the need to innovate with the need to base programs in “what works”. Further, developing implementation focused workgroups can focus continuous improvement and fidelity to program designs and dosage. This can be under various approaches such as implementation science⁴⁸, or business process reviews (See appendix 4). The program inventory presented in Figure 5 showed how programs and their evidence are linked together.

10. Conduct Recurring SIM Workshops: Hosting a recurring workshop using the Sequential Intercept Model (SIM) would help to create and drive priorities involving justice and mental health systems. El Dorado County has developed and regularly uses the Sequential Intercept Model in terms of mapping and inventorying programs. The SIM can also be an important collaborative planning tool for identifying gaps and prioritizing resources. The output of this would be a prioritized list of actions, as well as gaps for the county to further refine and address as needed across different advisory groups. Since the county has already developed and promoted the system mapping component, using the tool to drive community engagement and prioritization could add a collaborative layer to this work. This would serve the dual goal of giving people the chance to better understand each program and system, as well as give county leaders a more refined list of priorities. These workshops could be done in 2–3-hour sprints, with the results being presented to various oversight bodies. The 2020 SIM gave the community a wide range of programmatic options as well as a prioritization approach that could be repeated.⁴⁹

11. Implement a grant screening template and process to be able to summarize new funding opportunities from the federal and state level to better assist targeted workgroups with identifying and pursuing opportunities that meet criteria for strategic fit or sustainability goals. This kind of approach would rely on a more systematic review of funding, and agendas for regular meetings, instead of the more deadline-driven approach. As it relates to people with behavioral health needs in the justice system, any identified opportunity would be presented in a consistent format as to grant requirements, term, and level of coordination needed. The collaborative group could then identify priorities and staffing required to not

⁴⁸ Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation Science. *International Encyclopedia of the Social and Behavioral Sciences*, 11, 695-702.

⁴⁹ See 2021 Strategic Plan for El Dorado. Accessed 4/26/2023 at <https://www.dropbox.com/s/19vug5chf4762g0/EDC%20Stepping%20Up%20Initiative%20Strategic%20Plan%20-%20December%202020%20FINAL%20CCP%20Approved%201.21.2021%20%281%29%20%282%29.pdf?dl=0>

only write a grant application, but also manage/shepherd it through any county processes. An example template is available in appendix 7.

12. **Develop a standardized CCP sponsored workgroup charter** to guide CCP groups such as the Stepping Up workgroup to ensure consistent and clear staffing as well as group expectations. Complex, interagency work depends on clear roles and responsibilities at the outset and how county staff will manage this in terms of facilitation, agenda development, and short and long term goal setting. Appendix 8 contains an example charter that could be filled in to either continue the Stepping Up workgroup as standalone body or folded into another workgroup. Any changes wouldn't reduce focus on people behavioral health needs, but may clarify how and when behavioral health needs are addressed.

APPENDIX 1: DATA AND METHODS

This section provides an overview of the data used to compile this report and covers the approach taken in each of the sections to describe how usable files for analysis were created. A more complete discussion of the data strategy with recommended approaches and metrics can be found in a separate document. Please see the data strategy from 2021 for more information.⁵⁰

JAIL POPULATION ANALYSIS

O’Connell Research received jail booking data from the Sherriff’s Office for all bookings from 2013 to October 2022 using an extraction from the case management system.

This report primarily focuses on the most recent partial calendar year of 2022, and notes where data is projected. COVID-19 creates a changing environment, so more than ever it will be important to monitor changes in the population.

The analysis of bookings includes individuals who were in jail less than one day, but not “housed” beyond a holding cell. This includes a significant number of individuals who are effectively released in the early decision point of booking.

To summarize the bookings, the report used the attributes of the most serious charge within the booking mapped to the California Department of Justice’s (CA DOJ) hierarchy table.⁵¹ The data file contained over 2,000 distinct statute codes, which were matched to standardized charges used in California for felonies and misdemeanors that assist analysts in automating the research process. This hierarchy was used to categorize each booking by using the most serious charge. Felonies are considered more serious than misdemeanors and within those groupings the top charge is based on severity. For example, if an offender has been booked for felony burglary (PC 459) and felony dissuading a witness (PC 136.1(B)(1)), the burglary would be shown as the most serious crime in describing the booking event.

Throughout this document the terms “most serious charge” or “top charge” refer to this hierarchical approach. However, a booking charge does not reflect the final court charge or outcome. To simplify analyses, charges were grouped into crime categories based on norms set up by CA DOJ and are reflective of nationwide norms in reporting in terms of crime types. For

⁵⁰ El Dorado County Data Strategy. Access on 4/26/2023 here:
https://oconnellresearch.files.wordpress.com/2022/10/eldo-data-system-recomendations_final.pdf

⁵¹ The project matched nearly 9,000 distinct charges to a standardized list, and this has been provided to a county workgroup to implement. At booking, charges reported by law enforcement must be recorded as indicated, thus creating variation in formatting and code designations.

example, if an individual was booked for a theft, it falls under a property offense. These groupings simplify the discussion of new crime bookings to focus on the most serious charge within a booking, and to the extent people enter jail for non-new crime related reasons, shows the underlying offense.

To help organize the data into those with new crimes versus returning for violations of court orders, this report characterizes these major pathways to be more specific about the actions and causes of the jail population. Those entering jail for a new crime are referred to as “new crime” entries. Those who enter jail for factors other than a fresh arrest for a new crime are referred to as “non-new-crime” entries.

Non-new-crime entries include violations of probation and parole, warrants, and court commitments. If a booking includes a non-new crime violation and new charges or “Picked Up” charges, the case is categorized as a “new crime” entry. Non-new-crime entries include several categories:

- ✓ *Warrants.* These bookings can be for court-issued warrants for failure to appear in court, as well as for not appearing for probation supervision. Individuals can also be booked on warrants originating from other county or state agencies.
- ✓ *Court Commitments.* These bookings are instances when the court sends an offender to custody, either remanded at the pretrial stage of the court process or to serve a sentence.
- ✓ *Technical Supervision Violations.* In this report, violations are defined as allegedly breaking the rules, terms, or conditions of probation or parole—not new alleged law violations. If a probation violator was arrested with a new crime, the new crime would be considered the top charge. Probation and Parole technical violations include parole under Penal Code section (PC) 3056; Probation and Mandatory Supervision under PC 1203.2; and Post Release Community Supervision parolees for a violation or flash incarceration under PC 3454. These supervision types are derived from several variables, such as crime statute and booking reason.
- ✓ *Holds and Other.* Offenders brought in for federal holds, as well as court orders to transport an offender to another agency, make up a group of booking types outside the normal groupings. This grouping also includes those being brought to jail as defendants or witnesses in a trial or attending child custody hearings.

Together, new crime and non-new crime entries – new crimes, warrants, technical supervision violations, holds, and court commitments – provide a picture of who gets booked into jail.

To determine the length of jail stays and understand the daily population profile, it is necessary to know who gets into jail and when they are released, which this study will refer to as the “exit reasons.” By understanding who gets into jail through new crime and non-new crimes, and at what point they leave, it is possible to assess key characteristics of the daily population, including the average length of stay and the aggregate jail “bed days” that are consumed in a year. The length of stay is determined by subtracting the release date from the admissions date for those released from custody. The bed days used in a year are calculated across all people in the jail at any point during the year, regardless of when they enter or exit.

PROBATION POPULATION ANALYSIS

O’Connell Research obtained the following data from El Dorado County probation to conduct the probation population analysis:

- Person, Case Level data for all adults on or starting probation from January 1, 2018 through June 30, 2022, including demographic and case characteristics.
- Static Risk Assessment data for all adults on probation spanning assessment conducted January 1, 2018 through December 31, 2021.
- Community Corrections Center Referral and Enrollment Data from January 1, 2018 – July 2020

Probation Population - June 30, 2022, Population Snapshot

Using person, case level data we identified all adults under probation supervision as of June 30, 2022 and utilized descriptive statistics to provide an overview of the population snapshot across race, gender, age, and case type (e.g., formal supervision, post release community supervision). To do so we considered all people who were on an active caseload, and not closed, based on the *Caseload Name* variable to be active as of June 30, 2022. We compared the probation population snapshot with the demographic characteristics of adults living in El Dorado County by accessing publicly available data from the Decennial Census 2020: DEC Redistricting Data (PL 94-171): *Hispanic or Latino, and Not Hispanic or Latino by Race for the Population 18 Years and Over*.

Probation Population - Trends over Time

To examine probation population trends over time we utilized the person, case level data to identify all adults under active supervision at any point from January 1, 2018 through June 30, 2022 utilizing the *Supervision Start* and *Closed Time* fields. We also utilized the *Supervision Start Date* to examine trends in the number of adults starting supervision each year from 2018 through 2022. We projected the 2022 probation starts by doubling the number of new cases from January 1 through June 30. Finally, we counted the number of adults on probation each year by utilizing

the *Supervision Start* and *Closed Time* fields and counting only people active for at least one day each year. We refer to this as the “passthrough population” in the report.

Probation Population - Case Charges

To examine case charges and identify the most serious charge for all adults on probation from January 1, 2018 through June 30, 2022 we assessed all charges each person on probation was convicted of. Using the hierarchical approach described above we identified the most serious charge, or top charge, for adults who were placed on probation.

Probation Population - Criminogenic Risk Classifications and Factors

Utilizing Static Risk Assessment data, we examined each individual’s most recent risk assessment to show the most up-to-date risk (for recidivism) profile of the adult probation population. We collapsed the following risk classifications into one High Risk category for this analysis:

- High Risk – Violent Offense
- High Risk – Property Offense
- High Risk – Drug Offense

We then utilized descriptive statistics to examine recidivism risk score classifications of the adult probation population from January 1, 2018 through December 31, 2021, both aggregated and by year.

To understand the needs of adults on probation we utilized everyone’s first SRA and examined their Big 8 Criminogenic Risk Factors. The SRA includes several questions to determine the level of risk across the following criminogenic risk factors: antisocial personality; antisocial behavior; substance abuse; criminal associates; criminal thinking; employment and school; and family. Based on responses to the questions used to measure each factor, a percentage is generated to indicate each person’s risk level for each criminogenic risk factor. Based on these percentages we identified which Criminogenic Risk Factors were most commonly in someone’s top three risk factors, as well as the average rank of each factor.

Probation Population Connected w/ CCC or Behavioral Health Services

Utilizing CCC Referral and Enrollment data we identified the number of referrals made to the CCC from January 2018 through December 31, 2020, as well as the number of people who were enrolled in services at the CCC. The data was merged using a fuzzy match algorithm that matches names to create a “translation table” to then make analysis easier across systems that don’t share a common identifier.

To conduct the behavioral health service analyses, O’Connell Research received encounter-level data from the Behavioral Health Services Department Electronic Health Records (EHR), spanning all services received from January 1, 2017, through November 30, 2022.

Mental Health and Substance Use Service Episodes – Trends over Time

Using the Behavioral Health EHR data, first we identified the number of people from January 2017 through November 2022 who received mental health (MH) or substance use disorder (SUD) services, as well as those who received both MH and SUD services or cooccurring services. Then, utilizing the first and last *Date of Service* for each person’s behavioral health episodes we identified the number of individuals receiving MH and SUD services each year from 2017 – 2022. Finally, we used the episode *Admission Date* to calculate the volume of mental health and substance use service episode openings each year.

Mental Health Episode Openings by Program Type and Region

To examine more deeply the types of mental health programs people enrolled in, by region, first we categorized mental health programs into the following program types using the *Program* variable:

- Psychiatric Emergency Services
- Outpatient Services
- Outreach and Engagement
- Full Service Partnership
- Justice Mental Health Services
- Justice Full Service Partnership
- Assisted Outpatient Treatment
- Competency Restoration
- Out of County Placement

Across these program types, we reported on the number of episode openings from 2017 – 2022, using the episode *Admission Date*, for all episodes opened by the Behavioral Health Department - West Slope, Behavioral Health Department – South Lake Tahoe, and contracted service providers.

Substance Use Service Episode Openings by Program Type and Region

Using a very similar process that we used to examine mental health episode openings from 2017 – 2022 we categorized SUD programs people enrolled in during this period using the *Program* variable, categorizing them into the following program types:

- Outpatient Services

- Justice SUD Services
- Child Protective Services SUD Services
- Progress House
- Residential Treatment
- Behavioral Health Court
- DUI Court
- Medication Assisted Treatment

Across these program types, we reported on the number of SUD episode openings from 2017 – 2022, using the episode admission date, for all episodes opened by the Behavioral Health Department - West Slope, Behavioral Health Department – South Lake Tahoe, and contracted service providers.

Impact and Analysis

Logistic regression is a statistical analysis method used to predict the likelihood of a binary outcome, such as returning to custody, across sociodemographic characteristics and exposure to specific circumstances. A logistic regression model predicts the outcome variable by analyzing the relationship between it and one or more additional variables.

In this report, using data obtained from the Probation Department, Behavioral Health Department, and Sheriff's Office the logistic regression used a return to custody within 3 years of supervision start as the binary outcome variable. All adults starting probation in 2017 – 2021 are included in the analysis. We coded variables to fit into the categories shown in Table 11 below.

The odds ratio (OR) shown in the table is a measure of association between the exposure variables and the outcome variable – returning to custody within three years of starting supervision (yes/no). The OR represents the odds that the outcome will occur given the exposures, compared to the odds of the outcome occurring in the absence of them. All variables included in the results that have an OR of 1 are the reference categories that all other observations are compared to. So for instance, looking at the Mental Health Episode variable you see that “no” mental health episode is the reference category. Given this, we can interpret the OR in the following way:

- All else equal, after accounting for race, case type, gender, age, risk level, and substance use service engagement, adults who did have a mental health episode (“yes”) had over twice the odds of returning to custody than people who did not.

The p-value represents the confidence we have that the OR outcome is not a result of chance. In this example, we see a p-value of .001; this suggests we can state with 99.9% confidence that the association shown between having a mental health episode opened and returning to custody is not a product of chance. In other words, this is a statistically significant finding. It is customary to use a p-value of .05 to determine statistical significance, however it would make sense to continue to monitor characteristics that are associations with custody return rates at a p-value at or below .1 , since we can be 90% confident these associations are not a produce of chance.

Table 11. Logistic Regression Examining Associations Between Criminal Justice, Behavioral Health, and Demographic Characteristics and Returns to Custody

Criminal Justice, Behavioral Health, and Demographic Characteristics	Odds Ratio (SE)	P Value
Race		
White	1.00	--
Black	.51 (.14)	.013
Hispanic	.93 (.15)	.657
Other/Unknown	.77 (.14)	.147
Case Type		
Formal Supervision	1.00	--
PRCS	.78 (.10)	.067
Gender		
Female	1.00	--
Male	1.26 (.15)	.15
Age		
18-25	1.13 (.18)	.442
26-35	1.11 (.14)	.415
36-45	1.00	--
46-55	1.20 (.19)	.237
Over 55	.53 (.10)	.001
Mental Health Episode		
No	1.00	--
Yes	2.05 (.18)	.001
Substance Use Service Episode		
No	1.00	--
Yes	.61 (.42)	.477
Risk Level		
High	1.18 (.16)	.214
Moderate	1.00	--
Low	.68 (.09)	.003
Missing	.84 (.16)	.369
Year Starting Supervision		

2017	1.00	--
2018	.93 (.13)	.631
2019	.88 (.13)	.393
2020	.59 (.09)	.000
2021	.51 (.09)	.000

The vast majority (95%) of individuals who are released from jail will return to the community immediately, and ultimately almost all individuals who serve prison sentences return after serving their prison term. The need for “reentry” happens within a few days for most of all bookings. By pre-emptively planning for Reentry at booking and developing protocols to assist in situations where someone is released within a few hours of notice, an organized strategy can be put into place.

“Reentry” is the term used to describe the process of releasing individuals from prisons and jails back into their community. This process can take different forms based on:

- the sentence imposed by a judge,
- the resources of a local community, and
- the person’s readiness to make life changes or engage in programs.

This definition is also very broad, and as partnerships and funding have proliferated to support people, there is more need to define roles, responsibilities, and areas of expertise.

Reentry planning begins when an individual is admitted to a jail or prison and extends after their release. However, the way a person is released impacts the options, strategies, and partnerships available. The Sequential Intercept Model (SIM) presented above shows the options and services available in Intercept 4: Reentry, and Figure 43 shows the general flow of people in and out of custody depending on their sentenced status. The list below shows the different legal statuses at release, and there are also a range of programs in place across several agencies that aim to break down barriers, connect people to services, and assist in people’s Reentry.

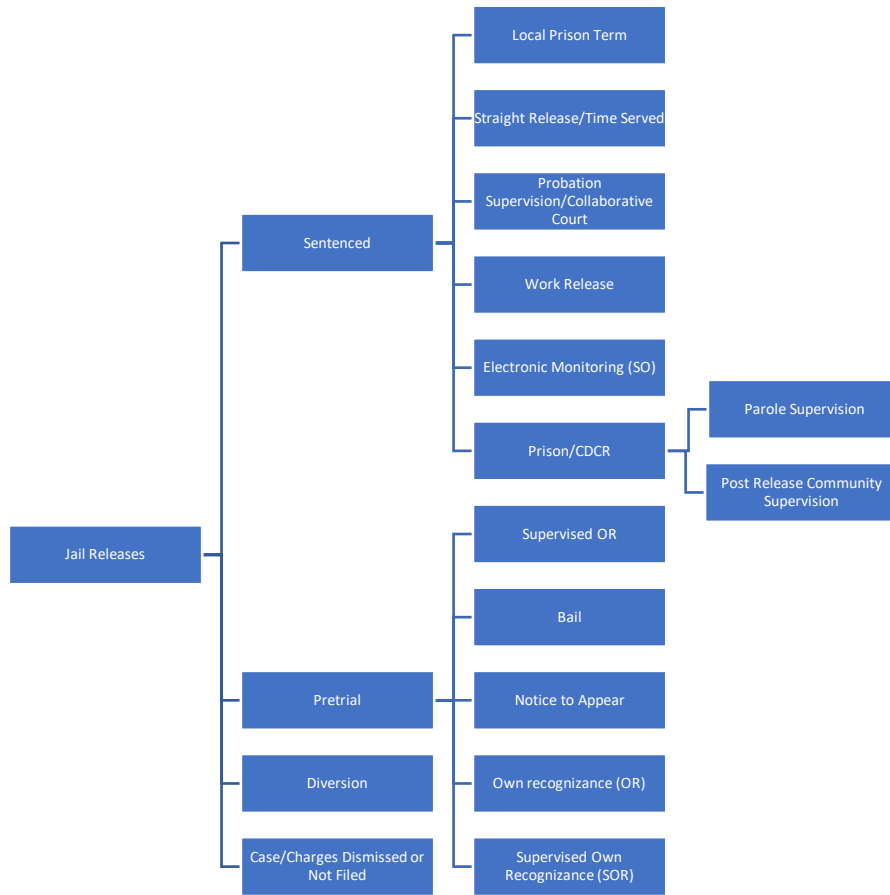


Figure 43: Generalized Reentry Model

Figure 44 below maps the numerous agencies and screening or assessment tools used, and how those tools are generally utilized or shared. The screening and tools fall into several categories:

- Clinical and medical assessment
- Jail classification and housing
- Risk to reoffend and criminogenic needs
- Screening for social service needs
- Pretrial misconduct risk

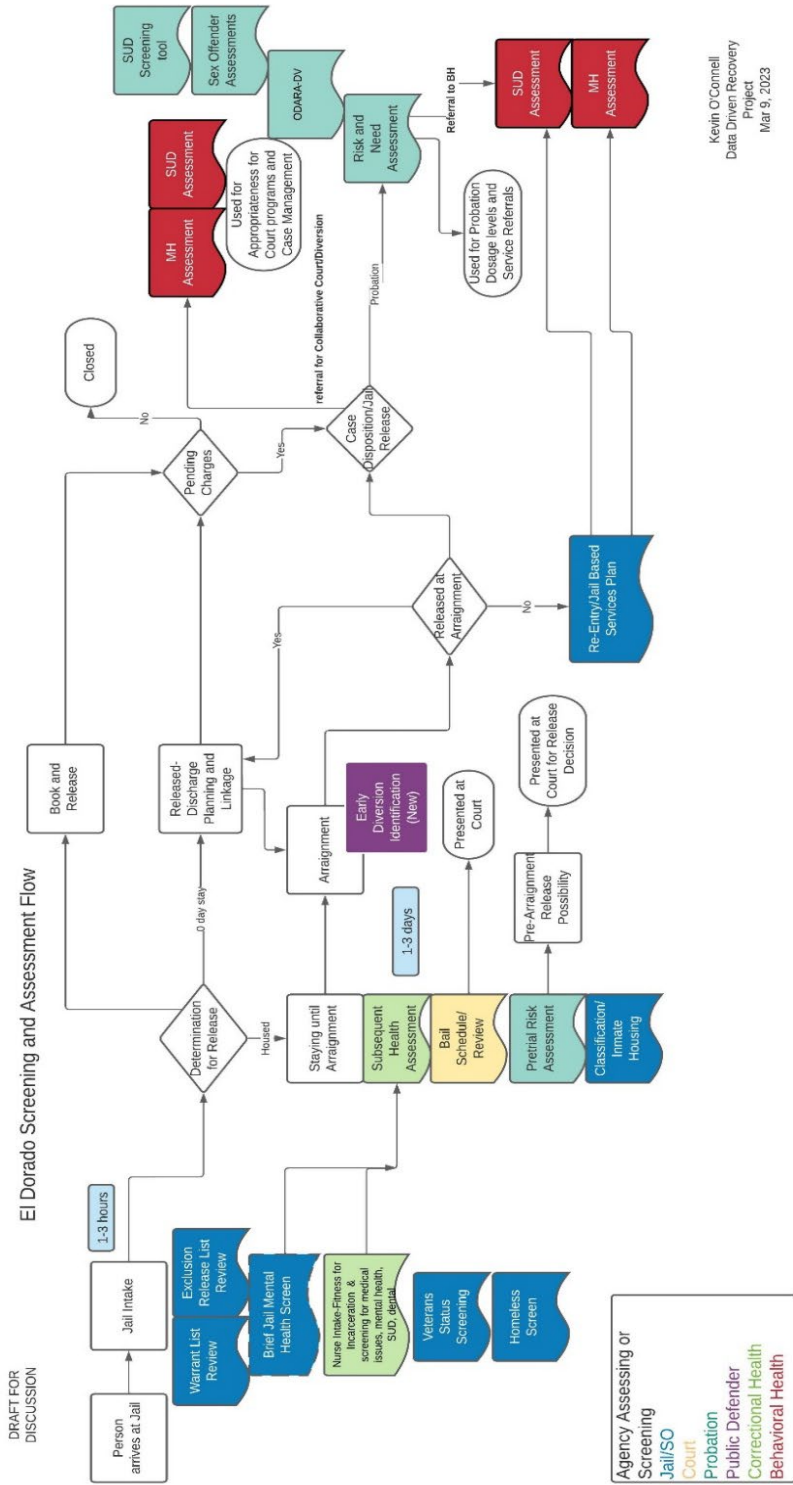


Figure 44: Map of Assessments and Services from Booking ([link](#))

As more agencies offer Reentry and linkage services, screening and assessment becomes more important, as does utilizing and sharing results as appropriate, following all CERPA And HIPPA guidelines. Also, as new efforts ensuring warm handoffs expand, so does the need to identify who needs a warm handoff early in a jail stay.

New reentry opportunities like funding under CalAIM⁵² for services up to 90 days before release will require working partnerships and alignment to ensure people exiting jail can access these services and clients understand the range of options offered. CalAIM's goal is to engage with people that meet specific clinical criteria and to stabilize their health, assess their health, social, and economic needs, and provide intensive care management to prepare for a successful reentry into the community. This should result in "warm handoffs" to receive what they need at release, as well as more intensive services like Enhanced Care Management or Community Supports (e.g., housing or food supports) available upon Reentry if offered by their managed care plan. This new entitlement for people covered under Medicaid offers a new set of funded options but needs to be interwoven into the current approaches and programs that also link and support people during Reentry. Since CalAIM is a system of care that extends beyond just justice involved people, it has the potential to fund services, workforce, and technology at countywide level, however it needs to be designed to work with existing justice processes and partnerships.

Risk and Needs Assessment

There is a large body of research concerning the critical factors associated with the future risk of recidivism. These are often divided into the risk factors that change over time (dynamic) and those that do not (static).⁵³ The "risk principle" can help guide agency planning to reserve justice system involvement and related services for those likely to come back in contact with the justice system. For instance, looking at people that score as "low risk" can add another layer of decision making to identify inmates that are candidates for release to alternatives, or to the community and services. This would be an approach that addresses needs and assumes low-risk clients may need connections and services but not higher levels of intervention and treatment dosage.

Also, developing specific treatment spaces for individuals assessed at low for recidivism can also avoid mixing them with people who were assessed to be at high risk for recidivism, which can be detrimental to individuals engaged in an ongoing intervention.⁵⁴

⁵² California Advancing and Innovating Medical-CalAIM Justice-Involved Initiative. (2022). Retrieved 12 May 2022, from <https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx>

⁵³ Bonta, J. and D.A. Andrews (2007). Risk-Need Responsivity Model for Offender Assessment and Rehabilitation. Ottawa: Public Safety Canada.

⁵⁴ Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2006). The Risk Principle in Action: What Have We Learned From 13,676 Offenders and 97 Correctional Programs? *Crime & Delinquency*, 52(1), 77–93. <https://doi.org/10.1177/001128705281747>

Examining dynamic risk factors can help direct services to those with the most pressing needs, especially substance use and unmet mental health needs. Sometimes mental illness is seen as a responsivity issue. Mental illness alone is often not the cause of future criminal behavior, however it often precludes treatment engagement and happens alongside substance use.⁵⁵ Integrative interventions should be an extensive coordinated network of criminal justice responses and community services to hold people accountable for stopping violent and threatening behavior, while addressing the underlying needs with interventions. Matching the right programs at the right time for the individuals needs plays a vital role in behavior change. The ideas of general and specific responsivity state that interventions themselves need to be highly effective, including being targeted to characteristics of the person.⁵⁶

General responsivity points to the kinds of programming that are effective at changing behavior and how people engage with probation and program staff. The dosage of probation, treatment needs, and treatment programming needs to be cohesive. Specific responsivity covers a range of issues, each with its own research base. The overarching idea is that changing behavior needs to acknowledge and engage people and enhance their motivation to change. Responsivity issues are usually seen as not contributing to or predictive of further justice involvement but are a barrier to effective treatment. Examples include, but are not limited to:

- Gender
- Ethnicity, Language, and Cultural Attributes
- Serious Mental Illness
- Homelessness

Pretrial Assessment and Monitoring

Pretrial risk assessment, in most instances is focused on offering risk-based release options for people early in their jail stay, with the focus on being crime free during their pending case as well as appearing for all court dates. The Probation program is currently using the Virginia Risk Assessment to screen nearly people booked into the jail.⁵⁷ The VPRAI is an automated tool that doesn't require an interview, so it can scale to cover more of the jail population and be included in pretrial reports to the court recommending different types of pretrial release and monitoring.

⁵⁵ Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, 35(2), 110–126. <https://doi.org/10.1007/s10979-010-9223-7>

⁵⁶ Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: LexisNexis Matthew Bender.

⁵⁷ <https://www.edcgov.us/Government/Probation/sb36-ab3364>

The VPRAI uses a research-based algorithm to estimate the likelihood of a new arrest during pretrial as well as likelihood of failing to appear in court. These scores are then compiled into release recommendations to assist in developing the appropriate level of monitoring.

The release monitoring level, along with the recommendation, goes to court for a pretrial release decision. The level of concurrence between the assessment tools results, probation's recommendation and the court decision are helpful indicators of how this system works. Like most risk-based options, there needs to be an equilibrium between county partners tolerance for "risk", such that the county takes sufficient risk for pretrial misconduct around new arrests or failing to appear during the case.

Brief Jail Mental Health Screen (BJMHS)

The use of screening tools to better inform correctional and health decisions is a growing practice among counties across the United States, with 22% reporting screening for Mental health needs. Screening tools are different from Assessments in that they are quicker to administer, but often based on questions or concepts found in much more complex and lengthy tools. The screens use questions that get at different aspects of a diagnosis to help in triaging clients for further follow-up. Past studies have shown low rates of detection in jails for those with mental illness, which has moved screening strategies into several best practices.

The El Dorado County Jail implemented the Brief Jail Mental Health Screen (BJMHS) as a screening tool designed to identify individuals in jail who may be experiencing mental health issues. It is a brief, self-report questionnaire that is administered to nearly all individuals during the booking process, making it invaluable as a universal way to refer people for follow up as well as look at the jail population more globally, especially people that stay short amounts of time. The BJMHS includes nine questions that ask about current mental health symptoms, history of mental health treatment, and history of suicidal behavior. The validity of the BJMHS has been studied in several populations, including both male and female inmates in jails and prisons. Overall, research suggests that the BJMHS has good sensitivity and specificity for identifying individuals with mental health needs.

Overall, while the BJMHS is not a diagnostic tool, it can be a useful first step in identifying individuals who may need mental health services while in jail. It is important to note that the BJMHS should be used in conjunction with other assessments and evaluations to ensure that individuals receive appropriate care.

APPENDIX 3: CASELOAD SHIFTS AND PROJECTIONS – JAIL POPULATION EXAMPLE

Using a clear methodology to calculate caseload shifts and projections across county agencies the county can better communicate policy goals and begin developing a consensus using concrete steps to achieve goals such as reducing the jail population in the near term, while continuing to adapt to an ever-changing world. The approach used here gives justice stakeholders a clear set of parameters regarding alternative resources and how to see tradeoffs in populations, while providing leadership a clear baseline expectation in the following domains:

Jail admissions	Length of Stay	Returns to Custody
<ul style="list-style-type: none">• Reduce the number of jail admissions to only book those into custody that pose a public safety risk	<ul style="list-style-type: none">• Reduce the length of stay in custody through specific policies, programs, and diversion	<ul style="list-style-type: none">• Reduce the number of people returning to custody through appropriate levels of treatment and programming

Even though a policy may change how the justice system is used, it should also consider other goals and partnerships to make the changes more sustainable and more impactful.

Disparities	Behavioral Health	Partnerships
<ul style="list-style-type: none">• How will the policy impact race, gender, or geographic equity?	<ul style="list-style-type: none">• How will the policy impact access and engagement with treatment?	<ul style="list-style-type: none">• Are there opportunities to “Make it stronger” through partnerships via inter-agency and community collaboration?

Some of examples of the types of projections the county may consider include:

- Estimate the long-term growth in new alternatives like mental health diversion.
- Develop housing and treatment alternatives and estimate the number of beds, or caseload sizes.
- Look at how reducing recidivism would impact the jail population and other caseloads like probation.
- Estimate the impact of increasing pre-trial releases for specific populations.
- Plan for varying levels of care and treatment/service intensity

Although several strategies are meant to address multiple approaches that could reduce recidivism, reductions for specific populations should be modeled with a reasonable expectation

of impact. These approaches are more involved than simply examining the mental and criminogenic states of individuals before and after a jail stay or intervention, since some people will still return to jail despite treatment, so the chance of recidivism must also be incorporated.

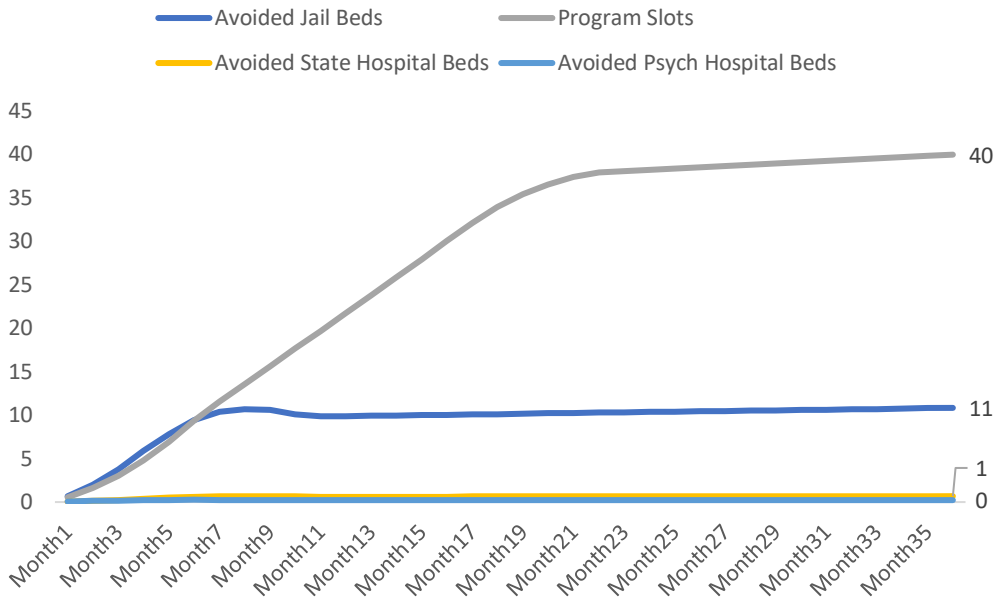
Example 1: Projecting caseload shifts for Mental Health Diversion

Court based treatment programs are both designed to use the court process to engage people in treatment, as well as offer an alternative to incarceration. There are two distinct approaches: *diversion*⁵⁸ for clients who would not have the conviction on their record (pre-plea) if treatment is completed, and *post-plea treatment courts*⁵⁹ where the client avoids a jail sentence if treatment is completed. In both approaches, the analysis is used to calculate the kinds of costs and caseloads being avoided when people diverted to programming. This can be most useful when trying to either adjust an existing set of diversion and treatment court options, or when adding new capacity. Since so much of the challenge around developing court-based treatment programs is in understanding multiple impacts across systems, it is important to have a clear understanding of the value created, but also the treatment capacity required as a program develops. The model in Example below assumes 10 more people are referred to a diversion program per month, with 65% accepted. This avoided 120 days in jail, but also lowers the likelihood of entering psychiatric hospitals or state hospitals (and the associated length of stay). Looking at both the programmatic impacts, as well as other systems of care gives stakeholders a broader view of impacts of program choices.

⁵⁸ California Penal Code 1001.36 allows some people with mental disorders to receive treatment when they are charged with a crime. This program is known as “mental health diversion” in California. If the defendant successfully completes treatment, the criminal charges will be dismissed. The record of the arrest will then be sealed for most purposes, and it will be as if the arrest had never happened. Penal Code 1001.36 resulted from the passage of California Senate Bill 215 (SB 215). It became effective on June 27, 2018.

⁵⁹ Mental health courts (MHC) are a form of collaborative court that provides specific services and treatment to defendants dealing with mental illness. Mental health courts provide an alternative to the traditional court system by emphasizing a problem-solving model and connecting defendants to a variety of rehabilitative services and support networks. Each MHC has different participant requirements and available services.

Figure 45. Mental Health Diversion Caseload Impact Example



Example 2: Caseloads with varying levels of care or intensity

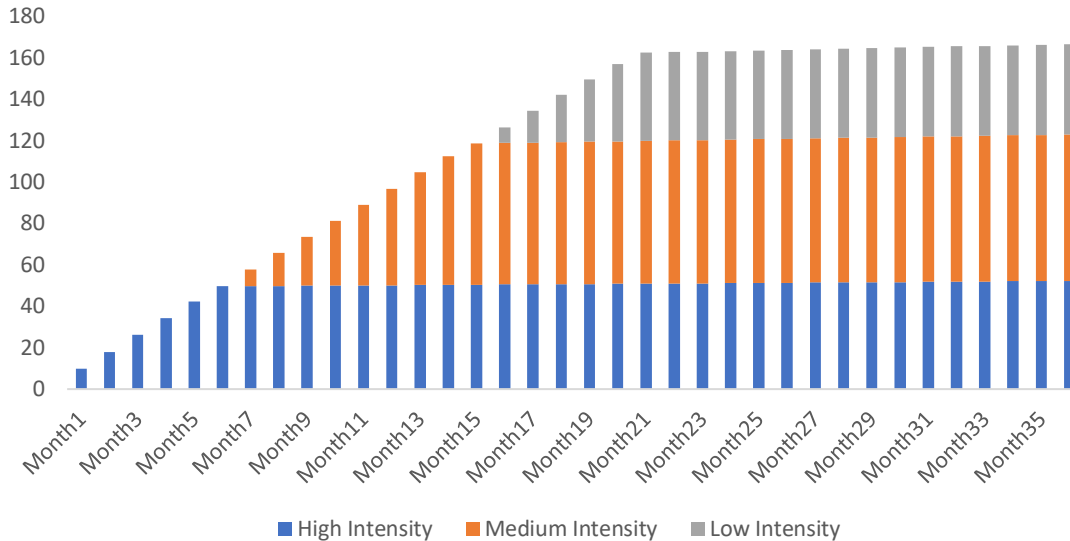
FSP is unique in that individuals move through various stages of the program based on their need, and the actual services underlying them can vary by program. In this “whatever it takes” model, it is more important to look at levels of intensity than just program admittance, especially when there are targets for stepping people into different levels, as well as budget implications. Individuals start with the most intensive services, move to more moderate services, and finish with lower intensity services. This allows for more flexible use and

forecasting, as well as set goals or benchmarks. Each level of service varies by cost and duration, as well as the proportion of cases that are closed. The model used here estimates the monthly caseloads for each level of intensity at 180 days at high intensity levels of care, 270 days at moderate levels of care, and 180 at lower intense levels of care based on length of time for those who successfully move through each level, the rate participants close out of each intensity level, and the time to closure. Figure 46 shows how people flow through levels of intensity, moving from high, the medium to low, with the amount of time in program either a policy goal or done through analysis. This can be changed to see how different lengths of time in each level of care

LOS FSP Intensive	180
Closure Rate	20%
Time to Closure	30
LOS FSP Moderate	270
Time to Closure	60
LOS FSP Light	180
Time to Closure	90
Average FSP Length	491

can change the total caseload size as well as expand treatment options. These lengths of time can be changed to look at new or different caseloads allocation.

Figure 46. FSP Program Example – Program Slots Over Time



Incorporating Costs

This document uses caseloads and general reductions in jail ADP as proxies for cost. However, the county should be careful when comparing different types of costs, as it will make certain policy options attractive, even when they represent costs that cannot be recovered. The cost-benefit of any policy should consider operational costs whenever possible, but in the justice system most costs grow in “steps” due to changes in workload/caseloads or opening/closing of housing units. Please see appendix 3 for more details about costs.

The approach used here assumes “budget savings” is not a reality in the short term, but a way to conceptualize tradeoffs between how competing services use existing resources, or approaches that could slow cost growth over time. The shifting of costs can give the county a full view of change in policy or programs, but also have implications for shifting costs to a different budget area. Appendix 3 contains suggestions about developing operating cost estimates, as well as approaches for looking at cost shifts and outcomes. If reasonable and conservative estimates can be developed, they can better guide near-term program development, budget creativity, and identification of new funding streams to shift costs.

As with any program, impacts should be specific and measurable, but there are unknowns that would need ongoing monitoring, as well as overlaps in populations that could change the estimates. Recommendations of jail reductions should be taken with caution, especially in the era of COVID-19 with many unknowns. Below are several steps that should be taken when forecasting:

1. **Create a baseline:** The first step in the forecast method is to make specific assumptions about admissions and length of stay over time. This can be adapted to look at specific growth in admissions or length of stay, but here they assume no growth. It is vital to look at specific target populations that may have different admissions or length of stay expectations. For the purposes of this example, looking at differences in race and behavioral health needs was a priority to ensure any innovations do not have negative impacts, or through innovation, can reduce these impacts.

✓ *COVID-19 makes many baselines inherently complex in understanding how things will play out in different scenarios.*

Fully understanding the tradeoffs of the use of jail is a key part of building a baseline. There will always be subpopulations or qualities that cannot be identified through data, but these steps are a starting point for implementation. Also, efforts are taken to avoid the duplication of populations between recommendations to estimate total jail bed avoidance.

2. **Identify specific policy impacts:** To create a baseline, the process looks at key questions to inform the ongoing impact as well as timing of reductions, such as:
 - Will the effort be retroactive and impact people sentenced or currently in custody?
 - Does more work need to be done to be specific about the needs or definitions to meet various legal (like “non-violent”), clinical (serious mental illness), and housing needs (unhoused/homeless)? This can be important in both developing funding strategies as well as operational details. If a population can’t be defined and identified based on a criterion, a new strategy becomes more difficult to implement.
 - How does the policy overlap or conflict with other efforts?
3. **Work with stakeholders on implementation details:** Through a team or workgroup, develop the changes in procedures, budgets, or workloads to enact the policy. No recommendation or projection that operates at the policy or system level is ever 100% accurate, so the value comes from alignment and implementation. Stakeholders can also help reduce duplication of efforts and identify where policies might overlap. By collaborating with stakeholders across

county and city agencies, as well as community advisory groups, the county can continually address and incorporate information and insight into its expectations for managing the jail in a way that aligns with the purpose of incarceration, while increasing access to treatment and reducing racial disparity.

4. **Use a problem solving framework to specify and implement:** Through the same team or workgroup, county partners should use a problem solving framework that looks at the process, procedures, and project management of linking goals with resources and system change. See Appendix 4 for more information on the problem solving tools that develop new input, ideas, and program designs.

APPENDIX 4: COST ANALYSIS AND OUTCOME OVERVIEW

Having a basic understanding of what drives agency costs for various parts of the system can bring a better understanding of how justice and human service agencies can work together to divert or refer clients to programs and services best situated and funded to meet the volume of clients. Building out this approach requires data from fiscal perspectives as well as operations, to ensure cost estimates have both a basis in budget reality and are attributed to the right operational aspect of a system of care. This approach is embedded in the El Dorado Xchange project which aims to align resources and impacts to program changes.

The outline overview includes the following:

- Cost Analysis: This compendium of costs lays out an approach tabulating costs across justice, behavioral health, and homeless services and applies them to the proper resource.
- Payer Perspective and Revenue Sources: Revenue can come from several sources. Ideally, costs are shifted or avoided to revenue sources most able to sustain a program. Changing policy can shift costs between levels of government as well as within budgets.

COST ANALYSIS

Costs need to be broken down by those that are fixed, versus those that vary based on the number of people served. The simplest approach is an average cost, but this could overstate the impacts of certain types of resources since these includes many kinds of costs. Differentiating cost types can be challenging because costs vary in how they are put into practice. Costs can change in several ways:

- **Average Costs**: The total cost of a resource, divided by the output as measured by the appropriate unit (e.g., average population, bed days, referrals)
- **Fixed Costs**: These are costs that do not change in response to output, such as insurance premiums or debt service. Many management positions, as well as IT costs could also be grouped here.
- **Step-Fixed Costs**: A cost that remains constant up until a threshold is reached, and capacity must be added/deducted. The constant can be related to legal standards or staffing, but as workloads change, these will respond slower than true variable costs.
- **Short Term Operating Costs**: The cost that is impacted as soon as the output changes. This could be looked at as “For every 1 unit change in workload X, the demand for Y changes by Z%”. These are true marginal costs and are areas where true cost savings can take place.

- Long Term Operating Costs: The combination of short-term operating costs and Step fixed costs such that changes in output would take longer to respond.

With multiple agencies and approaches, developing cost drivers is a key step in developing a consistent approach for assessing the impact of a program from a fiscal perspective. The list below details common expenses that make up the costs of the resource, broken out by law enforcement and custody, courts and probation, and behavioral health costs.

JUSTICE COSTS - ARREST AND CUSTODY

	Arrest	Jail
Unit of Output	Per Arrest	Per Bed Day
Types of Unit Costs	<ul style="list-style-type: none"> • Wages and Salaries of Front-Line Law Enforcement and average time spent on calls resulting in arrest • Gas and car maintenance • Booking Fees into jail • Investigations or evidence teams 	<ul style="list-style-type: none"> • Wages/Benefits of Jail Direct Service staff • Training • Travel (in county and out of county) • Food • Laundry • Clothing/Personal Items • Supplies • Pharmacy • Medical/Dental Services • Mental Health Services such as crisis beds, inpatient beds, and outpatient • Jail Transportation to Court

JUSTICE COSTS- COURT AND PROBATION COSTS

	Probation	Dispositional Court Process	Treatment Courts	State Hospital
Unit of Output	Per Probationer Day	Per Filing or Disposition	Per Client	Per Bed Day

Types of Unit Costs	<ul style="list-style-type: none"> • Wages/Benefits of case carrying officers • Training • Travel (in county and out of county) • Supervisory Supplies (testing, etc.) • Duplicating/Printing • Professional Services (e.g., Mental Health and Substance Abuse, or Counseling/Therapy) 	<ul style="list-style-type: none"> • Wages/Benefits of Judges/Courtroom Staff • District Attorney Assigned to Criminal or Court Calendars, and case investigators • Public Defenders office • Training • Travel (in county and out of county) • Supplies/Duplication • Bailiffs/Court Security • Interpreters • Court Funded Investigation • Psychiatric Assessment 	<ul style="list-style-type: none"> • Time spent by collaborative court team (Judge, DA, PD, Treatment, etc) on the treatment Court Calendar • Differential Treatment Costs • Referral Assessments for eligibility 	<ul style="list-style-type: none"> • Clinical Staff • Front line Security Staff • Training • Travel (in county and out of county) • Food • Laundry • Clothing/Personal Items • Supplies • Other marginal costs • Pharmacy • Medical/Dental Services • Court Reports
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HEALTH AND BEHAVIORAL HEALTH

	Outpatient	Inpatient/Residential/ Psychiatric Hospital	Crisis Stabilization Costs
Unit of Output	Per Bed Day	Per Bed Day	Per Bed Day
Types of Unit Costs	<ul style="list-style-type: none"> • Evaluation/assessments • Crisis services • Case management/care coordination • Counseling • Medication management 	<ul style="list-style-type: none"> • Evaluation/assessments • Crisis services • Case management/care coordination • Counseling • Medication management 	<ul style="list-style-type: none"> • Evaluation/assessments • Crisis services • Counseling

Ideally, a strategy does not just shift costs, but represents a better long-term strategy for funding for both the client as well as the county. By assigning the relative cost to each level of government, the strategies used for shifting costs from one funding stream or resource is clearer. By understanding cost shifts (and making them transparent), the various parties have a shared understanding of who, when and how much, different parties benefit or are burdened by cost shifts. If partners are really working together, they will help find ways to reallocate some of their own dollars to improve outcomes and lower overall costs. In other words, both jails and hospitals can financially benefit by shifting to a more sustainable option in the community and should help find ways to finance the long-term shift.

This shift will not always be cost savings, but represents a change in resource allocation, or move to more stable funding streams:

- City: The proportion of a cost that is born by city general fund. This can come from revenue sources like taxes, grants, or allocations from state and federal governments.
- County: The proportion of costs that are born by the county-controlled funds, be it the general fund or allocations such as various Realignment Funds.
- State: The proportion of funds controlled by the State, through spending bills determined every year or other state level allocations. Examples include MHSA funds, or services paid for by the state general fund.
- Federal: The proportion of funds controlled by the federal government, either through spending or through reimbursement. Examples include Medicaid, Housing, and other entitlement programs.

Calculating costs from these perspectives can vary by program or context, with the key consideration being the baseline or normal share across the population served. The more accurate these calculations, the more accurate the shift in resource allocation when applied to different programs. When considering how to allocate the correct percentage, the easiest way to think about this is to look at who controls the actual funds and how they are spent. For example, even though the state allocates 2011 realignment funds, how that money is spent is a county decision. The perspective is important in both estimating the cost of the program or intervention, as well as the various system inputs.

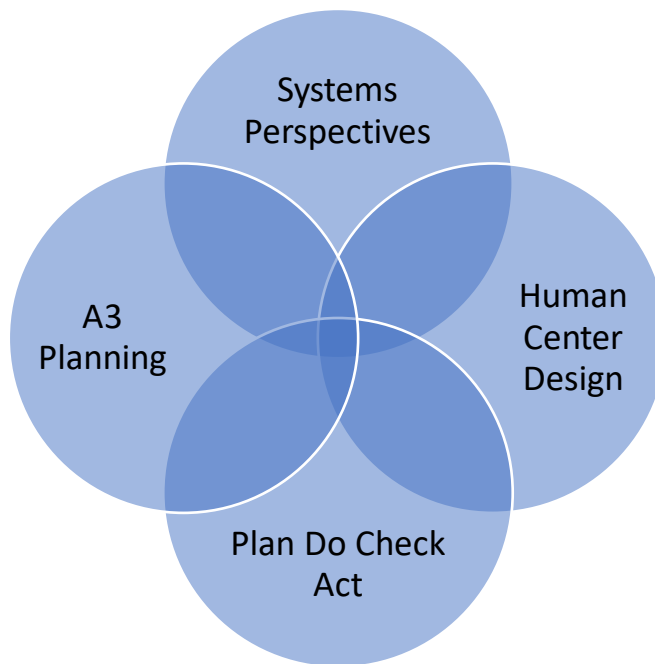
One consideration for these amounts can also be reimbursement rates, and how to account for the actual cost of an intervention, versus what can be collected from various billing statements. Another consideration is the role of one-time funds or grants in looking at the long-term funds for a project. Since many grants can start a project, when the grants end, there needs to be sustainable plans for continuing a program.

OUTCOME MEASURES

Although measuring changes in caseloads based on tradeoffs between two resources is one way to look at program impacts and their monetary value, a more important way is to look at how a program impacted or changes outcomes we care about. Importantly, as the sophistication of analysis increases regarding outcomes, so does the explanatory power. For impact analysis, there are several ways to measure impacts and contextualize the methods. The kinds of outcomes of interest that we care about may be different from the ones that can be monetized. The list below presents key outcome measures that are commonly used in justice and behavioral health and can be monetized in a straightforward way.

Area	Outcome	Definition	Preferred Direction
Justice	Arrests	The number of times a client was taken into custody and booked into jail	Down
Justice	Jail days	The number of bed days spent in a jail	Down
Justice	Court filings	The number of new court filings in criminal court	Down
Justice	Probation days	The number of days under probation supervision	Varies
Justice	Psychiatric Assessment	The number of psychiatric assessments ordered and completed	Varies
Housing	Shelter	The number of nights spent in a homeless shelter bed	Down
Housing	Supportive Housing	The number of nights spent	Up
BH	Outpatient Services	The number days or service hours in treatment	Up
BH	Inpatient BH Services	The number of days in a residential or inpatient treatment setting	Down
BH	Crisis Stabilization	The number of days in a crisis stabilization unit	Down
BH	Psychiatric Hospital	The number of days in a psychiatric hospital	Down
BH	State Hospital	The number of days in a state hospital facility	Down
Health	Emergency Room	The number admission into an emergency room	Down

Program improvement methods vary considerably in function, level of effort, and complexity. They can range from quick-fix actions an organization can implement regularly without formal tools or team participation, to week-long events that require more in-depth planning, participation, and formal tools. Designed to reduce waste and improve efficiency, these methods can be used for a variety of purposes—from identifying priority programs to designing and implementing faster and less complex ways of delivering key services. The following is an overview starting with elements of human centered design, that try to better understand how a person really experiences the program or process, then attaching rigorous action steps to correctly identify the problem (Plan, Do, Check, Act), as well as analyze the current state before moving to solutions. The A3 planning approach is a container or format to keep all the efforts in one place.



Utilizing a Systems Perspective

Utilizing a systems perspective entails looking at where a program or process fits into a larger countywide system of care. The tools in this section use several approaches to give

people a framework and common language to address a system’s needs. The descriptions of each of these tools is below in the table.

METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
Behavioral Health Continuum	This document gives a visual overview of the behavioral health continuum and links programs to their evidence base	Use this method to clearly inventory programs and practices that support people across levels of care.	To develop a program that blends the needs existing full service partnership programming resources with justice programs.
Housing Continuum	This document gives a visual overview of the housing and homelessness continuum of care	Use this method to identify housing that can be used to support people at various stages of need, and to educate stakeholders about different funding streams	To create a program that links homelessness prevention efforts with behavioral health
Sequential Intercept Model for Justice Systems	This framework shows how different programming and diversionary options are placed among justice and social service agencies	When the goal is to develop alternative programs or process that are embedded at different points of the justice process	Look for gaps and priorities around increased alternatives to incarceration

Inspiration and Ideation: Human Centered Design and Brainstorming Solutions

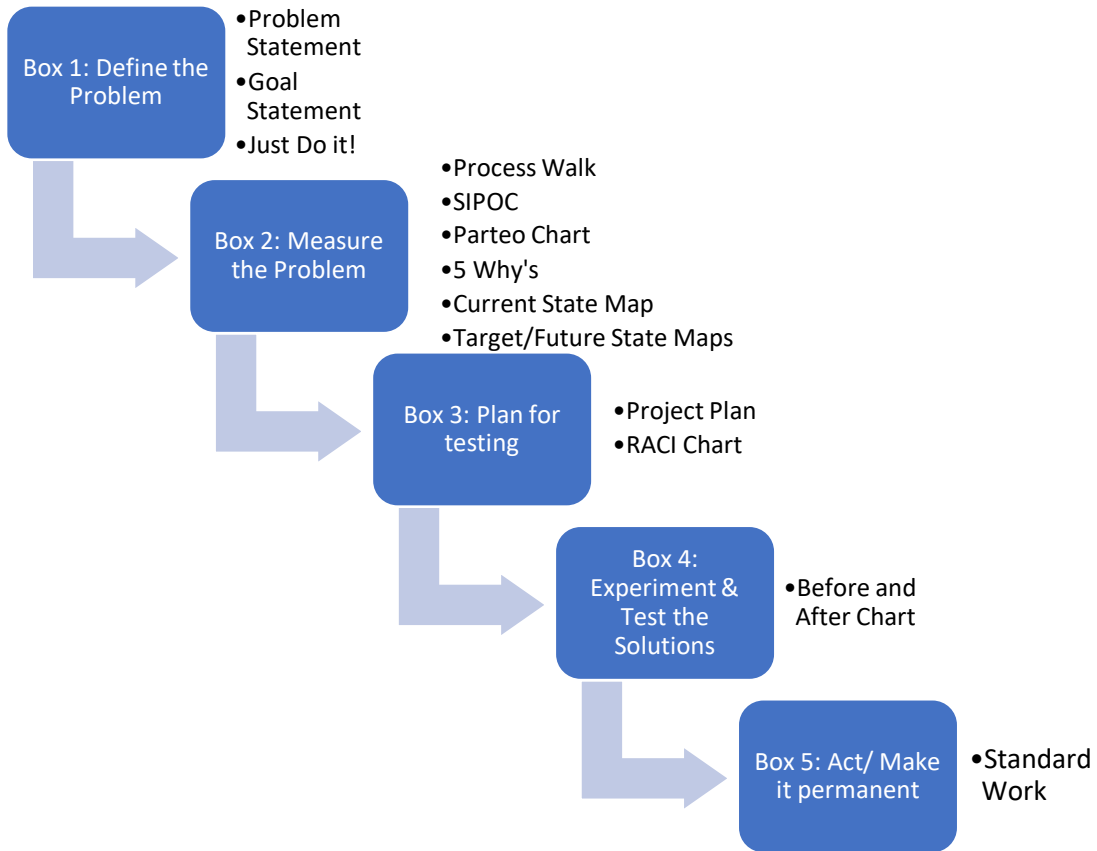
Getting inspiration can come from a variety of sources. However, obtaining insights from clients and stakeholders, as well as having ways to quickly develop concepts that can inform final designs are key elements. The descriptions of each of these tools is below in the table.

METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
Client Journey Map	Client journey mapping is a tool to document a persons experience as they move through an experience, noting various touchpoints, as well as pain points.	When the goal is better understand what clients want from their perspective, not just the systems perspective	Mapping a clients experience at the emergency department can help to better understand their motivations and the alternatives.
Rapid Prototyping	Rapid Prototyping is an approach to software and program development that emphasizes quick, iterative	Use this method when the goal is to quickly show stakeholders new ways of approaching a shared problem to get	Develop an alternative to email and phone calls for planning Reentry for people released from jail through a single app.

	development cycles and minimal feature sets.	input on certain key pieces	
Stakeholder Mapping	Stakeholder mapping is the visual process of laying out all the stakeholders of a product, project, or idea on one map.	Getting a visual picture of the people that influence your project and how they are connected, as well as plotting their interest or opinions about a project to better communicate with them	When looking to expand a program in a new neighborhood, use this tool to get a clear sense of who supports the new project as well as might have concerns, then develop a communication plan and pace.

Implementation: Plan, Do, Check, Act (PDCA) and A3 Planning

The plan, do, check, act (PDCA) approach is way of organizing your program improvement process into a way that can be summarized but also documented to ensure a dynamic path rooted in continuous improvement. The guidance below is meant to show how all these things work together to form a toolkit, where some things are used in one situation and not in others. The descriptions of each of these tools is below in the table.



Box 1: Define the Problem

- Problem Statement
- Goal Statement
- Just Do it!

BOX 1. PLAN: Define	
Problem Statement:	<p>Box 1. DEFINE (PLAN)</p> <ul style="list-style-type: none"> • How is this problem relevant to the department? • Is there a deviation from the expectation? • What benefits are you hoping to attain? <p>Go / No-Go Criteria</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is the problem or reason for action clear and shared so that it can serve as a roadblock buster? <input type="checkbox"/> Does the goal statement contain SMART objectives? <input type="checkbox"/> Is the A3 aligned to KPI's and/or strategic goals? <input type="checkbox"/> Is the Goal Statement (format specific "From X to Y by When"): <p style="text-align: center;">Tools</p> <p style="text-align: center;">Problem Statement Goal Statement</p>
Scope:	
Trigger:	
Done:	
Goal Statement:	PLAN

Box 1 Tools are [here](#).

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
1a	Problem Statement	A problem statement is a short, clear explanation of an issue or barrier that sums up what you want to change. It helps you, your team, and other stakeholders to focus on the problem, why it's important, and who it impacts.	Whenever an issue or problem is identified, but needs to be more clearly defined	Discuss problem with staff and use data to provide a clear image of the problems impact

1b	Goal Statement	A goal statement is a description of your objectives on an improvement project. This should include clearly defined accomplishments and a timeline for achieving your goal to stay on track.	Whenever a problem is identified and a clear goal for the improvement project is needed	Discuss goal with stakeholders to ensure a common goal is identified
1c	Just Do It	Simple action can be taken immediately to fix a problem or reduce waste in a process. You can identify “just do its” in through process walks mentioned below, or in your daily work.	Any time there is an easy solution that can be implemented right away	Fixing a jammed printer or moving paperwork that was incorrectly filed

Box 2: Measure the Problem

- Process Walk
- SIPOC
- Parteo Chart
- 5 Why's
- Current State Map
- Target/Future State Maps

<p>Box 2. MEASURE and ANALYZE(PLAN)</p> <p>Current State:</p> <ul style="list-style-type: none"> • Describe attributes of Current State • Quantitative and Qualitative Graphically • Can you express the deviation/gap visually? (Pareto) <p>Go/ No-Go Criteria</p> <p><input type="checkbox"/> Confirmation of current state data measures reflect SMART objectives from Box 1</p> <p>Target State:</p> <ul style="list-style-type: none"> • Describe attributes of Target State • Quantitative and Qualitative • Graphically present picture of Target State • Are SMART (specific, measurable, attainable, relevant & time-bound) objectives defined and achievable? <p>Go/ No-Go Criteria</p> <ul style="list-style-type: none"> • Improvement metrics direct connection with Box 1, current state, and <input type="checkbox"/> DATA supports highest level KPI's 		<p>Gap Analysis:</p> <ul style="list-style-type: none"> • What holds us back from the target state? • What are the root causes of these road blocks? • Has gap analysis been completed? <p>Go/ No-Go Criteria</p> <p><input type="checkbox"/> Root cause(s) defined and prioritized</p> <p><input type="checkbox"/> Data representing root cause analysis</p>							
<p>Tools</p> <table border="1"> <thead> <tr> <th><u>Measure Tools</u></th> <th><u>Analyze Tools</u></th> </tr> </thead> <tbody> <tr> <td>Current State Map</td> <td>Five Whys</td> </tr> <tr> <td>Process Walk</td> <td>Pareto Chart</td> </tr> <tr> <td>SIPOC</td> <td>Target State Map</td> </tr> </tbody> </table>		<u>Measure Tools</u>	<u>Analyze Tools</u>	Current State Map	Five Whys	Process Walk	Pareto Chart	SIPOC	Target State Map
<u>Measure Tools</u>	<u>Analyze Tools</u>								
Current State Map	Five Whys								
Process Walk	Pareto Chart								
SIPOC	Target State Map								
<p>PLAN</p>									

Box 2 Tools are [here](#).

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
2a	Process Walk	A cross-functional team of employees walks through the work area over a short period, identifying opportunities to reduce waste and introducing improvements as they walk. Improvements can usually be implemented rapidly, resulting in quick gains. This method can help to engage employees in spotting waste in their day-to-day activities beyond the scope of the initial process walk or waste walk.	To identify immediate and/or easy changes; to identify waste in a process “on the floor” (e.g., your office)	Physically walk through the stages of a permitting process (follow the path of the permit application) and identify ways to improve the process
2b	SIPOC	A SIPOC (suppliers, inputs, process, outputs, customers) diagram is a tool for documenting a process from beginning to end. SIPOC diagrams are high level process maps because they do not contain much detail.	To identify the high-level steps of a process	Talk with staff involved with a process to identify the items
2c	Pareto Chart	The pareto chart shows the ordered frequency of categorical counts of data. These charts are often used to identify areas to focus on first in process improvement. According to the Pareto Principle, in any group of things that contribute to a common effect, a relatively few contributors account for most of the effect.	Identify the top contributors to a problem solving effort and prioritize using a basing data count	Looking at the top reasons for clients going to the Emergency department and segmenting them into the ones that are most common
2d	5 Whys Tool	Five whys (5 whys) is a problem-solving method that attempts to find the underlying cause-and-effect of particular problems. The goal is to determine the root cause of a problem by repeatedly asking the	Whenever top contributors are identified for a problem, but they may just be symptoms	Discuss top contributors with staff and continually asking why the top contributor exists

		question “Why?” until the root cause is found		
2e	Current State Map	Mapping an existing process from beginning to end. Each step in the process is documented, with a noun and a verb identified for each. Will provide a visual map of how a process works, including any waste found	Whenever a process needs to be understood to implement solutions	Map out the process with staff involved in the process, identifying each step and waste involved
2f	Future State Map	Mapping a process, you intend to implement, which should include improvements on the current process, from beginning to end. Each step in the process is documented, with a noun and a verb identified for each. Will provide a visual map of how a process works, including any waste found	Whenever a new process needs to be implemented to achieve solutions	Map out the process with staff involved in the process, identifying improvement steps

Do: Box 3

It is important to match your goals to the function of the method, as well as to the level of resources required.

Box 3:

- Project Plan
- RACI CHart

BOX 3. Improvement Actions							
#	Action	Sub-Action / Analysis	Owner	Initial Planned Completion Date	Expected or Actual Completion Date	Status	Completed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Box 3. Improvement Actions (DO)

- Develop and communicate actions/changes to the “critical few” factors that lead to improvement. (Base action from data in box 2)
- Is the completion plan on track?
- What are we learning from delays or adjustments?

Go/ No-Go Criteria

Has a process owner been assigned and been informed?

Are actions based from Box 2 data or information?

Has task completion dates been assigned?

Tools

RACI Chart
Project Plan

DO

Box 3 Tools are [here](#).

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
3a	Project Plan	A project plan defines project goals, tasks, goals and who is responsible for each of them	Whenever a project involves numerous Departments and needs coordination to succeed	When working to implement a new programs, identifying the goals and tasks of a project and who is responsible for implementing each, as well as a general timeline
3b	RACI Chart	A RACI chart (Responsible, Accountable, Consulted, Informed) is a way to identify your project teams' roles and responsibilities for any project task. Allows you to clarify responsibility and reduce confusion.	Whenever Department Leaders need to be kept informed and their responsibilities defined, as well as who will just be giving input.	. A high profile project where there are multiple experienced people but there is need to clarify who is making choices, implementing steps, or being asked for their opinion.

Check: Box 4

It is important to match your goals to the function of the method, as well as to the level of resources required.

Box 4:
Experiment &
Test the
Solutions

- Before and After Chart

4. RESULTS of Solution Approach (CHECK)

- Does solution approach link well with the root causes identified in the Gap Analysis?
- Are rapid experiments/projects achieving desired results and learning?
- Are metrics displayed that best indicate progress towards goal statement pre-, during and after project completion?
- Does the solution approach express the hypothesis to be validated or adjusted through rapid experiments or project pilots?
- Can emerging roadblocks be removed?

Go / No-Go Criteria

- Are counter-measures defined?
- Are confirmed state metrics in place and do they validate the target state?
- Is the approach aligned with Lean Principles, KPI's & Strategic Objectives?
- Was expected result achieved?
 - YES – update box 3 and go to box 5
 - NO – go back to box 2 reassess your root cause(s)

Tools
Before/After Charts

CHECK

Box 4 Tools are [here](#).

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
4a	Before & After Tool	A graph used to study how a process changes over time. Data is plotted in time order, showing the data before an improvement was implemented, after it was implemented, and the overall goal of the data set.	Whenever an improvement project is implemented, and you need to know if the projects goals have been met	Documenting the progress of an implemented project to show success or failure

Act: Boxes 5

It is important to match your goals to the function of the method, as well as to the level of resources required.

Box 5: Act

- Standard Work

<p><u>5. SUSTAIN& ADJUST (ACT)</u></p> <ul style="list-style-type: none">• Has communication & standard work been developed?• Have systems been developed that will sustain the achieved improvement?• Is the solution approach being followed?• Are people recognized and achievements are shared? <p>Go/ No-Go Criteria</p> <ul style="list-style-type: none"><input type="checkbox"/> Achieves Target State in Box 2<input type="checkbox"/> Box 3 Complete<input type="checkbox"/> Standard work audits are confirming target state sustainment
<p style="text-align: center;"><u>Tools</u> Standard Work</p>
<p style="text-align: center;">ACT</p>

Box 5 Tools are [here](#).

PDCA box	METHOD	DESCRIPTION	WHEN TO USE THIS METHOD	EXAMPLES
5a	Standard Work	Standard Work is the current best practice for performing a process. Standard work should contain instructions, useful graphics, and anything else necessary to ensure that work is done consistently no matter who performs it.	Whenever a new process is implemented to ensure success is sustained over time	Writing a detailed set of instructions of how to complete a process, who does it, how long it takes, and critical steps that must be completed

- **Mission:** The Stepping Up Partnership offers resources, leadership, and strategic directions to improve access to services, promote recovery, and reduce justice involvement of the mentally ill in El Dorado County.
- **Vision:** Individuals with behavioral health concerns are met by the justice system with dignity and compassion, linked to advocacy and supports, and provided timely and effective treatment.
- **Values:**
 - Advocacy on behalf of the people of El Dorado County.
 - Commitment to create positive change within our justice system.
 - Compassion for the lives of people affected by mental health challenges.
 - Resolve to act, learn, and grow in response to the needs expressed by the community.

APPENDIX 7: GRANT OPPORTUNITY OVERVIEW TEMPLATE

Grant Name:

Due:	Awards #:	Term:	Max award and allocation method:	Match/Cost Sharing: No	Funding Source or Agency
Site URL:					

Eligible Applicants:

Grant Purpose and Objectives

Target population:

Required Activities:

Allowable Activities:

Requirements for Submission

- **Summary of letter of commitment required.**
- **Main Grant submission Documents**

Project Abstract Summary	Summary of requirements
Project Narrative Attachment	Summary of requirements
Budget Justification and Narrative Attachment	Summary of requirements

APPENDIX 8: WORKGROUP CHARTER EXAMPLE

A. Background and Purpose:

The workgroup is a subordinate body to xxx. Started in xxx, the workgroup was created to address prioritized gaps in xxx County’s system of care for individuals with health needs and develop collaborative solutions and resources. The workgroup will use data to review and assess programs, practices, and systems to bring forth recommendations. It will also be a connection point for planning grants that span multiple topics areas and agency resources. The group will develop several possible programs and fundable projects to then act strategically when funding becomes available for a range of services.

B. Activities of the Workgroup:

C. Membership

The workgroup shall be composed of staff who represent the following agencies:

- Designate a Core Group
- Others/Ad hoc

D. Logistics

- Workgroup Meetings will be held once per month virtually, or in-person as allowed.
- The efforts of the workgroup are envisioned to be ongoing as new objectives are prioritized.
- Xxx will initially lead the meetings, providing primary coordination and support including agendas and meeting materials. Ongoing there would be a rotating leadership

E. Current Activities (CY 2022)

	Activity
1	
7	
8	

F. Active Projects