



DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CORRECTIONS STANDARDS AUTHORITY

**MENTALLY ILL OFFENDER  
CRIME REDUCTION GRANT PROGRAM**

**SECTION I: APPLICANT INFORMATION**

**A. APPLICANT (LEAD AGENCY)**

AGENCY NAME (COUNTY AND DEPARTMENT)			TELEPHONE NUMBER	
Marin County Sheriff's Department			415-499-7438	
STREET ADDRESS	CITY	STATE	ZIP CODE	
3501 Civic Center Dr, Room 145	San Rafael	CA	94903	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
Marin County Civic Center, Room 145	San Rafael	CA	94903	

<b>B. PROJECT TITLE (NAME OF PROPOSED GRANT PROGRAM)</b>	<b>C. AMOUNT OF FUNDS REQUESTED</b>
STAR Expansion and Enhancement PROGRAM	\$997,214.00

<b>D. IMPLEMENTING AGENCY (DESIGNATED BY LEAD AGENCY)</b>			
AGENCY NAME			
Marin County Department of Health and Human Services, Division of Community Mental Health Services			
CONTACT PERSON			TELEPHONE NUMBER
Diane Slager, Program Manager			415-499-6797
STREET ADDRESS			FAX NUMBER
PO Box 2728			415-507-4160
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
San Rafael,	CA	94912	dslager@co.marin.ca.us

<b>E. PROJECT DIRECTOR</b>			
NAME AND TITLE			TELEPHONE NUMBER
Diane Slager, Psy.D., Mental Health Program Manager			415-499-6797
STREET ADDRESS			FAX NUMBER
250 Bon Air Road			415-507-4160
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Greenbrae	CA	94904	dslager@co.marin.ca.us

<b>F. PROJECT FINANCIAL OFFICER</b>			
NAME AND TITLE			TELEPHONE NUMBER
James Engelman, Chief – Administrative Services, Office of the Sheriff			415-499-7438
STREET ADDRESS			FAX NUMBER
3501 Civic Center Drive, Room 145			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
San Rafael	CA	94903	jengelman@co.marin.ca.us

**G. APPLICANT'S AGREEMENT**

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

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN AGREEMENT (SHERIFF, DIRECTOR OF CORRECTIONS, CHIEF PROBATION OFFICER, OR BOARD OF SUPERVISORS' CHAIR)	
Robert Doyle, Sheriff, County of Marin	
APPLICANT'S SIGNATURE	DATE

## SECTION II: STATEMENT OF NEED

### A. IMPACT OF MENTALLY ILL OFFENDERS

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

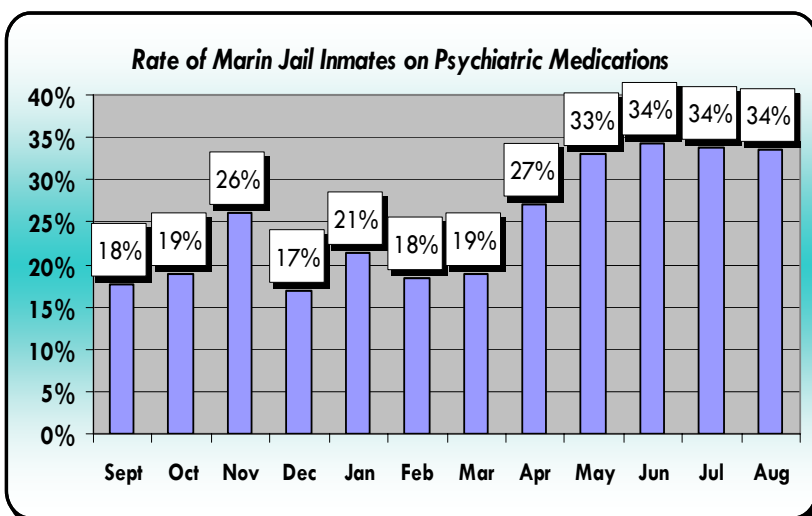
Throughout the 1990's, Marin County was keenly aware that justice-involved mental health clients were (and are) also persons with substance abuse issues. Clients with co-occurring mental illness and chemical dependency became the "expectation, rather than the exception". In 1998, Marin County's behavioral health, law enforcement and corrections community joined together to form the Marin County Forensic Multi-Disciplinary Team in order to increase the coordination of services provided to our mentally ill offenders. Building on this model, Marin County applied for and received an award under MIOCR II to provide intensive focused services to mentally ill offenders in Marin County. This project, funded in 2001, was entitled STAR – Support And Treatment After Release.

Currently, Marin County's well established STAR Team of mental health, law enforcement, corrections, probation, peer and other service providers, family volunteers, and support organizations leads efforts to reduce recidivism and to affect positive life changes for Marin County's mentally ill offenders. Challenged with reductions in funding, and driven to serve a growing and ever-changing population, the team struggles to respond to the most critical of needs. The STAR Program, which always maintains a waiting list, receives daily referrals from families asking for help, from judges seeking advice and from the Public Defender and District Attorney who seek assistance in developing appropriate case resolution. Under the weight of diverse and hard-to-serve caseloads and coupled with the acute and multi-system needs of mentally ill offenders, Marin County struggles to respond to the mentally ill offenders in our community. As one case manager said, "The worst part of my day is when I have to tell a family that we have no room in our program to help their son or daughter".

**Corrections System Impact:** The redesigned Marin County Jail opened in 1994 and represented the consolidation of the former central jail and the minimum security corrections camp facility. This effectively concentrated the jail capacity to a single facility and increased the centralized capacity from a total of 120 to 370 beds. Marin County Jail’s daily population currently averages 318- or 86% of capacity. The most acute mental health population may be placed in special housing units. Here, the population typically varies between 30-40 persons, but reached 58 persons on August 18<sup>th</sup> of this year – representing 19% of the total jail population. Each month, mental health crisis specialists respond to 100-110 individual clients. Annually, Marin County Sheriff’s Department conservatively estimates that from 750 to 900 of the 7500 annual bookings represent persons with current mental health issues.

Over 75% of Marin County’s mentally ill offenders have co-occurring substance abuse. These offenders require special responses in the jail. The challenges associated with managing and treating persons with co-occurring disorders include increased resistance to treatment, chronic lack of compliance with medication, increased potential for personal violence and self-harm, and chronicity of a range of criminal behaviors. (Peters, R.H. and Sherman R., 2001)

Marin County’s jailed mentally ill inmates are more likely to receive medications while in custody than other inmates. During the current year (September 05 – August 06), psychiatric medications were prescribed to an average of 77 persons per month, or 24% of the average



daily inmate population. This average reflects a wide range with a low of 54 individuals in September and December 2006 to a sustained high average of more than 100 in the months of May through August 2006. During these highest months, the

proportion of jailed inmates receiving psychotropic medications jumped to 34% of the jail population.

The largest proportion of jail pharmacy costs is spent on psychiatric medications. For 2005-06, total costs for psychiatric medications - in all classes - reached \$165,675 or more than 88% of all jail pharmaceutical costs.

**Probation System Impact:** Marin County's Probation Department understands the challenges of mentally ill offenders. While probationers that require mental health services are carried by a number of officers, those most in need are managed on a specialized caseload. The Marin County Probation Department reports a discreet mental health caseload of 130, and an additional 40-60 probationers with mental health needs are supervised throughout the department. At any given time, 30-35 probationers are identified as manifesting serious signs and symptoms of mental illness and require more intensive probation case management than is available. According to the Probation Department, mentally ill probationers require additional support, and are more likely to violate terms of probation, miss appointments and be re-arrested for new crimes.

**Community/Local Law Enforcement Impact:** Local law enforcement is often the first line of response to complaints about the mentally ill offender population. In our affluent county, extraordinary housing costs overtake the disenfranchised mental health population who all too frequently become homeless and as such, are inclined to commit petty street crime and "survival" crimes. As we've seen, lack of stable housing exacerbates personal disorganization and leads to more severe symptoms.

During the last year, the police department in San Rafael, Marin's largest city reported 385 calls under Welfare and Institutions Code 5150. Of those 258 required evaluations as prescribed by California Code. An additional 341 criminal complaints involved those that were identified as persons where mental illness was apparent. In our second largest city, Novato,

police responded to 172 “5150” calls in the first ten months of 2006 and more than 200 complaints are projected for this year.

In our communities, law enforcement is expected to intervene effectively at the lowest effective level of force. At the same time, our local officers must work appropriately with the community and with family members within their over-arching role of public protection. Street level compassion without sustaining programs of care broadens the dilemma. Too often, police that are trained to respond and make treatment referrals find themselves “managing the cases, crisis by crisis”.

## **B. IDENTIFIED NEEDS**

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

Marin County consistently engages in self-evaluation and needs assessment. We are not complacent with “doing the same work the same way”. Through our successful STAR Program, Marin has advanced the Assertive Community Treatment (ACT) Model through an integrated system that involves corrections, law enforcement, mental health, the consumer community, families, and allied professionals. When the sun set on our MIOCR II grant we continued to provide assertive treatment and intensive case management to our offenders with mental illness. Even though we worked with fewer offenders, gaps and shortfalls have become apparent. We have examined shortfalls in our system and wish to further advance our model. ***We have identified needs for in-custody treatment, community-based treatment needs and the need to develop focused capability to serve persons with co-occurring disorders and minorities.***

**Jail-Based / In-Custody Treatment:** While the jail population has increased and consistently operates over 85% capacity, a level that represents functional overcrowding, the dedicated mental health professional staff continues to struggle to keep up with the “crisis du jour”. Within Marin County’s Jail, a single crisis specialist and a part-time psychiatrist manage the most critical problems and screen and refer for STAR community services. In-custody treatment has become too much like running up a descending escalator – if you stop running and

take the time to truly assess the clients and plan for her/his discharge, or try to involve family or peers... you've lost ground... a lot of it.

Marin County Jail sees mentally ill offenders in terms of the challenges they pose including (1) persons with co-occurring mental health and substance addiction who require full mental health and substance abuse assessment, (2) as many as 100 detained offenders each month that require crisis intervention and/or medication assessment, education and management; (3) short term detainees that require complete individualized transition planning that may include referral to STAR intensive case management or other appropriate and stabilizing services; and (4) persons that continue to require coordinated case management and placement in STAR or alternative appropriate treatment. Currently, our capability to address these challenges is severely limited. "For jailed defendants that have no concrete discharge plan, it is difficult for us to determine an effective and appropriate community reintegration strategy." (Jose Varela, Deputy Public Defender, Sept 22, 2006).

**Community Treatment:** STAR (Support And Treatment After Release) is highly effective for clients but is consistently at capacity. The program needs to be expanded and enhanced. Currently the need for STAR services outstrips the static capacity of 50. Today (10/13/2006) 51 offenders are enrolled in the program and 32 of those have been in the program for more than 2 years. The current waiting list of 20-25 represents only those that are still active. Waiting list client needs are addressed by other resources to the extent possible, but for too many potential candidates, referral to the STAR Program is never made for there is little likelihood of admission. Our planning committee has universally agreed that expansion of STAR services is both desirable and necessary. We propose to expand capacity of the base STAR program from 50 to 75 clients.

As reported in the *FY 2004-2005 STAR Annual Report*, attrition rates for racial and cultural minorities are higher than desired or expected. The need for more effective engagement of minorities is reported nationally throughout the behavioral health field. Marin needs to

improve our ability to serve ethnic minorities, particularly African Americans, Hispanic, Spanish speaking adults and will prioritize integration of additional bi-lingual and culturally experienced staff.

**STAR Court:** Our STAR Mental Health Court is an important component of the full STAR Program. Clients referred to the Court represent a subset of STAR clients. Currently there are 18 offenders involved and an immediate capacity to serve 20.

Through the STAR Court, offenders are provided with continuing well informed judicial supervision. The public defender, district attorney, probation, and STAR Program staff work together through a non-adversarial approach and assist offenders to build better lives. This Restorative Court has been successful and but has been limited in size due to the capacity of the STAR Program itself. With the expansion of STAR, we will optimize this resource and open STAR Court enrollment to an additional 10 offenders (or a total of 30) at no additional cost.

**Systemic Needs:** Marin County has identified systemic needs to more effectively address the identification, management and treatment of mentally ill offenders in Marin County. They include:

(1) Improve staff to client ratio: Achieving a more effective staff to client ratio for case management services in the STAR Program is not simply desirable, but central to evidence-based practice (Cuddeback, 2006). The identified optimal staff to client assignment is 1:10. In Marin County, our current staff-to-client ratio is significantly higher than this. The STAR Program Supervisor reports, “Our caseworkers are dedicating 50+ hours every week, then coming in on week-ends to complete their paperwork and case notes.” The level of stress that staff experience is very high. The same is true for our jail-based team. They too experience a high staff to client ratio and continuously split their attention between responding to critical emergencies and attempting to screen and refer jailed offenders to STAR and other community programs.

(2) Enhance Capacity to Serve Persons with Co-Occurring Disorders through systems integration between Mental Health and Alcohol, Drug and Tobacco Programs. Marin County’s

concerns with the “dual-diagnosis” client, or persons with co-occurring disorders are consistently identified in planning meetings and through formal needs’ assessments, however the systems sometimes work in organizational silos at the client level. While there is considerable cooperation between mental health and substance abuse throughout the service delivery system, real integrated approaches are isolated and poorly funded. “Psychiatric and substance use disorders should be regarded as primary disorders when they co-exist. Each requiring specific and appropriately intensive assessment, diagnosis and treatment in accordance with established practice guidelines.”(Minkoff, 2001)

(3) Bolster our ability to promote independent living and social functioning of mentally ill offenders. Adequate response to this need requires that sufficient employment, financial and money management supports are in place. These services are central to the principles of Assertive Community Treatment.

(4) Increase Family Education, Support, and Involvement: The involvement of family members at every step from initial screening to jail discharge to community treatment, is critical to the treatment of Marin County’s mentally ill and dually diagnosed offenders. Positive support from families requires that family members themselves are educated and receive ongoing communication that supports their involvement. (Allness, 2003) Supporting families in the assertive community treatment of their members involves full family assessment and often crisis resolution. While outreach to families is a supported model, too often detainees discharge from jail and subsequently drop out of site without family contact.

Our current STAR Program provides a bi-weekly family support group, however the numbers of families that have been actively engaged in family support remains very small. Less than 10 STAR families are currently involved with our Marin National Alliance on Mental Illness program.

(5) Increase the use of Peer Case Managers: Marin County’s use of peer support and case management is both cost-effective and clinically efficacious. Peer case managers provide crucial

support, education, role modeling and hope for clients, as well as a unique understanding of the difficulties and stigma that mentally ill persons endure. Increased use of peers will support improved compliance and retention of our offenders.

(6) Need for Bridge Services: Consistent with the Assertive Community Treatment model, our primary treatment program is intended to be long-term due to the severe impairments often associated with serious and persistent mental illness. Marin County's mentally ill offender program, STAR, retains many clients for years and in so doing, represents fidelity to the ACT model. The unfortunate result of maintaining mentally ill offenders in an intensive and capitated program is an inability to enroll new clients. Currently, we have no "step down" system.

A bridge or step down service is critically needed for those offenders who qualify for and need STAR services, but may not need intensive services as their recovery progresses.

## **B. EXISTING RESOURCES**

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

Marin County, like other California communities, is challenged by the composite effect of reduced funding and changing funding priorities. Yet we were privileged as one of California's MIOCR II projects to focus attention on the mentally ill offender and to demonstrate a model of success for this population.

Our current resources sustain assertive community treatment for a limited number of offenders - a capitated capacity of 50. Of those, 20 places are available for those suitable and eligible for the STAR Mental Health Court. The existing resources available for mentally ill offenders do not adequately support our current efforts, and will not support needed expansion.

Existing resources support 1.4 FTE Crisis Specialists in the Marin County Jail. This translates to one worker on day shift 7 days each week. These specialists are charged with responding to in-custody crises, screening and referring offenders to appropriate services. A Staff Psychiatrist is in the jail three afternoons each week. As mentioned, each month some 100-110 jail admissions are persons with mental illness.

In the community two (2) Licensed Mental Health Practitioners (Case Managers) and 1.5 Peer Case Managers support a current census of 51 participants, yielding a staff/client ratio that does not demonstrate fidelity to the ACT model.

STAR psychiatric supports include a half-time Mental Health Nurse Practitioner and a Staff Psychiatrist who is assigned to the program 8 hours each week. Our psychiatric team provides essential medication assessment and management; however they have inadequate time to perform necessary adjunctive functions including family and client education. STAR clients, particularly in the crucial days and hours following jail release, require frequent medication monitoring and adjustment. Our psychiatric team, burdened with the needs that are immediately in front of them and scheduled weeks in advance, has little time for post-release response.

A number of critical supports are provided voluntarily or through small service contracts with community-based organizations. **Voluntary or in-kind services** are extended as a matter of individual and organizational commitment and include: Family Support (NAMI Marin), Representative Payee services (Public Guardian), and field support of a Police Psychologist (San Rafael). **Court support** is provided by the Offices of the District Attorney and Public Defender. Limited **Community Contracts** support a half-time Employment Specialist and 1.5 Peer Case Managers.

In summary, currently, the Marin County STAR Program for mentally ill offenders has continued with minimal and reduced funding. This has been realized only through the willingness of all member organizations to continue support. Even with this broad based commitment, the demonstrated need for services is simply not supported by available resources.

## SECTION III: PROJECT DESIGN

### A. PROJECT DESCRIPTION

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

Marin County's proposed STAR Expansion and Enhancement Program involves three essential components: (1) **Capacity Expansion** for our existing STAR Program including both In-Custody Assessment and Community Treatment; (2) Core **Program Enhancements** include enhanced capacity to serve persons with co-occurring disorders, enhanced family involvement, and increased peer and employment support; and (3) Development of "**Bridge Services**" to address pre-enrollment assessment, enhanced probation, and post-intensive needs of mentally ill offenders.

**1. STAR Expansion and Enhancement – In-Custody Assessment, Referral and Discharge Planning:** Marin County Jail treatment for mentally ill and dually diagnosed offenders is minimally staffed and continues to work in "crisis mode". Jail services will be expanded and will employ the **APIC** Model.

**APIC** is an acronym that stands for **A**ssessment, **P**lanning, **I**dentification and **C**oordination. This model, presented as best practice and evidence-supported by Fred Osher, Henry Steadman, and Heather Barr (2002) represents a direct response to our local needs for comprehensive in-custody assessment and coordinated discharge planning. The model is applicable to persons with both mental health and co-occurring disorders, and is designed as a community re-entry tool that transitions well to assertive community treatment. Perhaps most importantly, it is a logical, ordered practice model that is understood by both clinical and justice professionals and easily accepted by family members.

**Assessment and Plan:** In our implementation of the APIC Model, initial referral and screening is done by jail health, crisis specialists, the sheriff liaison, or other jail staff. Then, based on screening, the new Mental Health Case Manager will be responsible for initiating a full assessment and plan. Working within an integrated system model, the Mental Health Case Manager, the current jail-based Crisis Specialist and the new Substance Abuse Specialist will function as a Jail Assessment and Planning Team.

The licensed Case Manager will be responsible for ensuring that the discharge plan is “individual, personal and specific”, culturally sensitive and clinically sound. The plan will identify conditions of release and will delineate specific responsibilities of key organizations, departments or CBO’s. Identification of corrections, probation, community treatment, and family roles is key. The Case Manager working with jail-based Crisis Specialists and the Substance Abuse Specialist shall ensure that the client is involved with and understands the transition plan, and that critical information is shared consistent with confidentiality requirements and in concert with client consent.

**The Identification** of needed client resources includes cultural needs and language factors; financial arrangements; legal circumstances; transportation needs and solutions; and family/peer supports. When co-morbidity is identified, the STAR Expansion and Enhancement team will follow practice guidelines demonstrated as effective for persons with co-occurring disorders. (Minkoff, 2001)

The jail-based Assessment and Planning Team will be responsible to **coordinate this plan** through communication with the offender, family and other responsible parties.

IN CUSTODY SERVICES	PRIMARY STAFF / Responsibilities	SUPPORTING STAFF
<b>APIC Model Assessment , Discharge Planning And Case Coordination</b>	<b>Licensed Case Manager –</b> Developing screening, assessment and discharge planning protocols; Conducts assessment and initial case management	<b>Crisis Specialist –</b> Screening and support, <b>Substance Abuse Specialist –</b> assessment, identification and coordination

**2. STAR Expansion and Enhancement – ACT Core Service Capacity Expansion -** Marin County’s successful STAR program will continue as the centerpiece of our service delivery to mentally ill offenders. Consistent with our local planning, the capacity of our core intensive case management STAR Program will be expanded to serve an additional 25 offenders - a 50% increase in core service delivery.

This planned capacity expansion will require two (2) additional community-based Licensed Mental Health Case Managers, one of whom is bilingual; an additional half-time Employment Specialist; and additional psychiatric support through adding a half-time Mental Health Nurse

Practitioner and additional Psychiatrist time. The Substance Abuse Specialist will work with both the in-custody team and the ACT team. The addition of these staff will improve the current staff to client ratio.

***STAR Mental Health Court Expansion:*** Increased capacity of our core STAR ACT Program will allow for the increased utilization of our successful STAR Mental Health Court. The current capacity of 20 will increase to 30 without additional cost. The Court is supported by a Judicial Officer, Public Defender, Probation Officer, District Attorney, and STAR treatment team staff.

***Planned Program Enhancements*** all reflect demonstrated local need and our commitment to advance a comprehensive ACT model. These include: (1) *Enhanced Family Support:* The half-time Family Partner will have personal experience as a family member of a person with mental illness and will coordinate with Marin NAMI members and the support services that are available through the NAMI organization. (2) *Increased Financial Management Services:* Successful community transition of offenders requires careful management of the limited funds available to them and often requires representative payee services. Project support for the formal assignment of a half-time Accounting Assistant in the Public Guardian's Office will ensure that this important function is available to existing and new STAR Program clients. (3) *Enhanced Bi-lingual and Cultural Support:* Another straight-forward program enhancement is the addition of bi-lingual and culturally competent case managers. As reported in the 2004-2005 *STAR Annual Report*, pre-mature discharges from STAR were more prevalent for persons of color and markedly greater for Hispanics than for others. Currently our core program employs one bi-lingual case manager; the proposed program will add one additional bi-lingual case manager. As is true now, the new case managers will be required to demonstrate success in working with diverse populations. The project will also outreach to families of ethnic and racial minorities through the Family Partner and the extensive and committed NAMI Marin organization. (4) *Enhanced Services for Persons with Co-Occurring Disorders:* This fundamental enhancement extends across the system and will address In-Custody and STAR ACT services, as well as STAR Post-Intensive Services and other bridge

services. This will improve our ability to provide dual diagnosis assessment, planning and coordination for those offenders with co-occurring disorders. The Substance Abuse Specialist will do both individual, family, and group treatment and direct enhanced offender assessment and treatment planning and will function as a pivotal liaison within the substance abuse provider community. The Specialist will assist in the coordination of the care for those offenders involved in community-based substance abuse detoxification and continuing outpatient or residential services.

Capacity expansion when coupled with needed essential enhancements has more potential for success than either of these elements alone. Capacity expansion is proposed to address an immediate community need. Service enhancements, taken together not only support fidelity to the Assertive Community Treatment Model, but also directly translate into a well managed program of community supervision and monitoring within an integrated and cost effective restorative justice model. Below, we've outlined primary functions and responsible staff for the STAR Expansion and Enhancement program.

<b>STAR Expansion and Enhancement</b>	<b>PRIMARY STAFF / Function</b>	<b>SUPPORT STAFF/Role</b>
<b>Community Treatment Expansion</b>	<p><b>Licensed Case Managers</b> – Provide intensive case management to clients; train and supervise additional peer support; coordinate with psychiatric, substance abuse and family support services</p> <p><b>Psychiatrist/Nurse Practitioner</b> – Medication, evaluation, monitoring and administration; medication administration for clients and families; medical case management and psychiatric consultation</p>	<p><b>Family Partner</b> – Outreach and engage families (including non-local families in offender support</p> <p><b>Substance-Abuse Specialist</b> – Place and case manage offenders with manifest addiction</p> <p><b>Employment Specialist</b> – Increase vocational assessment, training and supported employment opportunities</p>
<b>Enhance Family Support</b>	<p><b>Family Partner</b> – Increase family support to mentally ill offender population; outreach to non-local families; coordinate with NAMI-Marin</p>	<p><b>Licensed Case Managers</b> – Coordinate information and treatment needs;</p> <p>Recruit family support volunteers</p>
<b>Increased Financial Management</b>	<p><b>Accounting Assistant / Public Guardian</b> – Access and administer financial supports for all eligible clients; provide representative payee services; assist with</p>	<p><b>All team members</b> – Assist with personal budget development and money management</p>

STAR Expansion and Enhancement	PRIMARY STAFF / Function	SUPPORT STAFF/Role
	personal budget development and money management	
<b>Enhance Bi-Lingual and Culturally Relevant Services</b>	<b>Bi-Lingual Case Managers</b> – Provide culturally and linguistically competent intensive case management services; provide consultation to team members	<b>Family Partner</b> – Outreach to families of cultural minorities; assist in identifying Spanish speaking family support and/or peer support
<b>Enhanced Services for Co-Occurring Disorders</b>	<b>Substance Abuse Specialist</b> – Provide client assessment, supervision and case management; provide training and consultation to case management staff	<b>Licensed Case Managers</b> – Ensure substance abuse assessment for all offenders indicating substance issues

**STAR Bridge Services - Community Capacity Building:** Most offenders on the STAR waiting list and potential candidates for intensive ACT services come to our attention by being detained in the Marin County Jail or through repeated justice-related complaints in our communities. These front end, wait-listed offenders may be detained in the county jail until a complete discharge plan is presented, or they may simply discharge and continue the predictable cycle of re-arrest and release. Other potential candidates are never referred at all, for when the program is operating at or above capacity, criminal justice or mental health professionals seek other options – or resign themselves to a “no good option” posture.

On the back-end, STAR’s intensive case management represents a program of continuing care. Assertive Community Treatment (ACT) services are intended to be long term due to the severe impairments associated with severe and persistent mental illness [and substance abuse]. Retention in the STAR ACT Program is a desired outcome, but it does lock up capacity. While research suggests that gains achieved may erode when Assertive Community Treatment is withdrawn, “many clinicians believe that clients can be stepped down to less intensive forms of community care after they are stabilized”. (Scott and Dixon, 1977). Development of post-intensive, step down services will permit the program to serve more offenders.

The Marin County STAR Expansion and Enhancement Program will work to develop bridge services capacity through the following steps: (1) Supported Probation Mental Health Caseload: As

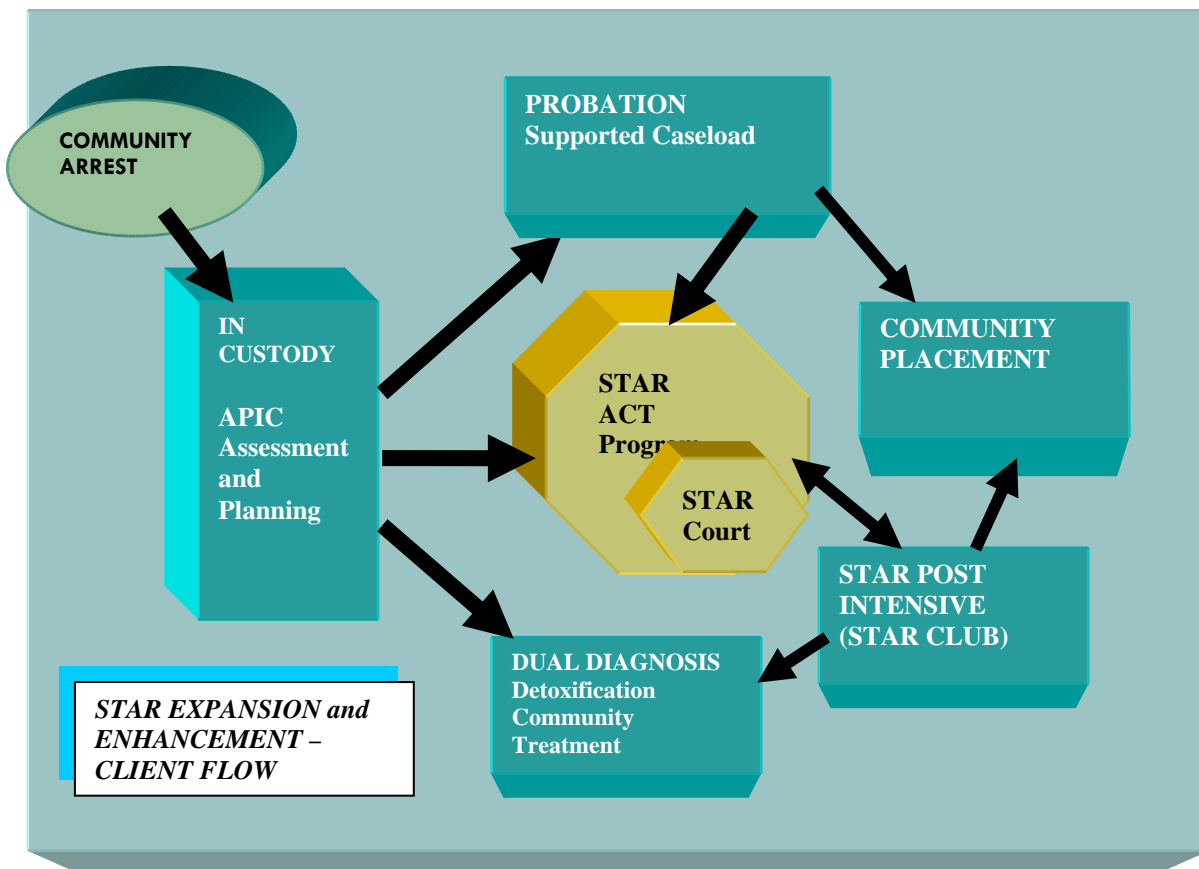
presented earlier, our Probation Department supervises more than 170 offenders with mental health needs, both on discrete and general probation caseloads.

Of the identified mentally ill probation population, a reported 30-35 individuals are unstable and demonstrate persistent and severe mental illness. This number represents those that are either not amenable to STAR enrollment or cannot enroll due to capacity limitations. This project will provide support to probationers through providing services of a half-time Probation Peer Case Aide. This new mental health staff will work in tandem with assigned Probation Officers to assist in case management, secure necessary community supports, and work actively with the in-custody Star Expansion And Enhancement team to facilitate comprehensive assessment, case planning, and fast-tracked placement in STAR or effective alternatives. When specialized mental health services directly are provided directly through probation, research has demonstrated less resistance to treatment and improved outcomes. (Veysey, 1995)

The capacity expansion central to STAR Expansion and Enhancement will allow us to place 10-15 current probationers in the STAR ACT program very rapidly. Those that continue to be held on probation's caseload will be tracked into community programs and referred as needed for case management and dual-diagnosis or other treatment options. We conservatively estimate serving an additional 50 mentally ill offenders through supported probation services annually.

(2) Formalizing Post-Intensive Case Management – STAR Post Intensive: The Post-Intensive, “Step Down” requirements of our clients will be met by a new program innovation. STAR Post-Intensive will meet once a week and will be offered to offenders who no longer require assertive community treatment. These offenders will be identified by their success in obtaining and maintaining housing, medication compliance, vocational activities, social supports and lack of criminal activity. The Post Intensive Group will provide regular check-in, group support, positive social interaction, and medication monitoring. A new Peer Case Manager and the ACT team

Mental Health Nurse Practitioner will staff the program. Groups will be peer-run, and clinically supervised. Transitioning offenders to this service level will make additional space available in the intensive ACT Program for offenders on the waiting list.



## B. TARGET POPULATION

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

Marin County will continue to treat offenders with severe and persistent mental illness and we know that 75% of our clients demonstrate co-morbid substance abuse and addiction. Disorders with psychotic features are the predominant diagnostic categories among program current participants – schizophrenic disorders represent the largest group (36%), followed by bipolar disorders (35%), schizoaffective disorders (18%) and other psychotic disorders (9%). Individuals with major depression comprised only 2% of the total group. This profile is expected to continue for those receiving new and expanded services.

The STAR Expansion and Enhancement Program, will support an expanded static capacity of 75 offenders in the STAR core program and will expand our enrollment capacity in STAR Mental Health Court from 20 to 30 STAR offenders. 15 offenders will receive STAR post intensive services. The re-designed in-custody assessment and treatment planning will be extended to an estimated 120 misdemeanor and felony offenders annually; and expanded Bridge Services (pre-enrollment and continuing care) capacity will allow for an additional 20 mentally ill probationers to receive specialized treatment and case management. **Overall static capacity** is projected to increase from the current total of 50 to a projected 135 receiving STAR ACT services (includes STAR Court); in-custody services and bridge services in the community.

Jailed offenders will be assessed through the expanded Jail Team; but there will be no “wrong door” to access services – referrals will continue to come from justice, health, families, and community based providers.

## SECTION IV: INTERAGENCY COLLABORATION

### A. COORDINATED PLANNING PROCESS

In the space below, describe the coordinated planning process undertaken to develop the grant proposal. Following this description, use the table to identify the individuals who participated in this planning process. *Refer to the section on Grant Application Requirements for information on mandatory representation and, if necessary, extend the table.*

Marin County has coordinated planning for mentally ill offenders for the past decade, and the coordination of planning and service delivery has been given even greater focus through the STAR (MIOCR II) Program. For this project, key representatives of the Sheriff, Community Mental Health, Probation, the Offices of the Public Defender and District Attorney, Marin County Administrator’s Office and Superior Court, together with the members of the STAR Team, peer providers, and NAMI Marin representatives held a series of meetings to define and describe needs from their respective viewpoints. One of our meetings, (9/22/2006), involved a 3 hour retreat and was dedicated to a thorough review of the project’s structure, client needs and the measured outcomes of our existing program. The meeting resulted in a “fresh look” at the needs

of our mentally ill offenders as inmates, consumers, probationers, defendants, peers and family members.

Marin County has recently completed the extensive Mental Health Services Act (MHSA) planning process. As part of this process, the county conducted numerous community meetings that identified gaps or shortfalls in the mental health system of services. This process identified the lack of capacity for the STAR Program as one of the county’s top priorities.

Marin County’s Collaborative Process is supported within the broader context of the continuing policy-level work of the Marin County Board of Supervisor’s sponsored Criminal Justice/ Behavioral Health Committee and is consistent with that group’s current focus on community and restorative justice. Throughout the development of this proposal planning process participants worked together to provide additional information and validation. Each member had an opportunity to review the proposal for comment, correction and revision.

Coordinated Planning Process Participants (include the individual’s name, title and agency/organization)
Robert Doyle, Sheriff, Marin County
Dennis Finnegan, Undersheriff, Marin County Sheriff’s Office
Dennis McQueeney, Captain, Marin County Sheriff’s Office – Corrections Division
Doug Pittman, Deputy, Marin County Sheriff’s Office
Bruce Gurganus, Asst Dir. Health and Human Services – Div. of Community Mental Health
Diane Slager, Program Manager, HHS – Division of Community Mental Health
Larry Jacobs, Supervisor, STAR/STAR Court, Division of Community Mental Health
Samantha Klein, Marin County Administrator’s Office
Kim Turner, Executive Officer, Marin County Superior Court
Bill Burke, Chief, Marin County Probation Officer
Bill Bruemmer, Adult Division Director, Marin County Probation Department
Michael Daly, Chief Deputy Probation Officer
Edward Berberian, Marin County District Attorney
Kathryn Mitchell, Chief Deputy District Attorney, Marin County Office of the District Attorney
Joseph L. Spaeth, Marin County Public Defender
Jose Varela, Assistant Public Defender, Marin County Office of the Public Defender
Peter Cerutti, Social Work Intern, Marin County Office of the Public Defender
Joel Fay, Psy.D., San Rafael Police Department and Forensic Multi-Disciplinary Team
Roberta English, NAMI Marin – Family Support Program
Kathy Moran, Peer Support Coordinator, Division of Community Mental Health
D.J. Pierce, Chief, HHS Division of Alcohol, Drug and Tobacco Programs

## B. PROJECT COLLABORATION

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

Our Collaborative Planning Team includes representatives that directly provide treatment and program services as well as community leaders and decision makers. To ensure close coordination and continued system integration we commit to (1) Quarterly meetings of the Collaborative/Strategy committee to address project implementation, successes and barriers; and (2) Continued semi-monthly meetings of STAR and STAR Expansion and Enhancement Project Staff. Apart from attending formally convened meetings, membership will assume the following roles and responsibilities:

- **Marin County Sheriff's Office** is the authorizing agency for this project, and assumes both administrative and direct support responsibilities. The Sheriff's administrative role includes authorizing a potential contract between the State Corrections Standards Authority and Marin County and ensuring that all fiscal reporting is completed. The Sheriff's Office will provide crucial support in establishing expanded in-custody services, will continue to assign a Deputy liaison to the STAR Team, and will maintain executive level leadership in the collaboration.

- Marin County Health and Human Services, Division of Community Mental Health** is the implementing agency. As such, Community Mental Health has over-arching responsibilities to recruit, employ, train and supervise community mental health staff assigned to the project; initiate and execute contracts with Community based agencies; review, update and establish program policies and clinical protocols that support STAR Expansion and Enhancement while advancing implicit goals of system integration. The Division of Mental Health will also collect and report required evaluation data.

- **Marin County Probation** will continue to support the assertive treatment of mentally ill offenders through the core STAR Program and will work to optimize Probation's supported community supervision of probationers that demonstrate severe, unpredictable or persistent

mental illness. Probation will be represented at all meetings and will lead development of mental health support protocols and the selection of the mental health probation peer case aide.

- **San Rafael Police Department** plays a critical role in providing a police psychologist to the project and in maintaining integrity between clinical case management and justice interventions. The San Rafael Police Department will continue to function as a part of the STAR Expansion and Enhancement Collaborative Planning team and as a part of STAR'S treatment Team. Our assigned officer, Dr. Joel Fay will also coordinate the work of the Forensic Multi-Disciplinary Team and the broad network of Crisis Intervention Team (C.I.T.) trained officers who respond to mentally ill offenders throughout the county.

- **NAMI Marin** will work closely with the STAR Family Partner to increase and expand the educational and practical support to the families of mentally ill offenders. The Family Partner will be included in STAR Program meetings. NAMI will also continue to be represented in on-going collaborative planning meetings.

- **Offices of the District Attorney and the Public Defender** actively support the Marin County STAR Mental Health Court and will continue involvement at this level. To ensure that in-custody assessment and planning meets the needs of the justice community, the interests of public safety, and are consistent with client/defendant rights, Marin County's Public Defender and District Attorney will assist in developing assessment, treatment planning and placement protocols that are developed to advance the APIC model. Representatives of these offices will also support continued system oversight of the project through attending Quarterly Planning Meetings.

- **Marin County Health and Human Services, Division of Alcohol, Drug and Tobacco Programs** will be involved in on going project collaboration and will directly support initiatives to expand and enhance our capability to serve offenders with co-occurring disorders. A representative from the Division will attend quarterly meetings and will work closely with the STAR team to ensure coordination of efforts to serve offenders with co-occurring mental illness and substance abuse.

### **C. PAST COLLABORATION**

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

The Sheriff's Department has vigorously cultivated collaborative. For more than 25 years the Department has maintained an active partnership with Community Mental Health Services to ensure that mental health professionals provide treatment and support for jailed offenders.

In 1998, Marin County Sheriff's Office and Community Mental Health Services joined together, applied for and received a small MIOCR planning grant that formalized the collaborative process and engaged the county in a focused planning project. This process resulted in Marin County's local plan for serving mentally ill offenders. Through the impetus of the planning grant, Marin County developed a MIOCR Strategy Committee, chaired by the Sheriff, that was effective in drawing broad representation and successful in obtaining a project grant under California's MIOCR II funding initiative.

The Sheriff's Department demonstrates both line and executive level commitment to collaboration through their on going participation in the Forensic Multi-Disciplinary Team and the county's Criminal Justice/Behavioral Health Committee. The department further demonstrates cross-jurisdictional and multi-disciplinary leadership through its involvement with our county-wide Crisis Intervention Team Training (C.I.T.). Together with Dr. Joel Fay of the San Rafael Police Department, the Sheriff's Department has lead responsibility for the STAR sponsored Crisis Intervention Team Training. C.I.T. training is a national best practice model that trains law enforcement officers in non-violent crisis intervention techniques specific to persons with mental illness. Through this joint leadership, Marin County's 150 C.I.T. trained officers, including 25 Sheriff's Deputies, represent every local law enforcement agency in the county.

Another example of relevant past collaboration is the Sheriff's Department's long history of providing substance abuse assessment, education, treatment to detainees. For more than 15 years, the Sheriff's Department has consistently contracted with community-based agencies to provide addiction and recovery services for offenders both within the jail and in the community.

Each of these previous collaborative efforts have contributed to a “culture of collaboration” in Marin County and the cumulative result of these successful experiences directly apply to our current need for continued systems integration.

When MIOCR II funding ended in 2004, the Sheriff was committed to maintaining the program and continued the assignment of a full-time Deputy Sheriff to the STAR Program.

## SECTION V: PROBABILITY OF SUCCESS

### A. LIKELIHOOD OF SUCCESS

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

Marin County’s STAR Expansion and Enhancement Program incorporates two well researched best practice models. In order to provide increased structure and focus to the In-Custody assessment and treatment of mentally ill offenders, Marin County is proposing application of the **APIC** (Assessment, Planning, Identifying and Coordinating) model. This model incorporates components that are supported with evidence-based research, blends seamlessly and shares principles with Assertive Community Treatment, and represents a program well suited to working in jails of all sizes. Very importantly, it is identified as a best practice model for community re-entry for inmates with co-occurring disorders.(Osher, 2001) Our application of this model represents shared responsibility of the lead in-custody case manager and a dedicated substance abuse specialist and is consistent with researched use of case managers for offender populations. (Dvoskin and Steadman, 1994)

Community-based services will follow principles of **Assertive Community Treatment**. Assertive Community Treatment, while expensive, is supported by an extraordinary body of research that demonstrates its efficacy for those with serious and persistent mental illness. (Phillips, 2001). Marin County is a recognized leader in Forensic Assertive Community Treatment and our team members have participated in research studies involving both the University of North Carolina and the University of California at Berkeley. (Cuddeback, 2006)

Effectiveness of the Assertive Community Treatment model was presented in Mentally Ill Offender Grant Legislative Report wherein key outcomes criminal justice outcomes were realized. While the research was included a reportedly small representative sample and presented with qualifications, the correlation between desired outcomes and program fidelity was critical in a number of key areas including criminal justice, substance abuse and individual functioning as measured by GAF (Global Assessment of Functioning) scores.

We believe that success is not only associated with program continuation and local support, but through a faithful application of the ACT model.

## **B. PAST SUCCESS**

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

Marin County's most recent relevant success includes its current mentally ill offender program, STAR. First funded to conduct a planning process, Marin County Sheriff's Office was then awarded in 2000-2001 a project grant by the State of California Board of Corrections. The project was successful in reducing recidivism, effective in stabilizing offenders in the community, increasing individual functioning and in coordinating financial and housing supports. Because of the STAR Program's success, the program was maintained locally when state funding was discontinued. Although STAR currently operates at significantly reduced funding levels, the program continues to include in-custody crisis response and treatment, STAR intensive community case management, and the STAR Mental Health Court.

Marin County Sheriff's Department has also implemented grant funded projects in collaboration with community-based agencies and with schools. The federally funded Domestic Violence Project, a joint venture with Marin's domestic violence partner, Marin Women's Services, provides another example of success between criminal justice and human service systems. On-going application for state aid to support reducing violence in our community's schools is another example of competency in grant implementation and reporting.

Marin County's Community Mental Health Services has also successfully developed and implemented grant projects for Children's System of Care and Adult System of Care (AB2034) projects. These projects also were demonstrated as effective and contributed to the county's comprehensive approach to community management of mentally ill youth and adults.

Both our applicant agency, Marin County Sheriff's Department and our implementing agency, Community Mental Health Services have recent, relevant success with grant funded projects.

## B. TIMELINE OF ACTIVITIES

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

<b>Project Activity</b>	<b>Timeline (month(s)/year)</b>
<b>IN CUSTODY ASSESSMENT and PLANNING</b>	
1. Establish protocols for screening, assessment and planning for jailed offenders.	January -February 2007
2. Identify and select Licensed Mental Health and contracted Substance Abuse Specialist staff.	January -March 2007
3. Begin application of the APIC Model for in-custody assessment, planning and case Coordination	March - April 2007; ongoing
3. Provide education to justice and community providers regarding changes, timeframes and protocols for jail-based planning.	Begin May 2007; continue Quarterly through Collaborative.
4. Monitor release practices, success of discharge planning.	Beginning September 2007 ..continue quarterly
<b>STAR EXPANSION and ENHANCEMENTS</b>	
1. Identify, select and train additional case management and administrative support staff.	January -April 2007
2. Develop and execute new and revised community contracts for additional Employment Specialist, Family Partner.	January - February 2007
3. Begin admitting new clients to core STAR Program	May 2007 on going
4. Identify wait listed clients to bridge services and/ or to jail-based assessment and planning team. Track all "bridged" clients.	May 2007 – continuous.
<b>BRIDGE SERVICES</b>	
1. Develop and execute contract for Probation peer case aide and additional peer case manager.	January - February 2007
2. Conduct client status review and needs assessment and determine guidelines for community treatment transfer and additional Bridge Services.	March -July 2007 January – March 2008 Continuing

Project Activity	Timeline (month(s)/year)
3. Identify, train and initiate MOU agreements with community-based agencies and programs capable of providing community supervision to mentally ill and dually diagnosed clients.	May 2007
4. Monitor and evaluate immediate client outcomes for those offenders served through alternative pre-enrollment or continued care.	December 2007 and ongoing
<b>STAR SYSTEM SUPPORT</b>	
1. Develop program-relevant data collection elements and outcome indicators in compliance with state-wide data collection planning process;	Begin March 2007 on-going
2. Report and distribute program reports on Marin County's success in program expansion, enhancement and experience of bridge services.	Begin November 2007- March 2008; on going.

## SECTION VI: PROJECT BUDGET

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

LINE ITEM	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
1. Salaries and Benefits	520,111	155,918		676,029
2. Services and Supplies	121,752	45,632		167,384
3. Professional Services				
4. CBO Contracts	229,091	56,802		285,893
5. Indirect Costs	67,603		33,801	101,404
6. Fixed Assets/Equipment	14,800	0		14,800
7. Other, Travel, Conference	43,857	6,966	0	50,823
<b>TOTAL</b>	<b>997,214</b>	<b>265,318</b>	<b>33,801</b>	<b>1,296,333</b>

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

**1. SALARIES AND BENEFITS:**

Salary costs included here represent full salary costs. These include: (1) **Licensed Mental Health Case Managers,(3 FTE)**. Two of these new positions will be community-based and will support the needed expansion of STAR capacity and one position will be assigned to the Jail. The

18 month full salary costs (salary and benefits) for these three positions is \$ 435,363. Hard match in terms of Medi-Cal recapture is planned at the level of \$117,548 yielding a total grant request for **\$317,815**; (2) **Psychiatric Staff** increases include a half-time Mental Health Nurse Practitioner (bringing this position to full time), and a .10 (4 hours weekly) Psychiatrist MD. Costs for psychiatric support total \$142,111. Hard match recaptured through Medi-Cal is anticipated to offset \$38,370 of those costs. The grant request for psychiatric support is **\$103,741**. (3) **Program and (Client) Financial Management Support** includes half-time (.5 FTE) funding for a public guardian Accounting Assistant. Our 18 month request for this position is: \$49,519. **A Senior Clerk Typist**, requested at .5 FTE, will provide critical and direct support to staff and professionals. Support for this position is requested at the level of **\$49,037**.

## **2. SERVICES AND SUPPLIES:**

Services and supplies include rent and utility services, building and equipment repair and maintenance, office and computer supplies, printing and copying, telecommunications and funds for client services and supplies identified as “flex fund”. The total 18 month cost for all program-related services and supplies is \$167,384; of this cost recapture through MediCal FFP totals \$45,632 . Our total request for this category is **\$121,752**.

## **3. PROFESSIONAL SERVICES:**

Please see Staffing and Community Based Organizations.

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

Contracts with community based organizations include: (1) **The Substance Abuse Specialist** with a certified chemical dependency counselor experienced in dual-diagnosis. The proposed contract will support 1.0 FTE. Full contract cost of this initiative is planned at \$112,500. Of that, we have estimated Medi-Cal (hard match) at \$20,250. Our request for this function is **\$92,250**.

(2) **An additional 0.5 FTE Employment Specialist** represents an increase of existing half-time services to improve employment options and assist mentally ill offenders in transitions in the community. Grant funds requested to support this contract increase total **\$38,016**. (3) **An additional (1.0 FTE)**

**Senior Peer Case Manager** will support the expanded and enhanced STAR Expansion and

Enhancement bridge services. The 18 month cost for a full time contract Peer Support Case Manager is \$62,571. Medi-Cal will offset \$16,894 of this amount. Our request here is **\$45,677**;

(4) A contracted half-time **Probation Peer Case Aide** will directly support Probation's mental health population that require pre-program support or continuing care. Our request for grant funds in the amount of **\$22,838** reflects an 18 month cost of \$31,286 that will be reduced by \$8,447 through Medi-Cal reimbursement. (5) **A new function, the Family Partner**, is requested at a half-time level and we request contract support for this enhancement at the 18 month rate of **\$30,310**. Full contract cost of \$41,520 will be offset by Medi-Cal match of \$11,210.

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

Marin County's actual indirect cost rate is a standard 15% calculated against salary costs. The full cost of administrative indirect for this project is \$101,404. Of this, \$33,801 is identified as in-kind match. Indirect expenses are associated with employee related recruitment, insurances, infra-structure allocations to county-wide departments, payroll etc. Our request for indirect cost reimbursement totals **\$67,603** in grant funds.

**6. FIXED ASSETS/EQUIPMENT:**

Request for fixed assets include the purchase of (4) laptop computers. These laptops will be assigned to contracted personnel. The grant funds requested in this category totals **\$4,800**; support for purchase of motor pool vehicle for assignment to peer staff is requested in the amount of **\$10,000**. We understand and will comply with state requirements guiding purchase of assets at this level.

**7. OTHER**

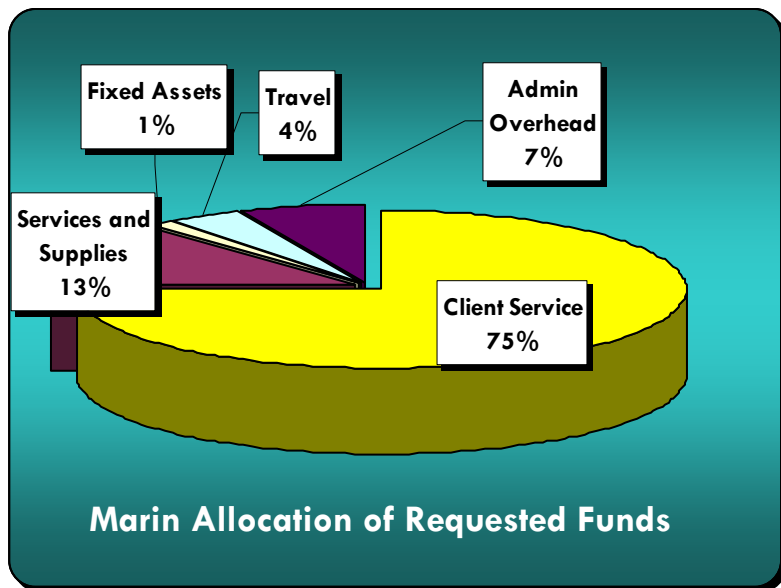
**In state travel** (mileage reimbursement) will support state meetings and daily field work. Mileage will be reimbursed to a total of 8 county and contracted employees. Our request totals **\$42,701**. This supports monthly reimbursement at the average rate of \$300 per staff per month plus insurance/operating costs for motor pool vehicles. **Training and Conference:** A total of **\$12,844** is requested to support training and conference attendance for the STAR Expansion and

Enhancement Team. These funds will support attendance at the California Forensic Mental Health Association conference and training for STAR Program Staff and collaborative partners in APIC, Forensic Assertive Community Treatment, dual-diagnosis screening, assessment and treatment, and training in family assessment and support.

**C. FUNDING REQUEST**

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

Marin County is requesting a total of **\$997,214** in grant funds to support a total 18 month program cost of \$1,296,333, (or \$864,222 annually). Through the addition of new staff, we will provide hard match, through Medi-Cal recapture in the amount of \$265,318 and dedicated in-kind match of \$33,801.



Our proposal request develops (1) In-Custody Assessment and Planning under the best - practice APIC Model (2) expands and enhances our successful STAR ACT Program and STAR Mental Health Court; (3) provides increased Capacity for Dual-Diagnosis clients; and (4) provides

service bridges in for those prior to and after STAR involvement. Our expansion alone provides additional full assertive community treatment at the costs of less than \$52.00 per day per offender. (This is calculated on total service days in 18 months for 25 offenders.)

Our innovative and integrated strategy to expand and enhance services and to provide bridge services for mentally ill offenders drives a budget request that emphasizes client services. Of our request, 75% is dedicated to county licensed case managers and community-based substance abuse, peer and family support. We advance this program as an example of a direct

response to local need that carries potential for replication and represents a useful combination of best- and evidence-based practices.

## **References for Specific Citations in Marin County STAR Expansion and Enhancement Proposal**

Allness, Deborah,, M.S.W. and William Knoedler, M.D. *National Program Standards for ACT Teams* Revised June 2003 by D. Allness, developed with support from the U.S. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Community Support.

*Co-Occurring Disorders: Integrated Dual Diagnosis Treatment* Substance Abuse and Mental Health Services Administration, Center for Mental Health, Implementation Resource Kit, 2003

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Lisa Dixon, William R. McFarlane, Harriet Lefley, Alicia Lucksted, Michael Cohen, Ian Falloon, Kim Mueser, David Miklowitz, Phyllis Solomon, and Diane Sondheimer; *Evidence-Based Practices for Services to Families of People With Psychiatric Disabilities* *Psychiatric Services* July 2001

Drake, Robert E, M.D. Ph.D., Essock, Susan M., Ph.D. "Implementing Dual Diagnosis Services for clients with Severe Mental Illness", *Psychiatric Services* , April 2001

Drovskin, J.A. Ph.D and Steadman, H.J., Ph.D. Using Intensive Case Management to Reduce Violence in Mentally Ill Persons in the Community, *Community Psychiatry* 1994, accessed online Medscape, October 12

Osher, Fred,M.D., Steadman, Henry, Ph.D., and Heather Barr, J.D, M.A, *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-occurring Disorders: The APIC Model*, (September 2002 accessed online from Co-Occurring Center for Excellence (COCE) October 4,

Minkoff, Kenneth, M.D. "Developing Standards of Care for Individuals with Co-Occurring Psychiatric and Substance Abuse Disorders" *Psychiatry Services*, May 2001

Peters, R.H. Ph.D. and Richard K. Sherman, M.S. *Summary of the California Corrections Mound Offender Crime Reduction Project Managers' Meeting* October 4, 2001

Phillips, Susan, M.S.W, et al "Moving Assertive Community Treatment into Standard Practice". *Psychiatric Services*, June 2001

Torrey, William, M.D., Drake, Robert E., M.D. Ph.D. *Implementing Practices for Persons with Severe Mental Illnesses*, *Psychiatric Services*, January 2001

Veysey, Bonita, Ph.D. *Mentally Ill Offenders in the Community: Challenges for the Future*, Policy Research Associates, Inc. Delmar, NY (1995) accessed on line,

## SECTION VII: PRIORITY CONSIDERATION

**THIS SECTION IS ONLY TO BE COMPLETED BY THE 15 APPLICANTS ELIGIBLE FOR PRIORITY CONSIDERATION. PLEASE REFER TO THE PROPOSAL REVIEW AND RATING PROCESS SECTION OF THE GRANT APPLICATION PACKET FOR MORE INFORMATION ON PRIORITY CONSIDERATION ELIGIBILITY.**

### **A. MIOCR II PROJECT DESCRIPTION AND SUCCESS**

In the space below, briefly explain what the county's demonstration project involved and whether it was successful in reducing recidivism among mentally ill offenders. If it was successful, support that assertion with quantitative or qualitative data. If it was unsuccessful, explain why.

Marin County began their collaborative demonstration project in FY 2000-2001 with a MIOCR project grant. These funds resulted in the county developing the Support and Treatment After Release (STAR) Program – a community-supported program that advanced Assertive Community Treatment as a program model.

Our collaborative project included the Sheriff's Department; Probation Department; San Rafael Police Department; Department of Health and Human Services, Division of Community Mental Health Services (CMHS); and Community Action Marin's Peer Mental Health Program. The STAR Program's unique combination of law enforcement's community policing, problem-solving approach, the county's clinical treatment delivery methods and multi-disciplinary outreach and collaboration continues to represent state-of-the-field programming. STAR Team members have been invited to present this "Marin Model" to numerous other counties and at the statewide organizations. Initial evaluation and on-going assessment of program outcomes provides us with the following data concerning our success:

- **Criminal justice involvement** – As previously stated, our STAR program, by design provides long term care for clients. The 2004-2005 *Annual Report* provided updated outcome data on criminal justice involvement. Of the 57 persons that had been served, 31 offenders were enrolled in the program for at least 2 years. These offenders were booked 55 times during

their first 12 months in the program and only 33 times during their second 12-month period, as compared to 118 bookings during the 12-month period immediately preceding admission. **This represents a 53% decrease in the number of bookings for program participants over the course of 1 year and a 72% decrease over the course of 2 years.** The annualized average number of bookings for STAR participants decreased by 46%, from 3.47 arrests per offender pre-enrollment to 1.87 post-enrollment. The average amount of time between bookings increased from 186 days pre-enrollment to 511 days after enrollment, an increase of 175%.

- **Severity of offense committed** – The annualized average number of felony charges for program participants decreased by 47% after enrollment when compared to the 12-month pre-admission period. Average misdemeanor charges decreased by 57% during the same time period and probation/parole infractions decreased by 38%. The average amount of time between charges increased by 153% from 274 days pre-enrollment to 693 days after enrollment for felonies, while the increase for misdemeanors was 155% ( 267 days to 682 days) and the increase for infractions was 129% (365 days to 835 days).
- **Average number of jail days** – Program participants were incarcerated an annualized average of 34 days in jail. This is significantly lower (-47%) than the average of 64 days spent in jail during the 12-month period immediately preceding admission. STAR participants enrolled in the program for at least 2 years were in jail for a total of 901 days during their first 12 months of in the program and only 492 days during their second 12 months, as compared to a total of 1,772 days during the 12 months prior to enrollment. This 49% reduction in jail days for program participants over the course of 1 year and 72% reduction over the course of 2 years suggests that while the program has its greatest impact on recidivism during the first year of enrollment, recidivism continues to decline with extended enrollment in the STAR Program.

STAR Program participants realized positive outcomes in other areas, as well. These include general measured level of functioning, stable source of income and suitable housing.

## **B. RESPONSE TO BUDGET REDUCTION**

In the space below, describe how the county responded to the budget reduction during the final year of the three-year grant period. For example, did the county leverage other funding streams to maintain all aspects of the project, reduce the scope of its project, or reduce the size of its target population?

Marin County anticipated the reduction in state MIOCR funds and did secure a one-year “bridge” allocation from the Marin Community Foundation. Bridge funds, combined with limited increase in county support allowed the program to continue, but at a significantly reduced level.

The capacity of the project was reduced from 70 to 50. This was required by staffing reductions of both the in-custody and community based teams.

Given the reduction in funding, Marin County studied ways to provide more effective services. In 2004 Marin started the Mental Health Court also known as STAR Court. The court is a part of the assertive case management system.

Another response to budget reduction involved optimizing peer-delivered low or no-cost support. Marin looked to volunteers and started a Dual Recovery Anonymous and a Peer Support meeting in the jail’s Special Housing Unit. Both of these meetings are staffed by mental health consumers. Marin County has also accessed the mental health internship program to provide case management support and psychotherapy in the STAR Program. Currently, there are 15 interns assigned to Community Mental Health Services and this resource will be utilized to a greater extent through the addition of supervising professionals in the STAR Expansion and Enhancement Program.

All of our efforts to shore up programming represent sustained and promising practices. However, as limited staff were required to work with larger caseloads, and consistently operate under an “at-capacity” level, we have moved away from fidelity to the ACT model. The scope of the program has shifted from that of providing assertive options for eligible candidates, to “maintenance” and “crisis management” for many. Additional funding will allow us to optimize

our many program assets, expand capacity and to execute evidence-based practices with fidelity.

### **C. PROJECT SUSTAINABILITY**

In the space below, describe what components of the project the county sustained after the grant period ended, how much money was dedicated to that effort, and what funding sources were used to sustain the effort. If the project was not sustained, explain why.

Marin County prepared for the reduction in MIOCR funding in 2004 in several ways: First, the community was well informed about the program and its success. Well in advance of the anticipated loss of funding, Marin County sought and was granted one year bridge funding from the Marin Community Foundation. Even with these bridge funds a significant reduction in the program was necessary but it allowed the county to continue the project with essential staffing. The Foundation funds specifically excluded county staff, but continued critical support to contract professionals and specialists from community-based agencies and supported the program at the level of \$298,749 – or 25% of the total annual cost of the program. Marin County's Community Mental Health, Probation, Sheriff's Office, San Rafael Police Department, and the Offices of the District Attorney and Public Defender maintained key personnel through departmental resources.

During 2005-2006 Marin Community Foundation funds were exhausted and the essential staff were maintained through a combination of direct county allocation, and a dedicated response to continue county and community support on an unfunded basis. Most recently, limited county funds were authorized as a bridge to ensure that Marin County's successful program will continue, and Community Mental Health is planning to offset a portion of operational costs through MHSA (Mental Health Services Act) funds. Community support and a committed county government combined their resources so that the STAR Program would be sustained.