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ORANGE PLACER RIVERSIDE
SACRAMENTO SAN BERNARDINO
SAN DIEGO SAN FRANCISCO
SAN MATEO SANTA BARBARA
SANTA CRUZ SONOMA STANISLAUS

Mentally Ill Offender Crime Reduction Grant Program

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Annual Report
June 2000

Board of Corrections
600 Bercut Drive
Sacramento, CA 95814

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EXECUTIVE SUMMARY

With the passage of Senate Bill 1485 in September 1998, the California Legislature initiated a major effort to reduce crime, jail crowding and criminal justice costs associated with mentally ill offenders.

SB 1485 established the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program and directed the Board of Corrections (Board) to award and administer State grants supporting the implementation and evaluation of locally developed demonstration projects designed to curb recidivism among persons with mental illness.

Another measure, SB 2108, included $27 million for the MIOCRG Program. The 1999/00 State Budget Act subsequently provided an additional $27 million. These two appropriations resulted in over $50.6 million being awarded to 15 counties for demonstration grant projects that will provide enhanced services to an estimated 12,500 mentally ill offenders.

SB 1485 requires the Board to evaluate the effectiveness of these demonstration projects and to report findings to the Legislature annually (Penal Code Section 6045.8). The Board is submitting this first annual report, which covers the period following passage of SB 1485 through May 2000, in compliance with that requirement.

As with other demonstration grant programs administered by the Board, activities during the early stages of the MIOCRG Program focused primarily on the tasks required to award available funds and to get projects up and running. These activities, discussed in greater detail throughout this report, include:

- The Board awarding non-competitive grants totaling over $1.2 million to 45 applicant counties for developing a Local Plan that describes, among other things, the existing continuum of graduated responses to mentally ill offenders and the identified needs, or gaps, in that continuum;

- The Board developing and conducting an equitable, reliable and valid process for evaluating demonstration grant proposals;

- Board staff negotiating and finalizing contracts with 15 counties that received demonstration grant awards totaling over $50 million;

- Board staff working with grantees on the development of a statewide evaluation plan that entails the collection of common data elements about program participants, interventions and outcomes;

- Counties recruiting, hiring and training jail personnel, probation officers, mental health professionals, social workers and other staff needed for the projects; and

- Counties securing program sites and sub-contracts with community-based service providers.

Board staff finalized contracts with 12 of the 15 grantees by December of 1999. Although three grantees experienced unforeseen delays in securing required contract approval from the county Board of Supervisors, all 15 contracts were finalized by early March 2000.

Given the time-consuming nature of project start-up activities, the vast majority of counties were not enrolling project participants during the first six months of the grant (July 1-December 31, 1999), the time period covered in the March 2000 Semi-Annual Progress Report submitted by all grantees to the Board. Consequently, there are no "hard data" to share in this first annual report to the Legislature.

As of May 31, 2000, all but one county had begun providing services to participants. This project expects to initiate service provision in July 2000.

The existing MIOCRG projects will conclude on June 30, 2003. The Board will collect research data throughout the grant period and will include pertinent information in subsequent annual reports. These data, along with findings from each grantee's own project evaluation, should provide much-needed insight on the most effective approaches for curbing recidivism among mentally ill offenders.

PROGRAM OVERVIEW

The average number of inmates incarcerated in California's county jails on any given day has nearly doubled since 1984, rising from 43,000 to just over 79,000. One of the many challenges associated with this increase is the growing number and proportion of inmates who are mentally ill. In 1984, persons diagnosed with schizophrenia, bipolar disorder or other mental illnesses comprised less than three percent of the jail population. Today, between 11 and 15 percent of jail inmates are diagnosed as seriously mentally ill.

Some of these mentally ill offenders must be incarcerated because of the serious nature of their crime; however, many end up in jail for committing nonviolent offenses associated with their mental illness. Jails typically lack the resources and expertise needed to provide appropriate treatment and supervision to these individuals, who often get caught up in a cycle of re-offending because they do not access and/or receive the medication and therapy, close monitoring, and other services essential to successful community reintegration.

Recognizing the need to improve California's response to offenders diagnosed with a mental illness, the Legislature passed Senate Bill 1485 (Chapter 501, Statutes of 1998), which created the Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program (Appendix A). SB 1485 directed the Board of Corrections (Board) to award and administer four-year grants for collaborative projects aimed at determining the most effective strategies for reducing crime, jail crowding and criminal justice costs associated with mentally ill offenders.

To be eligible for a demonstration grant, SB 1485 required counties to establish a Strategy Committee comprised, at a minimum, of the sheriff or department of corrections director; chief probation officer; county mental health director; a superior court judge; representatives of local law enforcement agencies and mental health provider organizations; and a client from a mental health treatment facility. The Strategy Committee was responsible for developing a Local Plan that describes, among other things, the county's existing responses to mentally ill offenders and the identified needs in the present continuum.

To support this undertaking, the Legislature earmarked up to $2 million of the initial MIOCRG appropriation for local planning grants. In October 1998, the Board issued an announcement and application materials for planning grants. In December 1998, in consultation with the Department of Mental Health and Department of Drug and Alcohol Programs, the Board awarded noncompetitive planning grants of $22,500 to $62,500 (over $1.2 million) to all applicant counties.

In March 1999, the Board received 44 Local Plans from 45 counties (there was one regional proposal). Recognizing the potential value of this information to policymakers at both the state and local level, Board staff conducted an analysis of the Local Plans and presented the findings in a March 2000 staff report. Among the most pressing needs identified by counties in their Local Plans were in-custody treatment services and discharge planning; post-custody treatment programs, case management services, resource linkages, and housing options; and collaboration and cross training among law enforcement, probation, mental health providers and other agencies involved with mentally ill offenders.

In May 1999, following an extensive review of 40 demonstration grant proposals requesting a total of nearly $114 million, the Board awarded available funds ($22.9 million) to seven counties: Humboldt, Kern, Orange, Sacramento, San Bernardino, Santa Barbara, and Santa Cruz.

The 1999/00 State Budget Act allocated an additional $27 million to the MIOCRG Program and specified that most of this appropriation would support demonstration projects according to the Board's rankings from the May 1999 competitive process. The 1999/00 State Budget Act also capped grants at $5 million and specified that Los Angeles and San Francisco counties would each receive $5 million for projects that target mentally ill offenders likely to be committed to state prison ("High Risk Models"). In addition to Los Angeles and San Francisco, the 1999/00 MIOCRG allocation and previously unallocated funds ($27.7 million) supported projects in Placer, Riverside, San Diego, San Mateo, Sonoma and Stanislaus Counties.

DEMONSTRATION GRANTS

The Board's primary objective in carrying out its statutory responsibility for awarding MIOCRG demonstration grants was to ensure that the Request for Proposal (RFP) process was both equitable and valid. Toward this end, the Board established an Executive Steering Committee (ESC) in November 1998 comprised of state and local corrections and mental health officials to provide recommendations on the RFP. The ESC members (Appendix B) considered input from subject matter experts and the general public in developing the content, format and requirements of the RFP; the proposal evaluation criteria and the weight associated with each rating category; and the proposal screening procedures (e.g., submission and review of written proposals, oral presentations, and final selection process).

In awarding demonstration grants, SB 1485 required the Board, in collaboration with the Departments of Mental Health and Alcohol and Drug Programs, to consider, at a minimum, the following criteria:

- percentage of the jail population with severe mental illness;
- demonstrated ability to administer the program, and to provide treatment and stability for persons with severe mental illness;
- demonstrated history of maximizing federal, state, local and private funding sources; and
- likelihood that the program will continue after state funding ends.

The ESC determined that the following criteria should also be used in evaluating the proposals: need for the program; probability of success; evaluation design; proposal quality; and oral presentation. The ESC also determined the scoring priority that would be given, pursuant to SB 1485, to proposals that included a local match exceeding the statutorily required 25 percent of the grant amount.

Based on the ESC's recommendations, the Board distributed the demonstration grant RFP to all counties in December 1998. Board staff conducted workshops in Sacramento and San Bernardino in January 1999 to review the RFP materials and requirements with county representatives and other interested persons.

Over 200 people attended these workshops, which offered participants an opportunity to ask questions concerning the Local Plan, demonstration grant application and proposal evaluation process, as well as to address issues and approaches related to collaboration and program evaluation.

In March 1999, the Board received 40 proposals from 41 counties (there was one regional proposal) requesting a total of nearly $114 million. In May 1999, following an extensive review and priority ranking of these proposals by the ESC, the Board awarded available funds (approximately $22.9 million) to the following seven counties: Humboldt, Kern, Orange, Sacramento, San Bernardino, Santa Barbara, and Santa Cruz.

The 1999/00 State Budget allocated an additional $27 million to the MIOCRG and specified that most of this appropriation would support demonstration projects based upon the prioritized list already established by the Board. The Budget capped grants at $5 million and specified that Los Angeles and San Francisco Counties would each receive $5 million for projects that target mentally ill offenders likely to be committed to state prison ("High Risk Models"). In addition to Los Angeles and San Francisco, the 1999/00 MIOCRG allocation and previously unexpended funds supported demonstration grants totaling over $27.7 million in the following six counties: Placer, Riverside, San Diego, San Mateo, Sonoma and Stanislaus.

Following the Board's announcement of grant awards in May 1999, Board staff began negotiating state contracts with the first seven MIOCRG grantees. To facilitate and expedite this process, Board staff conducted a briefing session in June 1999 to review draft contract documents with county representatives and respond to questions. Over 40 representatives from the funded projects attended this workshop.

Board staff initiated the contract negotiation process for the subsequent eight grantees in July 1999, immediately following passage of the 1999/00 State Budget Act, and conducted a contract briefing session for this group of grantees in August 1999.

In addition to the State's standard contract requirements, the MIOCRG contract includes a Fiscal Survey that identifies the amount of grant and local match funds for specific budget line items, and a Program Evaluation Survey that provides detailed information about the research component of the demonstration project.

BOC staff finalized contracts with 12 of the 15 grantees between September and December of 1999. Although three grantees experienced unforeseen delays in securing required contract approval from the county Board of Supervisors, all 15 contracts were in place by early March 2000. Award amounts, match amounts and total project costs are outlined in table below.

The Board's administration of various grant programs indicates that counties typically need between six and nine months to get demonstration projects up and running, and this experience has held true for the MIOCRG Program.

There are many time-consuming activities associated with project start-up, including staff recruitment and hiring; program site acquisition and development; and contract negotiations with community-based service providers.

Many grantees have reported that they encountered program implementation delays as a result of county requirements associated with these activities.

Some counties have also reported delays due to the time associated with providing necessary staff development and interagency cross training, and with identifying and screening offenders who meet program eligibility criteria.

Fourteen of the 15 counties are currently providing services to mentally ill offenders identified for inclusion in the demonstration project. Placer County will commence service provision in July 2000. Together, the MIOCRG counties estimate that approximately 12,500 eligible offenders will participate in the interventions offered by these projects over the course of the four-year grant.

The 15 MIOCRG projects (Appendix C) are implementing and evaluating interventions that address multiple needs identified by counties in the Local Plans submitted as part of the demonstration grant application process. In general, the MIOCRG projects address both in-custody and post-custody needs related to mentally ill offenders. The MIOCRG projects also address, to varying degrees, the identified need to work collaboratively with the courts in these undertakings.

For additional information on the MIOCRG projects, interested persons may contact the Project Manager in each county (Appendix D).

COUNTIES	AWARD AMOUNT	MATCH AMOUNT	TOTAL PROJECT COSTS
Humboldt	$2,268,986	$1,407,280	$3,676,266
Kern	$3,098,768	$1,502,032	$4,600,800
Los Angeles	$5,000,000	$4,042,200	$9,042,200
Orange	$5,034,317	$3,981,467	$9,015,784
Placer	$2,139,862	$1,639,051	$3,778,913
Riverside	$3,016,673	$2,686,524	$5,703,197
Sacramento	$4,719,320	$2,607,371	$7,326,691
San Bernardino	$2,477,557	$1,290,256	$3,767,813
San Diego	$5,000,000	$9,591,300	$14,591,300
San Francisco	$5,000,000	$2,299,154	$7,299,154
San Mateo	$2,137,584	$2,718,041	$4,855,625
Santa Barbara	$3,548,398	$3,054,090	$6,602,488
Santa Cruz	$1,765,012	$1,250,992	$3,016,004
Sonoma	$3,704,473	$1,456,331	$5,160,804
Stanislaus	$1,713,490	$1,518,418	$3,231,908
TOTALS	**$50,624,440**	**$41,044,507**	**$91,668,947**

PROJECT OVERSIGHT & SUPPORT

Board staff has implemented a multi-faceted process for monitoring the administration of the MIOCRG demonstration projects. This process, which enables staff to keep the Board apprised of the progress counties are making with their projects and to provide technical support to grantees, includes the following activities.

Financial Invoices: Counties participating in the MIOCRG Program submit quarterly financial invoices for costs associated with their demonstration project. These invoices enable Board staff and grantees to track project expenditures and balances.

As of May 24, 2000, the majority of counties had submitted invoices for the first, second and third quarters of the 1999/00 fiscal year. These invoices claimed expenditures of reimbursable State funds totaling over $1.8 million and expenditures of local match funds totaling over $1.4 million.

Site Visits: Board staff initiated MIOCRG project site visits in early December 1999. These visits typically include meeting with project managers, fiscal managers, researchers and other key staff associated with the project; touring jail facilities and other program-related sites; participating in Strategy Committee meetings; and observing court sessions.

As of May 31, 2000, Board staff had visited each of the 15 counties at least once. Over the course of the grant, Board staff will conduct at least two site visits a year in each county.

Quarterly Project Manager Meetings: With the agreement and support of project managers and researchers, Board staff initiated quarterly meetings beginning in October 1999.

These one and one-half day meetings provide Board staff an opportunity to share information on contract compliance issues such as invoice and auditing requirements as well as program implementation and evaluation issues. The meetings also provide a forum for grantees to exchange information on project implementation efforts and strategies, and to engage in problem-solving discussions.

The Quarterly Project Managers Meetings are hosted by a grantee. San Bernardino County hosted the first meeting in October 1999; Placer County hosted the second session in February 2000; and Riverside County will host the third meeting in June 2000. In addition to project managers and researchers participating in these meetings, fiscal managers and other key members of each project's staff have attended these sessions.

Based on feedback provided to Board staff from participants, it is clear that they find these meetings valuable in the implementation and administration of their projects.

Semi-Annual Progress Reports: To monitor contract compliance, identify program operation issues that might warrant technical assistance, and track data collection and evaluation efforts, counties submit reports twice a year on the progress of their projects. The first report was due March 15, 2000 and covered the six-month period commencing July 1, 1999. The next Progress Report is due to the Board by September 15, 2000.

Web Site: In an effort to keep project staff and others as informed as possible about the MIOCRG Program, Board staff has made a concerted effort to publish timely and useful materials on the MIOCRG Program page of the Board's web site. This information includes project descriptions and contacts, various grant management forms, meeting announcements, and materials utilized in the MIOCRG planning grant and demonstration grant processes.

The Board encourages all interested persons to visit the web site at http://www.bdcorr.ca.gov.

In addition to monitoring projects and providing technical assistance to grantees as needed, Board staff has responded -- and will continue to do so -- to requests for presentations on the MIOCRG Program by statewide associations (criminal justice and mental health) as well as other state agencies.

PROJECT EVALUATIONS

SB 1485 required the Board to develop an evaluation design for assessing the efficacy of the MIOCRG Program in reducing crime, jail crowding, and criminal justice costs associated with mentally ill offenders. In addition, counties must conduct an evaluation of their project that includes outcome and performance measures as well as an assessment of the process.

These evaluations permit counties to focus on unique aspects of their program and the Board to create a statewide database with greater statistical power for identifying effective interventions. The estimated number of project participants varies among grantees; however, together, they anticipate providing project services to 12,500 mentally ill offenders.

Local Evaluations

To maintain research rigor, the Board encourages counties to use a true experimental design in their evaluation plans. This design requires randomly selected treatment and comparison groups who are assessed at least twice (before and after the intervention) with the same instruments over the same period of time. Records are kept for every project participant (in both the comparison and treatment groups) and must include any services or interventions received and a definition of those services.

This research design eliminates much of the "noise" that can make it difficult to account for outcomes. For instance, when treatment group members are identified through a different process than comparison group members, a researcher cannot say with confidence that improvements in the treatment group are the result of the interventions. Since the groups were chosen through different processes, there is a likelihood that group members differ on any number of important characteristics that could account for differences in the outcomes.

Thirteen of the 15 grantees are using the true experimental design. One county is using a quasi-experimental design, and another is using data collected several years prior to involvement in the program to create "baseline" patterns of criminal and mental health problems for the treatment group.

Some counties are implementing more than one program with their project. By definition, a program has a particular set of subjects, interventions and hypotheses. Each program within the project has its own research design. In developing their respective research designs, counties had to consider several factors that are critical to conducting an appropriate evaluation of what works in reducing recidivism among mentally ill offenders. Those factors include:

Identification of Target Populations: The nature of the target population (i.e., the group of individuals who will be the focus of the crime reduction efforts) is very important because it determines the population to whom a successful program should be applied in the future. MIOCRG projects are using a combination of criminal justice history and mental health diagnosis to define the target population.

Design of Interventions: To assess what works and allow for replication, programs must be carefully designed and documented. Further, in order for the research to have any utility, program interventions must be delivered in a competent, consistent manner. The MIOCRG projects offer a wide range of interventions, including case management, counseling, alcohol/drug treatment and intensive probation supervision.

Relevant Outcome Measures: Studying a program's effectiveness requires predicting relevant outcomes (the positive effects it will have in reducing crime) and measuring those outcomes.

Measurements of the criteria of success must be reliable (i.e., consistent over time) and valid (i.e., true measures of the defined criteria). The outcome measures used by MIOCRG counties to assess program effectiveness include criminal justice measures such as number of arrests and jail days; and personal functioning measures such as drug/alcohol abuse, employment, and living situation.

Counties must submit a Final Project Evaluation Report to the Board within 90 calendar days of the contract ending date (June 30, 2003).

These final reports will describe the finished project in detail and include sufficient information about the research subjects, research design, nature and extent of treatment interventions and data analysis procedures to permit replication of the program by others.

The final reports will also include a process evaluation which describes and analyzes project implementation challenges (e.g., subcontracting with service providers, staff hiring and training, and client identification and recruitment) and the county's response to those challenges as well as project management activities.

In addition, the majority of counties will be conducting some type of cost benefit analysis. Some counties will be assessing the relative cost impacts of the project for both criminal justice and mental health services while others will examine only criminal justice costs.

Statewide Evaluation

Key to the success of the Board's statewide evaluation of the MIOCRG demonstration projects is the collection and analysis of common data elements.

MIOCRG projects will collect common data elements on every participant (treatment and comparison) and report findings to the Board every six months. The Board's researchers will aggregate the data in order to describe the population being served (e.g., diagnoses and criminal justice histories), the rate at which different interventions are used (e.g., number of visits to therapists and level of contact between the client and probation officer), and the impact of those interventions on the targeted behavior. The Board's researchers will use the larger sample size created by the common data elements to examine subtle or interactive effects that cannot be identified with small sample sizes.

To simplify and facilitate county efforts related to the collection of common data elements, the Board's researchers are utilizing three existing statewide databases.

Intake and background data, which include diagnoses, demographic information and lifestyle information (e.g., measures of income adequacy and description of current living situation), will be gathered primarily from the State Department of Mental Health's Client and Services Information (CSI) system.

Most of the MIOCRG projects will collect common data elements about the services used by each client through county Medi-Cal/CSI billing systems. With the exception of MIOCRG projects for which forensic mental health staff are providing services, the projects will be able to collect data about participants' actual use of services through this system.

The State's Adult Performance Outcome System requires counties to submit scores from two of three mental health instruments (California Quality of Life or Lehman's Quality of Life and the BASIS 32) at the beginning of mental health treatment and at regular intervals thereafter. Data from these instruments will inform clinicians as well as researchers about clients' functioning, which is one indicator of project impact.

In response to the legislative mandate to evaluate criminal justice cost savings resulting from the MIOCRG Program, the common data elements include items such as the number of days in jail. These data will permit the Board's researchers to develop annualized average costs, on a statewide basis, associated with each variable.

The Board will collect common data elements every six months throughout the grant period and will include pertinent information reported by counties in subsequent annual reports to the Legislature.

These statewide data, along with the findings from each grantee's project evaluation, will provide much-needed insight on what works in curbing recidivism among mentally ill offenders.

Appendix A

Senate Bill No. 1485

CHAPTER 501

An act to add and repeal Article 4 (commencing with Section 6045) of Chapter 5 of Title 7 of Part 3 of the Penal Code, relating to mentally ill criminal offenders.

[Approved by Governor September 15, 1998. Filed with Secretary of State September 15, 1998.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1485, Rosenthal. Mentally ill offender crime reduction grants.

Under existing law, it is the duty of the Board of Corrections to make a study of the entire subject of crime, with particular reference to conditions in the State of California, including causes of crime, possible methods of prevention of crime, methods of detection of crime, and apprehension of criminals, methods of prosecution of persons accused of crime, and the entire subject of penology, including standards and training for correctional personnel, and to report its findings, its conclusions and recommendations to the Governor and the Legislature as required.

This bill would require, until January 1, 2005, the Board of Corrections to administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders. The bill would require the board, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, to create an evaluation design for the grant program that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs, and would require the board to submit annual reports to the Legislature based on the evaluation design. The bill would require funding for the program to be provided, upon appropriation by the Legislature, in the annual Budget Act.

The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) County jail inmate populations nearly doubled between 1984 and 1996, from 43,000 to 72,000. Court-ordered population caps have affected 25 counties and represent 70 percent of the average daily population in county jails. As a result of these caps and a lack of bed

space, more than 275,000 inmates had their jail time eliminated or reduced in 1997.

(b) An estimated 7 to 15 percent of county jail inmates are seriously mentally ill. Although an estimated forty million dollars ($40,000,000) per year is spent by counties on mental health treatment within the institution, and that figure is rising rapidly, there are few treatment and intervention resources available to prevent recidivism after mentally ill offenders are released into the community. This leads to a cycle of rearrest and reincarceration, contributing to jail overcrowding and early releases, and often culminates in state prison commitments.

(c) The Pacific Research Institute estimates that annual criminal justice and law enforcement expenditures for persons with serious mental illnesses were between one billion two hundred million dollars ($1,200,000,000) and one billion eight hundred million dollars ($1,800,000,000) in 1993–94. The state cost in 1996–97 to incarcerate and provide mental health treatment to a seriously mentally ill state prisoner is between twenty-one thousand nine hundred seventy-eight dollars ($21,978) and thirty thousand six hundred ninety-eight dollars ($30,698) per year. Estimates of the state prison population with mental illness ranges from 8 to 20 percent.

(d) According to a 1993 study by state mental health directors, the average estimated cost to provide comprehensive mental health treatment to a severely mentally ill person is seven thousand dollars ($7,000) per year, of which the state and county cost is four thousand dollars ($4,000) per year. The 1996 cost for integrated mental health services for persons most difficult to treat averages between fifteen thousand dollars ($15,000) and twenty thousand dollars ($20,000) per year, of which the state and county costs are between nine thousand dollars ($9,000) and twelve thousand dollars ($12,000) per person.

(e) A 1997 study by the State Department of Mental Health of 3,000 seriously mentally ill persons found that less than 2 percent of the persons receiving regular treatment were arrested in the previous six months, indicating that crimes and offenses are caused by those not receiving treatment. Another study of 85 persons with serious mental illness in the Los Angeles County Jail found that only three of the persons were under conservatorship at the time of their arrest, and only two had ever received intensive treatment. Another study of 500 mentally ill persons charged with crimes in San Francisco found that 94 percent were not receiving mental health treatment at the time the crimes were committed.

(f) Research indicates that a continuum of responses for mentally ill offenders that includes prevention, intervention, and incarceration can reduce crime, jail overcrowding, and criminal justice costs.

(g) Therefore, it is the intent of the Legislature that grants shall be provided to counties that develop and implement a

comprehensive, cost-effective plan to reduce the rate of crime and offenses committed by persons with serious mental illness, as well as reduce jail overcrowding and local criminal justice costs related to mentally ill offenders.

SEC. 2. Article 4 (commencing with Section 6045) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 4. Mentally Ill Offender Crime Reduction Grants

6045. The Board of Corrections shall administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders, as defined in paragraph (1) of subdivision (b) and subdivision (c) of Section 5600.3 of the Welfare and Institutions Code.

6045.2. (a) To be eligible for a grant, each county shall establish a strategy committee that shall include, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff is not in charge of administering the county jail system, who shall chair the committee, representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a client of a mental health treatment facility, and representatives from organizations that can provide, or have provided, treatment or stability, including income, housing, and caretaking, for persons with mental illnesses.

(b) The committee shall develop a comprehensive plan for providing a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration, for mentally ill offenders. Strategies for prevention and intervention shall include, but are not limited to, both of the following:

(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long-term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

(c) The plan shall include the identification of specific outcome and performance measures and a plan for annual reporting that will allow the Board of Corrections to evaluate, at a minimum, the effectiveness of the strategies in reducing:

(1) Crime and offenses committed by mentally ill offenders.

(2) Criminal justice costs related to mentally ill offenders.

6045.4. The Board of Corrections, in consultation with the State Department of Mental Health, and the State Department of Alcohol and Drug Programs, shall award grants that provide funding for four years. Funding shall be used to supplement, rather than supplant,

funding for existing programs and shall not be used to facilitate the early release of prisoners or alternatives to incarceration. No grant shall be awarded unless the applicant makes available resources in an amount equal to at least 25 percent of the amount of the grant. Resources may include in-kind contributions from participating agencies. In awarding grants, priority shall be given to those proposals which include additional funding that exceeds 25 percent of the amount of the grant.

6045.6. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall establish minimum standards, funding schedules, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) Percentage of the jail population with severe mental illness.

(b) Demonstrated ability to administer the program.

(c) Demonstrated ability to develop effective responses to provide treatment and stability for persons with severe mental illness.

(d) Demonstrated history of maximizing federal, state, local, and private funding sources.

(e) Likelihood that the program will continue to operate after state grant funding ends.

6045.8. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall create an evaluation design for mentally ill offender crime reduction grants that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs. Commencing on June 30, 2000, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with a final report due on December 31, 2004.

6045.9. This article shall remain in effect only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.

6046. Funding for mentally ill offender crime reduction grants shall be provided, upon appropriation by the Legislature, in the annual Budget Act. It is the intent of the Legislature to appropriate twenty-five million dollars ($25,000,000) for the purposes of Mentally Ill Offender Crime Reduction Grants in the 1999–2000 fiscal year, subject to the availability of funds. Up to 5 percent of the amount appropriated in the budget may be available for the board to administer this program, including technical assistance to counties and the development of an evaluation component.

O

Appendix B

EXECUTIVE STEERING COMMITTEE

BOC Members

Harry Nabors, Chairperson
Jerry Krans, Co-Chairperson
Susan Saxe-Clifford, Ph.D.
Daniel Ballin

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Bill Kolender, San Diego County
Captain Norm Hurst, San Bernardino County, CSSA Detentions and Corrections Subcommittee

State Department of Mental Health Representative

Gary Pettigrew, Deputy Director

State Department of Alcohol and Drug Programs Representative

Susan Nisenbaum, Deputy Director

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

Appendix C

PROJECT DESCRIPTIONS

Humboldt County is using a multidisciplinary Jail Forensic Team to provide coordinated wraparound services (24 hours a day, seven days a week) to severely mentally ill offenders – first in the Humboldt County Correctional Facility, then in the community. The team is comprised of staff from the Sheriff's Department, Probation Department, and Department of Mental Health/Alcohol and Other Drug Programs.

The project involves four phases. The Candidate's Phase includes a thorough assessment of the client's bio-psychosocial needs and the development of a treatment plan. The client then progresses through the Primary Treatment Phase, which begins in jail unless the client is released to an intensive supervision caseload. This phase involves medications, intensive case management and individually tailored services such as substance abuse counseling, educational groups, and therapy. The Treatment/Transition Phase continues the requirements of Phase II and links clients with community-based treatment programs and services (e.g., mental health day treatment, substance abuse treatment, transitional housing, transportation, education, etc.). The Maintenance and Community Transition Phase continues the Phase III treatment and monitoring requirements for three to six months. During this final phase, the client is expected to take responsibility for continuing treatment, with services being provided and coordinated at community hubs when appropriate.

Throughout the community-based portion of the program, the client is under intensive supervision by the Probation Officer. This supervision may include electronic monitoring and drug testing. Frequent status reviews by the court will be scheduled.

Referral to the program can be made during the pre-booking/intake process by medical or mental health services staff or by judges, district attorneys or public defenders. The identification and referral of clients will include an assessment of their mental illness, alcohol and other drug use, public safety risk, probation status, custody status and classification status. Upon court approval, the client will be randomly assigned to the treatment group or comparison group.

Kern County is using a multidisciplinary "JAILINK" Team (Jail Alternatives, Information and Linkage) to coordinate services for seriously and persistently mentally ill offenders. This project includes the following elements:

- Pre-release and post-release services (including community-based board and care beds, transportation, intensive case management, and vocational rehabilitation) by trained mental health professionals who are working with Turning Point to promote long-term stability and recidivism prevention.

- Trained mental health staff at the Central Receiving Facility to identify mentally ill offenders and intervene to provide services in locations other than the jail if appropriate, and at the Psychiatric Unit of the Lerdo Complex to provide intervention, treatment and diagnosis services to mentally ill inmates.

- A Crisis Outreach Team comprised of mental health, medical and probation staff to ensure that each mental health plan developed by JAILINK is implemented.

- Enhanced crisis intervention services through a Sheriff's deputy who will be trained and dedicated to the county's existing Mobile Evaluation Team.

- Increased probation involvement, particularly for assistance with summary probationers, on the current Mental Health Forensic Services Team, which works closely with the Sheriff's department

and courts to serve seriously mentally ill residents who have been court-ordered to receive mental health services and to help those at risk of resulting legal problems.

The project also involves an Oversight Committee to provide continuing direction and supervision in providing services to the target population.

Los Angeles County is implementing the Community Re-Integration of Mentally Ill Offenders (CROMIO) Program, an intensive case management program that includes a continuum of services beginning prior to the client's release from jail.

Program participants are assigned to a Service Coordination Team (SCT) and a Personal Service Coordinator (PSC). The SCT is comprised of a team leader, a psychiatrist (who conducts weekly support classes to educate participants in effectively managing their own medications), one registered nurse, two psychiatric social workers, two probation offers, two deputy sheriffs, two substance abuse counselors and five case managers. In addition, the SCT provides community employment and integration services through the efforts of a resource specialist, two job developers, two job coaches and a community integration specialist.

During the jail-based engagement phase of the program, the PSC and a criminal justice liaison from the Probation Department educate the participant about the services available through the program and begin to formulate an individual personal service plan based on an assessment of the offender's history, needs and goals.

Deputies and Mental Health staff try to involve the participant's support system, including the PSC and/or family members as appropriate, in transitioning the offender from the jail to the community. Participants are transported to medical and dental appointments, vocational and educational services, and recreational opportunities. The program is partnering with homeless shelters, board and care homes and residential programs to provide housing. The PSC visits the participant at least once a week to provide outreach and monitoring, one-on-one training in living skills, and assistance in obtaining/maintaining benefits and entitlements as well as in enrolling and staying in school.

This project has been designated by the Legislature as a High Risk Model and, as such, is targeting mentally ill offenders who are likely to be committed to state prison.

Orange County is implementing the Immediate Mental Health Processing, Assessment, Coordination and Treatment (IMPACT) project, which involves specialized teams of deputy probation officers and behavioral mental health clinical staff to address the specific and unique needs of mentally ill offenders and to take immediate steps when signs of psychiatric deterioration or non-compliance are evident. These teams assess the signs of mental illness and deterioration and use specialized terms and conditions of probation to help offenders comply with treatment plans, counseling and other services. The teams have caseloads small enough (25-30 clients) to provide intensive supervision, follow-up and other case management activities.

To accomplish the objectives of its proposal, the county is coordinating with local treatment centers and the Sheriff so that an offender's release occurs when services are open and available to the client. The county is also contracting with a non-profit service organization to provide, immediately upon the client's release from jail, transportation to a treatment center for medication and other services; and with a community care provider to operate a community resource treatment center to provide psychiatric and medical services, peer counseling services, transportation to court and other support services, and assistance in accessing entitlement benefits and improving daily living skills.

In addition to these intensive services, the project includes development of a multi-lingual educational video to provide information about community education and treatment programs to families of clients. This video will be played in the visiting facilities at the Orange County jail.

The project also includes a centralized voice mail system for clients, their families and providers to provide around-the-clock access to information necessary to keep clients on treatment schedules and remind them of meetings with probation officers, court-required appearances, and other case management requirements.

Placer County is implementing a project with four components, the first of which involves the creation of a multi-disciplinary team that will evaluate mentally ill offenders when they come into the jail to determine the best approach to treatment and/or adjudication. A mental health professional will administer an assessment to determine diagnosis and need for services. Persons with a serious mental illness will be fast-tracked so that action can be taken as quickly as possible.

The second component involves the establishment of a Stabilization Unit in the jail (using existing pods) that will provide additional mental health services (e.g., more staff contact and counseling sessions) to persons who are experiencing psychosis or other extreme adjustment issues.

The third component is a Transitional Residential Treatment Program (TRTP) located near the jail to provide extensive treatment and living skills to offenders upon release. The TRTP, which will accommodate up to 20 offenders at any given time, will use a Certified Social Rehabilitation model that has four levels of treatment. Progression from one phase to the next will depend on the progress the individual makes in meeting the requirements of the individualized treatment program established by the interdisciplinary team. While allowing residents to remain in the residential program up to one year, the county anticipates that the average resident will stay three to four months.

The final component of this project is an Aftercare Program that works with the mentally ill offender and family members. Probation officers and the Adult Systems of Care Mental Health Unit will closely supervise the offender to provide services and living skills as well as sanctions for treatment non-compliance.

Riverside County is implementing a project with three components, the first being a dedicated 80-bed housing unit at the Robert Presley Detention Center (via modifications to an existing housing unit). This component includes the addition of specially trained staff within the housing unit to ensure early detection of decompensation and to provide critical linkages between mental health, health services and custody staff.

The second component involves a 10-bed expansion of the Alternative Sentencing Program (ASP), which provides community-based housing and a comprehensive treatment program that must be completed as a condition of probation (in lieu of incarceration in the dedicated housing unit). The ASP also provides linkages to monetary assistance for medical care, mental health care and other community support services (e.g., housing) needed for successful community reintegration.

The final component focuses on discharge planning and reintegration into the community for mentally ill offenders once they are released from custody. The county is implementing a discharge management program that will begin three to four weeks prior to an inmate's release and will provide linkages to existing mental health and supportive services (e.g., transportation, financial advocacy and vouchers for shelter/transitional living accommodations). This component also includes intensive probation supervision and coordination with community policing efforts to help ensure participation in the treatment program to which offenders are referred and reduce the chances of recidivism.

Sacramento County is implementing Project Redirection, which is designed to enhance the current system for mentally ill offenders through the provision of service coordination and resource brokering, emergency and stabilizing housing, integrated substance abuse and mental health treatment, and crisis management.

Case managers and a dedicated senior probation officer are providing service coordination and resource brokering for appropriately identified offenders, encouraging participation in the project and coordinating their psychological and physical assessments, case planning and management activities, housing, and access to any other critical resources. A low caseload ratio (10:1) allows for intensive case management.

Emergency and stabilizing housing, which has been secured via an agreement with a 12-bed transitional facility in the community, gives participants access to emergency placement and/or shelter and staff support for up to 30 days.

The county's Mental Health Division and Alcohol and Drug Bureau are developing an integrated treatment program that is tailored to participants' needs and includes relapse prevention training, group alcohol and other drug services, and job readiness training.

Crisis management is occurring through a collaborative effort between law enforcement and the client's assigned case manager, who will be contacted during or shortly after a crisis arises (e.g., loss of housing, psychological or substance abuse relapse, contact with the criminal justice system, loss of financial support). The case manager and probation officer meet with the project participant and work with the court, district attorney and public defender to develop an appropriate level of intervention and support in response to the crisis. Should the crisis necessitate re-incarceration in the jail, the case manager will maintain contact with the client, who will go through exit planning and be reintegrated into the project upon release.

San Bernardino County is implementing the San Bernardino Partners Aftercare Network (SPAN) project, which involves a multi-agency team whose purpose is to link seriously mentally ill inmates to needed mental health services upon release from jail. Housed on the grounds of the West Valley Detention Center (but in a separate building), this aftercare management team serves as a "bridge" between custody and community integration by providing, among other things:

- Early discharge planning at booking to assess inmates' mental health status and post-incarceration housing and community service needs.
- Necessary referrals to outpatient mental health services (including counseling, medication services, and drug and alcohol services).
- A 14-day supply of medication at time of release until contact is made with a community mental health treatment resource.
- Financial advocacy to assist clients in obtaining Social Security, medical and other benefits and housing advocacy in locating independent living settings or residential placement.
- Transportation to community mental health clinics, a residence or placement facility.
- Identification cards to alert treatment providers, law enforcement personnel and others that the individual is part of the treatment program.
- Assessment /referral to the Mental Health Court and coordination of terms and conditions of probation through the District Attorney's Office, Public Defender's Office and Superior Court.

This latter component (coordination of terms and conditions of probation) is handled by a specialized SPAN subprogram called STAR-LITE (Supervised Treatment After Release – Less Intense Treatment Expectations), which will expand the capacity of the Mental Health Court. Unlike the county's existing STAR Program, which includes ongoing case management, STAR-LITE provides only aggressive front-end case management to inmates at high risk for recidivism, linking them to needed community services, financial support, housing and drug abuse counseling and treatment.

San Diego County is implementing the Connections Program, which uses the Assertive Community Treatment model to provide increased assessment, intensive case management and wraparound services to severely mentally ill offenders on probation.

Increased assessment begins with a Psychiatric Emergency Response Team (PERT) consisting of a law enforcement officer or deputy and a licensed mental health clinician. At the point of crisis, PERT team members evaluate, assess, and refer the individual to the most appropriate level of treatment and care in the community. Should the violation of the law by the mentally ill individual be of such a serious nature that the PERT team could not refer the individual to the community, then the mentally ill offender is taken to the county jail for processing.

Upon entry to jail, individuals identified as having mental health issues are referred to a social worker for further assessment and more extensive case management. A comprehensive case management component provides in-jail and essential post-release care and wraparound services. Strategies for post-release include mental health or substance abuse treatment, aid in establishing long-term stability, including a stable source of income, a safe and decent residence, and a reliable conservator or caretaker.

All participants in the Connections Program are assigned to one of five case management teams. Each team assists 30 probationers annually, assuring a 1:10 staff-client ratio. Program services are delivered in three phases, each lasting about three months. Independent of what phase of service the participant is in, team responsibilities include attending pre-release planning at in-jail psychiatric units for probationers being released into the community; being present at community psychiatric hospitalizations as needed; visiting new group homes; carrying a 24-hour pager in order to respond to crisis situations; and consulting and visiting with families as needed.

San Francisco County is implementing a Forensic Support System (FSS) that provides expanded clinical consultation to the courts; jail-based psychiatric assessment, treatment and pre-release planning; intensive case management and, as appropriate, intensive probation supervision.

The cornerstone of the FSS is the Forensic Case Management Team (FCMT), a multidisciplinary team that handles a low caseload (approximately 15 to 1) in coordinating and delivering a broad range of community-based treatment services. In addition to traditional individual and group counseling, case management, medication and money management, and substance abuse treatment, the Team is providing a range of socialization, skill building, recreation and pre-vocational opportunities. Throughout enrollment in the program, clients are able to access a case manager 24 hours a day and crisis response will be swift and in person. In the event of incarceration, hospitalization, or acute diversion, case managers will meet with staff at the institution immediately to ensure continuity of care. Clients go through a four-phase program, moving through phases according to their individual ability to manage symptoms and comply with their treatment plan (Phase I-Client Engagement; Phase II-Treatment Initiation; Phase III-Intensive Treatment; and Phase IV-Graduated Independence-Aftercare). The FCTM also manages a flexible housing fund to assure that individuals can access shelter and housing.

In addition to the FCMT, this project includes a Psychiatric Liaison to the court system exclusively for FSS clients. The Liaison is providing consultation to the District Attorney, Public Defender, Judge and Adult Probation Department to help assess and determine how best to integrate graduated sanctions that balance public safety, due process, and clinical issues. The project also includes an expansion of the Jail Aftercare Services program to provide intensive pre-release planning and to link clients with the FCMT, intensive supervision (when appropriate), and community-based treatment.

San Francisco's project was designated by the Legislature as a High Risk Model aimed at offenders who are likely to be committed to state prison. As such, the project will include state parolees.

San Mateo County is implementing the Options Project, which involves a multi-disciplinary team that provides additional probation supervision, intensive case management, mental health services and chemical dependency treatment to qualified mentally ill offenders approved by the court for release from custody.

The team manager (a Mental Health Program Specialist) is responsible for identifying potential participants, developing and implementing a plan for chemical dependency treatment when appropriate, and making housing recommendations to either the Own Recognizance Project or Probation staff (depending on the point in the adjudication process when the participant is referred to the program).

San Mateo County has identified housing options that range from short-term shelter to placement at a residential chemical dependency treatment program or locked subacute mental health treatment facility. Day reporting is required for clients who are not in a residential program and includes counseling, educational and training activities.

The Options Team includes a case manager who is opening a file for each participant at one of the three county mental health centers, reviewing the treatment plan with the participant while he/she is in jail, transporting the released offender to the housing specified in the plan, and providing a written copy of the daily activities schedule to the participant.

All participants are placed on an intensive probation caseload and must agree to weekly urinalysis testing during their first six months of program participation.

Santa Barbara County is implementing two Mental Health Treatment Courts (MHTC) combined with Intensive Support Teams (IST) and wrap around community-based services.

The MHTCs (in Santa Barbara and Santa Maria) involve a judge, district attorney, public defender, probation officer and treatment officer working together during an 18-month intensive treatment and supervision program for offenders. The same judge in each court handles each MHTC program case in order to provide as much consistency and coordination as possible. Participants are brought back to the same court as often as necessary to increase their chances for successfully completing the program, which includes mental health and substance abuse treatment, medication monitoring, assistance with housing and employment, engagement with family members, and peer mentoring.

The ISTs, comprised of county probation officers and mental health professionals, provide daily case management and supervision. Among other things, the teams accompany offenders to court appearances, treatment and other appointments necessary for their care; directly assist their clients in accessing local employment services and opportunities, including regional Horticulture Vocational Programs; and conduct 8-week skill training modules developed by UCLA researchers on community re-entry and substance abuse. The efforts of the ISTs are supplemented by services provided through a contract with a community-based organization that extends service coverage to 24 hours, 7 days a week and ensure continuity of care for clients.

To help achieve the objectives of this project, the Housing Authorities of the County and City of Santa Barbara have formed a unique partnership that provides Section 8 rental assistance vouchers for up to 50 of the mentally ill offenders in the treatment group, thus streamlining access to stable, long-term housing.

Santa Cruz County is implementing the MOST (Maintaining Ongoing Stability through Treatment) project. This effort draws in concept and practice upon the California Department of Mental Health's Conditional Release Program, which uses a combination of treatment and "probation-like" authority to serve and monitor judicially committed mentally ill offenders who return to the community, and the ACT (Assertive Community Treatment) model, which provides intensive treatment services to

mentally ill persons on a 24-hour, 7 day per week basis. The project combines intensive probation supervision with intensive case management treatment for mentally ill individuals who have repeatedly been arrested.

The county has formed a specialized ACT Team that is providing integrated wrap around services to mentally ill offenders randomly assigned after adjudication to the demonstration program. This multidisciplinary team includes a mental health supervising client specialist (team leader) who is overseeing the treatment of offenders; a mental health nurse case manager who is providing nursing, medication management, therapy, case management and emergency services to clients; a psychiatrist; a substance abuse case manager; two specially trained deputy probation officers; and a consumer-peer team aide. The team is assuming responsibility for serving project clients in all settings, including if they return to jail, for approximately three and a half years.

A "spill-over" effect of this project will be database integration among the Sheriff's Office, Mental Health Department and Probation Department to gather the necessary data to track the mentally ill offender from arrest through the entire program.

Sonoma County is implementing the Forensic Assertive Community Treatment (FACT) project, an intensive case management program for mentally ill offenders with a history of multiple arrests and lengthy incarceration. A modified version of the Assertive Community Treatment model that has been effective in reducing re-hospitalization among persistently mentally ill individuals, the FACT project involves an interdisciplinary team to provide in-depth assessment, intensive probation supervision, and a wide range of proactive and emergency services individually tailored to the specific needs of the client. Among other things, FACT will:

- Provide immediate intervention 24 hours a day, seven days a week.
- Facilitate the client's progress through the criminal justice system.
- Coordinate sentencing mandates with the Court's Mental Health Review Team.
- Provide ongoing stabilization and treatment during incarceration.
- Provide individualized treatment and access to community-based services upon release.
- Access financial entitlements for the client.
- Provide medication, individual and group therapy.
- Respond to emergency situations such as the need for housing, clothing, and/or food.
- Conduct mandatory drug testing for individuals with a history of substance use.

Clients will be rotated out of the FACT program when they achieve one year without any involvement in the criminal justice system and are considered "baseline stable" by the team. Generally, this will mean the client is functioning well in the community, taking prescribed medication, has a stable living situation, and has had no recent psychiatric hospitalizations or emergency service contacts. FACT "graduates" who subsequently become acutely ill or come to the attention of law enforcement will be drawn back into the program as priority clients before new ones are accepted.

Stanislaus County is implementing a multi-agency Assertive Community Treatment (ACT) program that includes the following features:

- Low staff to client ratios (as few as seven clients on a service provider's caseload depending on the intensity of the service required to achieve program outcomes).

- Flexible, responsive and innovative intervention and treatment strategies tailored to the individual client (e.g., safe temporary housing, basic living necessities, necessary medical and/or other treatment services, transportation, and vocational training).

- Assertive interactions that engage clients in their respective community-based settings.

- Partnerships with those who are impacted by the client's behavior (e.g., area merchants) and who provide services to the client (e.g., Salvation Army).

A Mental Health Clinician is providing the clinical leadership for the ACT Team and has day-to-day responsibility for project operations. This individual is performing clinical assessments, ensuring that treatment planning and strategies are appropriate, providing limited clinical treatment and performing individual case management functions as needed.

The ACT Team also includes mental health case managers who are identifying, obtaining and coordinating any and all community services the client may need (e.g., substance abuse, health care, and benefits application/advocacy); a psychiatrist and registered nurse who are conducting outpatient assessments and providing medication education; a probation officer who is focusing on encouraging individual compliance with mental health treatment; and a peer recovery specialist who is providing support to program participants.

Appendix D

Board of Corrections

Mentally Ill Offender Crime Reduction Grant
Directory of Project Managers

As of 6/29/00

County	Project Manager Contact Information
Humboldt	Leslie Heller, Program Coordinator Humboldt County Sheriff's Department 826 Fourth Street Eureka, CA 95501 (707) 445-5319 lheller@co.humboldt.ca.us
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