

Marin County STAR Program: Keeping Severely Mentally Ill Adults Out of Jail and in Treatment

RON PATTON

EXECUTIVE SUMMARY

The Marin County STAR (Support and Treatment After Release) Program is a collaboration between county mental health services and the criminal justice system. Its aim is to provide mental health treatment to chronically ill adults who have been charged with non-violent crimes. The program is voluntary.

This effort is expected to produce the following outcomes:

- 1 decreased use of high-end county services, such as incarceration and acute hospitalization related to untreated mentally ill adults, and
- 2 enhanced public safety and an increase in quality of life for participants.

Background

Over the past ten years, both federal and state governments have been investigating the connection between individuals involved in the criminal justice system and those with untreated mental illness. Not surprisingly, it was discovered a large number of incarcerated individuals and those charged with misdemeanor crimes have diagnosable major mental illness.

As a result of these findings, efforts have been made to develop local courts whose focus is bringing individuals who have been arrested and have demonstrable mental illness into treatment rather than incarcerating them.

Research so far has indicated that this approach is successful in linking participants to ongoing mental health services, decreasing arrests and jail days, as well as decreasing acute hospitalizations.

Recommendations

This type of program is costly to run when compared with standard community mental health services.

This is an especially problematic finding in times when counties have increasingly been expected to provide services under decreasing budgets.

However it appears that when such programs are utilized they may save dollars by decreasing utilization of high end services, or at least “break even” in terms of costs saved from another budget.

In San Francisco there are a large number of individuals who could benefit from being linked to intensive services through a mental health case management program. Many of these individuals additionally find themselves involved with the criminal justice system via “quality of life crimes” and could be directed to services through mental health court. However, given San Francisco’s very large population, the bulk of these individuals cannot be managed by the program at its current funding/staffing levels. My recommendation would be to

- 1 increase funding in San Francisco through general fund dollars, grants, and possibly Proposition 63 funding;
- 2 to enhance San Francisco’s program as well as provide for quality data collection that would hopefully replicate the findings of other counties, and
- 3 Foster and enhanced quality of life while service costs decrease over time, thereby justifying continuation and expansion of a program might initially appear to be cost-prohibitive.

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Introduction

In the past ten years it has become increasingly common for counties to institute what's generally referred to "behavioral health courts" to work with chronically mentally ill adults who have been charged with crimes.

In 2000, research from the Little Hoover Commission indicated that insufficient provision of community mental health services was resulting in "criminalization" of mental illness, and "billions of dollars" being spent nationally to deal with the consequences of untreated mental illness.

In 1998 the California Legislature passed SB 1485, the Mentally Ill Offender Crime Reduction Program which resulted in grants being issued to provide services to in-custody and post-custody individuals with mental illness. These grants were augmented in 2000 and 2001. Additionally, the federal government in 2000 passed the America's Law Enforcement and Mental Health Act which provided for development and promotion of mental health courts. It is hoped the expenditure can be offset by lowered costs to the counties related to incarceration and psychiatric hospital stays.

The purpose of these courts is to assist individuals who come to the attention of the justice system in getting connected to services and keeping them out of jail. In recent years, as a result of cutbacks in community mental health services, the jail systems of many counties have become primary providers of mental health services. As of December 2005, there were 113 courts throughout the United States. Sixteen were listed in California.

Thus far, it has been demonstrated that these programs decrease incarcerations, psychiatric hospital admissions, and arrests and increase linkages to mental health services for those involved. (New York State Office of Mental Health; 2005-2009 Statewide Comprehensive Plan for Mental Health Services.)

I investigated the STAR (Support and Treatment After Release Program) court in Marin County as an example of this new trend.

Background

The stereotypical view of Marin County is one of wealth, beautiful scenery, a lifestyle free of urban stresses that are common to most Bay Area counties. In reality, Marin County faces the same challenges most other California counties, decreased resources due to state budget cuts over time, lack of affordable housing and treatment for vulnerable residents, and increasing stresses on high-end services, such as psychiatric hospitalization and law enforcement.

Marin County has a population of 247,289 (2000 census). Residents are 78% Caucasian, 11% Latino, 4% Asian, 2% African American and 5% "other." The county is evenly split by gender with 66% of the population between 18 and 64 years of age. The proportion of homeowners to renters is 2 to 1.

In 2001 Marin County instituted a STAR Program as a collaboration with County Mental Health Programs, the District Attorney's Office and the Sheriff, Police and Probation Departments. The aim of this effort was to better serve and Marin's mentally ill offenders, in turn, promoting the well-being of the overall community, and connecting more

people with needed services rather than putting them in jail.

The mission statement reads: “To preserve community safety, reduce recidivism and encourage mentally ill offenders to build more successful lives for themselves through the application of well-informed judicial supervision”.

The Marin County STAR Program Court

The STAR Program is voluntary and open to clients who have been convicted, following a guilty plea, of misdemeanor crimes or non-violent felonies. They are referred to the District Attorney’s Office by a judicial officer, defense counsel, or law enforcement agent. The District Attorneys’ Office will determine eligibility. The criminal activity charged must be determined to be directly related to the individual’s mental illness. The clinical team will develop the individualized treatment plan and provide the court with a psychosocial assessment. Initially, participants are monitored by the court under the direction of the Judicial Officer while the case management aspect of their treatment is provided by the STAR Program. The participants can continue their participation beyond their direct involvement with the court. The court can oversee a caseload of 20 clients while the program itself has a capacity of 50 clients.

GOALS OF THE COURT:

The goals of the STAR Court are to:

- identify, assess, evaluate and treat mentally ill offenders;
- utilize information to provide informed decision making with regard to the balance of individual treatment needs and preservation of public safety;
- link and motivate mentally ill offenders through appropriate mental health treatment;
- provide accountability and monitoring of clients through intensive case management and supervision;
- reduce recidivisms and thereby improve the quality of life for participants, while preserving community health and property; and

- improve effectiveness and efficiency of both the mental health system and criminal justice system through coordinated efforts.

All clients involved in the program must have an Axis I psychiatric diagnosis. Organic diagnosis are excluded.

Prior to agreeing to enter the program an individual may attend one session of the court for observation and have the option to withdraw from the program during their first two weeks of enrollment. Should they choose to do this, they will return to the standard courts for disposition of their conviction.

The program is divided into four phases:

Phase One: A client has been recently released from custody or sentenced. They likely have not been in treatment prior to their arrest and require regular court appearances (weekly) to increase supervision and accountability. Although this usually is a period of about four months, the measure of success and eligibility to move to Phase Two is determined by their level of treatment compliance and cooperation.

- The goals of this phase include: medication/treatment compliance as defined by the treatment team;
- no arrests or probation violations during this period;
- cooperation in completing linkages to entitlement services, (Medi-Cal, SSI/SSDI, housing), agreed upon vocational or educational goals, drug testing; and
- attendance at all scheduled court appearances, counseling appointments or other treatment options as determined by their treatment plan.

Phase Two: At this point appearance in STAR Court may be decreased to twice monthly. The goal is continued stabilization and reintegration into the community, which typically lasts about three months. The primary difference during this phase is decreased supervision with greater responsibility placed on the client for maintaining the expectations outlined during Phase One. Should a participant be unable to maintain their progress with the decreased supervision, they can be put back in Phase One for greater supervision under the court.

Phase Three: STAR Court appearances are decreased to once monthly while they continue to meet goals of their treatment plan and are demonstrating progress in the areas targeted. As with the previous phase, they can be reverted to Phase Two status if they are unable to maintain their progress with the decrease in Court supervision. This phase is expected to last three months.

Phase Four: Clients at this level have stabilized and demonstrated considerable independence in being responsible for their treatment. They are not required to appear in STAR Court but continue to work closely with their case manager in the STAR Program and meet with their probation officer as directed by the court. By this point it is expected the client will have obtained stable housing, entitlements and/or employment goals will have been achieved, and the client is addressing goals related to transition and termination. This is typically a period of two to three months and is followed by raduation.

Graduation: At this level the client's probation is terminated and his/her criminal case will be dismissed. If the crime was charged as a felony, the team may recommend a reduction of the charge to misdemeanor status and shortening or terminating felony probation. These cases are determined on a case-by-case basis.

Clients who have graduated may continue to work with the STAR team for continued services but are no longer under the jurisdiction of the STAR Court.

STAR Program Team

Currently the program has a staff of 14 including the court. The staff includes the Mental Health Supervisor, representatives from the police, sheriff, and probation department, Community Mental Health Case Managers (2.5), one Nurse Practitioner, and a vocational and peer counselor. The team has also recently instituted a parent education and support group.

The team meets weekly to discuss all the clients. This is an opportunity for all members of the team to provide their varied experiences with the client, uti-

lize the different of areas expertise the team members possess, assess individual progress, problem solve developing crisis' a client may be experiencing and coordinate changes in the treatment plan. This is an opportunity to also discuss coordination, or lack thereof, with other parties involved in the client's circle, such as family or private case managers/therapists.

It was evident during the meeting I observed that, despite the very different perspectives that are brought to the table with such a diverse team, all members appeared to have mutual respect for each other's opinions, were genuinely interested in differing viewpoints as related to their clients, and, above all, displayed equal investment in working towards a successful outcome for the client. Equal concern was given to the more concrete, mundane aspects of care, from assistance with money management to more existential concerns, such as how a client may be experiencing psychologically a treatment set-back or perception of self secondary to their mental health issues or involvement in the criminal justice system.

As with most successful teams I've worked with in the past, members of the STAR Team also make a good use of humor in their interactions with each other.

One aspect of the team meeting that I had not witnessed in other settings was the use of a projector to display a picture of the client who was being discussed. I thought this was a valuable tool in that it served as a constant reminder of the client as an individual, not merely a name on the caseload. In my experience, having attended innumerable case conferences and treatment team meetings where the client is not present, it often becomes an exercise in getting through a list and easy to lose sight of the individual whose care is in our hands.

The team also meets weekly prior to each court to discuss with the judge the clients who will be appearing that day. At this time changes in the "Phase" of a client may be agreed upon. Also, rewards or reprimands from the court may be discussed. The court does have access to some small rewards, such as food coupons or movie passes that can be offered to clients as incentives and recognition for positive steps they are making in the program.

STAR Program Clients

The primary diagnosis of participants are schizophrenic disorders and mood disorders. The majority of the clients are men, generally a 20/80 split. By ethnicity, 80% of the clients are Caucasian, 10 % African American, 4% Hispanic and 2% Asian. This displays an over-representation of African Americans given their proportion in Marin's general population of 2% and an under-representation of Hispanics who comprise 11% of the general population.

82% of participants have co-occurring substance use problems. Statewide, it is estimated that 60 to 90% of mentally ill offenders have a co-occurring substance use problem. The National Institute for Mental Health estimates 82% of inmates nationwide have substance use disorders.

A break-down of clients by age was not available, however, in observation in court and at the team meetings, it appeared the majority of participants were under 40 years old.

Living situations for clients are varied with participants living both independently and in group settings, and either in residential care placements or residential treatment settings. Homelessness or unstable housing is common for people prior to their entry to the program.

Outcomes

According to outcome measures that were available for 2004- 2005 it appears that the program does decrease arrests, jail time, hospital stays and that overall client satisfaction with the program is high. What is not measured, but I believe can be extrapolated, is increased quality of life for the participants as well.

In looking at the number of bookings, average number of days in jail, use of psychiatric emergency rooms, and days in acute psychiatric hospitals, these events were cut by about 50% after clients had entered the program, thereby cutting the cost of providing those services considerably. For example, with regard to cost of jail days for 54 participants, the year prior to their enrollment in the STAR Program the annual cost in jail days for these participants was

\$280,500 and post enrollment the annual cost was estimated at \$110,000.

These trends appear to be on par with data gathered for the Mentally Ill Crime Reduction Grant Program Annual Legislative Report by the Board of Corrections in June 2002. In their survey of 26 California counties that were utilizing this type of program, fewer crimes were being committed by participants, fewer days were spent in jail and there were fewer hospitalizations.

Budget

Although the program does show it can offset costs to the county of various services related to mental health and criminal justice, it is not an inexpensive program to run. The current budget is \$1.2 million. This is a large figure for a program that serves a relatively small group, but, although the number of participants is relatively small, it is a group that traditionally utilizes a high volume of expensive services. Incarceration, emergency psychiatric services, and inpatient psychiatric services used in a "revolving door" manner typically are the most costly to counties.

A key piece of the program is the case management offered by the STAR Team which is intensive and requires a staff that can devote a significant amount of time to the client as well as other members of the team. This includes twenty-four hours a day, seven days a week response capability. Providing this level of service is much more expensive than the traditional community mental health clinic that can carry much higher caseloads but generally can only devote an hour weekly to each client.

Recommendations and Conclusions

From available research, anecdotal information, and data collected by both Marin County and outside sources, it is evident the type of intensive services provided the STAR Program lead to positive outcomes for the county as well as the participant in meeting the stated goals of the program.

Obstacles to this type of program, or any program requiring a relatively high staff to client ratio, is expense. As more data are made available dem-

onstrating a continued decrease in high-end service use and better quality of life for the participant as well as the community benefits, it will be easier to justify these expenditures. This requires a significant amount of political and administrative support for such programs, as typically it takes many years to collect and quantify available data.

In San Francisco, a much larger urban area with a population more than three times that of Marin County, expansion of the behavioral health court would be a benefit to the community as well as to potential participants. Currently the San Francisco court works with approximately 100 offenders whose crimes are primarily felonies. The court does not have the ability to work with offenders whose crimes are more modest and typically in the “quality of life” category e.g., (public intoxication, public urination, trespassing), or other behaviors typically observed on San Francisco’s downtown streets. Yet a large number of this population could benefit from a connection to mental health services and case management if the resources were there to expand the program.

Additionally, in recent years, there has been public sentiment and legislative action towards compelling individuals with chronic mental illness to remain in treatment while in the community. This is termed by some as “involuntary voluntary treatment” but was passed in the State Legislature as “Laura’s Law”, (SB 1421) which was passed in 2002 and attempted to compel counties to mandate treatment for non-institutionalized mental health clients. No funds were attached to this bill and counties were asked to implement plans voluntarily. Most counties chose to opt out as funds were not available for increased services and there was no mechanism in place to enforce such a program. If, in the future, there is more pressure put on counties to implement such a plan, the mental health courts may be a model to work from.

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