

Marin County's STAR Program: **Support and Treatment for Mentally Ill Offenders**

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EXECUTIVE SUMMARY

Overrepresentation of the mentally ill in prisons and jails and limited mental health services require a new approach for dealing with mentally ill offenders. New strategies to work with this previously underserved population have arisen, including the introduction of mental health courts. These specialty courts provide specialized services to mentally ill offenders, assisting them with successfully completing their court requirements and reducing recidivism.

California's the Mental Health Services Act (MHSA) of 2004 funded new and innovative programs to increase access to underserved groups. Marin County's STAR Program provides comprehensive services to mentally ill offenders with the goal of reducing their recidivism and improving their ability to function within the community. The STAR Program works in collaboration with STAR Court, a specialized mental health court.

In Alameda County, the new FACT Program (Forensic Assertive Community Treatment) provides supportive services to people with mental illness, with a goal of reducing their use of psychiatric emergency services and their involvement with the criminal justice system of Alameda County. The addition of a mental health court in Alameda County similar to Marin County's STAR Court would require a multi-agency collaboration to address the special needs of the mentally ill offender. It could have significant benefits to the participants, could potentially reduce the recidivism of the offenders, and in combination with the existing FACT Program, could enhance service delivery and produce tangible positive outcomes for both the criminal justice and the mental health care systems.

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Introduction

As of March 2009, the number of inmates incarcerated in California's prison system reached 169,188. Overcrowding is a tremendous problem, with the current number of inmates representing 200% of the systems capacity. Recently, federal judges ruled that California must release thousands of inmates over the next two years to relieve overcrowding. One lawsuit driving the ruling argues "the defendants were in violation with respect to the provision of constitutionally adequate mental health care to inmates."¹

Background

California has long struggled with the issues of burgeoning prison populations, as local counties have struggled with jail population growth. One factor adding to the growth of prison/jail populations is mental illness. People with mental illness are "falling through the cracks of this country's social safety net and are landing in the criminal justice system at alarming rates."² In fact, mentally ill individuals are significantly over-represented in the criminal justice system. While approximately five percent of the US population has a serious mental illness, about *sixteen percent* of the population in prison or jail has a mental illness,³ which is over three times the rate of the general population. The Los Angeles County Jail, the Cook County Jail (Chicago) and Riker's Island (New York City) each hold more people with mental illness on any given day than any psychiatric facility in the United States.⁴ Mentally ill offenders also

look different from the typical inmates. Nearly half the inmates with a mental illness are incarcerated for committing a nonviolent crime (i.e., trespassing). Before being incarcerated, they have often been homeless, without access to mental health services, and typically also have a co-occurring substance abuse problem. The mentally ill inmate is more costly to the criminal justice system as they tend to stay incarcerated longer since they cannot conform well enough to rules to be released early for good behavior, and they are less likely to advocate for themselves effectively.⁵ Their behaviors lead to them being placed in isolation, which can worsen their mental illness and result in them being a high suicide risk, requiring overtime staff for 24-hour suicide watch. Finally, the mentally ill offender is also more likely to return to incarceration following release.

A Better Alternative: Mental Health Courts and the Mental Health Service Act

Clearly, there is a need for alternative methods to address mentally ill offenders. One alternative that has emerged is the mental health court. These specialized courts have a separate judge, prosecutor and defense attorney who have training dealing with mental illness and who are familiar with service resources. They often collaborate with the mental health systems to support the individual with case management, housing, treatment, rehabilitation and employment.

In California, under the Mental Health Services Act (MHSA) of 2004, county mental health services received monies to "fund innovative programs to increase access to underserved groups, increase quality of services, including better outcomes and promote

¹Ralph Coleman vs. Arnold Schwarzenegger, Court Order Dated July 23, 2007.

²Robert Bernstein, Ph.D, University of the District of Columbia Law Review, Spring 2003.

³Paula M. Ditton, "Mental Health Treatment of Inmates and Probationers", U.S. Dept. of Justice, Bureau of Justice Statistics, July 1999.

⁴E. Fuller Torrey, "Reinventing Mental Health Care," *City Journal* 9:4, Autumn 1999.

⁵NAMI, "Beyond Punishment: Helping individuals with Mental Illness in Maryland's Criminal Justice System," Baltimore County Edition 2009

interagency collaboration.”⁶ Full Service Partnerships (FSP’s) provide the most intensive level of services among the variety of MHSA-funded programs. They are targeted to individuals who have serious mental health disorders, have no other source of mental health support, and are not currently receiving enough support to keep them from being at risk for homelessness, incarceration, hospitalization, or institutionalization. These partnerships are called “full service” because they are targeted to individuals in need of a range of services and supports, including housing, employment, substance abuse treatment and social supports. The goal of the partnerships is to “reduce negative outcomes that result from untreated mental illness, including suicide, incarceration, unemployment and homelessness.”⁷

Marin County STAR Program and STAR Court

The Marin County STAR (Support and Treatment after Release) Program was implemented in 2001 through a Mentally Ill Offender Crime Reduction Grant (MIOCRG) from the California Board of Corrections. MIOCRG grant support ended in 2004, and the program is now funded through the MHSA as a FSP. The STAR program provides assertive community treatment and support for adult mentally ill offenders with the goal of reducing their recidivism and improving their ability to function within the community. The STAR program originally served 90 clients; today it serves 43 clients due to more limited funding. Most have co-occurring substance abuse issues in addition to a mental illness. The criteria for participation in the STAR Program include: an Axis I diagnosis (schizophrenia, etc.) severe in degree and persistent in duration; on or eligible for SSI/SSDI and Medi-Cal; and on probation or having committed an offense that would make them eligible for STAR Court. The STAR clinical team includes interdisciplinary professionals that assist the client in meeting their goals. Team members include a nurse practitioner, psychiatrist, MFT case managers, peer providers, a deputy Sheriff, police officers, a probation officer

and employment specialists. The client will work with any of these staff persons but will have a primary contact on the team. Clients are monitored on medication, assisted with housing/employment issues, enrolled in therapy, referred for substance abuse treatment/drug testing, given transportation, and supported in any way necessary to assist them to achieve their goals. The clinical team meets weekly to review each client’s progress during the prior week or what challenges they have encountered. The team is familiar with each client, and the clinical discussions assist in determining what supports the client needs to move forward.

A client in the STAR program must complete four program phases. In Phase I, typically the client will have been recently released from jail or recently sentenced. Phase I clients will most likely not have a history of medication or treatment compliance, or they may not even believe they are mentally ill. The goals of completing Phase I include:

- medication compliance;
- attending court as directed;
- staying in contact with the team;
- maintaining psychological stability;
- submitting clean drug tests;
- no new arrests or serious probation violations;
- cooperating with the team in pursuit of vocation/educational/volunteer activities, housing, SSI/SSDI and/or Medi-Cal; maintaining an appropriate hygiene level; and
- cooperating with therapy or other treatment goals (e.g., drug treatment).

Upon meeting these goals, clients advance to Phase II. There is no minimum time-frame, but generally a client stays in each phase for approximately four months. Phase II goals include those stated above, with the client assuming personal responsibility for therapy and other treatment goals. To graduate from Phase III to Phase IV, there is the maintenance of the goals plus the addition of completing three months of appropriate treatment/therapy as directed. In order to graduate from the program, clients must have achieved their goals and must work with the team to develop a post-graduation plan.

⁶MHSA, Section 9, Part 3.2, WIC 5830 (a) (1)–(4).

⁷MHSA 2004, Section 4, Part 3.6, WIC 5840 (d) (1)–(7).

In 2004, Marin County implemented a mental health court (STAR Court) to operate collaboratively with the STAR program. Individuals in the STAR Program do not have to participate in STAR Court, but a STAR Court client *must* participate in the STAR program. The criteria for participation in STAR Court include having an Axis I diagnosis and being on probation or having committed an offense that would make them eligible for probation and STAR Court. The minimum length of participation in STAR Court is twelve months, and when the participant graduates from STAR Court, his underlying case may be reduced or dismissed and probation terminated. The STAR Court team includes a judge, assistant district attorney, defense counsel and probation officers. Collaboratively, the STAR Program/Court has been successful in its efforts to work with a historically underserved population that was traditionally noncompliant and clients who would revolve in and out of the criminal justice system and place a drain on emergency services with emergency room visits. “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 clearly demonstrated that we can effectively serve individuals who have previously thought to be beyond help.”⁸

The criminal justice outcomes of the program are significant, with STAR Program participants showing a decrease in the number of bookings, a decrease in the severity of offenses committed, and less jail time served during their involvement with the STAR Court. The mental health outcomes are also significant, with program participants showing a decrease in the use of psychiatric emergency services, increased economic self-sufficiency, increased ability to obtain and keep safe living arrangements and self-reporting increased levels of satisfaction and improvement in functioning across all the domains measured.

Alameda County FACT Program

In November 2007, Alameda County Behavioral Health Care Services (ACBHCS) in contract with the East Bay Community Recovery Project (EBCRP) launched the Forensic Assertive Community Treatment Program (FACT) using MHS funding. Similarly to the STAR Program, the FACT program is a full service partnership, providing housing and wraparound supportive services to persons with mental illness and co-occurring substance abuse problems. The target program population is made up of individuals with severe mental illness who have had repeated contacts with the criminal justice system, have been arrested as a result of behaviors related to mental illness, who experience barriers to housing and who are unserved by the current mental health system. The goal of the program is to significantly reduce the individual’s use of psychiatric emergency services and involvement in the criminal justice system of Alameda County.

The FACT Program has a treatment team made up of professionals including a psychiatrist, a nurse practitioner, two personal service coordinators, a housing specialist, a supported employment/educational specialist and two peer counselors. The FACT team model engages its participants by offering an array of support and services and by doing “whatever it takes” to meet the needs of the enrollees. Participants are assisted with attaining SSI/Medi-Cal, housing, medication, therapy, drug treatment, and vocational skills training. Staff can also use flexible funds to pay for immediate needs including food, transportation and clothing. The FACT team also develops treatment plans and appears in court with the participants. FACT team participants go through three program phases. In Phase I, they are primarily concerned with their basic needs such as securing housing, attaining SSI/Medi-Cal and engaging in mental health/substance abuse treatment. Phase II has an emphasis on starting employment and continued mental health/substance abuse treatment along with taking on more responsibility and independence. In Phase III, peer counselors are primary, and the goal is integration into the community. As the program is relatively new, there are currently 47

⁸STAR Program and Marin County Mental Health Court, Annual Report July 1 2004–June 30 2005

participants who are all in Phase I or Phase II of the program. While it is still too early to make empirical findings on the outcomes of the program, statistical data show that in the first year of the program 67% of the participants had not been re-incarcerated and 63% had not presented for psychiatric emergency services since enrolling in the program.

Recommendations for Alameda County

The implementation of the FACT program is an effort to serve the mentally ill offender and change the pattern of repeated incarceration and psychiatric admittance. Because this is a previously unserved population and a new program, time is needed to determine if program goals will produce successful cost-effective outcomes. One aspect of the STAR program not found in Alameda County is a mental health court. The addition of a mental health court in Alameda County could complete the continuity of services to mentally ill offenders. Currently, FACT Program participants are required to attend their court hearings in one of seven superior courts across the county. FACT Program team members attend almost all of the court dates with the participants. This means a great deal of staff time is devoted to driving across the county to attend hearings and working with different attorneys and judges in many courts to explain the participant's involvement in the program. If the FACT Program could work in conjunction with one centralized mental health court, this would allow for greater participant access to court, would allow the FACT team to work in close collaboration with a knowledgeable judicial team of judge, defense counsel, district attorney and probation officer, and would potentially increase the success of the participants in addressing both their criminal justice involvement and their mental health issues. The outcomes of the Marin STAR court have shown that collaboration between the court system and the mental health system will have positive outcomes for both systems and the participants. The recommendation is that Alameda County Superior Court (with participation from the District Attorney, the Public Defender and Probation) collaborate with ACBHCS to implement a

mental health court. Secondly, FACT Program participants should be integrated into the mental health court to allow them to take advantage of specialized supports so that they successfully achieve their goals in both systems simultaneously.

The question that emerges is it financially feasible? And what does the future hold for both the STAR program and the FACT program? Since both programs are funded through MHSA monies and not tied to the funding stream of traditional mental health services (Medicaid), they have been able to provide an array of intensive services to individuals in the programs and have shown that they can make a difference in the outcomes for the participants. However, the programs are costly. In addition to funding nearly all the services the participants need to live successfully in the community, the ratio of staff to participants in the STAR program is approximately 1:3. For the FACT team, the ratio is currently approximately 1:2 since the program is not yet full.

In light of California's current financial crisis, Proposition 1E will be on a special statewide election ballot in May, 2009. If it passes, Prop 1E will authorize a fund-shift of \$230 million annually in income tax surcharge revenue currently earmarked for mental health programs under the MHSA. For two years, that revenue would instead be used to pay the state's share of the "Early Periodic Screening, Diagnosis and Treatment Program," a federally mandated program (revenue for this program currently comes from the state general fund). The implications for this special election ballot are tremendous. The FACT program is currently in its second year of a three-year pilot, and so regardless of Prop 1E, it will be able to finish out its pilot. But the STAR program is funded year to year, and the passage of Prop 1E could mean the elimination of the program for FY 09/10. The elimination of the STAR program and the FACT program would mean the participants would be referred back to the traditional mental health service programs provided by the county. Clearly, the already financially strapped county programs will not be able to offer the array, volume or intensive level of services that these special programs offer participants. While

costly, these programs provide services not found elsewhere for this underserved population, and the cost of *not* providing these specialized services comes with a heavy price to the criminal justice system, the mental health system, and to the community.

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