



Nevada County Prop 47 2 Year Preliminary Evaluation Report

Proposition 47 Homeless and Justice Involved Project Background

Executive Summary

The Prop 47 Grant Project aims to better meet the needs of individuals experiencing homelessness within our community who are also chronically involved in the criminal justice system. The overarching goal of the project is to fill current gaps in services and reduce recidivism within the target population. This project adds a Personal Services Coordinator (PSC) embedded in the Public Defender's Office in order to quickly connect to justice involved individuals; offering support, navigation through the criminal justice system, and access and linkage to services. The PSC collaborates closely with local law enforcement to engage the target population and divert them from arrest whenever possible. The PSC provides ongoing engagement and case management with Project Participants. This project funds new low-barrier and sober living housing supports in order to expand that type of housing opportunity available to participants.

The Personal Services Coordinator first began taking client's through the Public Defender's Office in January of 2020. Since that time, she has provided navigation support through the criminal justice process and access and linkage to services for 143 individuals. Of those 143 individuals she has provided more intensive and ongoing case management to 61 individuals, who make up the project cohort. 46 individuals from the project cohort were assessment and connected to substance use treatment services, and 15 were connected to mental health services through Nevada County Behavioral Health.

The 2-year evaluation report collected and analyses data from the Jail and the Public Defender's Office in order to look at the projects impact on recidivism. This early analysis compared 1 year of pre-participation data to one-year post-participation data. The data showed an overall reduction in the total number of days the cohort spend incarcerated and the total number of bookings into jail following intake. Additionally, the cohort had a 68% reduction in the total number of cases with the Public Defender's Office in the year following intake.

While these results demonstrate a positive trend, it is difficult to determine or attribute causality to the changes due to the larger systemic changes as a result of the COVID-19 pandemic during the grant reporting period. As a result of the pandemic, changes occurred at every point of contact through the criminal justice system. Law enforcement adopted a cite and release policy for low level offenses, in order to keep individuals accused of low level crimes out of the jail to maintain social distance and limit social contacts. The Jail adopted a book and release policy for low level offenses, in order to keep population levels low within the jail. The court system shifted to operating through remote means, which created delay in trying cases. Felony cases, while still delayed, have been prioritized and misdemeanor cases are pushed back on the calendar, resulting in delays to convictions.

Despite the barriers presented by the COVID pandemic, the Prop 47 Project staff, Community Partners, and clientele continue to move forward providing and engaging in services. The 2-year evaluation report gives an overview of the project, it's goals and applied methods; the



progress toward the outlined goals and objectives from January 2020 through June 2021; and discusses challenges and key accomplishments of the Prop 47 Project and closely related projects within the County that impact the project target population.

Overview of the Project

The Nevada County Behavioral Health Department (NCBHD) and its dedicated community service partners utilized Prop 47 funding to expand and enhance the existing Homeless Outreach and Medical Engagement (HOME) Team to better meet the needs of people who are experiencing homelessness within our community who are chronically involved in the criminal justice system. The HOME Team deploys throughout the community to conduct targeted outreach and engage homeless individuals where they are located. The Team conducts outreach to people at their campsites in the forests and farther reaches of our rural county and collaborates with these individuals to identify and address their pressing needs in a welcoming and destigmatizing manner. The acute individual needs addressed include physical health, mental health, substance use disorder, housing, transportation, and justice involvement.

While Nevada County has taken a proactive approach to address the needs of our homeless population, many justice system-involved homeless individuals experiencing mental illness and substance use disorders are falling through the cracks. This is especially true for the target population for this project: mentally ill and/or addicted homeless individuals who are continuously arrested for low level misdemeanors and infractions. Homeless individuals arrested for felonies are generally diverted into established programs, such as Adult Drug Court, where they are incentivized to engage in services and housing support. However, the target population, committing lesser charges, has traditionally been underserved and has few or no options for diversion into much needed treatment, and little incentive to engage in services. The gaps in services and funding addressed by this project include:

- Targeted outreach efforts to identify and locate criminal justice involved, homeless individuals;
- Providing targeted intensive case management support and navigation through the criminal justice process; and
- Providing low barrier housing with support as many local housing programs and the local shelter have sobriety requirements that limit access, or cannot provide enough low barrier beds to accommodate the target population.

Through a strategic outreach effort, the target population for this project was selected from approximately 150 homeless individuals in Nevada County who have been arrested, charged with, or convicted of a criminal offense and have a history of mental health issues and/or substance use disorders. From that group, a cohort of 30-50 program participants were selected to receive intensive services.

This project added a Personal Services Coordinator (PSC) to the HOME Team in order to provide a specific focus on engaging homeless individuals with a high rate of criminal justice involvement. The Personal Services Coordinator collaborates closely with local law enforcement to engage these individuals and divert them from arrest whenever possible. In



addition, the Personal Services Coordinator is embedded in the Public Defender’s Office in order to quickly connect justice involved homeless people to services upon discharge from jail. The PSC provides ongoing engagement and case management with Project Participants.

In addition to the Personal Services Coordinator, funding for this project has funded new low-barrier and sober living housing supports in order to expand that type of housing opportunity available to participants. In line with the “Housing First” principles, this project assumes that housing should be the first step in breaking down barriers that individuals may be experiencing, including physical health needs, mental health needs, or substance use disorder needs. These strategies draw off recent success through a small pilot program of utilizing low barrier housing. This effort houses vulnerable individuals with a focus on behavioral expectations as opposed to traditional house rules of sobriety and engagement in treatment. According to a recent SAMHSA publication, trauma is both the cause and a consequence of homelessness. With this in mind, NCBHD gives employees and partner agencies the tools they need to effectively serve this community by including the implementation of trauma-informed care into their organizations.

Specific strategies the HOME Team and Personal Services Coordinator utilize include: building rapport through Motivational Interviewing and other engagement strategies; connecting individuals to trauma informed mental health services; providing screenings and access to substance use disorder assessments and treatment; housing navigation; and targeted case management. In addition to the Personal Services Coordinator, the HOME Team includes a nurse who engages people in direct medical evaluation and treatment, and a Peer Coordinator (someone with lived experience of homelessness and justice involvement) who helps break down the stigma and distrust around engaging in behavioral health services.

Project Goals and Objectives

The overarching goal of the Homeless and Justice Involved Project is to break a cycle of low-level criminal activity and short-term incarceration through building rapport and engagement with a targeted cohort of traditionally service-resistant, justice-involved, homeless individuals. By working proactively to divert these individuals from jail into mental health and substance use disorder treatment with targeted housing supports the County supports a long-term goal to conserve community resources and reduce recidivism.

The strategic goals and objectives outlined for this Project are:

Goal 1	
Conduct outreach to establish a relationship with justice involved homeless individuals.	
Objectives:	HOME Team will use the Coordinated Entry System to establish contact and provide outreach to 150 justice involved homeless individuals.



Goal 2	
Decrease recidivism for homeless individuals who are justice involved by increasing engagement in mental health and substance use disorder treatment for the program participants.	
Objectives:	A. From the larger cohort, 30 individuals with MI, CODs, or SUDs will be identified and provided with mental/behavioral health and/or substance use treatment, intensive case management, housing navigation, employment and support services each year.
	B. 80% of these program participants will remain engaged with case management and treatment services at minimum six months.
	C. 75% of these program participants will spend fewer days incarcerated.

Goal 3	
Increase housing stability for program participants.	
Objectives:	A. 50% of participants will secure transitional or permanent housing.
	B. 50% of program participants will secure or increase monthly income through employment or mainstream benefit programs.

Process Measures utilized to help meet these goals and objectives are:

- A 1.0 FTE Personal Services Coordinator added the HOME Team;
- A 1.0 FTE Housing Personal Services Manager added the HOME Team;
- A 0.20 FTE Housing Specialist;
- Increasing the number of individuals connected to services and treatment;
- Providing sober living recovery house funding;
- Providing rental assistance funds
- Maintaining a master lease on a home.

Evaluation Methods and Designs

Overview of Applied Method

The HOME Team deploys into the community in order to meet and serve the community’s homeless population where they are located. After initially contacting individuals, and once some connection is established with people who are potentially eligible, willing participants are provided with a vulnerability and needs assessment. The HOME Team’s standard of practice identifies that those with self-identified substance use disorders are brought to Nevada County Behavioral Health for evaluation for eligibility for residential treatment, or be referred to one of the local partner substance use disorder agencies for less intensive outpatient treatment based on their individual level of need. People participating who have identified mental health challenges are brought to Nevada County Behavioral Health for a formal assessment, including coordination of other needed mental health interventions.

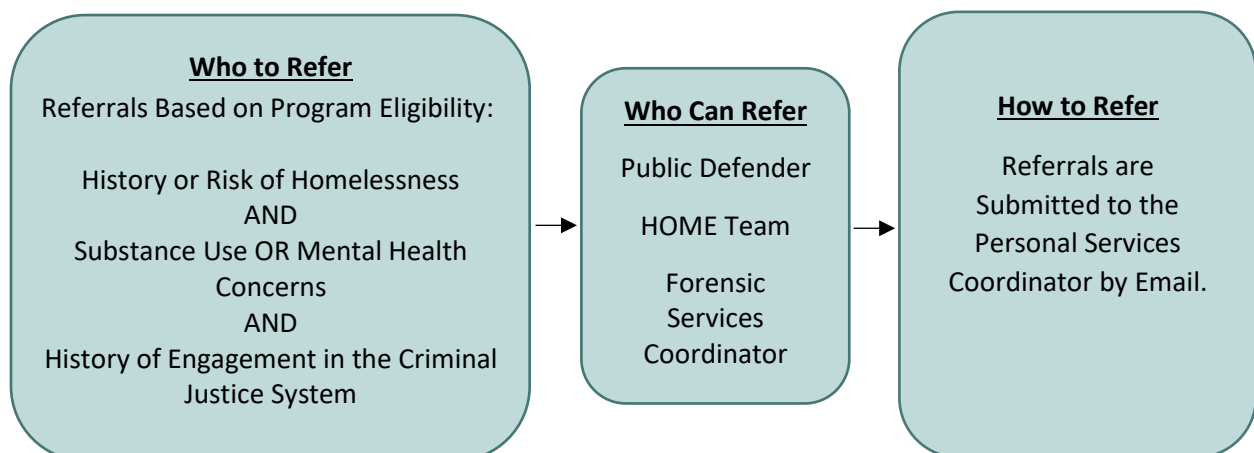


It is during this step of the process that a gap in services was identified and the need for alternative options for engagement became apparent, as many individuals are resistant to engage in traditional County offered services.

The Prop 47 funded HOME Team expansion allows for an alternative option for service resistant homeless individuals who are identified as having justice involvement. Those identified by the HOME Team as having mental health or substance use concerns and justice involvement are referred to the Personal Services Coordinator for further rapport building, ongoing case management, navigation of the criminal justice system, connection to mainstream benefits, employment support, education support, and targeted housing supports, with the long-term goal of engagement in more traditional services. The Personal Services Coordinator position offers a unique and flexible opportunity to engage with the target population; to work collaboratively with these individuals to identify and work toward meeting their pressing needs; and to work to rebuild trust between the individual and the County and Partner Agency Service Providers.

The Personal Services Coordinator (PSC) works hand in hand with clients to identify immediate, short term, and long-term needs in order to create a plan and skill development to meet those needs with the goal of improving their self-sufficiency. The Personal Services Coordinator position is embedded in the Public Defender’s Office which allows for increased communication and a timely continuum of services between criminal justice and support service efforts. The PSC works collaboratively with cohort clients to provide scheduling and follow through with court dates and court mandated appointments, as well as a consistent presence to provide moral support during what can be difficult processes. The PSC works with clients to follow through with mandated and/or voluntary mental health and substance use disorder treatment. Nevada County has joined the California Drug Medi-Cal waiver and leverages this funding for both residential and outpatient substance use disorder treatment for Medi-Cal eligible clients. Finally, the PSC has access to additional options for housing support for the project involved cohort of individuals including rental assistance funds, low barrier beds, and master leased housing. These options provide the ability for these individuals to secure housing when they otherwise may not be eligible due to poor credit, rental history, or lack of references.

Project Referral Process





Project Intake Process

Proposition 47 Intake Process
<ol style="list-style-type: none">1. Referral received by the Personal Services Coordinator (PSC).2. PSC verifies basic eligibility requirements, confirms homeless status in HMIS, and enters information into HMIS if appropriate.3. PSC establishes initial contact with individual referred and schedules intake assessment at the preferred location of the referral.4. Intake questionnaire completed by individual referred in cooperation with PSC. Intake includes demographic information and referral's self-report of current services.5. At intake, PSC reviews project content and goals with individuals, confirms interest in Project participation, obtains ROIs, and assigns a unique participant identifying number, that confirms enrollment in the Prop 47 Project Cohort.6. When participant is open, PSC provides a warm hand off to Behavioral health for SUD/MH assessment.7. Behavioral Health reviews previous contact with referral, provides SUD and MH assessment as needed, and referral for services.8. Behavioral Health reports recommendations to PSC for follow up.9. PSC provides ongoing intensive case management for Project Participants. This includes referral and support with housing, assistance obtaining employment and/or public benefits, referral for medical needs, assistance with scheduling, overcoming transportation barriers, connection to legal services, and warm hand off for SUD/MH activities.10. PSC completes ongoing data collection and data entry. Reports collected quarterly.

Process Evaluation

Process measures focused on tracking the project's implementation, operations, and service delivery is reviewed quarterly in order to ensure the efficacy and fidelity of the project. In order to provide a multi-faceted perspective during review, the County utilizes a mixed-method process for ongoing program evaluation. This method provides for consideration of diverse perspectives on complex social issues by utilizing both quantitative and qualitative approaches to provide analysis and insight that one method alone may overlook. Progress reports documenting progress toward measurable objectives and goals (quantitative data) are shared and reviewed for trends quarterly by the local Prop 47 Advisory Committee to gain feedback. This information is presented and open for feedback both in closed quarterly meetings with the Prop 47 Local Advisory Committee Meetings and to the public during the quarterly Stepping Up Initiative Community Meetings. This allows the County to gain qualitative feedback from key informants and stakeholders to identify potential areas for adjustment and improvement. Quarterly evaluations document: numerical data on program participation, challenges and successes of the program to date, and any intentional shifts or changes to the program's implementation in order to better meet the needs of participants, as well as monitor that changes are not incidental or unaccounted for.



Outcome Evaluation

Quantitative measures through an analysis of tracking program data are examined and reviewed on a quarterly basis with project reports comparing pre-/post- participation data completed on an annual basis (Table 2). The Project utilizes a Double Difference Project Participation analysis, where data from the 12 months prior to Project participation will be compared to data from the 12 months subsequent to Project participation to identify any pre-/post- participation differences in the areas of: frequency of mental health, substance use disorder, and/or case management service engagement; income or mainstream benefits; the number of days spent in transitional or permanent housing; the number of days the individual spent in jail; and the participant’s recidivism rates. This data is tracked and graphed to identify any trends in program participation with correlating outcomes and a descriptive analysis provided pertaining to the results. These reports and outcomes will be compared to outcomes of similar models as well as to local trends, and feedback will be gathered from key informants within the Local Advisory Committee and stakeholders to help attribute causality of outcomes to program participation at the completion of the grant project.

Outcome Measures

Homeless Outreach	
Objective:	Provide Outreach to 150 justice involved homeless individuals.
Measure:	Data will be compiled from HMIS to determine the number of individuals that the HOME Team contacted during the project implementation dates, and of those individuals how many had reported previous justice involvement.
Objective:	30 individuals from larger cohort will be connected to services through program participation.
Measure:	A minimum of 30 individuals meeting the program criteria (homeless, MH and/or SUD concerns, and justice involvement) for participation in the Proposition 47 Project will be enrolled in the program and provided intensive services. Information from this cohort of individuals will be collected and tracked for the purpose of the program’s outcome evaluation and BSCC reporting.
Program Participation	
Objective:	80% of participants will remain engaged with case management and treatment for a minimum of 6 months.
Measure:	From the cohort selected for program participation, the number of individuals who engage in case management and SUD or MH services over a 6 month duration compared to the size of the cohort.
Housing	
Objective:	50% of program participants will secure transitional or permanent housing.
Measure:	Number of program participations to secure transitional or permanent housing during program participation, for a minimum of 6 consecutive months.



Income and Benefits	
Objective:	50% of program participants will secure or increase monthly income through employment or mainstream benefits.
Measure:	Number of participants to increase monthly income or mainstream benefits as demonstrated by individual proof of income or self-reported income. Measured at intake and annual point in time reporting intervals, and compared to previous year.
Justice Involvement	
Objective:	75% of engaged participants will spend fewer days in jail.
Measure:	Comparison of the number of days spent in jail from participants before and after program participation. Records from the jail will be collected to determine the number of days engaged program participants spent in jail the year prior to program participation vs. the subsequent year following the start date of program participation. Measured at annual point in time reporting intervals.
Objective:	50% of engaged participants will reduce their recidivism.
Measure:	Comparison of the number and type of charges (misdemeanor/felony) for participants before and after program participation. Records from the Public Defender's Office will be collected to determine the number and type of prior convictions in the year prior to program participation vs. the subsequent year following the start date of program participation. Measured at bi-annual reporting intervals.

Program Definitions

Mental Health Program Completion Definition - The stated goal as outlined in the Request for Proposal, is that program participants will “remain engaged in services for a minimum of 6 months”, therefore the definition of Program completion will be that the program participant has continued engagement with mental health services, on some level, for a continuous 6 month time period.

Substance Use Disorder Program Completion Definition - The stated goal as outlined in the Request for Proposal, is that program participants will “remain engaged in services for a minimum of 6 months”, therefore the definition of Program completion will be that the program participant has continued engagement with substance use disorder treatment services, on some level, for a continuous 6 month time period.

Diversion Program Completion Definition - The completion date for diversion programs will be defined as the date that the court determines that the participant has successfully completed all components set forth (or amended) at the onset of enrollment in the diversion program.



Recidivism Definition Local- Nevada County will utilize the BSCC's definition of recidivism, however will consider convictions within one-year intervals. Recidivism will be defined as a conviction of a new felony or misdemeanor committed within one year of previous release from custody or committed within one year of placement on supervision from a previous criminal conviction.

Days Incarcerated- Nevada County will also consider the number of days participants spend in jail on an annual basis. Length of stay for each inmate is defined as the number of days from date of intake to the date of release regardless of changes in classification, housing, or sentencing status during that period. Any part of a calendar day counts as one day.

Data Collection Procedures

As part of the Medi-Cal Drug Waiver Program, Nevada County Behavioral Health is the entry point for mental health and substance use disorder treatment programs in the county and utilizes a shared data base to input and track participant information and access to services. Data sharing agreements are in place between partnering agencies and a project-specific Release of Information (ROI) Form and Project Participation Acknowledgement are signed by Project Participants at the time of intake. The Personal Services Coordinator is embedded in the Public Defender's office providing increased accessibility to the Project's target population and criminal justice data pertaining to those individuals. Data sharing agreements and privacy trainings are updated annually by the County's Privacy Officers.

County and contracted providers are responsible for inputting and maintaining data within their standard data entry program (Table 1) on an ongoing basis as services are provided to program participants. Ongoing data collection by Project partners will help assure timeliness and accuracy of data entered. The information that is input into the data systems identified in Table 2 can be accessed and queried at any time and are used to generate quarterly reports for the purpose of BSCC tracking and reporting. Ongoing access to reports allows for timeliness and consistency in tracking and analyzing Project progress toward goals and objectives and monitoring program fidelity.

Project data is compiled and restructured into an Excel Spreadsheet that has been customized for the purpose of tracking and analyzing de-identified Project Participant participation and data. Data is collected and input into the spreadsheet at the intervals indicated in Table 2 for the purpose of evaluation and quarterly reporting to BCSS. All data is maintained in password protected databases on the County's firewall protected network. All reported information is presented in an aggregate form, free of any individual personal identifiers, and stored in a password protected, program specific folder on the County's secure network drive. All employees and contractors are required to complete an annual Privacy and Security Training.



Table 1:

Data Sources	
Data Source	Description of Program
HMIS	The Homeless Management Information System tracks individual homelessness status, use of services such as shelters, transition into temporary and/or permanent housing, and case management contact. The HOME Team has staff members who are licensed HMIS users and data collected by the HOME Team is entered into HMIS on an ongoing basis.
Anasazi	Anasazi is the shared service tracking and data collection software utilized by Nevada County Behavioral Health and Turning Point Staff. This program is used to track all client contacts, assessments, and services provided to individual's engaged with NCBH and/or Turning Point services.
SharePoint	SharePoint is the County maintained databased contained within the County's InfoNet, a web-based internal site. SharePoint is utilized by Nevada County Behavioral Health to track contact made with individuals who are not formally receiving services through NCBHD. Intake dates, assessments, appointments, contacts, and basic demographic information are collected and tracked in SharePoint for these individuals. SharePoint is also utilized by NCBHD to track basic SUD information (start/end date, type of service, frequency of services) from our Community Partners as part of the Medi-Cal Drug Waiver program.
Karpel	Karpel is the service tracking and data collection software utilized by the Nevada County Public Defender's Office. The program is used by the Public Defender staff to track client information including case management notes, court case work flow management, court calendars, investigation tracking, and document management. The program has the capacity to interface with the court and law enforcement in order to readily update any new criminal charges. Ad hoc reports can be run from this program.
AMIH	Advocates for the Mentally Ill Housing, Inc (AMIH) is a California 501c3 non-profit corporation that provides housing, employment, and life skills programs to residents of Placer & Nevada County, who otherwise might be homeless. AMIH tracks program participants start/end date of housing, type of housing, employment status, and program participation. The program is contracted by Nevada County Behavioral Health and data reports are provided to the County.



<p>Jail Management Information System (JMIS) and/or Jail Records</p>	<p>Pertinent information that is tracked and reported by the Nevada County Jail for the purpose of this Project is the number of days in jail and length of stay in jail for each Project Participant. Other information that is tracked and reported through the jail as part of the Stepping Up Initiative are the number of Brief Jail Mental Health Screenings performed at the jail, and the percentage of individuals identified as mentally ill and severely mentally ill persons in relation to the total jail population as a result of those screenings.</p>
<p>Other Documents</p>	<p>In cases where income or participation cannot be verified through the aforementioned data sources, the PSC will request that the participant provide official documents to collaborate self-reported information. Documentation can include: Social Security Administration Income Letters, medical professional office visit verification print outs, Prop 47 Project Intake Form, or written statements from service professionals. Information will be requested and collected as needed as a last resort for verification. Self-report will be relied on as a last resort for information when other options have been exhausted.</p>

Table 2:

Data Collection Chart			
Category of Service	Data Source	Frequency of Collection	Description of Data Collected
Contact/Outreach	HMIS	Bi-Annually	<ul style="list-style-type: none"> ▪ # of individuals contacted by the HOME Team ▪ # with criminal justice involvement
MH/SUD Assessment	Anasazi, SharePoint	Quarterly	<ul style="list-style-type: none"> ▪ # of individuals provided a Mental Health and/or Substance Use Disorder Assessment by Behavioral Health
Mental Health Services	Anasazi, SharePoint	Quarterly	<ul style="list-style-type: none"> ▪ # of individuals receiving mental health services ▪ Start/end date of services ▪ Types of services received ▪ Frequency of attendance
Substance Use Disorder Services	Anasazi, Sharepoint	Quarterly	<ul style="list-style-type: none"> ▪ # of individuals receiving substance use disorder services ▪ Start/end date of services ▪ Types of services received ▪ Frequency of attendance
Case Management Services	Karpel	Quarterly	<ul style="list-style-type: none"> ▪ # of individuals receiving case management services ▪ Start/end date of services



			<ul style="list-style-type: none"> ▪ Types of support services received ▪ Types of referrals made ▪ Frequency of contact
Diversion Program	Karpel, Anasazi, Sharepoint	Quarterly	<ul style="list-style-type: none"> ▪ Date of diversion program assessment ▪ Date of diversion program enrollment ▪ Participation status ▪ Date of completion of diversion program
Housing Support Services	HMIS, AMI	Quarterly	<ul style="list-style-type: none"> ▪ Start/end date of housing ▪ Type of housing
Income/Benefit Updates	Client Documents	Annually	<ul style="list-style-type: none"> ▪ Income/benefit source ▪ Income/benefit amount
Jail Time, Length of Stay	Jail Records	Annually	<ul style="list-style-type: none"> ▪ # of days spent in jail
Recidivism Rate	Karpel	Quarterly	<ul style="list-style-type: none"> ▪ Date of new conviction ▪ Type of conviction

Program Fidelity

Fidelity has been measured during implementation by analyzing outcomes and reviewing data tracked to ensure the program is in alignment with its intended outcomes. Progress reports are shared and reviewed quarterly by the Prop 47 Local Advisory Committee to gain feedback from key informants and stakeholders in order to identify potential areas for adjustment and improvement. Quarterly evaluations document any intentional shifts or changes to the program’s implementation in order to better meet the needs of participants, as well as monitor that changes are not incidental or unaccounted for. Quarterly reports are publicly shared and open for feedback at the Stepping Up Community Meeting to further assure that the implementation of the program is aligning with intended outcomes and values.

Prior to the Prop 47 funded project expansion and implementation, stakeholders worked to accurately define the program’s core components, baseline data, gaps and/or areas in need of expansion, and what components to measure. In order to help assure overall program fidelity, Nevada County chose to utilize the Proposition 47 Grant to expand on several proven strategies that are currently being utilized within the County by adding an emphasis on homeless individuals who are justice involved. The program expansion draws on best practices from surrounding communities that effectively divert justice involved individuals and provide housing options under a Housing First Model. Research indicates that integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs. In addition, experience in other communities with similar characteristics has demonstrated that embedding medical care within an outreach team is an effective way to engage otherwise service resistant homeless individuals.

Additionally, the Nevada County Behavioral Health Department has carefully selected



community-based organizations that align with the department's core values and deliver exceptional quality services to homeless individuals struggling with SUD and mental illness. The HOME Team and partnering agencies draw heavily on employees with lived experience and varying levels of education, as these individuals tend to relate and develop rapport with the target population and provide more compassionate services.

Reporting Results

Outcomes and data are communicated to partner agencies, stakeholders, constituents and community-based organizations as they become available. Outcomes are shared at Local Advisory Committee meetings and in reports. In addition, the Behavioral Health Director will share lessons learned from this project with the Small Counties sub-group of the California Behavioral Health Directors Association (CBHDA) following grant completion. The learnings from this project should be highly relevant to other rural counties struggling with a persistent population of homeless people who are difficult to engage in services and housing.

Evaluation Results and Discussion

Participant Information

The Personal Services Coordinator (PSC) began accepting referrals in January of 2020. Between January of 2020 and June of 2021, the PSC provided case management and justice navigation assistance to 143 individuals through the Public Defender's Office. Of those 143 individuals, 61 were subsequently formally enrolled in the Prop 47 program and provided ongoing case management services with access to funding for housing and substance use treatment services. Of those 61, 19 have been exited from the program with an average length of stay in the program of 10.9 months. Of these 19 individuals, 11 (58%) completed the program and exited to a positive housing destination.

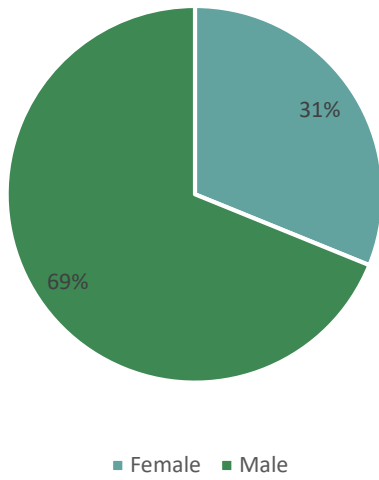
Demographic Data

The following is basic demographic and service data for those 61 individuals who were formally enrolled in the Prop 47 Program throughout the duration of the grant.

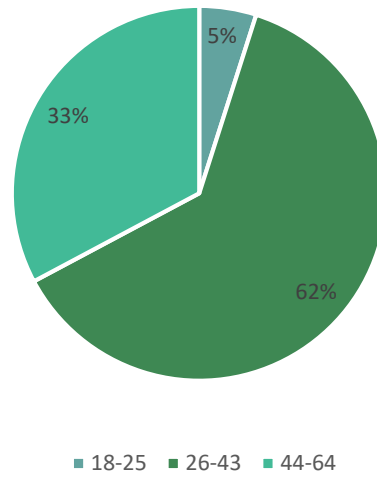
- Gender:
 - 19 are female
 - 42 are male
- Age Range:
 - 18-25 years old: 3 individuals
 - 26-43 years old: 38 individuals
 - 44-64 years old: 20 individuals
- Race/Ethnicity
 - White: 55
 - Hispanic: 2
 - Black or African American: 2
 - Asian- Filipino: 1
 - American Indian



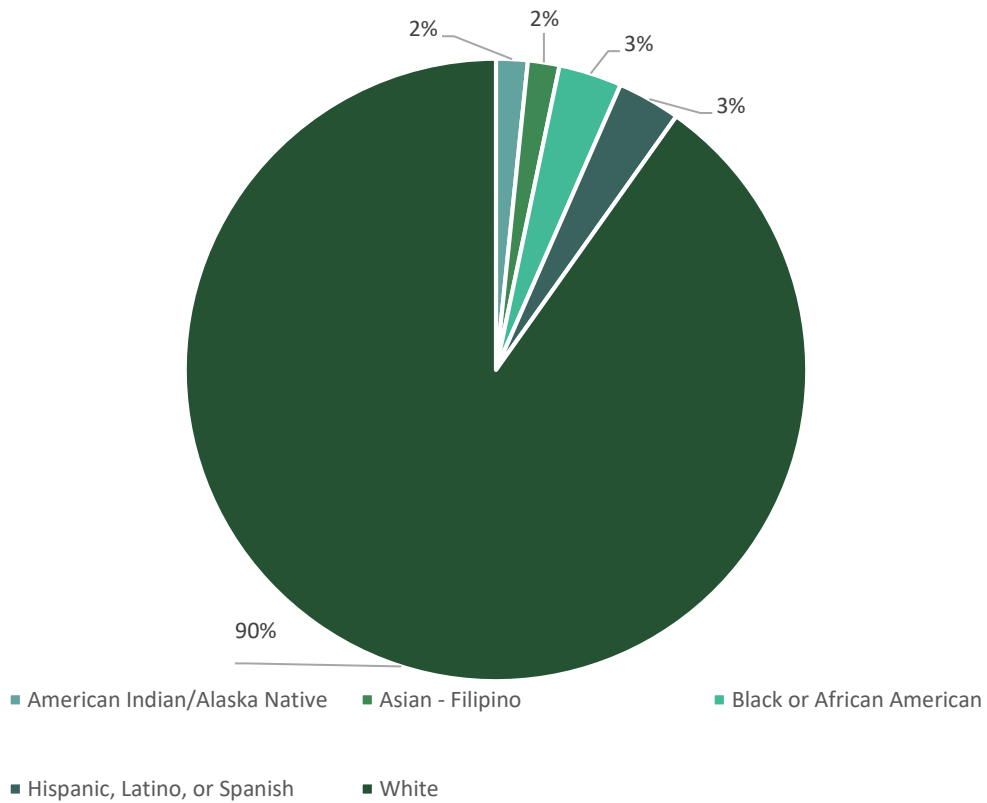
Participant Gender



Participant Age



Participant Race/Ethnicity





Services Received

	2020				2021	
	Q1	Q2	Q3	Q4	Q5	Q6
# Participants Enrolled	12	35	39	40	44	51
# Active in Quarter	12	33	34	30	35	39
# with no contact in Quarter	0	2	2	5	8	10
# Exited w/completion of program	0	0	2	3	1	4
# Exited w/o completion	0	0	1	2	0	6
SUD/MH						
# SUD Assessments	8	17	2	4	11	8
# Enrolled in SUD Program	8	14	11	7	9	11
Participated in SUD Program		11	22	16	18	20
# Completed SUD Program	3	7	12	6	7	11
# MH Assessments	2	4	4	2	0	4
# Enrolled in MH Program	3	4	5	0	0	3
Participated in MH Program		11	20	14	14	14
# Completed MH Program	0	0	0	1	0	0
Housing Status						
# Homeless	8	22	20	19	18	21
# in Permanent Housing	0	4	4	2	3	4
# in Transitional Housing	2	5	6	8	7	9
# in Residential/recovery	0	0	1	2	5	4
# w/Family or Friends (Stabile)	2	4	8	7	5	11
Other (jail, hospital)	0	0	0	2	6	5
Legal Involvement						
# entered Diversion Program	1	1	0	1	5	1
# Completed Diversion Program	0	0	0	0	1	0
# Convicted of new crime (recidivated)	0	1	0	4	2	6
Quality of life						
# increased income or benefits (employment)	0	1	0	3	3	4
# improved education status	0	0	0	0	0	0
Services Received						
Assistance with Food	5	23	2	29	23	24
Basic Necessities	6	27	7	29	26	23
Case Management	12	33	36	34	36	39
Civil Legal Services	12	13	4	11	18	19
Education Services	0	0	0	0	0	0
Employment Services	0	0	0	0	2	4
Housing Services	5	23	1	9	20	23
Social Services	4	3	1	0	9	9
Transportation Services	4	9	10	6	16	18
Other Support Services	1	17	25	33	21	21



Progress Toward Goals

Goal 1	
Conduct outreach to establish a relationship with justice involved homeless individuals.	
Objectives:	HOME Team will use the Coordinated Entry System to establish contact and provide outreach to 150 justice involved homeless individuals.
Progress Toward Objective:	<p>Between January of 2020 and June of 2021, the Homeless Outreach and Medical Engagement (HOME) Team utilized the Coordinated Entry System (CES) to identify and provided outreach to 350 individuals. The team focused on outreach to highly vulnerable individuals (score of 10 or higher) as identified by the CES Universal Assessment Vulnerability Score. Outreach included initial engagement and limited service provisions such as transportation, linkage to services, and access to various community-based service providers.</p> <p>The Team provided additional focus on individuals who indicated during assessment that they had mental or physical health problems and/or substance use problems. Of those 350 individuals, 141 were provided with more intensive and going case management services through the HOME Team.</p>

Factors Impacting Progress Toward Objective:

During COVID response, the HOME Team saw an increase in the number of individuals who were provided engagement services, in part because of the team’s role in the COVID screening and vaccination process for the target population. The team also saw an uptick in the number of families served, increasing from no families in the 2019 calendar year, to 7 families during the 2020 calendar year, including 2 high risk pregnant women with co-occurring conditions. In addition to this change in the population served, the modality of service shifted due to the COVID-19 pandemic and the HOME Team served a number of high risk and medically fragile individuals in a non-congregate shelter model following the states shelter in place orders.

Goal 2: Objective A	
Decrease recidivism for homeless individuals who are justice involved by increasing engagement in mental health and substance use disorder treatment for the program participants.	
Objective:	From the larger cohort, 30 individuals with MI, CODs, or SUDs will be identified and provided with mental/behavioral health and/or substance use treatment, intensive case management, housing navigation, employment and support services each year.
Progress Toward Objective:	The Personal Services Coordinator identified and provided intake into the Prop 47 Program for 61 individuals from January 2020 through June 2021. These individuals were identified as having involvement in the criminal justice system in addition to mental health and/or substance use concerns.



	<ul style="list-style-type: none">● Mental Health Assessments<ul style="list-style-type: none">○ Of the 61 participants, 17 (27.9%) were provided with mental health assessment through Nevada County Behavioral Health○ Of those 17 assessed, 15 (88.2%) were enrolled in mental health services. ● Substance Use Disorder Services<ul style="list-style-type: none">○ Of the 61 participants, 46 unduplicated individuals (75.4%) received assessment for Substance Use Disorder Services.○ Of those 46 individuals, 100% were subsequently enrolled in a treatment program.○ There were a total of 56 placements into treatment programs. This number is higher than the number of unduplicated individuals placed in treatment, because some individuals were placed in treatment multiple times during the grant period.○ 45 of the 56 (80%) placements in treatment programs resulted in completion of the treatment program.
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Factors Impacting Progress Toward Objective:

During the reporting period, access to assessments and treatment programs were impacted by the COVID-19 pandemic and subsequent shelter in place orders. Modalities quickly shifted from face-to-face to virtual platforms, which further limited accessibility to services for the target population due to lack of access to reliable technology. Entry into treatment programs was suspended on a number of occasions due to COVID exposure, as a result wait lists to get into treatment programs grew, creating extended wait periods for program placement. Movement to and from recovery residences was limited due to a further limited housing market and quarantine.

One unexpected benefit of the COVID pandemic restrictions for the program cohort, is that treatment programs began to prioritize placement of individuals directly from the jail system. Because of the inmate's quarantine status, they were able to be prioritized over non-quarantined individuals and moved more quickly into programs, with the hopes of limiting the spread of the virus within the residential programs.

Despite these barriers, the Personal Services Coordinator continued to meet both face to face and remotely (when possible) with clients to provide case management services, encourage continued engagement, and support assessment and placement in SUD and MH treatment to the best of their ability (as is demonstrated by the sustained follow-up assessment and engagement data for the grant cohort).



Goal 2: Objective B	
Decrease recidivism for homeless individuals who are justice involved by increasing engagement in mental health and substance use disorder treatment for the program participants.	
Objective:	80% of these program participants will remain engaged with case management and treatment services at minimum six months.
Progress Toward Objective:	Of the 19 individuals exited from the program 16 (84%) remained enrolled in the program for a duration of 6 months or longer. The average length of engagement for all 19 participants was 10.9 months. This does not reflect continuous, active engagement with the Prop 47 Personal Services Coordinator (PSC), rather their length of stay in the program. However, participants are exited from the program when they are no longer engaging with the PSC and/or their whereabouts are unknown. Evaluation of continuous engagement will be evaluated at the final report, based on the quarterly reports submitted to the BSCC.

Factors Impacting Progress Toward Objective:

The target population is a traditionally service resistant population, thus maintaining consistent contact and gaining buy in to services is challenging. This is further complicated by lack of reliable technology available to the target population and lack of reliable phone and internet services in our rural community. As the COVID pandemic shifted service modalities from face to face to remote services, determining and implementing procedures to safely engage in services that would be accessible for the target population proved difficult. The most effective strategy was setting up offices with teleconferencing capabilities within the existing social service departments. This allowed participants to have access to reliable technology while maintaining safe social distancing protocol. The Nevada County Behavioral Health Department was able to quickly shift mode of service and continue to serve clientele without little to no gap in services at the onset of the pandemic. In addition to the impact on access to mental health services, substance use treatment services faced similar challenges, as discussed in Goal2, Objective A. Access to substance use treatment was delayed as program’s shifted modality of service and faced the need for program quarantine on multiple occasions. The County and its partner agencies continue to service clientele in both remote and limited face to face services. Programs have worked to decrease, if not eliminate, wait times for services in order to quickly and effectively engage clients in treatment services.



Goal 2: Objective C	
Decrease recidivism for homeless individuals who are justice involved by increasing engagement in mental health and substance use disorder treatment for the program participants.	
Objective:	75% of program participants will spend fewer days incarcerated.
Progress Toward Objective:	<p>Of the 61 individuals enrolled in the program, 35 participated in the program for 1 year as of June 2021. Jail Recidivism and Public Defender assigned caseload data was pulled on these 35 individuals in order to compare 1 year of pre-participation data to 1 year of post-participation data. To better understand and analyze the programs impact on recidivism, we looked at 3 areas of involvement with the Criminal Justice System:</p> <ul style="list-style-type: none"> • Jail data, which includes the cumulative number of days an individual spends in jail and the number of individual bookings into the jail; • Public Defender data, which includes the cumulative number of cases logged into the Public Defender’s Karpel system for every individual; and • Recidivism data, which follows the BSCC’s definition of recidivism and includes individuals who have been convicted of new crimes following intake into the program. <p>The following is the results from these data sets based on the cohort of 35 individuals.</p> <ul style="list-style-type: none"> • Jail Recidivism <ul style="list-style-type: none"> ○ Shorter length of stays: On average, the cohort spend 75.7 days incarcerated prior to intake compared to 67.8 days following intake. ○ Fewer bookings: On average, the cohort had fewer booking after intake (0.7) as opposed to before intake (1.4). ○ 12 (34.3%) had a previous booking within one year before intake. <ul style="list-style-type: none"> ▪ 6 (50%) had at least one subsequent booking <ul style="list-style-type: none"> • 4 (66.7%) spent more days in jail following intake • 2 (33.3%) spent fewer days in jail following intake ▪ 6 (50%) did not have a subsequent booking within one year following intake. ○ 23 (65.7%) did not have a booking within one year before or after intake. While these cases did not record a booking one year prior to program enrollment, 30 out of 35 participants had cases with the Public Defender’s Office within the year prior to enrollment. The 5 that did not have cases within the past year, all had cases within 3 years prior to enrollment. • Public Defender Case Load <ul style="list-style-type: none"> ○ In total, the cohort had 93 cases with the Public Defender’s office



	<p>prior to intake, compared to 30 total cases following intake. This represents a 68% reduction in total cases in the year following Prop 47 Program intake for the cohort of 35 individuals.</p> <ul style="list-style-type: none"> ○ 71.43% of cohort participants reduced the number of cases accrued with the Public Defender’s Office following intake. The below table compares individual data of the Prop 47 cohort related to total number of cases with the Public Defender’s Office pre- and post-intake. 													
	<table border="1"> <thead> <tr> <th></th> <th>Decrease in Cases</th> <th>Increase in Cases</th> <th>No Change</th> </tr> </thead> <tbody> <tr> <td>Total Number of Individuals</td> <td>25</td> <td>6</td> <td>4</td> </tr> <tr> <td>% of Cohort</td> <td>71.43%</td> <td>17.14%</td> <td>11.43%</td> </tr> </tbody> </table>				Decrease in Cases	Increase in Cases	No Change	Total Number of Individuals	25	6	4	% of Cohort	71.43%	17.14%
	Decrease in Cases	Increase in Cases	No Change											
Total Number of Individuals	25	6	4											
% of Cohort	71.43%	17.14%	11.43%											
	<ul style="list-style-type: none"> ● Recidivism Data <ul style="list-style-type: none"> ○ Of 61 enrolled program participants, 13 (21%) were convicted of new crimes between their enrollment date and June 2021, thus meeting the BSCC definition of recidivism. ○ Of those who recidivated, the average amount of time from intake date to date of new conviction was 6 months. 													

Factors Impacting Progress Toward Objective:

It is because of the multifaceted impacts of COVID that a broader look at the project’s impact on the cohort population’s involvement in the criminal justice system was taken. Rather than looking solely at new convictions, evaluations of other readily accessible data is being collected and evaluated including jail data and case load data from the Public Defender’s Office.

While these results demonstrate a positive trend, it is difficult to determine or attribute causality to the changes due to the larger systemic changes as a result of the COVID-19 pandemic during the grant reporting period. As a result of the pandemic, changes occurred at every point of contact through the criminal justice system. Law enforcement adopted a cite and release policy for low level offenses, in order to keep individuals accused of low-level crimes out of the jail to maintain social distance and limit social contacts. This impacts length of stay in jail and number of bookings into the jail. The Jail adopted a book and release policy for low level offenses, in order to keep population levels low within the jail, impacting the number of days spent in jail. The court system shifted to operating through remote means, which created delay in trying cases. Felony cases, while still delayed, have been prioritized and misdemeanor cases have been pushed back on the calendar, resulting in delays to convictions, impacting recidivism data. The longest delays are for those awaiting competency determinations and/or a move from the jail to a state program following a competency determination through the courts.



Goal 3: Objective A	
Increase housing stability for program participants.	
Objective:	50% of the 30 program participants will secure transitional or permanent housing.
Progress Toward Objective:	Of the 19 participants who have been exited from the program, 58% (11 people) exited to a positive housing destination (per HUD definition). 42% (8 people) exited and remained homeless. The average length of stay in the program for these participants was 10.9 months.

Factors Impacting Progress Toward Objective:

While the COVID-19 pandemic further limited access to permanent housing options, it did open funding and increased opportunities for emergency sheltering. Project RoomKey, Project Home Key, CARES funding, and FEMA funding provided new funding streams for housing and services. Highly vulnerable HOME Team clientele were able to be provided with long term stays in motels while being provided with intensive case management services. This shift increased consistent engagement between the clientele and HOME Team and the Prop 47 Personal Services Coordinator allowing for increased opportunity for rapport and trust building, with the goal of an increased willingness to participate in traditional services when provided the opportunity.

Additionally, Proposition 47 grant monies fund a master lease for a 4-6 bed transitional home in the community for homeless individuals with involvement in the criminal justice system. This master leased home is managed and supported by Advocates for the Mentally Ill Housing program. It operates as transitional, low barrier housing and has the capacity for 4 residents. The home has housed a total of 10 individuals since the start of the grant.

Despite access to permanent housing options being limited as a result of the condition of the housing market during the COVID-19 pandemic, 58% of individuals exited from the program were exited to positive housing destinations during the grant period. 82% of these individuals secured housing outside of the county with the support of the Personal Services Coordinator and partnering programs. This outcome demonstrates the program’s focus on securing stable housing.

Goal 3: Objective B	
Increase housing stability for program participants.	
Objective:	50% of program participants will secure or increase monthly income through employment or mainstream benefit programs.
Progress Toward Objective:	Of the 19 participants who have been exited from the program, 7 of 19 (37%) reported an increase in income and/or benefits during their time enrolled in the program.

Factors Impacting Progress Toward Objective:

The Nevada County Department of Social Services schedules an eligibility worker to go



into the jail to provide services on a weekly basis. This eligibility worker provides benefit screening and application assistance for individuals while they are in custody. As a result of this process, many Prop 47 participants have been screened and started the application process for benefits prior to the intake into the program. The Personal Services Coordinator works with participants to follow through with the application process and assists them in meeting their personal goal of gaining employment if applicable.

Additional Accomplishments and Challenges

The Following section discusses county wide efforts, projects, and challenges, that have had direct impact on the Proposition 47 target population.

Challenges, Barriers, and Solutions

- **COVID-19 and State Stay and Home Orders:** The COVID-19 global pandemic impacted institutions and individuals across the globe in 2020. Below are a few specific examples of COVID-19 impacts on the target population and grant outcome goals.
 - Stay at home orders called for an increase in online based services, further limiting access to services for the target population as many individuals are lacking in access to technology and live in remote areas without cell phone reception or internet services.
 - Shelter in place orders limited residential program movement and shelter capacity, impacting access to services.
 - SUD program assessments and intakes were put on hold and slowed due to social distancing and program quarantines, creating backlogs of clients waiting for assessment and placement.
 - AMI Housing program intakes were delayed and limited due to program quarantines.
 - Private landlords were hesitant to rent and there was limited movement in the housing market, further limiting an already limited housing market.
 - The jail adapted a “book and release” policy for low level offenses, which impacts recidivism data. Additionally, the courts have delayed and continued many cases, which would also delay and impact recidivism data for future analysis.

- **Housing:** A key challenge in successfully housing program participants has been low housing inventory within the county. The County, the local Continuum of Care organization, and cities in Nevada County are actively working to address the affordable housing crisis that is facing, not just Nevada County, but the entire state of California.

Nevada County was awarded Project HomeKey Funding and has purchased a local hotel for renovation in order to provide an additional 22 units of



permanent housing for the county's homeless population. During renovations, 9 of the building's 18 units are being utilized for emergency housing.

In addition to Project HomeKey, Nevada County has four new affordable housing projects moving forward:

- The Brunswick Commons project in Grass Valley will provide 28-units of low-income housing (rent set at 30% of Nevada County's average median income) and 12-units of Permanent Supportive Housing (PSH) for chronically homeless individuals with severe mental illness who are receiving supportive services from the County's Department of Behavioral Health.
 - The Cashin's Field project in Nevada City aims to create a community setting by providing the local workforce with 56 affordable long-term apartments.
 - With No Place Like Home funding, Nevada County plans to remodel an existing county facility to double the units count at that facility from three to six units. These units would continue to serve as housing for Permanent Supportive Housing (PSH) for chronically homeless individuals with severe mental illness who are receiving supportive services from the County's Department of Behavioral Health.
 - The Lone Oak Senior Apartments in Penn Valley is underway to bring 31 new units of affordable senior housing, including 24 one-bedroom, and 7 two-bedroom units. The project will house low-income seniors earning between 30-60% of the median income for Nevada County.
- **Maintaining Consistent Contact with Clients:** One barrier to consistency in services and contact is limitations in technology and connectivity in the area. Many of the rural areas in the county have little to no phone reception and/or internet connectivity. This can pose challenges to reaching clients or communicating with them in ways other than in-person. This issue has been compounded following the COVID-19 pandemic and subsequent shelter-in-place orders, as many services turned to an online platform in order to safely socially distance, further limiting accessibility to services for many individuals in the grant cohort. Nevada County Behavioral Health and other local agencies worked to help maintain accessibility of services by providing access to technology for service linkage at the facility.

Key Accomplishments

- **Stepping Up Initiative Participation:** The County participates in the Stepping Up Initiative which aims to better serve individuals with mental illness within the Criminal Justice System through identification and access to services. This Justice and Mental Health Collaborative includes



representatives from the Behavioral Health Department, Probation, Public Defender, District Attorney, Sheriff Department, the Jail, and a contracted Program Data Analyst who meet monthly to review data, program impact, and policy with the goal of identifying needs within the local justice system to better serve the target population. The cohort has taken a deep dive into Sequential Intercept Mapping for those involved in the Criminal Justice System from earliest contact with law enforcement to post-release services, with the goal of identifying areas of impact and need in order to bolster programs where needed and better serve those with mental illness. This collaborative has been responsible for the implementation of a Brief Mental Health Screening for all individuals booked into the local jail and the creation and utilization of a Mental Health Diversion program within the local Court System. The target population for the Stepping Up Initiative has significant overlap with the population served by the Proposition 47 Grant. Thus, the gains made by this group impact those being served through Proposition grant funding.

- **Launching of Mobile Crisis Units in Collaboration with Law Enforcement:** In late October 2020 the Mobile Crisis Team, a collaboration between the Nevada County Sheriff's Office and Nevada County Behavioral Health, was launched. The team is staffed by a Sheriff Deputy and a therapist with the goal of jointly responding to calls related to mental health, substance use, or homelessness in order to de-escalate critical incidents and reduce rates of arrest and incarceration. The team will coordinate after incident referrals to services as appropriate.
- **Targeted Projects While Maintaining Core Services:** The HOME Team was called on to participated in several target projects related to serving the homeless population during 2020. Each of these projects went above and beyond the team's daily responsibilities to better meet specific needs within the community. The team was able to tackle these responsibilities while continuing to maintain core services for the individuals experiencing homelessness.
 - **Sugarloaf:** In the summer of 2020, the HOME Team partnered with a local grassroots organization and law enforcement for Operation Sugarloaf. This project aimed to move a small cohort of established, long term homeless encampments, comprised of about a dozen individuals, from city owned property on Sugarloaf Mountain and into hotels. The HOME Team provided intensive case management and housing navigation for this cohort in order to meet their immediate needs, while working to secure long term housing solutions for the group.
 - **Hearth:** Project Hearth utilized CARES ACT Funding to provide longer term motel stay (60+ days) for medically fragile and vulnerable



homeless individuals during the COVID pandemic. The HOME Team provided case management, COVID symptom screening, and meals to those individuals staying in motels. This Project sunset in January 2021.

- **HomeKey:** In the fall of 2020 Nevada County purchased a local hotel with Project HomeKey funding. The hotel will be renovated for permanent supportive housing, however in the interim has been used for emergency housing. The HOME Team has been responsible for providing case management services and meal delivery for individuals staying in the hotel.

- **Collaboration:** The Proposition 47 Project involves a high level of collaboration between departments and providers. On the County side, the project involves collaboration between multiple departments: Behavioral Health, Housing and Community Services, Probation, Public Defender's Office, and the Sheriff's Department. Outside of the county collaborative partners include government agencies of local jurisdictions (Grass Valley and Nevada City Police, District Attorney's Office, Nevada County Court System) and nonprofit providers (Turning Point, Hospitality House Shelter, AMI Housing, SPIRIT peer empowerment, and multiple substance use providers). These collaborations continue into year three with better clarity of the project goals and working relationships in place to address data needs and coordination of systems to achieve program goals.

- **Homeless Management Information System (HMIS) and Inclusive Data:** During the 2020 calendar year, Prop 47 staff and evaluators, HOME Team staff, and several other county employees gained training and active HMIS licenses. This has allowed staff who work with individuals who are experiencing homelessness a singular location for data entry and storage. The goal of increased use of the HMIS system across systems is to provide a better continuity of care for individuals experiencing homelessness and to increase efficiency for program staff by preventing duplication of services and effort.

- **Providing staff training on data collection and Evidence Based Practices:** Nevada County facilitated training for key staff in Critical Time Intervention and Motivational Interviewing, as well as provided skill building workshops to strengthen existing skills and implement new trainings in Trauma Informed Care and Crisis Intervention. The County also provided technical support to ensure utilization of HMIS and the SPARS portal for data collection.



- **Continued Access to Services:** Nevada County Behavioral Health, the HOME Team, Prop 47 staff, the Public Defender's Office, and many community partners were able to maintain access to core services this past year during the COVID-19 pandemic. Providers worked to continue to provide quality, accessible services to the county's homeless population through access and linkage and case management services.

Looking Forward- Grant Year Three: The Final Year

The Nevada County Board of Supervisors prioritization of homeless initiatives has opened the door for an increase in innovative programs to better serve the local population who are experiencing homelessness. As we move into year three of the grant, we look forward to strengthening existing services, as well new opportunities to provide for sustainability in continuing the work of the Prop 47 Grant Project goals and objectives. The Justice and Mental Health Collaborative will continue to identify and address areas of need within the local criminal justice system that deliver the greatest impact through the Sequential Intercept Mapping process. New housing developments will provide increase access to much needed permanent housing options in our community. The implementation of the Mobile Crisis Unit will provide much needed mental health expertise and intervention during law enforcement response to crisis calls. As we reflect on the year, we recognize the ability and endurance of both the individual's engaged in services and those providing services to both maintain moving forward providing for and engaging in core services and the flexibility to shift with the needs of the times during a global pandemic. We look forward to continuing to strengthen resolve and work toward meeting the needs of individuals who have historically been underserved within the continuum of the justice system within our community.



Logic Model: Nevada County Homeless and Justice Involved Prop 47 Project

Need Statement: Justice involved homeless individuals experiencing mental illness and substance use disorders arrested for low level misdemeanors and infractions are being underserved and not incentivized to engage in serves. This cohort of chronic, low level offenders utilize a disproportionate amount of community resources and are not being effectively engaged in services in addition to having very few housing options.

INPUTS

Funding

- Prop 47 Grant Funding
- Leveraged Funds

County Partners

- HOME Team
- NC Behavioral Health
- Public Defender
- LE/CO

Community Partners

- Hospitality House
- Turning Point
- Granite Wellness
- Common Goals
- Advocates for the Mentally Ill

Oversight

- Prop 47 Local Advisory Committee
- Stepping Up Community Meeting

ACTIVITIES

Outreach-HOME Team

- Coordinated entry point
- Increase focus and engagement of justice involved homeless individuals
- Vulnerability Assessment

Referral

- HOME Team Nurse for Medical engagement
- MH/SUD Assessment and Treatment
- Identification of 30 individuals to refer for intensive case management
- Mainstream benefits

Case Management

- Intensive case management provided to cohort by Personal Services Coordinator
- Assessment and Support/Referral
- Provide MH and SUD Treatment

Housing Support

- Add Housing Specialists
- Provide additional low barrier housing options
- Provide rental assistance
- Master leased housing

OUTPUTS

- Expanded and enhanced HOME team
- Outreach to 150 homeless individuals
- Increase in number of individuals provided assessment and appropriate referral for services
- Increase in number and intensity of services provided to justice involved homeless individuals
- Increase in number of justice involved individuals engaged in services
- Increase in number of individuals diverted from jail to MH and SUD treatments
- Increase in connection to mainstream benefits
- Provision of 6 additional low barrier beds through master leased house
- Increase in low barrier short term beds

OUTCOMES (GOALS)

- Breaking a cycle of low-level criminal activity and short term incarceration
- 80% of participants will remain engaged with case management and treatment for a minimum of 6 months.
- 50% of program participants will secure transitional or permanent housing.
- 50% of program participants will secure or increase monthly income through employment or mainstream benefits.
- 75% of engaged program participants will spend fewer days in jail.
- 50% of engaged program participants will reduce their recidivism.