

Placer County Proposition 47 Cohort 2 Two-Year Preliminary Evaluation Report

Executive Summary

The Executive Summary should be a synopsis of the project explaining: the project purpose, major findings to date, project accomplishments, and conclusions. Address the progress that has been made towards the project goals, factors that impeded the progress and how they were addressed.

The Placer County ACTion Team Cohort 2 began delivering services in November 2019 and has achieved many positive outcomes for individuals enrolled in the program. The ACTion Team is a multidisciplinary team that offers an array of services and resources, including substance use disorder (SUD) and mental health (MH) treatment services, to promote health and well-being and to reduce criminal recidivism in justice-involved individuals, with histories of MH and/or SUD issues.

The ACTion Team is a collaboration between Granite Wellness Centers (GWC), Placer County Probation Department (PD), and Placer County Health and Human Services (HHS). Services are available at GWC's sites in Roseville, Auburn, and Lincoln, as well as in community settings including the member's home. This collaboration has proved to work well to deliver services to this complex, high-risk population. Staff regularly receive referrals of potential new members to the program and current members achieve positive outcomes, which include placement in and successful completion of residential SUD treatment; receiving outpatient SUD and MH services; maintaining stable housing; obtaining education and/or employment; and reducing criminal recidivism.

While the ongoing COVID-19 pandemic presented new and unexpected challenges in the implementation of the Cohort 2 program, the ACTion Team quickly adapted new strategies and processes to continue to deliver services while ensuring the safety of everyone involved in the program. Extra precautions have been taken regarding admitting new members as well as delivering services to our ongoing team members. This includes, but is not limited to, increased telehealth services, and expanding the use of using Lyft, to support members to attend needed appointments.

Services have also been enhanced to provide additional support for persons with increased symptoms as a result of extended isolation, prolonged shelter in place, and an inability to visit with family and friends. Management and staff continue to plan and implement new and revised strategies to modify services to ensure the safety, health, and welfare of both staff and members.

The success of this program is evident in the outcomes for its members. As of June 30, 2021, a total of 119 unduplicated individuals have been enrolled in the ACTion Team. Of those 119 members enrolled in the program, 66 members (55.5%) have maintained or achieved stable housing; 46 members (38.7%) have gained or maintained employment; and 11 members (9.2%) have successfully completed residential SUD treatment. Only 16 of the 119 unduplicated members (13.4%) have had new offenses or convictions.

Project Background

Information essential to understanding the grantee's project.

The Placer County Proposition 47 Cohort 2 ACTION Team is modeled after The Placer County Proposition 47 Cohort 1 ACTION Team, which delivered strengths-based, individual- and family-driven, solution-focused wraparound-type services to address the mental health, substance use, and diversion needs of young adults, ages 18-32.

The Cohort 2 ACTION Team utilizes the same collaborative model that was successful with the Cohort 1 program and adapts strategies to meet the needs of members of all ages and diverse cultures. The ACTION Team offers an array of services and supports to engage members in services, deliver a broad array of services, and achieve each member's goals.

The ACTION Team is an integrated and collaborative multidisciplinary team that provides immediate, timely, and individualized integrated case planning and services to meet the needs of each program member, their families, and their other support persons. Services are culturally responsive, trauma-informed, and tailored to the member's needs. Delivering services to treat members' mental health (MH) and/or substance use disorder (SUD) issues and stabilizing members' lives by securing housing, employment, and supporting social connections helps them to develop skills to deter them from activities that cause recidivism. The ACTION Team model is effective in achieving the overall goals of diverting individuals from the criminal justice system, preventing recidivism, and promoting safe and healthy communities.

Overview of Goals and Objectives

Goal 1: Transition individuals from jail, and deliver multidisciplinary, integrated ACTION Team services. Objectives: By the end of the grant period (September 2023), the ACTION Team will: a) Increase identification and assessment of culturally-diverse individuals who meet ACTION Team criteria; b) Increase the number of individuals and families who receive and complete ACTION Team services; c) Increase the number of individuals who avoid new criminal offenses and convictions; d) Deliver ACTION Team services to improve outcomes and increase diversion from jail; and e) Link individuals to needed services to achieve and sustain positive outcomes.

Goal 2: Reduce homelessness of ACTION Team members. Objectives: By the end of the grant period, the ACTION Team will: a) Increase the number and percent of individuals who are living in stable housing; b) Deliver housing-related assistance and support services to persons who are homeless or at risk of homelessness; c) Deliver ACTION Team advocacy services to build and sustain positive social connections.

Goal 3: Reduce recidivism of ACTION Team members. Objectives: By the end of the grant period, the ACTION Team will: a) Increase the number of individuals who complete vocational and educational activities; b) Increase the number of members who are employed, and help sustain their employment; c) Teach healthy communication skills; and d) Deliver support services to family members.

Evaluation Methods and Design

A description of the research design for the process evaluation.

Document how the activities in the proposal are being carried out.

Data provides the foundation for evaluating the services and outcomes of the ACTion Team. When a new staff member joins the Cohort 2 ACTion Team, they are trained to collect data on the evaluation forms. This training provides guidance on how to use the MH and SUD assessment tools, identify potential members who meet the target population criteria and ensure timely access to the program. In addition, staff are trained in the identified Evidence-Based Practices (EBPs) to create core skills for providing wellness, recovery, and strength-based services.

The ACTion Team delivers an array of services, in addition to utilizing other existing services in the community. Members receive MH and SUD services to help them improve functioning. Diversion courts are utilized, when appropriate, to support the member and family to meet goals.

Peer and family advocates on the ACTion Team create a welcoming, recovery and strength-based environment to support success and positive choices. The ACTion Team helps each member navigate through the system to help them learn how to achieve their goals, such as to attain employment and/or enroll in the local community college to gain skills to meet their goals.

Housing support services are also available, including a limited number of housing vouchers, to support stable, safe housing in the community. Members move through Phases (1 – 4) while enrolled in the project. Most members begin in the engagement stage at Phase 1, working closely with staff to create plans, identify goals, and utilize the resources available to them.

As members become stable with managing their MH and/or SUD symptoms, housing situation, and/or employment/education, they move up through the Phases. The ACTion Team meets regularly to discuss members' progress through the program to ensure members' successful progress towards their goals.

All activities, services, and key outcome measures are collected to provide the data needed to evaluate the goals of the program.

Describe the process variables and how they will be measured and defined.

Process variables include: a) Annual number of members (ages 14 and older) enrolled in the ACTion Team who meet the target population criteria, with a priority to increase the number of racially- and culturally-diverse members; b) Number of staff hired, by language and culture; c) Number of outpatient MH and SUD service treatment hours delivered annually; d) Number of members who receive SUD residential treatment annually and length of stay; e) Number of members enrolled in Diversion Courts; f) Number of members enrolled in vocational/educational activities annually; g) Hours of transportation; h) Amount of flex funds, and what they are used for; i) Number of members receiving housing services; and, j) Number of staff who attend cultural training annually.

Data collection tools developed for Cohort 1 are used for this project, with modifications to evaluate the success of the ACTion Team and to meet Cohort 2 reporting requirements. ACTion Team staff collects data daily, documenting member's enrollment and discharge information and how many hours of services are delivered each day, by date. HIPAA and 42 CFR standards are followed. Evaluation activities are designed, analyzed, and reported by the organization conducting Cohort 1 evaluation (IDEA Consulting).

Describe procedures ensuring that a program will be implemented to fidelity, when applicable.

The ACTion Team monitors service activities to ensure the EBPs are implemented with fidelity to the model. A Quality Improvement process is used, including the Plan Do Study Act model, to modify programs as needed to help achieve positive outcomes. In addition, periodic focus groups with ACTion Team staff, members, and family served will identify opportunities to strengthen services.

A description of the research design for the outcome evaluation.

- *Describe criteria for participant eligibility and comparison group(s), including the comparison group eligibility criteria.*

The Cohort 2 ACTion Team target population is individuals 14 years of age or older who have been arrested, charged with, or convicted of a criminal offense, and who have a MH and/or SUD disorder. Cohort 2 has expanded the service area of Cohort 1 to include all of Placer County. Cohort 2 originally expected to serve approximately 150 persons per year, with a total of 350-400.

Potential members are identified in jail and/or living in the community, and at risk for recidivism. These individuals will also have at least one of the following risk factors: 1) Homeless or unstable living situation; 2) School drop-out; 3) History of trauma/abuse; 4) Out-of-home placement; and/or 5) Unstable family support system.

This project does not have a comparison group.

Outcome Measures

The outcome measures for the Cohort 2 ACTion Team are as follows: a) Number and percent of members living in stable housing; b) Number and percent of members with reduced MH symptoms; c) Number and percent of members with reduced substance use and avoid relapse; d) Number and percent of members employed and/or in training or school; complete GED; e) Number and percent of members with reduced convictions; f) Number and percent of members who complete residential treatment; h) Number and percent of members with improved family relationships; and, i) Number of members involved in positive social activities.

Describe measurement instruments, programs, and interventions.

The ACTion Team utilizes evidence-based and promising practices (EBPs) to help individuals meet their goals. Staff will be trained in Motivational Interviewing to help engage persons in services; Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy to support health and wellness; and two Evidence-Based Practices including Seeking Safety and Living in Balance to support recovery from substances.

The Wraparound Model is used to build support networks for individuals and their families, and will ensure that the individual leads their treatment. A Housing First model is used to help members find housing and the ACTion Team and a Housing Coordinator provide support to help members stay housed. A vocational assistant links members to employment opportunities, including the Placer Re-Entry Program (PREP), as well as links members to Sierra College or other educational settings to help them meet their goals. The Ready to Rent program is utilized, when appropriate.

Include a definition of successful program completion.

Members move through Phases (1 – 4) while enrolled in the project. Most members start in the engagement stage at Phase 1, in which they need the most assistance from staff to create plans, identify goals, and to utilize the resources available to them. As members become stable in their MH and/or SUD symptoms, housing situation, and/or employment/education, they move through the Phases. By the end of Phase 4, members need minimal support from their peer specialists, have the confidence and skills they need to set and work towards goals on their own, and are able to build a stable, healthy lifestyle.

The ACTion Team meets regularly to discuss members' progress through the program to ensure members' successful progress towards their goals. Members are recommended for graduation (successful program completion) when they show stability in MH and/or SUD symptoms, housing situation, and meet employment and education goals.

For both the process and outcome evaluation, describe what data is being collected, their data source(s), and data collection methods (tools used to collect the data, frequency, and who and where were the data collected).

Members are tracked throughout the project through staff completion of data collection forms. Members are recommended to the program upon review of a completed Referral Application form, which includes questions regarding the potential member's demographic information, including race/ethnicity and housing status, MH and SUD history, and reasons the potential member would like to be admitted. If admitted to the program, staff complete an Admit form for each member, which contains more detailed demographic questions and recommendation of which Phase is most appropriate for the member to begin the program.

Throughout services, staff complete an Individual Services Tracking form for each member, for each day of service. This form collects information on the date of service; types of services received; and key events (e.g., enrollment, discharge, successful completions, employment, educational activities, arrests, hospitalizations, and services received). The Individual Services Tracking form provides ongoing information on all services and events for each member and provides the foundation for the evaluation activities and outcomes.

Upon completion of the program, staff complete a Service Completion form for each member, which includes questions regarding reason for ending services, current housing situation, employment status, and current MH and SUD status. Staff submit data collection materials monthly to the evaluation team (IDEA Consulting) for analysis and data quality checks. The evaluation team provides monthly feedback to staff to maintain quality of services and data collection.

Describe any difficulties in data collection, and how they may have influenced the results.

As with all other aspects of the ACTion Team program, data collection was impacted by the COVID-19 pandemic. As staff transitioned to delivering services via telehealth, texting, emails, and by phone, changes to the data collection forms were needed to ensure that staff could continue to document their activities in a timely, accurate manner.

Services Tracking Sheets were updated so that staff could report which mode of communication they used while delivering services (face-to-face, by phone or text, via Zoom, etc.), and there was more frequent communication between staff and the evaluation team to clarify how staff should report their new and adaptive types of service. For example, many peer support specialists communicated with members via text several times per day. The ACTion Team staff worked with IDEA Consulting to make sure that texts and similar contacts with members were reported consistently by all staff.

Evaluation Results and Discussion

Preliminary data related to process evaluation.

- *Include basic demographic information of your participants (age, gender, race/ethnicity).*
- *Include the number of individuals that received various services.*

Placer County's Cohort 2 ACTION Team has made excellent progress toward implementing the goals of the grant. The first ACTION Team members for Cohort 2 were enrolled into the program in November 2019. As of June 30, 2021, the ACTION Team has served 119 members. The ACTION Team meets weekly to discuss current members, identify needs of members, review data, and discuss coordination of services across agencies. The staff who meet weekly include Probation staff, the SUD counselor(s), Clinical Supervisor, Peer and Family Advocates, and the Program Manager. The Evaluator meets with the Team monthly, and as needed, to review data and continue refining the data collection process.

Of the 119 members that were enrolled in Cohort 2 as of June 2021, 49 members (41.1%) identified as Female and 70 (58.8%) identified as Male. There were two (2) members (1.7%) who were less than 18 years of age when they were enrolled in the program; 22 members (18.5%) were ages 18-25; 79 members (66.4%) were ages 26-43; and 16 members (13.4%) were ages 44-63.

As of June 2021, 31 members of the 119 total members (26.1%), were from racially diverse backgrounds (i.e., American Indian/Alaska Native, Asian, Hispanic). Enrollment data shows 87 members (73.1%) identified their Race/Ethnicity as White; 20 members (16.8%) identified as Hispanic, Latino, or Spanish; six (6) members (5.0%) identified as American Indian/Alaska Native; three (3) members (2.5%) identified as Black or African American; two (2) members (1.7%) identified as Asian -Filipino, and one (1) member (0.8%) Declined to State their Race/Ethnicity. Staff have continued to expand outreach efforts to increase the number of referrals to the ACTION Team from across the community.

The ACTION Team delivers an extensive array of services to achieve the goals of the program. All 119 members (100%) received peer support services and case management, and all 119 members also received MH and/or SUD services. Of the 119 total members, 39 members (32.8%) have received housing-related assistance and services; 41 members (34.5%) have received family support services; 43 of the 119 total members (36.1%) received job-related services; 14 of the 119 total members (11.8%) received education-related services; and two (2) members of the 119 total members were referred to the PREP Center and enrolled in the program (1.7%).

As of June 30, 2021, 25 of the 119 total members (21.0%), have been placed into residential treatment. Of those 25 members placed in residential treatment, 11 have been successfully discharged from residential treatment (44.0%). In addition, 18 of the 119 total members (15.1%) have been placed in a recovery residence.

Progress towards Goals

- *Provide a summary of the degree to which the goals and objectives in the Proposition 47 Project Work Plan of the proposal have been achieved.*
- *Describe factors that have affected the progress of project goals. This may include factors which resulted in achieving goals more quickly or impeded your progress. If there were factors that impeded your progress, describe how they were addressed.*

Progress towards Goal 1: Transition individuals from jail and deliver multidisciplinary, integrated ACTION Team services.

Placer County's Cohort 2 ACTION Team has made excellent progress toward implementing the goals of the grant. As of June 30, 2021, 31 members of the 119 total members (26.1%), are from racially diverse backgrounds (i.e., American Indian/Alaska Native, Asian, Hispanic). This is an increase from Cohort 1. Throughout the implementation of the ACTION Team Program, staff have continued to expand outreach efforts to increase the number of referrals to the ACTION Team from across the community.

Cohort 2 also expanded services to persons of all ages, including youth ages 16-18 years old. The leadership team continues to discuss ways to increase the number of referrals and expand outreach to other programs.

Each person referred to the ACTION Team is screened and, if initial criteria are met, receives a mental health and substance use disorder assessment. In addition, each individual participates in a Family Mapping meeting, which helps to document the individual's family life chronology and identify generational and cultural patterns in one's life, as well as identifying historical and current significant sources of support. From these activities, each member develops his or her goals and identifies activities to support them in accomplishing those goals.

Individuals are linked to the appropriate level of service, including residential treatment services for substance use disorders and community-based outpatient treatment for mental health and/or substance use treatment services. Housing support services are also offered to ensure the individual is living in a stable living situation in the community.

With the ongoing COVID-19 pandemic, delivering services has been more complex, but the team has developed new strategies and processes to ensure the safety of the team and members. Extra precautions have been taken for admitting new members as well as delivering services to ongoing team members. This includes, but is not limited to, increased telehealth services, and expanding the use of using Lyft, to support members to attend needed appointments. This expanded use of Lyft helps provide transportation for members while minimizing the risk of exposure for both staff and members. Lyft is an excellent resource for providing transportation to members to attend appointments.

Management and staff continue to plan and implement new and revised strategies to modify services to ensure the safety, health, and welfare of both staff and members. A number of renovations to our offices have been made to comply with the COVID-19 distancing requirements. This includes modifying office space to have workstations positioned at least six

feet apart, purchasing additional modular walls to allow safe workspaces, locating hand sanitizers at all stations, having signage at outside doors and bathrooms reminding of face coverings and use of hand sanitizers, etc. Staff have also supported members to comply with COVID-19 safety rules, including providing face masks, supporting them to get tested, and providing essential needs including COVID-19 preventative materials for our unhoused members.

Services have also been enhanced to provide additional support for persons with increased symptoms as a result of extended isolation, prolonged shelter in place, and an inability to visit with family and friends. As a result, the ACTion Team offers more supportive psychoeducation with members to help address issues regarding isolation, sheltering in place, etc.

Staff have been more flexible in offering services to members during non-traditional hours, when needed, to meet members' needs. Staff also expanded their capacity to deliver supportive mental health and SUD services through expanded use of telehealth, as well as delivering more frequent services, of shorter duration, to help reduce the feeling of isolation. For example, rather than a one-hour face-to-face meeting, staff will Zoom with a member 3-4 times a week for 15 minutes each time, to be able to touch base with them more frequently, to meet their immediate needs and provide support.

Substance use treatment residential services are still available, when needed. However, there are fewer beds available because the treatment facilities need to keep a few beds vacant in case there is a need to isolate a member, while they are in treatment and test positive for COVID-19. The ACTion Team continues to arrange transportation for members when they are being released from the jail and/or being discharged from a residential treatment facility. Transportation may be provided by the ACTion Team, probation, and/or through purchasing a Lyft voucher for the member, to transport the member to a safe location in the community. Lyft is also used to transport members to scheduled appointments, job interviews, applying for housing, etc.

Staff are also increasing the number of visits to the jail, to ensure that each person stays in contact with the team and feels less isolated while being temporarily detained. There is so much isolation in the world, we want to make sure that all members have additional support and contact from the team.

Probation staff on the team continue to provide transportation for members, with the majority of services now delivered through electronic methods. Probation staff are also equipped to provide services via telehealth, texting, email, and phone calls in order to protect members and staff, while continuing to deliver much needed services.

Progress towards Goal 2: Reduce homelessness of ACTion Team members.

Once each member has completed the assessment and mapping process, the member and team identify key goals. For members who are unhoused, or at risk of being unhoused, the team provides housing support services to help the member find a safe and stable living situation and ongoing support to help the member successfully remain in the house or apartment. The

Housing Coordinator, as well as all staff, helps find affordable housing, works closely with the property manager to quickly resolve any issues at the housing site, and supports the member to resolve any conflicts with roommates and/or family members.

The ACTion Team also helps the member to meet basic needs such as signing up for benefits, setting up the apartment (e.g., kitchen supplies, linens, basic furniture), as well as teaching them basic skills such as shopping, using public transportation, and budgeting. Several staff are trained in the Ready to Rent model, which has been effective in helping individuals find stable housing.

As of June 30, 2021, 39 members of the 119 total members (32.8%) have received housing-related assistance and services. As a result of these services, 66 members of the 119 total members (55.5%) have maintained or achieved stable housing.

In addition to these housing-specific services, the ACTion Team offers supportive services to the family, when needed, to help stabilize the living situation and help resolve any issues in order to promote a healthy support system. The ACTion Team has provided family related support services to 41 members of the 119 total members (34.5%).

The biggest challenge regarding providing housing support is the lack of available apartments that are affordable in the county. Placer County has a vacancy rate of less than 1%. This creates a challenge for our ACTion members and Team to find a safe and affordable living situation. This is especially difficult for persons who have felony convictions. COVID-19 adds additional challenges to a very complex situation.

Currently, several of our members live in transitional housing, as they develop skills in managing their recovery and developing wellness skills. The ACTion Team strives to help members find independent living situations as the member is ready for independent living and as a housing unit becomes available.

With COVID-19 and the shelter-in-place order continuing over several months, another complication is to provide housing support. Staff continue to deliver services via telehealth, text, emails, and phone calls, in order to support members to locate housing, whenever possible.

Progress Towards Goal 3: Reduce recidivism of ACTion Team members.

The ACTion Team's multidisciplinary, collaborative model has been extremely effective at keeping members in the community, while minimizing further criminal behavior.

As of June 30, 2021, only seven (7) of the 119 members have had new convictions. This low percentage of members (5.9%) clearly demonstrates the positive outcomes achieved by the ACTion team. There were nine (9) other members (7.6%) who had new offenses, but no new convictions.

The ACTion Team delivers services to complex members with multiple needs. Many of the individuals enrolled in the program have substance use disorders (SUD). Granite Wellness Centers have been extremely proactive at identifying the needs of these individuals and are often able to enroll a member in SUD residential and/or outpatient services as soon as the intake is completed. This has been highly effective at helping the members begin developing the skills needed to reduce substance use and achieve recovery and wellness.

As of June 30, 2021, 25 of the 119 total members (21.0%), have been placed into residential treatment. Of those 25 members placed in residential treatment, 11 have been successfully discharged from residential treatment (44.0%). In addition, 18 of the 119 total members (15.1%) have been placed in a recovery residence.

Once each member has completed the assessment and family mapping, the member and Team identify key goals. For members who have a goal of attending a vocational training program, obtaining their GED, and/or attending college, the ACTion Team helps coordinate the admission process and finds the appropriate educational setting to help them achieve their goals.

During the ongoing COVID-19 pandemic, staff have implemented new measures to ensure the health and safety of both staff and members. Managers and staff immediately began planning on how to modify services to be able to continue to admit new members. The intake process was changed by conducting additional mental health assessment services, having Peers accompany the new intake into the office, while the assessment was completed via Zoom by the clinician and substance use disorder staff. Peers were able to support the individual to set up the Zoom meeting, have paperwork completed and signed, while following all social distancing protocols. Small treatment groups of four persons have been implemented, to help create opportunities for youth and adults to have some supportive social connections and treatment. We continue to identify ways we can expedite the intake process while still creating a warm, welcoming intake process that engages the member and their family.

There are a number of programs in Placer County that are available as resources for ACTion Team members. For example, the Probation Department offers the Placer Re-Entry Program (PREP) Center. The PREP Center provides individuals with one-on-one and group-level services to assist with their successful transition into the community. This includes educational and employment opportunities.

As of June 30, 2021, 43 of the 119 total members (36.1%) received job-related services; 14 of the 119 total members (11.8%) received education-related services; and two (2) members of the 119 total members were referred to the PREP Center and enrolled in the program (1.7%).

As of June 30, 2021, 46 of the 119 total members (38.7%), have obtained or maintained employment.

With the COVID-19 outbreak, service delivery has become more difficult. Staff continue to deliver services via telehealth, texting, emails, and phone calls to provide support and services, as well as holding in-person, small group treatment sessions, when appropriate.

- *Describe the project's progress and performance towards reducing recidivism since the program was implemented.*
 - *Discuss your progress as it relates to the BSCC definition of recidivism and any definition used by the grantee. Include the definition being used when different from the BSCC definition.*

As noted above, the success of the integrated, collaborative services delivered by the ACTION Team is clearly illustrated by the small number of members who have been convicted of a new felony or misdemeanor (N=7), only 5.8% of the members. Similarly, only nine (9) additional members of the 119 total members have had new offenses.

- *Describe the project's progress and performance as it relates to additional outcome measures. Include preliminary data to support the progress.*

Preliminary data as of June 30, 2021 shows that 87 members of the 119 total members (xx%) have or attained a high school diploma or an equivalent degree; 46 members of the 119 total members (38.7%) are employed; and 66 members of the 119 total members (55.5%) are in a stable living situation. Additional outcomes will be available in the next year as members move through the four phases of the program.

- *Provide any additional information relevant to the project's progress and performance.*

Placer County has strong collaboration between key organizations and is committed to timely implementation of this project, to help members achieve positive outcomes, and strengthen services to families. All System of Care agencies work collaboratively to meet the goals of the grant and identify resources for meeting the needs of the ACTION Team members. Members are already showing positive outcomes as a result of the ACTION Team services.

A Current Logic Model

A visual representation, as of the date of the report, of the project depicting the relationships between the input/resources, activities, outputs, outcomes and impacts of the project.

Please see the next page for the Placer County Prop 47 Cohort 2 Logic Model.

Placer County Prop 47 Cohort 2– Logic Model

INPUTS	ACTIVITIES / OUTPUTS	GOALS / OUTCOMES		IMPACTS
<ul style="list-style-type: none"> • Granite Wellness (GW) contracts with HHS to implement the ACTION Team (AT) and utilize the principles of Assertive Community Treatment (ACT) and Wraparound; in collaboration and partnership with HHS, Behavioral Health, probation, education, housing, courts, jail, and community providers; peer and family advocates/mentors; volunteer mentors; young adults and family members • Time • Leverage Funding: Grant dollars; AB 109 funds; MHSA; HUD; JAG; Veterans; Whole Person Care; in-kind contributions; MH and SUD Medi-Cal revenue • Local Community Partners • Research 	<ul style="list-style-type: none"> • Deliver countywide coordinated, culturally competent evidence-based services in collaboration with Probation, Behavioral Health, and partner agencies • Conduct comprehensive risk and needs assessment and develop a coordinated Case Plan • Deliver services using principles of restorative justice to reduce recidivism • Identify, refer, and enroll persons who have been arrested, charged, or convicted of an offense AND have MH or SUD issues. • Outreach into jail and the community to identify and refer persons from diverse cultures • Coordinate services which are client-centered and trauma-informed, including MH and SUD treatment, housing, employment, transportation, and flex funds • Utilize collaborative courts to support program goals • Utilize Peer Mentor and Family Advocates to support individuals and family members • Conduct weekly AT meetings • Gather data on service utilization and outcomes • Evaluate program through data analysis, share outcomes with AT and partners • Celebrate successes 	<p style="text-align: center;"><u>Outcomes</u></p> <ul style="list-style-type: none"> • Employed and/or in school • Reduced number of arrests and convictions • Reduced number of days in jail • Reduced recidivism • Reduced MH symptoms • Reduced SUD • Living in safe and stable housing • Involved in healthy social activities • Improved health, MH, and SUD indicators • Long-term lasting support networks • Improved relationship with family, when appropriate 	<p style="text-align: center;"><u>System Outcomes</u></p> <ul style="list-style-type: none"> • Enhanced coordination and integration of probation, courts, jail, health, MH, SUD services, housing assistance, job skills and employment, civil legal services to reduce recidivism • Improved access for diverse cultures to AT through Promotor/a outreach and linkage • Implementation of culturally competent, trauma-informed wellness and recovery • Delivery of engagement activities, timely access to services; development of positive social community for individuals and family • Coordinated and individualized MH and SUD treatment; housing coordination; flex funds; employment; transportation • Evaluation of key health, MH, and SUD indicators, arrests, and recidivism • Shared reports to improve services over time, including individual and family satisfaction with access, services, and outcomes 	<ul style="list-style-type: none"> • Persons (all ages) who have been arrested, charged with, or convicted of a criminal offense AND who have mental health and/or substance use issues; have increased access to intensive, coordinated, and individualized ACTION Team services to successfully redirect their lives, engage in a healthy social community, and achieve positive outcomes • A vibrant learning collaborative is maintained • Integrated services offer seamless, coordinated care • Evaluation and shared data across MH, SUD, Probation, and partner agencies to demonstrate improved quality and integration of care

Grantee Highlight – Placer County Prop 47 Cohort 2

The Placer County ACTion Team Cohort 2 began delivering services in November 2019 and has achieved many positive outcomes for individuals enrolled in the program. The ACTion Team is a multidisciplinary team that offers an array of services and resources, including substance use disorder (SUD) and mental health (MH) treatment services, to promote health and well-being and to reduce criminal recidivism in justice-involved individuals, with histories of MH and/or SUD issues.

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While the ongoing COVID-19 pandemic presented new and unexpected challenges in the implementation of the Cohort 2 program, the ACTion Team quickly adapted new strategies and processes to continue to deliver services while ensuring the safety of everyone involved in the program. Extra precautions have been taken regarding admitting new members as well as delivering services to our ongoing team members. This includes, but is not limited to, increased telehealth services, and expanding the use of using Lyft, to support members to attend needed appointments.

Services have also been enhanced to provide additional support for persons with increased symptoms as a result of extended isolation, prolonged shelter in place, and an inability to visit with family and friends. Management and staff continue to plan and implement new and revised strategies to modify services to ensure the safety, health, and welfare of both staff and members.

The success of this program is evident in the outcomes for its members. As of June 30, 2021, a total of 119 unduplicated individuals have been enrolled in the ACTion Team. Of those 119 members enrolled in the program, 66 members (55.5%) have maintained or achieved stable housing; 46 members (38.7%) have gained or maintained employment; and 11 members (9.2%) have successfully completed residential SUD treatment. Only 16 of the 119 unduplicated members (13.4%) have had new offenses or convictions.

The achievements of the ACTion Team are best illustrated with a member success story. One of many success stories, one particular member has received services from the ACTion Team for over a year. As a result of the services she has received as part of the ACTion Team, she is now employed; she has her driver's license back; her mental health is stable; she has graduated from mental health court; she no longer uses substances; and she has reunified with her family and has improved relationships with them. She is doing very well, has positive self-esteem, is able to clearly define and achieve her goals, has positive social relationships, and is successful at living independently.