

Placer County Proposition 47 Grant – Cohort 1

FINAL LOCAL EVALUATION REPORT

A. Executive Summary

Project Purpose

The Placer County ACTion Team Cohort 1 was a multidisciplinary team that offered 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 young adults (ages 18-32), with histories of SUD and/or MH issues.

The ACTion Team was a collaboration between Granite Wellness Centers (GWC, formerly Community Recovery Resources (CoRR)), Placer County Probation Department (PD), and Placer County Health and Human Services (HHS). Services were available at GWC's sites in Roseville and Auburn, as well as in community settings, including the member's home. This collaboration obtained excellent results by delivering multidisciplinary, comprehensive, planned, and coordinated services to a complex, high-risk population.

Major Findings: Accomplishments and Challenges

The ACTion Team began delivering services in February 2018, was implemented as intended, and successfully accomplished each of the stated goals of the grant:

1. Goal 1: To divert Young Adults (YA) who have been arrested for non-serious, nonviolent crimes from jail to SUD or MH treatment programs.
2. Goal 2: To reduce homelessness of YA arrested for or convicted of non-serious, nonviolent crimes.
3. Goal 3: To reduce recidivism of YA who are arrested for or convicted of non-serious, nonviolent crimes.

By the program's end date of December 31, 2020, a total of 105 unduplicated individuals had been enrolled in the ACTion Team program. *NOTE: Five (5) of these individuals were enrolled in the program for less than two (2) months; since these individuals did not fully engage in services, they are excluded from the analysis in this report.*

Through the multidisciplinary collaboration of the ACTion Team, all members received a range of coordinated and integrated services, tailored to the needs of each member in the program. All 100 (100%) of these young adult members received SUD and/or MH services and support while in the program to address their multiple and varied needs. There were 54 members of the 100 total members (54%) who received Outpatient MH services and 76 members (76%) who received Outpatient SUD services. There were 42 members (42%) who received both Outpatient MH and SUD services. GWC also quickly and efficiently connected 39 members (39%) to SUD residential treatment, when members needed this higher level of treatment. In addition, Peer and

Family Advocates at GWC offered an array of services and supports to engage members in services and helped achieve each member's goals.

The ACTION Team achieved excellent outcomes. Of the 80 members who received Outpatient SUD and/or SUD residential treatment, 34 members (42.5%) maintained substance-use-free living. Although the target population served by the ACTION Team traditionally has a high risk of recidivism, only 10 of the 100 ACTION Team members (10%) have been convicted of a new felony or misdemeanor since enrolling in the program. This data clearly demonstrates the positive outcomes achieved for the young adults served by the ACTION Team. The program met, and exceeded, its identified goals.

The COVID-19 pandemic created the most significant barrier to services, during the final year of the Cohort 1 ACTION Team program. While the ongoing pandemic presented new and unexpected challenges in the implementation of the 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 were taken regarding admitting new members, as well as delivering services to ongoing members. Strategies included increased telehealth services and expanding the use of Lyft, to ensure members were able to attend needed services and appointments. Services were also enhanced to provide additional support for persons with increased symptoms that resulted from extended isolation, prolonged shelter-in-place, and an inability to visit with family and friends.

Throughout the implementation of the ACTION Team program, helping members find stable, affordable living was particularly challenging. Placer County has a vacancy rate of less than 1%. Finding housing was especially difficult for persons who have felony convictions, and the COVID-19 pandemic further reduced the amount of available housing in Placer County. To find housing for as many members as possible, the ACTION Team communicated with local landlords, encouraging their willingness to rent to the members, who tend to have more difficulty in being accepted as tenants. The ACTION Team reached out to organizational providers in the community, including the Advocates for Mentally Ill Housing, Inc. (AMI Housing, Inc.) program, to help identify independent living situations that support members to successfully move into safe and stable housing.

In addition to meeting the stated goals of the grant and documenting positive outcomes, the ACTION Team experienced unexpected outcomes and accomplishments. The enhanced ACTION Team collaboration and coordination provided an important structure and served as a role model for helping recreate family connections; rebuild trust; and re-establish relationships. By supporting the ACTION Team member to learn they can trust the ACTION Team and receive a consistent and coordinated response to help manage their behaviors and achieve their goals, the families also learned how to create a safe and trusting home. Another unexpected outcome of the ACTION Team was to support some members to regain custody of their children.

Conclusions and Lessons Learned

The individuals served by the ACTION Team had complex issues and needed a full array of services, supports, team collaboration, and coordination of activities to help each member

achieve their goals. The most important lesson learned was the critical role of the daily teamwork and collaboration across all partner agencies working in unison together. Probation had a key role as an equal team partner on the team, participating in all of the meetings and providing a critical perspective and function to the effectiveness and outcomes of services. The contract with Granite Wellness Centers, a Behavioral Health organizational provider, to lead the ACTION Team and deliver comprehensive services to all of the members on the ACTION Team. This included providing all levels of SUD and MH services and treatment, as well as ensuring immediate access to SUD residential treatment, which is not readily available in northern and rural California counties. The Peer and Family Advocates also had a critical role on the team by providing daily support to members and embracing a “whatever it takes” philosophy to help them learn how to accomplish their goals. Every person on the ACTION Team was a critical member in sustaining the positive outcomes and continual support of the members.

The ACTION Team also learned to recognize the proper time to help members graduate from the program and utilize natural supports in the community. The ACTION Team’s role was to provide comprehensive, multidisciplinary services and SUD and MH treatment to teach needed skills in managing behaviors. To help members graduate, the ACTION Team also supported the development of a social support network, either reestablishing relationships with family, or other positive support persons in the community, to create lasting outcomes.

The ACTION Team continually strove to deliver culturally responsive and proficient services. To support the goal of expanding the number of members who identify as African American/Black, American Indian/Alaska Native, and/or Hispanic, the ACTION Team hired a Spanish-English bilingual, bicultural advocate and an African American/Black advocate. This helped to facilitate enrollment and retention of Hispanic and/or Spanish-speaking members, as well as African American/Black members in the program.

B. Project Description and Goals

1. Project Description

Cohort 1 of the Placer County ACTION Team was a multidisciplinary team that offered an array of services and resources, including SUD and MH treatment services to promote health and well-being, and to reduce criminal recidivism in justice-involved young adults (ages 18-32), with histories of SUD or MH issues. The ACTION Team was a collaboration between GWC, Placer County PD and Placer County HHS. Services were available at GWC’s sites in Roseville and Auburn, as well as in community settings including the participant’s home.

Referral to ACTION Team began with the PD manager and staff reviewing potential individuals who were ready for release, or released from jail, who were between the ages of 18 and 32 years. Each individual’s criminal history was reviewed and the Juvenile Assessment and Intervention System (JAIS) or the Correctional Assessment and Intervention System (CAIS) was used to assess risk and needs and identify a supervision strategy and service needs associated with criminal conduct. The Probation Manager determined if the individual met the ACTION Team

target population criteria. Those meeting the criteria were referred to ACTION Team and scheduled for a Family Mapping meeting and comprehensive assessment.

During the Family Mapping, the individual identified who they considered as their “family” as well as other natural and community supports. In addition, 19 domains, based on the JAIS/CAIS and Wraparound, were reviewed and discussed, and areas of needs were identified and prioritized, according to the member’s wishes.

Following the Family Mapping, the ACTION Team clinician completed a comprehensive assessment of SUD and MH symptoms to identify treatment needs. With the needs identified, a unified case plan was developed with the member and the ACTION Team and used to design their treatment and service goals. If residential SUD treatment was indicated, ACTION Team staff obtained authorization for services from GWC or another SUD organizational provider. All other members were linked to Outpatient SUD and/or MH treatment services and supports to help them meet their goals, including, but not limited to reduced substance use; improved mental health symptoms; reduced interactions with law enforcement; safe and stable housing; training and/or education; employment; and positive social connections.

The ACTION Team included Peer and Family Advocates who were integrated into all components of services. ACTION Team staff met weekly to discuss new referrals, ongoing members, and persons who were nearing graduation, to coordinate services, identify needs, and celebrate successes. This coordinated, multidisciplinary, cohesive team model created a consistent safety net to help members meet their goals. This trust and consistency was invaluable in supporting members in their recovery. One ACTION Team member noted that ACTION Team staff, especially the Probation Officers (PO), served as a “pillar of accountability” in their lives.

The ACTION Team used a harm-reduction model that was trauma-informed, met the member’s holistic needs, and delivered in the community. The POs supported positive behavior change, expected and modeled accountability, and ensured compliance with court orders. The SUD and MH counselors delivered treatment, individually and in groups. Advocates provided case management and supportive services, provided transportation to appointments, worked with the families, and linked members to other services. Advocates had lived experience and provided a model that helped members see that it is possible to make positive changes and to succeed.

One of the key strengths of the ACTION Team was their ability to break down systemic barriers to help members access treatment and services. In many other service delivery systems, one agency refers an individual to another service agency, to help the individual meet their goals. Once a referral is made, there is often very little communication between the two agencies, to determine if the individual actually followed through on the referral. It is the individual’s responsibility to navigate the system and find the “right door” to access services.

The ACTION Team addressed these systemic barriers in the referral process to ensure that members were able to access the services that they needed. The ACTION Team coordinated with the member when making the referral, discussed the referral with the ACTION Team partner agencies during the weekly meeting, and immediately addressed any identified barriers to accessing the service.

ACTion Team staff actively assisted members to connect with each referral by providing support to the member to ensure that the member received needed services from the referred provider. This support included communicating with the individual about the referral, resolving any barriers to accessing the services, and monitoring the member's progress. The ACTion Team also held everyone accountable, members and ACTion Team staff alike, for making sure that the member was able to access the service successfully. The weekly meetings provided a forum for ACTion Team staff to discuss each member's progress and identify any barriers and/or needs for new referrals. The ACTion Team created "one door" for the member to access all services.

Another key factor in the effectiveness of the ACTion Team was the strong collaboration of the team, in working together to know each member, and engaging the member to be an active participant. SUD and MH counselors were embedded within PD and developed processes to ensure that crucial information about the member and their needs were shared in a timely manner between the member's support team, allowing their teammates to make informed decisions about the member's treatment and services. This collaboration and integration of services worked at all levels to serve the member holistically, creating a safety net for the member, family, and ACTion Team, while holding each person accountable. One ACTion Team member noted, "*ACTion Team never let me down, not even once.*"

GWC offered a full array of SUD services, including SUD counseling, intensive outpatient treatment, withdrawal management (detox), and residential SUD treatment. ACTion Team members were referred to the appropriate level of treatment. The ACTion Team also offered MH treatment for the member and their family, with referrals to other providers, as appropriate. The ACTion Team worked closely with the System of Care (SOC) to support the needs of high-risk juveniles and adults with a serious mental illness who may need psychiatric medications. ACTion Team worked with the Diversion Courts to help members meet the court requirements.

The Placer Re-Entry Program (PREP) Center was also a valuable resource to the ACTion Team. PREP provides individuals with one-on-one and group-level services to help prepare individuals for employment and provide job skills to help them achieve employment. There were 16 ACTion Team members who received employment assistance through PREP.

Incentives were also available through "flex funding" to support wellness and recovery, and were used to help members meet goals, reinforce positive progress, and promote healthy activities. This strategy also included flex funds for housing support and funds for first and last month rent, security deposit, and/or basic furnishings; support for additional treatment needs; and coverage of other one-time expenses.

Through these services, the ACTion Team helped promote communication skills and healthy life choices. One ACTion Team member said, "*I was in a dark place. ACTion Team changed my life: I am now sober, going to school, and have a job. Now, everything is possible.*"

2. Project Goals and Objectives

The following project goals and objectives were originally stated in the grant proposal, and reflect the project's proposed activities and anticipated outcomes:

1. Goal 1: Transition young adults who have been arrested for non-serious, nonviolent crimes from jail and deliver SUD and/or MH treatment.
 - a. Increase identification and assessment of arrested young adults with SUD and/or MH issues;
 - b. Increase the number of young adults who receive and complete SUD and/or MH treatment and avoid relapse;
 - c. Coordinate collaborative diversion services with PD and Diversion Courts to increase use of treatment services and remain arrest free; and
 - d. Link young adults to community support groups to achieve and sustain positive outcomes.

2. Goal 2: Reduce homelessness of young adults arrested for or convicted of non-serious, nonviolent crimes.
 - a. Increase the number and percent of young adults who are living in stable housing;
 - b. Deliver supportive housing services to increase the number and percent of young adults living independently; and
 - c. Work collaboratively with family members to create a stable living environment.

3. Goal 3: Reduce recidivism of young adults who are arrested for or convicted of non-serious, nonviolent crimes.
 - a. Increase the number of young adults who attend and complete vocational/educational activities;
 - b. Increase the number of employed young adults;
 - c. Teach healthy communication skills; and
 - d. Deliver support services to members and families.

C. Research Design

1. Process Evaluation

As proposed, the ACTION Team's role was to provide comprehensive, multidisciplinary services and SUD and MH treatment to teach needed skills in managing behaviors. The ACTION Team successfully delivered an array of services to members, in addition to utilizing other resources in the community. Members received SUD and MH services to help them improve functioning. Diversion courts were utilized, when appropriate, to support the member and family to meet their goals. Housing needs were identified and addressed to help members move into safe and stable housing. The Probation Officer provided supervision, clear boundaries, and structured consequences to support each member to make positive choices.

The ACTion Team's comprehensive services also created a safety net by having the philosophy of "never giving up" on members. If a member did not attend services, made poor choices, or dropped out of services for a period of time, the ACTion Team was always willing to welcome the person back into services and support them to continue achieving their treatment goals. This approach created trust and stability for members, which some had never experienced in their own personal lives, or from their families.

The exemplary outcomes achieved by the ACTion Team were the result of the daily communication, planning, and collaboration between all three agencies involved in delivering services. The PD played a key role in the success of the program by providing both positive structural and clear expectations for each member, while also utilizing consequences such as flash incarcerations, when needed, to help members make positive choices toward achieving their goals. GWC, as the lead contract MH organizational provider, was able to offer a full range of SUD and MH treatment services to meet the immediate needs of each member. Placer County HHS and MH also played a critical role in supporting the ACTion Team and providing services to members with more complex MH treatment needs as well as managing the fiscal component and oversight of the grant.

The Peer Mentors and Family Advocates were critical members of the ACTion Team staff. These teammates worked closely with each member, supporting them in a multitude of ways to ensure the member met their goals. They created a positive, supportive culture that promoted health, wellness, recovery, and resilience for both the member and family support persons to promote positive outcomes and positive choices. This included supporting the member to learn how to develop core activities of daily living, providing transportation to ensure the member was able to keep appointments, and helping rebuild relationships with the family.

The availability of flex funds helped each member to achieve their individual goals, which was a key factor in supporting members in rebuilding their lives. Several of the members required extensive dental work and/or dentures, and once completed, each member had the self-confidence and improved self-esteem to gain employment. Others had the confidence to go to community college or a training program, such as PREP. Flex funds were also used to help support members to secure an apartment, by helping to pay first month's rent and security deposit, as well as purchase basic household supplies (e.g., linens, kitchen supplies) and other essential items. Several members successfully got their driver's license, which helped them more easily keep appointments and/or jobs.

The process variables used to evaluate the ACTion Team program included: a) Annual number of young adults enrolled in ACTion Team who met the target population criteria, with a priority to enroll individuals who were underserved (i.e., Black, Hispanic, and/or Native American individuals); b) Number of SUD and MH services treatment hours delivered annually; and c) Number of young adults participating in vocational training.

2. Outcome Evaluation

Outcome variables measured for this program include:

- a) Number and percent of members living in a stable housing situation
- b) Number and percent of members with improved SUD and MH indicators
- c) Number and percent of members who avoided relapse
- d) Number and percent of members employed and/or in school
- e) Number and percent of members with reduced number of convictions, and/or reduced days in jail
- f) Number and percent of members who remained arrest-free

A quasi-experimental (pre-post evaluation) research design was utilized to compare outcome indicators at baseline and periodically throughout enrollment in the ACTION Team. Quantitative data for the evaluation activities utilized Electronic Health Record (EHR) data from HHS and the PD, as well as data collected by the ACTION Team staff. The evaluation activities met or exceeded the state performance measurement requirements. In addition, local evaluation activities were conducted throughout the grant period by I.D.E.A. Consulting. Data was evaluated to identify differences in access, service utilization, and outcomes, to determine whether The ACTION Team services are effective at promoting community health and safety. The ACTION Team adhered to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

The ACTION Team model encompassed both 1) the composition of the multidisciplinary team, and 2) the collaboration and coordination of the ACTION Team regarding daily activities and services delivered to members, based upon the individualized assessment and case plan. The project intervention was comprised of the comprehensive, collaborative activities of the ACTION Team to support each member to achieve their goals. Therefore, it is not possible to separate out the effects of each intervention, because it was the total, interchangeable, coordinated activities of a multidisciplinary team that created the positive outcomes.

Individuals were considered eligible to participate in the ACTION Team program if they met all of the following criteria:

- a) Were ages 18-32 years at the time of enrollment
- b) Had a history of SUD and/or MH issues
- c) Had a history of criminal justice involvement
- d) Resided in Placer County

Members were recommended for graduation (successful program completion) when they showed stability in SUD and/or MH symptoms, living in stable housing, and met employment and/or education goals. Members were allowed to remain enrolled in the program for as long as needed to achieve their goals, up to the three (3) year length of the grant. The average length of stay in the program, across all members, was 9.6 months.

A comprehensive data collection was designed by the Evaluator (I.D.E.A. Consulting) and GWC staff; and was updated and enhanced with additional data by the ACTION Team, to collect all of

the relevant and detailed activities of each staff person on behalf of each member. Data was analyzed to evaluate demographics of each member served, the types of services delivered, and key outcomes. In addition, specific key life events were collected, such as graduation from Drug Court; obtaining a driver's license; receiving dental work; reunification with a child; etc.

Outcomes were analyzed for all members who remained in the ACTion Team program for two (2) months or longer, including those who did not successfully complete the program. Individuals who were enrolled in the program for less than two (2) months were excluded from the analysis in this report, since these individuals did not fully engage in services.

Members who were in the program for two (2) months or longer, but who did not complete all four phases of treatment, were included in the results of the project. Many of the individuals still achieved excellent outcomes, but left the program early to become employed, go back to school, or to move out of the county. All 100 members who were fully engaged in services were included in the analysis and results of this project.

Due to the unique nature of The ACTion Team program, and the quasi-experimental research design used to evaluate this program, no specific comparison group was established for this program. The evaluation team was able to obtain broad recidivism rates of probationers under supervision in Placer County's PD. However, the usefulness of comparing the PD group with the ACTion Team's group was limited and not a relevant or comparable comparison, as the PD population was likely to experience different outcomes compared to the ACTion Team's target population of justice-involved young adults with histories of SUD and/or MH issues. In addition, the PD only had access to probationers' information while they were actively on probation in Placer County, so their data is based on a subset of overall individuals served.

D. Data Collection

Data provided the foundation for evaluating the services and outcomes of the ACTion Team. All staff were trained to collect data using the evaluation forms developed by the evaluator, I.D.E.A. Consulting, in collaboration with staff from GW and BH, for the ACTion Team. This training provided guidance on using the SUD and MH assessment tools; identifying potential members who met the target population criteria; and ensuring timely access to the program. In addition, staff were trained in the identified Evidence-Based Practices (EBPs) to create core skills for providing wellness, recovery, and strength-based services.

The ACTion Team, the Local Advisory Committee (LAC), and the evaluation process monitored service activities to ensure the EBPs were implemented with fidelity to the model. Monitoring program fidelity began by selecting programs that met the needs of the ACTion Team members and by training ACTion Team staff to implement services effectively. Evaluation activities identified positive outcomes as well as opportunities to share successes, and modify programs, to best meet the needs of the member and families. A Quality Improvement process was used, including the Plan-Do-Study-Act (PDSA) model, to modify programs as needed. In addition, periodic feedback from the members and family was utilized to identify effective processes, as well as opportunities to strengthen services.

Probation initially collected data using the JAIS or CAIS to document probation information. Upon enrollment, the ACTion Team utilized this information and completed a clinical MH and SUD assessment to identify needs of the young adults and family to provide baseline data. Information from the Family Mapping was also critical to planning services. Data on key outcome measures were collected at intake, throughout the program, and at discharge. HIPAA and 42 CFR standards were followed. Data collection tools developed for this project were used to evaluate the success of ACTion Team and to meet grant reporting requirements.

Member outcomes were tracked throughout the project through staff completion of data collection forms. Members were referred to the program upon review of a completed ACTion Team Referral Application form, which included questions regarding the potential member's demographic information (including race/ethnicity and housing status); SUD and MH history; and reasons the potential member wanted to be admitted. If admitted to the program, staff completed an Admit form for each member, which contained more detailed demographic questions and recommendations regarding which of the four (4) treatment phases was determined to be the most appropriate for the member to begin the program. Most began at Phase I.

Throughout services, staff completed an Individual Services Tracking form for each member, for each day of service. This form collected 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 provided ongoing information on all services and events for each member and provided the foundation for the evaluation activities and outcomes.

Upon completion of the program, staff completed a Service Completion form for each member, which included questions regarding reason for ending services, current housing situation, employment status, and current SUD and MH status. Staff submitted data collection materials monthly to the evaluation team (I.D.E.A. Consulting) for analysis and data quality checks. The evaluation team provided monthly feedback to staff to maintain quality of data collection.

Data reports were distributed to ACTion Team, HHS and PD managers, Community Corrections Partnership Advisory Committee (CCP), Campaign for Community Wellness (CCW), LAC, and participating entities. In addition, outcome data was used to inform ACTion Team, Behavioral Health and Probation managers, CCP, LAC, CCW, and participating entities about the need to develop, coordinate, and modify services to improve individual and system-level outcomes.

E. Results and Conclusions

1. Data, Outcome Measures, and Results

a. Number of enrolled members

The Placer County Action Team enrolled its first member in February 2018, and by the end of the program on December 31, 2020, enrolled a total of 105 unduplicated individuals. The ACTion Team utilized the one-year extension to help achieve the goals of the project.

Of the 105 persons served, five (5) were enrolled in the program for less than two (2) months; since these individuals did not fully engage in services, they were excluded from the following analysis in this report.

The ACTion Team defines “total unduplicated individuals” as the number of unique individuals who were enrolled in the ACTion Team since the start of the program, regardless of the number of times an individual entered, left, and re-entered the program.

b. Member demographics

Of the 100 total members who were enrolled in the program for more than two (2) months, 74 members (74%) identify as Caucasian/White; 18 members (18%) identified as Hispanic, Latino, or Spanish; four (4) members (4%) identified as American Indian/Alaska Native; one (1) member (1%) identified as African American/Black; and one (1) member (1%) identified as More Than One Race. There were two (2) members (2%) who did not indicate their race/ethnicity. Of the 100 total members, three (3%) speak Spanish as their primary language. There were 65 members (65%) who identified as male; 34 (34%) who identified as female; and one (1) who identified as another gender identity.

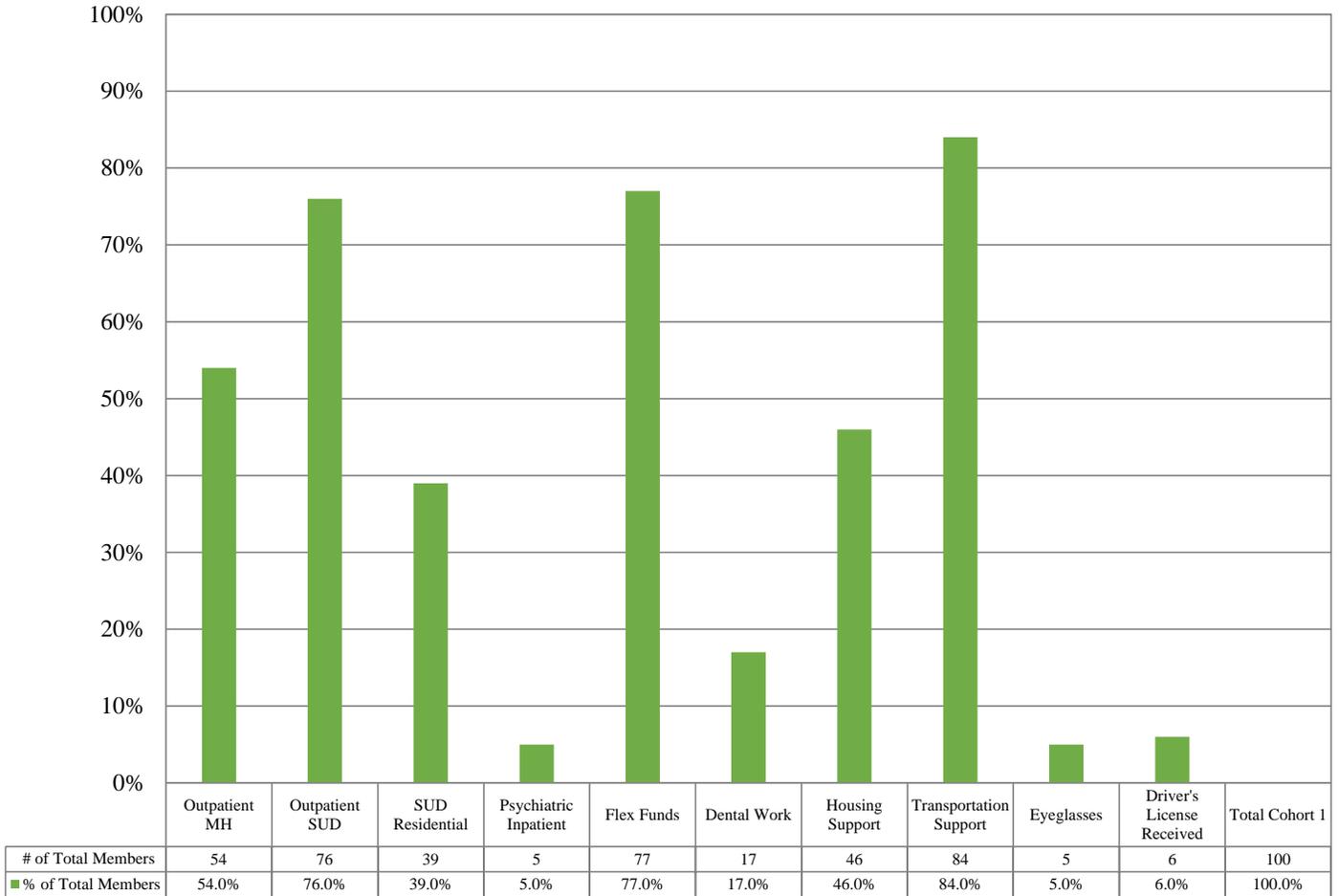
c. Types and number of services and supports received

All 100 members (100%) received SUD and/or MH services and supports. Figure 1 shows that 54 members (54%) received outpatient MH services, and 76 members (76%) received outpatient SUD services. There were 42 members (42%) who received both outpatient SUD and MH treatment while enrolled in the ACTion Team. In addition, 39 members (39%) were placed into residential SUD treatment. Of those 39 members placed in residential treatment, 13 (33.3%) successfully completed residential treatment. The remaining 26 (66.6%) left the residential program prior to successful completion of all of the program phases.

The ACTion Team served a population of young adults, ages 17-32, with multiple, complex needs. In addition to specifically supporting the members’ SUD and/or MH needs, members were supported in several other ways to achieve their goals. Several of the members had erosion or complete loss of some of their teeth as a result of past drug use. The ACTion Team supported 17 members (17%) to access dental work. This helped the members feel more confident in social situations, be more self-assured, and felt confident to apply for jobs and obtain

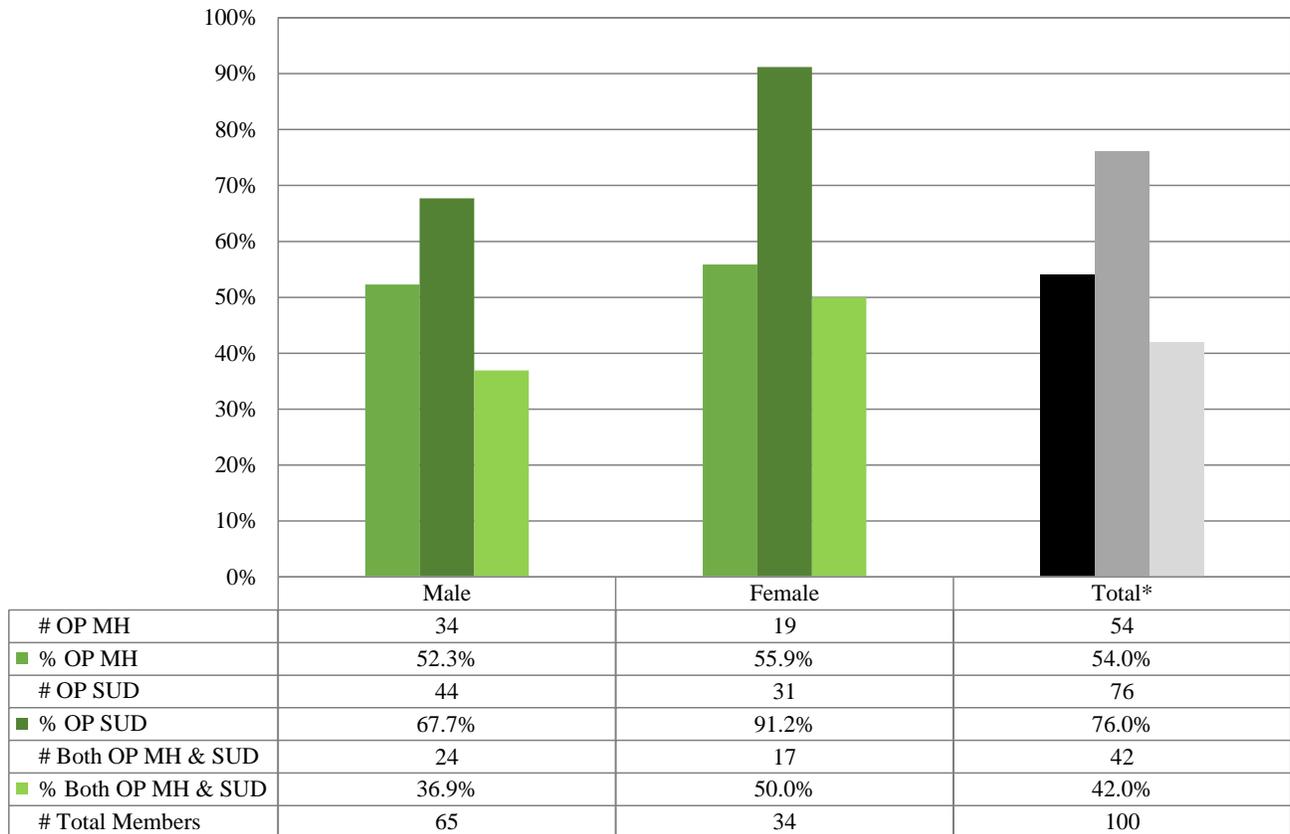
employment. Transportation support was provided to 84 members (84%), five (5) members (5%) were helped to receive eyeglasses, and six (6) members (6%) received their driver’s license with the support of the ACTION Team.

Figure 1
Number and Percent of Members, by Services and Support Received



Through the multidisciplinary collaboration of the ACTION Team, all members received a range of coordinated and integrated services, tailored to the needs of each member in the program. All 100 (100%) of these young adult members received SUD and/or MH services and support while in the program to address their multiple and varied needs. Figure 2 shows that there were 54 members of the 100 total members (54%) who received Outpatient MH services and 76 members (76%) received Outpatient SUD services. There were 42 members (42%) who received both Outpatient MH and SUD services. GWC also quickly and efficiently connected 39 members (39%) to SUD residential treatment, when members needed this higher level of treatment. In addition, Peer and Family Advocates at GWC offered an array of services and supports to engage members in services and help achieve each member’s goals.

Figure 2
Number and Percent of Members who Received Outpatient Mental Health and/or Outpatient Substance Use Services, by Gender



* One (1) member is not reported due to confidentiality.

d. Program outcomes

The success of this program is evident in the outcomes achieved by the members, as illustrated in Figures 3 and 4, below.

As shown in Figure 3, by the end of the ACTion Team Cohort 1 program, 76 members (76%) had a high school diploma or equivalent; 16 members (16%) were enrolled in the Placer Re-Entry Program (PREP) program, an effective employment preparation program; 55 members (55%) have gained and/or maintained employment; and 63 of the 100 total members (63%) have maintained and/or achieved stable housing.

At enrollment into the ACTion Team, 43 members out of the total 100 (43%) were homeless; 16 members (16%) were at risk of homelessness or in another type of living situation; and 41 (41%) had a stable living situation (such as living in a house, apartment, or trailer, or living with family). At the end of the ACTion Team program, 63 members (63%) were in a stable living situation, 21 members were homeless (21%), seven (7) were incarcerated (7%), five (5) were in Residential Treatment (5%), two (2) were in Transitional Housing (2%), and data was not available for the remaining two (2) members.

By the end of the program, of the 100 total members served, only 10 members (10%) were convicted of new charges. The ACTion Team population is at high risk of recidivism and the majority of members, 90 (90%), have not recidivated. This data clearly demonstrates the positive outcomes achieved by the ACTion Team. The ultimate goal of the ACTion Team and Proposition 47 is to reduce recidivism and the number of people who have new convictions. The ACTion Team has had exemplary success in achieving this goal.

Figure 3
Number and Percent of Members, by Outcomes Achieved

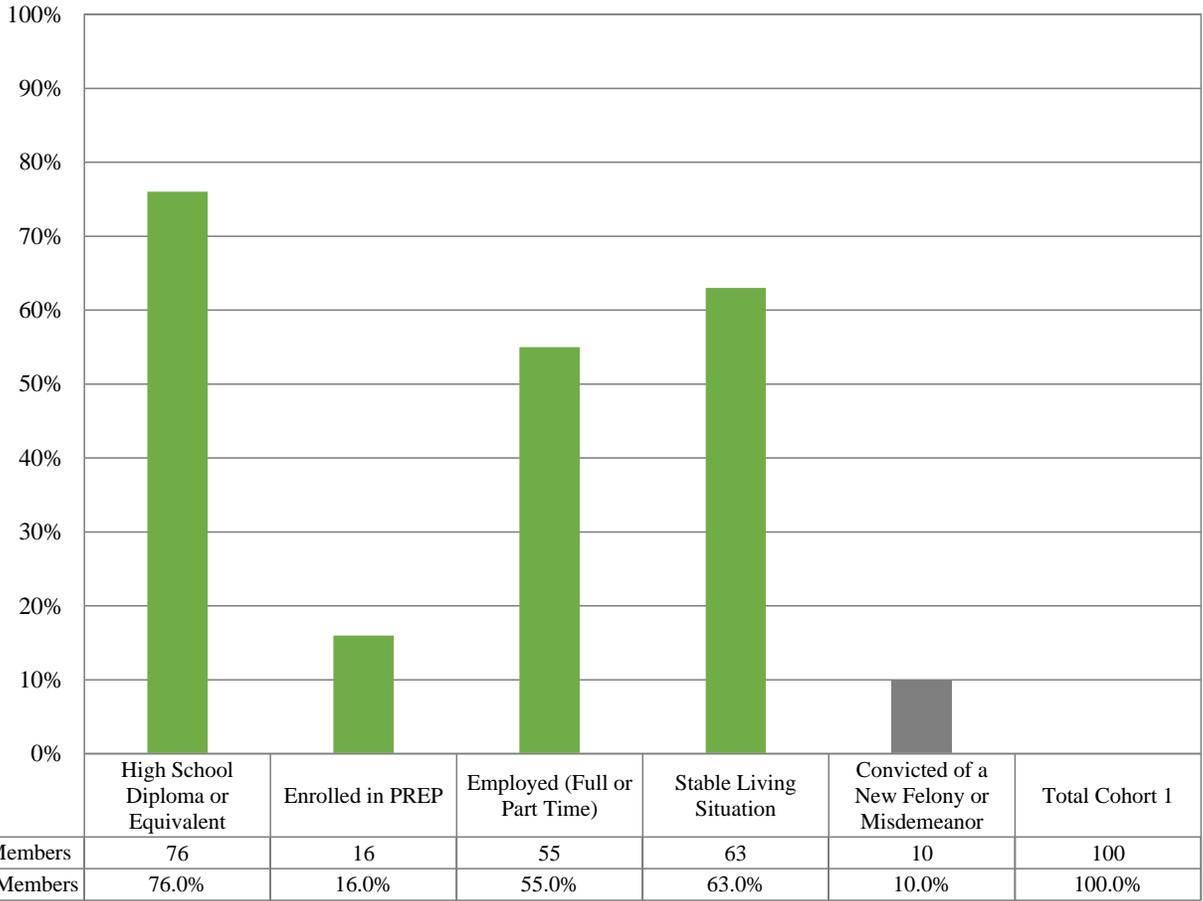
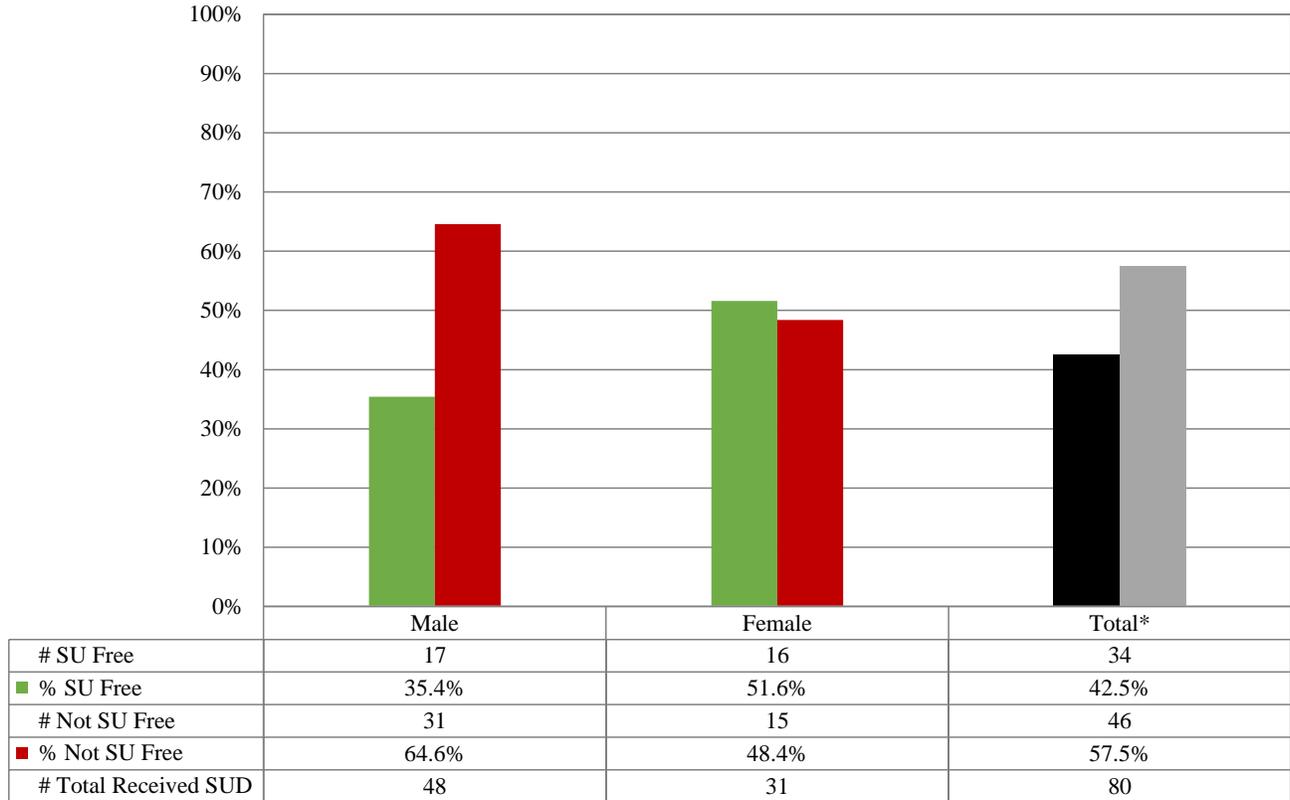


Figure 4 shows that 34 members maintained substance-use-free living out of the 80 members (42.5%) who received Outpatient SUD and/or SUD residential treatment. There were more females (51.6%) that maintained substance use free living compared to males (35.4%).

Figure 4
Number and Percent of Members who Received any SUD Service and Maintained Substance Use Free Living, by Gender



* One (1) member is not reported due to confidentiality.

e. Program graduates

Members moved through Phases 1 through 4 while enrolled in the program. Most members began in the engagement stage at Phase 1, working closely with staff to develop a case plan, identify goals, and utilize the resources available to them. As members became stable with managing their SUD and/or MH symptoms, housing situation, and/or employment/education, they progressed through the Phases. The ACTION Team met weekly to discuss members’ progress through the program to ensure members’ successful progress towards their goals. Members were recommended for graduation (successful program completion) when they showed stability in SUD and/or MH symptoms, living in stable housing, and met employment and/or education goals.

Of the 100 total members, 45 members (45%) graduated from the program. This number of successful graduates clearly demonstrates the positive outcomes achieved for the high-risk young adults served by the ACTION Team.

It is important to note that many of the 55 members who did not “officially” graduate from the program also achieved many important goals in their recovery, and experienced improvement in their living situation, employment, and reduced substance use and/or MH symptoms. For example, some members left the ACTion Team before formal graduation because they found full-time employment and/or met their personal goals.

2. Conclusions

The ACTion Team was extremely successful across the three years of the project and clearly achieved the goals of the grant. Of the 100 ACTion Team members served, only 10 (10%) were convicted of a new felony or misdemeanor. These are exceptional results for this very high-risk population served by the ACTion Team. The ACTion Team served young adults, ages 18-32 years, with a history of SUD and/or MH symptoms, who traditionally are at high-risk for recidivism. By delivering multidisciplinary, comprehensive, planned, and coordinated services; and utilizing a team comprised of Probation Officers, Substance Use Counselors, Mental Health Clinicians, and Peer and Family Advocates, ACTion Team members learned how to make positive life choices, reduce substance use, manage MH symptoms, and create a healthy social support system.

A broad array of services was delivered to the ACTion Team members. Each member received a number of different treatment and supportive services. Services included Outpatient MH treatment (54%) and Outpatient SUD treatment (76%). Across all members, 42% received both MH and SUD treatment. Thirty-nine (39%) received SUD residential treatment and five (5%) were hospitalized in a psychiatric inpatient facility. In addition, across all ACTion Team members, 77% received supportive flex funds; 17% received dental work; 46% housing support; 84% transportation to appointments; 5% eyeglasses; and 6% a driver’s license.

These multidisciplinary, comprehensive, planned, and coordinated services supported the ACTion Team members to manage their complex problems, develop healthy life skills, and create positive social support systems. Many were able to reunite with their family members and children.

ACTion Team members achieved positive outcomes when they finished the program: 76% had a high school diploma or equivalent; 55% were employed; and 63% had a safe and stable living situation. Substance use was the most difficult outcome to achieve and sustain over time. Eighty (80%) of the ACTion Team members received SUD services, including 48 males and 31 females (one member is not reported to ensure confidentiality). Of the 48 males, 35.4% (17) remained substance-use-free. Of the 31 females, 51.6% (16) remained substance-use-free.

The ACTion utilized four (4) phases, to support members to successfully graduate. There were 45% members that graduated from the program. There were many more members who received these intensive services but chose to leave the program before graduating, in order to obtain full-time employment, attend a training program or community college, and/or care for a child or children that were returned to their custody.

The ultimate outcome of the ACTion Team and Proposition 47 is to reduce recidivism and the number of people who have new convictions. This is reflected in the exemplary work of the ACTion Team as reflected in the low recidivism rate with only 10 members receiving new convictions. The strong outcomes can be achieved by other counties, by implementing this multi-disciplinary team model utilizing coordinated, comprehensive, and planned services.

F. Logic Model

Placer County Prop 47 ACTION Team – 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 HHSA, Probation, Behavioral Health, Peer and Family Advocates; education, housing, courts, jail, and community providers; 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; SUD and MH Medical revenue • Local Community Partners • Research 	<ul style="list-style-type: none"> • GW delivers coordinated, culturally competent evidence-based services in collaboration with Probation, Behavioral Health, and housing organizations • Probation and AT conducts comprehensive risk and needs assessment and develops an Integrated Case Plan • AT delivers services using principles of restorative justice to reduce recidivism • Identify, refer, and enroll persons (ages 18-32) who have been arrested, charged, or convicted of an offense AND have SUD or MH issues • Coordinated and collaborative services which are client-centered and trauma-informed, including SUD and MH treatment, housing, employment, transportation, and flex funds • Utilize collaborative courts to support program goals • Utilize Peer Mentor and Family Advocates to support young adults and family members • Utilize bilingual, bicultural staff to increase access and retention • 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>Young Adult Outcomes</u></p> <ul style="list-style-type: none"> • Employed and/or in school • Reduced number of arrests • Reduced number of days in jail • Reduced recidivism • Reduced SUD symptoms • Reduced MH symptoms • Living in safe and stable housing • Involved in healthy social activities • Improved health, SUD, and MH 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, SUD, MH, services, housing assistance, job skills and employment, civil legal services to reduce recidivism • Implementation of culturally competent, trauma-informed wellness and recovery • Delivery of engagement activities, timely access to services; development of positive social community for young adults and family • Coordinated and individualized MH and SUD treatment; housing coordination; flex funds; employment; transportation • Evaluation of key health, SUD, and MH indicators, arrests, and recidivism • Shared reports to improve services over time, including member and family satisfaction with access, services, and outcomes 	<ul style="list-style-type: none"> • Persons (ages 18-32) who have been arrested, charged with, or convicted of a criminal offense AND who have SUD and/or MH issues; have increased access to intensive, coordinated, collaborative, and individualized AT services to successfully redirect their lives, engage in a healthy social community, and achieve positive outcomes • A vibrant learning collaborative is developed and maintained • Integrated services offer seamless, coordinated care • Evaluation and shared data across SUD and MH, and Probation to demonstrate improved quality and integration of care

Placer County Prop 47 ACTion Team – Grantee Highlight

Project Summary

The Placer County ACTion Team Cohort 1 was a multidisciplinary team that offered 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 young adults (ages 18-32), with histories of SUD and/or MH issues. The ACTion Team was a collaboration between the Health and Human Services, Probation Department, and Granite Wellness Centers (GWC) an SUD organizational Provider. Services were available at GWC's sites and in community settings, including the member's home. This collaboration obtained excellent results by delivering multidisciplinary, comprehensive, planned, and coordinated services to a complex, high-risk population. Through the multidisciplinary collaboration of the ACTion Team, all 100 members received a variety of coordinated and integrated services, tailored to meet the needs of each member in the program. All of the members received SUD and/or MH services. There were 54 members that received Outpatient MH services and 76 members that received Outpatient SUD services. GWC also quickly connected 39 members to SUD residential treatment, when this higher level of treatment was needed. In addition, GWC Peer and Family Advocates offered an array of services and supports to engage members in services and helped achieve each member's goals.

The ACTion Team achieved excellent outcomes. Of the 80 members who received SUD treatment, 34 members (43%) remained substance use free. In addition, of all 100 members, 76% had a high school diploma or equivalent; 55% gained and/or maintained employment; and 63% maintained and/or achieved stable housing. Although the target population served by the ACTion Team traditionally has a high risk of recidivism, only 10% of the ACTion Team members have been convicted of a new felony or misdemeanor. This data clearly demonstrates the positive outcomes achieved for the young adults served by the ACTion Team. The program met, and exceeded, its identified goals.

ACTion Team Member Success Story

This member had been involved with Placer County Probation since they were a juvenile, making "really bad choices" and being incarcerated almost every month. This impacted their work and home life. Once enrolled in the ACTion Team, the member was supported throughout the program, and each of the ACTion Team staff provided frequent collaboration, encouragement, and assistance. The member's Peer Advocates, Counselor, and Probation Officer worked together in providing treatment and supportive services which included support meeting court requirements; transportation to appointments; arranging childcare; and frequently checking in to encourage the member to achieve their goals.

As a result of this positive support, the member was able to complete Outpatient SUD services; rebuild trust with family members; reach personal goals; and set healthy relationship boundaries. Upon ACTion Team graduation, the member reported that they were working full time; getting their driver's license; and enrolling in college courses. In a letter after their graduation, the member wrote, "I am excited to start my life again in a more healthy and efficient way. Thanks to the ACTion Team and Probation for guiding me."