

Bridget Degnan: Good afternoon. Thank you for joining today's Focusing on Reentry Housing and Family Engagement and Collaborative Comprehensive Case Plans webinar. I am Bridget Degnan, senior policy analyst at the Council of State Government's Justice Center. I will be moderating today's webinar, which is hosted by the US Department of Justice, Bureau of Justice Assistance. This session is being recorded. By joining this meeting, you automatically consent to being recorded. To give you a sense of our agenda today, first we will introduce our presenters, followed by a brief overview of the Office of Justice Programs, BJA and the Second Chance Act. Next, we will walk through a demonstration of the collaborative comprehensive case planning tool. After introducing the tool, we will turn it over to the folks at Old Pueblo Community Services who will showcase their work with collaborative comprehensive case planning. Finally, towards the end of the webinar, we'll have some time for questions and answers.

Anytime during the webinar, you can ask a question by clicking on the Q&A button at the bottom of the screen and entering your question. This includes both technical and content related questions. We will try to reply to technical questions in the chat window as we go. For the content related questions, we will keep a running list and address them at the end of the webinar. We'll do our best to get through as many questions as possible. In addition, we are recording the webinar and we'll post it on our website by the end of the week.

To introduce our speakers today, we are joined by myself, Bridget Degnan, senior policy analyst in the Behavioral Health Division of the Council of State Governments, or CSG Justice Center, Margaret Chapman, policy advisor at the Bureau of Justice Assistance of the US Department of Justice. Alison Upton, deputy program director in the Behavioral Health Division of the CSG Justice Center. And then we are excited to be showcasing the work of two presenters from Old Pueblo Community Services. The first is Harry Joiser. Harry Joiser serves as clinical director for Old Pueblo Community Services or OPCS. In this role oversees all clinical supportive housing and veteran services and activities. Since starting with OPCS back in April of 2016, Harry has worked for serving the community for a variety of roles, including vet court therapist and clinical manager for Pima County Housing First Pilot Program. He has MA in psychology and an MS in professional counseling.

Harry is a licensed associate counselor working towards his independent licensure through the Arizona Board of Behavioral Health Examiners. Harry is a certified clinical trauma specialist individual with a passion for providing PTSD support for veterans. Prior to joining OPCS, Harry spent eight years in the United States Coast Guard. In his spare time, Harry spends time with his service dog, Princess, his girlfriend and family.

And then finally from OPCS, we also have joining us, Melanie Skillin. Melanie Skillin serves as the supportive housing manager for the Pima County Housing First or PCHF program among others. In her role as program manager, Melanie

oversees all PCHF clients in permanent supportive housing as well as other programs. Melanie has worked in the recovery field since 2015. She is a certified trauma support specialist through the Arizona Trauma Institute. SOAR certified as well as PRSS certified, Melanie brings a vast amount of lived experience to the team and is able to use this when working with clients and staff. She brings the spirit of hope and her personal motto of everything is figureoutable to every problem knowing that there is a solution. Melanie has been with Old Pueblo Community since December of 2019. Next I will turn it over to Meg Chapman to tell us more about OJP and BJA.

Margaret Chapman...: Thank you Bridget. Welcome everyone. So I am Meg Chapman, a policy advisor from the Bureau of Justice Assistance, or BJA thank you for joining this webinar, which is one of many we are hosting as part of Second Chance month. Before our presenters get started, I just wanted to spend a few minutes providing some background on BJA and the Second Chance Act. BJA is located within the Office of Justice Programs or OJP, which is part of the US Department of Justice. OJP provides a wide range of services to the criminal justice community in the form of funding, training, research and statistics. Next slide.

Under the direction of Director Moore, who was appointed by President Biden in February 2022, BJA's programmatic and policy efforts focused on providing a wide range of resources, including training and technical assistance to law enforcement, courts, corrections, treatment, reentry, justice, information sharing, and communities based partners to address chronic and emerging criminal justice challenges nationwide. BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local and tribal justice strategies to achieve safer communities. And BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism and unnecessary confinement and promote a safe and fair criminal justice system. Next slide.

BJ's activities support five major strategic areas related to improving public safety, reducing recidivism, integrating evidence-based practices, increasing program effectiveness, and ensuring organizational excellence. Next slide. And BJA does this through funding, education, provision of equipment and supporting partnerships and collaboration. Through Second Chance ACT funds BJ... Just go back to the previous slide, but we can keep it here. That's fine. Through Second Chance Act funds, BJA supports a suite of competitive grant programs available to state, local and tribal governments as well as nonprofit organizations to support the implementation and expansion or enhancement of reentry programs. Each of our Second Chance Act grantees benefit from the expertise of training and technical assistance providers who support grantees in the implementation of their grants, as well as provide training opportunities and develop resources for the field at large.

BJA also funds and supports the National Reentry Resource Center or NRRRC, which is the nation's primary source of information and guidance on reentry and

the host of Second Chance month. Please visit the NRRC to access Second Chance month resources, which includes webinars. In addition to this one, there'll be recordings going up as the month proceeds, videos, podcasts, and publications. And then please continue to visit the NRRC after April to learn about the latest reentry related news, funding opportunities, learning events and resources. Thank you for listening to me and for your time and most importantly for joining us and for this fabulous webinar. Thank you. Thanks, Bridget.

Bridget Degnan: Thank you very much, Meg. And next I'm going to give some brief background on the Council of State Governments Justice Center or CSG Justice Center for short. The CSG Justice Center is the training and technical assistance provider for SCA grantees focused on improving treatment and recovery needs for adults and youth with mental illnesses, substance use, or co-occurring disorders to facilitate their successful reintegration to communities after a prison, jail or juvenile detention sentence. The CSG Justice Center is a national nonprofit nonpartisan organization that combines the power of a membership association representing state officials in all three branches of government with the expertise of a policy and research team focused on assisting others to attain measurable results. Our staff develops research driven strategies to increase public safety and strengthen communities.

Now I'm going to turn it over to Allison, who will be giving us a walkthrough of the collaborative comprehensive case planning tool.

Allison Upton: Thanks, Bridget. Okay, I am going to, bear with me, share my screen. Oops.

Well, we're going to use this version. Can you all see it okay? Bridget, can you see it?

Bridget Degnan: We can see it. It looks great.

Allison Upton: Okay, great. Great. Thank you so much Bridget. And good afternoon everyone. It's a pleasure to be here with you all today. As Bridget mentioned, I'm going to spend some time walking us through our collaborative comprehensive case plans website. That's a long name, so you'll hear me referring to it as CC case plans for short. And we're going to highlight this tool and share some of our new content. We're really excited to relaunch this enhanced website as part of Second Chance month. So we're here on the homepage of the collaborative comprehensive case plans website. And so a little bit of brief background, this web tool was originally developed about six years ago.

And so why did we decide to develop this website? Well, I'm sure I'm not telling anyone anything new to say that case planning is an exciting, but it's a complicated process. And so we've been working with jurisdictions around the country, and even though we have resource sources available, it's an often a challenge to develop and implement case plans that assist participants in

reducing their risk for recidivating and advancing their goals for recovery. So this collaborative comprehensive CC case planning web-based tool can really help professionals better understand which people in organizations need to be part of the case plan development and how programs can actively engage participants in meaningful plans that improve their health outcomes and their chances for reentry success. So the exciting thing about this web-based tool is that both criminal justice and behavioral health professionals can use this resource to better integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health and social service systems.

So what exactly are CC case plans? And you'll see I'm going to use this toolbar here and I'll be scrolling through some of the tabs as we go through the demo. So what exactly are collaborative comprehensive case plans, CC case plans? So for the purposes of this website and our webinar today, the term case plan, service plan, reentry plan, discharge plan can all be used interchangeably here. Case plans are both collaborative and comprehensive when the agencies involved in the participant's case planning team and in the reentry and recovery processes work together with the participant with their support system throughout the case planning process so that all of the stakeholders that are involved in providing services to a participant are on the same page. The case plans are also collaborative and comprehensive when the case plan includes information from behavioral health, criminogenic risk, and psychosocial assessments, and when the goals of the case plans are balanced and effectively responding to any existing criminogenic substance use or mental health needs. So not leaving any needs behind, if that makes sense.

Now next I'm going to scroll onto the implementation tab and talk a little bit about how are these CC case plans implemented? How can this web-based tool be used? So the content on the CC case plan website really represents the ideal or the best practices for case planning that jurisdictions and agencies can strive towards. We're always working towards enhancing and improving our processes in our work. So ideally, the case planning, reentry planning process starts as early as possible pre-release and as the person might be still in custody, the planning process continues as seamlessly as possible through reentry, and the coordination continues as a participant reintegrates into the community. So the ideal here is that everyone that's providing services is on the same page with the participant services, supports and the plan that you're using.

So successful collaborative comprehensive case planning requires a lot of communication and collaboration in multiple areas, which we've detailed here in this section of the tool. So to develop these CC case plans, you can see this list here of 10 key priorities and components that reflect the partnership that's really critical to help each participant succeed. Criminal justice and behavioral health professionals should strive to include. And again, this is our best practices, right, should strive to include and incorporate the following 10

priorities and components. So you can explore a lot of this page further after the webinar today, but I'll show you one or two of these key components just as an example of how the site is set up. So for example, first we know that interagency collaboration and information sharing is critical to reentry planning, right? So if your team is interested in finding more about this as a priority, you can come to this implementation tab, click on any of the 10 components, you can read more about that particular priority.

And then you can see on the right-hand side of this page, we also have key resources and resources for a deeper dive if you'd like to learn more. In this case, we're spotlighting a particular grantee, Franklin County Sheriff's Office, who happens to do a great job at interagency collaboration and information sharing. And so you can read a lot more about the details of their work and how they're really operationalizing this particular priority in the work they're doing on the ground. Another example would be screening and assessment. If your team is interested in finding out more about screening and assessment, how you can incorporate that into your CC case plan process, you can read more about that priority here. And then again, you'll see on the right-hand side, we have many resources here on screening and assessment that you could read more about if you are interested in this particular priority.

So each priority and component here includes related tools and resources for further learning and exploration. Another key concept in the CC case planning process you can see here again on our menu bar is this concept of a lead case planner. So what does that mean? So the agency that takes the lead in case planning and case management is referred to here as the lead case planner. And you can see, in this dropdown we have four examples of lead case planner types that are highlighted on the CC case plans website. So the most common lead case planners that we've observed in our work have been behavioral health treatment providers, community supervision agencies, parole and probation offices. Often correctional agencies will take the lead on case planning, so this could be a jail or a prison system. And we've also added now, and this is part of our new enhanced content, we've added a specialized housing provider as a fourth type of lead case planner.

This is a big part of our focus in our webinar today of course, with Old Pueblo being highlighted some more on that topic to come. And so each of these lead case planner tabs, if you will, have the same structure. So with our timeframe today, I'm going to focus on one as an example to share with you, and I'll show you the correctional agency as the lead case planner to start with. So you can see how this piece is set up. So once you navigate to one of the lead case planners pages, in this case the correctional agency, you can see that we have some opening information and then we have this really great wheel sort of wheel graphic we call it, which shows this example in this case about the lead case planner that oversees the case planning process and engages the appropriate people from each partnering agency, from the participant and

people in the participant support system during the diversion or reentry process.

So for example here when the correctional agency is a lead case planner, the staff person who creates the case plan and either conducts the case management or coordinates the case management might be a corrections officer, it might be a correctional health worker or counselor, a discharge planner or maybe a reentry case worker. And on this section, these lead case planner sections of the website, you can also click on each of these categories in the graphic that are on the outside of the wheel. I call them spokes, keeping up with the wheel idea. So you can click on each of these spokes to view examples of the kinds of information that partners on the case management team usually keep in their records about participants and what information the lead case planner could share with each of these key partners. So again, in the interest of time, I won't click on every single spoke, but you can see for example, let's do the courts for one example.

Let's say you have a participant and you're doing reentry planning and they're going to have some court obligations going on, you can click on this court spoke and the site will shift you down to this accordion sort of a section where you can see the types of information that the correctional facility lead case planner will share with the court partners and vice versa. And so you can go through at your leisure and click through all of these different key partners, all these different spokes to learn more about the information shared with other key partners. And I also want to point out for these four lead case planner types that you can also see actual examples. This is a great feature of the website of each of the four types of lead case planners in action and learn more about their work.

So if you see this button here, read about a spotlight program, if you click on that, we will then go to a great feature which is Franklin County Sheriff's Office. And so you can see here that Franklin County is a great example of a lead case planner being a correctional agency. They oversee the jail in Franklin County, Massachusetts. And you here on these features, you can read more about the work that they do on the ground, some notable features, and there's hyperlinks to the protocols that they're using. And if you scroll down even further, you can see a lot more detail on how this particular jurisdiction is incorporating some of the CC case plan key, the 10 key principles here, how they're incorporating that in their work on the grounds, and you can read much more about that.

So in this case, it's learning more about interagency collaboration and information sharing, staff's training and screening and assessment. And you can see there's much more information on this topic. Okay. So you can explore each of these four lead case planners at your leisure. I'll go back now to the main correctional agency example as a lead case planner. One other thing I mentioned earlier, we're really excited to share some of the new and enhanced content on the CC case planning website and the additional content created most recently centers on the key roles of family engagement and housing in

case planning. So let's start with family engagement. Why is this important in case planning? Well, if you have the permission of the participant to involve their family or whoever they consider to be their support system, this support system could really be integral to engaging the participant in the pre-release and the reentry processes in safety planning for example.

In supporting the participant in the community around any mandatory conditions maybe that they have to comply with, for example, court or community supervision conditions. The family and support system can be so helpful in identifying strengths, resiliency factors, strategies that support safety, recovery and overall success in the community. So as part of the enhanced content on the CC case plan's tool of the website we have considered how family engagement can be emphasized as a best practice in case and reentry planning. So we've added content into each of these now four lead case planner examples to highlight the opportunities where you can engage families and support systems, collaborate with them to support participants in their reentry and their recovery pre and post-release. So you can explore again this family content in more detail on your own throughout the four lead case planner examples. But today I'll just highlight one instance where these family engagement strategies can be found.

So let's say for example, you are the lead case planning agency and you are working with someone that's going to be reentering soon and that they have children. If I open up this children's services agency spoke, if I click on there, you'll see again, I'm automatically brought down to more information around engaging with this partner. And you can see we've highlighted the importance here in a variety of the information provided about sharing information with and collaborating with families and children's service agencies and the participants. So for example, let's say you're working with a participant that does have children and as part of your safety or emergency planning, you might want to try to reach out if possible to the family or the support system to be backup childcare providers in case the participant has some sort of an emergency. That's just one example. There are many instances and opportunities for collaboration that we have shared around family engagement throughout the lead case planner types.

And last but certainly not least, I want to navigate to the specialized housing provider. Again, this is a brand new feature of our website that we've done just for second chance month where we've included now a full feature of a lead case planner as a specialized housing provider. And so this section features our guest speakers today, Old Pueblo Community Services, who are the housing partner on the fiscal year 21 Second Chance Act Pay For Success, Pima County Arizona grant team. So we all know that housing is one of the top needs for people reentering communities. We hear this all across the country and Old Pueblo will be talking a lot more about their work directly, but I do just want to quickly preview this new housing content for you on the website. As you can see, we've built out a full section now in a similar way as the other lead case planner pages,

and this one focuses on how a specialized housing agency works as a lead case planner.

We've included our same wheel graphic here and you can click on all of these spokes to learn more about the types of information that is super helpful for the housing provider to share with other key partners and to receive in order to maximize collaboration and communication during case and reentry planning. I do just want to quickly toggle down to this button I should say, reading about the spotlight program because of course just want to really recognize and thank Old Pueblo for their work to make this section happen where we featured Old Pueblo and their work on the ground. Of course, there features much more about their program description in working with the Pay for Success grantee, and we're going to be hearing much more about them, but I wanted to make sure to really just elevate this new content on the website today and you can scroll down and read more about how they're incorporating the CC case plan priorities into their direct work on the ground.

So I know we're on a timeline, so I want to quickly just say that there are a lot of other resources on this website including more information about relapse prevention plans. We have a whole tab on that as you can see on the menu bar. And we also have some additional resources, prior webinars that we've conducted, information about interacting with mental health courts, et cetera. And we've actually taken all these resources and hyperlinked to them on some slides, pardon me, at the end of this webinar. And so I do just want to highlight your attention to that so that you can take more time and explore them further later. And so we really hope you'll take a lot more time to look through this CC case plan webinar after the webinar today and look at all of its resources and just want to say thank you so much for your participation today and I'll turn it back over to Bridget who's going to move us on into the next section of the webinar.

Bridget Degan: All right, thank you very much Alison and I will go ahead, share the slides again. All right. Next I will turn over to Harry and Melanie from Old Pueblo Community Services who will be showcasing their work with collaborative comprehensive case planning.

Melanie Skillin: All right, thank you Bridget. You can go to the next slide. So the Pima County Housing First program started out as a partnership to really see if by providing housing and intensive case management wraparound services to some of the most vulnerable populations in the community who were high users of our criminal justice system as well as our emergency departments and psych hospitals and crisis centers, if it would be able to have a positive impact financially and as well as for the clients. And it became very obvious very quickly that this was a positive thing and the impact would be very great and have long-term successful results. Next slide.

So we partnered in the community to provide permanent supportive housing. Permanent supportive housing it's not just you give them a place to stay and then you walk away. You stay with them, you make sure that they are doing well, that they have the tools necessary to be able to stay in their housing. I know a lot of our clients had no idea that you might need to pay a utility bill. The concept of checking the mail for a bill or something was very foreign to them. And so by providing the wraparound case management services, we were able to teach our clients and provide them the skills and tools needed to be successful long term.

The premise of PCHF and the housing first model is that by giving them that housing stability first, it supports them in being able to become more stable and independent in what they feel is the... They get to choose what is important to work on. We don't tell them this is your priority or that is your priority. They tell us what they think that they want to do, and a lot of ways that we do that is by doing that collaborative coordination of care. Next slide, please.

So coordination of care typically increases positive outcomes by helping us tailor those wraparound services to what the individual needs as well as what they want. We take that collaborative approach knowing that as a housing provider, we can't do everything for everybody. We aren't all things to all people, but by connecting all of the services and people that the client wants and feels it is important to their life then we are able to have much more positive results. Next slide, please.

So who do we involve in our case planning? It starts with the referrer. So who referred the client? Are they on probation parole? We know that that's going to be important because as much as we might want to do something and the client might want to do something, probation definitely has kind of a final say in a lot of areas. So we want to start working with them quickly to create that connection and create that collaborative approach so that everybody is on the same team. It doesn't become a fight, us against them.

We respect that the clients know what's best for them and who they want to be involved. One client said, Hey, I really want my church members to be involved in what we do, and that's not something that we would normally think of, but the client said, this is important to me, this is who I want to help. And so we were able to include them in the case management and collaborative process, and by doing this, we know that we get more sustainable results because the client is working with the people and agencies that they want to. We're not telling them you have to use X, Y, and Z. We're asking them, who do you want to work with? What do you want to do? How can we help support you? Next slide, please.

Some of our referring partners into the Pima County Housing First program include our public defender's office, our jail population review and pretrial committee, the County Sheriff's Department, Tucson Police Department, public

defender's office, members of our outreach community. Our outreach team, if they're out in the community and come across the individual experiencing homelessness who says, Hey, by the way, I've been arrested five times in the past year, they'll be screened for the Pima County Housing First program because we know that the two jail bookings is our mark for that. We also work with the County Justice Department, the public defender's office, and even occasionally the US District Court if they have a member come into their system who might meet criteria for our program and housing. Next slide, please.

Agencies that we coordinate with. So health homes, a lot of them are the integrated health homes that have the behavioral health, mental health, sometimes a lot of primary care as well. Some of our local ones are like Codac, La Frontera. El Rio is a huge resource for us. They are a large integrated healthcare agency that really do a lot of outreach work out in the community. They have the medical component, the mental health, the behavioral health. They have vision in dental clinics. So really trying to get our clients connected with really as few agencies as possible who can do the most good is something that we suggest to them just so that it's easier to maintain that coordination of care. We coordinate with the legal entities like probation, pretrial services, public defenders' office. We want our clients to be successful and to be set up for success.

So by creating those relationships, if a client has missed their court date and we have that relationship, they can call us and be like, Hey, have you seen the client? They missed their court date. We don't want to put out a warrant for them. And we are able to most often get with the client find out, oh, they just forgot about their court date, reschedule a new one and in most cases actually schedule transportation so that it is a set appointment and we are helping them to be successful and get into housing and not go back into the criminal justice system. We coordinate with treatment centers. A lot of our clients who do have substance use problems, once they come into our program and they start to feel more secure, a lot of times they will be more open to sharing what they're struggling with and they're open to thinking about treatment as maybe a long-term solution.

You know, do 30 days of treatment now you'll be able to get your housing be more stable. It's really, really nice to see a client come in, in the beginning they're like, Hey, I don't even want to talk about my substance use. And then maybe a few months later they're like, I want to think about maybe going to detox. What would it look like as far as my housing goes if I did go into treatment? Those are huge successes and we're really proud of those clients. We also coordinate with like DCS, if our participants are part of the child and family services, if they've had their children taken away, we're working really hard with them to help be part of process so that we can help our participants and get their children back and then we're able to add them onto their vouchers later.

We coordinate with landlords. That's something I feel that our agency does really well. When there is an issue at a complex, if we have built those relationships with the client and the landlord, the landlord's much more willing to give us a call and be like, Hey, your client's got some traffic. Hey, they haven't paid their electric. Hey, we have this problem. Can you help fix it so that we don't have to evict them? We've also been really successful with those relationships if a issue becomes to the point where a landlord might otherwise evict the client, they talk to us and we're usually able to facilitate a mutual term of the lease so that the client gets out of the complex, which takes care of the landlord's problem and we are able to preserve their ability to get rehoused again with their vouchers.

So those relationships and that care coordination is huge as far as the long-term outcomes for our participants and of course family members. Some of our clients really destroyed some of their relationships with their family and once they start doing that, well, they're like, Hey, how do I talk to my family about this? Hey, I want them to know I'm doing well. And we're able to sometimes involve the family and let them see, hey, here's what your family member is doing, here's how they're trying to be better. And a lot of times we can connect the client and their family to some family counseling services in the community and they can begin to strengthen that bond. Next slide.

All right, and how do we do this coordination of care? We are asking the clients from day one, Hey, who do you want to be involved in your program? This is your program you are in, you're in control. Who do you think is important? And then we build that into their treatment plan. We collect information of releases and we make contact either on our own or we do that with the client in the office. We schedule Adult Recovery Team meetings with probation officers, health homes, case managers and include the client in those meetings so that everybody can be on the same page. That way if probation is saying, Hey, you have to go to treatment and we're able to say at the same time, if you go to treatment, here's how we'll be able to make it work with your housing.

A lot of times clients are very scared about going into treatment, feeling like it might mess up the housing that they're working on. And when we're all able to sit in the same room and everybody gets their needs met, the client's still going to get housing, the probation officer gets the client into treatment that they need to do, the client agrees to start attending case management with their health home, everybody gets what they want and we all get the outcomes that we're looking for. It's really phenomenal. Like I said, working with the landlords to help address the issues when they're small so that they don't become large ones. Okay, next slide.

I think this was yours, Harry?

Harry Joiser:

Yes. I answered a question in the Q&A. This was more of a tech question. So hopefully, believe it was Jane saw my answer and we can come back to that if

we need to. So as Melanie was saying, this has been an ongoing project. It's gone through several reiteration. When it originally started as a pilot program, we knew one of the biggest ways that we were going to be able to continue doing this program is if we had a independent party measure our results and therefore we could make the case and show what we were doing. The initial company that we collaborated with was the RAND Corporation. In our new iteration of Pima County Housing First, we're looking for a different partner and that's something that the Pima County we're working on as we are going forward in this new phase of the program.

With the collaboration of the RAND Corporation, some of the measures and challenges that we had in terms of collaboration was getting our partners to agree to share their information. This was all very, very challenging because the sheriff's department necessarily didn't want to share their data if the local police department wasn't going to share their data. Then there was the jail population data. So it became a really long process to get proper ROIs, what data we were sharing, what we were going to put in, who was going to see it so that we could get accurate information so that we knew how many days a client stayed in custody and then measure what the difference was when they came to us. So the legwork was really important in terms of making this have a successful report in the initial phases. So if we can go to the next slide, please.

So I'm going to read some of these results. A lot of it was put in dollars and the main reason we went that way is it's a kind of an easy metric to measure because we knew roughly what things were going to be and we were also always looking at making this long-term funded and it's a lot easier to go to funding sources and say, well this is how much money we save by working with this sort of a program, our housing first model. We also have data on recidivism and part of this new BJA grant, one of our deliverables is keeping track of our recidivism as a means of our success rate. So you can see here in the year prior to program entry, 97% of our clients had one or more instances as a criminal justice involvement.

I think at that time our highest super user is done for, the term that we were using at the time. They had about 56 different charges and they're all, the standard for us we call them like being homeless charges, a lot of trespassing, a lot of sleeping in the park, just those types of charges. So looking at the average per client, of course it was one 4.2 million, but each client was about \$13,000 in terms of just criminal justice involvement. We were able to also pull information from emergency and patient services because we participate in the health information exchange. So this does not include behavioral health entrances. It's a lot harder to get access to people going to crisis centers and that sort of metric. So that's one of the kind of downfalls. So this focus is strictly on when a person was going to the emergency room for treatment. So that turned out to be about 1.5 million or \$4,800 was the average cost per participant. So if you do the math there, you're already getting close to 20,000 a year for participants prior to entering our program.

If we could do the next slide please. So in the year after we measure this in terms of people keeping their housing for a year. So we looked at the people that had been housed for a year. You can see our utilization for criminal justice services declined by 50%, which also meant that cost declined. You can see here that the period went down what it looked like from 13,000 down to 7,000. One area that this did not capture, which was another challenge that we were looking at, is this strictly reflects the cost of the bed of being incarcerated. So if a client got services while they were there, medical behavioral health, it didn't capture that information because that was... Typically, it's an independent contractor that provides those services and getting them to try and share the information it impossible. We just couldn't get it to work. It's something we've looked at because it would be interesting to know how that impacts this total number. So the 13,000 was just paying for the bed for a person to be incarcerated.

In the next line you can see that healthcare also declined by 45%. That turned it down quite significant and the number total participants went down to 2,300. Again, this is just healthcare. So as Melanie mentioned, one of our collaborative partners, El Rio, we have a nurse practitioner that works with us. So things that clients would typically go to the emergency room for, we were able to provide education, some harm reduction strategies, simple things of how to treat an abscess. So instead of going to the emergency room, we kind of worked with them on that and that led directly to this. But one thing that they left out was behavioral health services. That's another area that would be really interesting to know the impact on because it was a little bit more challenging to get.

So you can see the total client cost went from 18,000 down to 9,000, gives you the average of what we saved in the 1.5 million area per 186 clients at that time. This was very early on. So these are early metrics. Since then, we've served over 500 clients in all different stages of our housing and we've received about 1200 referrals over the last four years from our partners. So it's a very big list and we're still working very hard on it. If we go to the next slide please.

Some demographics from the early participants you could see the large chunk of it was the 26 to 35 year olds. One trend that I looked at, our most recent report that has changed the age variable, the 46 to 55 plus area is growing significantly and we're sort of noticing that in our general homeless population here in Pima County, just as a point of emphasis. Race you can see was heavily geared towards white. It's 88%. We did an internal review of that because that jumps out pretty readily. If you look at those demographics, we wanted to see if we were missing something, we wanted to be more inclusive. We looked at our referral processes and we kind of met with our referring partners and shifted some of the wording on our referral list to make it a more inclusive and we invested pretty heavily on that and looked at just other internal things to try and see if that applied. So that was a really interesting sort of thing we didn't expect right out the gate, but that's ended up what we ended up looking at.

Gender, it kind of hovers around 50-50 as you can see, veteran status. The reason that's pretty drastic and 99% know is that we also as a public community services partner with Veterans Administration here locally. So if we did get a veteran, we typically referred them to the VA and they would get housing through the HUD-VASH system and be provided case management in one of our other programs. Melanie oversees those veteran programs as well. You can see the different household types that we had. Very heavy on the single, but we had a lot of people that came in single who then had children. One of the surprises from our program was how many children we had born while they were in our program. So that was pretty exciting. We had 15 to 20 clients. So we get to the next slide so we can make time for questions.

When we work as a team, the results speak for themselves. Having a steering committee with people at the table that are the kinds of people that can make decisions and make it happen. So in terms of probation, we had a probation supervisor, TPD, the Tucson Police Department. We had our chief and we had the county sheriff present. So when we had commitment, we had real commitment. The city housing authority made a commitment to us with right out the gate of 150 vouchers. They changed the entry criteria for this program, allowing people with a criminal background to be referred. Pretty much as long as we showed we were going to continue working with the client, the housing authority would let us re-refer regardless of evictions, anything like that.

The county has been invaluable as a partner as well. I think that's where our biggest success has been is that they're really committed to this and we work really well with them. If I could say anything is the big thing is to have people at your table that can make decisions. So that's been one of our biggest successes. Next slide please.

Also with the same kind of goes for mental health and substance use. Initially they were a little hard to get off the ground. Melanie and I when we were in the first days was a lot of reaching out to different providers and trying to sell them on what we were doing and what the program consisted of. But as our results started to show, now we have countless partners that we can work with that are willing to provide treatment work with our clients. You tell somebody, a judge that they're in the Pima County Housing First program, like Melanie mentioned, they're more willing to work with the client, not so quick to issue warrants. So I definitely would say that's been just a natural result of providing great results with our clients. Next slide, please.

Again, through our harm reduction and housing first lens, we are working with people where they're at. Definitely, our first goal is to get people housed, get them secure. We've done all the wraparound services with that in terms of nobody moves in without a bed, or a starting over supplies kit, just the basic thing. We found anybody that moves into an apartment with nothing, that's just not a good way to start out your time in your new home. We offer all the typical harm reduction through Narcan. We give fentanyl testing strips as you, who all

are working in the community. Melanie mentioned the landlords that that's been huge working with them, developing risk committees to talk to landlords and just address their challenges. Our CEO, Tom is out there all the time working on that and that's been successful as well. Next slide, please. I think that I am done. So thank you for your time.

Bridget Degnan: All right. Thank you so much Harry and Melanie for showcasing the important work you all are doing at Old Pueblo Community Services. Now we will begin the question and answer portion of the webinar. Feel free to chat in your questions in the Q&A box at the bottom right-hand corner of your screens. We will respond to as many questions as possible in the time remaining. So we've got a question here from Dennis. So I'm going to read the question out loud, and Dennis says, Great stuff from Pima County. Assuming you are attempting to reduce future criminal behavior and or returns to jail or prison recidivism regarding program data/impact evaluation, will you or are you comparing clients actuarial risk and need levels for comparisons so that it is apples to apples and you can determine to some degree whether or not clients were otherwise bound for jail or prison based on risk scores? And this is for Harry and Melanie for either of you.

Harry Joiser: It's something that we looked at with some of our evidence-based tools that we use and the needs assistance and needs evaluation and our recidivism risk. One of the things that we early on determined was that the people on the super user list that had 10 plus charges were obviously going to be really likely to continue because they were homeless. And that's where we kind of focused on those areas. In terms of an actual comprehensive sort of apples to apples comparison that you're mentioning I think it's something that we're looking at trying to do in the future with our new research partner.

Melanie Skillin: I would also like to add that while in one way you can look at that sort of apples to apples thing, it's really highly individualized. I mean, we had one client who had over 25 jail bookings in the year prior to coming into our program, and even though she was by... If you looked at any risk assessment she took she was very high risk for committing new crimes for not being successful in housing. She was at high risk for everything. In the first year of being in the program she did not have one single booking into the Pima County Jail. She began engaging with mental health services. Even if she did it begrudgingly, she overcame those challenges even though she was still a very challenging and on the surface high risk client.

So I just think it's really important to not get stuck in, oh, because you look like you're high risk, you are possibly going to be high risk and then run the risk of not providing those services or not as working as hard for that client because they're probably just going to re-offend anyways. We look at everyone from a harm reduction standpoint. Even if they did get arrested 25 times last year, if they only got arrested one or two times this year, that's huge and that's still a

lot of progress and we still want to work with them and help them become more successful.

Bridget Degnan: This next question is from Nancy, and this is also for Harry and Melanie. She's wondering what types of problems, specifically when it comes to collection of data, what types of problems that you ran into and how you addressed those challenges?

Harry Joiser: Yes, at the beginning, lots of challenges. I think mostly people just didn't want to share data. It was a new concept to come together as a group. All of these great decision makers and policy leaders and county administrators all basically saying, let's put our cards on the table and let's really evaluate this. I don't think it was any real, nobody was hiding anything or anything like that. It was just more of a different concept to really just put it out there. The challenges were legal in terms of what a kind of release of information we were going to need, how it was going to be used, who was going to have access to it.

And luckily for us, and again, having a really strong county partner, they worked really hard in our internal quality management grant administrator. Lindsey was really good at trying to get all of this to work and collect the data in a way that made it work for everybody. And then again, the RAND Corporation was able to take it and make sense of... I mean they just got tons and tons of data and their job was to make it make sense so we could talk about it.

Bridget Degnan: And this next question comes from another Nancy. She says, first of all, it is very impressive the results you have achieved. Congratulations. We are in the beginning stages of working with our county jail. How were you able to get your local police/sheriff/jail to share information so you could have accurate comparison data?

Harry Joiser: So again, just really strong partnerships when I think... Well, for one thing, it also helped that our thief and sheriff were on board with the program. They really bought into it. I think they really wanted to see how this would work. They understand the problem. And then I have to say, as tragic and hard as COVID was on everybody when COVID hit and there was a mass push to really evaluate people to get them out of custody because having people all confined was not the ideal situation. Our numbers ramped, our intakes ramped up by over 350%. We were doing more intakes and more work than we could have ever imagined, and I think that really helped because it worked. And then so when we slowly started coming out of it, they saw the impact that we had and were more willing to continue working. But I would say you need to have people that are on board with the goals of your program and have people that don't take no for an answer like the people we ha...

Bridget Degnan: We've got time for one more question, this one from Christine. How do you deal with landlords or communities who don't want re-entrants to return or move to their community?

Melanie Skillin: Well, so there is the Landlord Tenant Act and there are other laws that make it... We don't want to play hardball right away, but if a client wants to move into a complex and they meet criteria, otherwise we are going to do what we can to assist that client with moving into the facility. And a lot of that means that we go and we do outreach and we build those relationships with the landlord. Very few people have not been affected by someone being incarcerated or having some sort of substance use. Very few people haven't had that touch their life somehow. So while we can definitely where a landlord would be like, I'm not really sure I want to deal with this, ultimately there are laws that prevent discrimination and we have referred people through the Landlord Tenant Act and what is the other one?

Harry Joiser: The Fair Housing Council.

Melanie Skillin: Fair Housing Council, there you go. Yeah. But typically we just go with the client. We don't just send them to fill in an application by themselves. We go in there, we introduce ourselves, we have pamphlets, so we tell them about our program and what we do and how this person has support of us behind them. We demonstrated over and over again that there's probably not going to be any problems, but if there are, give us a chance to fix it. There was one, it was a very, very one-off sort of thing, but we did have a severely mentally ill client who caused like over what? \$6,000 in damages to a unit, and we were able as an agency to cover that because we were willing to show them that it was COVID and you did this guy a favor, you gave him housing, you did all of that and it didn't end well, but here we're going to cover those damages.

And because we've done that, we're still able to get other clients into that complex. They're still willing to work with us. When they network with each other, they talk about, oh hey, like this program did what they said they were going to do. They did cover these damages. They show up when we call them. So ultimately, I think it just comes down to doing the things you say you're going to do. Really building those relationships and showing up for the client and for the landlord and never forgetting that while we are working for the clients, sometimes we have to advocate for the landlord as well so that we can get the client the best, even if it means moving them from that complex.

Bridget Degnan: All right. Thank you so much, Harry and Melanie for showcasing the important work you all are doing at Pima County Housing First. Really appreciate having you guys here. On this slide, we've included additional resources to support agencies in building collaborative comprehensive case plans, and on this next slide we have some additional resources as well, including an implementation checklist and two previous webinar recordings.

Finally, on this slide, I've provided my contact information if you would like to reach out with further questions. I'd also like to remind everyone that this webinar has been recorded and will be posted along with this slide deck on the CSG Justice Center's website event page. We'll send the recording link and slides

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out to all of you. Finally, once again, a big thank you to Harry and Melanie from Old Pueblo. Thank you for presenting on the impressive and important work you are doing in Pima County, and thank you all once again for joining this webinar. Have a great day.