



Research and Planning to Address Program Barriers



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Sonoma County Probation Department

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Executive Summary

This report highlights the results of a small project entitled **Research and Planning to Address Program Barriers**. Resource Development Associates Consulting (RDA) was tasked with identifying strategies to address common barriers that hinder individuals' ability to successfully complete supervision. RDA worked closely with Probation's Planning, Implementation and Evaluation (PIE) team to create an Advisory Committee (AC) to guide this work. Individuals from 17 different agencies in Sonoma County were invited to join the AC—and individuals from 12 agencies participated in three AC meetings. The project took place over the course of six months in the latter half of 2021.

In the first AC meeting, 12 members participated in the first virtual workgroup session. Members used an interactive whiteboard application to answer the question: "What prevents individuals under supervision from succeeding in services/on probation?" In total, 14 barriers were identified. Committee members then ranked the top five barriers. The ranking activity prioritized the following top five barriers:

1. **Substance use disorders**
2. **Unstable living environment/lack of support**
3. **Need for stable housing**
4. **Service coordination issues**
5. **Basic needs not being met**

Next, RDA completed a literature review and conducted key informant interviews to identify best and innovative practices to address each of the five barriers. The literature review focused on new and innovative solutions in probation and parole settings and best practices that could be used in Sonoma County. To learn more about these innovative strategies and successful strategies already in place in Sonoma County, the project team conducted nine interviews with experts.

In the second AC meeting, RDA presented the results of the literature search and interviews and asked participants to brainstorm any other solutions that should be included in the discussion. RDA presented 28 strategies and the committee members offered 12 additional strategies. AC members then ranked the 40 strategies on two components: easiness to implement and potential impact.

The goal for the final AC meeting was to allow the AC members to prioritize three strategies and then brainstorm how to begin implementation of each strategy. During the meeting, members were presented with the ranking results presented in Table 8 and Appendix 3 and were asked to discuss the results and highlight any new strategies that should be included in the next step of the process. In addition to the strategies in Table 8, Committee members felt strongly that several new strategies should be considered for prioritization. Committee members each then were asked to pick their top three priorities out of the 18 available strategies. Three strategies received 5 votes each and were selected for use in an implementation brainstorming activity.

The top three strategies were:

1. Structured **probation processes** that require treatment referrals; clear timelines for benchmarking/tracking of progress, and stepping down the level of probation supervision with successful progress;
2. Dedicated staff member for **screening at the jail for eligibility/treatment planning**; and
3. Additional **residential treatment programs** that are evidence-based.

These three strategies were then used to conduct a brief brainstorming session to start to identify high-level answers to key questions to start the implementation process.

This report is intended to support the Probation Department and its stakeholders to begin the process of implementing strategies to assist individuals under supervision to increase their likelihood of success. Three different lead agencies—Probation, Sonoma County Sheriff's Office, and Sonoma County's Behavioral Health Division are each a natural fit to drive implementation of each of the strategies. Given that the top-rated strategies have different natural fits for who should drive implementation, no one agency would carry the sole responsibility for implementation—highlighting the importance of collaboration in the implementation process for all three strategies. Given the complexity of the top three strategies selected for implementation, additional funding may need to be prioritized to support the work of reducing common barriers to client success.



Background

Over the last four years, Resource Development Associates (RDA) and the Sonoma County Probation Department (Probation) have worked collaboratively to conduct process and outcome evaluations of multiple services and programs. During these years working together, numerous cross-cutting barriers or challenges that impact program effectiveness have been identified and highlighted in various reports (e.g., high no show rate for services, limited transportation, etc.) For the current project, **Research and Planning to Address Program Barriers**, RDA was tasked with identifying strategies to address common barriers. These strategies are intended to assist individuals under supervision to complete their supervision requirements earlier and more successfully, thus contributing to county public safety efforts.

RDA worked closely with Probation's Planning, Implementation and Evaluation (PIE) team to create an Advisory Committee (AC) to guide this work. Effort went into selecting and inviting a diverse group of individuals to participate. Individuals from 17 different agencies in Sonoma County were invited to join the AC—and individuals from 12 agencies participated. A total of 18 individuals from these agencies attended at least one AC meeting.¹ As can be seen in the Acknowledgements on page 3, individuals from a range of Sonoma County-based agencies participated in the AC.²

Three AC meetings allowed Probation and their stakeholders the opportunity to (1) learn about the project and brainstorm and rank in order of importance the common barriers, (2) learn about and brainstorm workable solutions to the barriers, and (3) prioritize three of the strategies (i.e., solutions) and answer high level implementation questions to begin implementing the strategies. As outlined in Table 1, the project took place over the course of six months in the latter half of 2021.

Table 1: Research and Planning to Address Barriers Project Tasks

Task	Month Completed
Form AC	July
Conduct first AC meeting to brainstorm and rank the top barriers	July
Complete literature review	September
Conduct key informant interviews	September
Develop draft of Summary of findings	September
Conduct second AC Meeting to review and explore solutions to the top barriers	September
Finalize the summary of findings	October
Conduct third AC meeting to develop key action steps to guide those who will be implementing strategies	November
Develop implementation questions	November
Develop project report	December

¹ Some invited individuals asked other staff from their agency to participate or fill in for them across the three AC meetings, meaning that a total of 18 individuals participated in at least one meeting.

² Individuals from five additional agencies were invited to participate but did not respond to our request to participate. These agencies were Catholic Charities, InterLink, SAFER, Family Circle Counseling and Education, and Warriors Creating Peace. One invitee from the Probation Department also did not participate.

First AC Meeting

Of the invited AC members, 12 participated in the first virtual workgroup session. Members were asked to use Jamboard³ to answer the question: **“What prevents individuals under supervision from succeeding in services/on probation?”** AC members were asked to think generally, with several examples offered from RDA’s past findings. Participants used the Jamboard sticky notes to share ideas. Once completed, RDA staff categorized overlapping responses. This was done with feedback from participants to ensure RDA staff understood each idea and that elements were grouped together correctly.

In total, 59 ideas were placed on the board, and these were categorized into 14 barriers. See Appendix 1 for the Jamboard activity.

RDA placed the 14 barriers into an online survey tool, Alchemer. Each AC member was then asked, **“Considering this discussion, what would you rank as the top five barriers to clients on probation supervision succeeding in services/on probation that this committee should address?”** After every response was submitted, Alchemer displayed the barriers ranked from most to least votes received.⁴

59 Responses

14 Barriers

- **Basic needs** not being met
- Client **trauma**
- Institutional **racism**
- **Job** availability
- Lack of **culturally relevant services**
- Lack of client **life skills**
- Lack of **motivation**/denial of need to change
- Need for stable **housing**
- Lack of **transportation**
- **Mental health** impairment
- Overwhelming **system requirements**
- **Service coordination** issues
- **Substance use** disorders
- Unstable **living environment/lack of support**

The ranking activity prioritized the following top five barriers:

1. **Substance use disorders**
2. **Unstable living environment/lack of support**
3. **Need for stable housing**
4. **Service coordination issues**
5. **Basic needs not being met**

³ Jamboard is a digital interactive workboard where all invited participants can work together in real time to record information.

⁴ Alchemer automatically calculated the rank by creating a score, or weighted calculation. Items ranked first are given a higher value or "weight." The score, computed for each answer option is the sum of all the weighted values. The weighted values are determined by the number of options being ranked. The number of rankings is the number of respondents that ranked that item.



Literature Review and Interviews

After the AC prioritized the top five barriers, RDA completed a literature review and conducted key informant interviews to identify best and innovative practices to address each of the five barriers. The literature review focused on new and innovative solutions in probation and parole settings and best practices that could be used in Sonoma County. Anything already in use in the county on a wide scale was eliminated from consideration for this project.

Literature Review

To conduct the literature review, two RDA staff performed three steps for each barrier. First, an internet search was conducted that included key words such as “innovative solutions for [barrier],” “new strategies for [barrier],” “how to solve [barrier],” and “new and innovative approaches for [barrier].” Once sources were identified, those sources often provided links to other possible strategies. Second, RDA colleagues were asked to provide information for any strategies they knew to be effective in reducing the barrier. Next, the RDA staff on the project team discussed each found strategy and eliminated any that did not stem from an evidence-based foundation. This was done so that strategies not grounded in evidence-based practices would not be considered by the committee. Lastly, RDA brought questions to the PIE team to determine what was already available in the community that was working well. All identified strategies were recorded on a shared document.⁵

Key Informant Interviews

To learn more about these innovative strategies and successful strategies already in place in Sonoma County, the project team conducted key informant interviews to learn more about the strategy (i.e., how it was implemented, lessons learned, etc.). RDA aimed to interview 10 individuals with the aim of

⁵ RDA also reviewed Sonoma County's Sequential Intercept Model (SIM) Mapping Report, which lists resources and gaps at each of the legal system intercept points (e.g., community, law enforcement, early detention/court hearings, jails/courts, reentry, and community corrections). Not surprisingly, many of the top five barriers set forth by the AC overlap with the priorities of the SIM. Where appropriate, SIM recommendations are also discussed in this report.

interviewing two experts for each barrier category. RDA performed nine interviews with experts. As the literature review and correspondence with experts progressed, it became clear that the innovative strategies often overlapped the barrier areas. Therefore, although some interviews were focused on one barrier, many of them addressed multiple barriers (Table 2).

Table 2: Interview Details

Agency	Strategy Name	Barrier(s) Addressed
Vera Institute	Opening Doors to Public Housing	Stable Housing & Service Coordination
Impact Justice	Homecoming Project	Stable Housing & Service Coordination
Hawaii Federal Court	Restorative Justice Circle Project	Unstable living environment/Lack of support
Via Hope	Peer Programs	Unstable living environment/Lack of support & Basic Needs
Sonoma County Community Development Commission	Ending Homelessness Program	Stable Housing & Service Coordination
Job Link	One Stop Career Center	Basic Needs
InterFaith Shelter Network ⁶	Safe and Rapid Rehousing	Stable Housing & Service Coordination
California Human Development	Free Outpatient Treatment	Substance use

Substance Use Disorders

Substance use disorders was the number one ranked barrier as prioritized by the AC. Included in this category were the following comments by AC members: (1) Addiction/Substance Use; (2) Substance Abuse; (3) Maladaptive coping techniques; and (4) Unresolved Trauma.

Potential Strategies

Strategies already in existence in Sonoma County on a wide scale were eliminated from inclusion in these potential strategies. Based on the literature review, discussions with Probation, and key informant interviews, the following strategies were selected to be included in this project (Table 3). Some strategies identified were similar and were grouped together accordingly. Strategies that may have an impact on additional barriers are denoted with an asterisk (*) and strategies already in existence that are or were being used on a *limited basis* in Sonoma County are denoted with a caret (^).

Table 3. Potential Strategies to Address Substance Use

Name of Strategy	Brief Description	Information
Resilience & Recovery Project	Peer Support Specialists with lived experience engage participants in a goal-oriented collaborative relationship and provide personalized support through holistic and responsive individual and group support services.	https://www.thepathfindernetwork.org/programs/community-corrections-programs/
Oxford Houses*	Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. All residents	https://www.oxfordhouse.org/userfiles/file/

⁶ Two interviews were conducted with the InterFaith Shelter Network.

Table 3. Potential Strategies to Address Substance Use

Name of Strategy	Brief Description	Information
	<p>contribute to the house finances. Parallel to this concept lies the organizational structure of Oxford House, Inc. This publicly supported, non-profit 501(c)3 corporation is the umbrella organization which provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept where needs arise.</p>	
<p>Boundary Spanning*/Health-Related Wraparound Services*</p>	<p>Boundary spanning is the creation of partnerships and positions that link two or more systems whose goals and expectations that are at least partially conflicting. Substance use is a mental health disorder and to ensure proper services, the criminal justice and mental health systems need to develop deep partnerships to address it.</p> <p>Health-related wrap around services is a comprehensive treatment approach for justice involved individuals that includes health-related wrap around services such as the treatment of co-occurring disorders, providing medical services, social support services, medical services (e.g., housing or employment assistance, childcare, parenting, HIV/AIDS testing, counseling, and treatment).</p>	<p>https://www.researchgate.net/publication/237628185 Paving the Way for Effective Reentry Practice The Critical Role and Function of the Boundary Spanner</p> <p>https://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide/principles</p>
<p>Integrated Treatment Planning*/Integrated Case Management (ICM)*^</p>	<p>Integrated treatment planning is a collaborative approach with the person experiencing an addiction issue, mental health concern, or both, and their family. It incorporates health-care services, community supports, self-help groups and cultural supports (e.g., elders, cultural support workers) to support recovery outcomes. An integrated treatment plan should be developed with the person and their family, and in consultation or collaboration with other addiction and/or mental health services. If additional concurrent concerns become apparent during the assessment or treatment planning phases, there should be ongoing consultation and collaboration with all services and clinicians to provide the most appropriate care. Other areas of support that ensure basic life needs are being met should also be part of the coordinated care and treatment plan, such as housing and employment, and cultural and traditional practices.</p> <p>Integrated Case Management (ICM) is a voluntary, family-focused, strength-based program that uses an independent facilitator to bring all relevant people, including providers, family, and natural supports, to the table. This team then works in partnership with the family to create a safety-based comprehensive plan addressing the needs of all</p>	<p>https://www.albertahealthservices.ca/assets/info/amh/if-amh-ecc-integrated-treatment-planning.pdf</p> <p>https://journals.lww.com/professionalcasemanagementjournal/fulltext/2018/05000/the_integrated_case_management_program_essential.5.aspx</p>

Table 3. Potential Strategies to Address Substance Use

Name of Strategy	Brief Description	Information
	family members. This model is most useful when the families being served are involved with numerous systems and are not able to access targeted case management.	
Relapse Prevention Planning*^	An individualized relapse prevention plan should be developed for each individual and be used by all parties: the individual, treatment agency, supervising officer, and others. Community-based treatment programs should build on the achievements and progress a client has already made, and the plan should be routinely reviewed and updated.	https://store.samhsa.gov/product/tip-30-continuity-of-offender-treatment-for-substance-use-disorders-from-institution-to-community/SMA08-3920

Unstable Living Environments/Lack of Support

Unstable living environments/lack of support was the number two ranked barrier by the AC. Included in this category were the following comments by AC members: (1) Students having unstable living environments and are unemployed, so school is not a priority; (2) Dysfunctional homes; (3) Need for positive social network to replace previous dysfunctional one; and (4) No support from family. These comments specifically drove the literature review in this area.

Potential Strategies

Across the board, researched solutions focused on the concepts of building social capital, using peers, and trained forensic peer specialists, and leveraging the communities in which individuals live.⁷ Some of the strategies that were identified as part of this process were similar and have been grouped together accordingly. Strategies that may have an impact on additional barriers are denoted with an asterisk (*) and strategies already in existence that are or were being used on a limited basis are denoted with a caret (^).⁸ Please see Table 4 for possible solutions to address **Unstable living environments/lack of support**.

Table 4. Potential Strategies to Address Unstable Living Environments/Lack of Support

Name of Strategy	Brief Description	Information
Building Social Capital*	Building social capital is the concept that “if one has a diverse range of relationships with family members, friends, work colleagues and wider social acquaintances, these relationships can constitute significant assets when an individual, group or community faces changes, difficulties or transitions.	http://shura.shu.ac.uk/25029/3/Albertson_BuildingSocialCapital%28AM%29.pdf

⁷ Building social capital to encourage desistance: Lessons from a veteran-specific project ALBERTSON, Katherine and HALL, Lauren Available from Sheffield Hallam University Research Archive (SHURA) at: <http://shura.shu.ac.uk/25029/>; Involving Peers in Criminal Justice & Problem-Solving Collaboratives, SAMHSA’s Gain Center for Behavioral Health and Justice Transformation

⁸ Potential strategies related to unstable living environments/lack of support are also included in the SIM. These include: Create a planning team to research models and seek funding to expand services; Peer-to-peer services across the intercept points (i.e., community, community corrections); Developing additional community college and career training; and expanding social supports to incorporate non-traditional classes, resources, helping individuals develop life routines.

Table 4. Potential Strategies to Address Unstable Living Environments/Lack of Support

Name of Strategy	Brief Description	Information
	<p>Bonding social capital comprises intimate horizontal ties between similar individuals within the same family, social group, or local community and can serve as a source of sense and belonging and solidarity. Bridging social capital refers to ties between different social groupings in a community which enable access to more vertical social network resources and provide opportunities for cross group reciprocity."</p>	
Forensic Peer Specialists	<p>Forensic peer support programs engage forensic peer specialists who are trained to address the needs of clients seeking support, emanating from their own experiences with the justice system and barriers against recovery. Peer specialists receive targeted training for providing support to this population. Forensic peer specialists work closely with clients to help them navigate the criminal justice system and its requirements.</p>	<p>https://www.pmhca.org/resources/Documents/Policy Brief Jun 2011%20Forensic%20Peers.pdf</p>
Address Common Employment Barriers	<p>By implementing some fixes at various levels of government to address common barriers that prevent individuals with criminal histories from obtaining employment, this can ensure more financial stability. Fixes include automatic record expungement, employer benefits for hiring justice involved individuals, banning employer discrimination, and occupational licensing reform.</p> <p>The Good Jobs Challenge, one of the U.S. Economic Development Administration's six innovative American Rescue Plan programs, will make \$500 million available to help train Americans for good jobs by developing and strengthening regional workforce training systems and sectoral partnerships. These systems and partnerships will create and implement industry-driven training programs, designed to connect unemployed, underemployed, or under-skilled workers to existing and emerging job openings. These systems are designed to train workers with the skills to secure quality jobs, which provide good-pay, benefits, and growth opportunities, such as a union job.</p>	<p>https://www.prisonpolicy.org/reports/outofwork.html</p> <p>https://eda.gov/arpa/good-jobs-challenge/faq/#1a</p>
Ministry Teams to Increase Employment Opportunities	<p>By advocating at the local level, community-based ministry teams (i.e., religious entities) can develop their own programs for increasing employment opportunities in local communities. This is accomplished by leveraging local business owners and matching those with job needs to employers trained to work a justice involved population.</p>	<p>https://www.prisonfellows.org/resources/training-resources/reentry-ministry/on-going-ministry/helping-ex-prisoners-find-jobs/</p>
Fortune Society*	<p>The Fortune Society has developed a holistic "one-stop shop" model of service provision by providing a comprehensive array of in-house social services that</p>	<p>https://fortunesociety.org/</p>

Table 4. Potential Strategies to Address Unstable Living Environments/Lack of Support

Name of Strategy	Brief Description	Information
	are meant to rebuild lives by addressing societal failure that leads to criminal justice involvement. It involves providing essential services in one location including court advocacy, navigating probation violations, offering alternatives to incarceration, access to public benefits, healthcare, programs, case management, creative arts, drop-in center, education, employment, family services, food and nutrition, preparation for release, and substance use treatment and recovery services.	
High Wage Job Path Creation	The Sacramento Probation Department established an employment program known as the Career Training Partnership (CTP) program to provide construction trades– focused vocational and educational services (job readiness) to individuals on probation in Sacramento County and to assist probationers with securing employment (job placement) with labor unions.	https://www.rand.org/content/dam/rand/pubs/research_reports/RR2100/RR2179/RA_ND_RR2179.pdf

Need for Stable Housing

The third highest ranked barrier as prioritized by the AC was the **need for stable housing**. Across the country, having enough supply of affordable housing that meets demand is something that almost all communities are facing. It is often more difficult for individuals under probation supervision to find housing that is affordable, safe, and meets any legal restrictions and court requirements by which they must abide. Included in this category were the following comments by AC members: (1) Lack of housing and access to communication (i.e., no stable cell phone and email); (2) Need for housing in a clean and sober living environment (SLE) that is no cost; (3) Lack of affordable housing; (4) Transitional support housing with wrap around services; and (5) Lack of stable housing. The literature review focused on these elements.

Potential Strategies

There is innovative work happening in this area across the country.⁹ Generally, these efforts follow the Housing First Approach (i.e., considers housing as a basic need that once addressed, sets the foundation for individuals to be successful in other interventions). Housing first focuses on permanence and affordability, safety and comfort, supportive services that are accessible, flexible, and target long-term housing stability, and ensuring individuals feel empowered and independent. Some of the strategies that were identified as part of this process were similar and have been grouped together

⁹Haven for Hope: <https://www.havenforhope.org/about/our-approach/>; Burlington Housing Authority highlighted in a Vera Institute of Justice Report: <https://www.vera.org/downloads/publications/Opening-Doors-Full-Report.pdf>; Returning Home-Ohio Pilot Project: <https://www.csh.org/resources/supportive-housing-for-returning-prisoners-outcomes-and-impacts-of-the-returning-home-ohio-pilot-project/>; The Homecoming Project by Impact Justice: <https://impactjustice.org/impact/homecoming-project/>; Seattle - King County Rapid Re-Housing Model: <http://allhomekc.org/wp-content/uploads/2017/02/FINAL-Sea-KC-RRH-Guidelines-2.pdf>; The One Community Plan in Olympia Washington: https://cms7files.revize.com/olympia/Document_center/Community/Housing%20&%20Homelessness/One-Community-Plan-Web.pdf; and Oxford Houses: <https://www.oxfordhouse.org/index>.

accordingly. Strategies that may have an impact on additional barriers are denoted with an asterisk (*) and strategies already in existence that are or were being used on a limited basis are denoted with a caret (^).¹⁰ These strategies are contained in Table 5.

Table 5. Potential Strategies to Address Need for Stable Housing

Name of Strategy	Brief Description	Information
Homecoming Project*	“The Homecoming Project provides subsidies to homeowners in exchange for renting a room at an affordable rate (\$705 a month paid for by the program) to someone returning home from prison. The project provides a strong screening and matching process and offers ongoing support services including communications, problem solving, decision-making, collaboration skills, and coaching to both returnees and hosts. It sets clear rules and expectations for all, which supports successful re-entry and inspiring relationships with positive outcomes.”	https://impactjustice.org/impact/homecoming-project/
Permanent Supportive Housing (PSH)^	“Supportive housing offers affordability and a stable living environment while helping tenants access services and amenities that promote self-sufficiency and enhance their quality of life. Depending upon the tenancy, supportive services programs in housing provide and/or maintain linkages to individual and family counseling, HIV services, mental health services, alcohol and substance use services, crisis intervention, childcare, medical care, vocational counseling, and job placement, among others. Supportive housing projects also work to foster community-building efforts among tenants and are often engaged with the surrounding neighborhood as well.”	https://www.csh.org/wp-content/uploads/2011/12/Tool_DevelopingSupport_Guide.pdf
Tiny Homes as PSH^	Tiny homes can be a solution to permanently housing more individuals within the larger community close to services and amenities.	https://www.urban.org/sites/default/files/publication/102715/implementing-tiny-homes-as-permanent-supportive-housing.pdf
Collaborative Housing Initiatives*^	Some communities (at both the state and county level) are creating collaboratives that involve public housing authorities, department of corrections, probation departments, and community-based organizations to provide safe and affordable housing for those in need.	https://www.vera.org/downloads/publications/Opening-Doors-Full-Report.pdf https://csgjusticecenter.org/publications/the-role-of-probation-and-parole-in-making-housing-a-priority-

¹⁰ The SIM report also included recommendations concerning the need for stable housing. These included: Using Stony Point Commons for community living options; Considering the Seattle and Olympia models; Identifying creative funding for county-based housing; Setting aside affordable housing units for criminal justice clients; Working collaboratively on a housing summit; Expanding transitional housing units; Sanctioned homeless camps, Reduced fees for low-income housing renovation; and Tax incentives for supportive housing.

Table 5. Potential Strategies to Address Need for Stable Housing

Name of Strategy	Brief Description	Information
		for-people-with-behavioral-health-needs/
Safe Outdoor Spaces*^	City/County sanctioned camp sites that are monitored with 24/7 security, meals, bathroom facilities, and staff to assist with housing navigation, employment, medical, and mental health services.	https://www.denverpost.com/2021/01/05/denver-homeless-encampments-safe-outdoor-space/

Service Coordination

The next highest ranked barrier as prioritized by the AC was **service coordination**. Included in this category were the following comments by AC members: (1) Lack of coordination of services-takes a long time; (2) Lack of full knowledge of wrap around services; (3) Effective treatment programs; (4) Cost of services; (5) Inappropriate referrals; (6) Lack of programs and services; (7) Lack of Spanish speaking services; (8) Racially equitable referrals; and (9) Clients are easily overwhelmed by long programs with multiple steps and long-term end dates. They tend to live day-to-day and have a challenging time with long term goals).

Potential Strategies

Given the variety in responses provided by the AC, the literature review focused on general service coordination solutions. Many of the above strategies listed in the other topic areas above also apply here. The county and the Probation Department already have multiple projects that are working to address service coordination, but many of these programs are small in the number of individuals served and are not focused on individuals under supervision—rather, they are designed for high cross-systems users which may or may not contain individuals under supervision. Some of the strategies that were identified as part of this process (Table 6) were similar and have been grouped together accordingly. Strategies that may have an impact on additional barriers are denoted with an asterisk (*) and strategies already in existence that are or were being used on a limited basis are denoted with a caret (^).¹¹

Table 6. Potential Strategies to Address Service Coordination Issues

Name of Strategy	Brief Description	Information
Community Corrections Centers/One Stops*^12	One Stop types of centers offer integrated services in one location including addiction services, mental health care, child support modifications, housing, record sealing, expungement, health care, recovery housing, homelessness, and other services under one roof. These can also focus on one topic area (e.g., employment).	https://www.co.shasta.ca.us/index/probation/community-corrections-center https://probation.lacounty.gov/invest-program/ajcc/

¹¹ The SIM report included several helpful recommendations for this topic: Develop more strategies to share information regarding programs and services; Develop interactive, more comprehensive resources; Offer resource fairs; and Create an electronic internal database to centralize information on resources and providers as well as collaborate on client needs and who does what.

¹² The most recent Sonoma County Criminal Justice Master Plan recommended to not have a community corrections center or one stop in the county. Instead, the DRC could be expanded and operate as a one stop.

Table 6. Potential Strategies to Address Service Coordination Issues

Name of Strategy	Brief Description	Information
Whole Person Care*^	Through Section 1115 Medicaid waiver and with CA's Department of Health Care Services, 25 pilots were implemented in California to integrate social services, medical services, housing support, etc. In a pilot, participating programs included: a Medi-Cal managed care organization, the probation department, a homelessness outreach organization, the Department of Health Services in the county, and a series of significant CBOs/Non-Government Organization (NGOs).	https://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx
Comprehensive Services Resource Guide^	A document is developed and updated with local resources that probationers and those working with them (including family) will find helpful. This can be a document or a website.	https://sfgov.org/adultprobation/getting-out-staying-out-resource-guide
Shared Record Keeping System^	A shared record system that all court staff, probation staff, service providers, and the client use to share information and assist with service coordination. This would provide all individuals working with the client a picture of what is happening in the client's life, where they are in the change process, and what the client's next steps are.	https://bjia.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_CJMH_Info_Sharing.pdf

Basic Needs Not Being Met

The fifth barrier ranked as a priority by the AC was the **basic needs not being met**. Included in this category were the following comments by AC members: (1) Barriers such as no access to childcare, transportation,¹³ or employment that allows for flexibility with schedule; and (2) Lack of basic needs type of resources (housing, access to food, etc.). The literature review focused on these elements except housing and employment which are noted elsewhere in this document.

Potential Strategies

RDA staff focused on general, childcare, and transportation strategies for this literature review. Please see Table 7 for potential strategies to address **basic needs not being met**. Some of the strategies that were identified as part of this process were similar and have been grouped together accordingly. Strategies that may have an impact on additional barriers are denoted with an asterisk (*) and strategies already in existence that are or were being used on a limited basis are denoted with a caret (^).¹⁴

¹³ While transportation was listed as a separate issue that was ranked by the committee as the 11 highest barrier, RDA included this under the basic needs category.

¹⁴ The SIM report also provided one recommendation that aligned with this area—providing SSI/SSDI Outreach, Access, and Recovery (SOAR) services in the community. SOAR is intended to assist eligible individuals in obtaining income (and Medicaid/Medicare access) which usually helps individuals in meeting monthly income levels to access supportive housing programs.

Table 7. Potential Strategies to Address Basic Needs Not Being Met

Name of Strategy	Brief Description	Information
<i>General Strategies</i>		
Circles of Support*^	Local community leaders come together for sessions to assist with the networking and support needed in re-entry. The collaboration of religious, governmental, and social leaders provides an immediate system of support for the client.	https://www.marshallnews.com/story/1148932.html
Providing a Temporary Basic Income	"By addressing head-on the financial troubles of people leaving incarceration, we may be able to accelerate their reintegration and transition to stable employment, reduce recidivism, and meaningfully improve the United States' criminal justice system."	https://ssir.org/articles/entry/cash_for_leaving_prison_a_new_solution_to_recidivism# https://www.prisonpolicy.org/reports/outofwork.html
Probation Welcome Kits	For individuals who need it, free welcome kits containing essential items are distributed.	https://www.durhamiteam.org/welcome-home
<i>Child Care Strategies</i>		
Intergenerational Care	Utilizing nursing homes and assisted living centers as childcare. The collaboration with probation and assisted living centers can help provide consistent assistance with childcare during the reentry period.	https://newoldage.blogs.nytimes.com/2009/06/17/day-care-for-all-ages/
Grandmas for Hire	The Gma Village is a service for low-income families struggling to find affordable, trustworthy childcare. It connects parents with a network of local grandmas, and works to improve quality of care through resources, trainings, and feedback sessions. The Gma Village supports parents and providers to meet and gives structure to informal care relationships. It was co-created with West Oakland, California parents needing childcare and grandmas with the time and passion to care for kids. The Gma Village is currently being prototyped and refined with Oakland residents and local community organizations.	http://archive.designigniteschange.org/projects/1474-the-gma-village
High School and College-Based Child Care Centers	Prepares High School/College students to become competent in childcare rules and regulations, learning environments, principles of child development, trends and issues in early childhood education and classroom management techniques while proving low-cost childcare to the local community.	https://mtec.pasco.k12.fl.us/early-childhood-education/ https://www.workingmother.com/this-high-school-program-sounds-like-working-moms-dream-childcare-solution
<i>Transportation Strategies</i>		

Table 7. Potential Strategies to Address Basic Needs Not Being Met

Name of Strategy	Brief Description	Information
Free Bike Program^	Donated bicycles are rehabbed and given out to individuals who could benefit from receiving a free bicycle.	http://www.urbanbikeproject.com/ https://www.marionstar.com/story/news/2020/10/26/marionmade-probation-department-programs-improve-lives/3716124001/
Free Transportation for Low Income Households	Promoting self-sufficiency by providing residents with a means to get to work, services, and childcare that would otherwise not be accessible. Some counties have developed programs with set routes from low-income neighborhoods to key industrial areas, treatment services, and low-cost childcare. Routes are set, but rides are also available on an ad-hoc basis as well.	https://yccac.org/transportation/

Second AC Meeting

During the second AC meeting, RDA (1) presented, by barrier, the strategies that were found and not in wide use in the county; (2) asked members to brainstorm additional strategies; and (3) requested the members rank all the strategies on two components.

The committee brainstormed multiple additional strategies.

For **substance use disorders**, six new strategies brainstormed by the AC included:

1. Probation Alternative Sanctions—have sanctions be less punitive and have more options for substance use intervention rather than sending clients back to jail for use.
2. Jail-Based Treatment Planning—begin treatment planning in custody.
3. An additional Residential Treatment Facility for Males.
4. Dedicated Jail Staff Specialized in Substance Use—have one staff member for screening and matching to treatment.
5. Trauma-Informed Training for Probation Staff—learn what trauma looks like in clients, especially regarding substance use.
6. Dedicated Probation Staff Specialized in Substance Use—have one staff member for screening and matching to treatment.

For **unstable living environment/lack of support**, three new strategies were brainstormed by the AC.

1. Free/Additional Sliding Scale Sober Living Environments.
2. Dry Shelters.
3. Transitional Jail Program for 18-25 Focused on Vocational and Life Skills.

For **stable housing**, no new strategies were brainstormed by the AC. For **service coordination**, two new strategies were brainstormed by the AC—(1) Transitions Clinic Network (wrap around services) and (2) Expanding/Creating New Partnerships with Court, Probation, DA, PD, and Behavioral Health to expand FACT/IMDT like programs.

Lastly, for **basic needs not being met**, one additional strategy was offered—a free monthly bus pass for all probation clients who need it. A total of 40 strategies were either presented to the AC or provided by the AC.

Barrier	Strategies Presented	Strategies Brainstormed
Substance use disorders	5	6
Unstable living environment/lack of support	6	3
Stable housing	5	0
Service coordination issues	4	2
Basic needs	8	1
Totals	28	12

AC members then ranked the 40 strategies on two components: easiness to implement and potential impact.

For easiness to implement, AC members were asked to rate each strategy on how easy it would be to implement the strategy (outside of acquiring funding) in Sonoma County on a scale of 1-3 where 1=hard to implement, 2=medium, and 3=easy to implement.

For potential impact, AC members were asked to rate how impactful would developing or increasing the strategy be for justice involved individuals in Sonoma County on a scale of 1-3 where 1=low impact, 2=medium impact, and 3=high impact.

After the ranking of the strategies by the AC members, RDA created a composite (sum) score and combined average score for each strategy (Appendix 2). Once the averages were created, RDA selected the top 2-4 ranked strategies for each barrier. The number selected was based on the number of strategies per barrier. Table 8 presents these results.

Table 8. Highest Rated Strategies by Barrier

Barrier	Intervention	Advisory Committee Rankings		Composite Score
		Ease of Implementation (Avg.)	Impact (Avg.)	Sum/Average
Substance Use	Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	2.73	2.62	5.35/2.675
	Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	2.75	2.5	5.25/2.625
	Jail-Based Treatment Planning	2.64	2.31	4.95/2.475
	Dedicated probation staff to screen and match clients to treatment [^]	2.58	2.33	4.91/2.455
Living/Support	Fortune Society	1.92	3	4.92/2.46
	High Wage Job Path Creation	2.08	2.75	4.83/2.415
	Forensic Peer Specialists	2.25	2.33	4.58/2.29
Housing	Safe Outdoor Spaces	2.5	2.25	4.75/2.375
	Collaborative Housing Initiatives	1.83	2.67	4.5/2.25
Service Coordination	Comprehensive Services Resource Guide	2.5	2.59	5.09/2.545
	Community Corrections Centers and One Stops	2.08	2.92	5/2.5
	Partnerships between court, probation, DA, PD, and behavior health (expanding beyond FACT/IMDT)	2.25	2.58	4.83/2.415
Basic Needs	Free Monthly Bus Pass for Every Probation Client	2.91	2.64	5.55/2.775
	Probation Welcome Kits	2.75	2.08	4.83/2.415
	Free Transportation for Low Income Households	2.23	2.46	4.69/2.345
	Transportation: Free Bike Program	2.46	2.08	4.54/2.27

RDA also sorted results by composite score, by impact score, and implementation score (see Appendix 3).

Third AC Meeting

The goal for the final AC meeting was to allow the AC members to prioritize three strategies and then brainstorm how to begin implementation of the strategy in Sonoma County. During the meeting, members were presented with the ranking results presented in Table 8 and Appendix 3. Then, committee members were asked to discuss the results and highlight any new strategies that should be included in the next step of the process. In addition to the strategies in Table 8, Committee members felt strongly that several new strategies should be considered for prioritization. These were:

1. Substance Use: Additional Residential Treatment Programs that are Evidence-Based;¹⁵
2. Service Coordination: More Evidence-Based Treatment in the County; and
3. Service Coordination: Structured Probation Processes (with required treatment referrals and dates for benchmarking and formal tracking of progress and that allows for the stepping down of the intensity of supervision with successful progress)

Concerning additional residential evidence-based treatment, committee members reported that the county needs more beds for males versus females and that residential treatment generally could be enhanced to better align with proven practices that work for a justice-involved population. That led to a discussion that in the Sonoma County, more evidence-based treatment is needed generally for individuals under supervision. Specifically, programs should be adhering to the risk, need, and responsivity (RNR) model of services. This model prioritizes treatment for moderate and high risk to reoffend clients, ensures crime producing factors are focused on treatment services, and that proven approaches to reducing recidivism (e.g., cognitive behavioral therapy) are utilized.

Structured probation was defined as working with individuals on probation immediately, ensuring immediate and appropriate treatment referrals with clear expectations, sending more clients to the Day Reporting Center (DRC) for evidence-based treatment, assigning each client a social worker for case planning that begins as soon as probation starts, frontloading of services, reductions in the level of supervision based on progress, and early termination of probation once all goals have been met.

Committee members each then were asked to pick their top three priorities out of the 18 available strategies. The number of votes received for each strategy is shown in Appendix 4. A total of 13 committee members completed this prioritization activity. Three strategies received 5 votes each and were selected for use in an implementation brainstorming activity.

The **top three strategies** were:

1. Structured probation processes with **required treatment referrals and dates for benchmarking/tracking of progress and stepping down the level of probation supervision with successful progress;**
2. Dedicated staff member for **screening at the jail for eligibility/treatment planning;** and
3. Additional **residential treatment programs** that are evidence-based.

It is important to note that two of these three highest ranked strategies did not come the literature review process. However, all three are founded in best practices for individuals under supervision.

These three strategies were then used to conduct a brief brainstorming session. The purpose of the brainstorming was to start to identify high-level answers to key questions to start the implementation process. Four questions drove this brainstorming session:

¹⁵ Especially for men.

1. What is the best fit for the lead/home agency?
2. What other agencies/stakeholders need to be involved in the process?
3. What top level considerations and data are needed to get started?
4. Which stakeholders should be directly engaged to implement this strategy?

RDA and the AC members completed a large group brainstorming session for the first strategy and then the AC members were divided into two groups to complete small group brainstorming on the other two selected strategies. It should be noted that at this point in the meeting, little time was left to complete brainstorming. Based on the brainstorming conducted by the AC members, there are three different lead/home agencies that these strategies would need to be driven by – Probation, Behavioral Health, and the Sheriff/Jail.

The next three pages summarize each of the top three strategies.

Selected Strategies



Structured Probation Processes

Barrier this addresses: **Service coordination issues** was ranked the fourth highest barrier to client success. This strategy, a solution for the **service coordination issues** barrier, was one that was identified by the AC and falls in line with the literature review which supports providing clarity to the probation process.

What this entails: AC members defined a **structured probation process** as one where probation officers start working with probationers immediately—either on the day they are sentenced to probation or while they are in custody, ensuring immediate and appropriate treatment referrals with clear expectations for actively participating in treatment, sending more clients to the Day Reporting Center (DRC) for evidence-based treatment, assigning each client a social worker to assist with benefits and removing common barriers to success (e.g., providing free monthly bus passes to clients in need, “Obama phones,” etc.), case planning that begins as soon as probation starts, frontloading of services, reductions in the level of supervision based on progress, and early termination of probation once all goals have been met.

Implementation Brainstorming: In the third AC meeting, AC members recommended the following implementation next steps.

- **Agencies Involved:** The **Probation Department** is the agency best equipped to lead the implementation of this strategy. AC members identified that numerous other organizations would need to be involved in the process of implementation—Sonoma County’s Behavioral Health Division, the court and judges, unions, community-based organizations and agencies receiving referrals from probation, the District Attorney’s and Public Defender’s offices, and the Sheriff’s Office.
- **Considerations:** Top level considerations to begin implementation, as identified by the committee members are: (1) technology resources for probation (e.g., medical office type of scheduling software, a text messaging reminder system for appointments); (2) enhancements to the officer of the day¹⁶ schedule; (3) a dedicated probation field team to allow certain probation officer’s the ability to provide more structured supervision; (4) providing clients access to free Wi-Fi throughout the county; and (5) a budget for social workers

Additional Information: **Service coordination issues** was also mentioned in the Sonoma County’s Sequential Intercept Model (SIM; please see footnote 5 on page 8) as a priority—specifically to develop strategies to share information regarding programs and services. Additionally, many of the components of structured probation processes (e.g., probation officers meeting with clients in custody; strengthening case planning processes), were also discussed in RDA’s recent Sonoma County AB 109 Reentry Assessment and Sonoma County Adult Community Supervision Process Evaluation, as well as the consideration listed above regarding text messaging services between probation officers and clients.

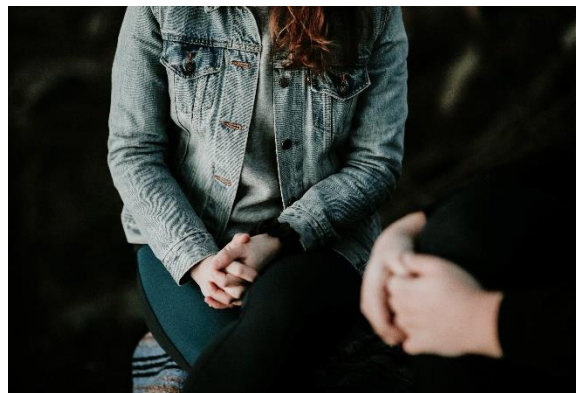
¹⁶ The officer of the day is in the main adult probation office. That person handles phone calls and visits from probationers when their regular PO is unavailable.



Dedicated Staff Member for Screening at the Jail for Eligibility/Treatment Planning

Barrier this addresses: **substance use disorders** was the highest ranked barrier to client success. This strategy was one that was identified by the AC and falls in line with the literature review which supports comprehensive treatment planning and use of proven treatment approaches.

What this entails: AC members felt strongly that having a dedicated staff member for **screening at the jail for eligibility/treatment planning** would ensure that individuals in jail could be prioritized for in-house treatment planning and services could then continue in the community upon release. This strategy was highly regarded as assisting with a continuum of care approach that would help individuals be more successful in treatment and on probation.



Implementation Brainstorming: In the third AC meeting, AC members recommended the following implementation next steps.

- **Agencies Involved:** AC members stated that the **Sonoma County Sheriff's Office** is the agency best equipped to lead the implementation of this strategy. AC members identified that two other organizations would need to be involved in the process of implementation—Sonoma County's Behavioral Health Division and Wellpath, a medical and behavioral healthcare company that provides services in jails, prisons, and inpatient and residential treatment facilities.¹⁷
- **Considerations:** Top level considerations to begin implementation, as identified by the committee members are: (1) whether Wellpath or Sonoma County Behavioral Health staff best equipped to staff the initiative; (2) staff turnover concerns that would limit consistency in implementation; and (3) the necessity of screening availability every day as new individuals are processed daily.

Additional Information: The SIM also supports this strategy—which identified several overlapping priorities including reentry/discharge planning staff or team to follow people into the community and improving warm handoffs for sudden jail releases.

¹⁷ The Probation Department will also need to be included in the implementation of this strategy as well to support the continuity of treatment once the individual is released into the community.



Evidence-Based Residential Treatment



Barrier this addresses: This strategy, another solution for the **substance use disorders** barrier, was one that was identified by the AC and falls in line with the literature review which supports comprehensive treatment planning and treatment.

What this entails: AC members felt strongly that additional **evidence-based residential treatment** is needed in the County—especially for **men**. While additional beds are needed, the AC committee members stressed the need for higher quality treatment as the key to success in increasing positive outcomes.

Implementation Brainstorming: In the third AC meeting, AC members recommended the following implementation next steps:

- **Agencies Involved:** AC members stated that **Sonoma County's Behavioral Health Division** is the agency best equipped to lead the implementation of this strategy. AC members identified two other organizations would need to be involved in the process of implementation—the Probation Department and Sheriff's Office.
- **Considerations:** Top level considerations to begin implementation, as identified by the committee members, are: (1) whether expanding current residential treatment options suffice or new providers are needed; (2) surveying current providers to gauge interest; (3) staff turnover at treatment programs; (4) focusing on the need for additional beds for male clients; (5) how to fund the initiative including exploring grants, AB 109 funding, or American Rescue Plan Act of 2021 (ARPA) stabilization funding; and (6) what clients who are single head of households should do with their children while in treatment.

Additional Notes: RDA's 2020 *Program-Level Evaluation of Residential Substance Use Treatment: Turning Point* provides recommendations to increase the quality of residential treatment services in Turning Point, the only Sonoma County state-licensed residential treatment provider for male justice-involved participants, excluding private-pay facilities. This report also acknowledges the desire of stakeholders for more options for residential substance use treatment in the county.



Implementation Next Steps and Conclusion

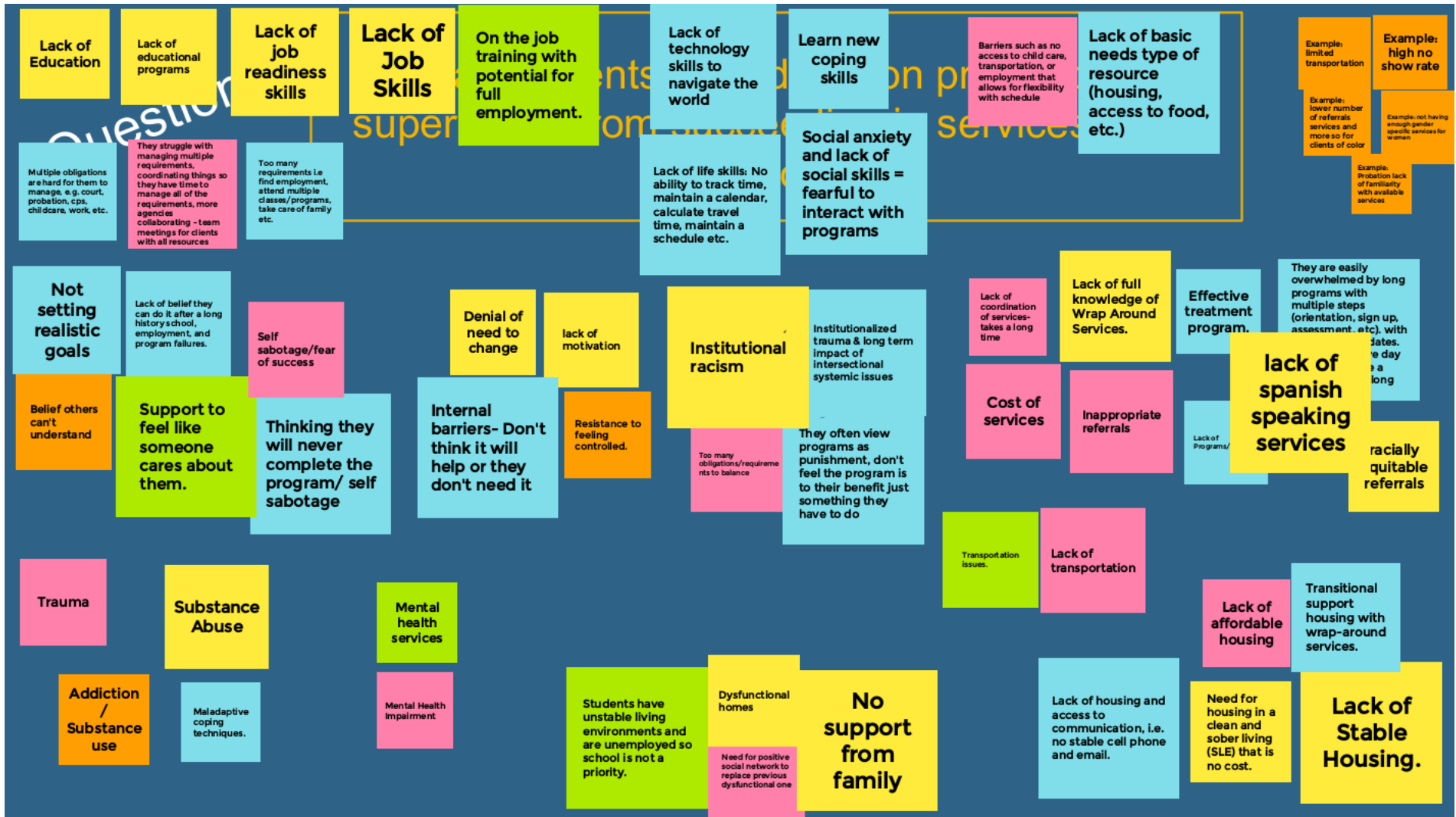
It is hoped that the Probation Department and its stakeholders can use this report to begin the process of implementing strategies to assist individuals under supervision to increase their likelihood of success. After the final AC meeting, Probation's PIE team started conversations with the lead agencies (as identified by the AC) for each strategy—Probation, Sonoma County Sheriff's Office, and Sonoma County's Behavioral Health Division to determine their willingness to lead the implementation of the identified strategies.

Given that the top rated strategies have different natural fits for who should drive implementation, no one agency would carry the sole responsibility for implementation—highlighting the importance of collaboration in the implementation process for all three strategies. In the future, Sonoma County may also consider the next tier of top ranked strategies by the AC as funding priorities: **Community Corrections Center/One Stop**,¹⁸ **developing more evidence-based treatment in the county, jail-based treatment planning, and expanding partnerships between court, probation, DA, PD, and Behavior Health.**

Given the complexity of the top three strategies selected for implementation—**dedicated staff member for screening at the jail for eligibility/treatment planning**; additional **residential treatment programs that are evidence-based**; and **structured probation processes**—additional funding may need to be prioritized to support the work of reducing common barriers to client success.

¹⁸ This refers to the expansion of the DRC to operate as a full community corrections center or one stop.

Appendix 1: Barrier Brainstorming Results (AC Meeting #1)



Appendix 2: Ranking Results for All Strategies – (AC Meeting #2)

Table 10: Ranking Results for All Strategies

Strategy	Advisory Committee Rankings		Composite Scores
	<i>Ease of Implementation (Avg.)</i>	<i>Impact (Avg.)</i>	<i>Sum/Average</i>
<u>Barrier: Substance Use Disorders</u>			
Resilience & Recovery Project	2.42	2.27	4.69/2.345
Oxford Houses	1.67	2.08	3.75/1.875
Boundary Spanning & Health-Related Wraparound Services	2.17	2.75	4.92/2.46
Integrated Case Management	2.1	2.67	4.77/2.385
Relapse Prevention Planning	2.4	2.42	4.82/2.41
Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	2.73	2.62	5.35/2.675
Jail-Based Treatment Planning	2.64	2.31	4.95/2.475
Additional Residential Treatment Facilities for Males	1.69	2.62	4.31/2.155
Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	2.75	2.5	5.25/2.625
Trauma-Informed Training for Probation Staff (probation and CBO's)	2.54	2.23	4.77/2.385
Dedicated probation staff to screen and match clients to treatment^	2.58	2.33	4.91/2.455
<u>Barrier: Unstable Living Environments/Lack of Support</u>			
Building Social Capital	2.17	1.75	3.92/1.96
Forensic Peer Specialists	2.25	2.33	4.58/2.29
Address Common Employment Barriers	1.92	2.42	4.34/2.17
Ministry Teams to Increase Employment Opportunities	2	2	4/2
Fortune Society	1.92	3	4.92/2.46
High Wage Job Path Creation	2.08	2.75	4.83/2.415
Free SLEs and Dry Shelters	1.64	2.73	4.37/2.185
Transitional Jail Program (for 18-25 focused on vocational and life skills)	1.82	2.67	4.49/2.245
<u>Barrier: Need for Stable Housing</u>			
Homecoming Project	1.83	2.33	4.16/2.08
Permanent Supportive Housing	1.83	2.58	4.41/2.205
Collaborative Housing Initiatives	1.83	2.67	4.5/2.25
Tiny Homes as PSH	1.83	2.33	4.16/2.08
Safe Outdoor Spaces	2.5	2.25	4.75/2.375

<u>Barrier: Service Coordination</u>			
Community Corrections Centers and One Stops	2.08	2.92	5/2.5
Comprehensive Services Resource Guide	2.5	2.59	5.09/2.545
Whole Person Care	2.17	2.5	4.67/2.335
Shared Record Keeping System	1.75	2	3.75/1.875
Transitions Clinic Network (Wrap around services and connecting before release, peer support driven and includes multiple services)	2.09	2.55	4.64/2.32
<u>Barrier: Basic Needs Not Being Met</u>			
Circles of Support	2.08	2.25	4.33/2.165
Providing a Temporary Basic Income	1.92	2.67	4.59/2.295
Probation Welcome Kits	2.75	2.08	4.83/2.415
Child Care: Combined	1.77	2.46	4.23/2.115
Transportation: Free Bike Program	2.46	2.08	4.54/2.27
Free Transportation for Low Income Households	2.23	2.46	4.69/2.345

Appendix 3: Strategy Ranking Results by Composite, Impact, and Impelentation Scores (AC Meeting #2)

Table 11. Highest Rated Strategies by Composite Score		
Barrier	Strategy	Composite Scores Sum/Average
Basic Needs	Free Monthly Bus Pass for Every Client on Probation	5.55/2.775
Substance Use	Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	5.35/2.675
Substance Use	Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	5.25/2.625
Service Coordination	Comprehensive Services Resource Guide	5.09/2.545
Service Coordination	Community Corrections Centers and One Stops	5.0/2.5
Substance Use	Jail-Based Treatment Planning	4.95/2.475
Living/Support	Fortune Society	4.92/2.46
Substance Use	Dedicated probation staff to screen and match clients to treatment^	4.91/2.455
Living/Support	High Wage Job Path Creation	4.83/2.415
Service Coordination	Partnerships between court, probation, DA, PD, and behavior health (expanding beyond FACT/IMDT)	4.83/2.415
Basic Needs	Probation Welcome Kits	4.83/2.415

Barrier	Strategy	Impact Average
Living/Support	Fortune Society	3
Service Coordination	Community Corrections Centers and One Stops	2.92
Living/Support	High Wage Job Path Creation	2.75
Housing	Collaborative Housing Initiatives	2.67
Basic Needs	Free Monthly Bus Pass for Every Client on Probation	2.64
Substance Use	Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	2.62
Service Coordination	Comprehensive Services Resource Guide	2.59
Service Coordination	Partnerships between court, probation, DA, PD, and behavior health (expanding beyond FACT/IMDT)	2.58
Substance Use	Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	2.5
Basic Needs	Free Transportation for Low Income Households	2.46

Barrier	Strategy	Ease of Implementation Average
Basic Needs	Free Monthly Bus Pass for Every Client on Probation	2.91
Substance Use	Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	2.75
Basic Needs	Probation Welcome Kits	2.75
Substance Use	Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	2.73
Substance Use	Jail-Based Treatment Planning	2.64
Substance Use	Dedicated probation staff to screen and match clients to treatment^	2.58
Housing	Safe Outdoor Spaces	2.5
Service Coordination	Comprehensive Services Resource Guide	2.5
Basic Needs	Transportation: Free Bike Program	2.46
Living/Support	Forensic Peer Specialists	2.25
Service Coordination	Partnerships between court, probation, DA, PD, and behavior health (expanding beyond FACT/IMDT)	2.25

Appendix 4: Strategy Prioritization Results – (AC Meeting #3)

Table 14. Prioritization Results		
Barrier	Strategy	Number of Responses
Substance Use	Dedicated Staff Member for Screening at the Jail (for eligibility/treatment planning)	5
Substance Use	Additional residential treatment programs that are evidence-based	5
Service Coordination	Structured probation processes with required treatment referrals and dates for benchmarking/tracking of progress	5
Service Coordination	Community Corrections Centers and One Stops	4
Service Coordination	More evidence-based treatment in the county	4
Substance Use	Jail-Based Treatment Planning	3
Service Coordination	Partnerships between court, probation, DA, PD, and behavior health (expanding beyond FACT/IMDT)	3
Living/Support	Fortune Society	2
Housing	Collaborative Housing Initiatives	2
Substance Use	Dedicated probation staff to screen and match clients to treatment	1
Substance Use	Alternative Sanctions (Additional probation sanctions that keeps gains but address relapse)	1
Living/Support	High Wage Job Path Creation	1
Living/Support	Forensic Peer Specialists	1
Basic Needs	Probation Welcome Kits	1
Basic Needs	Free Transportation for Low Income Households	1
Housing	Safe Outdoor Spaces	0
Service Coordination	Comprehensive Services Resource Guide	0
Basic Needs	Free Monthly Bus Pass for Every Probation Client	0
Basic Needs	Transportation: Free Bike Program	0