

Develop cross-sector, cross-agency strategic initiatives and engagement strategies for individuals that are causing the most significant distress in our community and for themselves.



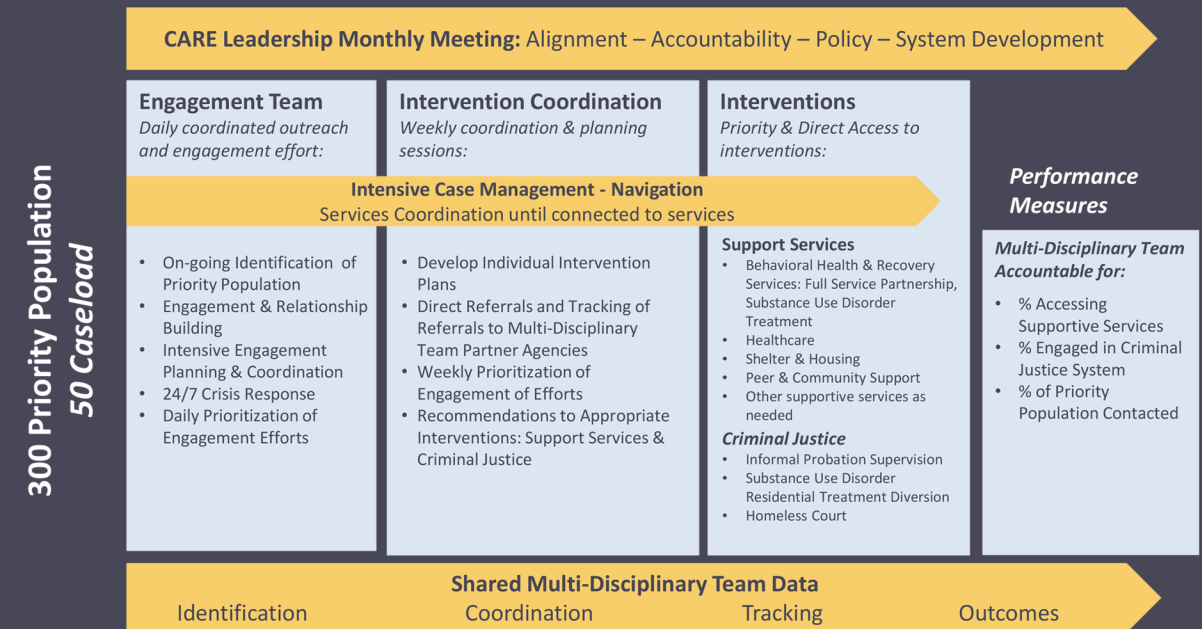
Helping to **restore** those in our **community** struggling with:

- High-Risk Health and Safety Behaviors
- Vagrancy-Related Criminal Behavior
- Severe and Persistent Mental Illness
- Substance Use Disorders

Collaborating to Achieve Results



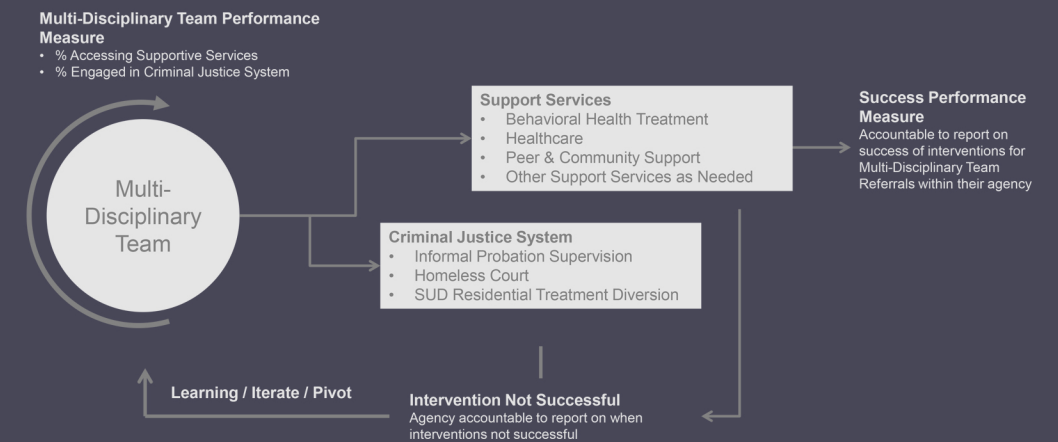
Multi-Disciplinary Team Approach



The Multi-Disciplinary Team will develop a process where a dedicated Engagement Team creates and implements individualized, case-by-case intervention plans for this population. The interventions will focus on connecting individuals with appropriate services and community supports through an intensive engagement and a case management approach.

Program Accountability Measures

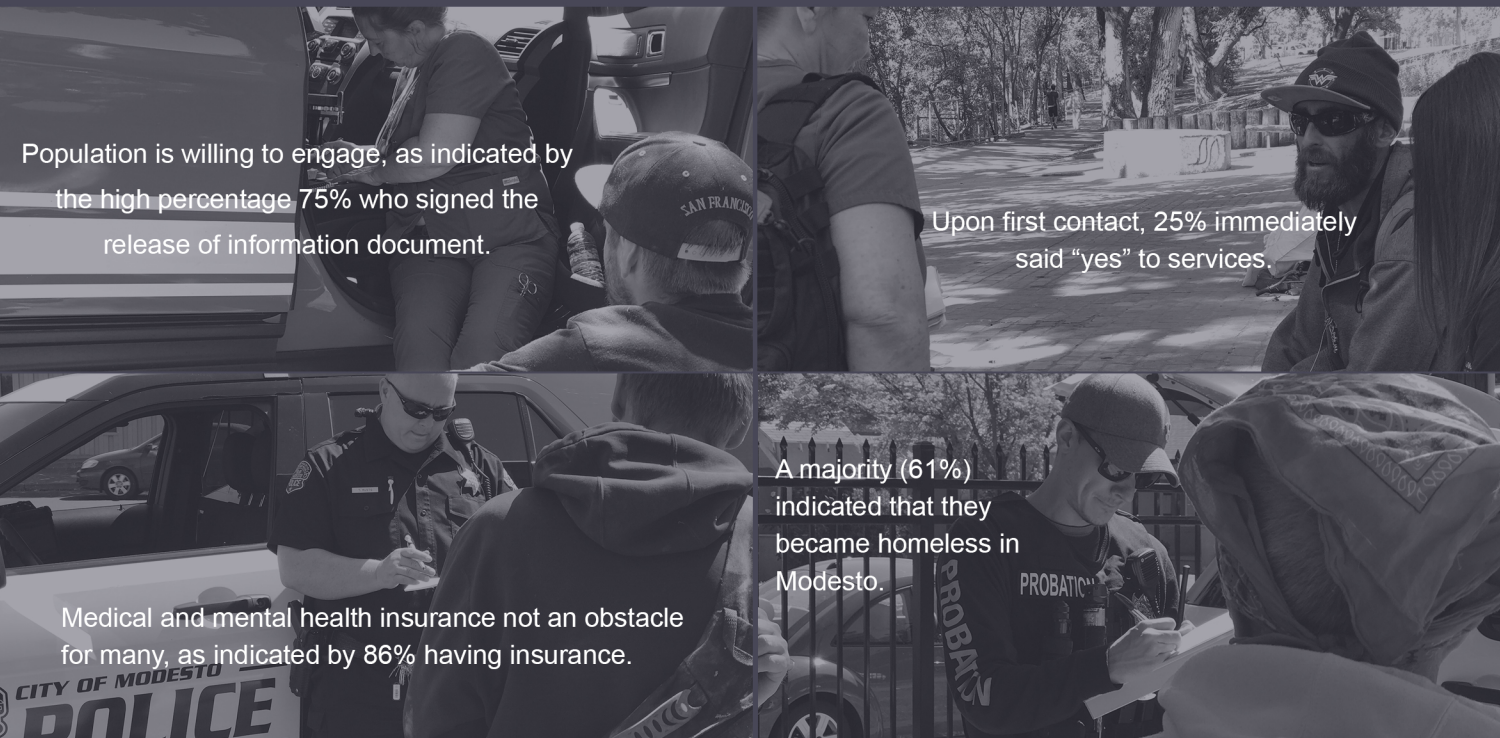
In addition to assessing the interventions, the Multi-Disciplinary Team will track program performance measures and community-level indicators. Once an agency receives a referral, that agency will be responsible for reporting on the success of their interventions and the impact on the broader measure of reduction in homelessness, incarceration, and improvement in health.



Specific Supportive Services

- Mental Health Treatment: Full Services Partnership
- Residential Treatment & Detox Facilities for Substance Use Disorders
- Detoxification Programs
- Sober Living Homes
- Housing and Emergency Shelter
- Social Services

Two-Week Pilot



Population is willing to engage, as indicated by the high percentage 75% who signed the release of information document.

Upon first contact, 25% immediately said "yes" to services.

A majority (61%) indicated that they became homeless in Modesto.

Medical and mental health insurance not an obstacle for many, as indicated by 86% having insurance.

Migration Analysis

One persistent question from the community and government alike has been: do these individuals come from another county and for what reason? The data that were used to answer this question included the preliminary pilot data, comparing Medi-Cal in other counties, and evaluating the point-in-time (PIT) data. As indicated in the previous section, a majority (61%) indicated that they became homeless in Modesto. In terms of Medi-Cal records, of the 143 individuals, only 3 (2%) currently have, and 3 (2%) have had, an open Medi-Cal record. Although a definitive count of non-Modesto and non-County individuals who are homeless is not currently available through existing databases, the recent point-in-time (PIT) count identified 13% who are from outside of Stanislaus County.

Learning Highlights

1. Given this population's complex mental health and substance abuse needs, it was recommended that an additional mental health clinician be added to the team, as it was quite time consuming for one clinician to provide mental health assessment and direct services for the entire population.
2. Because of the multiple agencies and services involved in assisting this population, the team reinforced the need for a case manager to monitor, assess, and assist the population with these services.
3. To provide services expeditiously, transportation is needed so that when an individual agrees to services he/she, with belongings and/or pets, can be transported to the appropriate agency.
4. Since there are other outreach and engagement teams—namely, at the Outreach and Engagement Center—it is important to coordinate engagement efforts with them so that there is not duplication of efforts.
5. Having access to the population's information "in the field" via some type of mobile device would improve service delivery.
6. In the event that legal issues are discovered, partnering with the courts could help those issues to be addressed.
7. A major impediment to accessing services is someone not having his/her identification card so somehow partnering with the Department of Motor Vehicles to expedite the process of obtaining one would be helpful.

This document showcases the work accomplished by the CARE workgroup as an overview of the program. Recommendations for implementation, including tactics and intended outcomes, will be provided by the full CARE leadership committee, who will approve a series of action steps.

Community Assessment, Response & Engagement

CARE Program

Program Objective:

Develop cross-sector, cross-agency strategic initiatives and engagement strategies for individuals that are causing the most significant distress in our community and for themselves.

On December 11, 2017 over 50 community leaders were convened with the authority over resources or policies that have a direct responsibility to serve this population. The group pledged their commitment and accountability to participate in a 90-day planning process.

The first workgroup meeting was held December 21, 2017. The project team was a joint county and city effort with Rick Armendariz, Assistant Police Chief and Interim Deputy City Manager, acting as the project manager supported by Deputy CEO Ruben Imperial and the county's Focus on Prevention team.

A two-week pilot test of the CARE MDT began on May 7 and ended on May 18 with the aim of implementing and assessing the initial action plan.

Phase II - Assessment & Strategic Directions



Next Phase III - Approval Implementation & Engagement



Phase I - Identification & Scope

