

The San Francisco Sentencing Commission

City & County of San Francisco

(Administrative Code 5.250 through 5.250-3)

San Francisco Sentencing Commission

AGENDA

Tuesday September 21, 2021, 10:00 am

REMOTE MEETING VIA VIDEOCONFERENCE

Watch via Zoom: <https://sfdistrictattorney.zoom.us/j/97345652876>

Meeting ID: 973 4565 2876

Call-in: 877 369 0926 US Toll-free

Consistent with state and local orders addressing the COVID-19 pandemic, this meeting of the Sentencing Commission will be held remotely via videoconference. The Sentencing Commission meetings held through videoconferencing will allow remote public comment via the videoconference or through the number noted above. Members of the public are encouraged to participate remotely by submitting written comments electronically to josie.halpern-finnerty@sfgov.org. These comments will be made part of the official public record in these matters and shall be brought to the attention of the members of the Subcommittee. Explanatory and/or Supporting Documents, if any, will be posted at: <https://sfdistrictattorney.org/sentencing-commission-relevant-documents>

1. Call to Order; Roll call.
Pursuant to Sentencing Commission By Laws the Chair shall present the ancestral homeland acknowledgement of the Ramaytush Ohlone, who are the original inhabitants of the San Francisco Peninsula.
2. Public Comment on Any Item Listed Below (discussion only).
3. Review and Adoption of Meeting Minutes from June 22, 2021 (discussion & possible action).
4. Staff Report on Sentencing Commission Activities (discussion & possible action).
5. Staff Report on Criminal Justice Racial Equity Workgroup (discussion & possible action).
6. Safety and Justice Challenge Updates by Josie Halpern-Finnerty, Safety and Justice Challenge Director (discussion & possible action).
7. Presentation on Characteristics of People with Multiple Systems Contact in San Francisco from California Policy Lab, UC Berkeley and UC San Francisco by Stephen Paolillo and Caroline Cawley (discussion & possible action).

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8. Presentation on 'Frequent Users Systems Engagement (FUSE)' Analysis and Current Work in San Francisco from Corporation for Supportive Housing by Heather Lyons, Jenna Murakami, and Gabe Schuster.
9. Introduction of CNA's Center for Justice Research and Innovation, Technical Assistance Provider for the Justice Reinvestment Initiative Young Adult Justice Initiative by Hildy Saizow and Shelby Hickman.
10. Members' Comments, Questions, Requests for Future Agenda Items (discussion & possible action).
11. Public Comment on Any Item Listed Above, as well as Items not Listed on the Agenda.
12. Adjournment.

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SUBMITTING WRITTEN PUBLIC COMMENT TO THE SAN FRANCISCO SAFETY AND JUSTICE SUBCOMMITTEE

Persons who are unable to attend the public meeting may submit to the San Francisco Safety and Justice Challenge Subcommittee, by the time the proceedings begin, written comments regarding the subject of the meeting. These comments will be made a part of the official public record and brought to the attention of the Subcommittee. Written comments should be submitted to: Josie Halpern-Finnerty, San Francisco District Attorney's Office, via email: josie.halpern-finnerty@sfgov.org

MEETING MATERIALS

Copies of agendas, minutes, and explanatory documents are available through the Sentencing Commission website at <http://www.sfdistrictattorney.org> or by emailing josie.halpern-finnerty@sfgov.org. The material can be faxed or mailed to you upon request.

ACCOMMODATIONS

To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Josie Halpern-Finnerty at josie.halpern-finnerty@sfgov.org at least two business days before the meeting.

TRANSLATION

Interpreters for languages other than English are available on request. Sign language interpreters are also available on request. For either accommodation, please contact Josie Halpern-Finnerty at josie.halpern-finnerty@sfgov.org at least two business days before the meeting.

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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library, and on the City's web site at: www.sfgov.org/sunshine.

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Administrator
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place,
San Francisco, CA 94102-4683.
Telephone: (415) 554-7724
E-Mail: soft@sfgov.org

CELL PHONES

The ringing of and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Co-Chairs may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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MEETING MINUTES

June 22, 2021

10:00 am – 12:00pm

REMOTE MEETING VIA VIDEOCONFERENCE

Members in Attendance:

San Francisco District Attorney Chesa Boudin; Public Defender Mano Raju representative Carolyn Goossen; Adult Probation Department Chief Karen Fletcher; Juvenile Probation Department Chief Katy Miller; San Francisco Sheriff Paul Miyamoto, representative Alissa Riker; Department of Public Health Director Colfax representative Naveena Bobba; San Francisco Police Department Chief Scott representative Acting Deputy Chief Raj Vaswani, Re-Entry Council Director Karen Roye, San Francisco Superior Court representative Allyson West, Family Violence Council's Non-Profit Organization Appointee Andrew Tan; Re-Entry Council's Non-Profit Organization Appointee William Palmer, Board of Supervisors Appointee Theshia Naidoo.

1. Call to Order; Roll call.

San Francisco District Attorney Chesa Boudin welcomed everyone to the 34th Sentencing Commission Meeting and calls the meeting to order.

Tara Anderson, San Francisco District Attorney's Office Director of Policy called the roll for attendance and all members were present.

District Attorney Boudin provided Member Tan an opportunity to introduce himself as a new Family Violence Council appointee.

2. Public Comment on Any Item Listed on the Agenda (discussion only).

There was no public comment provided.

3. Review and Adoption of Meeting Minutes from March 23, 2021 (discussion & possible action).

District Attorney Boudin asked Commission members to review minutes from the previous Sentencing Commission meeting. Reentry Council Appointee: Child Protective Services Director Roye moved to accept the minutes; Member Riker seconded the motion. Minutes from March 23, 2021 were approved in a Roll Call vote.

No Public Comments received.

4. Staff Report on Sentencing Commission Activities (discussion & possible action).

Tara Anderson reported that staff worked to support the recent appointment of Member Tan. Tara Anderson shared appreciation for the Council of State Government Justice Center for their support in exploring federal funding mechanisms one of the main items on the meeting agenda.

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Tara Anderson invited the Reentry Council appointee to provide an update.

Karen Royce, Director of Child Support Services, provided a report related to the Reentry Council, which met April 22nd, 2021. During this meeting, the Council voted to support SB 262, AB 990, SB 271, AB 717, AB 417, and AB 1007. The Reentry Council also received a presentation on Clipper's means-based transit fare discount pilot which is in effect now. The Reentry Council amended their rules to add the Ramaytush Ohlone Land Acknowledgement at the beginning of each meeting. The next Reentry Council meeting will be July 22nd, 2021.

Andrew Tan provided an update on the Family Violence Council, which met May 19th, 2021. The Family Violence Council received a presentation and approved the Family Violence in San Francisco Report for FY 2019-2020. Within the report, recommendations to promote access to basic needs and integrate family violence prevention and disaster recovery, increase access to trauma-informed and culturally humble training for staff, improve emergency response to vulnerable older adults, transform response to child welfare, and prevent the intergenerational transmission of violence were approved. Members also focused on collaborating with the Native American and AAPI communities. The next Family Violence Council meeting will be on August 18th, 2021.

No questions or Public Comments received.

5. Staff Report on Criminal Justice Racial Equity Workgroup (discussion & possible action).

District Attorney Chesa Boudin called on Victoria Westbrook and Arcelia Hurtado to provide an overview of the Justice and Equity workgroup activities.

Victoria Westbrook provided an update on the Criminal Justice Equity workgroup, which last met on June 18th, 2021 to follow up on the California Racial Justice Act training that was previously provided. The Justice and Equity workgroup plans to incorporate further systems change trainings and information into future meetings. The next Criminal Justice and Racial Equity workgroup meeting will be July 15, 2021.

No questions or Public Comments received.

6. Safety and Justice Challenge Updates by Josie Halpern-Finnerty, Safety and Justice Challenge Director (discussion & possible action).

Josie Halpern-Finnerty provided an update on the Safety and Justice Challenge (SJC) and 2021 workplan. Halpern-Finnerty reported that the SJC workgroup members are continuing collective efforts to sustain reductions in jail population and use data to address the persistent racial disparities in the jail population. Halpern-Finnerty reported that data experts from the Institute for State and Local Governments and the JFA Institute measured public safety impacts of criminal justice reform strategies implemented across SJC sites before and during the pandemic. These reports found that declines in jail populations did not harm public safety. Halpern-Finnerty also reported that SJC fellows spoke to over 50 community and system stakeholders and are in

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the process of finalizing recommendations that will be shared at a future meeting. In the SJC Jail Population Review Team, there is a continued focus the disproportionate representation of black men in prison populations. This Team is also continuing work to improve housing connections for people leaving custody. Additional details can be found on p.12 of the agenda packet.

Lucas Jennings of the San Francisco Sheriff's Office provided a revised monthly jail report. He shared information on the average number of people in jail, a snapshot of the daily population, bookings, releases, and the average and median length of stay for those released.

No questions or Public Comments received.

7. Presentation on Department of Juvenile Justice Closure from Juvenile Probation Department by Emily Fox (discussion & possible action).

DA Boudin reminded members that on September 30, Gov. Newsom signed SB 823, a budget-trailer bill that will lead to the closure of the state's troubled and violent youth prison system. DA Boudin stated that Senate Bill 823 is a historic reform measure intended to fundamentally transform the way that the state and its 58 counties approach youth justice. He then invited Emily Fox to speak on the implications of SB 823 on San Francisco.

Emily Fox provided a report on the Division of Juvenile Justice (DJJ) realignment, and its impact both on the State and on San Francisco. Fox re-iterated the Juvenile Justice closures, and outlined how its duties, care custody, and supervision will be realigned to California's 58 counties. Fox described SB 92, a follow-up bill to SB 823 that allows secure youth treatment to be established for young people and extends the age of jurisdiction for counties to maintain juvenile jurisdiction up to age 25 for certain offenses. Fox reported that DJJ intakes will stop on July 1, and on June 30, 2023, DJJ facilities will close permanently, along with the entire division. For current youth in DJJ facilities, the courts in individual jurisdictions are being asked to consider placement in local programs as they become established as an alternative to continued stay in DJJ. Fox reported that DJJ realignment also creates a new oversight office for all of this work: the Office of Youth and Community Restoration, which will be housed in the Health and Human Services Agency. They will review local plans, provide policy recommendations, establish an ombudsman, and evaluate local programs across the state. Fox overviewed SB 92's conditions under which a juvenile court can commit a young person to a secure youth treatment facility. These new conditions state that a young person must have been adjudicated for a 707B offense, adjudication has to be the most recent offense for which the individual has been adjudicated, the court must have determined that a less restrictive alternative disposition for that young person is unsuitable, and must consider other recommendations if provided. Fox mentioned that SB 92 also requires that within 30 days of a commitment, the court has to approve an individual rehabilitation plan for each young person that will identify their needs and describe the programming that they will receive. This plan has to be developed in consultation with a multidisciplinary team, including various service providers, the young person, and their family. Finally, the progress review hearings must come before the court no less frequently than every six months. SB 92 finally states that there shall be a secure facility that's operated, utilized or accessed by the county of commitment for the eligible young people who could have gone to DJJ.

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Fox then discussed the financial implications of DJJ realignment. The allocation of DJJ facilities to counties comes with an allocation of funding, but each county must create a subcommittee of their Juvenile Justice Coordinating Council to be eligible. Fox reported that San Francisco has created a subcommittee that will create a continuum of services and supports for youth who would have been eligible for DJJ commitment previously. This committee consists of 15 members, 7 of whom are community members or youth advocates. By January 1, this subcommittee must submit a local plan to the Office of Youth and Community Restoration that describes the population that will be served the description of facilities, programs, placement services and other responses, how the grant funds will be used, a detailed facility plan, how the committee plans to incentivize retaining youth in our system instead of the adult system, any regional arrangements, and how data will be collected and used to measure outcomes.

Director Roye thanked Emily Fox for her presentation, and asked how the subcommittee is considering the ongoing aspect of their important work. Chief Miller responded, discussing how Juvenile Probation collaborates with wraparound services to support youth in San Francisco. The Department of Juvenile Probation has previously supported youth transitioning home from DJJ and already has a fair amount of resources dedicated to this area, but further collaboration is needed with housing, employment, and other services. Chief Miller explained that there is funding that realigns to counties, of which San Francisco gets around \$800,000. That funding can help Juvenile Probation operate programs, but won't pay for bigger, capital costs. Yet, Chief Miller said it is a welcome influx of resources that will help with the ongoing support systems.

Member Riker thanked Emily as well, and asked to hear more about incentivizing the retention of youth in juvenile justice systems versus adult systems. Chief Miller mentioned that she is not worried about incarcerated youth being transferred to adult facilities at the local level, but she thinks of this as a statewide concern. Chief Miller stated that there is a concern that not having DJJ will result in many judges transferring youth into the adult system instead. Chief Miller discussed the idea of regional secure facilities that can have robust services for young people. That way, smaller counties that do not have the resources to establish a new juvenile justice operation can instead commit young people to regional facilities, rather than the pre-existing adult systems in their counties. Probation chiefs across that state are trying to ensure that there is a strong array of statewide services so smaller counties can opt-in.

No Public Comment Received.

8. Presentation on American Rescue Plan Act of 2021: Guide to Advancing Justice-Related Goals from Council of State Governments Justice Center by Megan Quattlebaum, Director.

DA Boudin introduced Director Quattlebaum of the Council of State Governments Justice Center and informed the Commission that Director Quattlebaum will discuss the American Rescue Plan Act of 2021.

Director Quattlebaum presented on ways in which San Francisco can leverage the American Rescue Plan Act of 2021 to support those who are or potentially might become involved with the justice system. Dir. Quattlebaum informed the Commission that the Justice Center is a part of the

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Council of State Governments (CSG), which is a membership organization that serves state government officials in all three branches of government in all 50 states. The Justice Center is the arm of CSG that focuses on criminal and juvenile justice policy. Dir. Quattlebaum introduced Hallie Fader-Towe and Katie Herman, two California based colleagues from the CSG. She stated that the CSG's goals are to break the cycle of incarceration, advance help, opportunity, and equity, and use data to improve safety and justice. Dir. Quattlebaum overviewed the American Rescue Plan (ARP), a \$1.9 trillion stimulus deal that was passed by Congress and signed into law by President Biden earlier this year, and reminded the Commission that much of the impact of this funding will be decided state and local governments. She explained that the biggest categories of expenditures are direct financial support to individuals (e.g. stimulus checks) and government fiscal relief (relief to states, tribal governments, territories, counties, cities, etc.) intended to mitigate the negative economic effects of COVID-19. Dir. Quattlebaum mentioned that her understanding was that San Francisco received approximately \$630 million in federal stimulus funds. However, she stated that most of this money has been incorporated into the mayor's budget to close existing gaps.

Director Quattlebaum then discussed ways that San Francisco can leverage ARP funding. First, she mentioned Crisis Response Capacities and Networks, towards which \$2 billion of the ARP is directed. Dir. Quattlebaum recommended that San Francisco and all cities get in touch with State Medicaid to apply to access their fund-matching services if they have not already done so. Next, Dir. Quattlebaum mentioned the \$11 billion included in the ARP to meet the needs of people who have experienced domestic violence and sexual assault. Within that \$11bn., there is over \$427 million that can go towards emergency shelters, culturally-specific, community-based organizations that provide culturally specific supports. This funding is administered by HHS, and is available through September 30 2025. Dir. Quattlebaum also mentioned a report by the CSG and the California Council on Criminal Justice and Behavioral Health that addresses evidence based strategies that California can deploy to reduce homelessness for people leaving jail or prison. ARP also includes \$21 billion for state and local communities to help people with criminal records access high-growth industries. One section of that funding is \$7.6 billion to help states and localities build out a public health workforce. Dir. Quattlebaum analogized ARP funding to a scavenger hunt in which agencies or bodies with specific goals or actualize specific programs, members may want to examine various funding options in ARP that could be combined to help support that work, not just one funding source to pay the bill.

DA Boudin thanked Dir. Quattlebaum for her work and presentation and calls for questions from the Commission.

Member William Palmer inquired about specific ways to access funds directly, specifically for formerly incarcerated individuals. Dir. Quattlebaum responded by saying that in many cases, ARP funding flows through the relevant state or local agencies, as opposed to nonprofits themselves. To access said funding, one would have to connect with the relevant state and local

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agencies that will administer those dollars. Hallie Fader-Towe also mentioned an upcoming July 14th meeting of the CSG where representatives from Housing and Community Development, the Housing Coordinating and Financing Council, and the Department of Social Services will talk about funding that's coming down through the state relevant to reducing homelessness for people leaving jails and prisons.

Member Roye thanked Dir. Quattlebaum for her presentation, and asked how ARP funding directly affects those who have recently been released from jail or prison. Dir. Quattlebaum stated that much of this will depend on how state and local entities decide how to allocate and utilize these funds, and those decisions will then be relayed to those in need.

No Public Comment Received.

9. Members' Comments, Questions, Requests for Future Agenda Items (discussion & possible action).

DA Boudin called for any comments, questions, or requests for future agenda items.

Member Roye thanked DA Boudin and expressed her excitement and gratitude for the presentations and requested that the Department of Public Health, the Human Services Agency, and the Housing Department come before the Commission and express their ideas for the utilization of ARP funding.

Member Palmer requests a serious conversation on how best to allocate the ARP resources and simplify funding allocation and support for formerly incarcerated individuals. Member Palmer requested active participation from the Parole Department because of their experience and knowledge of this community.

DA Boudin thanked Member Palmer for his contribution.

Tara Anderson recounts the items that are currently pending for consideration for the September meeting agenda. These include inviting representatives from the Department of Public Health, housing and human service agencies, looking at both local and state partners to ensure that we have a coordinated plan representing the shared values of San Francisco, and leveraging the Sentencing Commission space to do so. She also acknowledged that Member Palmer had asked to agendize a conversation regarding PTSD in the previous meeting, and stated that staff were working to organize that. Anderson also brought up the opportunity host conversation around universal basic income with a justice lens.

DA Boudin thanked Tara Anderson for the update.

No Public Comment Received.

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10. Public Comment on Any Item Listed Above, as well as Items not Listed on the Agenda.

No Public Comments Received.

11. Adjournment.

Director Roye made a motion to adjourn the 34th meeting of the Sentencing Commission, Member Miller and Member Naidoo second. Motion passed unanimously in a Roll Call vote.

Next meeting will take place in September 2021.

Adjourned at 11:40 pm.

SENTENCING COMMISSION MEETING

Tuesday September
21st, 2021



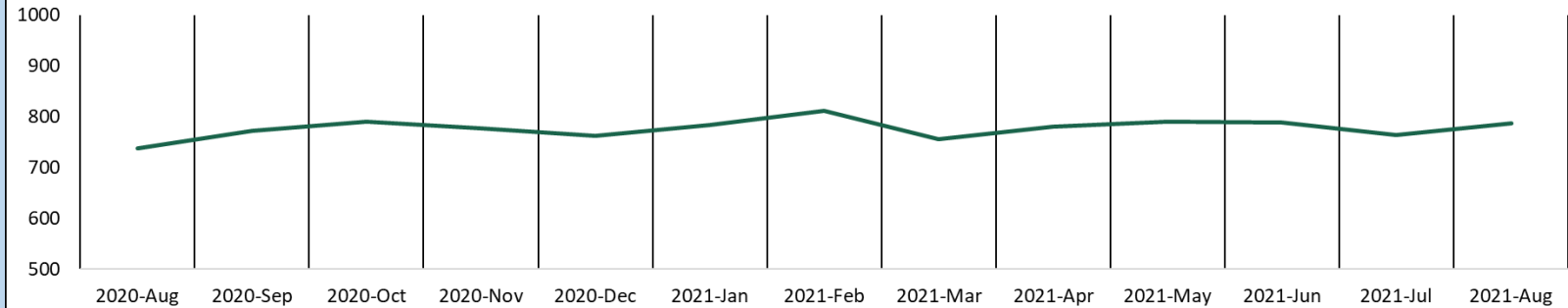
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Safety and Justice Challenge August 2021 Report

Average Daily Population

This Month	Change from last month	Change from last year
787	3% ↑	7% ↑

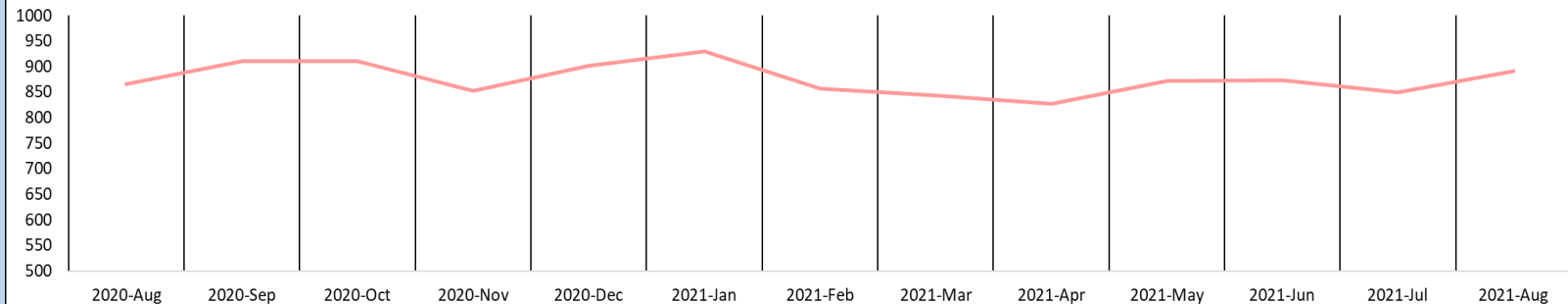
Average Daily Population Last 12 Months



Bookings

This Month	Change from last month	Change from last year
891	5% ↑	3% ↑

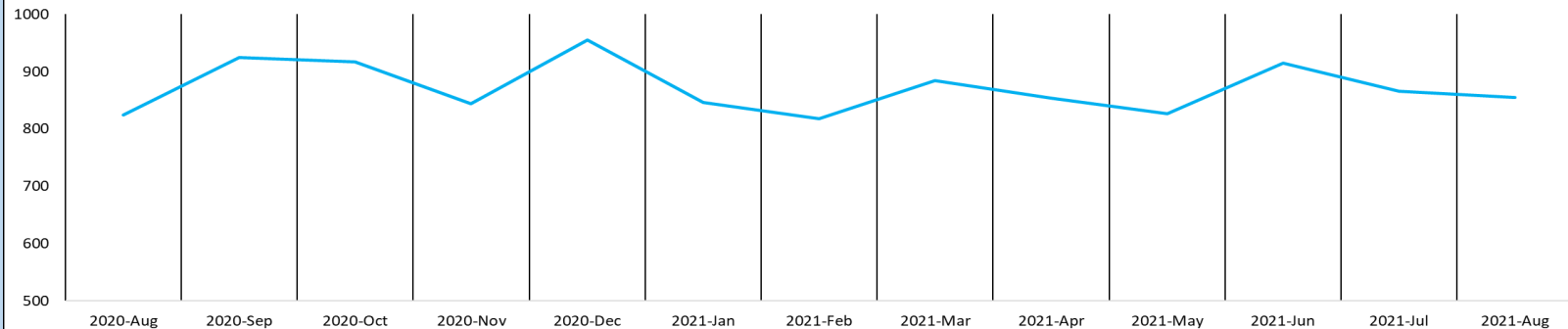
Bookings Last 12 Months



Releases

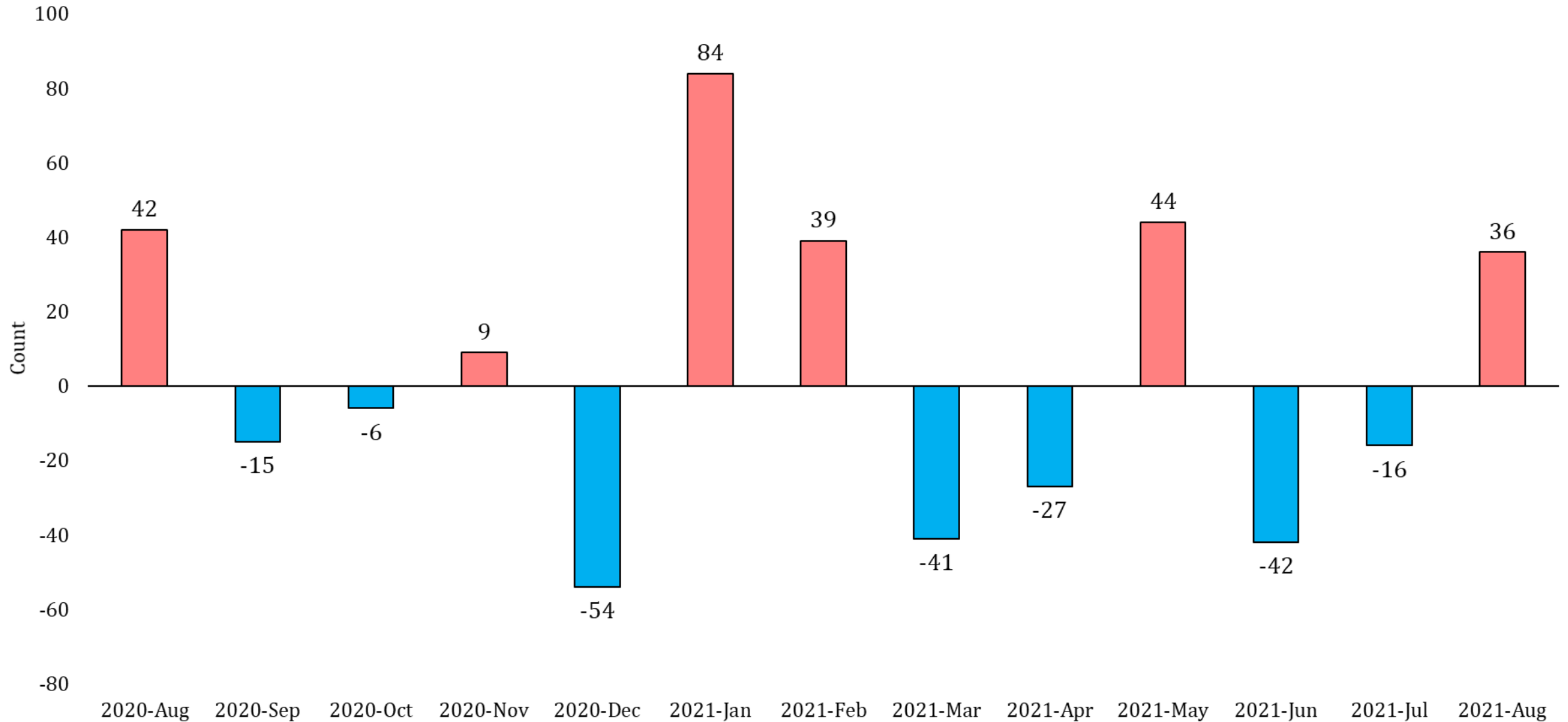
This Month	Change from last month	Change from last year
855	2% ↓	4% ↑

Releases Last 12 Months



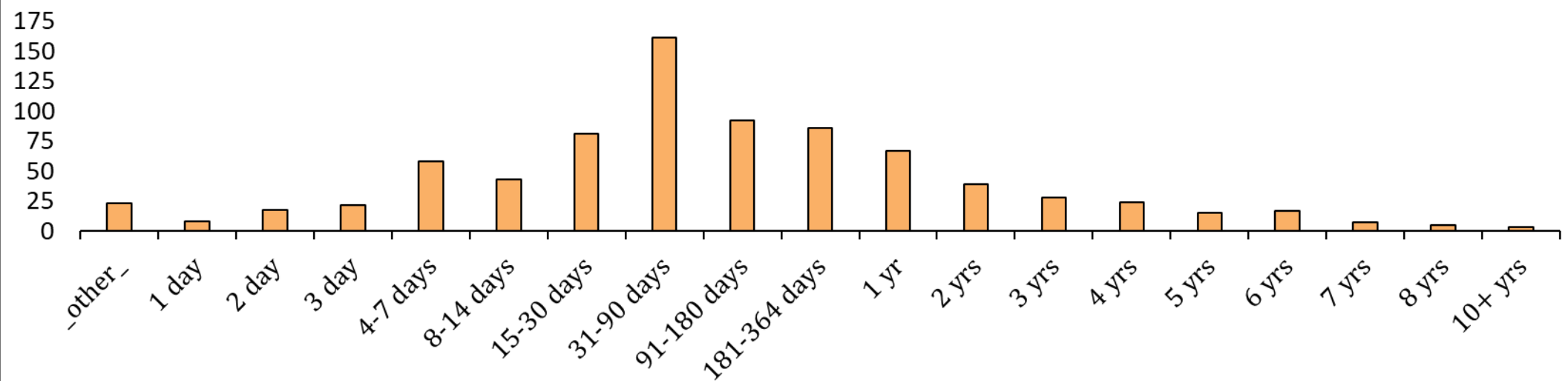
Safety and Justice Challenge August 2021 Report

Monthly difference in bookings vs. releases



Snapshot Population August 2021 Report

Time in custody for snapshot population on August 17, 2021



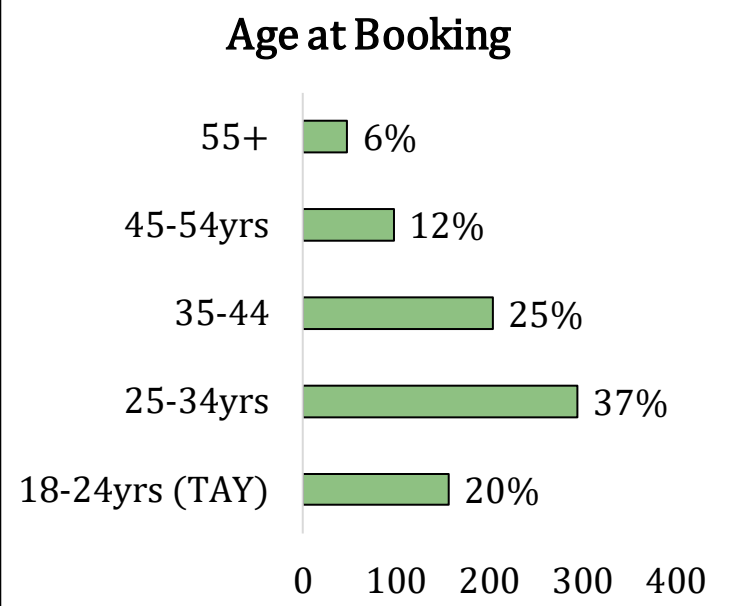
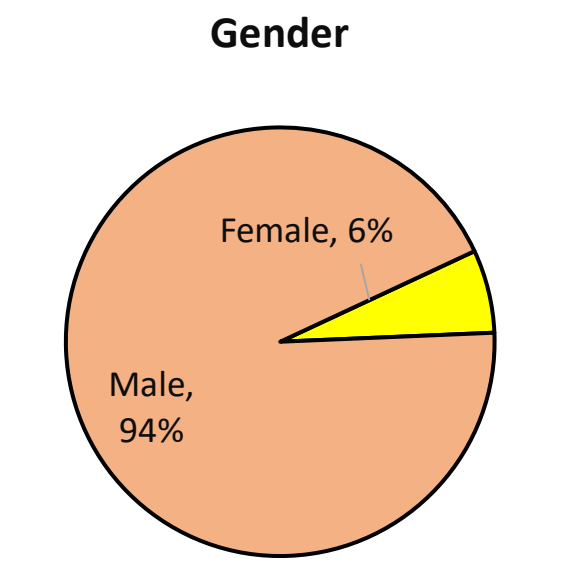
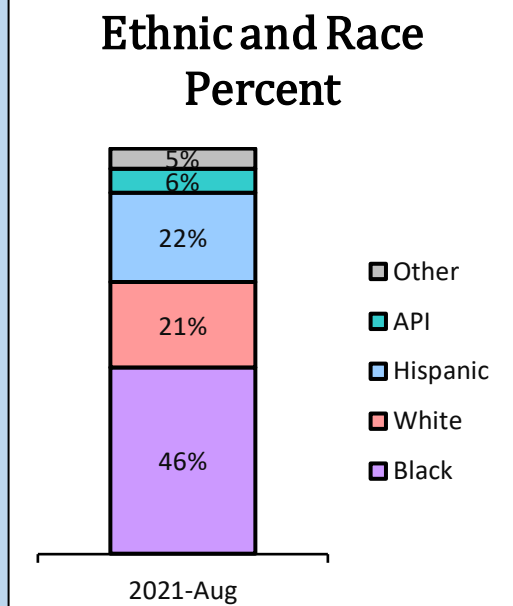
Snapshot Population 797

Average time in custody 395

Median time in custody 90

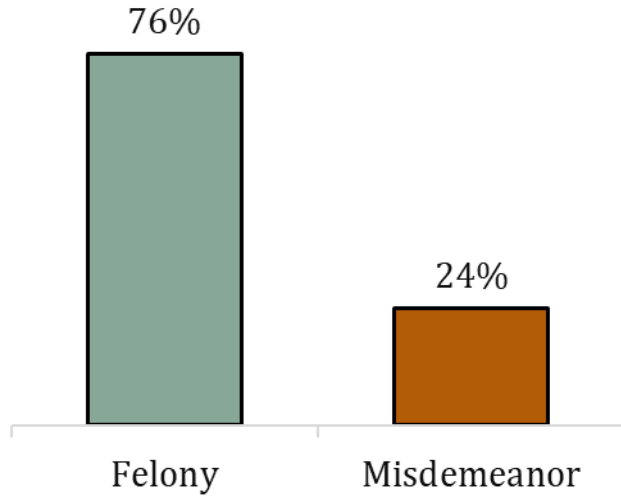
Average age at booking 34

	Aug	Last 12 Months
Black	42%	Low 42 High 49
White	25%	Low 19 High 25
Hispanic	22%	Low 21 High 22
API	6%	Low 6 High 8
Other	5%	Low 4 High 5

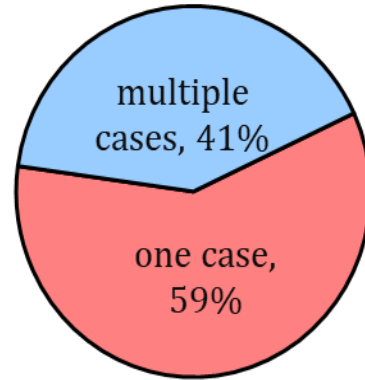


Monthly Bookings August 2021

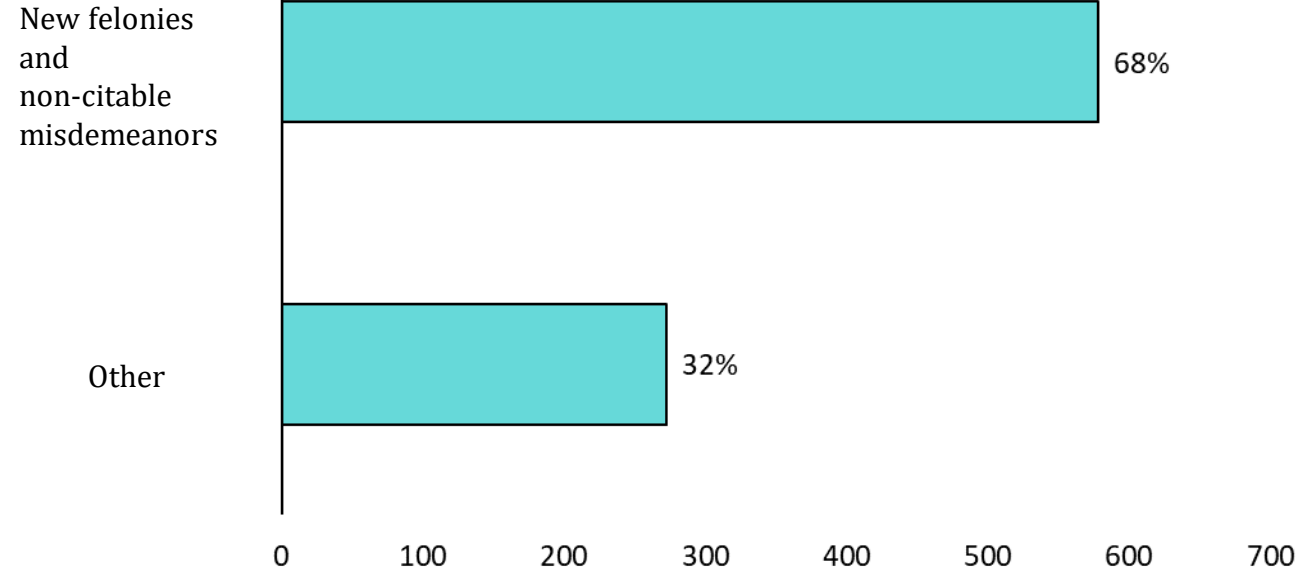
Crime Class at Booking



Case Load per BookingNumber

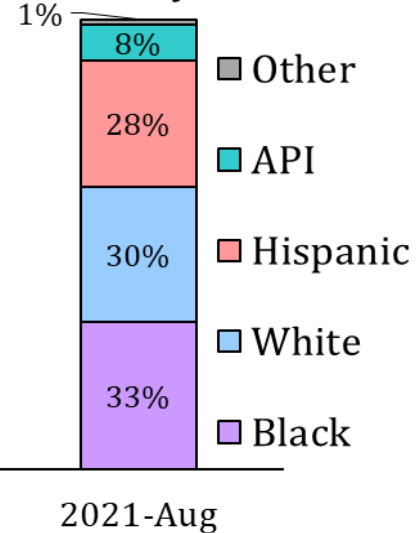


On View Charges

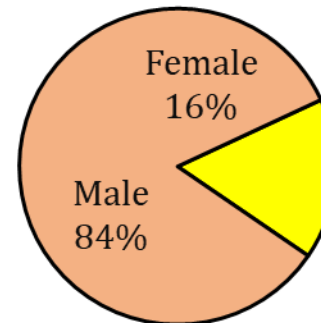


	Aug	Last 12 Months
Black	33%	Low 33 High 40
White	30%	Low 24 High 30
Hispanic	28%	Low 26 High 32
API	8%	Low 5 High 8
Other	1%	Low 1 High 3

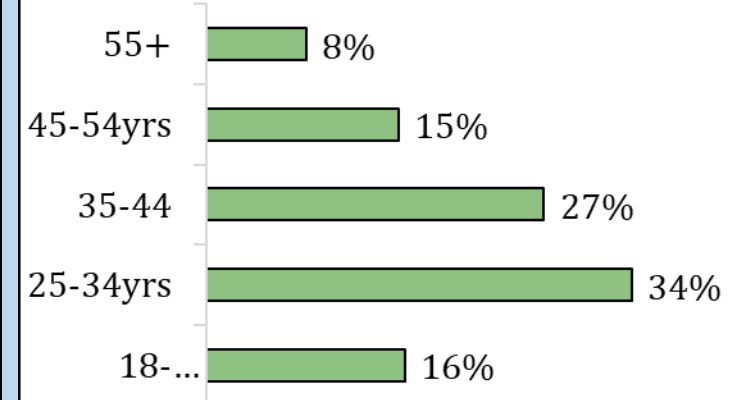
Ethnicity and Race



Gender

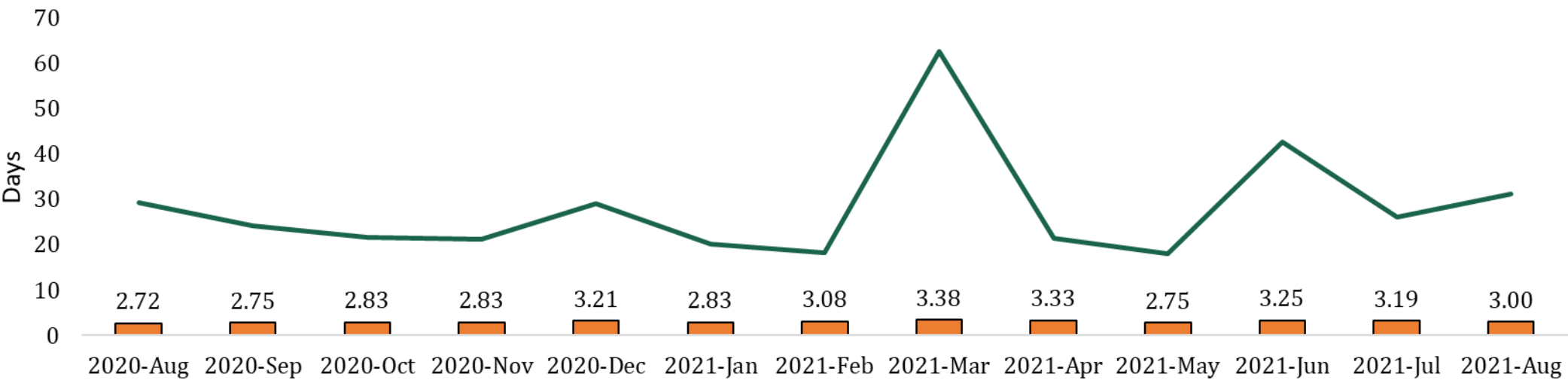


Age at Booking



Monthly Releases August 2021

Average and median length of stay for released individuals



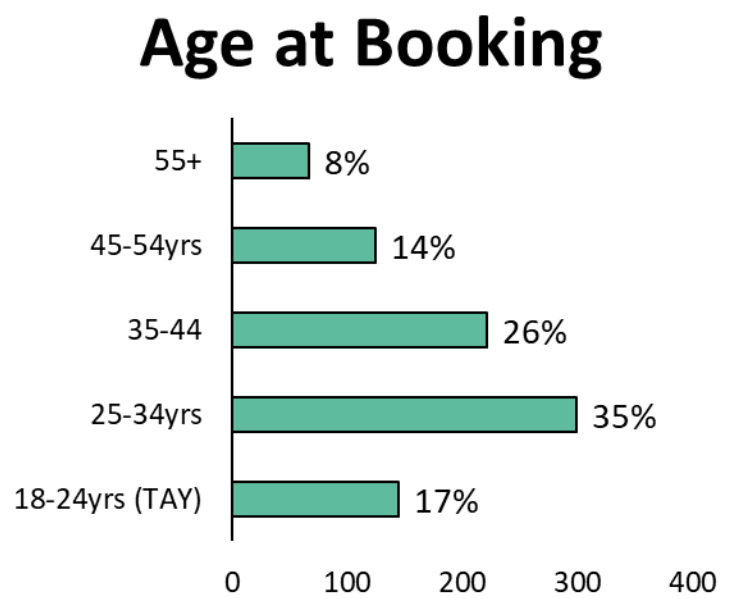
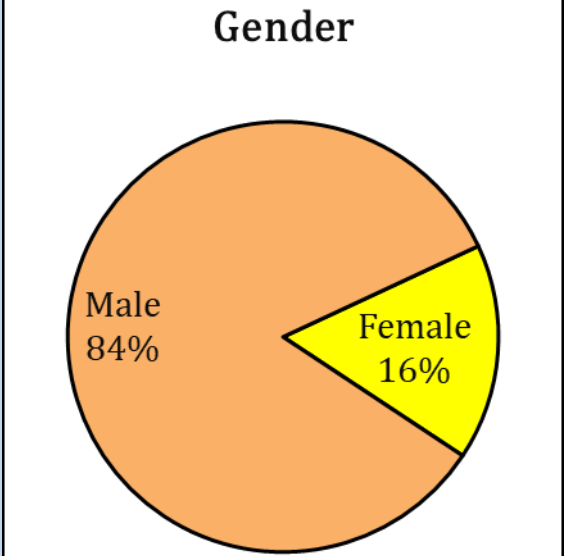
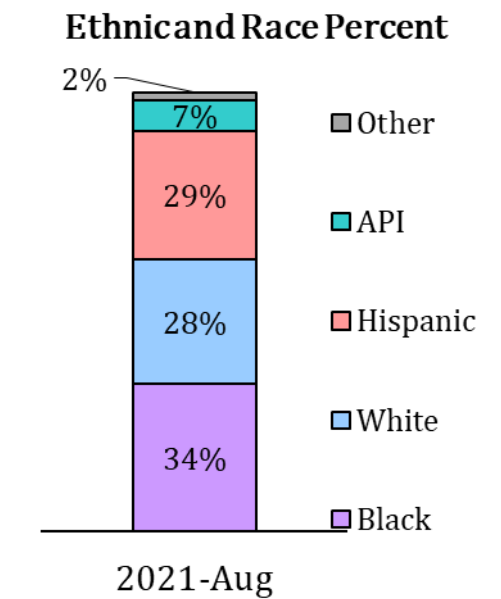
Average length of stay for month days 31

Median length of stay for month 3.0 days

Average age at booking 35

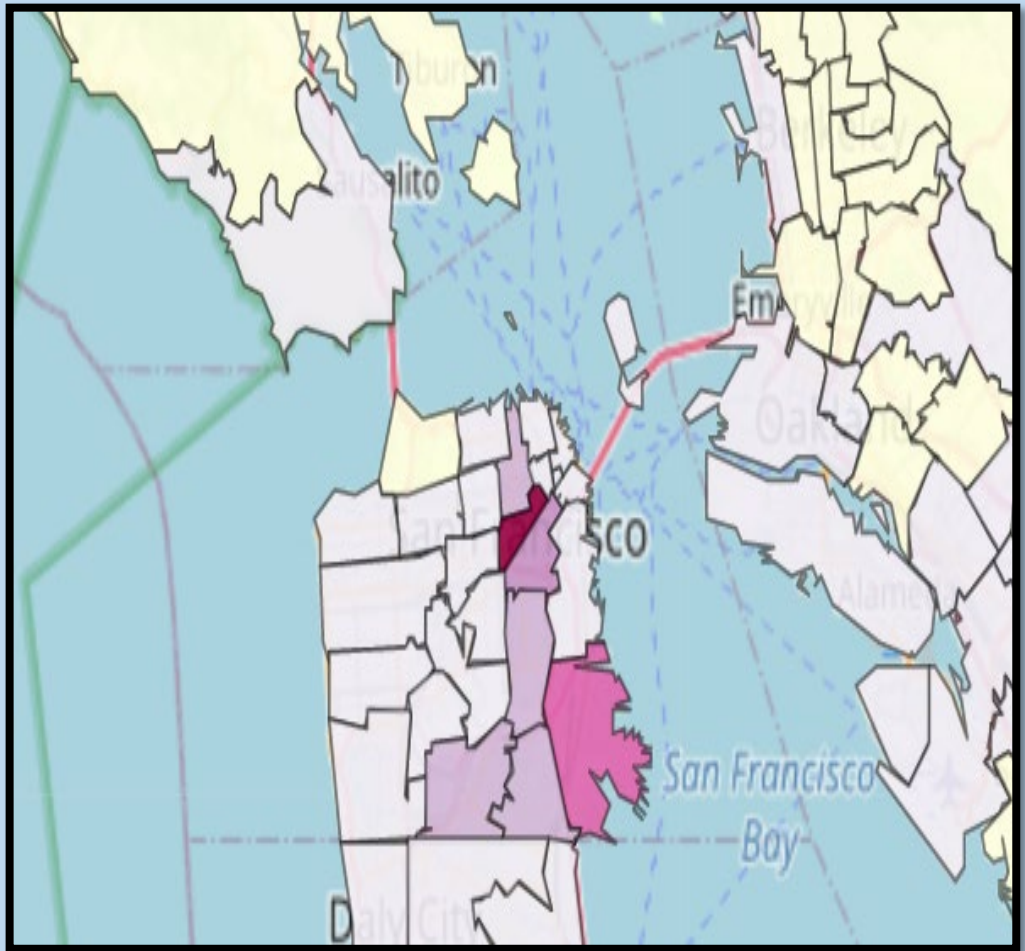
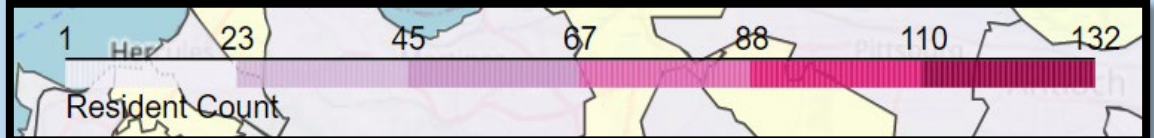
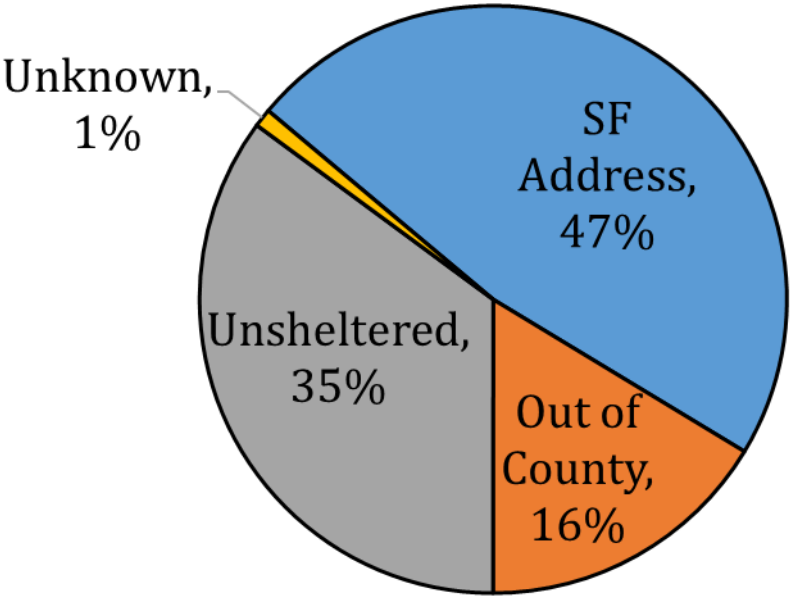
Median age at booking 33

	Aug	Last 12 Months
Black	34%	Low 33 High 42
White	28%	Low 24 High 29
Hispanic	29%	Low 26 High 32
API	7%	Low 5 High 8
Other	2%	Low 1 High 3



Snapshot Residency August 2021

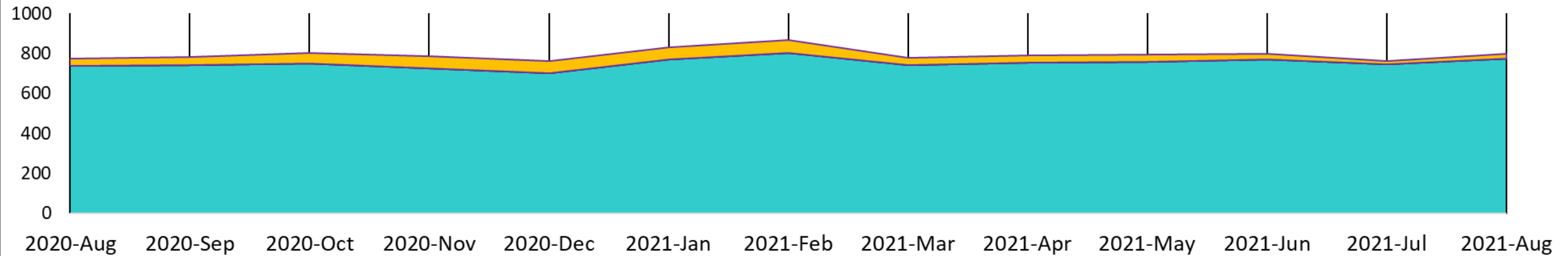
Snapshot Population by Residency



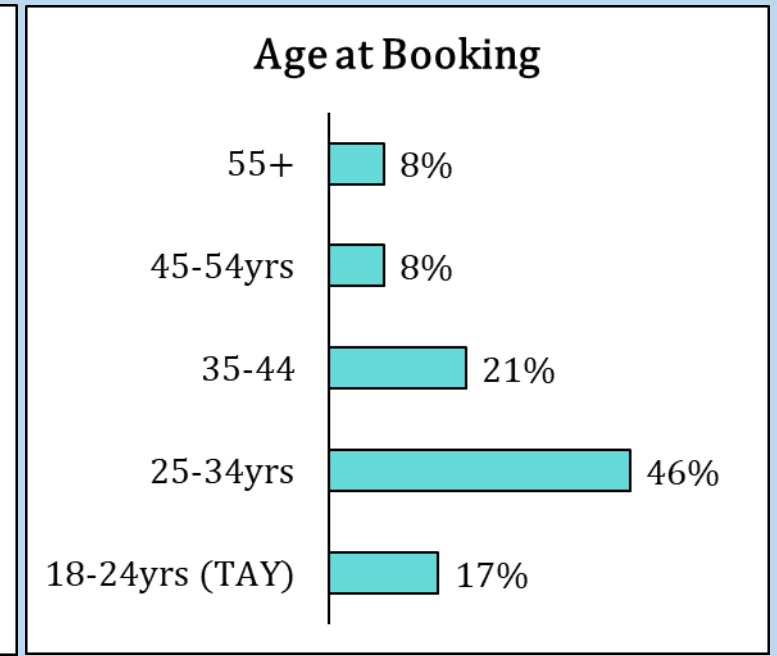
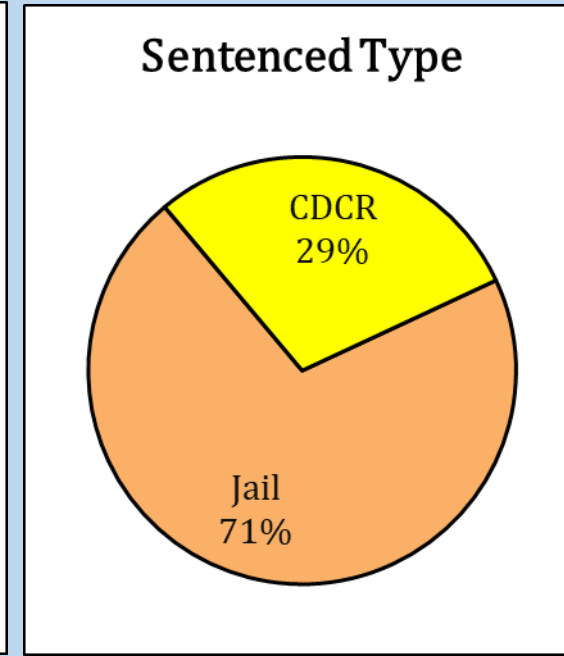
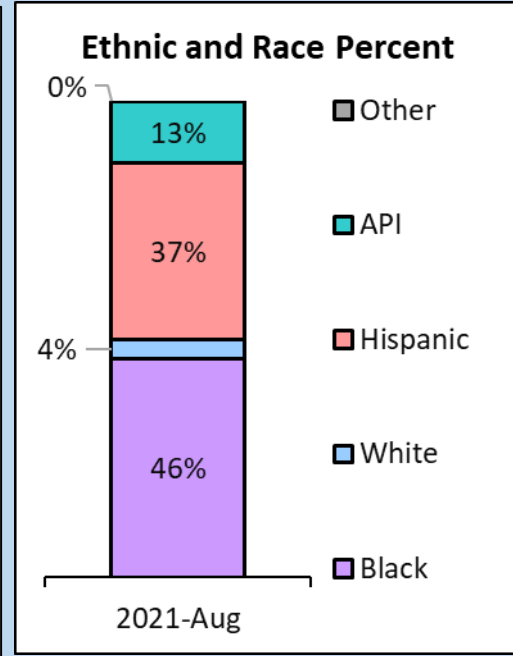
Sentenced of the Snapshot Population August 2021

Legal Status of Confined Individuals

Pretrial, 773 Sentenced, 24



	Aug	Last 12 Months
Black	46%	Low 32 High 61
White	4%	Low 4 High 29
Hispanic	37%	Low 13 High 37
API	13%	Low 4 High 13
Other	0%	Low 0 High 6



END OF SLIDESHOW



Supported by the John D. and Catherine T. MacArthur Foundation

Patterns of contact with multiple SF systems

Presentation of interim results

September 14, 2021

Stephen Paolillo, Ph.D. Student, University of California, Davis

Research Associate, California Policy Lab, UC Berkeley

Data sources

- Criminal justice system data:
 - SF Sheriff's Office (jail bookings)
 - SF District Attorney's Office (charges filed)
- San Francisco Department of Public Health (SFDPH):
 - Coordinated Case Management System (CCMS) data on diagnoses and services received for individuals receiving urgent and emergent care in a fiscal year
- Use Fiscal Year 2018 (July 1, 2017 to June 30, 2018) as a representative year

Defining high utilization

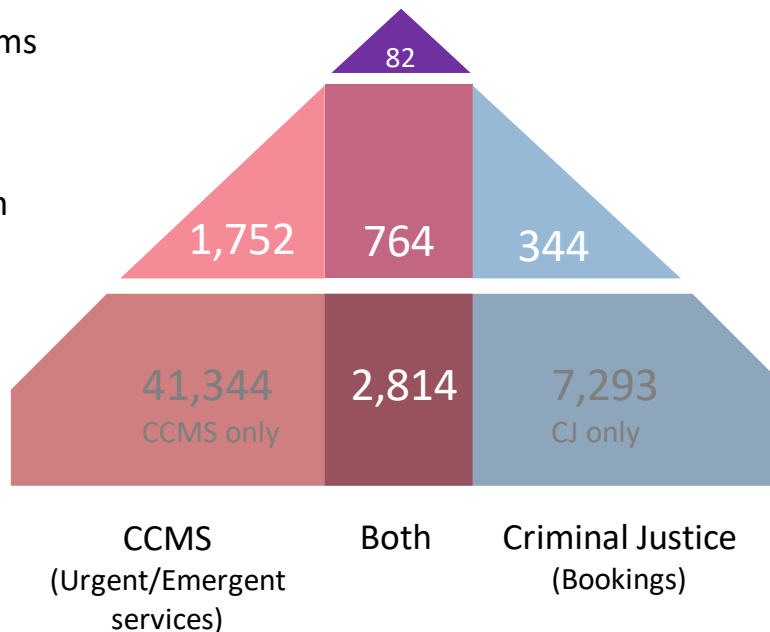
- Criminal justice:
 - Individuals who are in the top 5% of jail booking frequency in San Francisco in a given fiscal year
 - Cutoff: 4 or more bookings in a year
- CCMS:
 - Individuals who are in the top 5% of service utilizers across urgent/emergent medical, mental health and substance use disorder services for a given fiscal year
 - Cutoff: more than 8 service contacts in a year

Tiers of contact

Tier 3: High utilization of both systems

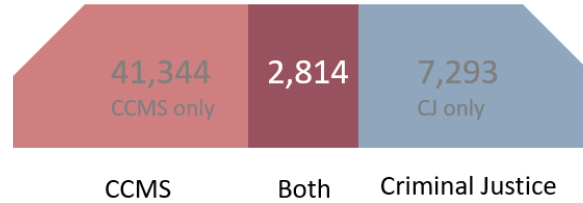
Tier 2: High utilization of one system

Tier 1: Contact with both systems



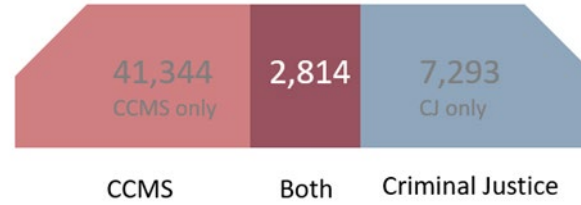
Interim findings – subject to change

Tier 1: Contact with both systems

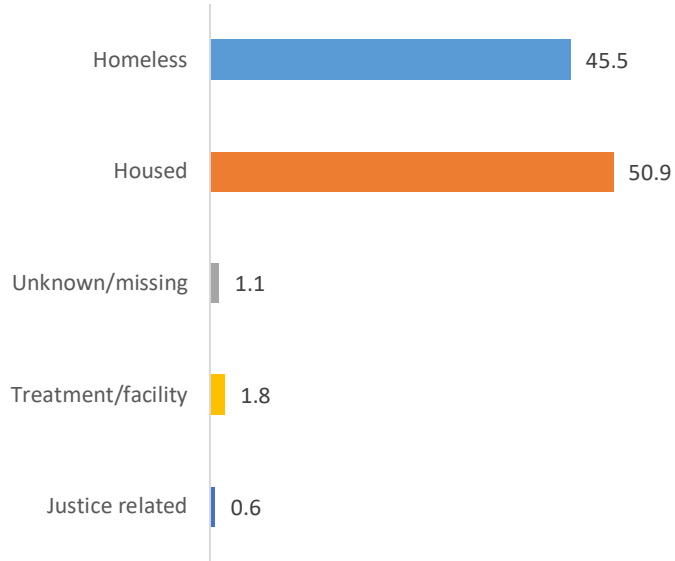


- Tier 1 individuals have been in contact with both systems, but are not high utilizers of either
- Average contacts
 - Average urgent/emergent services: 2.5
 - Average bookings: 1.5
- N = 2,814

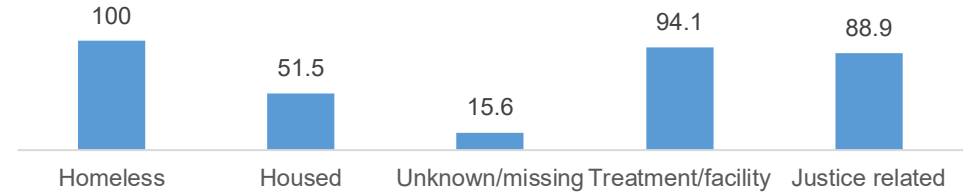
Tier 1: Needs



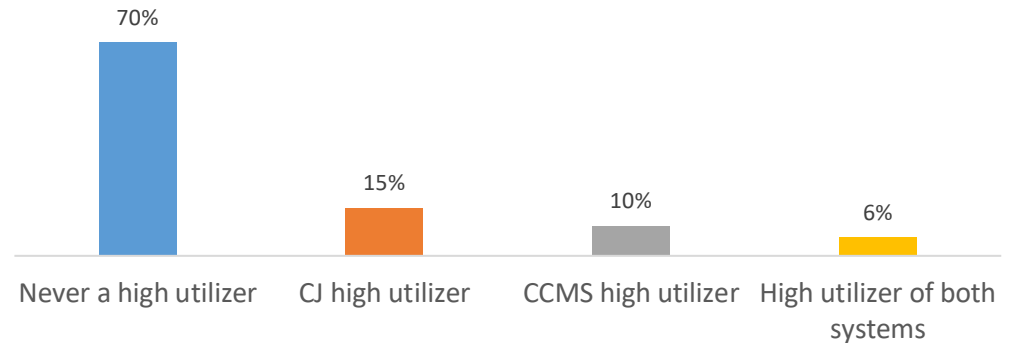
Reported housing situation*



Percentage ever homeless by housing situation*

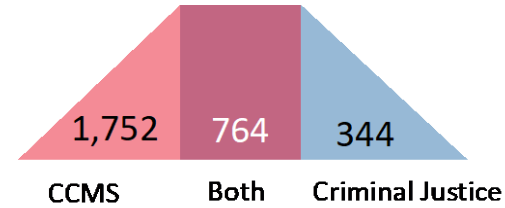


High utilization in other years



*At the end of the fiscal year
Interim findings – subject to change

Tier 2: High utilization of one system

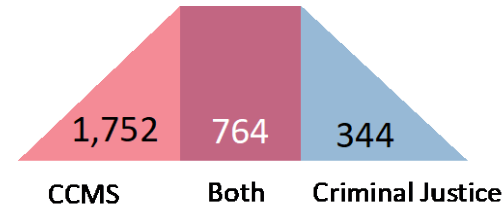


- Tier 2 individuals are high utilizers one system, and may or may not have contact with the other system
- Divided into three groups: CCMS only, CJ only, and both systems.
- Average contacts

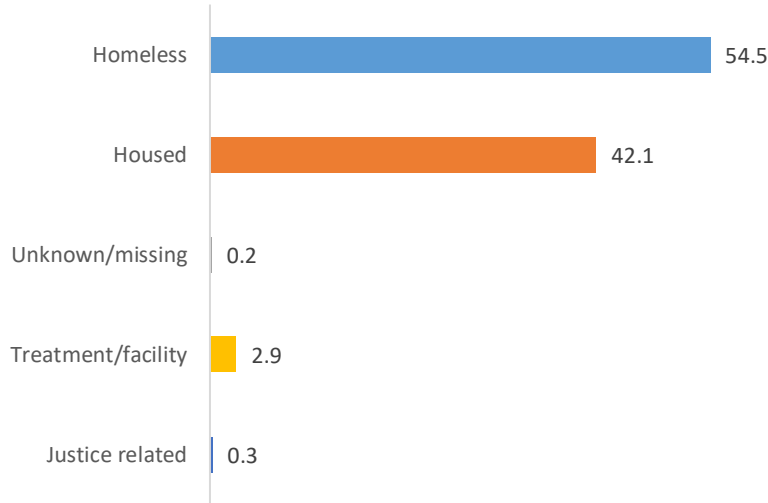
Type of contact	CCMS	Both	Criminal Justice
Urgent/Emergent services	19.4	13.3	0
Jail bookings	0	3.4	4.9

- N = 2,860

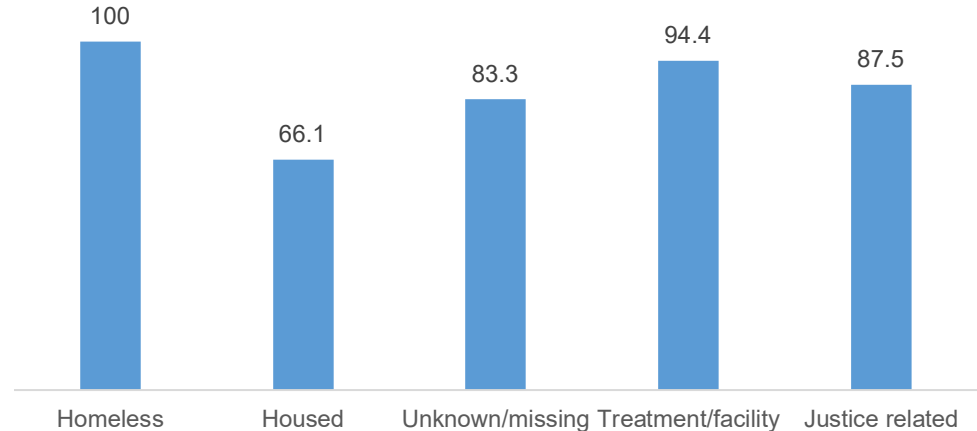
Tier 2: Housing Needs*



Reported housing situation**



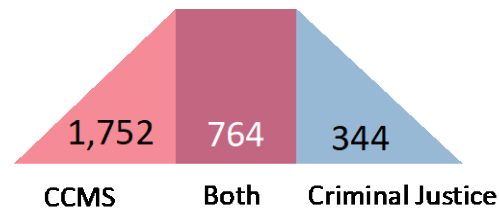
Percentage ever homeless by housing situation**



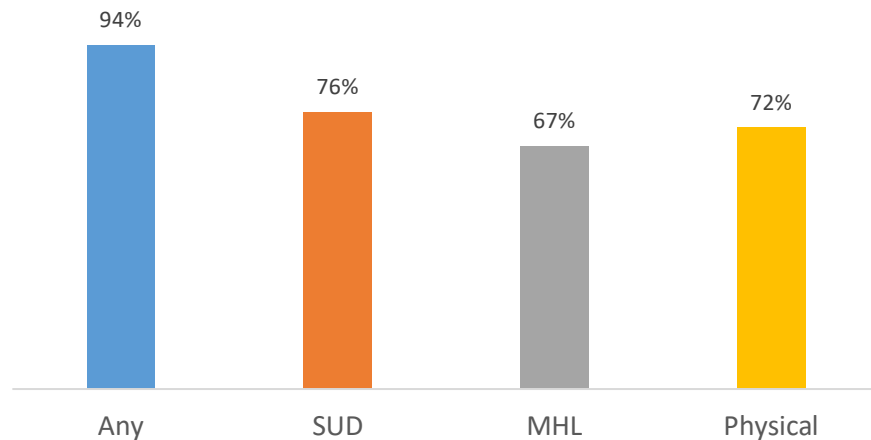
* Of the 2,516 individuals in CCMS data
Interim findings – subject to change

**At the end of the fiscal year

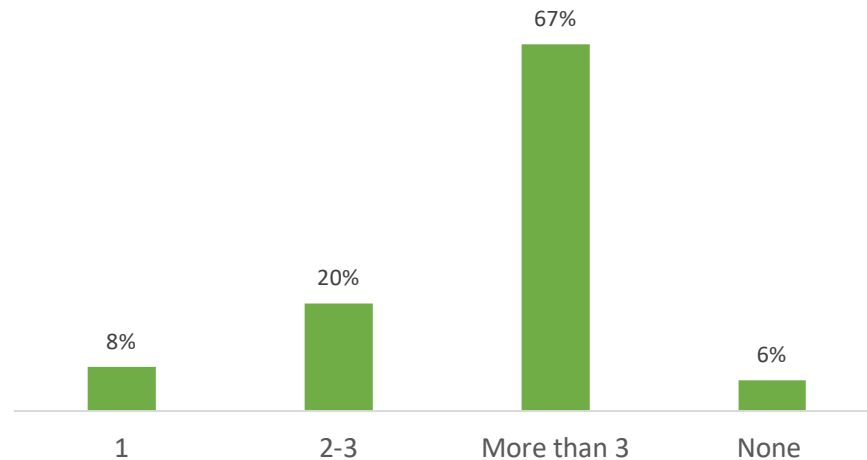
Tier 2: Diagnoses*



Diagnosis type



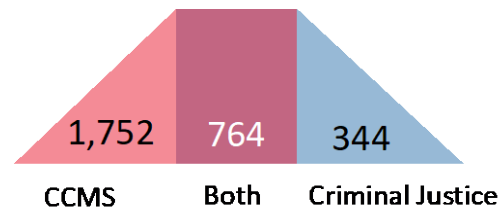
Number of diagnoses



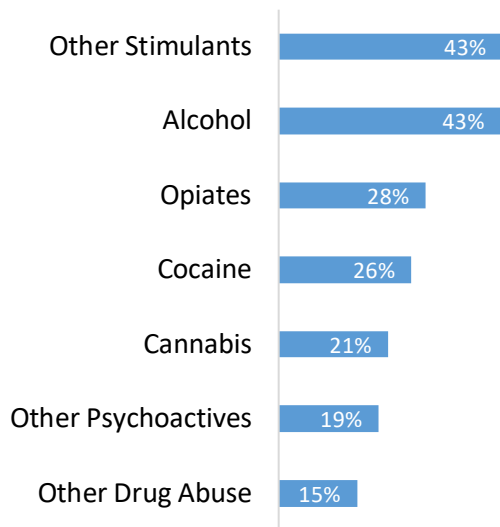
* Of the 2,516 individuals in CCMS data

Interim findings – subject to change

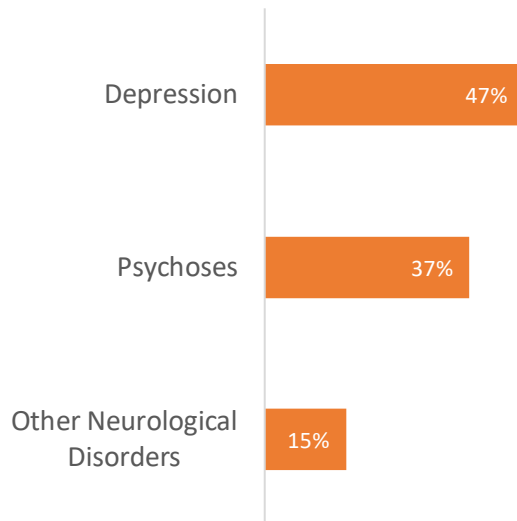
Tier 2: Types of diagnoses*



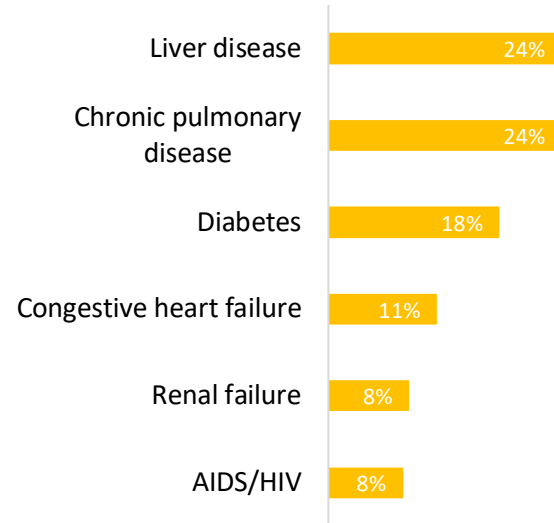
SUD Diagnoses



Mental Health Diagnoses



Physical Health Diagnoses



Interim findings – subject to change

**Of the 2,516 who appear in CCMS*

Tier 3: High utilization of both systems

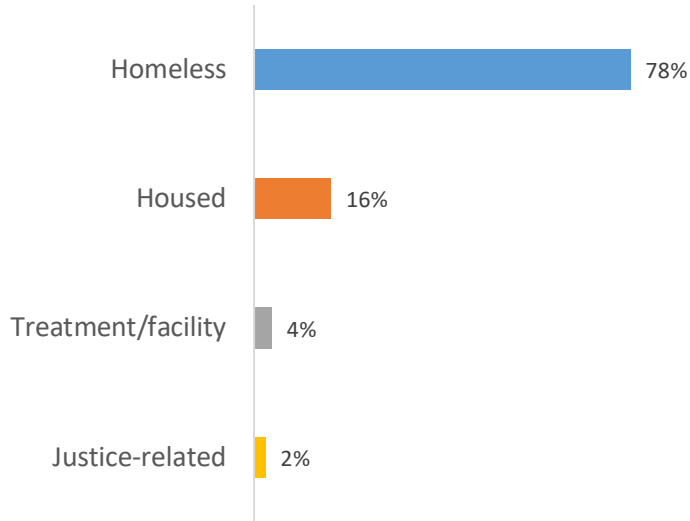


- Tier 3 individuals are the highest need they are high utilizers of both systems in the same FY
- Average contacts
 - Average urgent/emergent services: 24.3
 - Average bookings: 5.2
- N = 82

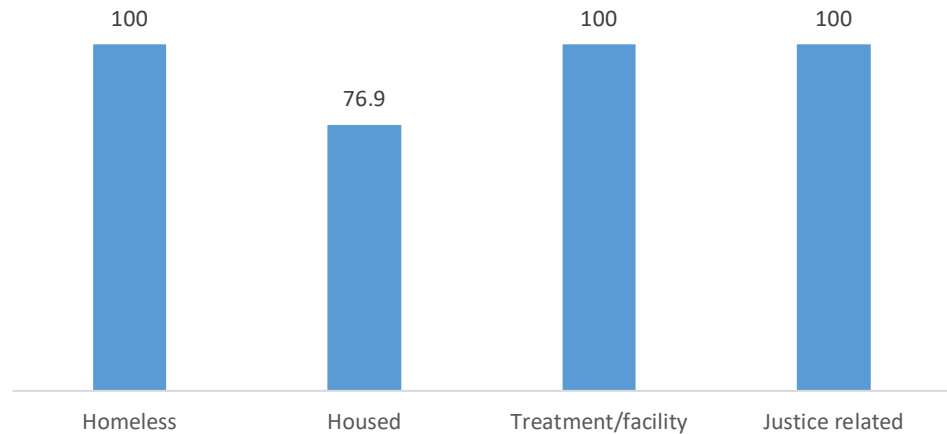
Tier 3: Needs



Reported housing situation**



Percentage ever homeless by housing situation*



*At the end of the fiscal year

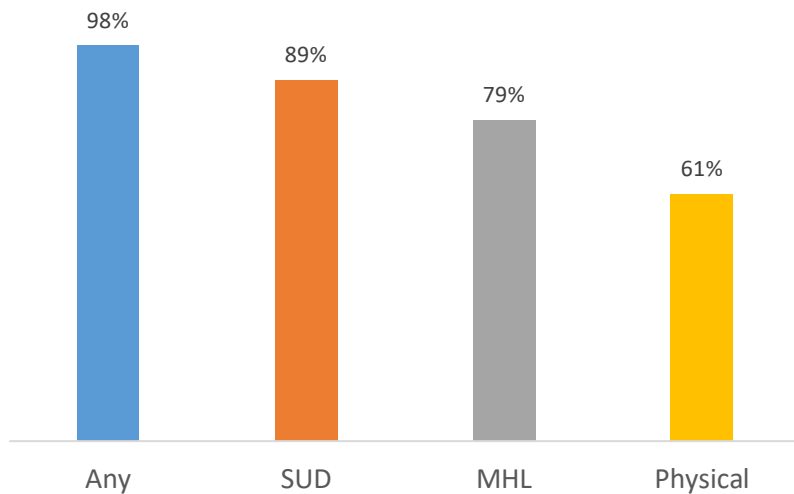
Interim findings – subject to change

Tier 3: Needs

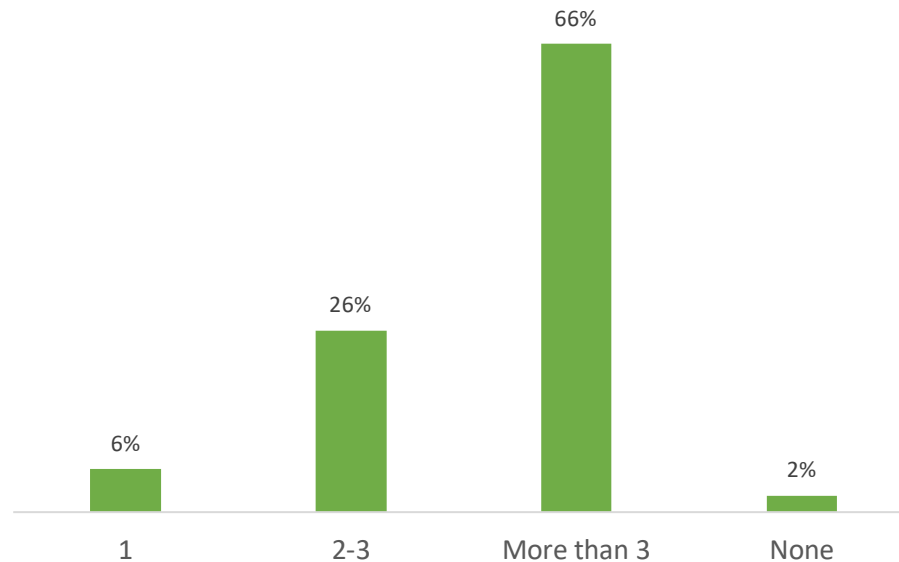
82
CCMS & CJ



Diagnosis type



Number of diagnoses

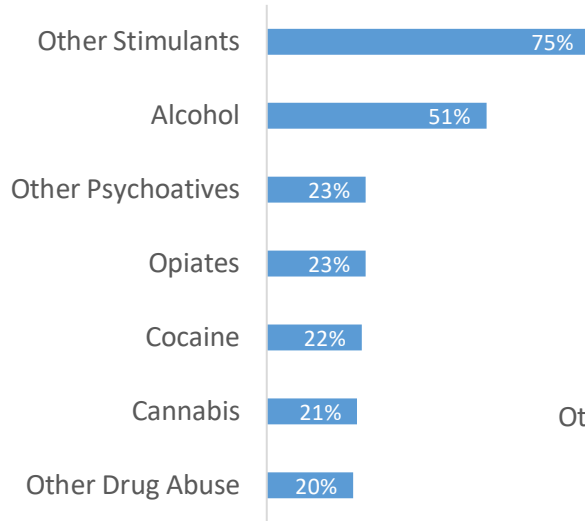


Interim findings – subject to change

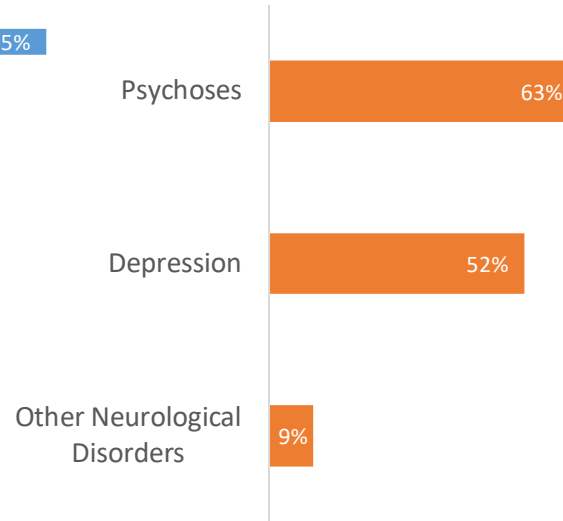
Tier 3: Types of diagnoses



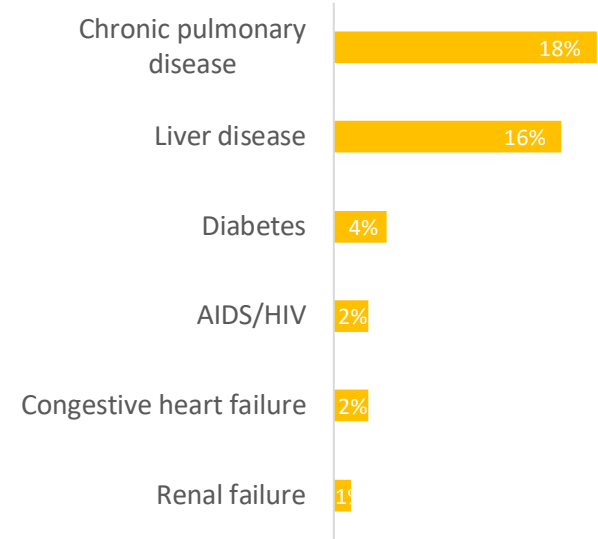
SUD Diagnoses



Mental Health Diagnoses



Physical Diagnoses



Interim findings – subject to change

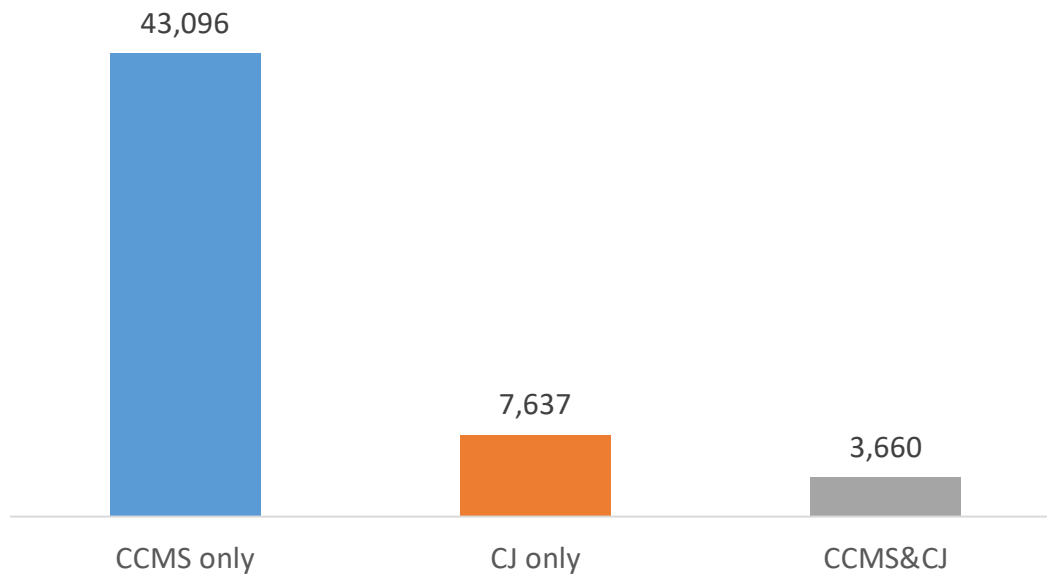
Next steps

- Work with our UCSF partners to identify which types of services indicate crisis, and which indicate stabilization or progress
- Describe service utilization and justice system contact for the three tiers
- Summarize results in a policy brief
- Work with partners to identify potential points of intervention and collaboration



Appendix Slides

Data linkage



Interim findings – subject to change

Tier 1: Demographics

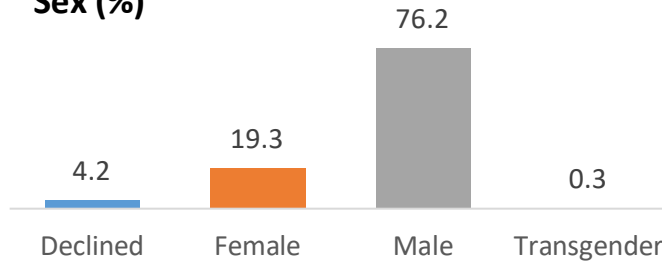
2,814

CCMS

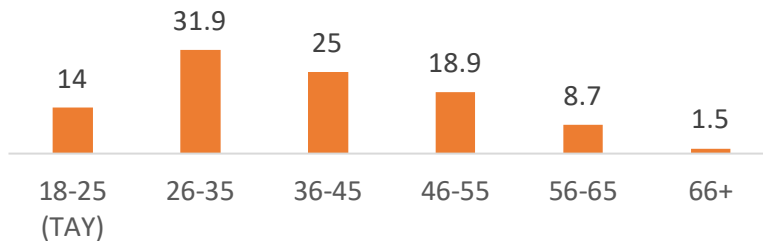
Both

Criminal Justice

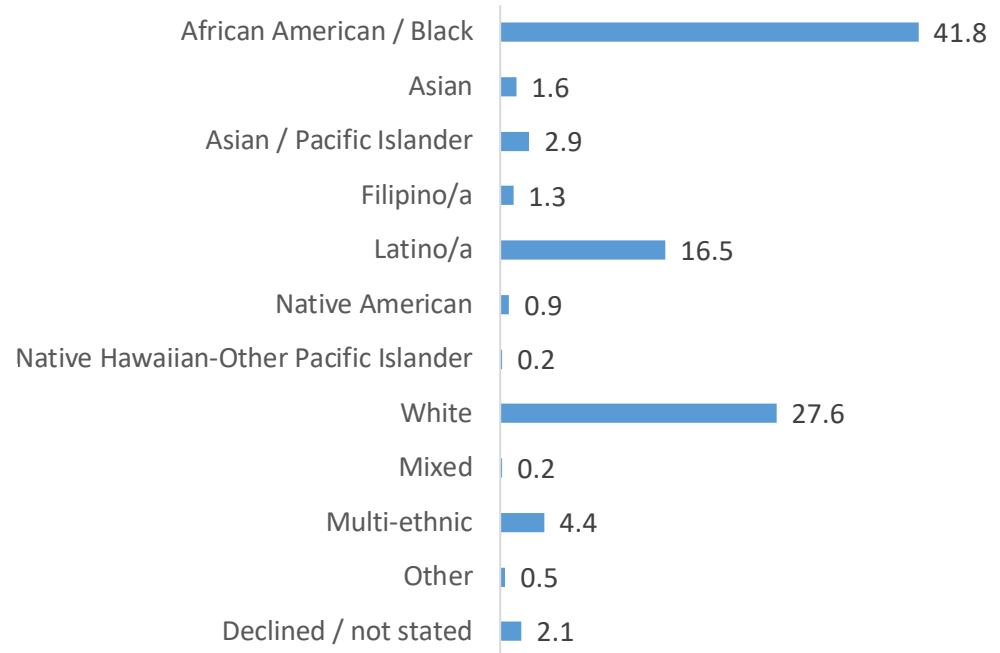
Sex (%)



Age (%)

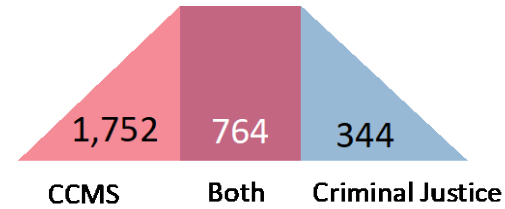


Race & ethnicity (%)

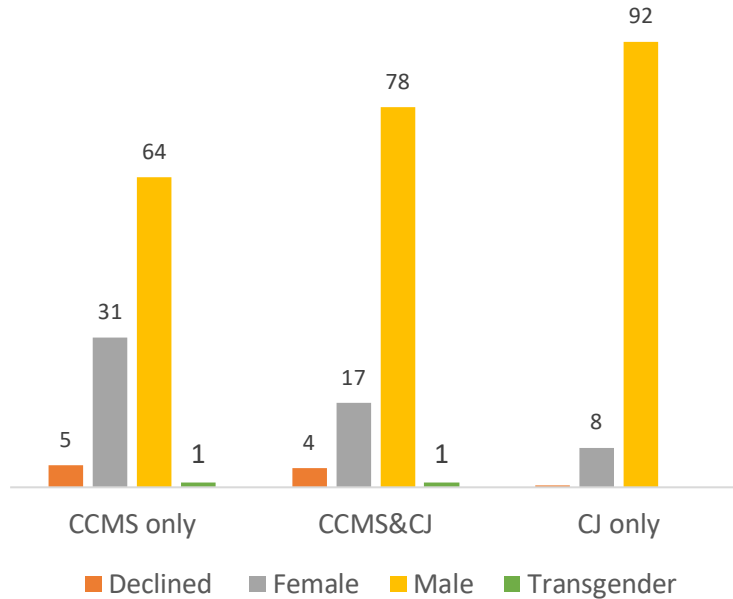


Interim findings – subject to change

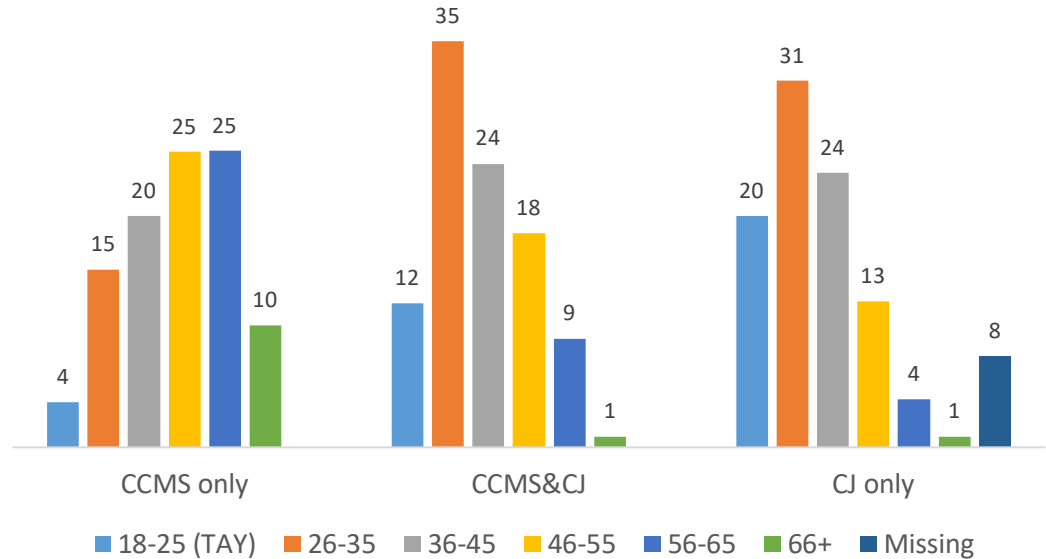
Tier 2: Demographics



Sex (%)

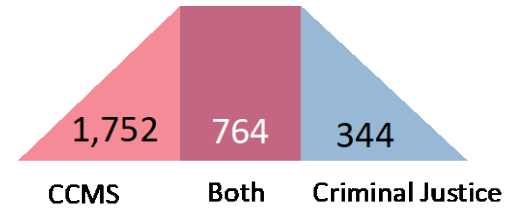


Age (%)

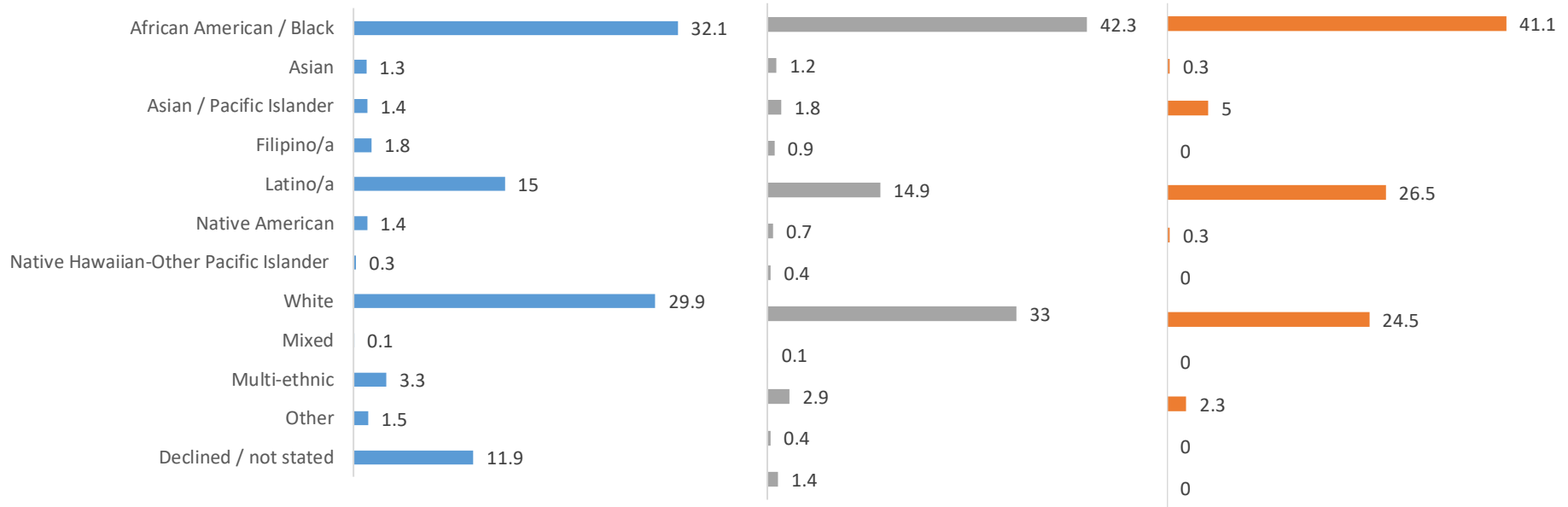


Interim findings – subject to change

Tier 2: Demographics



Race & ethnicity (%)



*Interim findings –
subject to change*

■ CCMS only

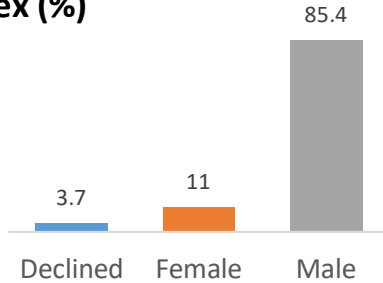
■ CCMS&CJ

■ CJ only

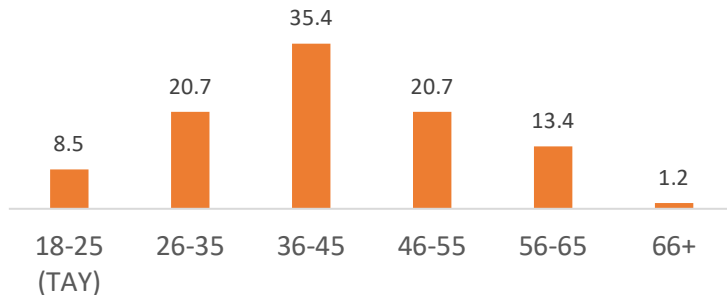
Tier 3: Demographics



Sex (%)

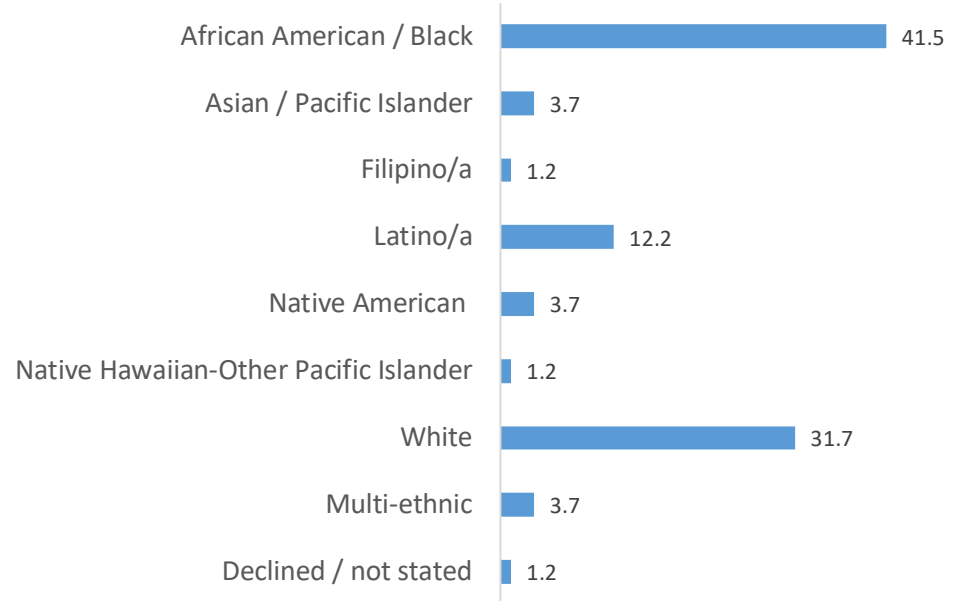


Age (%)



Interim findings – subject to change

Race & ethnicity (%)





Multnomah County FUSE Report

May 2021
Prepared by: CSH



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Project Overview

Funded in large part by Meyer Memorial Trust, this effort was a collaboration among the Corporation for Supportive Housing (CSH), Health Share of Oregon, the Local Public Safety Coordinating Council, the Joint Office of Homeless Services, and the Multnomah County Sheriff's Office.



JOINT OFFICE OF HOMELESS SERVICES

About FUSE

FUSE is a signature initiative of CSH that helps communities break the cycle of homelessness and crises among individuals with complex medical and behavioral health challenges. These individuals have frequent touches with emergency departments, jails, shelters, and acute care settings that are often costly and prevent people from thriving in their communities. For more information, please visit www.csh.org/fuse.

Background

FUSE (Frequent Users Systems Engagement) is a proven model that uses data to determine how highly impacted people who often cycle through and are over-represented in jails, shelters, hospitals, and other crisis services would benefit from supportive housing. While it is systems and data driven, the ultimate goal of this effort is to improve lives through long-term solutions such as supportive housing.



Supportive housing is an evidence-based solution that leads to improved health and other beneficial outcomes for people with complex needs including experiencing long-term homelessness and having disabilities. Deeply affordable housing with wraparound support services stabilizes lives and significantly reduces returns to jail and homelessness, reliance on emergency health services, and improves overall quality of life.

With significant support from Meyer Memorial Trust, CSH was able to conduct FUSE in Multnomah County. As many people have pointed out in presentations of the Multnomah County work, FUSE should be renamed. Using “frequent users” puts the onus

on people rather than the systems that are failing them. For consistency, this acronym will be used in the report to describe the effort, recognizing that the name does not accurately describe the way Multnomah County leaders see the role of systems in contributing to peoples’ adverse outcomes. The results of this FUSE analysis call for change and collaboration as well as increased units of supportive housing for the highly impacted population.

Nationally, CSH has been involved in FUSE in over 35 communities. Each is distinctly based on the systems engaged in the effort, focus population, and programmatic and policy needs.

Systems in the City of Portland and Multnomah County involved in the effort represent homeless services, health care, and public safety. Specifically, the partners are:

- [Health Share of Oregon](#)
- [The Joint Office of Homeless Services \(JOHS\)](#)
- [The Local Public Safety Coordinating Council \(LPSCC\)](#)
- [The Multnomah County Sheriff's Office \(MCSO\)](#)

This report represents a major milestone for systems engagement and cross-sector data analysis. It is also intended to be a springboard for future analysis and action, not a final product.

Analysis

As part of the planning phase for FUSE, the partners convened the Data and Equity Workgroup, which drew analytical and equity expertise from colleagues working in the health, homeless, and housing and justice system, particularly the Sheriff's Office. The workgroup combined and analyzed these systems' data to initiate dialogue, generate questions, and complete a quantitative analysis informed by system leaders. The graphs and figures in this report are a selection of the workgroup's efforts outlining disparities as well as opportunities for supportive housing to make the maximum impact on changing those disparities.

As the Data and Equity Workgroup recognized, the experiences of individuals are inequitable. These imbalances influence who shows up in data and in what ways.

Examples of this include:

- Institutional and systemic mechanisms that distribute power and resources to disproportionately benefit white people
- BIPOC (Black, Indigenous and People of Color) over-representation in systems and disproportionately impacted by economic, food, and housing instability
- Underrepresentation of people of color with decision-making power in the health care, homeless services and corrections systems
- Inequities in access to quality and adequate services in the health care and homeless services systems
- Increased stress and prevalence of disease for BIPOC
- Inherently racist data systems and data collection methodologies
- Policies and laws that disproportionately harm BIPOC

The quantitative data in this report is important to help build a case for responses to the system failures, individually and collectively, described, but they do not represent the full or only story. Additional quantitative and qualitative work must be done to fully understand how racial inequities shape the data before making policy and resource allocation decisions.

Dr. Frank Franklin, Ph.D., JD, M.P.H and Director of Community Epidemiology Services at the Multnomah County Health Department summarizes the FUSE systems and data leaders' sentiments in this statement:

"The data quantify the magnitude of harm that is in conflict with our values."

These findings are intended to initiate dialogue, generate questions and identify opportunities to add qualitative data to tell a more comprehensive story.

Crossover Population

To analyze the population between systems, the partners developed legally binding data-sharing agreements that allowed the Multnomah County Health Department (a HIPPA covered entity) to have access to each sector's person-level data set containing identifying fields for matching purposes as well as system interactions. The data sets were matched to one another and then de-identified. Demonstrating the size and system utilization patterns of the crossover population between the systems is a major step forward for the community and becomes the foundation for further analytical questions, as well as program and policy conversations and decisions.

The system crossover diagram (Figure 1) shows the counts of people enrolled in health and homeless services with either or both Health Share and JOHS, as well as those who were booked with MCSO. The base population of the diagram are 155,874 adults who were enrolled in Medicaid (regardless of whether they received a health care service), engaged with homeless services, or were booked in the Multnomah County Jail in 2018. In this data match, less than 1% (1,371) touched all three systems. Of that crossover population, 85% (1,162) had at least one health care claim in 2018; and of those, 6% (74) were in permanent supportive housing (PSH) for at least a year. These data then reveal a set of 1,088 adults who were engaged in the health care system, booked in jail at least once and not in PSH, and still needed those services.

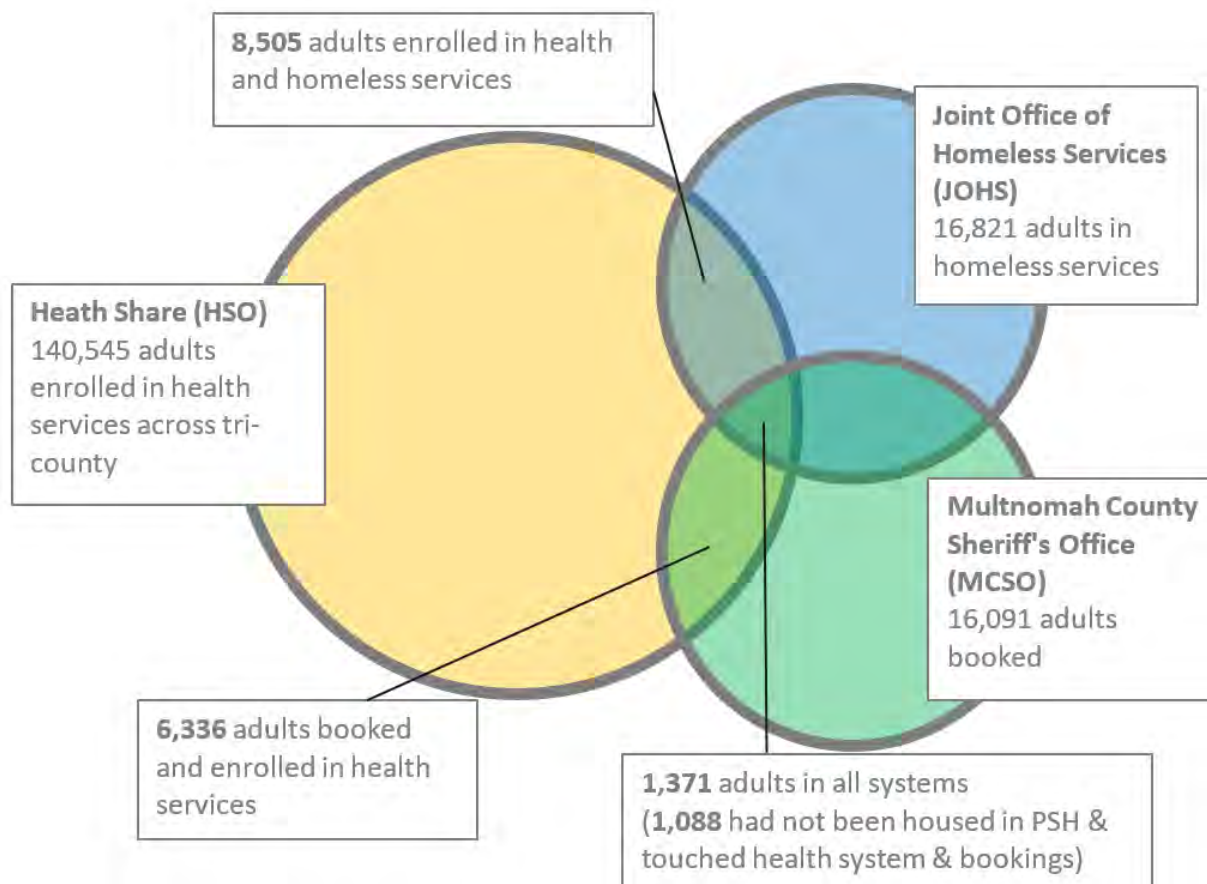


Figure 1

Impact of Tri-System Involvement

Figure 2 shows the rate of difference of health care utilization for adults in the Medicaid population who had contact with MCSO or JOHS relative to those adults who did not. The key insight is that adults who had contact with both JOHS and MCSO received *more* health services at higher rates than adults who did not have contact with either JOHS or MCSO.

This insight is most pronounced for adults receiving inpatient psychiatric care, where adults booked with MCSO accessed inpatient psychiatric care at 6.0 times the rate of Health Share (Medicaid) members with no other system interaction. Similarly, adults enrolled in JOHS services accessed these services at 5.0 times the rate, and, staggeringly, adults enrolled in JOHS services *and* who were booked with MCSO accessed inpatient psychiatric services at 10.0 times the rate of those with no system interaction. This means, for example, that if a typical Health Share member had one interaction with inpatient psychiatric care, those members who were also booked and in JOHS data would have ten interactions.

Across the different health interactions¹ in Figure 2, the adults with both a JOHS interaction and MCSO booking are more likely to experience comparatively higher rates of health care utilization and have higher associated costs.

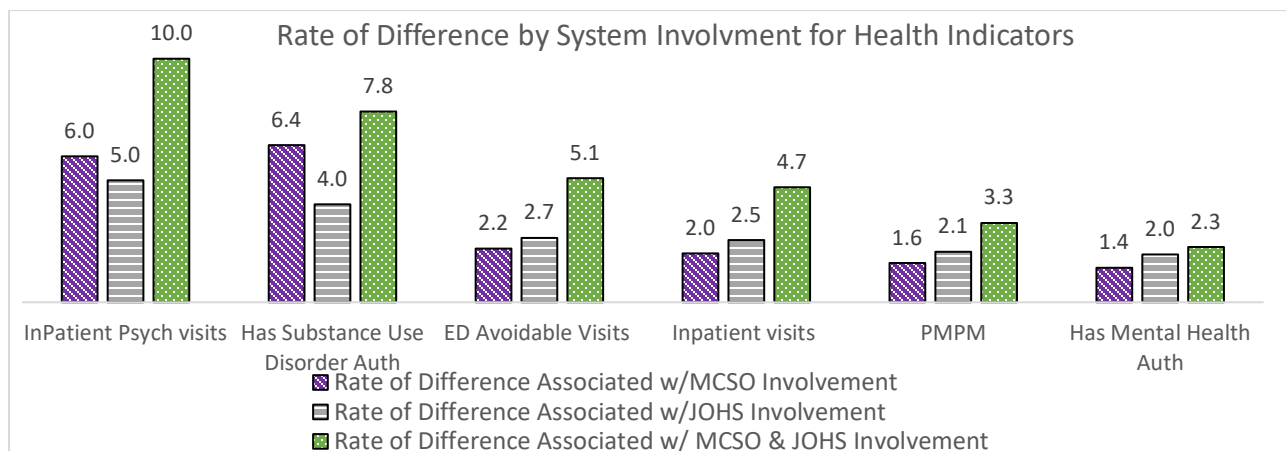


Figure 2

¹ **Inpatient Psych Visits:** hospital stays for the member during the year (the top 2% outliers were rounded to the 98th percentile) for a behavioral health reason.

Has SUD (Substance Use Disorder) Auth.: adults with an authorization for substance use disorder services at any point during the year. Members can have an authorization and not receive services, and members can receive services without an authorization.

Avoidable ED (Emergency Department) visits: Emergency department visits that could have been better served in a setting other than the emergency department (based on diagnosis and procedure codes).

Inpatient visits: hospital stays for the member during the year (the top 2% outliers were rounded to the 98th percentile) for any reason other than maternity.

Per Member Per Month (PMPM): total dollars in paid claims for the member during the year (rounded to the nearest \$500) divided by the number of months the member was enrolled during the year.

Has MH (Mental Health) Auth.: adults with an authorization for mental health services at any point during the year. Members can have an authorization and not receive services, and members can receive services without an authorization.

Impact of Health System and MCSO Bookings

To inform issues around the relationship between jail and health disparities, Health Share-enrolled adults with no bookings in 2018 were compared to those booked into jail that same year. Adults booked into jail were divided into three cohorts: those with 1-4 bookings, those with 4-9 bookings, and those with 10 or more bookings. The data represent a snapshot in time for adults booked into jail in 2018. Their experiences such as length of incarceration, bookings before or after 2018, and reasons for release from jail were not represented by these data. While bookings data provide limited insight, they represent a broader context to explore in on-going conversations and further data analyses.

In Figure 3, looking again at the inpatient psychiatric services, the difference between booking groups is quite stark. Adults with 10 or more bookings access inpatient psychiatric services at 38.0 times the rate of Health Share served members with no bookings. Stakeholders at community presentations of these data have pointed out that this data point, though shocking in scale, is not surprising.

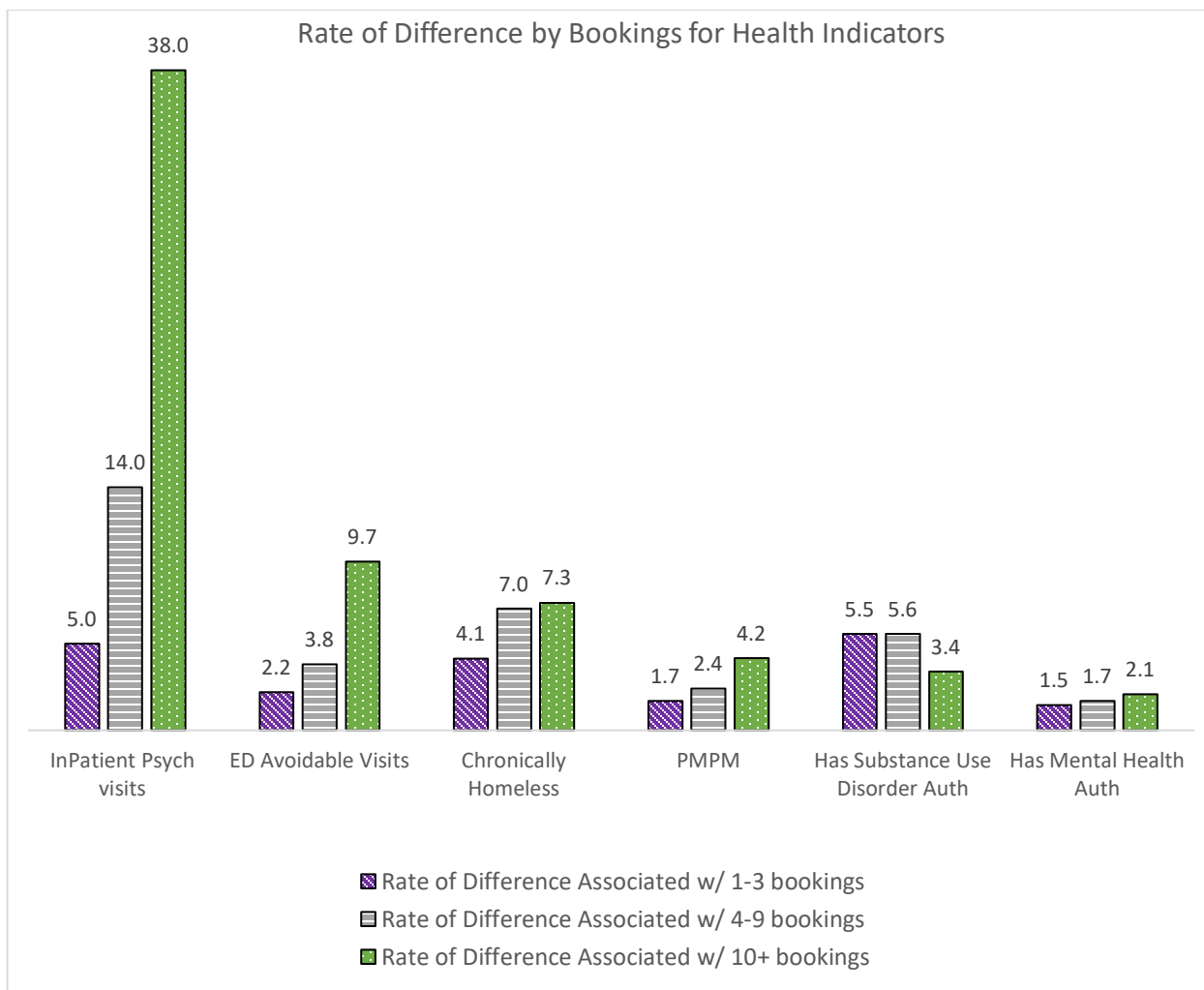


Figure 3

Housing is a Game Changer

While these data demonstrate gaps and provide insight into who is most impacted by negative system outcomes, they also provide information on the benefits of supportive housing.

Figure 4 illustrates that people who have experienced chronic homelessness generally have higher health care utilization and costs than the general Medicaid population. However, by providing supportive housing to this population, it reduces utilization across the board, significantly reducing avoidable visits to the ED, inpatient psychiatric stays, and health care costs.

This impact is seen most clearly with jail bookings. The people experiencing chronic homelessness (and not housed) had jail bookings at 7.0 times the rate of the general Medicaid population. For those who had been chronically homeless but were housed in supportive housing for at least a year, the rate of bookings was neutralized – they were booked at the same rate as general Medicaid members who did not experience chronic homelessness.

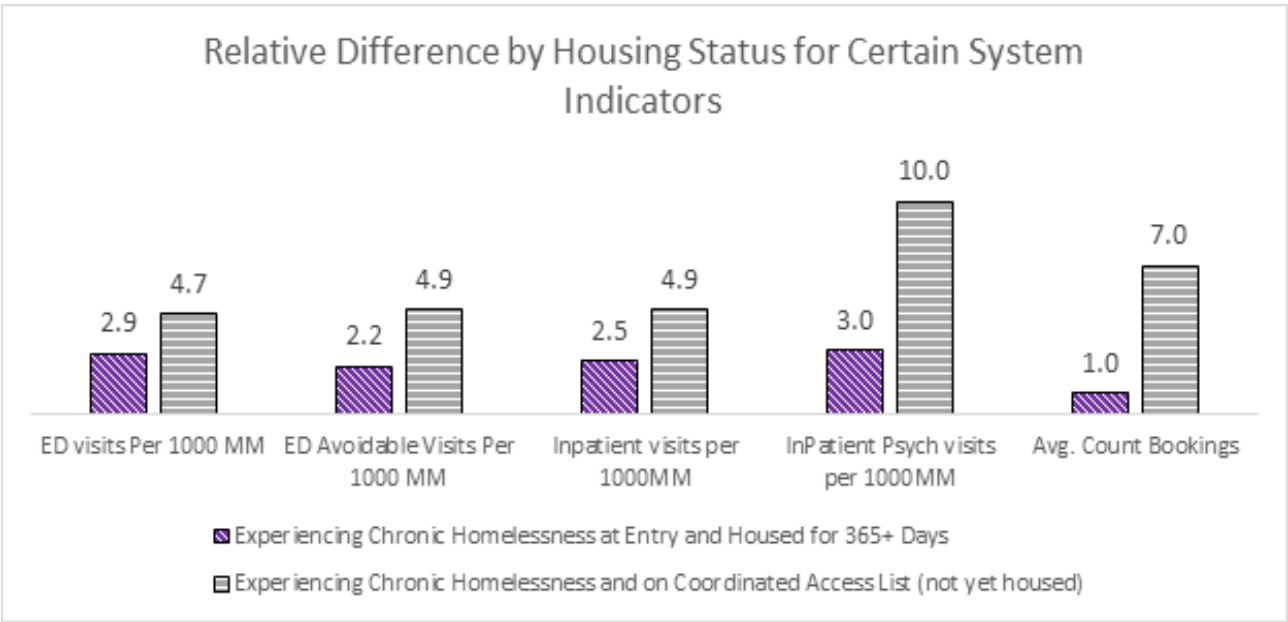
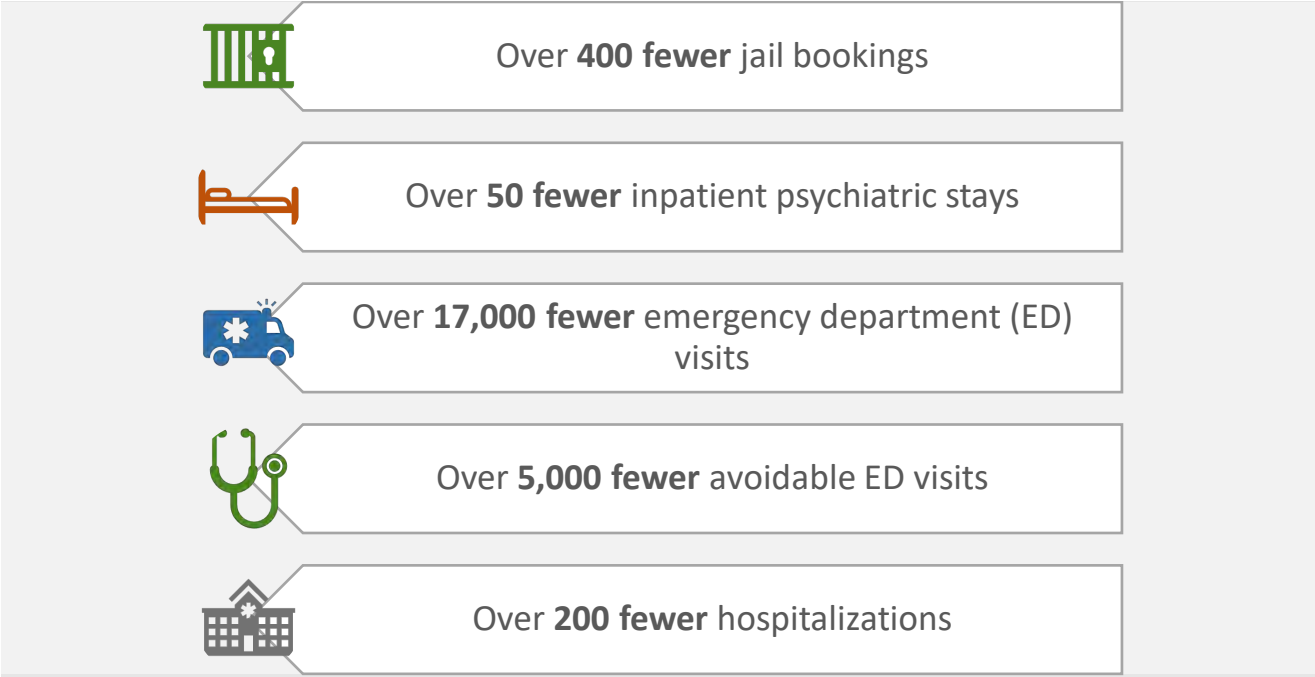


Figure 4

What the data suggest is that, as a group, those who had been chronically homeless but were housed in permanent supportive housing for at least a year experienced substantially fewer adverse system interactions than they would have had they been unhoused. Specifically:



Not only do the data suggest improved outcomes due to supportive housing for those experiencing chronic homelessness, they demonstrate cost savings to Medicaid. In 2018, analyzing the 1,138 chronically homeless adults in the JOHS dataset, 862 were unhoused, and 276 were housed. Based on the reduced costs to Medicaid because of the supportive housing intervention, it is estimated that in 2018, if all 862 unhoused chronically homeless adults had been housed, there would be \$3.6 million in savings, and if all 1,138 people had never become chronically homeless, that savings goes up to \$10.2 million (Figure 5).

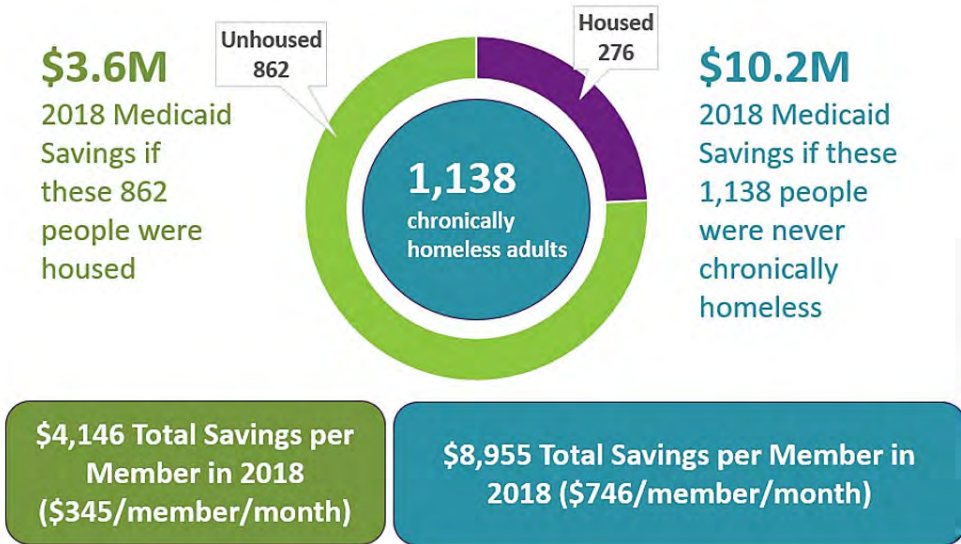


Figure 5

Indicators by Race/Ethnicity

Analyzing the experience of people in systems by race and ethnicity is critical in order to identify disparities and opportunities for systems to promote change that result in more equitable outcomes. As Figure 6 displays, the rate of difference in certain outcomes heavily impact BIPOC. The most acute rates of difference are among those who are American Indian or Alaska Native. Compared to all other race and ethnic groups combines, they experience chronic homelessness at 6.1 times the rate, go to the ED for an avoidable visit at 2.1 times the rate, and are booked at 1.7 times the rate.

While these data are instructive, they are not conclusive; nor do they incorporate the voices, perspectives, and critiques of those who have lived expertise with these systems. Engaging with these data along with these qualitative insights are necessary for systemic and programmatic change. Such quantitative analyses help the FUSE process tailor questions and solicit feedback to contrast data points and conduct root cause analysis. Though quantitative data and analysis show a certain due diligence, it is important to recognize (as the workgroup does) that these data are only part of the story.

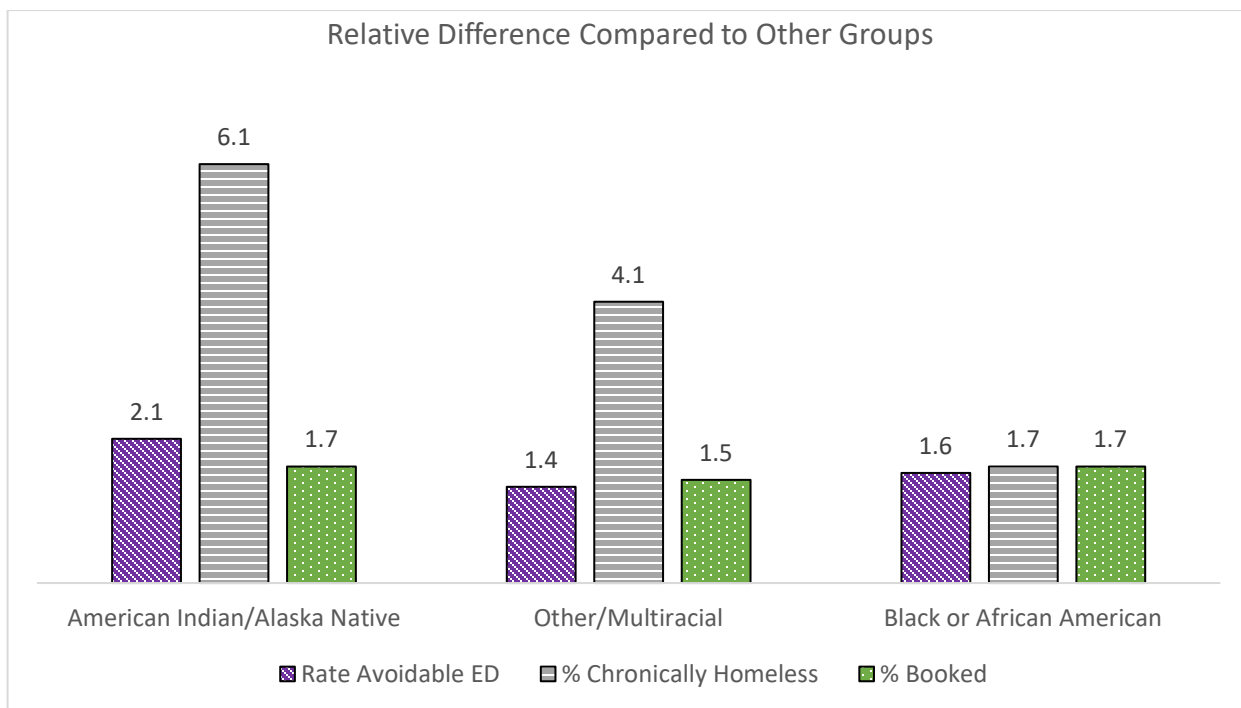


Figure 6

Additionally, certain system indicators were selected to be broken out by race and housing status. Data suggest that supportive housing improves outcomes for persons who experienced chronic homelessness and were housed for 365+ days relative to persons experiencing chronic homelessness and not yet housed, as shown in Figure 4. While these graphs and analyses illustrate that overall outcomes are improved, those benefits do not impact all race or ethnic groups equally, nor does it account for access to or exclusion from supportive housing resources.

Caution is urged in reviewing these data. It is important to note that they are not statistically tested and should not be used to definitively interpret system challenges or experiences of persons. Especially for results from race groups with fewer records, particularly the Asian population. While those individuals' experiences in PSH are real, with so few records, it is difficult to determine if those data are completely representative of that group or may just represent one or two people, for example. For ease of reference, the population totals (n=) are noted for each race group and housing status population in each of the following figures.

As mentioned before, more data are necessary, as well as a comprehensive conversation with community stakeholders, persons with lived expertise, and BIPOC. We present these findings as a way to open the conversation and explore, perhaps, new questions.

Figure 7 and Figure 8

Figure 7 observes the relative difference by race and housing status of Emergency Department (ED) visits and figure 8, avoidable ED visits.

The graph is ordered for by the highest relative difference among those who are housed in supportive housing for more than a year. Do note that the Asian population for those who are housed are less than 5 individuals and, again, may not be representative of that group. For service indicators in these figures, "0.0" values are indications of no data, meaning that there were no persons from that race group and of that housing status who interacted with systems for those measures. Conversely, other groups with fewer records could swing the average quite wide and show a large relative difference. An example of this would be the Asian population in figure 10. That population group consists of 11 people and may not be representative of the average experience in a different year.

Note the Grand Total category, which is the overall average relative difference, including all race groups. It indicates that unhoused persons (gray bar) visit the ED for avoidable and non-avoidable visits more than 4x the rate of the Medicaid only population, while those in supportive housing for a year or more (purple bar) visit the ED around 2-3x more. That seems to indicate that supportive housing reduces ED visits generally – perhaps due to residents of supportive housing having access to appropriate preventative services.

Disaggregating these data by race is instructive to determine how race groups experience supportive housing as a positive outcome, in this case, through ED visits. One way to view this would be to look at groups on either side of the Grand Total. Generally, those to the left have more negative experiences than the average, and groups to the right generally have more positive experiences. In both figures, Other and Multi-Racial as well as Hispanic or Latinx appear to have more of a relative difference than the average, even with supportive housing.

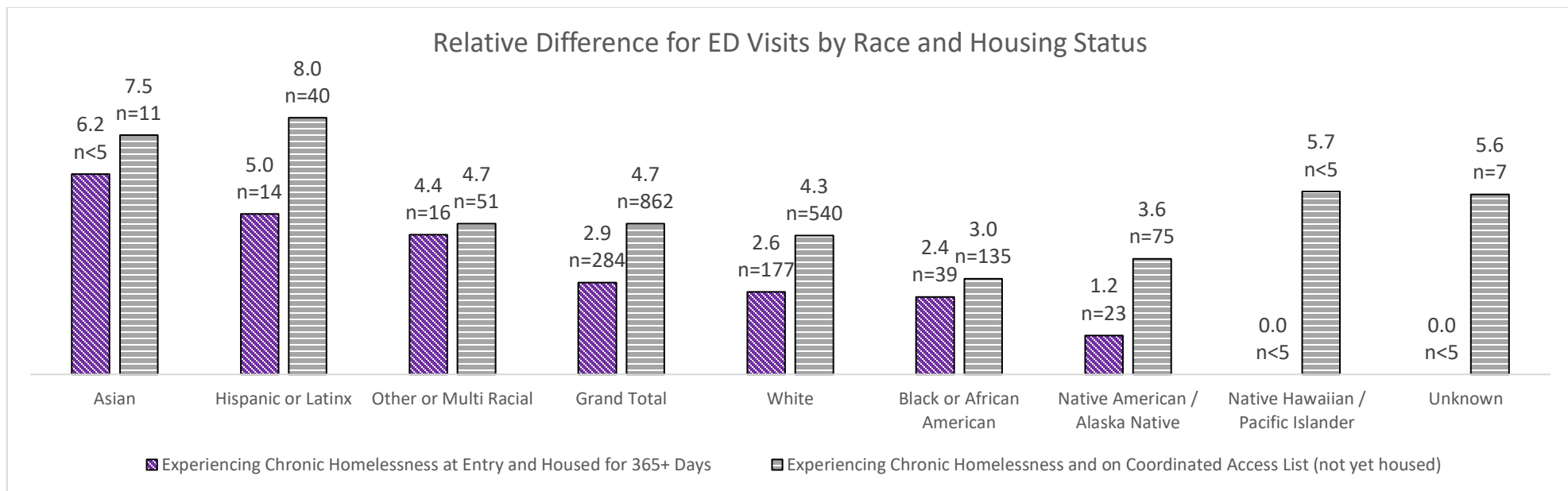


Figure 7

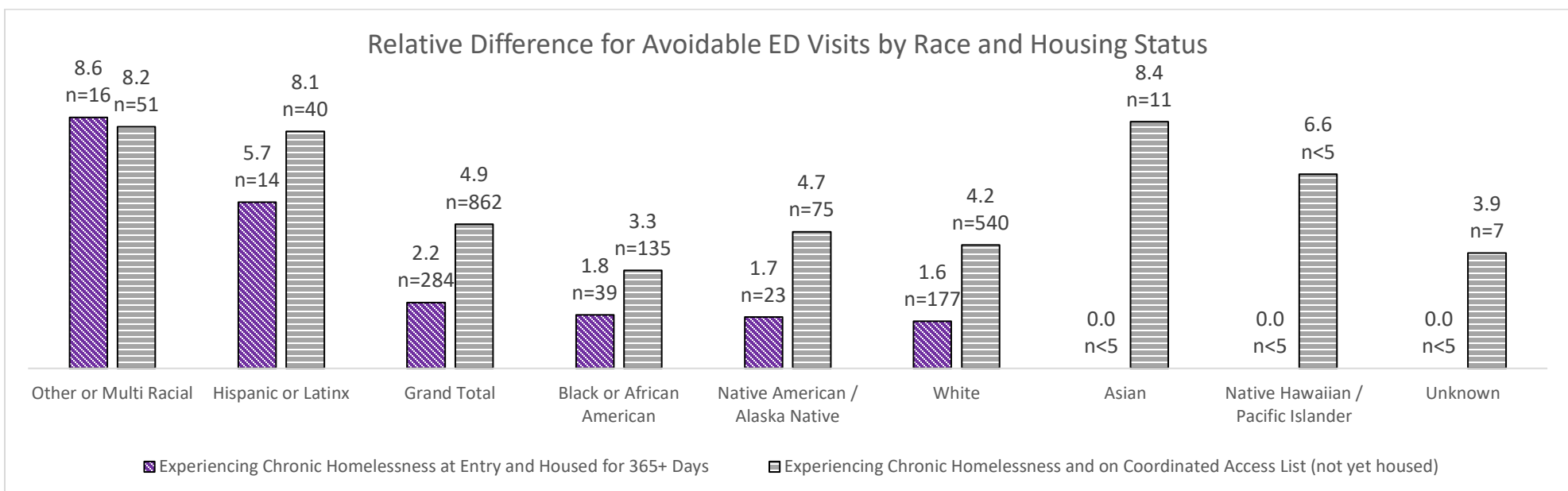


Figure 8

Figure 9 and Figure 10

The same caveats put forward for figures 7 and 8 apply to figures 9 and 10, which show the relative differences associated with inpatient hospital and inpatient psychiatric hospital visits broken out by race and by housing status.

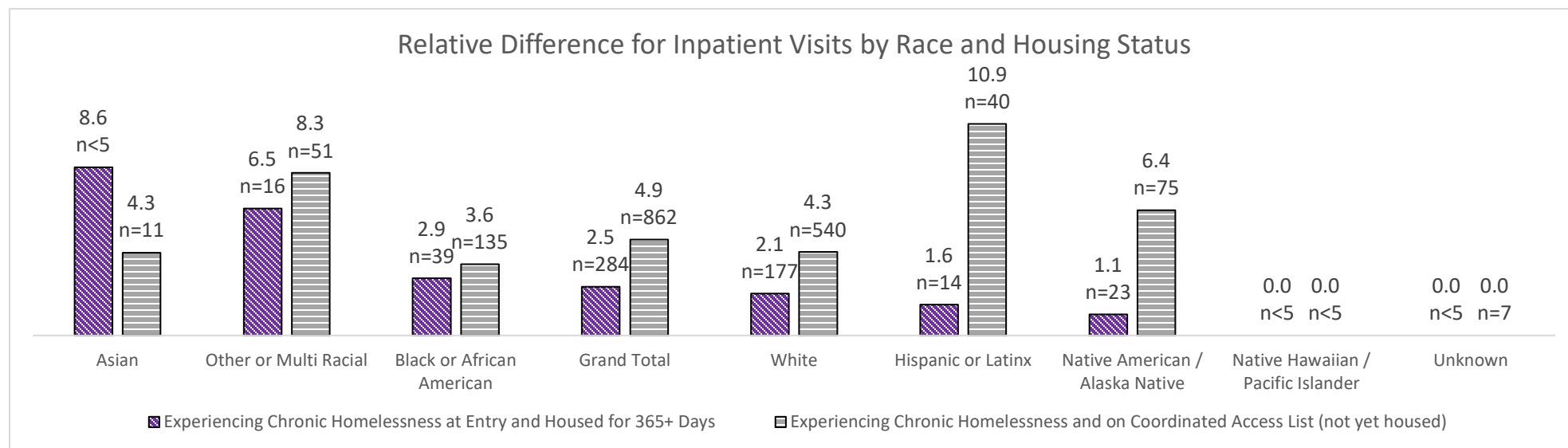


Figure 9

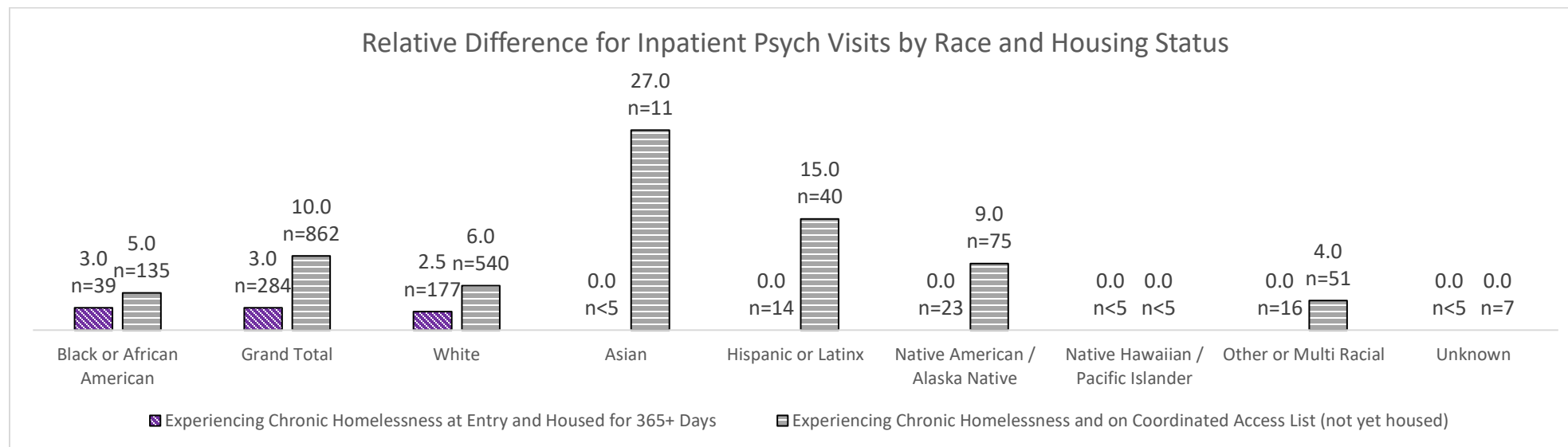


Figure 10

The chart below shows the data source for the graphs above. In this chart, details regarding the number and percentage of people, by race and ethnicity, are captured in this analysis.

RACE GROUP / POPULATION	POPULATION	# POPULATION	% POPULATION	ED VISITS	ED AVOIDABLE VISITS	INPATIENT VISITS	INPATIENT PSYCH VISITS
ASIAN	Health Share Only	8,092	9%				
	PSH (365+)*	<5	<2%	6.2	0.0	8.6	0.0
	CH-CA	11	1%	7.5	8.4	4.3	27.0
BLACK OR AFRICAN AMERICAN	Health Share Only	9,666	10%				
	PSH (365+)	39	14%	2.4	1.8	2.9	3.0
	CH-CA	135	16%	3.0	3.3	3.6	5.0
HISPANIC OR LATINX	Health Share Only	5,260	6%				
	PSH (365+)	14	5%	5.0	5.7	1.6	0.0
	CH-CA	40	5%	8.0	8.1	10.9	15.0
NATIVE AMERICAN / ALASKA NATIVE	Health Share Only	1,053	1%				
	PSH (365+)	23	8%	1.2	1.7	1.1	0.0
	CH-CA	75	9%	3.6	4.7	6.4	9.0
NATIVE HAWAIIAN / PACIFIC ISLANDER	Health Share Only	429	0%				
	PSH (365+)*	<5	<2%	0.0	0.0	0.0	0.0
	CH-CA*	<5	<1%	5.7	6.6	0.0	0.0
WHITE	Health Share Only	49,299	53%				
	PSH (365+)	177	64%	2.6	1.6	2.1	2.5
	CH-CA	540	63%	4.3	4.2	4.3	6.0
OTHER OR MULTI RACIAL	Health Share Only	1,219	1%				
	PSH (365+)	16	6%	4.4	8.6	6.5	0.0
	CH-CA	51	6%	4.7	8.2	8.3	4.0
UNKNOWN	Health Share Only	18,585	20%				
	PSH (365+)*	<5	<2%	0.0	0.0	0.0	0.0
	CH-CA	7	1%	5.6	3.9	0.0	0.0
GRAND TOTAL	Health Share Only	93,603	100%				
	PSH (365+)*	284	100%	2.9	2.2	2.5	3.0
	CH-CA*	862	100%	4.7	4.9	4.9	10.0

*Population categories with fewer than five records are suppressed and totals adjusted.

Community Engagement Scan and Racial Equity

As indicated by the data, BIPOC are overrepresented in national and Multnomah County homeless, health, and justice statistics due to the historical legacy and persistence of structural racism. With the guidance of CSH and several partner organizations, the FUSE table in Portland sought to develop an analysis that addresses frequent utilization while examining racial disparities.

From the beginning of the process, the systems leaders and the data and equity workgroup felt that it was important to engage community voice, particularly BIPOC. That said, several factors informed CSH's work to conduct a scan versus creating a separate process. These included several process barriers internal and external to FUSE, such as each system's own processes for community engagement, potential duplication, and not being able to resolve the timing of logical and meaningful engagement based on data analysis.

Once ready to move forward, the timing to engage peer staff (intended to reflect ideas from people with direct service experience and lived expertise) collided with the cumulative effect of national traumas felt by highly impacted communities, including: the Black Lives Matter movement and protests in response to police brutality, the COVID-19 pandemic, and other intersecting events. In an effort to prevent re-traumatization of persons in these communities, CSH did not conduct the direct community conversations as planned.

Therefore, representation occurred through interviewing community engagement experts in each system to document and uplift themes presented in the qualitative data sourced across systems.

The themes were:

Listening is one piece of the puzzle.

- Each system currently conducts their own community engagement largely in isolation.
- Community engagement within all three systems speak to the fact that racism and oppression are built into all systems, and the impacts compound one another.

Key Insights:

In conducting community engagement:

- *Do:* Be transparent in engaging community; 'What's the specific ask? What's the feedback loop [accountability from those engaging to those from the community]?'
- *Don't:* Engage with a group if it that engagement doesn't have a clearly defined purpose or tangible effect.
- Foster affinity spaces, for culturally specific organizations and based on identities including lived experience, to assure safe and nuanced engagement with BIPOC, LGBTQ+ and other intersecting communities such as people with disabilities (visible and invisible).

Systems acknowledge that community voice needs to be elevated at decision-making tables; and that power sharing requires "leveling up" members of the community with technical and other supports for full participation.

- Workgroups and community advisory boards with both lived expertise and system leaders working together are present, or in development, in each system; these groups require continued and focused structural support.
- Systems acknowledge the necessity to remove basic barriers to participation such as stipends, childcare, and meals.
- An example of "leveling up," is the Justice sector facilitating "coach ups" to ensure that community members are knowledgeable of the administrative process, acronyms, and more, so persons with lived expertise can meaningfully participate in policy and programmatic discussions.

Key Insights:

- In establishing and supporting co-creation of policies and programs, be up-front and specific about the community's power to affect change.
- Acknowledge that bringing new people and more diverse representation into leadership and decision-making spaces, shifts the norms of the space;
- Successful collaborative spaces are willing and receptive to these shifts
- "Leveling up," or asset building, within communities is identified as an area of growth for all 3 systems, and an opportunity to create a cross-system structure that uplifts, prepares and resources community members.
- As stated by community members with lived expertise in an engagement conducted by the justice system around shaping a justice-funded housing program, "Give us the power."
- Invest resources in smaller community-based organizations so they can participate.

Resourcing for stable and supportive housing, requires a multi-level approach.

- Each system hears about housing in their listening sessions; Community engagement reflects that - lack of access to and availability of physical and behavioral (including relapse support) health, lack of affordable and supportive housing and lack of employment, and fair wages all lead to homelessness and housing insecurity.

Key Insights:

- Systems must work *together* to dismantle racism.
- Transition resources across access and the need for 'warm hand-offs' across multiple spaces and systems should be prioritized.
- Access to and more resourced behavioral health services for BIPOC are necessary.

Additionally, CSH, systems, and agency leaders, including those from the data and equity workgroup presented the results of the Multnomah County FUSE effort to the following entities:

- [The LPSCC Executive Committee](#)
- [The Multnomah Board of County Commissioners](#)
- [Health Share's Board of Directors](#) and several subcommittees including the [Community Advisory Committee](#)

These presentations and ensuing discussions informed recommendations are moving forward. The data and information in this report are meant to be a springboard for future action.

Recommendations for moving forward

These recommendations came from the leaders of the systems involved, as well as through the presentations and discussions listed above.

Data and Analytics

- Conduct another analysis using data that are more recent.
- Add additional Systems in the Justice Sector (beyond bookings) that include a racial equity lens to address.
- Use the FUSE (or FUSE-like) model as a platform for long-term data alignment between systems to promote more precise planning, evaluation, and ongoing quality improvement of programming.
- Measure changes in disproportionality of BIPOC represented in current analysis to indicate movement toward racial equity.
- Engage community voice to add qualitative information to the analysis.

- Continue to use a racial equity approach to the analysis; improve this approach by connecting with similar analyses and additional qualitative information.
- Identify people who are touching multiple systems to coordinate services and connect them to housing.
- Use data to inform policy and program change, not just to make the case that these should be addressed.

Advancing Programs

- Invest in long-term solutions, such as supportive housing that showed a significant decrease in systems used in this analysis.
- Apply more intensive and individualized supports (including [trauma informed care](#)) with housing to address complex needs of potential and existing tenants, especially people who touch multiple systems.
- Use information (i.e., names) from data analysis to prioritize highly impacted people for supportive housing.

Systems Collaboration

- Use FUSE to inform and help implement the following:
 - The Multnomah County LPSCC [Transforming Justice Initiative](#)
 - Health Share of Oregon's [Community Health Improvement Plan](#)
 - The Regional Supportive Housing Impact Fund under Health Share of Oregon (Strategic Framework [here](#))
 - [Metro's Supportive Housing Services Program](#) via the [Multnomah County Local Implementation Plan](#)
- Address systemic and structural racism that exists in and among systems as evidenced by the data

Racial Equity

- Center race in resource allocation (new and existing) in the construction and expansion of behavioral health for BIPOC.
- Increase funding for culturally specific programs to build and sustain partnerships that add access to and increase success in supportive housing.
- Research how to dedicate units for communities of color.
- Ensure systems and programs acknowledge the harmful impacts of institutionalized and structural racism across systems have a compounding effect and work to repair, reduce, and prevent this harm.

State Health Policy Advocacy

- Share the findings of this report with stakeholders involved in:
 - Measure 110, also known as the Drug Addiction Treatment and Recovery Act.
 - Upcoming efforts to seek additional Medicaid authority such as a Waiver or State Plan Amendment that could allow additional services in supportive housing to be funded through the Medicaid, also known as the Oregon Health Plan (OHP).

Closing

From CSH's perspective, the Multnomah County FUSE effort has been one of the most dynamic systems work that CSH has been involved in locally. The ability to create a warehouse of data across the three sectors and pull a variety of analyses is significant. It allowed for a unique way to tell the story of people and systems that has not been conducted in other FUSE efforts. Additionally, the relationships established across the sectors helped build a deeper understanding of the challenges that each face when working with highly impacted people, including communities of color. CSH also appreciates the resources, support, and confidence from the staff at Meyer Memorial Trust to ensure that FUSE continued through challenges and opportunities that systems change and collaborative efforts bring. To learn more about CSH, please visit www.csh.org.



For additional information or questions about this report, please contact
Heather Lyons, Director, CSH at heather.lyons@csh.org.

07/15/2021



A 5-Year Denver-based Supportive Housing Project Achieves “Remarkable Success” for People Entrenched in Homelessness and Jail Stays

Hundreds of people with a history of experiencing chronic homelessness achieved stability and improved health in their lives through an innovative five-year study that linked housing with supportive services. The groundbreaking study based in Denver, Colorado, and named the

Denver Social Impact Bond (SIB) Initiative (<https://pfs.urban.org/pfs-project-fact-sheets/content/denver-social-impact-bond-program>) targeted people entrenched in the cycle of homelessness and stays in jail.

The Urban Institute served as the initiative's independent evaluator with research partners from the Evaluation Center at the University of Colorado Denver and with funding from the City and County of Denver, Arnold Ventures, and the Robert Wood Johnson Foundation. CSH and Enterprise Community Partners (ECP) (<https://www.enterprisecommunity.org/where-we-work/denver>) served as co-intermediaries for the project, working together to ensure the quality of the housing and services and promote positive outcomes for tenants. CSH focused on project management and overall project support while ECP oversaw fiscal management.

The five-year project ended in December of 2020. The randomized control trial study led by the Urban Institute released the final results (<https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/publications>) today.

The SIB researchers identified more than 700 individuals in Denver who were chronically homeless, had numerous arrests and were battling substance use and mental health challenges. Roughly half (365) were selected randomly to receive supportive housing (<https://www.csh.org/supportive-housing-101/>), with the remaining receiving services as they normally would through their interactions with multiple systems. The latter served as the control group.

The Colorado Coalition for the Homeless (<https://www.coloradocoalition.org/>) and the Mental Health Center of Denver (<https://mhcd.org/get-to-know-us/>), two high-capacity service providers, implemented the supportive housing intervention as part of the initiative. The five-year randomized control trial evaluation in the project proves that supportive housing is the reason for the reductions in interactions with the justice system.

Among those who received supportive housing, 86 percent remained in their homes in the first year, and after three years, more than three-fourths (77%) remained stably housed. Also, participants had a 34% reduction in police interactions, 40% reduction in arrests, and spent 38 fewer days in jail (a 30% reduction in jail stays and 27% reduction in jail days) compared to the control group.

The project prioritized participants based on their justice system interactions, helping to drive resources towards historically marginalized communities who have suffered from criminalization policies rooted in racism. The results are compelling for communities seeking to address systemic racism and patterns of over-criminalization of Black, Indigenous and People of Color (BIPOC) and people with disabilities experiencing homelessness.

The SIB Initiative was designed using a “pay for success” model (<https://pfs.urban.org/pfs-101/content/what-pay-success-pfs>), an innovating financing approach that links public and private investment in social services to improved outcomes. Private investors (<https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/denver-sib-partners>), including nonprofit foundations and for-profit companies, made an upfront capital investment of \$8.6 million. In addition, the Harvard Kennedy School Government Performance Lab (<https://govlab.hks.harvard.edu/>) provided support to develop a “pay for success” contract under which the City of Denver agreed to pay investors back if participants got housed, stayed housed, and spent less time in jail.

The program was so successful that investors received their total investment from the city, plus \$1 million in return. Northern Trust, one of the for-profit investors, agreed to share \$250K of their return with providers.

Supportive Housing Drives Long-Term Results

Highlights from the Denver SIB Initiative findings include:

Housing Stability

- Most who were offered housing stayed for the long term. Many studies on supportive housing evaluate housing stability outcomes for only one or two years. But, the Denver SIB Initiative looked at housing stability over three years and found that 8 in 10 people remained in stable housing at two years, and at three years, 77 percent remained. The long-term nature of the study showed that supportive housing helps people and communities create long-term, lasting results.
- The Denver SIB Initiative significantly increased participants’ access to housing assistance. Over three years, people referred to supportive housing received an average of 560 more days of permanent housing assistance per person than those who received usual services in the community.
- SIB participants spent significantly less time in shelters. People referred to supportive housing had an average of 40 percent reduction in shelter visits and a 35 percent reduction in days with any shelter stays because of supportive housing.

Reduction in Justice System Outcomes

- The SIB helped people reduce their interactions with the criminal justice system. In the three years after being randomized into the evaluation, people referred to supportive housing had a 34 percent reduction in police contacts and 40 percent reduction in arrests.
- SIB participants spent less time in jail. Participants who were referred to supportive housing spent an average of 38 fewer days in jail than those who received usual services. This represents a 30 percent reduction in unique jail stays and a 27 percent reduction in total jail days.

Health services outcomes

- Supportive housing helped people use less emergency health care and more office-based health care. Two years after SIB participants were referred to supportive housing, they had a 40 percent decrease in emergency department visits, a 155 percent increase in office-based visits, and a 29 percent increase in unique prescription medications.
- The SIB helped people reduce their use of short-term, city-funded detoxification facilities. Participants enjoyed a 65 percent reduction in the use of detoxification facilities that were not equipped to provide follow-up treatment.

Social Investments Reward Social and Economic Dividends

- The Denver SIB Initiative demonstrated that the “pay for success” model can work as a strategy to scale supportive housing as a solution to chronic homelessness. The upfront investment was one of the most significant influxes of service funding for supportive housing ever made in Colorado.
- The project was so successful as it progressed the City of Denver expanded it by 75 slots in 2018 through a direct performance-based contract with Colorado Coalition for the Homeless without upfront capital from investors and has agreed to fund ongoing services for all participants in the Denver SIB Initiative.
- This commitment of services funding was critical to leveraging the housing resources needed in the project and ensuring stability for tenants. The SIB provides an impressive local template to understand the financial investment and service model required to reach the expected results.

The Denver SIB Initiative is also a powerful illustration of the positive outcomes that result when a group of committed stakeholders comes together around a shared definition of success. For five years, the project stakeholders: investors, services providers, evaluator, City of Denver, CSH, and ECP, met to review performance and solve problems in real time.

Over the project duration, each governance committee meeting began with a story of how a participant’s life improved after the supportive housing intervention. This project’s opportunity to offer supportive housing to people was always at the center of this work. As with most supportive housing projects, there were bumps in the road. The difference here is that this project’s unique structure provided the information and quality improvement structure needed to address the hurdles. As the project manager, CSH had the privilege to witness all the stakeholders’ collaboration, passion, and dedication.

Our vantage point on this project has left us more convinced than ever that communities and our nation can commit to ending the cycles of justice involvement and homelessness for thousands of Americans. We know that providing affordable housing with flexible person-centered supportive services makes the difference. Supportive housing is the solution (<https://www.csh.org/supportive-housing-101/data/>).

Want to get involved and support this incredible movement? Subscribe below to receive more information about a three-part webinar series that will provide a deeper dive into the project’s service model, health outcomes, and cost-study.

Subscribe

City and County of San Francisco
Fiscal Year 2020 Justice Reinvestment Initiative: Reducing Violent Crime by Improving Justice
System Performance Grant Program
Young Adult Justice Initiative

The City and County of San Francisco (CCSF) Fiscal Year 2020 Justice Reinvestment Initiative (JRI) Young Adult Justice Initiative proposal targets the reduction of serious and violent crime committed by 18-25 year olds. Activities include the development of a Young Adult Action Plan and expansion of innovative programs to further change the life trajectories of justice-involved young adults, address harm to victims and prevent future acts of violence.

San Francisco's young adults are disproportionately involved at every stage of our justice system. Data reveals that 18-25 year olds – a mere 8% of the population – comprise 23% of felony arrests, 26% of felony court filings and 28% of our state prison commitments. An analysis of CCSF jails found that this population makes up 28% of our jail bed days – and that 81% of those bed days are occupied by young adults of color. The racial and ethnic disparities of young adults in our system are pronounced for young African Americans, who comprised 58% of those jail bed days, but are 6% of San Francisco's population. Finally, young adults are more likely to engage in crimes of interpersonal violence. While young adults comprise approximately 25% of San Francisco's criminal justice cases, they account for 30% of gun cases and 43% of robberies.

CCSF proposes to complete the following activities; (1) the development of a Young Adult Action Plan examining the justice continuum, including preadjudication and post-release and (2) subsequently expanding services and alternative approaches to address young people in contact with San Francisco's justice system. This collaborative approach creates multiple pathways to accountability and support for young people engaging in serious and violent crime. CCSF will engage stake holders, analyze data, develop and refine innovative responses, implement those strategies and measure success.

JRI collaborative planning activities will take place under the auspice of the San Francisco Sentencing Commission. Member agencies include Public Defender's Office, Adult Probation Department, Juvenile Probation Department, Sheriff's Department, Police Department, Department of Public Health, Reentry Council, Superior Court, nonprofits serving both victims and justice involved individuals, a sentencing expert, and an academic researcher with expertise in data analysis.

The Young Adult Justice Initiative proposal builds on several foundational concepts: the demonstrated effectiveness of "problem-solving" courts and restorative justice practices; the unique developmental needs of young adults with prolonged histories of trauma; and the stark, daily reality that young adults are overwhelmingly overrepresented in our courtrooms and jail cells, particularly for serious and violent crimes.