Guidelines for Virtual Advisory Group Meetings

- Meetings are open to the public and being recorded

- Only the Advisory Group, Working Group members, and SANDAG staff will be able to speak due to the focus of these meetings

- If you would like to speak, please raise your hand. If you agree with what another member is saying, you can use other icons to share this approval

- Please note that we value your opinions but may need to move conversations along to ensure all the meeting topics are covered

Meeting Agenda

- Discuss Advisory Group Working Group Efforts (4:30-4:40)
- Overview of Service Provider Survey Results (4:40-4:50)
- Overview of Best Practices Review (4:50-5:05)
- Discuss January Community Forums (5:05-5:20)
- Juvenile Justice Commission (JJC) Presentation (5:20-5:35)
- Open Sharing by Advisory Group Members (5:35-6:00)

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4:30-4:40

Discuss Advisory Group Working Group Efforts

Advisory Group Efforts

- Joint Meeting with the Working Group

- Advisory Group addenda to the report

- Future Advisory Group Working Group discussions

4:40-4:50

Overview of Service Provider Survey Results

Greatest Needs of Justice-Involved Adults

Percent Who Rated as a "Significant Need"		
	Community	Service Provider
Employment assistance	**58% (1)**	**74% (3)**
Housing	**56% (2)**	**87% (1)**
Paying for basic necessities	**55% (3)**	55% (7)
Transportation assistance	**46% (4)**	63% (6)
Healthcare	**44% (5)**	Not asked
Help getting basic documentation	43% (6)	54% (8)
Substance use treatment	41% (7)	**70% (4)**
Peer mentorship	40% (8)	43% (11)
Education	39% (9)	49% (9)
Mental health care	36% (10)	**82% (2)**
Anger management	25% (11)	44% (10)
Case management	Not asked	**65% (5)**

*Service providers more likely to say need is significant

*Employment assistance and housing top rated by both groups

*Service providers more likely to say substance use treatment and mental health care are significant needs

*Basic necessities and transportation assistance in top needs for community but not service providers

Greatest Barriers to Receiving a Service

Percent Who Said a Barrier (Open Ended or Significant)		
	Community	Service Provider
Not easy to get to	**59%**	**59%**
Too hard to find out about	**49%**	26%
Waiting list too long	**48%**	**64%**
Eligibility restrictions	39%	31%
Too hard to enroll	35%	26%
Too expensive	33%	49%
Timing did not work	27%	**60%**
Did not feel like a fit	15%	Not asked
Lack necessities to enroll	N/A	14%

*Not being able to get to services among top barriers cited by both groups; waiting lists too long also in top 3 for both

*Community more likely to say too hard to find out about services

*Service providers more likely to say timing doesn't work

Barriers to Service Providers

Service Providers Perception of their Greatest Internal Barriers			
	Significant Barrier	Somewhat of a Barrier	Not a Barrier
Retaining staff	**55%**	29%	16%
Hiring staff	**47%**	33%	20%
Obtaining reliable funding	**46%**	34%	20%
Restrictions on funding use	**44%**	42%	15%
Contract requirements for funding	**41%**	39%	20%
Long waitlists	39%	37%	25%
Reporting requirements from funders	27%	47%	27%
Inability to do warm hand offs	24%	41%	35%
Unrealistic funding outcome measures	22%	42%	36%
Inadequate information from referrals	19%	48%	33%
Retaining clients	17%	46%	37%
Receiving client referrals	15%	43%	42%
Inability to access client data	14%	41%	45%
Engaging clients	11%	51%	38%
Workload management	7%	0%	93%

Biggest barriers related to staffing and funding

How Best Engage Clients When Services Not Mandated?

- Motivational interviewing, meet clients where they are, build a relationship, ongoing follow-up
- Make sure their basic needs are met
- Don't make it feel like the service is punishment, make them part of the process, ensure they are heard
- Make receiving the service and enrolling as easy as possible
- Engage and support those around the clients (e.g., family)
- Make sure that one size doesn't fit all
- Utilize credible messengers and peer support

4:50-5:05

Overview of Best Practices Review

What is a best practice?

- The intention and effect of the practice or program is to reduce system involvement, whether through diversion at the point of first system contact or through reduced recidivism

- The intervention applies primarily to low-level offenders

- The practice addresses unmet criminogenic needs

Researching Best Practices

- Comprehensive review of peer-reviewed and policy literature to see what works and what doesn't

- Using the Sequential Intercept Model (SIM) as an organizing framework

- Highlighting programs that align with best practices, both within and outside of San Diego

Intercepts 0-1: Community Services and Law Enforcement

- Practice: Community-level crisis response and diversion opportunities

  - Example programs: Support Team Assisted Response (STAR), MCRTs in San Diego

- Practice: Law enforcement-assisted diversion

  - Example program: Pinellas Safe Harbor Program (FL)

Intercepts 2-3: Initial Detention, Court Hearings, Jails/Prisons

- Practice: Reducing failure to appear (FTA)

  - Example program: North Carolina Court Appearance Project

- Practice: Incarceration-based educational programming

  - Example program: Inside Out Prison Exchange Program

Intercepts 4-5: Reentry and Community Corrections

- Practice: Wraparound reentry services

  - Example program: Anti-Recidivism Coalition

- Practice: Warm hand-offs for post-release care and services

  - Example program: Transitions clinics

Next Steps

•Final research on additional programs and services – recommendations welcome at sarah.egan@sandag.org

•Incorporating best practices research in the December Draft Comprehensive report

•Draft evidence-based recommendations of what to build or expand upon here in San Diego County

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5:05-5:20

Discuss January Community Forums

Two Community Forums in January

- Goal is to receive any last feedback to include in the final report

- How can the Advisory Group help us increase participation?

- Any thoughts on format or other suggestions for consideration?

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5:20-5:35

Juvenile Justice Commission (JJC) Presentation

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5:35-6:00
Open Sharing by Advisory Group Members