

July 2022

June 2024

Continuum of Services

Diversion and Reentry



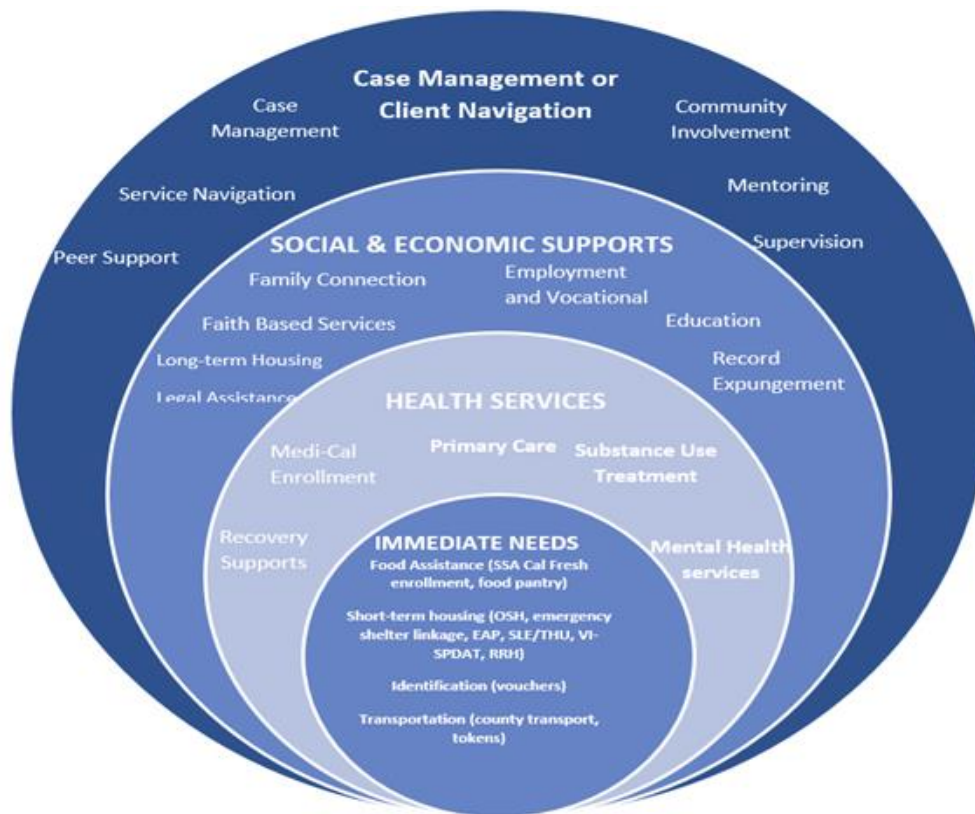
Update to Re-Entry Network Committee

September 27, 2024

Prepared by:
The Office of Diversion and Reentry Services

Purpose

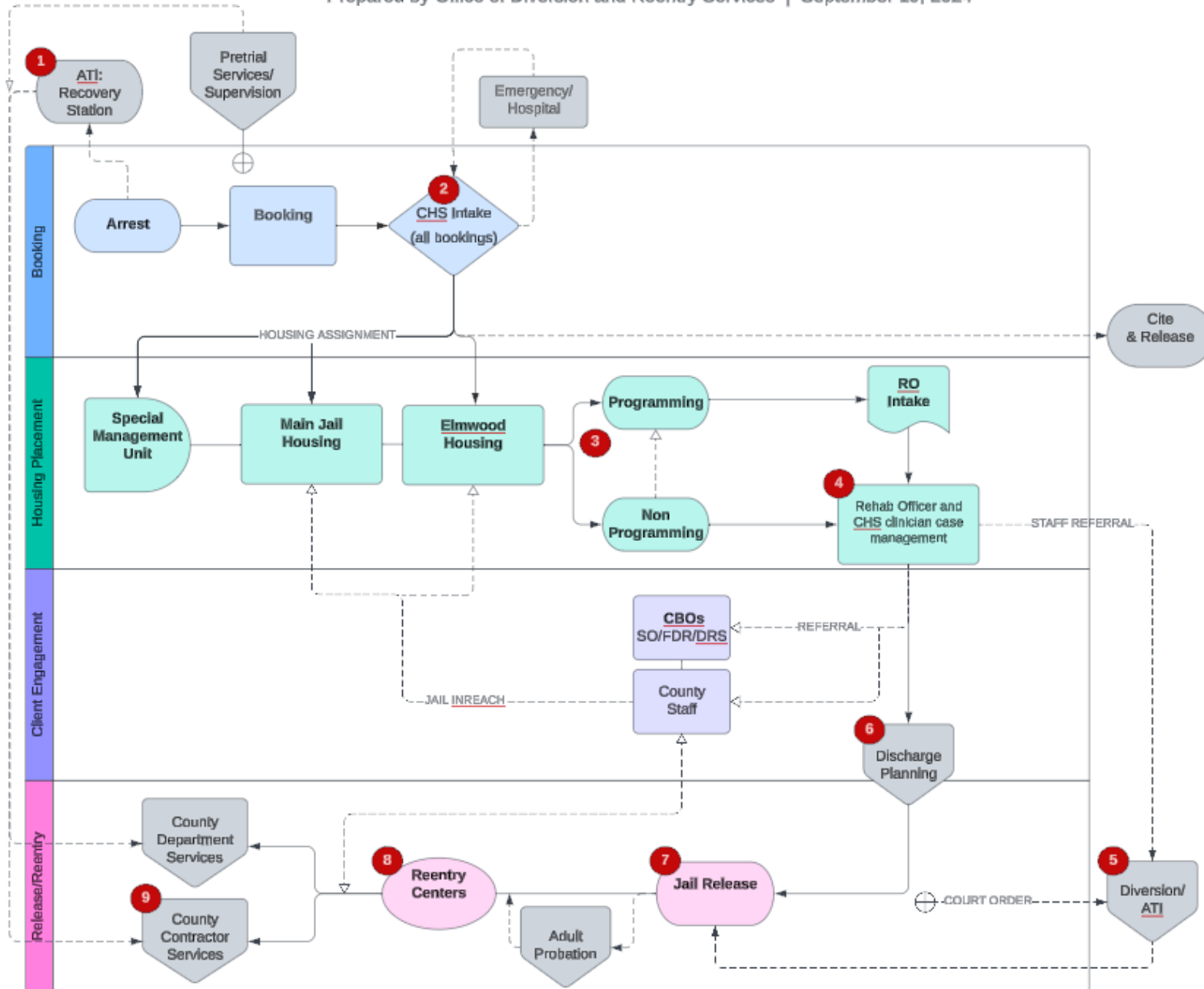
This report provides a high-level look at some of the core services provided to people with justice backgrounds in Santa Clara County, through the lens of a continuum where people will have immediate needs met, quick access to health services, ongoing social/economic supports, and longer-term support in the community.



The first section of this report includes a high-level draft map and description of how people can access services as they traverse the local justice system. The following sections include data to show trends in some of the core categories listed in the graphic above.

Draft Service Pathway Map

Prepared by Office of Diversion and Reentry Services | September 19, 2024



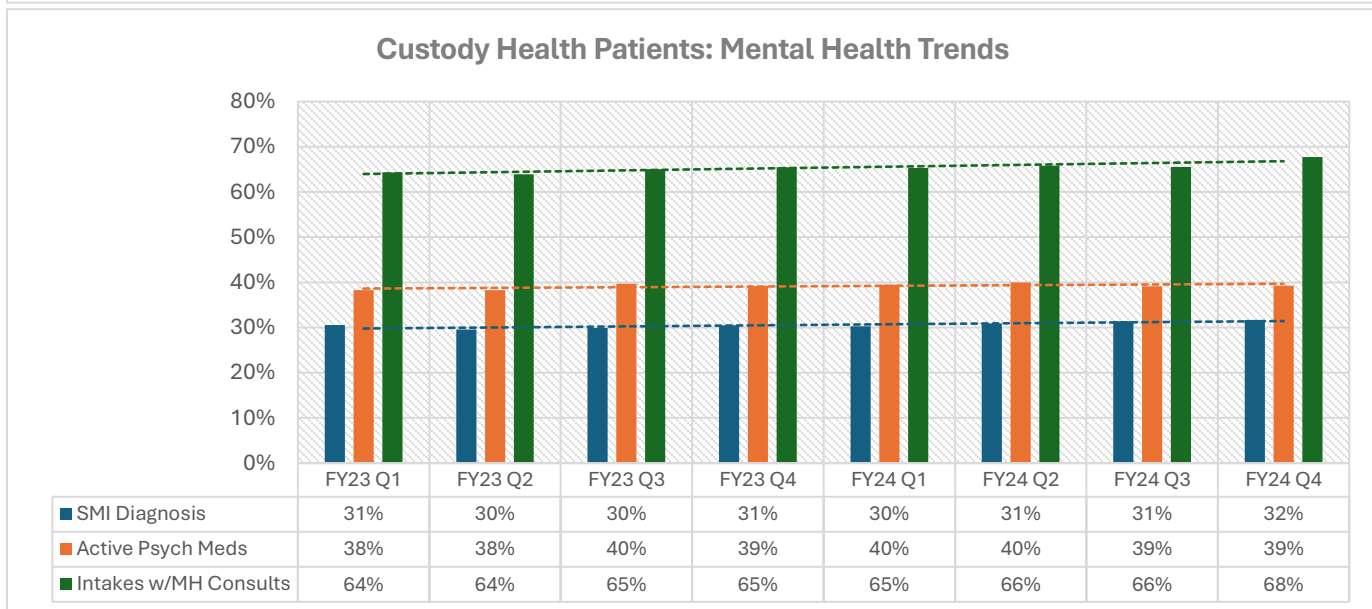
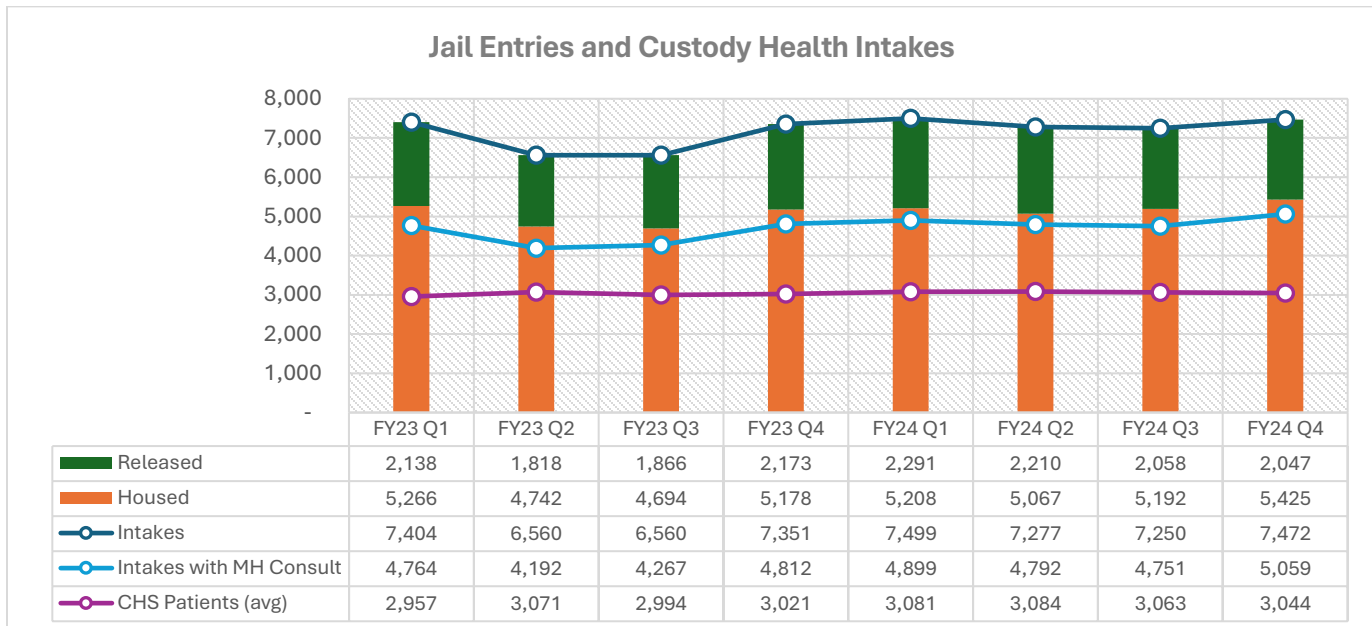
Map Description

1	At arrest or as an alternative to arrest and/or booking, law enforcement can refer people who are under the influence of drugs/alcohol or are experiencing mental health issues to the Mission Street Recovery Station (MSRS). MSRS helps link clients to treatment and services such as detox and substance use treatment and provides a safe restful place for people to stabilize without the need for jail.
2	Custody Health Services (CHS) screens all bookings to inform housing placement, placement also depends on charges. If the client needs special medical or psychiatric treatment they are housed in the special management unit for care. Clients housed in other dorms can see custody health as needed for care. Many people are cited and released after being booked and do not stay in custody.
3	Rehabilitation Officers (RO) intake clients once they are housed and participating in programming. Clients can make a request to ROs to join programming when eligible/applicable, ROs also recruit/outreach. The Office of the Sheriff (SO) manages several contracts and partnerships with local organizations to provide services. DRS funds additional classes/services that take place in custody. All together there is a variety of programming available.
4	For people staying in custody long enough (many are released within a week), CHS and ROs continue to case manage them depending on their individualized needs and requests. ROs work with people on general discharge/release planning, and along with CHS can refer their clients to DRS or FDR providers for additional reentry/behavioral health planning and service linkage.
5	ROs can make referrals to Alternatives to Incarceration (ATI) and diversion programs. Other staff can refer to diversion as well, such as FDR/CHS clinicians and District Attorney/Public Defender staff. During the adjudication process, judges can also make referrals or court orders to ATI/Diversion/Collaborative Courts. Opportunities to divert or refer to alternatives exist throughout multiple intercepts.
6	While ROs and CHS clinicians are the central discharge planning entities, there are many County/community providers and staff that engage clients in custody. These efforts are currently being restructured to be more streamlined and aligned with Cal-Aim/Enhanced Care Management. Unscheduled releases remain the largest challenge when it comes to creating plans that facilitate a continuum of care.
7	Release from custody can happen in different ways. Diversion/ATI pathways often result in a release into treatment or supervision, but standard releases can be planned or unplanned depending on each court case. Once released, any client can walk into the San Jose or Gilroy RRC. If an opportunity was missed to link the client in custody, partners are available on site to link them to services or provide direct care/support through the one-stop-shop model.
8	When people are released, they often need to check in with probation and access a variety of services. The RRC functions as a central hub connected to a larger service network that is comprised of County and community partners. There are many County departments that are housed at the RRC, but there is a larger network that RRC staff work with frequently. Select staff from different partners also engage people in custody prior to release for assessments, planning, and presentations and work closely with the Sheriff's Programs Unit.
9	There are a numerous County contractors funded by different RRC partners, such as DRS, BHSD, and Probation, that serve clients in the community and custody. Some of these contracts engage clients in custody and in the courts to link them to services prior to or immediately after release.

** The Map and descriptions above are initial drafts. The complexity of the systems and upcoming changes to operations will require additional updates and mapping efforts for accuracy.*

People entering the jails: Through the lens of Custody Health Services (CHS)

Custody Health clinicians screen all bookings during intake and offer Mental Health Consultations. Once housed for a jail stay, Custody Health provides medical and psychiatric care.



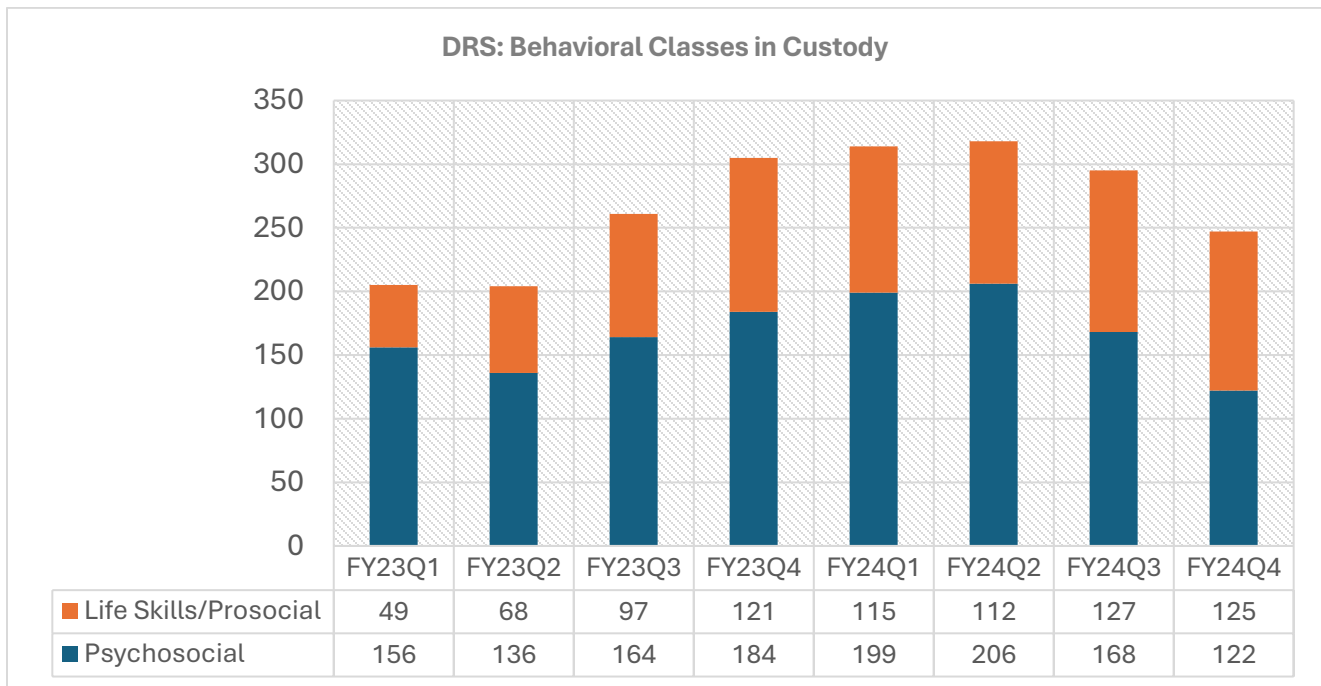
- During the two-year report period CHS was intaking/screening over 7,000 bookings each quarter. On average, just over 70% of the intakes were housed for a custody stay. Intakes/bookings have increased slightly when comparing fiscal years. When looking at the average daily census the population was consistent at about 3,000 people.
- The jail population has high rates of mental illness. Over 60% of patients were given mental health consultations at intake, and close to a third of the average population had a diagnosed Serious Mental Illness (SMI). About 40% of the population had active psychiatric prescriptions.
- Over the two-year period there was little change in the proportion of people in custody with SMI and psychiatric medication, however there was a slight increase in mental health consultations.

Services in Custody: Sheriff's Program's Unit and DRS

For anybody participating in programming in custody, there are many options available. The inventory of programming has significantly expanded in recent years with the inclusion of community college courses and vocational courses. Rehabilitation officers work closely with deputies and officers to coordinate a complex schedule with the goal of bringing programming to as many of the dorms/units as possible, in both jail facilities.

Many of the programs the Office of Diversion and Reentry Services (DRS) funds have custody components as well. DRS funds life skills and stress management programs that teach people how to manage emotions, express themselves and be prosocial, employment programs that teach classes, legal programs that conduct workshops, and navigation programs that help engage clients in custody with discharge planning and wrap-around support during the transition from jail to community (see DRS Service Provider attachment for more information).

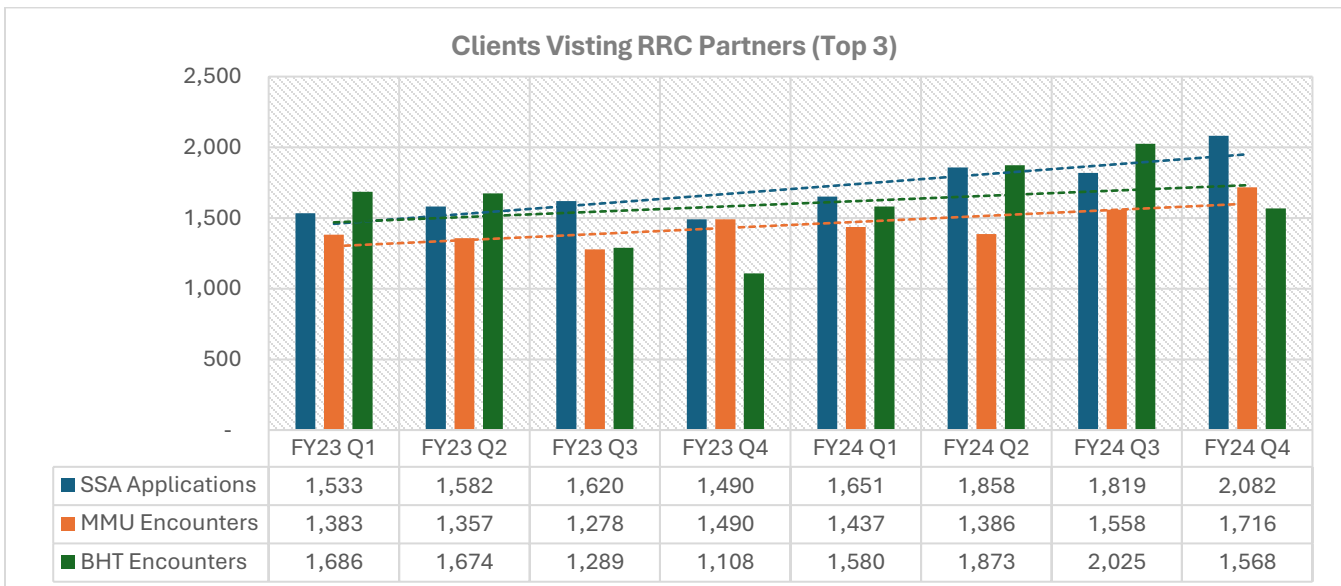
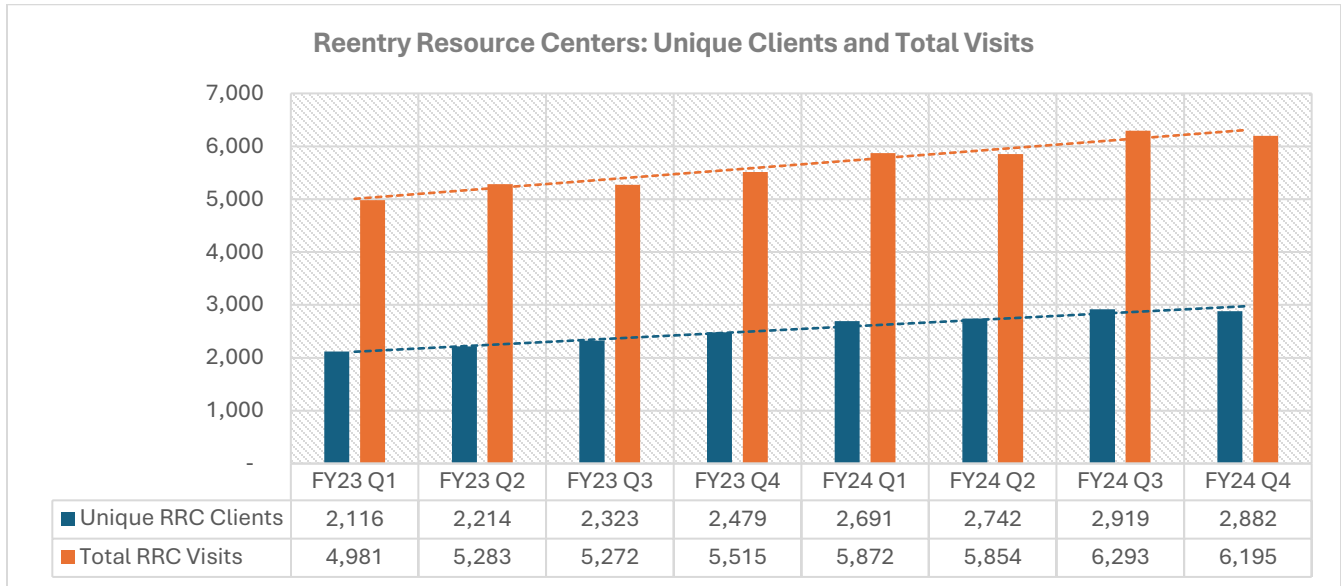
During FY 2023 and FY 2024, two of DRS' largest programs provided in the jails were Project LEARN and Restore. Together, during the two-year period, LEARN and Restore provided 2,149 classes/sessions in custody.



- Project LEARN, provided by Health Right 360, consisted of psychosocial classes that taught participants how thinking and trauma affect behavior and used evidence-based curricula such as Seeking Safety and Living in Balance.
- Restore, provided by Carry the Vision, focused on helping people regulate negative emotions, connect with themselves and others, and learning their strengths.

Reentry Resource Centers (RRCs) and Partners

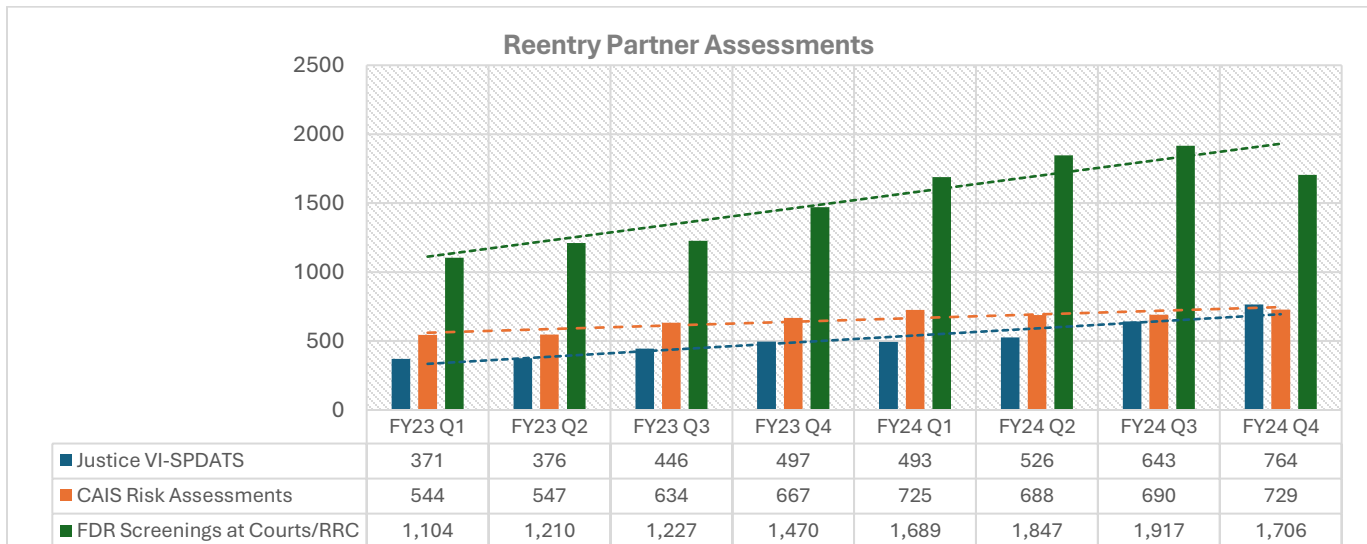
The RRC model has been used since the main facility in San Jose was opened in 2012. The RRCs operate on a one-stop-shop model where multiple departments are housed in the same building. The RRCs provide many services on site and serve as central service linkage hubs to the services available in the community.



- RRC traffic has been consistently increasing with the expansion of outreach efforts and wider eligibility criteria (more details can be found at the [RRC interactive dashboard](#)). In FY 2024, the RRCs served over 7,300 unique clients.
- Top service requests revolve around benefits, healthcare, treatment, employment, and housing. Social Services Agency (SSA), Valley Health and Homeless Program’s Mobile Medical Unit (MMU), and the Behavioral Health Team (BHT) from the Behavioral Health Services Department’s Forensic Diversion and Reintegration (FDR) division are the most visited partners.
- SSA helps clients apply and enroll in general assistance, food assistance, and healthcare. MMU is a bus with a doctor, psychiatrist, nurses, and social workers on board to help clients manage their medical, psychiatric, and medication needs. BHT screens clients for substance use and mental health treatment and makes referrals accordingly.

Identifying client needs: screening and assessment tools

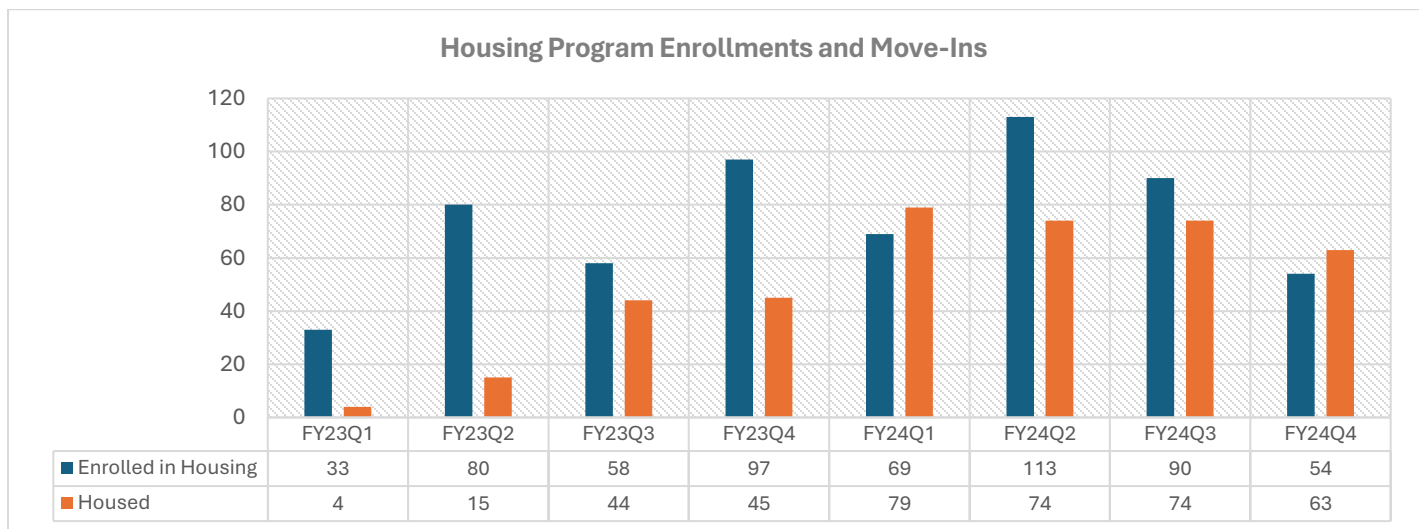
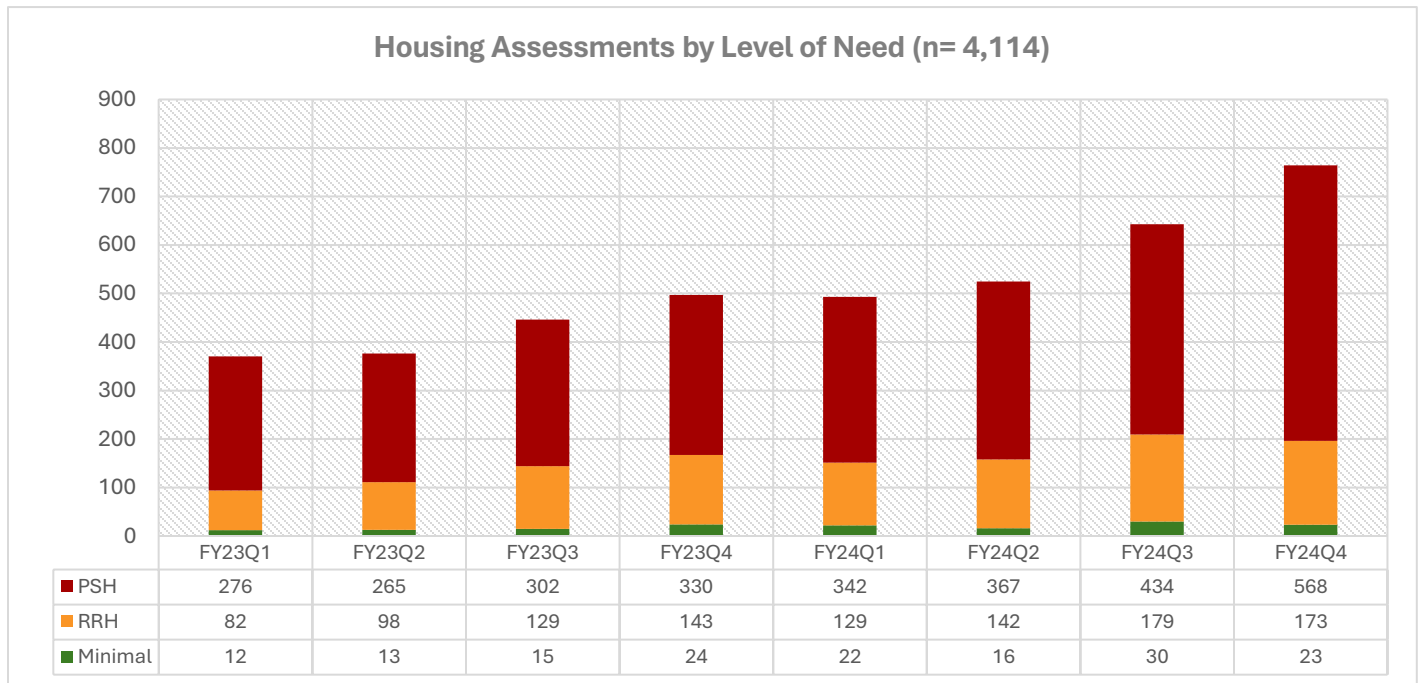
There are many tools used to identify the needs of reentry clients, many of which are instrumental in accessing services. This section below focuses on three, The Correctional Assessment and Intervention System (CAIS) risk assessment used by Adult Probation, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) used to access County housing programs, and Behavioral Health Team (BHT) screening tools used at the RRCs and treatment courts. As people register at the RRCs, their life status (housing, employment, education) is also captured to help inform need. The number of assessments provided to people transitioning from jail to community are increasing.



- To access County housing programs, clients must be entered into a shared database with a VI-SPDAT. This tool measures vulnerability to harm for people who are unhoused or at imminent risk. The number of these assessments provided to justice-involved people significantly increased the past two fiscal years as more people are trained to provide the tool. Of the 4,114 assessments provided to people who had been incarcerated within the past six months, 610 were conducted at the RRCs (primarily by OSH staff) and 292 were conducted by DRS service providers. Overall, 70% of those assessed return the highest vulnerability score, indicating a need for permanent supportive housing. Office of Supportive Housing (OSH) currently has an ongoing training for staff to provide a Justice Discharge version of the tool that is designed to assess specific vulnerabilities for people that are currently in custody but about to be released to homelessness.
- When probation officers first work with their supervised clients, they provide a CAIS risk assessment which measures risk to reoffend and principal service needs. For those who indicate moderate or high risk on their initial assessment (68%), a full in-depth assessment is provided. From the 5,224 initial assessments above, there were 2,055 full assessments provided in the two-year period (81% were moderate or high risk when fully assessed). Results from CAIS assessments inform service-linkage and supervision strategy.
- The Behavioral Health Department's Forensic Diversion and Reintegration division staff the RRCs and the treatment courts commonly referred to as Collaborative Courts. At these locations, they provide clinical assessments to measure need for substance use and mental health treatment. At the RRC, the results of these assessments inform referrals to contracted treatment providers. In court, they also inform the type of treatment, but are also often the basis for diversion and other alternatives to incarceration.
- Looking at the last two fiscal years, people accessing the RRCs had high need for Housing, Employment, and education. In FY 2024, only 36% of new clients had permanent housing (39% were unhoused), 60% were unemployed and actively looking for work, and 30% did not have a GED or high school diploma. In addition, 2,377 people requested substance use treatment and 2,199 people requested mental health treatment when visiting the RRCs.

Office of Supportive Housing (OSH)

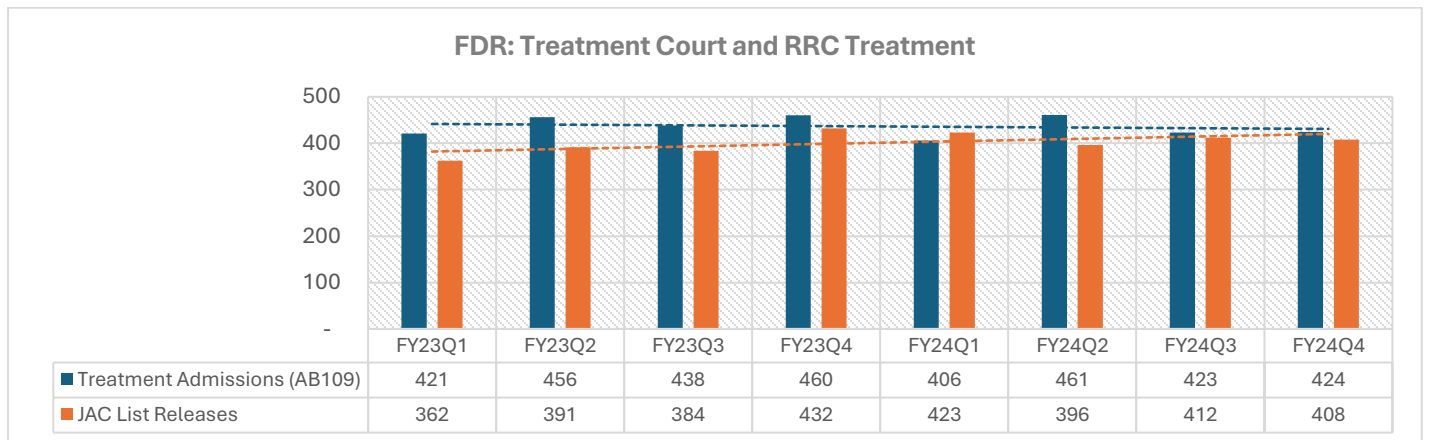
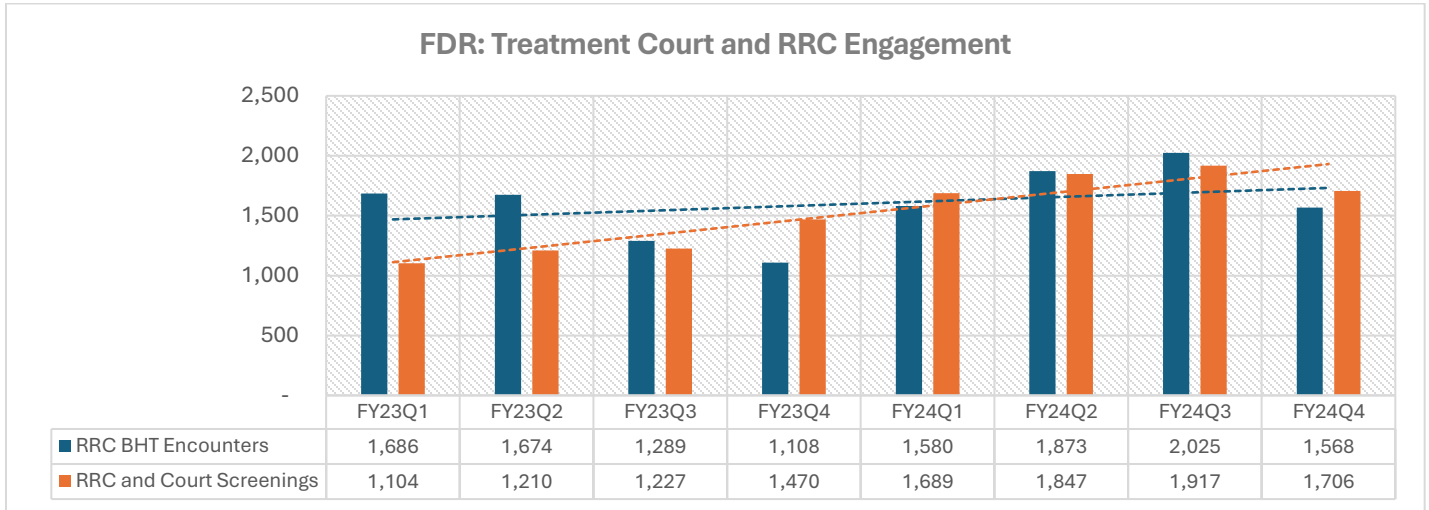
There are many entry-points into County housing programs, but capacity is limited. Anybody who is trained to administer the VI-SPDAT can assist clients seeking housing by entering their information into the shared database Homeless Management Information System (HMIS). As a result, many reentry staff and partners help people get on a waiting list for housing support, which is prioritized by level of vulnerability. Permanent Supportive Housing (PSH) is the highest, followed by Rapid Re-Housing (RRH), and then minimal.



- From the 4,114 VI-SPDAT assessments given to people who were recently incarcerated, there were 594 households enrolled in a program. Of the 594 enrolled households, 398 moved into housing (218 PSH, 139 RRH). An exceptions Rapid Re-Housing program for people with justice involvement also enrolled 51 households and housed 33 households.
- OSH also funds an Emergency Assistance Program (EAP) that is coordinated by staff housed at the reentry center. EAP helps with immediate needs such as late rent, rental assistance, security/utility deposits, and motel vouchers. During the two-year period, EAP provided 1,241 instances of assistance, 842 (68%) were motel vouchers. Overall, the program provided \$319,000 in motel assistance, and \$454,000 in other assistance, for a total of \$773,000.

Behavioral Health – Forensic Diversion and Reintegration (FDR) Division

The FDR team focuses on providing assessments and treatment to people within the justice system. FDR staffs a Behavioral Health Team (BHT) at the Reentry Resource Centers, a treatment court assessment team at the Collaborative Courts, and manages a variety of substance use and mental health treatments providers. FDR manages the Jail Assessment Coordinator (JAC) list, the process by which judges order people released to treatment-based alternatives to incarceration. FDR also funds the STEP program which helps people transitioning from custody to community treatment.



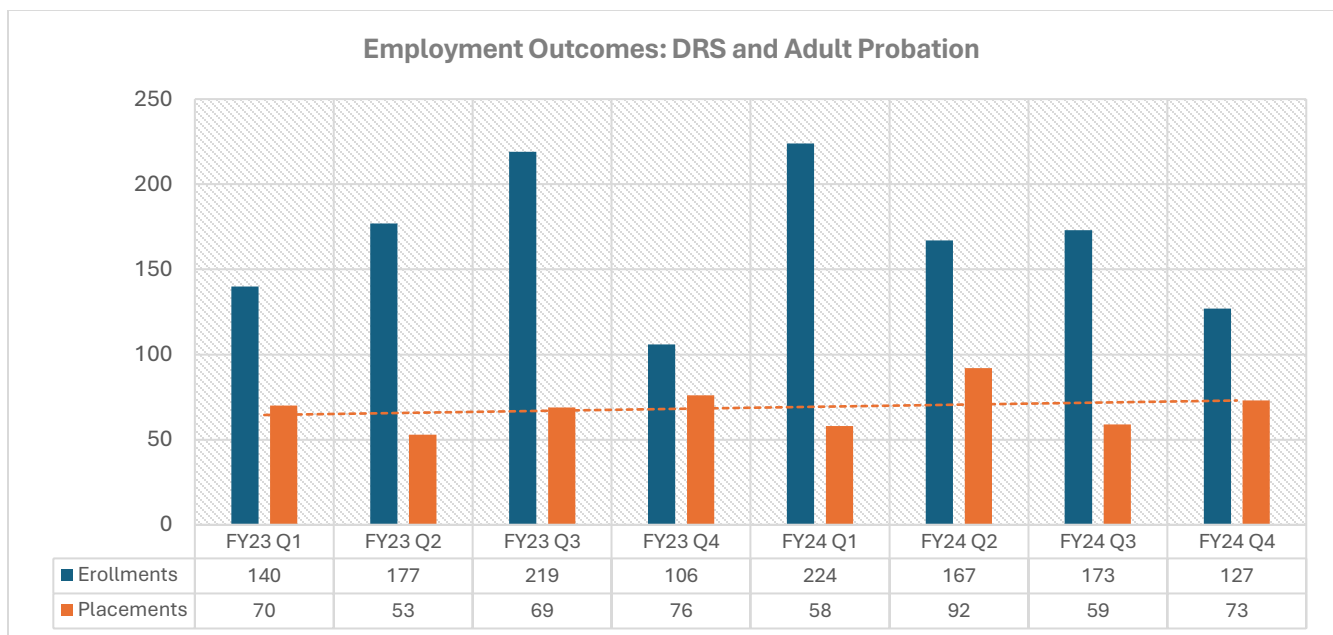
- BHT was averaging about 1,800 encounters and serving over 900 unique clients per quarter in FY 2024. During the two-year period, BHT also provided outpatient to 566 people with a successful discharge rate of 74% on average.
- Together, RRC and court staff provided 12,170 screenings used to assess client need to substance use treatment and/or mental health treatment.
- From these screenings, there were 3,489 admissions to AB109 funded treatment (specifically for justice-involved patients). However, FDR also links clients to the wider Behavioral Health system and treatment programs funded by other sources.
- FDR also coordinated 3,208 JAC list releases helping the courts/judges provide treatment alternatives to incarceration where people are either being diverted from the jails or released early into treatment.
- In addition to JAC list processes, FDR also receives referrals from reentry partners. When a referral is received, FDR will utilize their contracted providers like STEP to engage clients, both in custody and in the community, and help them enroll in treatment.
- STEP received 941 referrals and discharged 632 clients during the reporting period.

Reentry Employment: DRS and Adult Probation

There are many pathways to employment through the Reentry Resource Centers. However, the Office of Diversion and Reentry Services (DRS) and the Adult Probation Department are the primary funders of reentry-specific employment programs. Together, the two entities fund four reentry employment programs.

The two larger programs are Goodwill (funded by DRS) and Center for Employment Opportunities (CEO) funded by Probation. Both programs are desirable models because they provide transitional employment in addition to vocational counseling and other job readiness services. Goodwill pays participants for 90 days to work in their warehouses/stores while they train them and help them find permanent employment. DRS subsidizes part of the wages. CEO partners with CalTrans whereby participants are paid daily for litter abatement while they are provided job readiness services and employment opportunities.

DRS and Probation each fund a separate contract with Catholic Charities as well. While these programs are smaller and do not provide wages, participants are provided in-depth vocational support. Catholic Charities provides individualized planning, job readiness tools, application/resume support, specialized job leads, and other services.

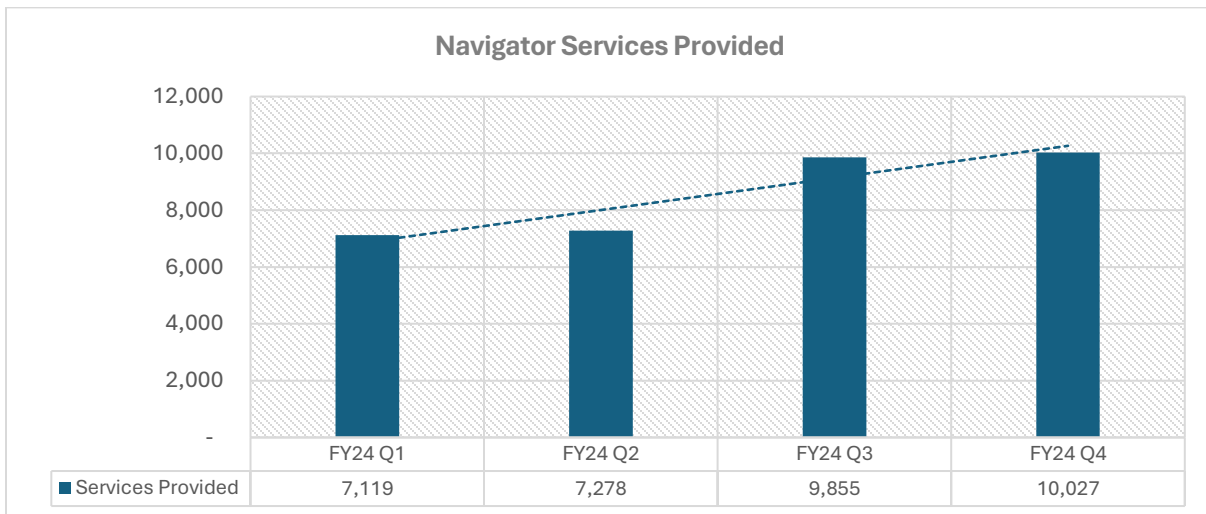
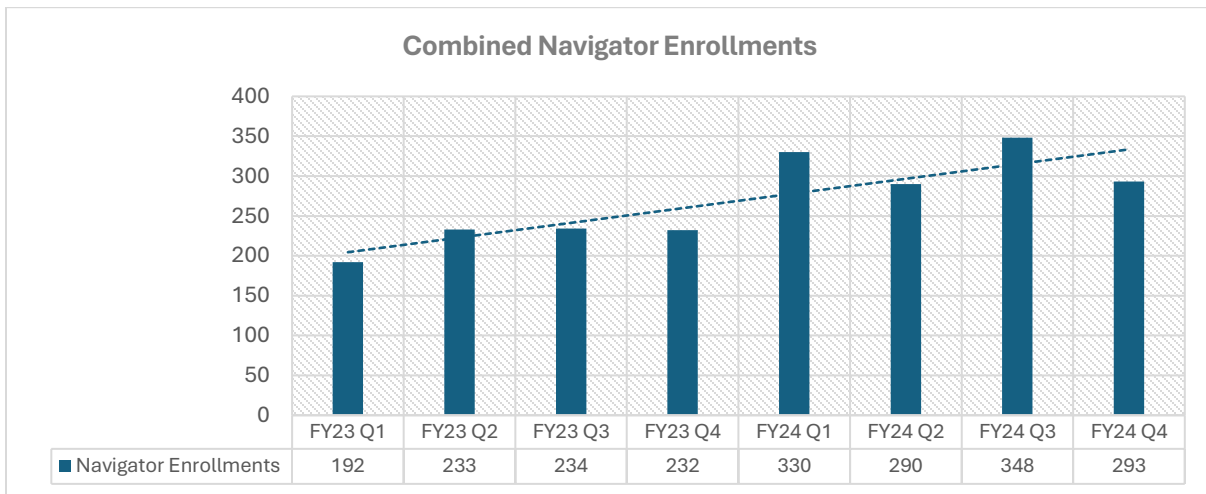


- Enrollments into the four employment programs fluctuated quarter to quarter depending on capacity. Overall, the four programs enrolled 1,333 people in the two-year period.
- Placement refers to when the program helps a participant obtain permanent employment. Placements trended slightly upward during the report period with an average of 67 finding permanent employment per quarter through the four programs.
- Enrollment figures do not directly correspond to placements. In some cases, people enrolled in the previous fiscal year are exiting the program into permanent employment the following year.
- The programs also offer retention services and track retention outcomes to monitor and support participants in maintaining their new jobs.

Service Navigation

The resources available to justice-involved populations are wide-ranging and numerous, but also disjointed in terms of a continuum. For example, the services outlined in this report are small pieces of larger networks or specialized programs aimed at gaps in services. In many cases multiple departments are providing similar services, some to specific populations and some to any resident. While the expansion of reentry-specific resources in the past decade is significant and impactful, the overall navigation of services is complex and confusing.

As a result, DRS currently funds seven navigation programs. Four of these programs operate out of Faith-Based Reentry Centers (FBRCs) and are 12-month programs focused on the community. The other three programs are focused on jail releases and court participants; they also visit people in the jail prior to release. Each program also has flex funding to support clients as they face barriers. For more information, please see 'DRS Service Provider' attachment and visit the DRS interactive navigator dashboard (reentry.santaclaracounty.gov/rrc-dashboard).



- Looking at the most recent quarter, the seven programs had an active (currently serving) caseload of 604 and, when looking at FY 2024, were enrolling an average of 315 new clients each quarter. Overall, during the two fiscal years there were 2,152 enrollments.
- The most common type of service provided were basic support services, such as check-ins and assessments. Transportation, housing, food, and employment are the top resources provided— either with flex funding or through linkage/referral to other local programs.

Other Services

The Adult Reentry Network provides extensive services in the community. This report focused on some core entry-points for justice-involved people. Below are some other outcomes from other DRS services.

Transportation

Transportation is often difficult for people who are released from jail without a ride or are recently released and have many service appointments. Starting in FY 2024, DRS partnered with Douglas Parking to provide the Service Link Shuttle. The shuttle parks at Elmwood Correctional Facility in the mornings and is then on-call for rides to any government or business locations in Santa Clara County.

- ❖ During the first year of operation, the shuttle provided 762 rides to 1,035 passengers.
- ❖ Almost all passengers accepted snacks, clothing is also available for people in need.

Legal

Since 2019, DRS has contracted with Pro Bono of Silicon Valley to provide civil legal advice and representation to reentry clients. Pro Bono specializes in family law but assists clients with any civil issue and also assists them with record clearance when needed. DRS also works with the Superior Court to hold a special session once per month where reentry clients can have their fines and fees reduced or waived based on progress and community service.

- ❖ During the two-year period, Pro Bono provided legal advice to 1,082 people and legal representation to 826 people. They also provided 111 legal workshops to people in custody.
- ❖ Over the two-year period, 115 people were calendared, and 998 cases were heard.

Education

DRS partners with Santa Clara County Office of Education (SCCOE) to provide a high school diploma program and educational case planning in custody and community. DRS also partners with San Jose City College (SJCC) to offer free drug and alcohol studies classes to people seeking a career as a counselor/clinician.

- ❖ SCCOE carried an active class of 25 students and has enrolled 97 students over the two-year period. There had been 21 graduates as of July 2024.
- ❖ SJCC has capacity for 30 students each academic year. Students who complete the first semester can enroll in the second semester, with graduation in May of each year. Looking at the last two academic years, 52 students were enrolled and 35 completed.

Data Tables and Sources

Custody Health

		2022	2022	2023	2023	2023	2023	2024	2024
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Intake Metrics	Intakes	7404	6560	6560	7351	7499	7277	7250	7472
	Housed (<i>Length of Stay >24</i>)	5266	4742	4694	5178	5208	5067	5192	5425
	Releases	2138	1818	1866	2173	2291	2210	2058	2047
	Intakes with Mental Health Consult	4764	4192	4267	4812	4899	4792	4751	5059
Average Daily Census	Patients	2957	3071	2994	3021	3081	3084	3063	3044
	Patients with Psych Meds Active	1131	1175	1188	1184	1217	1234	1198	1195
	Serious Mental Illness Diagnosis	903	909	897	922	933	954	963	964

Data Source: Custody Health Services – HealthLink Database

Reentry Centers

	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4
Unique Clients San Jose	2,077	2,145	2,241	2,360	2,567	2,596	2,705	2,663
Unique Client South County	53	71	77	98	115	146	209	226
Unique Clients Other	1	62	89	101	96	62	96	79
Unique Client Total	2,116	2,214	2,323	2,479	2,691	2,742	2,919	2,882
Visits San Jose	4,895	5,095	5,028	5,224	5,552	5,489	5,767	5,651
Visits South County	85	121	138	170	211	298	424	456
Visits Other	1	67	106	121	109	67	102	88
Total Visits	4,981	5,283	5,272	5,515	5,872	5,854	6,293	6,195
SSA Applications	1,533	1,582	1,620	1,490	1,651	1,858	1,819	2,082
MMU Encounters Doctor	567	582	573	742	751	654	840	924
MMU Encounters Psychiatrist	296	295	328	358	305	332	332	435
MMU Encounters Other	520	480	377	390	381	400	386	357
Total MMU Encounters	1,383	1,357	1,278	1,490	1,437	1,386	1,558	1,716
DRS Referrals Employment	127	159	115	98	174	148	142	56
DRS Referrals Legal	7	19	30	19	43	45	44	32
DRS Referrals Navigation	111	88	66	70	86	86	99	74
Total DRS Referrals	245	266	211	187	303	279	285	162
In-House Services Unique Count	1,080	882	982	1,011	1,175	1,132	1,126	915*
In-House Services Total	1,831	1,426	1,490	1,617	1,805	1,729	1,599	1075*
Service Requests Unique Count	6,356	6,183	6,990	7,162	7,987	7,834	8,452	8,289
Service Requests Total	9,990	9,805	10,830	11,033	12,098	11,469	12,182	12,585
Top 3 Service Requests FY23	General Assistance, Food Stamps, Healthcare Coverage							
Top 3 Service Requests FY24	Food Stamps, General Assistance, Healthcare Coverage							

* Some partners were behind on data entry – numbers are undercounted

Data Source: Office of Diversion and Reentry Services – Referral Tracking System

Office of Supportive Housing

VI-SPDATS (justice involved) [Have been to jail in the past 6 months or have taken JVI-SPDATS]

	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Total
VI-SPDATS	371	376	446	497	493	526	643	764	4116
VI-SPDATS (RRC Staff)	38	24	31	52	90	85	127	163	610
VI-SPDATS (DRS Providers)	16	34	29	39	50	36	37	51	292
JVI-SPDATS (new tool)	0	0	0	2	3	7	5	63	80

Assessment Intervention Level	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Grand Total
Minimal	12	13	15	24	22	16	30	23	155
PSH	276	265	302	330	342	367	434	568	2884
RRH	82	98	129	143	129	142	179	173	1075
Grand Total	370	376	446	497	493	525	643	764	4114

Of those assessed (n = 4114), number of heads of households with housing program enrollment:

Housing Program Enrollments	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Grand Total
Emergency Housing Voucher	13	45	1	2	2	1	2	1	67
PSH	3	6	20	50	45	77	57	35	293
RRH	17	29	37	45	22	35	31	18	234
Grand Total	33	80	58	97	69	113	90	54	594

Of those assessed and enrolled in housing program (n = 594), number of heads of households with housing program move-in date:

Housing Program Move-In	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Grand Total
Emergency Housing Voucher	1	6	19	9	5		1		41
PSH		3	7	21	53	46	51	37	218
RRH	3	6	18	15	21	28	22	26	139
Grand Total	4	15	44	45	79	74	74	63	398

Number of heads of households enrolled and move-in to HomeFirst - Re-Entry RRH Exceptions:

	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Total
Reentry RRH Enrollment	6	12	7	6	3	2	11	4	51
Reentry RRH move-ins	2	3	5	4	4	3	4	8	33

Number of heads of households receiving EAP Interventions:

EAP Interventions	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Grand Total
Back Rent/Late Fees	1	6	4	6	3	5	8	13	46
Emergency Motel Voucher	435				407				842
Other Financial Assistance	3	3	5	3	2	5	1	10	32
Rental Assistance	27	56	34	13	7	9	11	29	186
Security Deposit	21	43	18	8	3	11	9	16	129
Utility Deposit		1	3		1		1		6

EAP Intervention Amounts	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Grand Total
Non-Motel	50,955	111,678.13	59,123.47	32,525.74	24,568.08	47,633.75	45,587.02	81,674.26	453,745.45
Motel	135,860.80				183,455.10				319,315.90

Data Source: HMIS Database, provided by Office of Supportive Housing

Behavioral Health Services Department

RRC Behavioral Health Team	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4
# of Encounters	1686	1674	1289	1108	1580	1873	2025	1568
# of Unique Clients	682	694	627	595	824	956	1069	893
# of Referrals to RRC BHT	389	207	114	245	346	269	236	289
# of Admissions	100	63	34	57	90	71	73	78
# of SUTS Screenings Performed by RRC BHT	389	197	117	242	402	242	232	288
# of MH Screenings Performed by RRC BHT	43	29	27	30	19	22	33	25
% of Successful Discharges	73	79	88	66	77	75	62	69
Referrals to FDR	188	186	240	255	262	194	206	388

Collaborative Courts/RRC	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Total
Screenings provided in collaborative courts (BHTC & RRC: IJS & IST Only)	1104	1210	1227	1470	1689	1847	1917	1706	12170
Admissions to AB109 funded treatment (Total: BHTC & RRC)	421	456	438	460	406	461	423	424	3489
<i>Full-Service Partnership (FSP)</i>	139	162	173	136	113	150	147	134	1154
<i>Crisis Residential Treatment (CRT)</i>	127	148	139	168	134	137	127	123	1103
<i>Forensic Assertive Community Treatment</i>	19	39	43	34	19	43	44	31	272
<i>Evans Lane Outpatient</i>	19	27	34	31	29	35	22	26	223
<i>Evans Lane Residential</i>	23	19	15	34	21	25	13	27	177
<i>RRC Outpatient</i>	94	61	34	57	90	71	70	83	560

JAC List Releases	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Total
Unique MH Releases	244	250	252	262	267	230	228	241	1974
Unique SUTS Releases	101	116	117	135	121	138	163	133	1024
Unique Other Releases	17	25	15	35	35	28	21	34	210

STEP Data	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	Total
Referrals	85	84	117	142	127	137	125	124	941
Discharges	56	82	88	99	63	27	113	104	632
Transitioned	18	20	24	26	19	6	37	23	173
Declined	5	6	14	11	16	11	5	1	69

Data Source: Behavioral Health Services Department, MyAvatar and other databases

Office of Diversion and Reentry Services and Adult Probation Department – Employment

DRS/Probation Employment	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4
CC DRS Enrolled	38	24	30	33	25	21	52	54
CC DRS Placed	20	15	16	24	20	9	20	24
Goodwill Enrolled	57	113	99	0	114	72	44	18
Goodwill Placed	28	25	39	26	17	50	22	25
CEO Enrolled	38	32	77	60	74	62	64	51
CEO Placed	12	7	9	14	14	24	12	16
CC APD Enrolled	7	8	13	13	11	12	13	4
CC APD Placed	10	6	5	12	7	9	5	8

Data Source: DRS and Probation Contractor Databases