

## AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCP EC)

*Note: Agenda item requests are due at least 5 (five) business days prior to CCP EC meeting.*

TO: Community Corrections Partnership Executive Committee (CCP EC)  
c/o Alameda County Probation Department  
Marcus Dawal, Interim Chief Probation Officer  
1111 Jackson Street, P.O. Box 2059  
Oakland, CA 94604-2059

FROM:

**Name** Yvonne Jones, Associate Director, Forensic System of Care, Out Patient Services

**Title:** AB 109 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population.

**Agency/Organization/Department:** ACBH/Forensic System of Care, Out Patient Services

**Address:** 2500 Fairmont Drive, San Leandro, CA 94578

**Phone #:** 510-383-8535; **Alternate Phone #:** 510-667-4349

**Email:** Yvonne.Jones@acgov.org

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Submitted are the following agenda item(s) to be considered by the Community Corrections Partnership Executive Committee (CCP EC) at the meeting of January 24, 2022:

**Title/Subject Description:** AB 109 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population.

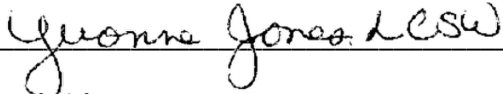
**Background (brief):** ACBH has contracted with Felton Institute (Felton) to provide an evidence-based program aimed at providing reentry case management and treatment services for individuals with severe mental illness who are justice involved. This three-phase program first stabilizes the client, meeting immediate basic needs i.e. mental health services, housing, food, Medi Cal enrollment; second, helps the client transition into the community by providing linkages to presenting needs; third, supports the client's sustainability while continuously monitoring services to support and assess the client's ability to independently maintain stability and services within their community. Felton Severe Mental Illness: Success: Movement from Incarceration, providers have been providing services to Alameda County Probation Department clients in South/East Alameda county since February 1, 2020; their contract is set

to expire on June 30, 2022. The current contract amount for Felton's Severe Mental Illness program is \$1,000,000 for FY 21/22. At this time, the program is operating on previous AB 109 funding carried over from FY 20/21 due to delayed start time and impacts from the COVID-19 pandemic. ACBH went to the board of supervisors on July 21, 2021 and secured contingent funding to the end of FY 21/22. ACBH is requesting a 1-year contract extension and the program be funded through AB 109 allocation through the end of FY 22/23.

**Fiscal Impact, if any:** \$1,038,000

Extending the contract term will require additional funding for Felton Severe Mental Illness program. Felton's is requesting \$1,038,000. The proposed 1-year contract extension and allocation for Felton Severe Mental Illness program will see the program through the contract extension should it be approved.

**Recommendation/Action to be Taken:** Approve a one-year contract extension and increase the contract amount for Felton Institute Severe Mental Illness reentry program so there can be continuity and sustainability of services.

**Signature:**  \_\_\_\_\_

**Print Name and Title:** Yvonne Jones, Associate Director Forensic System of Care

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c/o Alameda County Probation Department  
Marcus Dawal, Interim Chief Probation Officer  
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Oakland, CA 94604-2059

FROM:

**Name:** Yvonne Jones, Associate Director, Forensic System of Care, Out Patient Services

**Title:** AB 109 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population with Mild to Moderate Mental Illness.

**Agency/Organization/Department:** ACBH/Forensic System of Care, Out Patient Services

**Address:** 2500 Fairmont Drive, San Leandro, CA 94578

**Phone #:** 510-383-8535; **Alternate Phone #:** 510-667-4349

**Email:** Yvonne.Jones@acgov.org

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Submitted are the following agenda item(s) to be considered by the Community Corrections Partnership Executive Committee (CCP EC) at the meeting of January 24, 2022:

**Title/Subject Description:** AB 109 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population with Mild to Moderate Mental Illness.

**Background (brief):** ACBH has contracted with Felton Institute (Felton) and ROOTS Community Health Center (Roots) to provide evidence-based programs aimed at providing reentry case management and treatment services for individuals with Mild to Moderate Mental Illness who are justice involved. These three-phase programs first, stabilize the client, meeting immediate basic needs i.e. mental health services, housing, food, Medi Cal enrollment; second, help the client transition into the community by providing linkages to presenting needs; third, support the client's sustainability while continuously monitoring services to support and assess the client's ability to independently maintain stability and services within their community. Felton's Mild to Moderate: Mission to Motivate (South/East county) and ROOTS Mild to Moderate: Nia Care (North county), providers have been providing services to

Alameda County Probation Department clients in Alameda county since February 1, 2020; their contracts are set to expire on June 30, 2022. The current FY 21/22 AB 109 contract amount with the following community-based organizations is Felton Institute: Mission to Motivate program \$750,000, and ROOTS Community Health Center: Nia Care program \$750,000. At this time, the programs are operating on previous AB 109 funding carried over from FY 20/21 due to delayed start time and impacts from the COVID-19 pandemic. ACBH went to the board of supervisors on July 21, 2021 and secured contingent funding to the end of FY 21/22. ACBH is requesting a 1-year contract extension and the programs be funded through AB 109 allocation through the end of FY 22/23.

**Fiscal Impact, if any:** \$1,577,000

Extending the contract term will require additional funding for Felton and Roots Mild to Moderate programs. Felton's is requesting \$777,000. Roots is requesting \$800,000 which includes an additional allocation for a new Program Coordinator position. The proposed 1-year contract extensions and allocations for Felton Institutes' Mild to Moderate and ROOTS Mild to Moderate programs will see them through their contract extensions should it be approved.

**Recommendation/Action to be Taken:** Approve a one-year contract extension and increase the contract amounts for Felton's Mild to Moderate and Roots Mild to Moderate reentry programs so there can be continuity and sustainability of services.

**Signature:** Yvonne Jones LCSW

**Print Name and Title:** Yvonne Jones, Associate Director Forensic System of Care \_\_\_\_\_

**Section 2: Request to Renew or Extend an Existing Contract**

**Information About the Program**

1. What part of the AB 109 population was served under the previous contract?(For example: unhoused individuals, clients disengaged from Probation Services, etc.)

The previous contract stated that we service any individuals who meet the following criteria: who are currently on AB109 or AB109 eligible, lived in Alameda County, were 18+ years old, and were experiencing mild-moderate mental health symptoms.

2. What client needs were addressed?(For example: housing, employment, substance abuse etc.)

Our team of behavioral health clinicians, navigators, and program specialist helped NiaCare members with getting connected to housing resources, food, primary care, behavioral health care, clothes for interviews, connection to benefits (CalFresh, Medi-Cal, & General Assistance), hotel vouchers, transportation, employment assistance, ID vouchers, diapers, and barrier removal.

3. How many people did your organization serve under the contract?

In total from FY 19-21 we served 33 unduplicated members in the NiaCare program.

How many people was your organization expected to serve under the contract?

Per our RFP, we were expected to serve 100 unduplicated clients each year.

Please provide a summary of the program.

Nia means “purpose” in Swahili. NiaCare is a behavioral health and health navigation program for individuals on AB109 probation and any individuals who have a history of being justice involved and who are dealing with mild-moderate mental health symptoms or diagnosis.

The program is a three-phase program model that includes a stabilization phase, a transitional phase, and a sustainability phase. Services shall generally be provided to clients for nine months. Services beyond nine months must be approved by the ACBH (Alameda County Behavioral Health). In the three phases individuals have access to a behavioral health clinician and health navigator that they can meet with on a weekly basis.

4. Please provide a list of the objectives achieved by the program/activity.

Based on the program data collected for the past two financial years; these objectives (listed in the RFP) have been achieved:

- a. Percent of clients admitted into the program who are retained for at least two months or are transitioned to a more appropriate program.
- b. Percent of clients who complete all three phases of the program who have an individualized sustainability plan upon program exit.

5. Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)

To set up our program for success we assigned three of our behavioral health clinicians, four of our health navigators, a program coordinator, and a program administrator to the program. Our staff has been trained on cultural humility, HIPAA compliance, mental health first aid, and the impact measures, objectives, and requirements for NiaCare.

6. Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?

We attempted to do outreach to individuals who were walk-ins at the clinic, and to individuals who were already members of Roots Clinic, ACBH, ACFBH, and other community organizations. We had low enrollment from these outreach efforts because we had no access to look up individuals' AB109 status independently and in real time. To find out an individual's status we had to email a staff member in probation to look it up and let us know.

Describe how successfully your organization achieved your contract milestones and the other contract deliverables?

Throughout FY 20-21 and FY 21-22, Roots has met and maintained three out of the five Quality Measures presented and has increased the percentage of clients who receive two or more mental health services per month in the first three months of enrollment by 13%.

In terms of Impact Measures, throughout FY 20-21 and FY 21-22 100% of NiaCare members have medical homes, exceeding the objectives. While there is room for improvement with the additional Impact Measures, data is incomplete for FY 21-22, extending only from July to December, 2021.

It is also important to note the additional program data presented provides a clearer picture of the program's growth and the breadth of resources that are being received by NiaCare members. This includes extensive case management

or Navigation services and connection to housing and employment resources to name a few.

**Background Research**

1. Is the program/activity evidence based or a promising new idea?

This is an evidence based program.

2. If the program/activity is an evidence-based program, what does the research say about it?

Research states that our model demonstrates that individuals in transition are more likely to successfully reintegrate when they develop and maintain a trusting relationship with their primary care medical home coupled with behavioral health treatment, and enhanced by wraparound support services. The key to NiaCare and many Roots programs, is the use of peer care managers (Roots Health Navigators) all formerly incarcerated individuals trained as Community Health Workers and Health Coaches, who provide case management to their own panel of reentry clients.

Roots' service model aligns closely with the evidence-based interventions identified by the National Institute of Corrections. Roots' service delivery model is well-aligned with best practices as well as existing evidence-based practices and thus EBPs are integrated into our model. Also, Navigators share similar life experiences with our target population, and the intensity and duration of services is adapted based on individual client stability/ability. Clients benefit tremendously from peer coaching/mentoring, while case managers and clients alike are supported by a multidisciplinary clinical team within the context of the primary care medical home

3. If there is existing research, was the research done on a population similar to the population served?

There has been existing research done on the reentry population similar to the population we are currently serving.

4. How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?

The milestones and contract deliverables that were set for NiaCare are comparable to other behavioral health and case management programs in other jurisdictions that are serving the mild to moderate population.

5. Is Probation funding any similar activities?

I am unsure of other programs and activities probation is funding.

6. If Probation is funding similar activities, what is unique about this

program/activity, why is it necessary?

I am not aware of all the activities and programs that probation is funding but this is a unique program because it is targeted toward individuals with mild to moderate mental health symptoms which is different because most mental health based programs target individuals with moderate to severe mental health symptoms.

**Program Data**

1. How many people were referred to the program/activity by Probation?

a. FY 20-21: ~92 referrals by Probation

b. FY 21-22: ~90 referrals by Probation

The numbers provided do not include referrals from CORE. These numbers are only referrals received from Tyler Supervision and direct referrals from probation officers.

2. Why should the contract be extended/renewed rather than going out to bid?

The contract should be extended/renewed because the population served under this program experiences immediate, short and long term challenges and barriers as a result of being justice-involved, including accessing health care, employment, housing, education, benefits, food, and other support. Roots programs and services increase access to these critical services by making them available in a familiar and trusted community setting offering a broad array of support services including primary care, legal barrier removal, and employment and training services. NiaCare specifically addresses individuals with mild-moderate mental health symptoms, which is a population that usually falls through the cracks of the system due to lack of services and programs targeted toward this population.

3. Please provide program milestones and other contract deliverable data.

**Contract Deliverables - Quality Objectives**

a. Percent of clients who progress through all three Program Model Phase within the designated time period **(at least 80% per RFP)**

i. FY 20-21: 40%

ii. FY 21-22: N/A

Before December 1, 2021, when this data was calculated, zero members had reached the end of their Stability Phase

b. Percent of clients who receive two or more mental health services per month in the first three months of enrollment (to be collected by ACBH) **(at least 80% per RFP)**



- i. FY 20-21: 13.5%
- ii. FY 21-22: 27.3%
- c. Percent of clients admitted into the program who are retained for at least two months or are transitioned to a more appropriate program (to be collected by ACBH) **(at least 80% per RFP)**
  - i. FY 20-21: 100%
  - ii. FY 21-22: 100%
- d. Percent of clients who complete all three phases of the program who have an individualized sustainability plan upon program exit **(100% per RFP)**
  - i. FY 20-21: 100%
  - ii. FY 21-22: 100%
- e. Percent of clients who complete the program who will receive a Certificate of Achievement upon program exit **(100% per RFP)**
  - i. FY 20-21: 100%
  - ii. FY 21-22: 100%

**Contract Deliverables - Impact Measures**

- f. Percent of clients who have a medical home within the first two months of enrollment **(at least 90% per RFP)**
  - i. FY 20-21: 100%
  - ii. FY 21-22: 100%
- g. Percent of clients who have an appointment with their primary care physician within the first four months of enrollment **(at least 75% per RFP)**
  - i. FY 20-21: 31.8%
  - ii. FY 21-22: 27.3%

This measure only accounts for PCPs at Roots.
- h. Percent of clients who are eligible for Medi-Cal who are enrolled in Medi-Cal within two months on enrollment **(at least 60% per RFP)**
  - i. FY 20-21: 17.65%
  - ii. FY 21-22: 9%

This measure does not account for members who were already enrolled in Medi-Cal before joining NiaCare.  
Approximately 89% of our members do have some kind of insurance.
- i. Percent of clients who are eligible for Medi-Cal who are enrolled in Medi-Cal within four months on enrollment **(at least 80% per RFP)**
  - i. FY 20-21: 17.65%
  - ii. FY 21-22: 9%

This measure does not account for members who were already enrolled in

Medi-Cal before joining NiaCare.

Approximately 89% of our members do have some kind of insurance.

**Additional Data Illustrating Milestones and Impact (not Required for Reporting)**

a) Since the inception of the program:

i) 102 Behavioral Health appointments have been provided.

ii) 39 housing resources have been provided through Navigation (including hotel vouchers and connections to Homestretch).

iii) 16 connections with food assistance have been provided through Navigation (including Roots food pantry and food gift cards)

iv) 100 Navigation appointments have been provided.

4. Has this contract been extended before? If so, how many times and why?

1<sup>st</sup> amendment extended contract from 2.1. 20 – 6.30.21 (No fiscal impact)

2<sup>nd</sup> amendment extended contract 7.1. 21 – 6.30.22 (No fiscal impact) AB 109 funds still available, ACBH contingency funds available if needed through FY 21/22

Contracts were extended the first time due to late start at onset of the Covid-19 pandemic. Contracts were extended again due to continued Covid-19 pandemic. Contingency funds were secured through ACBH to fund programs through FY 21/22 only and only if AB 109 funds fully depleted during FY 21/22 with the expectation the programs would request contract extension and AB 109 funds for FY 22/23.

**Fiscal Impact**

1. What is the total proposed budget for your proposed program/activity?

The total proposed budget for FY 21/22 was \$750,000.

2. What was the total budget for the program/activity under the previous contract?

The total proposed budget for FY 19/20 was \$367,647. The total proposed budget for FY 20/21 was \$882,353. The total proposed budget for FY 21/22 was \$750,000.

**Roots Community Health Center Agenda Item Request Form Responses**



\$750K is the maximum award for the funding period. The program would cost more than the awarded amount, but the budget was built to reflect the maximum amount.

**Signature:**

*Yvonne Jones, LCSW*

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**Print Name and Title:**

Yvonne Jones, Associate Director Forensic System of Care

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## **Section 1: Requesting Funding for a New Idea**

### **Addressed in the Logic Model**

*A logic model from the Programs and Services Workgroup may be attached in lieu of answering the following questions:*

- What part of the AB 109 population do you propose to serve? (For example: unhoused individuals, clients disengaged from Probation services etc.)
- Which client needs are being addressed? (For example: housing, employment, substance abuse etc.)
- What are the objectives and benchmarks for success of the proposed program/activity?
- What are the resources and activities required by an organization to make the program successful? (For example: staffing, development of workshops etc.)
- How will Probation inform clients about the program/activity?
- If referrals don't come from Probation, how will clients be informed of the program/activity?

### **Background Research**

- Is the initiative evidence-based or a promising new idea?
- If this is an evidence-based program, what does the research say about it?
- If there is existing research, was the research done on a population similar to the population the program anticipates serving?
- Is Probation funding any similar activities?
  - If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?

### **Fiscal Impact**

- What is the total proposed budget for your proposed program/activity?

## **Section 2: Request to Renew or Extend an Existing Contract**

### **Information About the Program**

- What part of the AB 109 population was served under the previous contract? (For example: unhoused individuals, clients disengaged from Probation Services, etc.)
  - *AB109/AB1950 eligible candidates and South Alameda County Probation referrals*
- What client needs were addressed? (For example: housing, employment, substance abuse etc.)
  - *Referrals to housing, employment, and government funding agencies. Emergency financial and food assistance. Skill building, counseling, and groups.*

## Felton Institute Inc. Agenda Item Request Form Responses



- How many people did your organization serve under the contract?
  - How many people was your organization expected to serve under the contract?
    - *Information can be pulled from our documentation platform, Circe (salesforce). Contract states to maintain a caseload of 70 at one time and 100/year for both contracts.*
    - *SMI: 74 Referred to date, average of 20 episodes open per quarter in FY2020, average of 51 episodes open in FY 2021 so far*
    - *M2M: 171 Referred to date, average of 40 episodes open per quarter in FY2020, average of 23 episodes open in FY 2021*
  
- Please provide a summary of the program.
  - *M2M:*
    - *Probation Funded*
    - *Clients are AB109/AB1950 Eligible*
    - *Clients on the Mild to Moderate Mental Health spectrum*
    - *Majority of clients seeking Case Management Support with some Mental Health*
  
  - *SMI:*
    - *Probation and Medi-Cal Funded*
    - *Clients are AB109/AB1950 Eligible*
    - *Clients on the Severe mental health spectrum*
    - *Majority of clients need comprehensive Case Management, Mental Health, and Medication Support*
  
- Please provide a list of the objectives achieved by the program/activity.
  - *M2M:*
    - *977 Services Provided*
    - *183 Referrals Made*
  
  - *SMI:*
    - *420 Services Provided*
    - *75 Referrals made*
  
  - *Both:*
    - *Linkages Made:*
    - *Linked to local PCP*
    - *Linked to Psychiatry Services*
  
  - *Resources Provided:*
    - *Clipper Cards*

## Felton Institute Inc. Agenda Item Request Form Responses



- *DMV Vouchers*
  - *Clothes*
  - *Hygiene Products*
  - *Gift Cards*
  - *Linked to SSI and Vital Document Establishments*
- Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)
    - *Added an Administrative "Director" to support and oversee the admin management personnel with respect to data input, reports, charts, setting up staff trainings, and other administrative functions and duties for M2M and SMI Programs.*
    - *Added Caiti Crum, LCSW, Program Director of Innovation, Development and Research to assist with providing clinical supervision, drafting reports, charting and program development for M2M and SMI programs.*
    - *Added Lynn O'Leary, Psy. PhD Director of Operations to support clinical and administrative staff with triage, charting and program development.*
    - *Elevated Marcella Berry, AMFT from Lead Clinical Case Manager to Program Manager adding an Associate Level, BBS registered clinical personnel. This personnel move allowed for Marcella to replace a non-clinical Program Director which resulted in a leadership change with someone who is on track for licensure, and background & experience working with MH justice impacted population.*
  - Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?
    - *Yes: Public Defenders, Santa Rita, flyers and presentations, staff visiting agencies affiliated with probation*
  - Describe how successfully your organization achieved your contract milestones and the other contract deliverables?
    - *Although it has been challenging to retain clients, typically due to client's having multiple life challenges, systemic oppression, etc. we have working hard to extend our outreach efforts and specialize treatment to fit justice impacted individuals and families.*

### *Successes:*

- *Built relationships with existing clients*
- *Assisted in emergency funds, transportation, referrals to housing agencies*
- *Provided skill building and counseling services to existing clients*
- *Collaborated with existing agencies/programs to provide comprehensive care*



**Background Research**

- Is the program/activity evidence based or a promising new idea?
  - *Interventions and modalities are evidence based:*
    - *CBT/CBI (Cognitive Behavioral Therapy/Interventions)*
    - *Motivational Interviewing*
    - *Narrative Therapy*
    - *Systems Theory*
    - *Solution Focused Therapy*
    - *Harm Reduction*
    - *Validation*
    - *Joining*
    - *Cognitive Mapping*
    - *Boundary Setting*
    - *Grounding*
    - *Coping Skills*
    - *Conflict Management*
    - *Modeling*
  
- If the program/activity is an evidence-based program, what does the research say about it?
  - *Motivational Interviewing is a type of counseling approach that helps our clients resolve feelings of ambivalence and anxiety, empowering our clients in recognizing the stages of change and taking ownership of their transitional journey.*
  
  - *FACT Model is a service delivery model intended for folks with serious mental health issues and who are involved in the criminal justice system.*
  
  - *CBT allows for the client to evaluate and examine their own thoughts, behaviors, and emotions helping them to recognize escalating negative thoughts and emotions and how to regulate using strategies to change their thinking.*
  
  - *Harm reduction assists in working with clients with dual diagnoses through compassionate approaches to managing mental health without necessarily having to achieve sobriety first.*
  
- If there is existing research, was the research done on a population similar to the population served?
  - *Yes, there is existing research on the evidence-based practices, and the research shows these practices are used on reentry population with Substance Use Disorder and Mental Health issues.*
  
  - How do milestones/contract deliverable compare to the outcomes of similar work in other jurisdictions?
    - *The milestones/contract deliverables are usually guided by the reentry service delivery model that can involve multiple organizations, e.g., CBO's and County Departments within a perspective jurisdiction to provide services to the AB 109 population. As a result, determining contract deliverables within other jurisdictions can be contingent upon the most needed and identifiable core services within that jurisdiction.*

## Felton Institute Inc. Agenda Item Request Form Responses



- *For example, Contra Costa County Reentry Service delivery model focuses their attention on assisting clients with housing and employment, enhanced by additional supportive services. (RFQ) #2002-388. This approach was taken to bring client stability and to place them in the best position to benefit from other services. The City and County of San Francisco's Adult Probation in working with AB 109 population works closely with the Reentry Council, Sheriff Dept., including other actors within the city and county jurisdiction with a heightened attention on addressing, sex offender treatment, transitional and residential housing, employment services, mentoring and education. (RFQ) # APD2021-01.*
- *In contrast, ACBH, M2M and SMI programs incorporate a three phase Program Model within a designated time frame. The contract deliverables are geared toward providing both reentry and mental health services during the stabilization, transitional and sustainability phase, measuring a client's mental health needs over-time to provide "step-up or step-down services", linkage to a Primary Care Physician, and Medi-Cal enrollment. As a result, contract deliverables for M2M and SMI develop outcomes for a different sub-set of the AB 109 population that other jurisdictions may not necessarily address. Moreover, the Sociological and Psychological determinants that are often the underpinning of the mental health issues for many of the justice impacted population are addressed via trauma informed care.*
- Is Probation funding any similar activities?
  - *We have no knowledge of AC Probation funding a program that provides reentry barrier removal and mild to severe mental health services to the AB 109, AB 1950, Pre-Trial and Collaborative Court population. The M2M and SMI programs are unique for several reasons, e.g., direct linkage to CORE triage pipeline, rapport with other MH providers in the community, able to establish positive relationship with AC probation and ACBH, able to provide step-up and step-down services without significant delay, culturally responsive, and we have a deep understanding and connection to the population that we serve.*
- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
  - *N/A*

### Program Data

- How many people were referred to the program/activity by Probation?
  - *74 SMI, 171 M2M*
  - Why should the contract be extended/renewed rather than going out to bid?
    - *Reentry programs are specifically created to assist folks who have been justice impacted and are suffering from SUDs and or Mental Health disorders. While other programs, that are not reentry, address issues related to SUDs and Mental Health, it is important for us to write curriculum that specifically targets the type of trauma folks experience during and after incarceration. M2M and SMI work with these populations through a trauma-informed, lens that addresses the special needs of our population.*



## Felton Institute Inc. Agenda Item Request Form Responses



- Please provide program milestone and other contract deliverable data.
  - *M2M:*
    - *977 Services Provided*
    - *183 Referrals Made*
  - *SMI:*
    - *420 Services Provided*
    - *75 Referrals made*
    - *Both:*
      - *Linkages Made:*
        - *Linked to local PCP*
        - *Linked to Psychiatry Services*
      - *Resources Provided:*
        - *Clipper Cards*
        - *DMV Vouchers*
        - *Clothes*
        - *Hygiene Products*
        - *Gift Cards*
        - *Linked to SSI and Vital Document Establishments*
- Has this contract been extended before? If so, how many times and why?
  - *1st amendment extended contract from 2.1. 20 – 6.30.21 (No fiscal impact)*
  - *2nd amendment extended contract 7.1. 21 – 6.30.22 (No fiscal impact) AB 109 funds still available, ACBH contingency funds available if needed through FY 21/22*
  - *Contracts were extended the first time due to late start at onset of the Covid-19 pandemic. Contracts were extended again due to continued Covid-19 pandemic. Contingency funds were secured through ACBH to fund programs through FY 21/22 only and only if AB 109 funds fully depleted during FY 21/22 with the expectation the programs would request contract extension and AB 109 funds for FY 22/23.*

### Fiscal Impact

- What is the total proposed budget for your proposed program/activity?
  - *FY 22/23 proposed SMI Budget - \$1038,000*
  - *FY 22/23 proposed M2M Budget - \$777,000*
- What was the total budget for the program/activity under the previous contract?
  - *FY 21/22 SMI budget under previous contract - \$1,000,000*
  - *FY 21/22 M2M budget under previous contract - \$750,000*
- If the proposed budget is higher than that of the previous contract, please justify the proposed increase.
  - *The proposed budget is higher due to Cost-of-Living Adjustment, COLA*
  - *Competitive pay for staff to reinforce staff retention*
- If the proposed budget is lower than that of the previous contract, please explain why.

**Felton Institute Inc. Agenda Item Request Form Responses**



- N/A

Signature: Yvonne Jones, LCSW

Print Name and Title: YVONNE JONES, Associate Director Forensic System of Care