



Community Care Coordination

Rebecca Jester, LCSW

COMMUNITY CARE COORDINATION (C3)



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About C3:

- C3 is funded through the County of San Diego, Health and Human Services Agency
- PATH is the contracted service provider for C3

C3 clients are:

- Justice-involved
- Have a serious mental illness
- Currently homeless or at-risk of homelessness



Program Design

There are two C3 Teams, compromised of (1) Clinical Case Manager and (2) Peer Support Specialists

The C3 Teams are supported by a Clinician and Housing Specialist

Referrals are received from the Sheriff's Department and the Office of the Public Defender while clients are still in custody

C3 clients are provided with up to 12 months of care coordination, service navigation and housing assistance upon release from custody

Access to flexible funding including financial assistance for housing, clothing, food, transportation, tenancy support, and other identified needs



Housing First

- 🏠 Immediate access to housing with no preconditions
 - C3 identifies and offers housing option(s) to all participants upon release
 - Advocacy with landlords and property manager

- 🏠 Client choice and self-determination
 - No program requirement to participate in mental health or substance use treatment

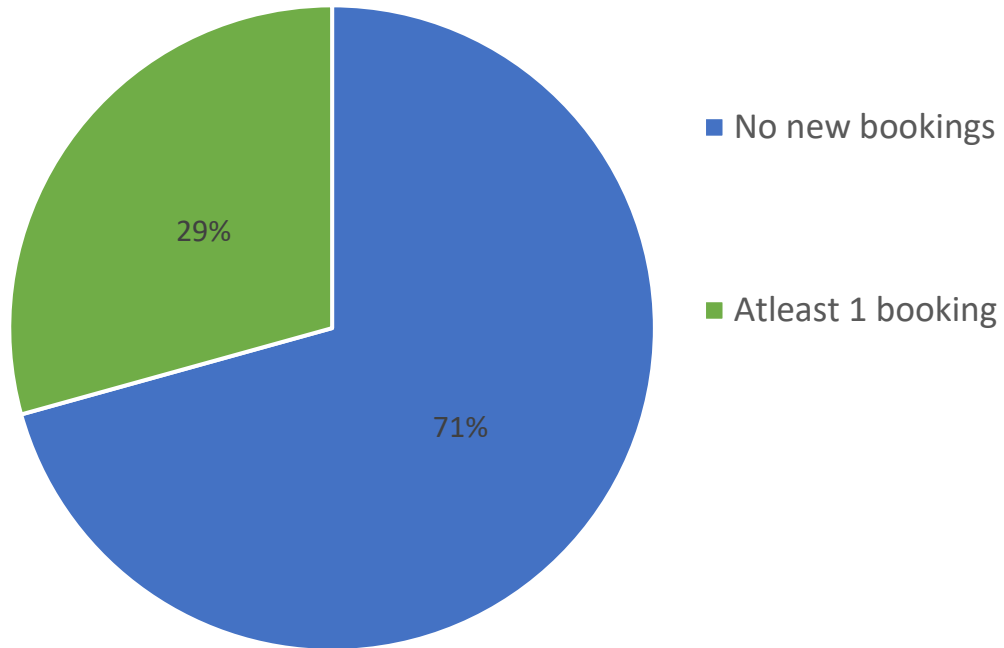
- 🏠 Individualized and client-driven supports
 - Whole-person care to address all needs and barriers
 - Program length is flexible and based on clients needs

- 🏠 Persistent engagement
 - Multiple in-reach meetings before client enrolls
 - Assertive outreach in the community

RECIDIVISM

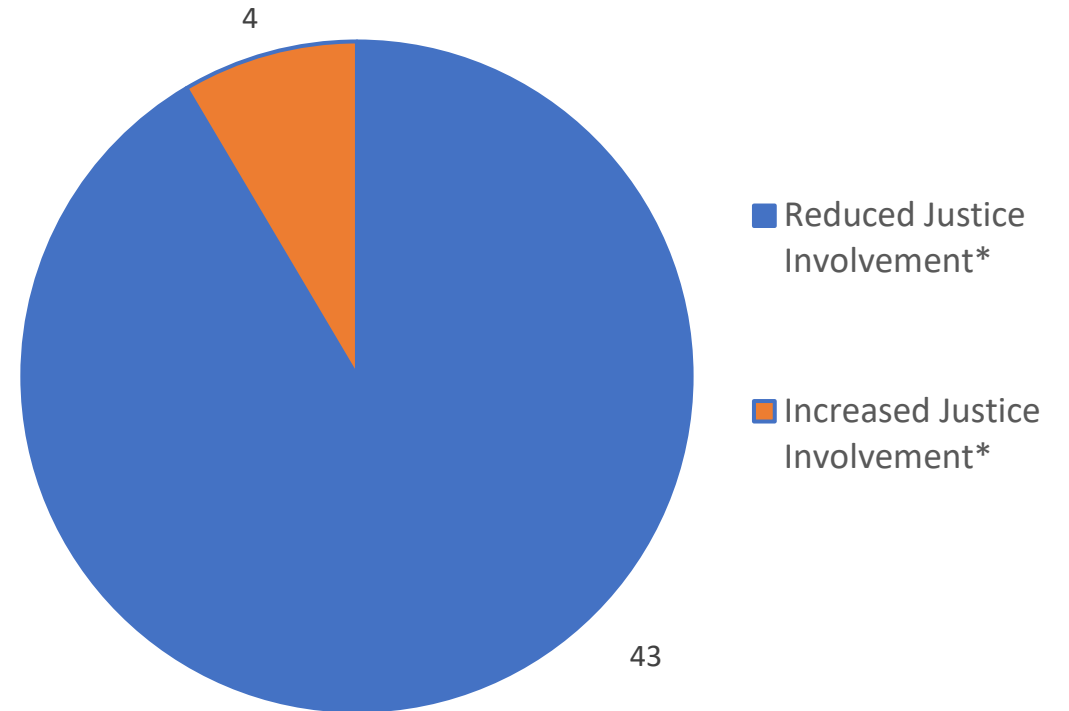


6 Months Post Program Enrollment



Total # of participants = 58

12 Months Post Program Enrollment

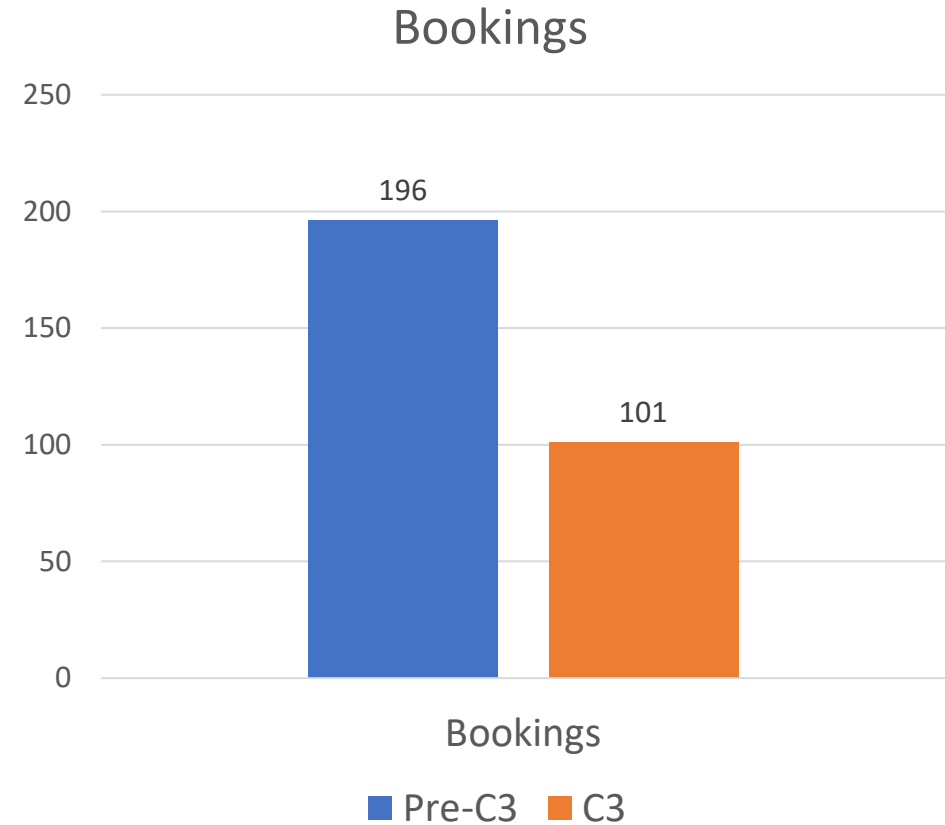
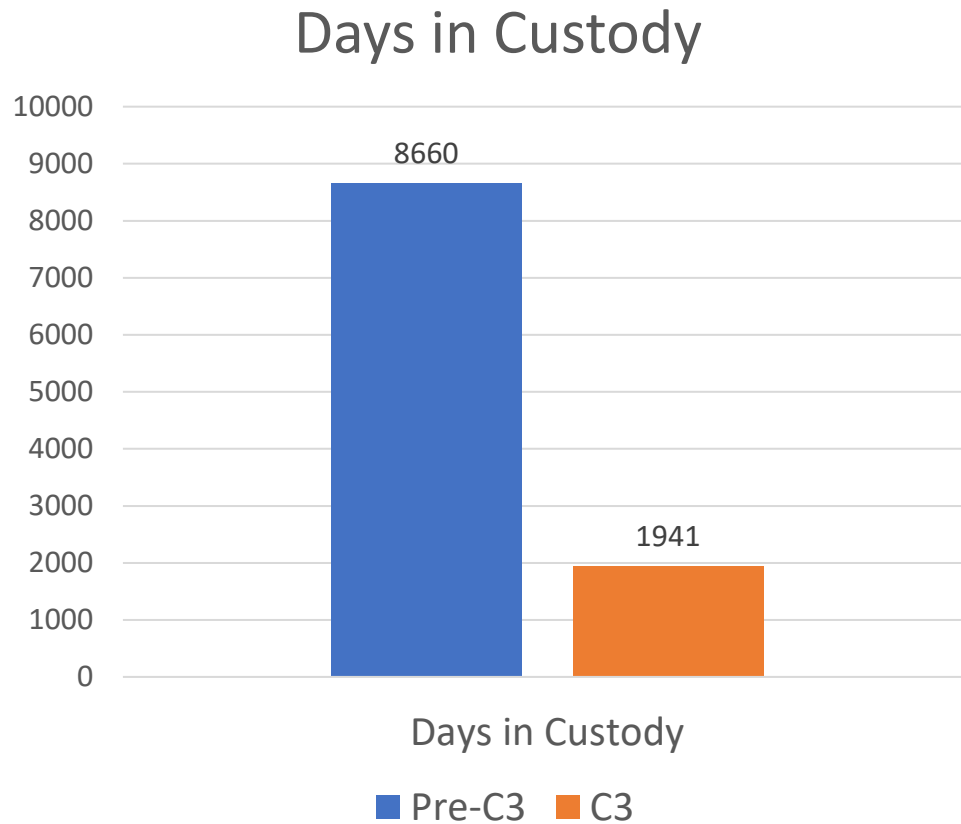


*As evidenced by # of days spent in the community compared to the 12 months preceding C3 enrollment

Program Year 2 (July 2020-June 2021)



Impact on Recidivism after 12 Months



Program Year 2 (July 2020-June 2021)

LESSONS LEARNED



Collaboration

- 🏠 Collaboration is critical between program staff, housing providers, probation officers, parole agents, medical and/or mental health providers, etc. from the start
- 🏠 Include clients in conversation
- 🏠 Define roles early for better outcomes and reduce duplication of services
- 🏠 Communication between community providers, family and other information supports



Housing

- 🏠 Access to variety of immediate and permanent housing options
- 🏠 Housing Specialist prioritizes landlord relationships and improve advocacy efforts
- 🏠 Housing access for PC 290 and arson registrants
- 🏠 Utilize market-rate units as well as Coordinated Entry System (CES) based on client need

SUCCESSSES



Client Success

- 🏠 Unsheltered for 8 years
- 🏠 14 bookings in 2 years before C3 enrollment
- 🏠 10 PERT contacts in 3 years before C3 enrollment
- 🏠 Multiple psychiatric hospitalizations
- 🏠 Daily alcohol use and frequent methamphetamine use
- 🏠 History of parole and PRCS violations
- 🏠 No income

- 🏠 Transitioned to residential substance use treatment upon release
- 🏠 Connected to outpatient mental health services
- 🏠 Obtained Medi-Cal, CalFresh and General Relief (GR) while applying for SSI/SSDI
- 🏠 Connected to PCP and began addressing medical issues
- 🏠 Placed in ILF upon graduation from treatment
- 🏠 Moved to Single Room Occupancy (SRO) paid for by C3 until she was matched to Permanent Supportive Housing (PSH)
- 🏠 Completed probation with no new bookings
- 🏠 Approved for SSI/SSDI



Thank You