

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Short	Medium	Long
Funding Staffing Facilities Equipment Internet Technology Client/Guest records system Training Transport Vehicle Supplies Stakeholder Support Referral Partners Policies and Procedures Safety/Security Volunteers	Client/Guest <ul style="list-style-type: none"> Screening/triage Intake Monitor & wellness checks Supportive care Transport to higher care level Needs assessment and referral Resource/treatment linkage Discharge planning & care coordination Quality and safety monitoring, evaluation, and improvement Referral partners and stakeholder outreach and updates	Clients/Guests <ul style="list-style-type: none"> Number & types of admissions and referrals in/out Number and types of refusals/ineligibles Client/guest background, clinical data, needs assessment. Consent for follow-up Discharge status and care plan Length of stay Health and safety incident reports Corrective action plans/change improvement efforts Referral partners and stakeholder presentations	Clients/Guests <ul style="list-style-type: none"> Persons with public intoxication, substance use, and/or co-occurring mental health crises safely recover in a low barrier environment Engagement with community resources for referred clients/guests meets or exceeds target Improved time efficiency for first responders transporting to Diversion vs more inappropriate jail or ER/ED or behavioral health unit setting Create stakeholder taskforce for monitoring, evaluation, and improvement	Compared with a pre-implementation period, there are: <ul style="list-style-type: none"> Reduced jail bookings related to public intoxication, substance use, and/or co-occurring mental health crises Reduced referrals to emergency department by LEO or EMS Cost & time shifting from ED, EMS, and/or jail to Diversion Cost & time savings from reduced intake times for LEO Longer episodes of recovery and improved quality of life for frequent users/guests completing referred treatment for substance use and/or mental health issues Monthly stakeholder meeting	The diversion services contribute to: <ul style="list-style-type: none"> Reduced Jail crowding/recidivism Reduced ED crowding/recidivism Reduced homelessness Improved health outcomes Reduced morbidity and mortality related to substance use/SUD Improves public safety Improves LEO safety Improves the recovery and restoration culture at UCS for all guests Improves collaboration and community-wide continuum of care around issues of public intoxication, substance use issues, co-occurring mental health crises, and homelessness.

Assumptions
 Hospitals, law enforcement, local governments, and insurance companies desire people's safety, positive long-term health outcomes, understand that housing is healthcare, and wish to reduce avoidable LEO and jail expenses via diversion/prevention, therefore all will support the program. Funding will be adequate.

External Factors
 Increasing jail population, cost of emergency services, pandemic repercussions, and local collaboration. Inadequate supply of affordable and/or permanent supportive housing. Local lack of awareness of, need for, and success of diversion programs. Program benefits from UCS already having relief and recuperative care services.