



MERCED COUNTY HOMELESS COURT PROGRAM

Homeless Court Navigator

Court Navigator
Worknet Merced County
courtnavigator@equusworks.com
209-724-2100

EXECUTIVE SUMMARY

INTRODUCTION

The Merced County Homeless Court Program was established in response to the significant need identified amongst individuals experiencing homelessness to resolve their outstanding minor criminal court cases and/or infractions, warrants, fines, and fees. In response to this need Mayor Mike Murphy, from the City of Merced, organized the first meeting involving the Superior Court of California County of Merced, Merced County District Attorney, Merced County Public Defender, Merced County Behavioral Health and Recovery Services, and City of Merced Attorney to explore the establishment of the Homeless Court Program. On Tuesday March 31st of 2020, at a County of Merced Board of Supervisors meeting, a Memorandum of Understanding was approved on behalf of all parties. This action effectively established the Merced County Homeless Court Program. In April of 2020 the County of Merced Department of Workforce Investment was awarded an Accelerator Grant to partially fund a Homeless Court Navigator position to coordinate the newly established program.

PROGRAM DESCRIPTION

The Homeless Court Program seeks to provide individuals experiencing homelessness access to justice, and address the legal barriers that prevent them from achieving self-sufficiency, while addressing the underlying cause(s) of their homelessness. Prior to being seen at the Homeless Court Program participants work with homeless supportive services organizations to identify goals to overcome the causes of their homelessness, and are therefore in a stronger position to successfully comply with court orders. The Homeless Court Program combines a progressive plea bargain system, alternative sentencing structure, assurances of no custody, and proof of program activities to address criminal offenses. The Homeless Court Program is designed for efficiency; the majority of cases are heard and resolved in one hearing.

MESSAGE TO PROVIDERS

As homeless service provider agencies you are the gateway to the Homeless Court Program. Initial referrals to the Homeless Court Program will originate from the emergency shelters, transitional housing, and permanent housing you operate. The prosecution and defense will review each case you put forward for consideration through the process we have created to ensure participants the greatest opportunity for success. Fines and custody are replaced with participation in program(s) completed prior to appearing at the Homeless Court Program. The goal is for justice to be served through participating in activities that will help improve their lives, and therefore the community. Cases may be dismissed and serious charges are reduced in consideration for demonstrated accomplishments in program activities.

As providers of homeless services you are essential and equal collaborators with the Homeless Court Program. We thank you for what you do improving the lives of some of the most vulnerable members of our community. Continue to encourage the individual to take responsibility for their actions, to fully participate in society, and to make the transition from the streets to self-sufficiency. When the provider staff challenge and equip participants to resolve the underlying cause of their homelessness prior to appearing before the court, the concerns held by the court and the community are effectively addressed at the outset.

As a service provider, you know the participants best. You work with them over a period of time, address their needs, and celebrate their accomplishments. You look to the future instead of dwelling on the past. You are well positioned to explain to the judge that the person standing before the bench has changed and is no longer engaged in the activities that led to the criminal charges. You help the court reconcile each participant's past—the offense—with the present—progress towards self-sufficiency. This Court was established in recognition of your work challenging participants to make the most of their lives by participating in program activities and confronting the issues that led them to homelessness. Thank you.

MESSAGE TO PARTICIPANTS

Thank you for volunteering to participate in the Merced County Homeless Court Program. The purpose of our Court is to recognize the meaningful progress you have made addressing the underlying barriers which led to you becoming homeless. We recognize legal barrier can prevent you from reaching your full potential. As such we have created a special Superior Court session which is convened at a non-traditional location to provide participants an opportunity to resolve outstanding minor criminal court cases and/or infractions, warrants, fines, and fees. The Homeless Court Program acknowledges your work with providers, and look forward to when the judge's order is "credit for time served" in light of your efforts and accomplishments in program activities.

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HOMELESS COURT NAVIGATOR CONTACT INFORMATION

Homeless Court Navigator
courtnavigator@equusworks.com
Phone: 209-724-2100
Fax: 209-725-3592

HOMELESS COURT PROGRAM PREREQUISITES

In order to participate in the County of Merced Homeless Court Program, you must submit the following to the Merced County Homeless Court Navigator for enrollment:

1. Copies of identity documents including California Identification or Driver License, Social Security Card, and for males proof of selective services registration (*we can help you get these documents*);
2. Printout of all charges and fines, to include total of all monies owed;
3. Certification of homelessness;
4. Completed County of Merced Homeless Court Release of Information provided;
5. Homeless Court Enrollment Form provided, and
6. If participating in a program must provide proof of residence/participation from a Homeless Shelter/Navigation Center, Substance Abuse Residential Program, or Homeless Supportive Services provider is required.

At least two weeks prior to your appearance before the Homeless Court staffing committee you must submit the following to the Merced County Homeless Court Navigator:

1. Copy of completed case manager checklist;
2. Personal letter detailing your situation and the steps you have completed to improve your personal circumstances: include contact phone number and address, and
3. Proof of Community Services hours completed.

HOMELESS COURT PROGRAM ELIGIBLE AND INELIGIBLE CASES

These specific cases **are** allowed through the Homeless Court Program:

- A. All pending infractions.
- B. All pending misdemeanors where the prosecuting agency agrees to reduce the charge(s) to an infraction.
- C. All completed infractions and misdemeanors that are resolved by plea, where there are unpaid fines/fees or the defendant has not completed a court ordered program.
- D. Except as provided in Section 3.2, pending misdemeanors, with the following limitation: Guilty pleas to first offense driving under the influence (DUI) cases may be heard in Homeless Court Program with the consent of all parties to the plea agreement. The Court has discretion to modify fines/fees in these matters. In exercising its discretion, the Court may consider the defendant's efforts at rehabilitation. Cases involving a DUI with one prior conviction (DUI or "wet reckless") will not be heard in the Homeless Court Program except to consider a reduction of fines/fees or modification of a court-ordered program. No other DUIs will be completed in the Homeless Court Program.

These specific cases **are not** allowed through Homeless Court Program pre and/or post judgment case(s) involving the following:

- A. All felonies (except for felony fines as agreed upon by the prosecuting agency);
- B. Charges assigned to specialty courts and/or particular types of charges* including the following:
 - a. Domestic violence (including elder abuse);
 - b. Family Court;
 - c. Juvenile Court;
 - d. Hospital bills;
 - e. Driving under the influence (D.U.I.);
 - f. Cases involving children (P.C. § 273 a (b), etc.);
 - g. Cases involving drug charges stemming from possession and/or sale of narcotics;
 - h. Cases involving firearms, explosives or ammunition, and
 - i. Cases involving violence or any immediate public safety issue(s).
- C. Probation or restitution fines;
- D. Parking tickets;
- E. Penal Code § 1210 (Proposition 36);
- F. Child endangerment (Penal Code §§ 270 – 273.5 inclusive);

- G. Drug dealing and possession of drugs for sales charges;
- H. Sexual offenses including Penal Code §§ 647(a), 647.6, and offenses specified in Penal Code § 290(c); and violations of Sex Offender Registration per Penal Code § 290;
- I. Arson charges or possession of an incendiary device;
- J. Cases involving violence and any immediate public safety issue(s), as determined in the discretion of the City Attorney/District Attorney, and
- K. New offenses after being admitted to the Homeless Court Program. Commission of a new felony offense, misdemeanor offense, or two or more infraction offenses while in Homeless Court Program makes a defendant ineligible to continue. However, commission of a new infraction or misdemeanor will be considered on a case by case basis by the District Attorney as to whether or not the defendant may continue in Homeless Court Program. For Merced Municipal Code (“MMC”) violations, the defendant may apply to the City Attorney for continuance in Homeless Court Program following the commission of a new MMC violation, whether misdemeanor or infraction. The District Attorney and City Attorney will try to be flexible and the assigned attorneys have discretion to make exceptions.

Regarding all of the above: Particular facts of the case, defendant’s criminal history, defendant’s specific situation and/or circumstances will be taken into consideration during pre-court case staffing.

**Borderline cases may be reviewed on a case-by-case basis.*

KEY POINTS:

- Participants must request a printout of their fines for traffic and/or criminal fines for infractions and misdemeanors from the Merced Superior Court. The printout **must** be provided to the Merced County Homeless Court Navigator upon enrollment into the Homeless Court Program.
- Participants must complete their Community Service at Governmental Agencies, Behavioral Health and Recovery Services Treatment, Non-Profit agencies, Faith-Based Organizations, Rehabilitative Program and/or Substance Abuse Treatment Programs, 12 step meetings, Life Skills Training such as computer or literacy Classes, other Employment or Job Search Activities, Medical Care (physical and mental health), Individual Counseling, Chemical Dependency or Alcoholics Anonymous/Narcotics Anonymous Meetings, or a program approved by the Merced County Homeless Court Navigator.
- The ticket(s) and/or warrant(s) must have occurred in the County of Merced.

HOMELESS COURT PROGRAM CASE MANAGER ENROLLMENT CHECKLIST

Submit the following documents via fax 209-725-3592 or secure email to the Merced County Homeless Court Navigator courtnavigator@Equusworks.com for enrollment into the program:

- Homeless Court Release of Information
- Copies of identity documents*, including:
 - California Identification or Driver License;
 - Social Security Card, and
 - Proof of selective service registration (males only)
- Homeless Court Enrollment Form
- Homeless Certification Form
- Printout of all charges and fines, to include total of all monies owed received from the Superior Court of Merced County
- If participating in a program must provide proof of residence/participation from a Homeless Shelter/Navigation Center, Substance Abuse Residential Program, or Homeless Supportive Services provider is required

Upon receipt and verification of all documentation the Merced County Homeless Court Navigator will notify Defendant Case Manager of acceptance or denial into the Homeless Court Program.

**We can help you get these documents.*

HOMELESS COURT PROGRAM RELEASE OF INFORMATION

Please provide this completed form to Merced County Homeless Court Navigator @ fax 209-725-3592 or secure email to courtnavigator@Equusworks.com

AUTHORIZATION TO SHARE PERSONAL INFORMATION:

I give authorization for my basic and personal information (including, but not limited to, name, gender, date of birth, ethnicity, marital status, household configuration, military status, primary language spoken, Community Service activities and services received) to be shared with the organizations with which the Merced County Homeless Court Program operates, and authorized staff of partner agencies in order to assist me in gaining access to services that I may need, including housing, employment, financial assistance, vocational and educational services, counseling and medical/mental health treatment.

I understand that authorizing my information to be entered into a database is voluntary. I understand that I have a right to receive a copy of my information upon written request. I understand that I may cancel this authorization at any time by written request to the Merced County Homeless Court Navigator, Worknet Merced County, 1205 W. 18th Street, Merced, CA 95340, but that the cancellation would not be retroactive.

Printed Name of Participant _____ **Signature of Participant** _____ **Date** ____/____/____

PARTICIPANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Transgender Other Refused

Ethnicity: Hispanic/Latino Non-Hispanic (other) Don't Know Refused

What nationality best describes you:

Black/African American White Asian American Indian/Alaska Native Native Hawaiian/Pacific Island Don't Know Refused

Veteran: Yes No Household Configuration: Single Family w/Children Family w/o Children

Disability Types:

(Check all that apply; Indicate if it is expected to be of long-term duration & if participant is receiving services for the disability)

Disability	Long Term	Services	Disability	Long Term	Services
Mental Illness	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Physical Disability	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Alcohol Abuse	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Developmental Disability	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Drug Abuse	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Chronic Health Condition	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
HIV/AIDS & Related Diseases	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Other: _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Living Situation Last Night:

Emergency Shelter Non Psychiatric Hospital Safe Haven/Domestic Shelter

Permanent Housing for Formerly Homeless Person Rental or Home with Housing Subsidy Don't Know

Substance Abuse Treatment Center/Detox Center Jail, Prison or Juvenile Detention Facility Refused

Staying or Living in Friend's House/Apartment Staying or Living in Family Member's Place Other: _____

Rental or Dwelling Owned by Participant Foster Care or Group Home

Location of Community Service:

Are you currently on probation? Y N Probation end date: ____/____/20

Are you currently on parole? Y N Parole end date: ____/____/20

Recommending Case Worker Information:

Case Worker: _____ Organization: _____

Address: _____ E-Mail: _____

Office Number: ____/____/____ Cell Number: ____/____/____

HOMELESS COURT PROGRAM ENROLLMENT REQUEST FORM

Today's Date: ___ / ___ / _____

Name: _____ Date of Birth: ___ / ___ / _____

Address: _____ Telephone #: _____ - _____

City: _____ State: _____ Zip Code: _____

Name of Referring Agency: _____

Name of Case Worker: _____

Agency Telephone #: _____ Agency Fax #: _____

Check Box if Interpreter is Needed: Language of Interpreter: _____

Citation Number(s): Please see print-out(s). _____

City or County Where Citation was Issued: _____

Volunteer hours are calculated on the basis of twenty-two dollars (\$25.00) per hour.

Total Amount of Fines: \$ ____ . ____ Divided by 25: _____ Total Volunteer Hours Needed

HOMELESS CERTIFICATION FORM

Participant Name: _____ HMIS (if known) #: _____

**This is to certify that the above named individual is currently homeless.
Check only one box and complete only that section.**

Living Situation: Place Not Meant for Human Habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation:

Homeless Street Outreach/Agency Program Name: _____

This certifying agency must be recognized by the local Merced County Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, probation and/or parole officers, case managers, etc.

Authorized Agency Representative Signature: _____

Phone: _____

Date: _____

Living Situation: Emergency Shelter/Navigation Center

The person named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the Merced County CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Date of Program Entry(mm/dd/yyyy):____/____/____ Date of Program Exit (mm/dd/yyyy):____/____/____

Authorized Agency Representative Signature: _____

Phone: _____

Date: _____

Living Situation: Transitional Housing

The person named above is currently living in a transitional housing program for persons who are homeless.

Transitional Housing Program Name: _____

This transitional housing program must appear on the Merced County’s CoC’s Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

Emergency shelter OR a place unfit for human habitation

Date of Program Entry (mm/dd/yyyy): ____/____/____ Date of Program Exit (mm/dd/yyyy): ____/____/____

Authorized Agency Representative Signature: _____

Phone: _____

Date: _____

Living Situation: Institutional Setting

The person named above is currently residing in an institutional setting. They were homeless prior to entering the institution and they will be homeless upon exiting.

Institution Name: _____

Date of Program Entry (mm/dd/yyyy): ____/____/____ Date of Program Exit (mm/dd/yyyy): ____/____/____

Authorized Agency Representative Signature: _____

Phone: _____

Date: _____

Unable to Verify Homelessness

Not able to verify homelessness

If not able to verify homelessness document the attempts made and reason for being unable to verify homelessness.

HOMELESS COURT PROGRAM DEFENDANT COURT REFERRAL

County of Merced Superior Court Originating Referral

Referred to: _____

Address: _____

Date: / / _____

DEFENDANT: _____

DATE of BIRTH: / / _____

CASE(S): _____

Date of Homeless Court Session: / / _____

Location (City or Jurisdiction): _____

Judicial Officer: _____

The Defendant's matter(s) has been approved for adjudication by hearing in County of Merced Homeless Court following pre-court staffing. It is respectfully recommended that Defendant's matter(s) receive consideration in your Court. In support of this request, attached please find Defendant's Homeless Court Program Referral Packet.

Defense (name and agency)

Phone Number

Prosecutor (name and agency)

Phone Number

Homeless Court Program Navigator (signature and date)

Attachment: Referral and Advocacy Packet, pages

HOMELESS COURT PROGRAM

CASE MANAGER COURT DATE REQUEST CHECKLIST

Submit the following documents via @ fax 209-725-3592 or email to the Merced County Homeless Court Navigator courtnavigator@Equusworks.com after the completion of restitution hours:

- Copy of completed case manager checklist.
- Proof of Community Services hours completed.
- Personal letter detailing your situation and the steps you have completed to rectify your personal circumstances: include contact phone number and address.

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VOLUNTEER SERVICE HOURS TRACKING FORM

Examples of eligible volunteer service hours include participation with Behavioral Health and Recovery Services, Non-Profit agencies, Governmental Agencies, Faith-Based Organizations, Rehabilitative Program and/or Substance Abuse Treatment Programs, 12 step meetings, Life Skills Training such as computer or literacy Classes, other Employment Workshops or Job Search Activities, Medical Care (physical and mental health), Individual Counseling, Chemical Dependency or Alcoholics Anonymous/Narcotics Anonymous Meetings, or a program approved by the Merced County Homeless Court Navigator.

Please take this form with you, obtain the signature after each project is finished, and keep track of you hours.

Participant Name: _____

Date	Activity	Place of Service	Hours	Signature

HOMELESS COURT PROGRAM PERSONAL LETTER

You will be expected to submit write a type-written personal letter, or if not possible, a neat and clear handwriting letter will be acceptable to the Merced County Homeless Court Navigator. Your letter should be no longer than two pages. The below format is required.

----- PERSONAL LETTER TEMPLATE -----

Date:

RE: Insert Your Name
Insert Your Date of Birth (DOB)

To Whom It May Concern:

Describe your life circumstances when these charges were received.

Include personal details, family issues and/or struggles with addiction; include what made you seek recovery in order to change/improve your life. Describe your life now, giving attention to areas of progress; Please include details from three or more of the following:

- * Education
- * Employment
- * Housing
- * Parenting
- * Personal Growth
- * Substance Abuse
- * Transportation
- * Income
- * Mental Health Treatment

Describe why dismissal of charges are necessary; Benefits you will receive; How it will help you become a better parent, person, worker, etc.

At the end of your letter, please close by writing:

Respectfully submitted,

Sign your name in ink