



PROPOSITION 47 GRANT PROGRAM EVALUATION:

FINAL EVALUATION REPORT

May
2023



 R D A C O N S U L T I N G

Santa Clara County
Behavioral Health
Services Department

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Executive Summary

Overview

Santa Clara County Behavioral Health Services Department's (BHSD) nearly \$6 million **Proposition (Prop) 47 Cohort II grant increased outpatient co-occurring and substance use treatment capacity and expanded transitional housing units for justice-involved individuals participating in treatment.** Those who were eligible to enroll in the program had a moderate-severe or persistent mental health condition and/or a substance use condition that could be successfully treated in the community in outpatient settings. BHSD contracted with three substance use outpatient treatment providers, one substance use transitional housing unit (recovery residence) provider, one co-occurring outpatient treatment provider, one housing navigation provider, and one employment services agency to provide Prop 47 services.

BHSD contracted with RDA Consulting to conduct a mixed-methods evaluation, incorporating quantitative and qualitative data collection and analysis to provide a comprehensive assessment of the County's progress toward achieving their program goals and objectives. This Final Local Evaluation Report provides a final review of program implementation and client outcomes spanning the three years of Prop 47 service activities in the County from January 2020 through February 15, 2023.

Program Goals and Services

Over the course of the grant period, the County intended to provide co-occurring treatment to 243 individuals, outpatient substance use treatment (SUTS) to 816 individuals, housing navigation services to 125 individuals, employment services to 225 individuals, and provide 200 transitional housing slots at any given time. The Prop 47 program offered a range of services that integrated evidence-based practices to support client engagement and recovery, but many staff and partners expressed that they would like to see additional efforts to better engage and support clients throughout Prop 47 outreach and service participation. **The County exceeded its target for the co-occurring treatment component, providing co-occurring disorder (COD) services to 254 unique individuals. However, it fell short of meeting its targets for SUTS, housing, and employment services.**

254

Served through **co-occurring treatment**

Case management, individual and group therapy, medication support, crisis intervention services, and evidence-based practices, including cognitive behavioral therapy.

227

Served through **substance use treatment**

Outpatient and intensive outpatient services with case management, individual and group therapy, crisis intervention,

peer support services, and evidence-based practices, including dialectical behavior therapy.

297 Served through
transitional housing

Transitional housing units and placements at transitional housing units defined as recovery residences or sober living environments.

98 Served through
housing navigation

Housing resources, Emergency Assistance Program for immediate and short-term housing support, and assistance with other housing-related case management needs.

29 Served through
employment services

Individualized job readiness training, transitional employment, peer support, and connection to employment/educational opportunities.

Although the COVID-19 pandemic highly impacted the program's referral flow during the first months of the grant cycle, **the program nearly met its overall enrollment goal of providing services to 75% of referred individuals (serving 74%) for COD services.** However, the program did not meet its goal of providing services to 75% of referred individuals for SUTS, with 58% of those referred being enrolled. **Overall, the Prop 47 program enrolled and served 64% of all individuals who were referred to the program.** The County made efforts to increase referrals and enrollments during the program period, and enrollments increased with each successive year of the program. The Prop 47 program **aimed to enroll 90% of clients within 10 business days, but ultimately enrolled 54% of all clients within 10 business days, including 57% of COD services clients and 50% of SUTS clients.**

The program also had a goal to enroll 75% of clients with an identified need for housing in transitional housing services¹ in conjunction with outpatient treatment services. **The Prop 47 program exceeded this goal overall, successfully making housing placements in 85% of instances where a client was in need of transitional housing.** This included 171 (98%) successful THU placements of the 175 total instances of housing need for 148 unique COD services clients, and 113 (72%) successful recovery residence placements made of the 158 total instances of housing need for 93 unique SUTS clients.

Additionally, the program aimed to house 90% of program clients within 14 days from referral. **Overall, the Prop 47 program housed 76% of participants within 14 business days or less, including 78% of COD services clients and 68% of SUTS clients.**

Implementation Findings

While the Prop 47 effort expanded the County's capacity for outpatient treatment services and created new opportunities for system partners to work collaboratively together, the program

¹ Transitional housing may include recovery residences, transitional housing units, or sober living environments (SLEs).

faced implementation challenges that likely contributed to lower-than-expected enrollments. These included:

- **Lack of clarity on eligibility criteria:** Many Prop 47 partners, including court assessors and treatment providers, expressed a need for greater clarity on eligibility criteria and greater information sharing to improve referrals to Prop 47 outpatient programs. Stakeholders also voiced that this lack of clarity and information sharing may have contributed to some inappropriate referrals for the outpatient treatment programs.
- **Limited in-reach and warm handoff opportunities for SUTS:** Challenges with the in-reach and enrollment processes for outpatient treatment may have contributed to low client enrollment and engagement for SUTS. While the COD services provider met with clients in custody and escorted them to housing upon release, the substance use program model did not include the same “warm handoffs” to services, whereby treatment providers meet with individuals prior to release and escort them to treatment. This difference likely impacted SUTS enrollment. Some clients from the co-occurring program emphasized the importance of this warm handoff, stating that they would have gone back to “living on the streets” if they had not been picked from jail. Given these challenges, many program partners expressed a desire for greater efforts to promote client engagement in the SUTS referral and enrollment process.
- **Limited opportunities for direct staff collaboration:** While the Prop 47 program created venues for cross-system information sharing, such as the monthly Joint Provider Meetings, many program partners desired more opportunities for direct collaboration and reporting on program outcomes. Specifically, direct and line staff at the program’s treatment providers and referral partners felt that there was a need for opportunities for cross-agency programmatic collaboration, such as case conferencing meetings and direct lines of communication with other direct/line staff, including referral staff.

Client Outcomes

The Prop 47 program served a high-risk and high-needs client population that faced many barriers and needed time for stabilization. Prop 47 clients typically had high acuity with moderate or high risk for recidivism, and were often facing homelessness, barriers to employment, and other unmet basic needs. **Despite this, the program met its goal to have 65% of client maintain engagement in treatment for at least 30 days or successfully complete treatment, with 91% (n=428) of all clients doing so, including 98% (n=249) of all COD clients and 79% (n=179) of all SUTS clients doing so.** Clients often need time to stabilize in the community before they may be ready to fully engage in secondary services like employment services, and of the 29 individuals who enrolled in employment services, 48% (n=14) secured employment.

Although the Prop 47 program successfully placed most clients with housing needs in THUs and recovery residences, relatively few clients exited to permanent housing. Overall, 40 (17%) total clients who exited a housing placement secured permanent housing, including seven (5%) who exited a THU and 33 (36%) who exited a recovery residence. Of the 98 clients who received housing navigation services, most (60%) were unhoused upon exiting the program. Nearly all Prop 47 program staff and partners viewed the County's lack of affordable and permanent housing options and the cumbersome housing acquisition process as creating barriers for client program participation, completion, and long-term success with their recovery and legal system involvement.

Overall, the program met its goals of using community-based treatment and housing supports to decrease the target population's recidivism rate to 40%, with just 102 (22%) of the 471 total Prop 47 participants convicted of a new felony or misdemeanor offense after enrolling in the program, including 22% of COD participants and 21% of SUTS participants. Further, 66 (28%) of the 232 clients who received a Prop 47 housing placement were convicted of a new felony or misdemeanor offense after enrollment, including 27% of those in THUs and 30% of those in recovery residences. Although these recidivism rates are based on a relatively short follow-up period (i.e., an average of 1.3 years from enrollment to the end of the reporting period, 2/15/23), these rates are promising and impressive given the relatively high average risk for recidivism among this Santa Clara County Prop 47 client population (2.6 on a scale of 1 = low risk, 2 = moderate risk, and 3 = high risk²). Post-enrollment date recidivism rates for low (n=21), moderate (n=158), and high (n=191) risk clients were 14%, 27%, and 24%, respectively. A 2022 report revealed that five-year recidivism rates for those in SCC released under AB 109 was 48%³, and California has seen three-year recidivism rates for the general population over the last 15 years range from 44.6% to 54.3%⁴.

Recidivism rates among clients who engaged in certain combinations of multiple Prop 47 services were lower compared to clients in COD or SUTS services alone, suggesting that additional services may further support desistance from offending. Specifically, groups of COD clients who received nearly any combination of additional services had a lower overall recidivism rate compared to clients who received COD services alone (the exception being clients who received COD services and THU placements). Similarly, groups of SUTS clients who also received employment, housing navigation, and/or SUTS with all other additional services had recidivism rates equal to or less than those that solely received SUTS services.

² Recidivism risk levels were obtained from Santa Clara County probation department assessments using the Correctional Assessment and Intervention System CAIS).

³ Five-year recidivism rates were obtained from the Santa Clara County Office of Diversion and Reentry Services: https://reentry.sccgov.org/sites/g/files/exjcpb991/files/2023-02/10_year%20FINAL.pdf

⁴ Three-year recidivism rates were obtained from the California Department of Corrections and Rehabilitation: <https://www.cdcr.ca.gov/research/offender-outcomes-characteristics/offender-recidivism/>

Background

California voters passed Proposition 47 (Prop 47) on November 4, 2014, to help address overcrowding in the State’s prison systems. The initiative reclassified certain nonviolent, non-serious drug and property crimes, such as petty theft under \$950 and simple drug possession, from felonies to misdemeanors. It generated millions of dollars in State savings from the reduction of the state prison population, patient population, and court caseloads. California directs these savings to the Safe Neighborhoods and Schools Fund, which allows the Board of State and Community Corrections (BSCC) to issue grants to expand mental health treatment, substance use treatment, housing-related assistance, and other community-based services for justice-involved individuals.

The Santa Clara County (County) Behavioral Health Services Department (BHSD) – Forensic, Diversion and Reintegration Division (formerly known as the Criminal Justice System Division, referred to throughout this report as BHSD, is among the second cohort of Prop 47 grantees throughout the state, receiving \$5.9 million in 2019 to provide services from January 2020 through December 2022⁵. It provided targeted forensic behavioral health services and partnered with County agencies—including the Office of Supportive Housing, the Office of Diversion and Reentry Services, the Probation Department—to provide community resource linkages and community-based organizations (CBOs) to provide adjunct services that included housing and employment services to justice-involved adults.

As part of the Prop 47 award, the BSCC requires awardees to hire an external evaluator to assess the efficacy of the planned initiative at both the midpoint and ending point of the project; to this end, the BHSD contracted with RDA Consulting (RDA) to complete this evaluation.

This Final Local Evaluation Report (FLER) provides a final review of program implementation and client outcomes spanning the three years of Prop 47 service activities in the County from January 2020 through February 15, 2023. Its purpose is to document the evaluation of Santa Clara County’s Prop 47 program and progress toward achieving the program goals and objectives as described in the program proposal, which are detailed in Table 1. These goals and objectives are further contextualized in the program logic model found in Appendix A and progress toward these goals is detailed in Appendix B.

⁵ The grant cycle included an implementation period from August through December 2019, a service delivery period from January 2020 to December 2022, and an evaluation period from January 2023 through May 2023. All individuals served by the grant had to be enrolled by December 31, 2022 and services had to be completed by February 15, 2023.

Table 1. Program Goals and Objectives⁶

Goals	Objectives
<p>Goal 1: To increase access to outpatient treatment and transitional housing for justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders.</p>	<ul style="list-style-type: none"> • 75% of clients referred to Prop 47 are enrolled in treatment⁷. • 90% of clients will be linked to treatment within 10 days⁸ of referral. • 75% of clients with an identified need for housing receive transitional housing services⁹ in conjunction with outpatient treatment services. • 90% of program clients will be housed within 14 days from referral.
<p>Goal 2: To stabilize and reduce recidivism rates of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through community-based treatment.</p>	<ul style="list-style-type: none"> • 65% of clients will maintain engagement in BHSD treatment and services or successfully complete treatment. • Over the course of the three-year project, decrease the target population recidivism rate from 45% to 40%.
<p>Goal 3: To stabilize and reduce recidivism rates of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through housing supports.</p>	<ul style="list-style-type: none"> • 75% of clients will exit transition housing to permanent housing. • Over the course of the three-year project, decrease the target population recidivism rate from 45% to 40%.

⁶ Prior to completion of the Preliminary Evaluation Report (PER), the objectives had been modified slightly from Santa Clara County's original BSCC proposal to increase clarity and better reflect the program model.

⁷ This objective was modified from 75% of Department 61 clients are enrolled in treatment.

⁸ BHSD defines days as business days.

⁹ Transitional housing may include recovery residences, transitional housing units, or sober living environments (SLEs).

Program Model

Santa Clara County's Prop 47 program was designed to increase outpatient co-occurring disorder (COD) services and substance use treatment services (SUTS), expand transitional housing and recovery residence units for individuals participating in outpatient treatment, fund case management services, and facilitate referrals to CBOs, including employment services and housing resources. Specifically, the program was designed to provide 57 outpatient co-occurring treatment slots in 2020 and increased to 93 slots annually for 2021 and 2022, 272 substance use treatment service outpatient and intensive outpatient slots annually, and 200 transitional housing units (recovery residence housing slots) annually. Additionally, the program intended to provide housing navigation to 125 individuals over the entire grant period and employment services to 75 individuals annually.

Those eligible for enrollment in this program had a moderate-severe or persistent mental health condition and/or a substance use condition that could be successfully treated in the community in outpatient settings. The County's Behavioral Health Treatment Courts (BHTCs) served as the primary source for identifying and recommending potential participants to the program, in addition to the Santa Clara County Probation Department. The County's BHTCs—known as Departments 60 and 61¹⁰—serve individuals in the county who enter the criminal justice system with known mental health or substance use treatment needs. Any judge in the county can refer an individual to one of these departments for court processing. Participation in Departments 60 and 61 is voluntary, and individuals do not have to participate in one of these specialized dockets. If an individual chooses not to participate, their case remains with the original judge to which they were assigned. For referrals from Probation, the Probation Officer completed a referral form that was emailed to a BHSD Treatment Court Clinician who determined if a participant was eligible based on their level of care need. After the County's Prop 47 implementation began, the program also began accepting client referrals from the BHSD clinicians stationed at the Reentry Resource Center (RRC). No matter the referral source, all individuals enrolled in Prop 47 were court-involved and/or under community correctional supervision.

Individuals recommended and referred to the Prop 47 program by the BHTCs (i.e., most clients) were assessed by BHSD Treatment Court Clinicians who determined the most appropriate level

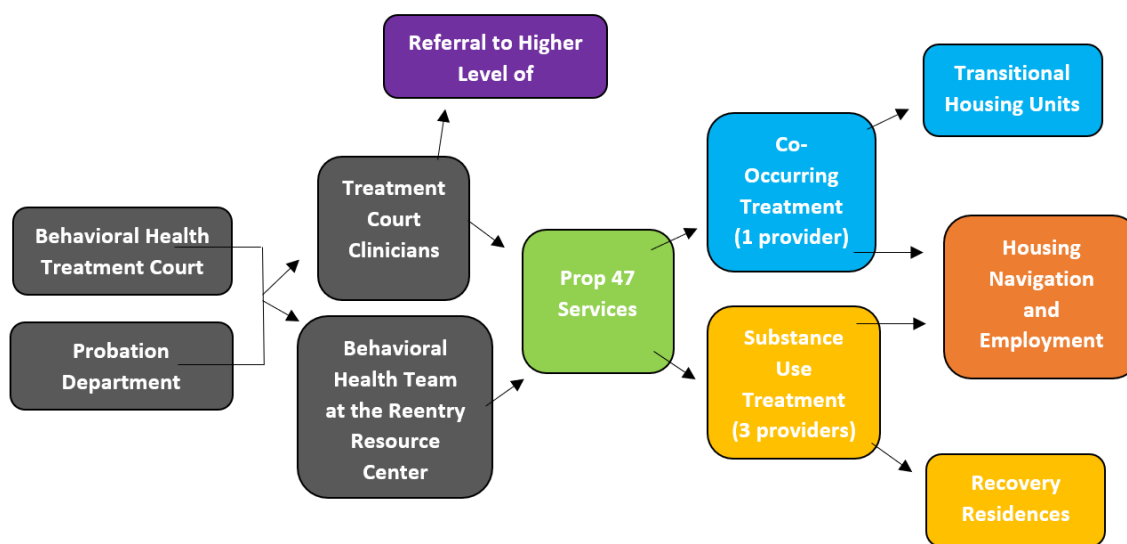
¹⁰ Originally, the proposal limited enrollment to individuals served in Department 61 and was modified with BSCC to include individuals in Department 60.

of care for each individual. Different assessment instruments were used depending upon whether the individual required co-occurring treatment or substance use treatment alone.¹¹

Prospective clients needed to be considered stable enough in the community to be considered for Prop 47 services; the BHTC Clinicians completed the Integrated Justice Screening (IJS) or the Integrated Screening Tool (IST) to determine the level of care need. Once assessments were completed, clinicians created a narrative of client needs; informed the court, the supervising Probation Officer, and the client of the assessment results; and made a referral to one of four Prop 47-funded programs. Individuals with needs that were not best served in outpatient programs were not eligible for Prop 47-funded services and were referred to other appropriate services.

The BHSD contracted with three substance use treatment providers and one co-occurring treatment provider to provide Prop 47 outpatient services. Individuals were considered Prop 47 clients once they enrolled in one of these four treatment programs. In addition to co-occurring and substance use treatment, Prop 47 also funded housing navigation and employment services, as well as placement in transitional housing units (THUs) and recovery residences for individuals engaged in outpatient treatment. Once enrolled, treatment provider staff assessed the need for these additional services (each of which were optional) and assisted interested clients in accessing those services. Figure 1 details the program's model and referral flow.

Figure 1. Prop 47 Program Model and Referral Flow



¹¹ For individuals with both mental health and substance use needs, the Behavioral Health Treatment Court Clinicians used the Integrated Justice Services Level of Care Assessment. For individuals with substance use needs alone, the Behavioral Health Treatment Court Clinicians used the American Society of Addiction Medicine guidelines to determine level of care.

Evaluation Methods and Design

RDA conducted a mixed-methods evaluation, incorporating quantitative and qualitative data collection and analysis to provide a comprehensive assessment of Santa Clara County's progress toward achieving their program goals and objectives. This approach was selected to maximize validity and provide different perspectives on complex, multidimensional issues. The quantitative analysis explored individual- and system-level measures of program engagement and service delivery, as well as program completion, individual outcomes, and subsequent involvement with the justice system. The qualitative component of the evaluation provided insight into the processes of the Prop 47 program—including referral, enrollment, service delivery processes, program completion, and outcomes—and the internal and external factors that affected the fidelity of implementation. The qualitative analysis also explored perspectives on service delivery, including ease of and barriers to program enrollment and participation, appropriateness of programs and service delivery to clients' needs, clients' satisfaction with services, and perceived changes in clients' behavior and quality of life.

Quantitative Data Collection

RDA analyzed quantitative data from the BHSD, including data from the co-occurring treatment provider, and SUTS outpatient and THU providers, housing navigation provider, and employment services provider, as well as the Santa Clara County's Probation Department. RDA analyzed these data to evaluate improvements in client outcomes based on client needs, program status and progress, and subsequent justice system contact documentation. For this evaluation, BHSD set the definition of successful completion as the number or percent of clients who maintain engagement or are discharged from treatment with successful completion. RDA used multiple data sources to link Prop 47 clients' referral, enrollment, service utilization, and completion data. Table 2 summarizes the data provided by the BHSD, providers, and the Probation Department.

Table 2. Quantitative Data Collection Activities

Agency	Data
BHSD (Includes information from the Prop 47 providers)	<ul style="list-style-type: none">• Client demographic characteristics, diagnosis, and needs• Referral, assessment, and enrollment indicators (dates and scores)• Services provided (dates and types of services)• Outcome and program completion indicators (dates, types of outcomes, and client satisfaction)• Proportion of bilingual and trauma-informed provider staff
Probation Department	<ul style="list-style-type: none">• Probation status• CAIS (Correctional Assessment and Intervention System) score

	<ul style="list-style-type: none"> • Prior arrests and convictions • Recidivism date and charge
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Data was received in multiple spreadsheets according to different components of content, and data was merged on a Prop 47 client unique identifier. Outpatient co-occurring, substance use, housing navigation, employment, transitional and recovery residence housing, and recidivism datasets utilized a common client identification number allowing the evaluation team to track Prop 47 clients' experiences with all the Prop 47-funded services. Descriptive analytic techniques were used to summarize client demographic characteristics, types of services received, service characteristics, and short-term programmatic outcomes. Characteristics and trends were examined by service type for all clients over time.

Qualitative Data Collection

For the qualitative component of the evaluation, RDA conducted a mix of virtual and in-person interviews, focus groups, satisfaction surveys, and group treatment observations. RDA also reviewed facilitation materials involving multiple sources, including BHSD staff, BHTC leaders and assessors, Office of Diversion and Reentry Services staff, Office of Supportive Housing staff, Probation Department staff, contracted SUTS and COD treatment provider leaders and direct service providers, and Prop 47 clients (see Table 3). RDA also developed a satisfaction survey to examine clients' experience with Prop 47 services and developed a phone interview protocol to use with survey responders who volunteered to be interviewed. Table 3 details the number of individuals who participated in each of the qualitative data collection activities.

Table 3. Qualitative Data Collection Activities

Agency	Activity	Year Conducted	Total Number
Santa Clara County BHSD	Interviews	Spring 2021	9 participants
		Fall 2022	4 participants
Behavioral Health Treatment Court	Interviews	Spring 2021	4 participants
		Fall 2022	6 participants
Office of Diversion and Reentry Services	Interviews	Spring 2021	2 participants
		Fall 2022	1 participant
Office of Supportive Housing	Interviews	Spring 2021	1 participant
		Fall 2022	1 participant
COD and SUTS Treatment Providers	Interviews	Spring 2021	25 participants
	Focus Groups & Interviews	Fall 2022	29 participants
	Group Observations		2 groups observed

Agency	Activity	Year Conducted	Total Number
	Material Review		1 program review
Probation Department	Interviews	Spring 2021	1 participant
		Fall 2022	1 participant
Prop 47 Participants	Interviews	Spring 2021	2 participants
	Satisfaction Survey	Spring 2021	7 participants
	Focus Groups & Interviews	Fall 2022	12 participants

RDA designed protocols for interviews, focus groups and surveys to be appropriate for diverse participants from a range of cultural, linguistic, and educational backgrounds. The client survey was administered online in Spring 2021 with Spanish and English versions; clients received \$20 gift cards for completing the survey and \$40 gift cards for participating in follow-up individual phone interviews. Clients with no access to a cellphone or computer could respond to the online survey with the assistance of their treatment provider. Clients who participated in the focus groups and interviews, conducted in-person in Fall 2022, received \$25 gift cards for their participation. Collectively, qualitative data focused on understanding the following topics:

- Effectiveness of screening, level of care determination, referral, and enrollment process.
- Fidelity to program model, including services delivered and staff competencies.
- Implementation successes and challenges.
- Effectiveness of system coordination and partner collaboration.
- Perceived outcomes of Prop 47 for clients and staff.
- Client satisfaction.
- COVID-19 impacts.

Considerations and Limitations

Impacts of COVID-19. The County began enrolling clients into the Prop 47 program in April of 2020, at the beginning of the COVID-19 pandemic. Planned in-person data collection activities, including interviews and focus groups, were shifted to virtual settings in 2021. Virtual meetings mitigated some travel and scheduling barriers, but the pandemic also created personal challenges for some individuals that may have impacted their availability to engage in in-person data collection activities.

Data access request. To ensure that the necessary data security measures are in place, the County requires all external organizations to complete a Data Access Request (DAR) form prior to receiving sensitive and confidential protected health information. Therefore, the RDA evaluation team could not review any individual-level data or talk with Prop 47 clients prior to the DAR approval. RDA submitted the DAR on January 11, 2021, and received DAR approval on

May 27, 2021. Due to the length of time to attain the DAR approval, RDA had limited time to conduct the first round of qualitative data collection with clients in Spring 2021.

Selection bias. Providers invited current Prop 47 clients to participate in the online survey and telephone interviews in 2021 and in-person focus groups and interviews in 2022. A total of 21 client voices were represented in the qualitative data analyzed for this final evaluation. Those interested and able to participate in focus groups, interviews, and the survey represent a small fraction of all Prop 47 clients. It is possible that those who participated in data collection have different characteristics (e.g., more communicative, actively engaged with treatment, or hold more positive impressions of the program) than those who did not participate.

Findings

Outpatient Co-occurring Program

The outpatient co-occurring program, provided by Community Solutions, provides evidence-based services to justice-involved adults who have co-occurring disorders and whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community settings. The co-occurring treatment program is designed to support clients for up to one year. When clients are enrolled into the program, they are assigned a clinician that works with the client in developing a behavioral health treatment plan and coordinates access to co-occurring (mental health and substance use) program services that include rehabilitation services, group support sessions, individual therapy, and access to a psychiatrist that will provide medication support services. When a client is released from jail, the co-occurring provider also conducts several assessments to identify clients' needs¹². The Prop 47 co-occurring treatment team includes three bilingual staff and four staff trained in trauma-informed services.

The co-occurring program aimed to provide treatment services to 57 individuals in 2020, 93 in 2021, and 93 in 2022 for a total of 243 individuals and held the capacity to house all clients in need of stable housing. The provider has housing flex funds that may be used to purchase personal need items and provide linkage to Transitional Housing Units (THUs) and other community housing placements. Over the life of the grant period, the co-occurring provider

¹² These include the Daily Living Activities 20 (DLA20)—which identifies the degree to which activities are impacted by mental illness or disability—and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)—which determines the need for permanent housing as well as a mental health assessment within the first 45 days.

expended 51% of the total flex funding budgeted¹³. As designed, Community Solutions staff pick up the client from jail, conduct the intake, and take them to a THU or their place of residence on the day of their release.

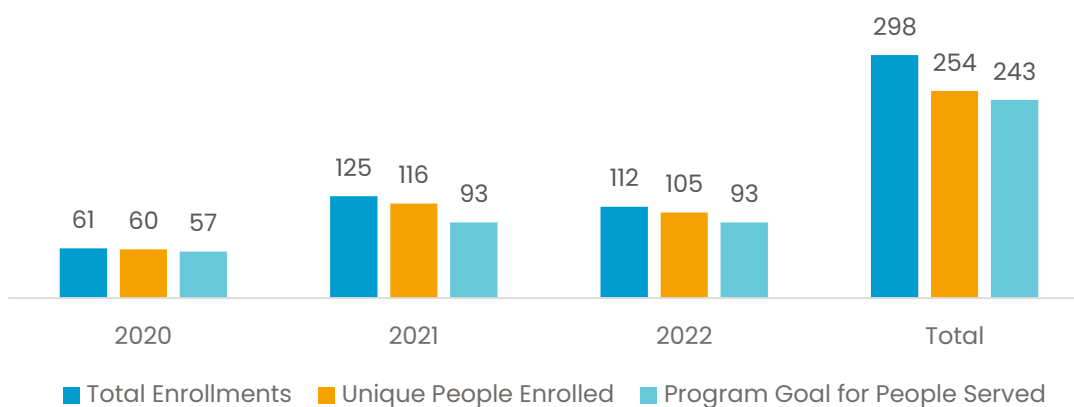


Referrals and Enrollment

Between the start of the program and October 2022, 343 individuals were referred to Prop 47-funded outpatient co-occurring services, with 254 individuals (74%) enrolling in services between April 2020 and November 2022. Of this group, 36 individuals (14%) were enrolled multiple times within this

period. With 61 total enrollments for 60 unique individuals in 2020, 125 total enrollments for 116 unique individuals in 2021, and 112 total enrollments for 105 unique individuals in 2022, **the program exceeded its goal to serve 57 individuals in 2020, 93 individuals in 2021, and 93 individuals in 2022 in outpatient co-occurring services** (see Figure 2). Although the COVID-19 pandemic highly impacted the program’s referral flow during the first months of the grant cycle, the program nearly met its overall enrollment goal of providing services to 75% of referred individuals (serving 74%). Further, the program exceeded each year’s annual service target (i.e., 57 in 2020, 93 in 2021, and 93 in 2022).

Figure 2. Outpatient Co-occurring Program Enrollment by Year

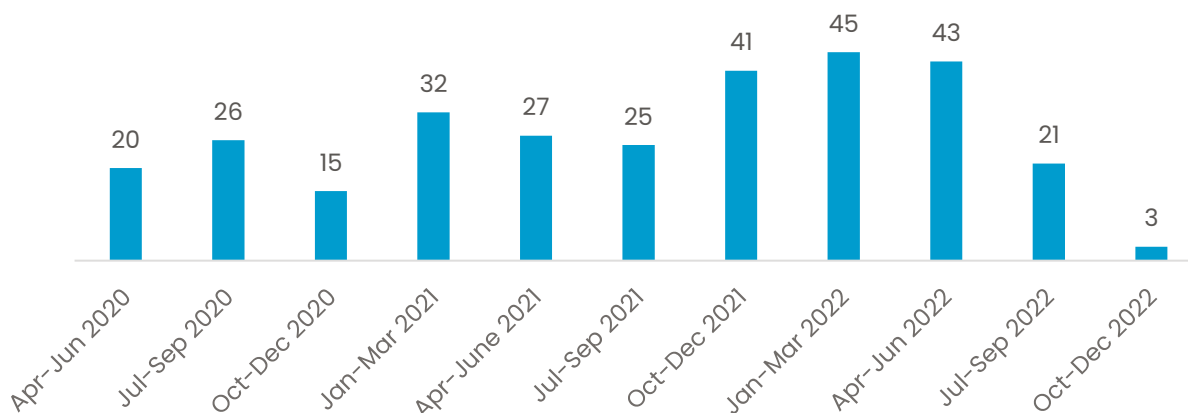


Of the 254 individuals enrolled in outpatient co-occurring services, 231 (91%) were referred through the BHTC, and 23 (9%) were referred by the Behavioral Health Team at the RRC. On average, co-occurring clients were enrolled in the program 17 business days after referral, with

¹³ The annual flex funding expense and budget breakdown was as follows: \$119,612.96 spent of the \$173,705 budget for FY21 (69%), \$252,912.47 spent of the \$439,291 budget for FY22 (58%), and \$163,905.42 spent of the \$439,291 budget for FY23 (37%).

a median of 10 business days¹⁴. While the program aimed to enroll 90% of clients within 10 days, the program ultimately enrolled 57% (144) of the 254 COD services clients within 10 business days. As shown in Figure 3, the number of duplicated enrollments increased from 2020 to 2021 and decreased in 2022.

Figure 3. Outpatient Co-occurring Program Duplicated Enrollments by Quarter



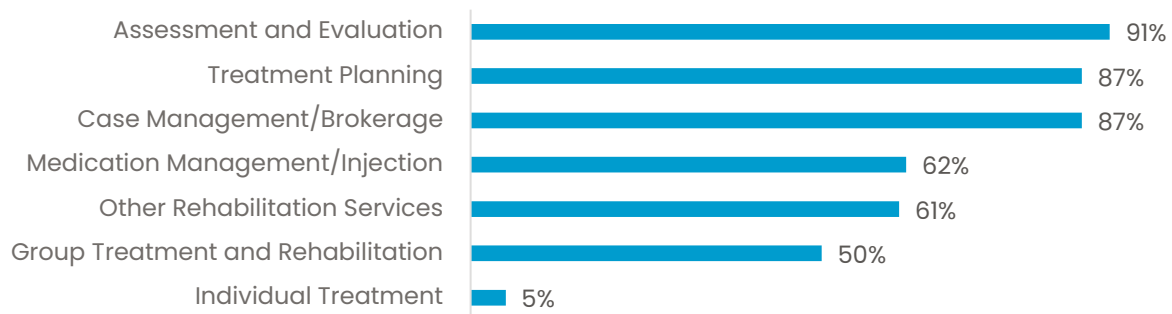
Services



Community Solutions offered a range of outpatient co-occurring treatment services for Prop 47 clients, including assessment and evaluation, treatment planning, case management and service brokerage, medication management and injection, group treatment, individual treatment, and other rehabilitation services. Data on COD services received by Prop 47 clients was only available between July 1, 2021, and November 3, 2022. As shown in Figure 4, of the 200 COD clients for whom services data were available, the vast majority received COD assessment and evaluation services (91%), treatment planning (87%), and case management/brokerage (87%), while half or more received medication management/injection services (62%), other rehabilitation services (61%), and group treatment services (50%).

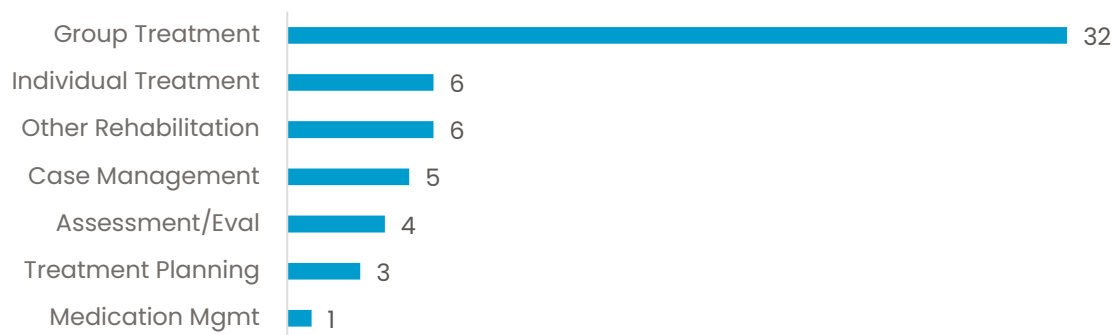
¹⁴ These values are based on the 298 total enrollments that took place for 254 unique clients between December 2019 and March 2022. During this period, the time between referral and enrollment exceeded 90 days (or about 3+ months) for six clients. The average number of days, including weekends, between enrollment and referral was 23 days, with a median of 14 days.

Figure 4. Percentage of Clients Receiving Outpatient Co-occurring Services by Service Type (N=200)



On average, each COD participant received four assessment and evaluation services, three treatment planning services, five case management and brokerage services, one medication management or injection service, six individual services, 32 group treatment services, and six other rehabilitation services during this period (see Figure 5).

Figure 5. Average Number of COD Services Received per Client by Service Type (N=200)



Client Demographics and Needs



As shown in Table 4, Prop 47 clients enrolled in co-occurring treatment were primarily men (82%), with an average age of 38 years. About 24% of clients were White, 15% were Black/African American, and 25% were Hispanic, Latino/a/x¹⁵. At the time of enrollment, about a quarter of clients (26%) had

¹⁵ As reported in tables throughout this report, race and ethnic origin data for those who identify as Hispanic or Latino/a/x was collected using the category Hispanic, Latino, or Spanish.

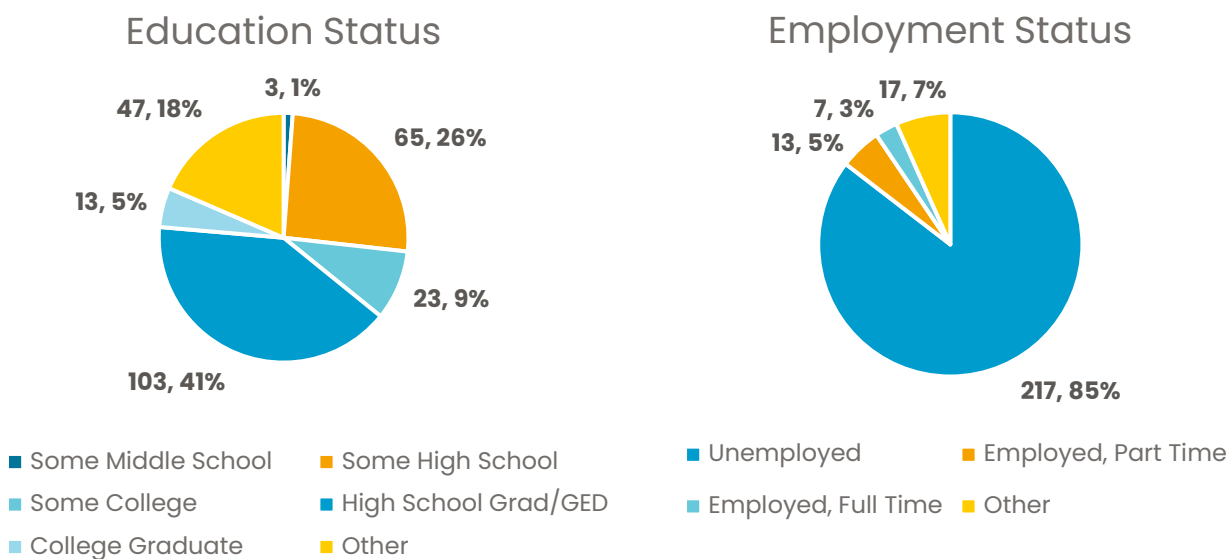
attained some high school education, and another 41% of clients graduated from high school or obtained a GED (see Figure 6).

Over a third of clients were residing in Transitional Housing or Sober Living Home at intake (38%), and a large majority (85%) reported being unemployed at intake. The most common primary psychiatric diagnoses among clients at enrollment was mood disorders (e.g., Major Depression, Bipolar Disorder) (33%), followed by psychotic disorders (e.g., Schizophrenia) (27%), adjustment disorders (13%), and anxiety disorders (11%). For the 192 co-occurring clients for whom recidivism risk level data was available, the average recidivism risk level (using the Correctional Assessment and Intervention System [CAIS]) was 2.7 on a scale where 1 = low risk, 2 = moderate risk, and 3 = high risk, indicating a very high-risk population was served through Prop 47.

Table 4. Co-occurring Services Client Characteristics

Ethnic Origin/Ethnicity/Race	Number of Clients	Percentage of Clients
American Indian/Alaska Native	3	1%
Black or African American	39	15%
Hispanic, Latino, or Spanish	63	25%
Asian	19	7%
Other unspecified ethnic origin, ethnicity, or race	70	28%
White	60	24%
Gender		
Woman	45	18%
Man	208	82%
Nonbinary	1	<1%
Age		
Less than 26	24	9%
26–40	131	52%
41–71	99	39%

Figure 6. Education and Employment Status at Co-occurring Services Enrollment



Program Completion

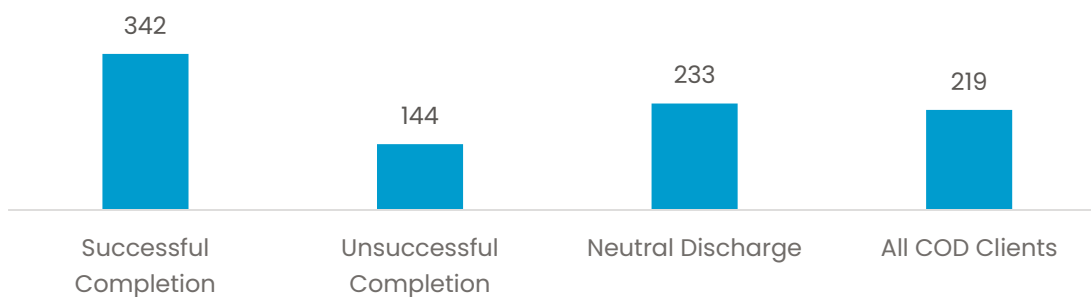
As of February 15, 2023, all 254 individuals exited from the COD treatment program. Of them, 94 (37%) successfully completed the program, 156 (61%) exited the program unsuccessfully, and 4 (1%) had a neutral discharge (see Table 5). The average collective length of stay for all 254 COD clients was 219 days (or about 7 months). Overall, 98% (n=249) of all COD clients either maintained engagement with treatment for at least 30 days and/or successfully completed the Prop 47 program.

Table 5. Co-occurring Program Exit Status (N=254)

Exit Status	Exit Reason	Number	Percent
Successful Completion	Total Clients with Successful Completions	94	37%
	Prop 47 Program Ended	50	20%
	Client Graduated from Program	18	7%
	Discharge Requested After Goal Completion	11	4%
	Discharge Requested After Partial Goal Completion	5	2%
	Transferred to Different Level of Care	5	2%
	Other Successful Completion	5	2%
Neutral Discharge	Total Clients with Neutral Discharges	4	1%
	Client Deceased or Other Neutral Discharge	4	1%
Unsuccessful Completion	Total Clients with Unsuccessful Completions	156	61%
	AWOL, Declined, or Withdrew from Services	110	43%
	Discharged due to Client Inactivity	27	11%
	Incarcerated	11	4%
	Other Unsuccessful Completion	8	3%

The average number of total enrollments among the 156 COD clients who unsuccessfully completed the program was 1.2, with 127 (81%) of this group having enrolled in the program once, 21 (13%) having enrolled twice, and 8 (5%) having enrolled three times. This group was enrolled in the Prop 47 program for an average of 144 days (or just under 5 months) (see Figure 7). The average number of total enrollments among the 94 COD clients who successfully completed the program was one, with 88 (94%) clients having enrolled in the program once and 6 (6%) clients having enrolled twice. This group was enrolled in the Prop 47 program for an average of 342 days (or just under a year).

Figure 7. Average Number of Days Enrolled in COD Services by Program Exit Type



Who Enrolled in COD Services Multiple Times?

Of the 35 clients enrolled multiple times, most were male (86%), with an average age of about 35 years. About 33% of this client group was Hispanic, Latino/a/x, 39% were White, and 28% were other races. At the time of enrollment, about 36% of this client group had attained some high school education, and another 53% had graduated from high school or obtained a GED. Most (97%) were unemployed at their first enrollment, and 31% were homeless. The most common primary psychiatric diagnoses among this client group at first enrollment was anxiety disorders (25%), followed by psychotic disorders (19%) and mood disorders (19%), and adjustment disorders (17%).



Housing Provision and Outcomes

During the program period, there were 175 instances where a COD services client was identified as in need of housing. **Of the 175 total instances of housing need, 171 (98%) THU placements were made for 148 unique COD clients during the program period.** The average number of business days between Prop 47 referral and THU placement for COD clients was 14 business days¹⁶, with 116

¹⁶ The median number of business days between Prop 47 referral and THU placement was 10 business days.

(78%) of the 148 clients placed into housing within 14 business days of referral. Of the 148 COD clients placed in THUs, seven (5%) exited to permanent housing.



Recidivism Outcomes

One of the goals of the Prop 47 program was to reduce recidivism of the target population.¹⁷ **Within this sample of 254 COD clients, 57 (22%) were convicted of a new felony (20 clients, 8%) and/or misdemeanor (48 clients, 19%) offense after their program enrollment date.**¹⁸ Overall, the 254 COD clients had an average of 0.53 convictions after their program enrollment date. Further, of the 148 COD clients who received transitional housing placements, 40 (27%) were convicted of a new felony or misdemeanor offense after their program enrollment date¹⁹.

Santa Clara County Probation Department shared data on convictions incurred among Prop 47 clients since 2015. Pre- and post-enrollment recidivism was examined for the 254 COD Prop 47 clients (calculated 1.3 years both pre- and post-enrollment, reflecting the average time between enrollment and the program end date [2/15/23] for the Prop 47 population). **Across all offense types and overall, both the number of convictions and the number of clients who recidivated was lower in the 1.3 years post-enrollment compared to 1.3 years pre-enrollment.** Further, calculation of all post-enrollment convictions through the end of the reporting period (2/15/23) also demonstrates lower recidivism after program enrollment compared to 1.3 years pre-enrollment (see Table 6).

¹⁷ Santa Clara County aimed to decrease the target population recidivism rate from 45% to 40% over the course of the three-year project.

¹⁸ Recidivism is based on post-Prop 47-enrollment convictions tied to offenses that also took place after Prop 47 enrollment. Post-enrollment convictions tied to offenses that occurred prior to Prop 47 enrollment were not counted. Recidivism findings use data through February of 2023; data only reflects convictions in Santa Clara County.

¹⁹ This recidivism rate was 28% among COD and SUTS clients who received any THU or recovery residence housing, overall.

Table 6. Co-occurring Client Convictions Before and After Program Enrollment

Offense Type	Total Number of Convictions 1.3 Years PRE-Enrollment (Number of Clients)*	Total Number of Convictions 1.3 Years POST-Enrollment (Number of Clients)**	Total Number of Convictions POST-Enrollment through 2/15/23 (Number of Clients)***
Drug and Alcohol	25 (17)	13 (6)	22 (7)
Property	105 (68)	24 (19)	39 (28)
Assault/Other “People”	80 (51)	15 (13)	29 (20)
Domestic Violence	49 (30)	16 (8)	21 (12)
Sex	2 (2)	0 (0)	0 (0)
Weapons	21 (19)	2 (2)	4 (4)
Other Unspecified	72 (44)	18 (16)	25 (19)
Any Felony	93 (53)	13 (12)	33 (20)
Any Misdemeanor	262 (103)	75 (41)	108 (48)
Any Total	360 (123)	89 (44)	142 (57)

*Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **prior** to Prop 47 enrollment date.

Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **after Prop 47 enrollment date.

***Convictions counted for this time period included those tied to offenses that occurred **anytime after** Prop 47 enrollment date through 2/15/23.

Substance Use Outpatient and Intensive Outpatient Services

The Prop 47 SUTS provides outpatient and intensive outpatient services to justice-involved adults with substance use disorders. The program delivers evidence-based services including individualized assessments, treatment planning, individual and group counseling, client education, family therapy, medication services, collateral services, crisis intervention, and discharge planning and coordination. Treatment length varies based on client need. The three providers, all of which provide both outpatient and intensive outpatient services, are Family and Children Services (FCS) of Silicon Valley-Caminar, Pathway Society, and Momentum for Health. The Prop 47 SUTS treatment team includes three bilingual staff and 21 team members trained in trauma-informed services.

The substance use program is intended to provide services to 272 individuals in the outpatient and intensive outpatient (IOP) substance use treatment programs annually. Individuals receiving treatment services in a SUTS outpatient/IOP program are also eligible for transitional housing placement in the Prop 47 recovery residence for up to six months (with the opportunity for extensions, as needed) as they participate in substance use treatment and seek long-term housing opportunities. When a referred individual is released from jail, they are provided with

a taxi that takes them directly to a recovery residence, which helps link the individual to the outpatient treatment program to which they have been referred.



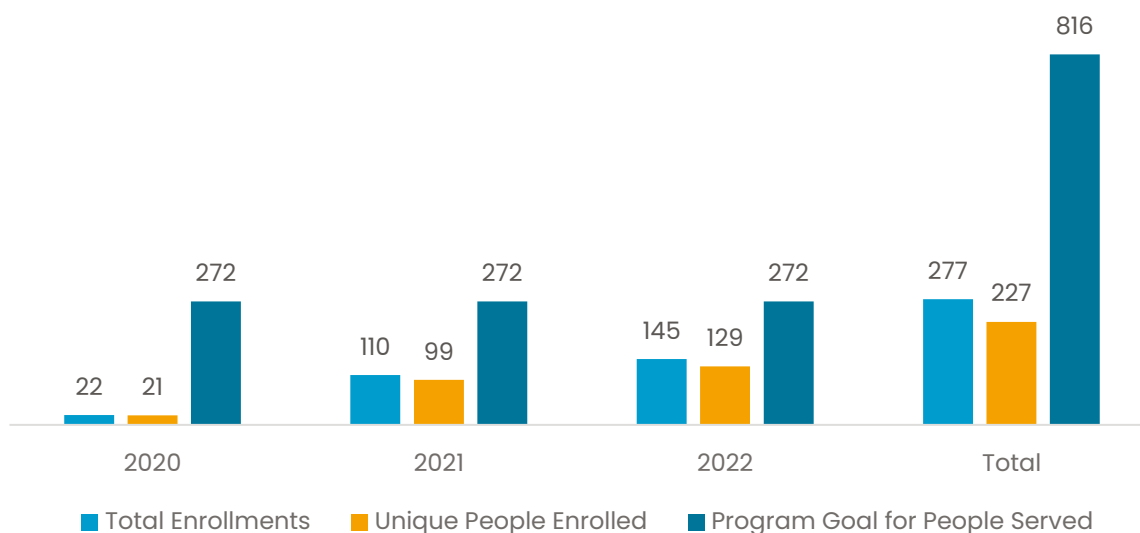
Referrals and Enrollment

Between the start of the program and November 2022, 394 individuals were referred to Prop 47-funded outpatient or IOP SUTS, with 227 individuals (58%) enrolling in services between April 2020 and December 2022 (see Figure 9). Of

this group, 42 individuals (19%) were enrolled multiple times within this period.

With 22 total enrollments for 21 unique individuals in 2020, 110 total enrollments for 99 unique individuals in 2021, and 145 total enrollments for 129 unique individuals in 2022, **the program did not meet its goal to serve 272 individuals annually in outpatient or IOP SUTS during the program period**. With 58% of those referred being enrolled, the program did not meet its goal of providing services to 75% of referred individuals for SUTS. Despite this, the County made efforts to increase referrals and enrollments during the program period, and enrollments did increase with each successive year of the program, as demonstrated in Figure 9.

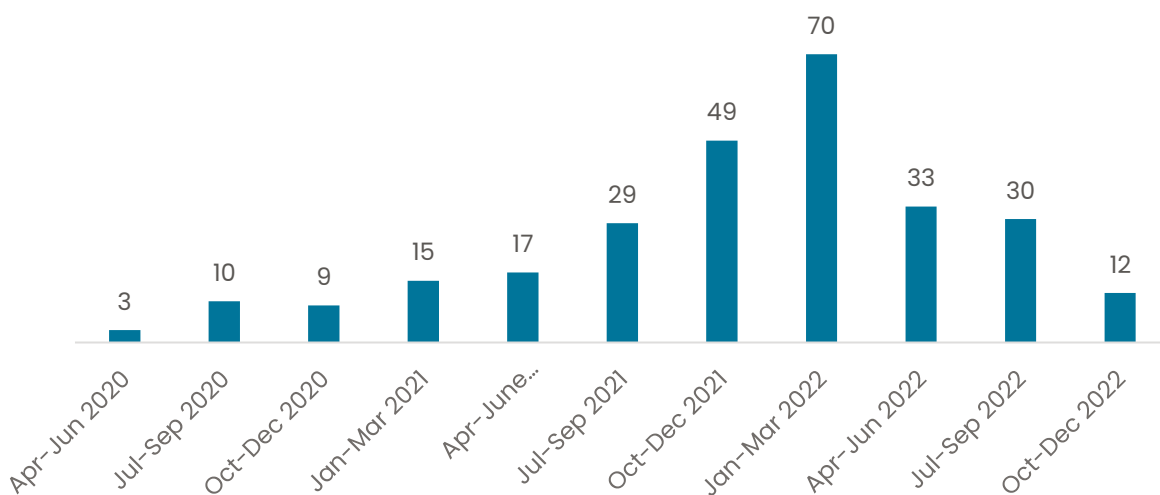
Figure 9. Outpatient SUTS Program Enrollment by Year



To increase referrals and enrollments in Prop 47 housing navigation services, the County expanded their referral process to include co-occurring and SUTS referrals from the BH Team at the RRC. Of the 227 individuals enrolled in SUTS programs, 119 (52%) were referred through the BHTC, and 108 (48%) were referred by the Behavioral Health Team at the RRC. On average, SUTS clients were enrolled in the program 14 business days after referral, with a median of 12 business days. While the program aimed to enroll 90% of clients within 10 business days, the program ultimately enrolled 50% (113) of SUTS clients within 10 business days. As shown in Figure

10, the number of individuals enrolled since March of 2020 increased steadily over time, peaking in the first quarter of 2022 and decreasing thereafter through December 2022.

Figure 10. SUTS Outpatient and IOP Program Duplicated Enrollments by Quarter



Services



SUTS providers offered a range of outpatient and IOP treatment services for Prop 47 clients, including intake services, case management, group treatment, individual treatment, and other SUTS services. Data on SUTS services received by Prop 47 clients was only available between April 8, 2021, and December 30, 2022. As shown in Figure 11, of the 170 SUTS clients for whom services data were available, the vast majority received SUTS individual (88%) and intake (87%) services, while over half received case management services (54%). On average, SUTS clients each received 11 group treatment services during their enrollment, as well as six individual treatment sessions, three case management services, two instances of other services, and one intake session (see Figure 12).

Figure 11. Percentage of Clients Receiving SUTS Outpatient and IOP Services by Service Type (N=170)

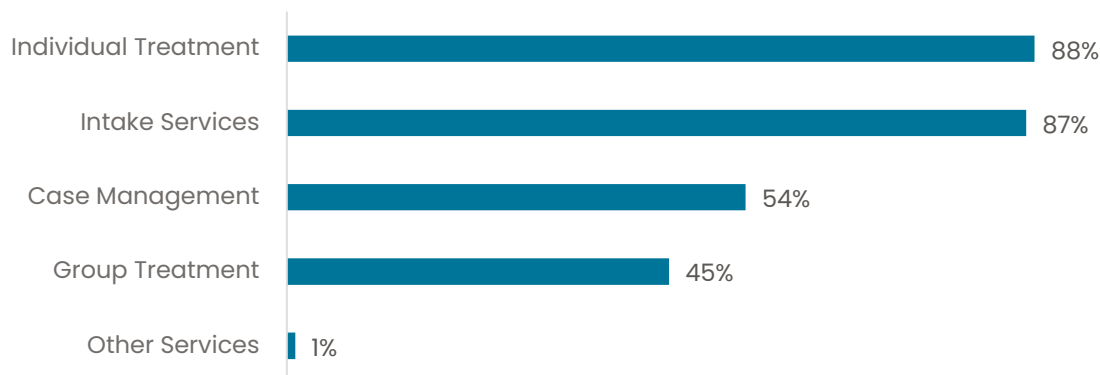
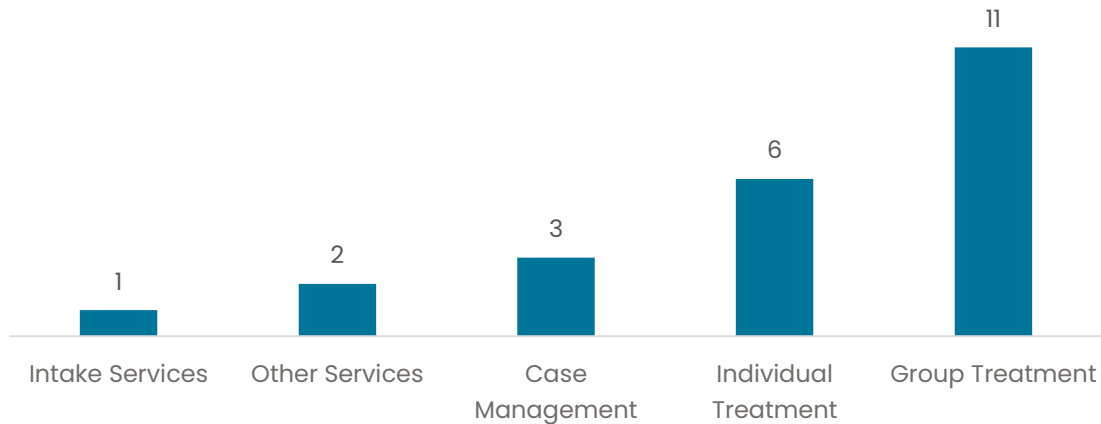


Figure 12. Average Number of SUTS Services Received per Client by Service Type
(N=170)



Client Demographics and Needs



As shown in Table 7, Prop 47 clients enrolled in SUTS were primarily men (84%), with an average age of 38 years. About 21% of clients were White, 11% were Black/African American, and 17% were Hispanic, Latino/a/x. At the time of enrollment, 18% of clients had attained some high school education, and another 54% of clients graduated from high school or obtained a GED (see Figure 13).

A third of SUTS clients were homeless at intake (33%), and nearly half (48%) reported being unemployed at intake. The most common primary substance use diagnosis among SUTS clients at enrollment was stimulant-related disorders (58%), followed by alcohol-related disorders (22%), cannabis-related disorders (10%), and opioid-related disorders (6%). For the 185 SUTS clients for whom recidivism risk level data was available, the average recidivism risk level (using the CAIS) was 2.6 on a scale where 1 = low risk, 2 = moderate risk, and 3 = high risk, again, indicating a high-risk population.

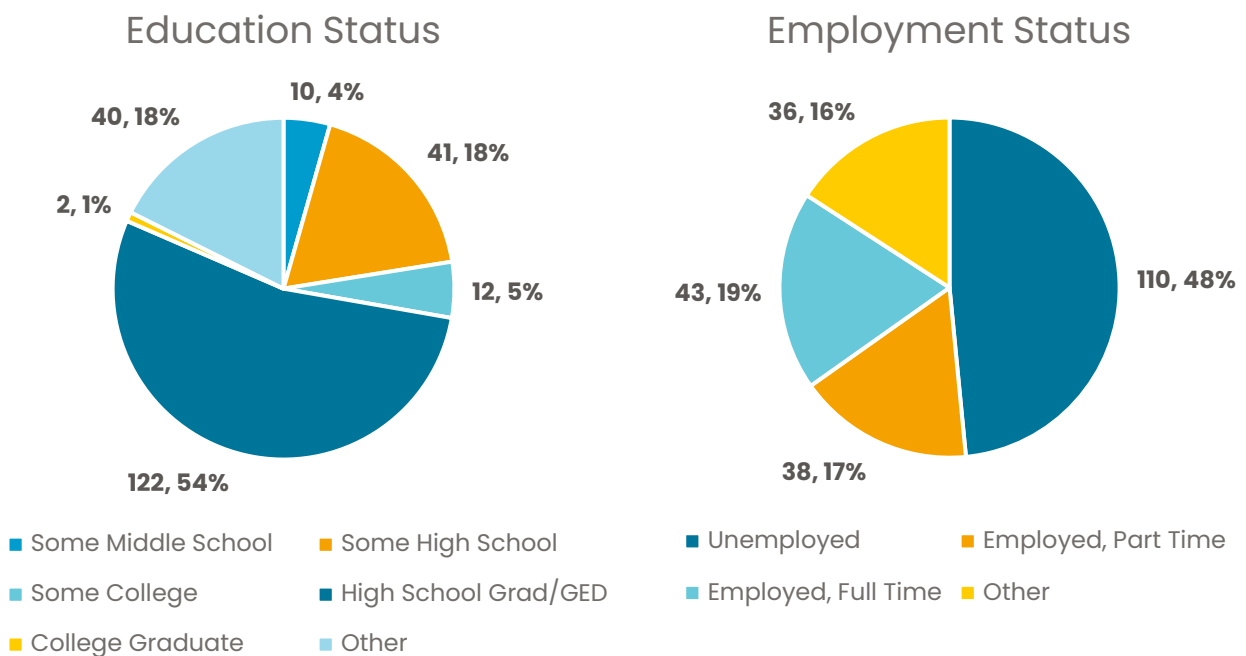
Table 7. SUTS Client Characteristics

Ethnic Origin/Ethnicity/Race	Number of Clients	Percentage of Clients
American Indian/Alaska Native	4	2%
Native Hawaiian or Pacific Islander	4	2%
Black or African American	25	11%
Hispanic, Latino, or Spanish	39	17%
Asian	13	6%
Other unspecified ethnic origin, ethnicity, or race	95	42%
White	47	21%

Gender			
Woman		32	14%
Man		191	84%
Other unspecified Gender		4	2%

Age			
Less than 26		20	9%
26-40		128	56%
41-71		79	35%

Figure 13. Education and Employment Status at SUTS Enrollment



Program Completion

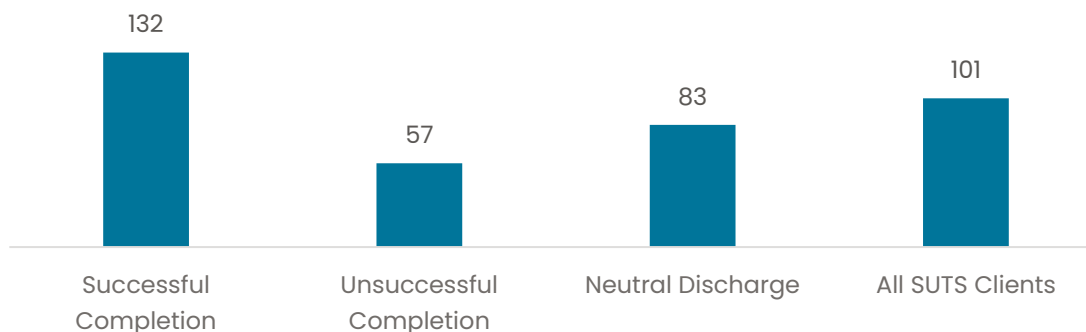
As of February 15, 2023, all 227 individuals exited from the SUTS programs. Of them, 130 (57%) successfully completed the program, 93 (41%) exited the program unsuccessfully, and 4 (2%) had a neutral discharge (see Table 8). The average collective length of stay for all 227 SUTS clients was 101 days or nearly 3.5 months. **Overall, 79% (n=179) of all SUTS clients either maintained engagement with treatment for at least 30 days and/or successfully completed the Prop 47 program.**

Table 8. SUTS Program Exit Status (N=227)

Exit Status	Exit Reason	Number	Percent
Successful Completion	Total Clients with Successful Completions	130	57%
	Client Completed Treatment and/or Graduated	53	23%
	Left Before Completion with Satisfactory Progress	40	18%
	Prop 47 Program Ended	12	5%
	Discharge Requested After Goal Completion	9	4%
	Discharge Requested After Partial Goal Completion	6	3%
	Other Successful Completion	6	3%
	Transferred to a Different Level of Care	4	2%
Neutral Discharge	Total Clients with Neutral Discharges	4	2%
	Client Deceased or Other Neutral Discharge	4	2%
Unsuccessful Completion	Total Clients with Unsuccessful Completions	93	41%
	Other Unsuccessful Completion	50	22%
	Left Before Completion with Unsatisfactory Progress	38	17%
	Discharged due to Client Inactivity	2	1%
	Incarcerated	3	1%

The average number of total enrollments among the 93 SUTS participants who unsuccessfully completed the program was 1.2, with 77 (83%) clients having enrolled in the program once, 13 (14%) clients having enrolled twice, and 3 (3%) clients having enrolled three times. This group was enrolled in the Prop 47 program for an average of 57 days or about 2 months (see Figure 14). The average number of total enrollments among the 130 SUTS participants who successfully completed the program was 1.2, with 105 (81%) clients having enrolled in the program once, 21 (16%) clients having enrolled twice, and 4 (3%) clients having enrolled three times. This group was enrolled in the Prop 47 program for an average of 132 days or just over 4 months.

Figure 14. Average Number of Days Enrolled in SUTS by Program Exit Type



Who Enrolled in SUTS Multiple Times?

Of the 41 clients enrolled multiple times, most were men (90%), with an average age of about 38 years. About 24% of this client group was Hispanic, Latino/a/x, 21% were White, and over half identified with another or unspecified race (55%). At the time of enrollment, about 10% of this client group had attained some high school education, and another 69% had graduated from high school or obtained a GED. While nearly half (48%) were unemployed at their first enrollment, 29% were working full- or part-time. About 38% were homeless at their first enrollment. The most common primary substance use diagnoses among this client group at first enrollment was Other Stimulant Use Disorders (57%), followed by Alcohol Use Disorders (21%), and other substance use disorders (21%).



Housing Provision and Outcomes

During the program period, there were 158 instances where a SUTS client was identified as in need of housing. **Of these total instances of housing need, 113 (72%) recovery residence placements were made for 92 unique SUTS clients during the program period.** The average number of business days between Prop 47 referral and recovery residence placement for SUTS clients was 17 business days²⁰, with 63 (68%) of the 92 clients placed into housing with 14 business days of referral. Of the 92 SUTS clients placed into recovery residences, 33 (36%) exited to permanent housing.



Recidivism Outcomes

Within the sample of 226 SUTS clients for which recidivism data was available²¹, 48 (21%) were convicted of a new felony (19 clients, 8%) and/or misdemeanor (39 clients, 17%) offense after their program enrollment date.²²

Overall, the 226 SUTS clients had an average of 0.55 convictions after their program enrollment date. Further, of the 92 SUTS clients who received recovery residence placements, 28 (30%) were convicted of a new felony or misdemeanor offense after their program enrollment date²³.

²⁰ The median number of business days between Prop 47 referral and recovery residence placement was 11 days. A total of eight cases were removed from the analysis where recovery residence placement occurred prior to treatment referral and/or the recovery residence placement was a re-enrollment during a single treatment period.

²¹ One SUTS client was not found in the Probation Department dataset.

²² Recidivism is based on post-Prop 47-enrollment convictions tied to offenses that also took place after Prop 47 enrollment. Post-enrollment convictions tied to offenses that occurred prior to Prop 47 enrollment were not counted. Recidivism findings use data through February of 2023; data only reflects convictions in Santa Clara County.

²³ This recidivism rate was 28% among COD and SUTS clients who received any THU or recovery residence housing, overall.

Santa Clara County Probation Department shared data on convictions incurred among Prop 47 clients since 2015. Pre- and post-enrollment recidivism was examined for the 226 SUTS Prop 47 clients (calculated 1.3 years both pre- and post-enrollment, reflecting the average time between enrollment and the program end date [2/15/23] for the Prop 47 population). **Across all offense types and overall, both the number of convictions and the number of clients who recidivated was lower in the 1.3 years post-enrollment compared to 1.3 years pre-enrollment.** Further, calculation of all post-enrollment convictions through the end of the reporting period (2/15/23) also demonstrates lower recidivism after program enrollment compared to 1.3 years pre-enrollment (see Table 9).

Table 9. SUTS Client Convictions Before and After Program Enrollment

Offense Type	Total Number of Convictions 1.3 Years PRE-Enrollment (Number of Clients)*	Total Number of Convictions 1.3 Years POST-Enrollment (Number of Clients)**	Total Number of Convictions POST- Enrollment through 2/15/23 (Number of Clients)***
Drug and Alcohol	18 (14)	6 (6)	12 (7)
Property	88 (55)	23 (20)	28 (23)
Assault/Other "People"	75 (51)	20 (15)	23 (18)
Domestic Violence	46 (25)	17 (13)	34 (15)
Sex	3 (3)	0 (0)	0 (0)
Weapons	15 (12)	6 (5)	7 (6)
Other Unspecified	50 (36)	8 (6)	17 (11)
Any Felony	93 (60)	20 (15)	28 (19)
Any Misdemeanor	206 (87)	63 (34)	96 (39)
Any Total	300 (109)	83 (41)	124 (48)

*Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **prior** to Prop 47 enrollment date.

Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **after Prop 47 enrollment date.

***Convictions counted for this time period included those tied to offenses that occurred **anytime after** Prop 47 enrollment date through 2/15/23.

Housing Navigation Services

The Prop 47 housing navigation program aimed to provide housing navigation services to 125 individuals. Individuals are referred to the program through their Prop 47 co-occurring or substance use treatment provider and could be referred at any point during their outpatient treatment. The housing navigation services, provided by Abode Services, assists clients with connecting them to housing resources, enrolling them into the Emergency Assistance Program for immediate and short-term housing support, and assisting with other housing-related case management needs. Housing navigation services follow best practices including housing first

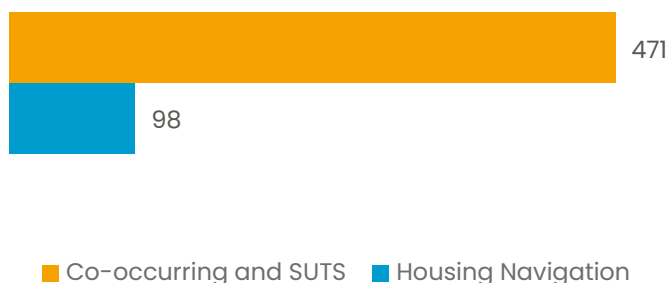
and motivational interviewing, as well as principles of harm reduction within their housing clinical support teams. The housing navigation team includes two bilingual staff and five staff trained in trauma-informed services.



Referrals and Enrollment

As discussed in the previous sections, between April of 2020 and February 2023, 471 unique individuals were enrolled in the Prop 47 program (254 in co-occurring treatment and 227 in substance use treatment, with 10 individuals in both). **Approximately 21% of Prop 47 clients were enrolled in housing navigation services, with 98 unique individuals enrolled in the program** (see Figure 16).

Figure 16. Proportion of Prop 47 Clients Who Enrolled in Prop 47-Funded Housing



While it is a small proportion of Prop 47 participants that received Prop 47-funded housing navigation services, co-occurring and substance use treatment providers also provided some of these services internally or have relationships with other service providers who provide these services. To increase referrals and enrollments in Prop 47 housing navigation services, the County made efforts to increase awareness of the availability and benefits of the Prop 47-funded housing navigation services. Additionally, the County increased the variety of services that Abode can provide to Prop 47 clients. These efforts helped to increase the number of Prop 47 participants who accessed these supplemental services in the second half of the grant period.

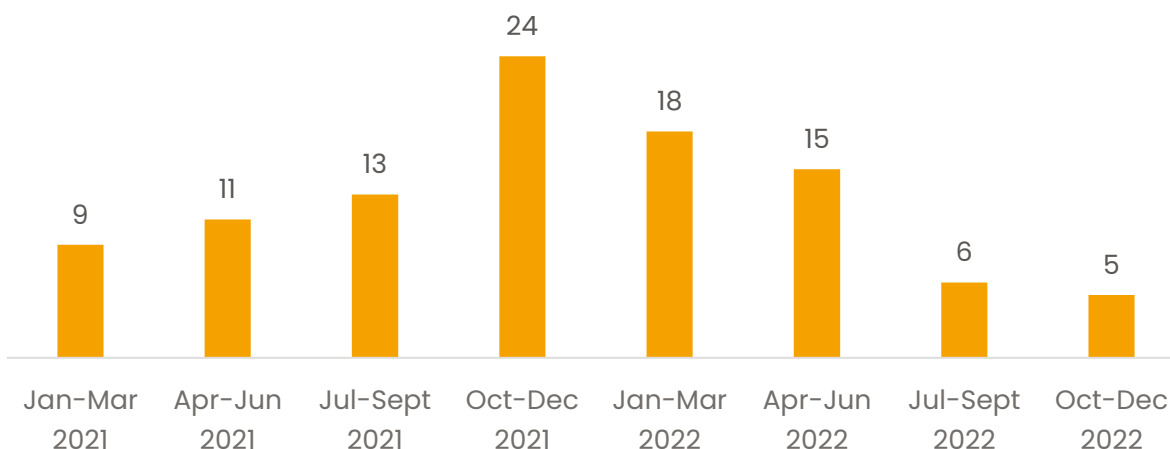


Housing Navigation Services

Of the 97 individuals who enrolled in housing navigation for whom information was available, 45 (46%) were enrolled in COD services and 52 (54%) were enrolled in SUTS. **On average, individuals participating in the housing navigation program began receiving services on the same day they were**

enrolled.²⁴ As shown in Figure 17, individuals began to enroll in the housing navigation and employment program in January of 2021, and enrollment peaked the last quarter of 2021.²⁵

Figure 17. Housing Navigation Program Enrollment by Quarter



Client Demographics and Needs



Prop 47 participants enrolled in housing navigation services were primarily men (85%), with an average age of 39.²⁶ As shown in Table 9, the majority of housing navigation clients identified as another ethnic origin, ethnicity, or race (40%), followed by White (29%) and Hispanic, Latino/a/x (18%). The most common diagnoses for clients who enrolled in housing navigation services were substance use disorders (54%) with other stimulants (32%) and alcohol (14%) the most common substances.²⁷ The most common mental health diagnoses included major depressive disorder (13%), bipolar disorder (12%), and schizophrenia (11%).

As shown in Figure 18, of the 96 individuals enrolled in housing navigation for whom education status was collected, almost half (49%) had graduated high school at the time enrollment. Of the 94 individuals for whom employment status was collected, 66 (70%) were unemployed at the time of enrollment. For the 87 housing navigation clients for whom recidivism risk level data

²⁴The median number of business days between referral and enrollment in housing navigation services was 0 business days; the mean was 18 business days.

²⁵ The housing navigation provider was contracted to provide services beginning October 2020. Three clients exited and re-enrolled in housing navigation services during the program period.

²⁶ Demographic data were missing for one housing navigation client.

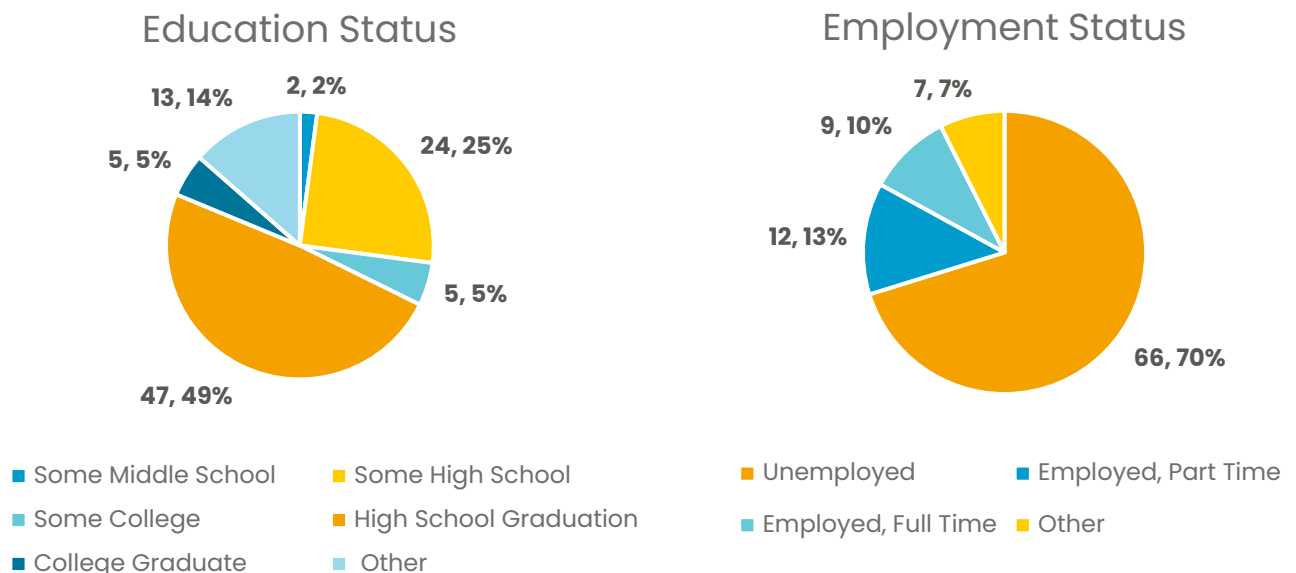
²⁷ Mental health and substance use disorder diagnoses data were missing for four housing navigation clients.

was available, the average recidivism risk level (using the CAIS) was 2.6 on a scale where 1 = low risk, 2 = moderate risk, and 3 = high risk.

Table 9. Housing Navigation Client Characteristics

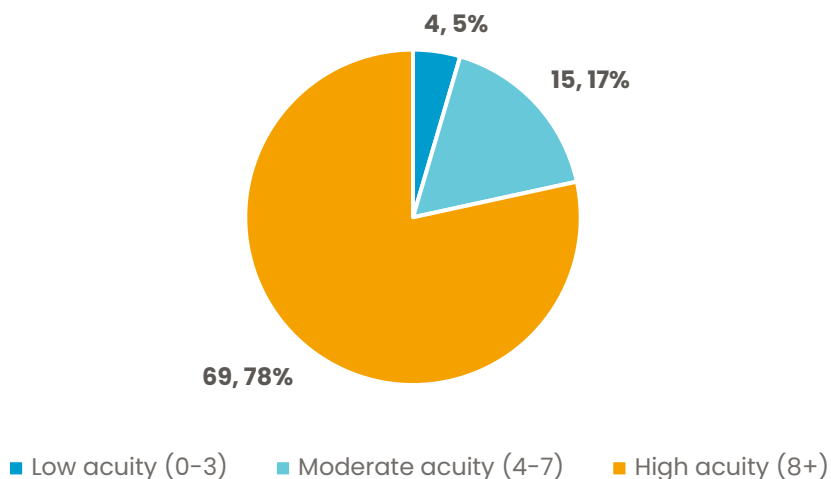
ETHNIC ORIGIN/ETHNICITY/RACE	NUMBER OF CLIENTS	PERCENTAGE OF CLIENTS
AMERICAN INDIAN/ALASKA NATIVE	1	1%
ASIAN	5	5%
BLACK OR AFRICAN AMERICAN	6	6%
HISPANIC, LATINO, OR SPANISH	17	18%
NATIVE HAWAIIAN/PACIFIC ISLANDER	1	1%
OTHER UNSPECIFIED IDENTIFIED ETHNIC ORIGIN, ETHNICITY, OR RACE OR DECLINED	39	40%
WHITE	28	29%
GENDER		
WOMAN	14	14%
MAN	82	85%
NONBINARY	1	1%
AGE		
LESS THAN 26	7	7%
26-40	53	55%
41-65	37	38%

Figure 18. Education and Employment Status at Housing Navigation Enrollment



The housing navigation provider administered the VI-SPDAT to support clients in their application to permanent housing. The VI-SPDAT is an evidence-based housing assessment tool that informs appropriate housing interventions and resources. Scores within 0–3 are considered low acuity and require minimal intervention. Scores between 4–7 for individuals (or 4–8 for families with children) are considered moderate acuity and reflect a need for placement in the rapid rehousing queue. Scores of 8 and higher (or 9 and higher for families with children) are high acuity and reflect a need for placement in a queue for permanent supportive housing. **Of the 93 Prop 47 housing navigation clients with VI-SPDAT scores, four out of five (80%) had scores in the highest VI-SPDAT range.** Figure 19 shows the VI-SPDAT scores for adults and transitional age youth (TAY; ages 18–24). All 5 VI-SPDAT scores for clients with children (100%) had scores in the high acuity range.

Figure 19. VI-SPDAT Scores of Adult Housing Navigation Clients



Program Completion



As of February 15, 2023, when the Prop 47 program services ended, all 98 clients receiving housing navigation services had exited the program. Three clients re-enrolled in housing navigation services during the program period. On average, housing navigation clients were enrolled in the Prop 47 program for 218 days (or about 7 months). Figure 20 shows a breakdown of client enrollment length in 3-month increments. Most clients (63%) were enrolled between 4–9 months.

Figure 20. Length of Stay in Housing Navigation Services

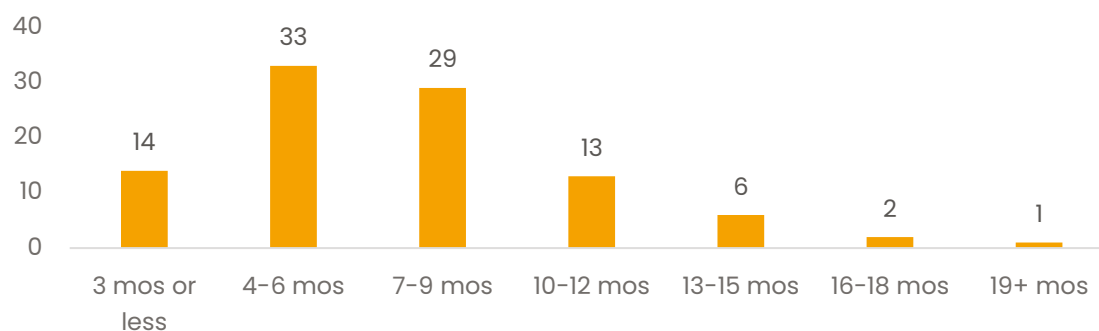
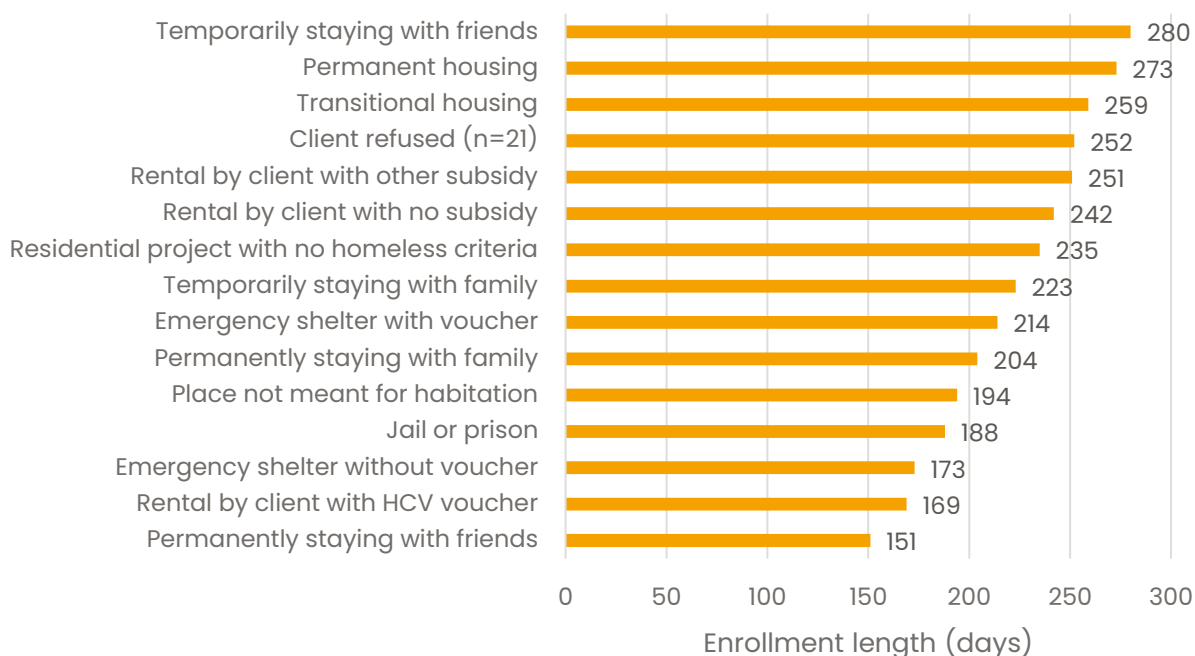


Figure 21 shows the average enrollment length of clients based on exit destination. These averages vary widely, from 151 days for those permanently staying with friends, to 280 days for those staying temporarily with friends. **On average, housing navigation service recipients who were housed on exit²⁸ were enrolled for 220 days (n=18), while those who were unhoused²⁹ on exit were enrolled for 217 days (n=80).**

Figure 21. Housing Navigation Average Enrollment Length in Days, by Exit Destination



²⁸Clients considered housed upon exit included those who secured permanent housing or rental units, as well as those permanently staying with family or friends.

²⁹Clients considered unhoused upon exit included those living in an uninhabitable place, emergency shelter, transitional housing, jail or prison, residential project, or temporarily staying with family or friends.



Housing Outcomes

Most clients (60%) receiving housing navigation services were unhoused upon exiting the program. About 18% of clients were housed upon exit, and another 21% refused to answer when asked about their exit destination. Table 10 below provides additional details about the exit destination of clients.

Table 10. Exit Destination of Clients

Exit Status	Exit Destination	Number of Clients	Percentage of Clients
Refused	Client refused	21	21%
Unhoused	Place not meant for habitation	36	37%
	Emergency shelter with voucher	8	8%
	Staying with family, temporary	5	5%
	Transitional housing for homeless persons	4	4%
	Jail or prison	3	3%
	Emergency shelter without voucher	1	1%
	Residential project with no homeless criteria	1	1%
	Staying with friends, temporary	1	1%
Housed	Staying with family, permanent	5	5%
	Rental by client, no subsidy	4	4%
	Permanent housing for formerly homeless persons	3	3%
	Rental by client with HCV voucher	2	2%
	Rental by client with other subsidy	2	2%
	Staying with friends, permanent	2	2%



Recidivism

With the sample of 97 Housing Navigation clients for which recidivism data was available³⁰, 13 (13%) were convicted of a new felony (4 clients, 4%) and/or misdemeanor (13 clients, 13%) offense after their program enrollment date.³¹ Overall, the 97 Housing Navigation clients had an average

of 0.31 convictions after their program enrollment date.

Santa Clara County Probation Department shared data on convictions incurred among Prop 47 clients since 2015. Pre- and post-enrollment recidivism was examined for the 97 housing navigation services Prop 47 clients (calculated 1.3 years both pre- and post-enrollment, reflecting the average time between enrollment and the program end date [2/15/23] for the Prop 47 population). **Across all offense types and overall, both the number of convictions and the number of clients who recidivated was lower in the 1.3 years post-enrollment compared to 1.3 years pre-enrollment.** Further, calculation of all post-enrollment convictions through the

³⁰ One Housing Navigation client was not found in the Probation Department dataset.

³¹ Recidivism findings use data through February of 2023; data only reflects convictions in Santa Clara County.

end of the reporting period (2/15/23) also demonstrates lower recidivism after program enrollment compared to 1.3 years pre-enrollment (see Table 11).

Table 11. Housing Navigation Services Client Convictions Before and After Program Enrollment

Offense Type	Total Number of Convictions 1.3 Years PRE-Enrollment (Number of Clients)*	Total Number of Convictions 1.3 Years POST-Enrollment (Number of Clients)**	Total Number of Convictions POST- Enrollment through 2/15/23 (Number of Clients)***
Drug and Alcohol	10 (10)	2 (2)	2 (2)
Property	40 (26)	7 (5)	8 (6)
Assault/Other “People”	33 (24)	7 (4)	7 (4)
Domestic Violence	13 (7)	3 (3)	5 (3)
Sex	1 (1)	0 (0)	0 (0)
Weapons	4 (4)	3 (2)	3 (2)
Other Unspecified	13 (11)	4 (4)	4 (4)
Any Felony	38 (24)	5 (4)	5 (4)
Any Misdemeanor	81 (37)	22 (12)	25 (13)
Any Total	119 (44)	27 (12)	30 (13)

*Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **prior** to Prop 47 enrollment date.

Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **after Prop 47 enrollment date.

***Convictions counted for this time period included those tied to offenses that occurred **anytime after** Prop 47 enrollment date through 2/15/23.

Employment Services

The Prop 47 program aimed to provide employment/educational linkage services to 75 individuals each year of the grant. Individuals could be referred to employment services through their Prop 47 co-occurring or substance use outpatient treatment provider at any point during their treatment. The employment services program, provided by Goodwill Industries, implemented evidence-based assessments to identify individuals’ employment/educational skill level and provide individualized job readiness training, transitional employment, peer support, and connection to employment/educational opportunities. These optional supportive services aimed to facilitate clients’ access to subsidized employment to build further financial independence, secure stable housing, and reduce recidivism. The employment services team followed best practices including providing Moral Reconciliation Therapy (MRT) and included one bilingual staff and two staff members trained in trauma-informed services.



Referrals and Enrollment

As previously stated, between April of 2020 and February of 2023, 471 unique individuals were enrolled in the Prop 47 program (254 in co-occurring treatment and 227 in substance use treatment, with 10 individuals who enrolled in both COD and SUTS). As shown in Figure 23, **29 individuals, representing 6% of Prop 47 clients, were enrolled in employment services at Goodwill.** Of the 29 individuals who enrolled in employment services, six (29%) were enrolled in COD services and 23 (79%) were enrolled in SUTS. On average, individuals participating in the employment program began to receive services 16 business days after referral.

Figure 23. Proportion of Prop 47 Clients Who Enrolled in Prop 47-Funded Employment Services

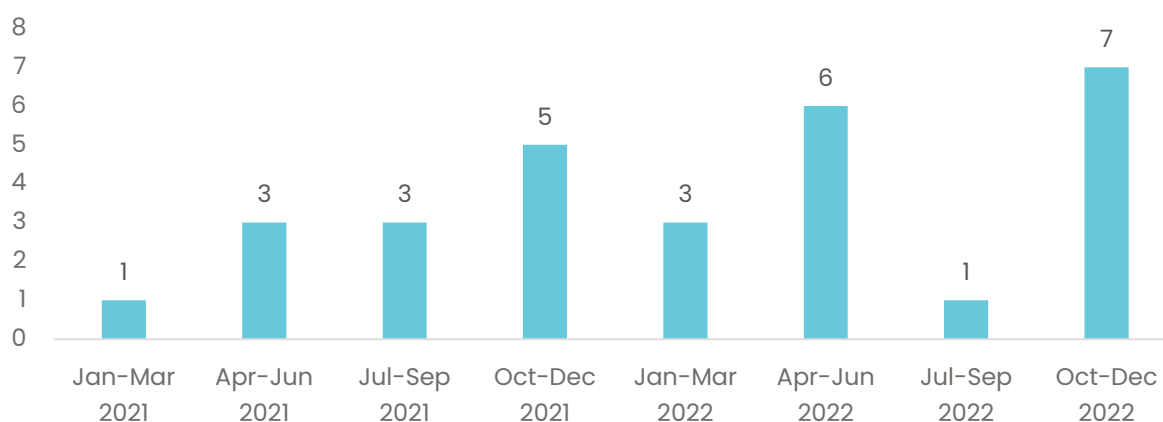


As shown in Figure 24, there were no enrollments in the employment services program prior to January of 2021. The Prop 47 program did not meet its goal of enrolling 75 individuals in employment services annually, with the 29 enrolled individuals representing 13% of the total goal of 225 enrollments over the three-year grant period. **The program enrolled the largest number of individuals in 2022 with 17 enrollments, representing 23% of the annual goal of 75 enrollments.**

While it was a small proportion of Prop 47 clients that received Prop 47-funded employment services, as previously discussed, co-occurring and substance use treatment providers also provided some of these services internally or have relationships with other service providers who provide these services. Additionally, the individuals enrolled in Prop 47 tended to have high acuity, enter the program with many unmet basic needs, and required time to stabilize in the community before they may be ready to fully engage in employment services. **Program staff recommended developing a step-down process to help facilitate a transition from treatment and other stabilization services to secondary services, such as the employment services program.**

As with the housing navigation services, to increase referrals and enrollments in Prop 47 employment services over the grant period, the County made efforts to increase awareness of the availability and benefits of the Prop 47-funded employment services and developed a combined housing and employment services referral form to streamline the process for treatment providers.

Figure 24. Employment Services Enrollment by Quarter



Services



Once enrolled, **clients were engaged in the employment services program for an average of 60 days.** The most common services individuals enrolled in Prop 47-funded employment services received was MRT (79%), followed by interview preparation (45%), resume writing (45%), online job application assistance (45%), and mock interviews (45%). Goodwill also provided a wide variety of other services aimed at supporting clients in obtaining and maintaining employment including vehicle related services, such as financial support for insurance, registration fees, and tires, and health related assistance, including dental services and reading glasses.



Client Demographics and Needs



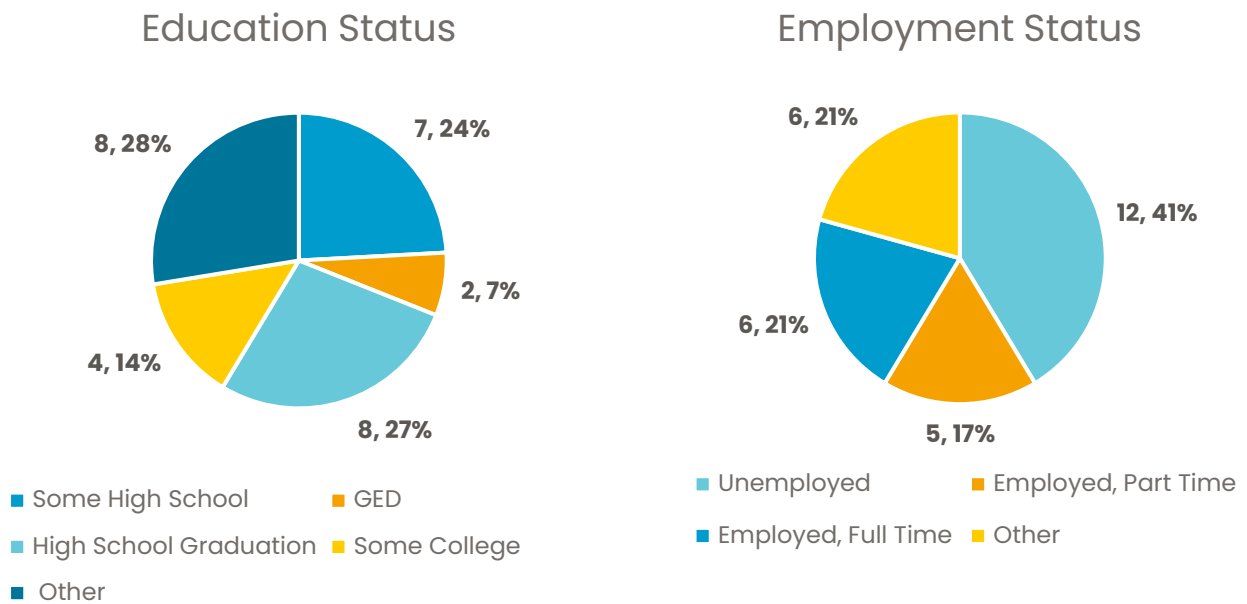
Prop 47 clients enrolled in employment services were primarily men (76%), with an average age of 39. As shown in Table 12, the majority of employment services clients identified as another ethnic origin, ethnicity, or race (48%), followed by Black/African American (14%), Hispanic, Latino/a/x (14%), and White (14%). The most common diagnoses for clients who enrolled in employment services were substance use disorders (79%) with other stimulants (31%) and alcohol (24%) the most common substances. For the 22 employment clients for whom recidivism risk level data was available, the average recidivism risk level (using the CAIS) was 2.7 on a scale where 1 = low risk, 2 = moderate risk, and 3 = high risk indicating a high-risk population.

Table 12. Employment Services Client Characteristics

Ethnic Origin/Ethnicity/Race	Number of Clients	Percentage of Clients
American Indian/Alaska Native	1	3%
Black or African American	4	14%
Hispanic, Latino, or Spanish	4	14%
Native Hawaiian/Pacific Islander	2	7%
Other identified ethnic origin, ethnicity, or race	14	48%
White	4	14%
Gender		
Woman	7	24%
Man	22	76%
Age		
26–40	14	48%
41–65	13	45%
Less than 26	2	7%

Upon enrollment into the program, employment services staff completed an assessment to identify individuals' employment/educational skill level and provide individualized services. As shown in Figure 25, of the 29 individuals enrolled, **12 (41%) were unemployed at the time of enrollment and 10 (34%) had graduated high school or obtained a GED.** Of the 12 clients who were unemployed at the time of enrollment, half (n=6) developed an employment goal through the enrollment process. **Five (17%) individuals were experiencing homelessness at the time of enrollment in employment services,** two of which developed housing related goals during enrollment.

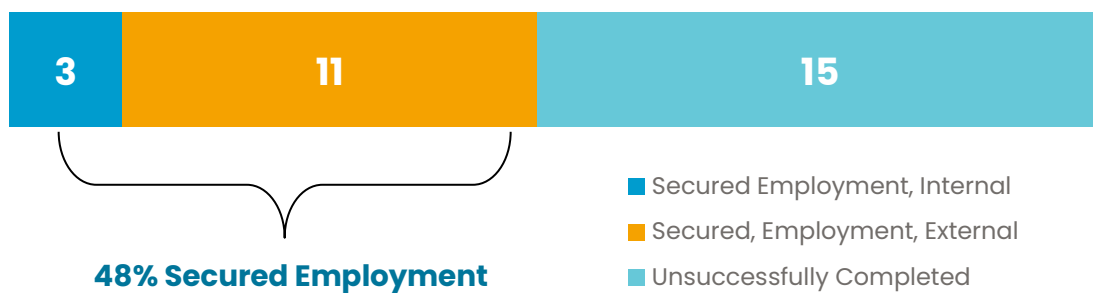
Figure 25. Education and Employment Status at Employment Services Enrollment



Program Completion

As of February 15, 2023, when the Prop 47 Program services ended, all clients receiving employment services had exited the program. **Of the 29 individuals who received services, 48% (n=14) secured employment, with three securing employment internally with the employment services program provider, Goodwill Industries** (see Figure 26). On average, individuals who secured employment through the program were enrolled for twice as long as those who unsuccessfully completed the program at 80 days and 41 days, respectively.

Figure 26. Employment Services Program Completion



Of the 12 individuals who were unemployed at the time of their enrollment, 42% (n=5), secured employment through the program, and of the five who were unhoused at the time of enrollment, 80% (n=4) unsuccessfully completed the program. Black/African American individuals and White individuals each represented 14% of the enrolled clients but only 7% of the clients who secured employment through the program.

Recidivism



Of the 29 employment services clients, 4 (14%) were convicted of a misdemeanor (4 clients, 14%) offense after their program enrollment date.³²

Overall, the 29 employment services clients had an average of 0.48 convictions after their program enrollment date.

Santa Clara County Probation Department shared data on convictions incurred among Prop 47 clients since 2015. Pre- and post-enrollment recidivism was examined for the 29 employment services Prop 47 clients (calculated 1.3 years both pre- and post-enrollment, reflecting the average time between enrollment and the program end date [2/15/23] for the Prop 47 population). **Across all offense types and overall, both the number of convictions and the number of clients who recidivated was lower in the 1.3 years post-enrollment compared to 1.3 years pre-enrollment (with the exception of clients with domestic violence convictions).** Further, calculation of all post-enrollment convictions through the end of the reporting period (2/15/23) also demonstrate lower recidivism after program enrollment compared to 1.3 years pre-enrollment (with the exception of domestic violence convictions; see Table 13).

³² Recidivism findings use data through February of 2023; data only reflects convictions in Santa Clara County. No employment services client was convicted of a new felony offense after their program enrollment date.

Table 13. Employment Services Client Convictions Before and After Program Enrollment

Offense Type	Total Number of Convictions 1.3 Years PRE-Enrollment (Number of Clients)*	Total Number of Convictions 1.3 Years POST-Enrollment (Number of Clients)**	Total Number of Convictions POST-Enrollment through 2/15/23 (Number of Clients)***
Drug and Alcohol	1 (1)	0 (0)	0 (0)
Property	7 (5)	0 (0)	0 (0)
Assault/Other “People”	3 (3)	1 (1)	1 (1)
Domestic Violence	8 (2)	3 (3)	13 (3)
Sex	0 (0)	0 (0)	0 (0)
Weapons	0 (0)	0 (0)	0 (0)
Other Unspecified	10 (0)	0 (0)	0 (0)
Any Felony	8 (5)	0 (0)	0 (0)
Any Misdemeanor	21 (8)	4 (4)	14 (4)
Any Total	29 (9)	4 (4)	14 (4)

*Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **prior** to Prop 47 enrollment date.

Convictions counted for this time period included those tied to offenses that occurred within 1.3 years **after Prop 47 enrollment date.

***Convictions counted for this time period included those tied to offenses that occurred **anytime after** Prop 47 enrollment date through 2/15/23.

Discussion and Recommendations

Based on qualitative and quantitative data collection and analysis, the section below discusses the facilitators to program success and barriers that impacted achievement of program goals. Strengths, challenges, and recommendations are provided across four areas: (1) referrals and enrollment, (2) service delivery and fidelity, (3) program completion and outcomes, and (4) collaboration. The strengths, challenges, and recommendations in some areas are provided by the evaluation team using the results from the quantitative data combined with the impressions gleaned from the qualitative data.

Referrals and Enrollment

While Santa Clara County’s Prop 47 program exceeded its planned targets for co-occurring treatment services, it enrolled fewer clients in SUTS, housing, and employment services than the program was designed to serve. Between April 2020 and December 2022, 254 unique individuals enrolled in the co-occurring treatment program and 227 unique individuals enrolled in the SUTS program. After the first year of the grant, BHSD expanded the capacity of

the co-occurring treatment program, raising the enrollment target to 93 individuals annually. The co-occurring treatment program exceeded its goal of serving 57 individuals in the first year of the grant period (2020) and 93 individuals annually in the second and third years of the grant period (2021 and 2022), but the SUTS program fell short of its goal to serve 272 clients annually. Additionally, enrollment in employment services and housing navigation services were lower than expected. The County planned to provide employment services to 75 participants each year and housing navigation services to 125 participants, but only 29 individuals enrolled in employment services and 98 individuals enrolled in housing navigation services.

The most likely explanation for the enrollment disruption is because Prop 47 referrals were significantly impacted by the COVID-19 pandemic. First, due to shelter-in-place restrictions during the first year of the grant, the BHTC did not hold in-person hearings for individuals out of custody, and individuals found in violation of court orders were not remanded. Second, individuals in custody received “compassionate releases,” which allowed them to leave custody early, but treatment providers could not utilize traditional face-to-face methods to outreach and engage participants before jail release.

Concerning employment and housing services, another possible reason for not enrolling as many clients as anticipated is that these services were duplicated by the main treatment providers—COD and SUTS, meaning that some clients in need of these services were receiving them through their primary treatment provider and as such, not in need of an external service provider in these areas.

The number of Prop 47 referrals and enrollments increased considerably between 2020 and 2022 for all program service components. To increase referrals, the County took steps to increase probation officer awareness of the availability of Prop 47 services and expanded referral sources beyond BHTC and the Probation Department. Specifically, the County received approval from the BSCC to include referrals from two other departments, 62 and 63, and from the County’s Behavioral Health Team at the RRC. To increase referrals to housing navigation and employment services, BHSD worked with the contracted providers to streamline the referral form process as well as increase providers’ awareness of these services. However, as discussed in the following sections, the Prop 47 Program continued to face challenges that impacted the referral and enrollment process and, ultimately, the total number of individuals served through the program.

Referrals to Outpatient Programs

Many Prop 47 partners, including court assessors and treatment providers, expressed a need for greater clarity on Prop 47 program eligibility criteria and greater information sharing to improve referrals to Prop 47 outpatient programs. The County’s Prop 47 program allowed for a variety of partners, including the courts and Probation Department staff, to refer

potentially eligible individuals to be assessed by the Behavioral Health court clinicians and the Behavioral Health Team located at the RRC. The court clinicians and Behavioral Health Team at the RRC then conducted an assessment and determined the referred individual's appropriateness and eligibility for Prop 47's COD or SUTS outpatient programs. Many of the partners interviewed expressed that they lacked clarity on the components of the Prop 47 program overall, eligibility criteria, and the process to determine Prop 47 enrollment. There were some Prop 47 clients who moved through the system multiple times but were not determined to be eligible or referred to Prop 47 programs each time.

The lack of clarity on program eligibility criteria and information sharing in the referral process may have contributed to some inappropriate referrals for Prop 47's outpatient treatment programs. Treatment providers stated that the individuals referred to their Prop 47 programs often needed a higher level of care, especially among the SUTS providers. The Prop 47 program provided outpatient co-occurring and substance use treatment services meaning that those eligible to enroll in the program should have a moderate-severe or persistent mental health condition and/or a substance use condition that can be successfully treated in the community in outpatient settings. Those who need a higher level of care would require residential or inpatient treatment settings that are not specifically offered through Prop 47.

Program partners noted that staffing capacity and turnover issues among the court staff and other referral sources, such as Probation and the RRC, may have contributed to the lack of clarity around Prop 47 referral and eligibility requirements. BHSD created pamphlets with information on Prop 47 services, eligibility criteria, and contact information and distributed these to its program partners. However, staff turnover in partner agencies can impact awareness of existing resources like these pamphlets, so ongoing refresher training for the Prop 47 referral partners or providing links to these resources in regular meeting agenda or presentation materials that are shared across program partners could help ensure continuity in program understanding through staff turnover.

Additionally, court staff expressed the desire for a stronger feedback loop among Prop 47 partners to share information on client status, progress, and enrollment after court staff refer individuals to treatment providers, stating that having this information could help referral partners make more informed referral decisions.

Evaluation Team Recommendation:

Santa Clara County should provide ongoing refresher trainings to program partner staff to review Prop 47 program components, eligibility criteria, and contact information and regularly include links to existing program information resources in its communications to partners. This can help ensure that staff from all program partners, including new staff, have a shared understanding of the program and the referral process. Additionally, the County could allocate

time during the monthly provider meetings to share information on referral success and enrollment data with all program partners.

In-Reach and Enrollment

Challenges with the in-reach and enrollment processes for outpatient treatment may have contributed to low client enrollment and engagement for SUTS. Between April of 2020 and February of 2023, 74% of individuals referred to the COD treatment program enrolled in treatment and 66% of the individuals referred to the SUTS program enrolled in treatment. These enrollment rates were lower than anticipated.

Concerning SUTS specifically, differences in the outreach and enrollment process between the COD and SUTS program contributed to the different enrollment rates. While the COD provider met with clients in custody and escorted them to housing upon release, the substance use program model does not include “warm handoffs” to services, whereby treatment providers meet with individuals prior to release and escort them to treatment. Instead, referred individuals are provided taxis from custody to recovery residences. While this transportation is an essential component, some individuals simply walk away from the recovery residences after the taxi leaves.

Some clients from the co-occurring program emphasized the importance of this warm handoff, stating that they would have gone back to living on the streets if they had not been picked from jail. SUTS providers stressed that without the warm handoff, they are more likely to lose contact with referred individuals the first few days following release, especially if the client does not have access to a phone and the provider does not have any client contact information provided with the referral. Those referred to SUTS while in custody were often unable to provide a call-back number to include on their referral form, therefore making it difficult for the SUTS treatment providers to contact clients upon their release, especially if they walk away from the recovery residences. Providers also shared that the referrals they received often lack other information that could be helpful in reaching clients, such as emergency contacts or the name of the individual’s community supervision officer.

To increase referrals, particularly for SUTS, BHSD added the County’s Behavioral Health Team located in the RRC as another referral source, which significantly increased referrals for SUTS. Of the 227 individuals enrolled in SUTS, 108 (48%) were referred through the RRC after being added as a referral source. This helped to address some of the contractual challenges that limited engagement and referrals within the jail. However, warm handoffs remain a key component of a successful enrollment for referrals generated through the RRC.

Given these challenges, many program partners expressed a desire for greater efforts to promote client engagement in the referral and enrollment process. Recommendations included beginning engagement for both COD services and SUTS inside the jail to build rapport

between providers and clients, using practices like motivational interviewing to engage clients, ensuring direct handoffs from a social worker or peer to provide support and guidance from the moment clients for both COD services and SUTS are released from jail, and adding exhaustive contact information to referral forms (e.g., phone number, email, emergency contact).

"I think a lot of clients mean to get help, but if you go back to your jail cell, you have time to think about whether you can do it on your own after being released. Engagement and motivation are huge with this population, and we need to bolster that more with the population inside the jail. Engagement, motivational interviewing, and ensuring that clients get the help they need when they ask for it."

– Prop 47 Partner

Referrals to Housing and Employment Services

As the secondary services to co-occurring treatment services and SUTS, the contracted treatment providers were the primary referral method to connect clients with the Prop 47-funded housing and employment services. Neither the housing provider nor employment services provider received referrals prior to January 2021, and enrollments to these services were very low in the first half of the grant period. **To improve the referral process for housing and employment services, BHSD worked with the contracted providers to develop a combined referral form that helped to streamline this referral process for the treatment providers and resulted in an increase in referrals in 2021 and 2022.**

However, the Prop 47 program did not meet its service goal for the housing or employment services for the full grant period. As previously discussed, the contracted co-occurring and substance use treatment providers also provide some employment and housing services internally or have relationships with other service providers who provide these services. Additionally, as the individuals enrolled in Prop 47 often require time to stabilize in the community before they may be ready to fully engage in employment services, an immediate referral to employment services may not be appropriate for most clients.

Service Delivery and Fidelity

Evidence-Based Practices and Fidelity

Santa Clara County's Prop 47 program offered a range of services that integrated evidence-based practices to support client engagement and recovery. As discussed previously, in

addition to behavioral health treatment, Santa Clara County's Prop 47 services provided temporary housing (through transitional housing units and recovery residences), as well as housing navigation and employment services to support participants' long-term stability and self-sufficiency. Treatment providers had the opportunity to flex their funding to assist participants with basic needs such as clothing and hygiene items. Additionally, programs incorporated a range of evidence-based assessment tools to assess needs, including the Milestones of Recovery Scale (MORS), the American Society of Addiction Medicine (ASAM) guidelines, and the VI-SPDAT. Programs also use evidence-based treatment, including Moral Reconation Therapy (MRT), and cognitive behavioral therapy (CBT), and Motivational Interviewing (MI), the latter of which was described by leadership as crucial for supporting client engagement.

"People don't want a lot of services even though they need them, so things like motivational interviewing and social work techniques can help to get clients to be ready to take that step and use the services and resources that we have available. "

- Prop 47 Program Partner

Prop 47 treatment providers offered flexible and accommodating in-person and virtual group treatment services that incorporated many process and education elements. For some group sessions, providers described or demonstrated the use of specific evidence-based group curricula or manuals (e.g., Matrix Model, MRT, Seeking Safety), while other groups were less rigidly tied to specific curricula or used ad-hoc materials. Group observations and interviews with staff revealed that providers used evidenced-based and client-centered approaches to engaging clients, including asking questions, providing feedback, encouraging reflection and processing, and cultivating a space of safety, openness, and honesty. Staff viewed groups as helpful and well-received by clients, allowing opportunities for education, processing, and supporting growth accountability.

"In this field, we all understand this is an uphill battle and lifelong journey. The first step is finding a place where you can be open and honest and talk deeply about problems. That's the start, to bring awareness."

- Prop 47 Provider Staff

As the facilitators of client treatment, Prop 47 provider staff brought a wealth of lived and professional experience and education to their roles. Although training for provision of individual and group services was largely shadow-based, most staff were required to do some form of formal yearly training in evidence-based practices (e.g., CBT) to maintain their roles and/or licensures, and most reported some form of regular supervision and support.

Evaluation Team Recommendations:

Santa Clara County BHSD and their contracted providers should collaborate to ensure that Prop 47 treatment services make consistent use of an evidence-based curriculum that incorporates cognitive-behavioral and social learning theories, including cognitive restructuring and skill development, and that groups regularly involve modeling and practicing new skills and providing feedback. Additionally, providers should consider implementing a more formalized initial training process that builds on staff members' existing skills and is reinforced by ongoing required training.

Supporting and Meeting Client Needs

To increase enrollment and meet clients' needs, the housing navigation and employment services programs worked to expand their services. As one housing navigation staff member noted, "it's been an evolutionary process to where we are now. We didn't have as wide a scope of services [before] as we do now." In addition to supporting housing assessment and the County housing waitlist/queue, the housing navigation program offered Prop 47 clients temporary housing solutions (e.g., motel stays), housing subsidies (e.g., rental assistance, deposits), and transportation support (e.g., clipper cards, car insurance). The employment program also expanded their vocational pathways to include the New Opportunity Work (NOW) program that supports subsidized employment and one-on-one job placement assistance for clients to obtain jobs in construction, electrical, carpentry, IT support, and other fields. Clients also received laptops and internet access, digital literacy classes, assistance with fees (e.g., DMV, legal), and other incentives such as vision care, dental services, legal services, and transportation vouchers. Prop 47 also added a Behavioral Health peer support worker at the RRC who played a critical role in supporting and facilitating client engagement, transportation, and service connections.

Despite this expansion and range of services available to clients through the Prop 47 program, **many staff and partners expressed that they would like to see additional efforts to better engage and support clients throughout service participation**, including some level of pre-jail release service provision for clients to support program service continuity, connections, and expectations post-release (e.g., connecting with a liaison to engage in treatment planning and case management pre-release). These pre-release services could be provided either by a Behavioral Health transition team or the community-based treatment provider team that is

able to work with clients inside the jail prior to release. Stakeholders also suggested more active client outreach approaches, additional support with transportation and life skills (e.g., how to use a bank card), navigation support from peer support workers, and additional helpful client incentives (in particular, providing clients with cell phones to stay connected with providers). Staff acknowledged that although COD services, employment, and housing providers were able to use flex funding to further support various client needs, SUTS providers did not have this same resource at their disposal, making it challenging to provide additional resources.

“While it’s great to have a network of services, a flier, and the reentry center, I think Prop 47 needs an outreach component where providers can go to the jails and different county locations to do outreach, rather than a reactive approach. It’s hard to connect people to services; they need to hear about it multiple times.”

– Prop 47 Stakeholder

Clients were highly satisfied with the services they received as part of Prop 47, but some shared that they lacked full understanding of the program and the range of services available. Client feedback on Prop 47 services was overwhelmingly positive, and they shared many specific and varied examples of the Prop 47 services they’d received and how they positively impacted their lives (e.g., car insurance, dental work, job support). Clients also expressed appreciation for the helpful and non-judgmental relationships that they built with staff as part of their program experience. In the participant survey, six of seven respondents agreed or strongly agreed that they were satisfied with services received and that staff treated clients with respect. Although many clients found Prop 47 services extremely helpful, some expressed that they did not have a full understanding of what Prop 47 participation meant or the range of services available to them as part of the program.

“Through Prop 47 and Goodwill, I got my license, birth certificate, social security card, and got back to work that first week. Those things would have been stressors in the past. [The program] helps every step along the way, like with SUTS classes and dental work. Sometimes I count my blessings; it seems too good to be true.”

– Prop 47 Client

Limited Housing Availability

Nearly all Prop 47 program staff and stakeholders viewed the lack of affordable and permanent housing options within Santa Clara County as creating barriers for client program participation, completion, and long-term success with their recovery and legal system involvement. In addition to a lack of housing options, staff, stakeholders, and clients described the system and process of obtaining permanent supportive housing as lengthy, cumbersome, and frequently resulting in a lack of successful placement. Stakeholders noted that the lack of housing options and access posed challenges for client reentry and wellbeing, including maintaining sobriety. In addition to a desire for more housing options to better serve their client population, stakeholders wished to see more housing-related flex funding and the adoption of housing-first principles for Prop 47 clients that would not require behavioral health treatment involvement as a prerequisite for continuing to receive housing-related flex funds or reside in Prop 47-funded housing. For example, if a client is unsuccessfully discharged from a co-occurring or substance use treatment program, they would continue to be eligible to receive Prop-47 funded housing support or reside in Prop-47 housing to allow program staff to potentially reengage the client in treatment services while the client remains stably housed. While the current structure of the County's Cohort II program and its recently funded Cohort III Prop 47 program does not allow for a full adoption of a housing first model due to contract targets for enrollment in treatment services, the County could prioritize housing services as the primary program component with connections to behavioral health treatment services as the secondary objective in future program designs.

"It really kind of defeats the purpose of going into treatment, getting a job, clearing your record if you're going to end up back at a place that is [tied to] actively using substances. It makes it so difficult. What I would like to see, in a perfect world, is a housing community for Prop 47 clients."

- BHSD Leader

"I would like the process to be really seamless for clients to get Abode who meet the eligibility criteria, versus a prospective client having to be in behavioral health services first before being able to get housing and employment services. It would be great if the referral source could be the other way around."

- Prop 47 Stakeholder

Although staff and clients saw immense value and stability in the transitional housing and recovery residence offerings provided by the Prop 47 program, some viewed these placements as impactful to their housing need assessment scores and posing challenges for acquiring more permanent housing. Specifically, when a client resides in transitional housing or recovery residences for more than 90 days, they no longer meet the definition of experiencing homelessness according to the US Department of Housing and Urban Development³³, which in turn impacts their ability to qualify for permanent supportive housing. Further, staff and clients alike expressed some disillusionment that Prop 47 participation did not guarantee or necessarily provide placement into permanent housing.

Evaluation Team Recommendations:

Santa Clara County BHSD and their contracted providers should collaborate to clarify the Prop 47 program structure and services with all staff and stakeholders, including with stakeholders and networks who may be referring clients and be the first source of initial information (e.g., RRC, jail, probation). The team should develop a thoughtful approach to initial level-setting with all prospective and enrolled clients about the extent and nature of Prop 47 program opportunities and limitations, including those pertaining to housing acquisition.

Program Completion and Outcomes

The Prop 47 program served a high-risk and high-needs client population that faced many barriers and needed time for stabilization. Prop 47 clients typically had high acuity with moderate or high risk for recidivism, and were often facing homelessness, barriers to employment, and other unmet basic needs. Given the high needs of this population and that behavioral health recovery is a continual process that often necessitates repeated enrollments in treatment,^{34,35} it is unsurprising that many clients did not complete the program successfully in their first enrollment. The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) publishes an annual report detailing treatment outcomes for publicly funded substance use treatment programs. The 2019 report indicates that nationally, 42% of discharges from outpatient treatment were successful.

³³ US Department of Housing and Urban Development (2011). HEARTH “Homeless” Definition Final Rule. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2011-12-05/pdf/2011-30942.pdf>.

³⁴ National Institute on Drug Abuse (NIDA). (2014). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment> research-based-guide-third edition on 2021, August 31.

³⁵ SAMHSA (2021) Recovery and Recovery Support. Treatment episode data set (TEDS): 2019: Admissions to and discharges from publicly funded substance use treatment. Retrieved from <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>. Page 411.

California has a lower completion rate, with only 23% of outpatient treatment discharges indicated as successful.³⁶

Within the Prop 47 COD program in Santa Clara County, 37% of program exits were successful. Within the SUTS program, 57% of exits were successful. **A combination of factors likely contributed to these successful treatment completion rates.** First, as previously discussed, COVID-19 served to impact program enrollment and delivery, especially early in the grant period. For example, outreach and personal attention that the co-occurring treatment provider was able to spend with clients early in the enrollment phase was limited due to COVID-19 restrictions, meaning they could not devote time to meeting with referred individuals pre-release or provide the intended level of in-person case management. Similarly, the SUTS providers faced challenges with client engagement for the entire grant period, both due to COVID-19 as well as SUTS-specific Medi-Cal and contract-related restrictions on jail in-reach and warm handoffs to their services.

Beyond the direct impact of the pandemic on program enrollment and engagement, **the scarcity of permanent housing options and cumbersome housing acquisition process posed challenges for Prop 47 client reentry and wellbeing**, including sobriety maintenance, which may ultimately affect a client's ability to exit the program successfully. For Prop 47 clients who were not deeply engaged early in the enrollment process or were not successfully connected to housing, it can be difficult to successfully maintain adherence and success in outpatient treatment and/or be ready to engage in secondary services like employment services. Although the Prop 47 program successfully placed most clients with housing needs in THUs and recovery residences, relatively few clients exited to permanent housing.

"Without the [Prop 47] services, I would not have progressed the way that I have. I don't consider myself a success yet, but I have progressed tremendously. My family and kids notice it. The services of Prop 47 have been invaluable. I would not be where I am without it."

– Prop 47 Client

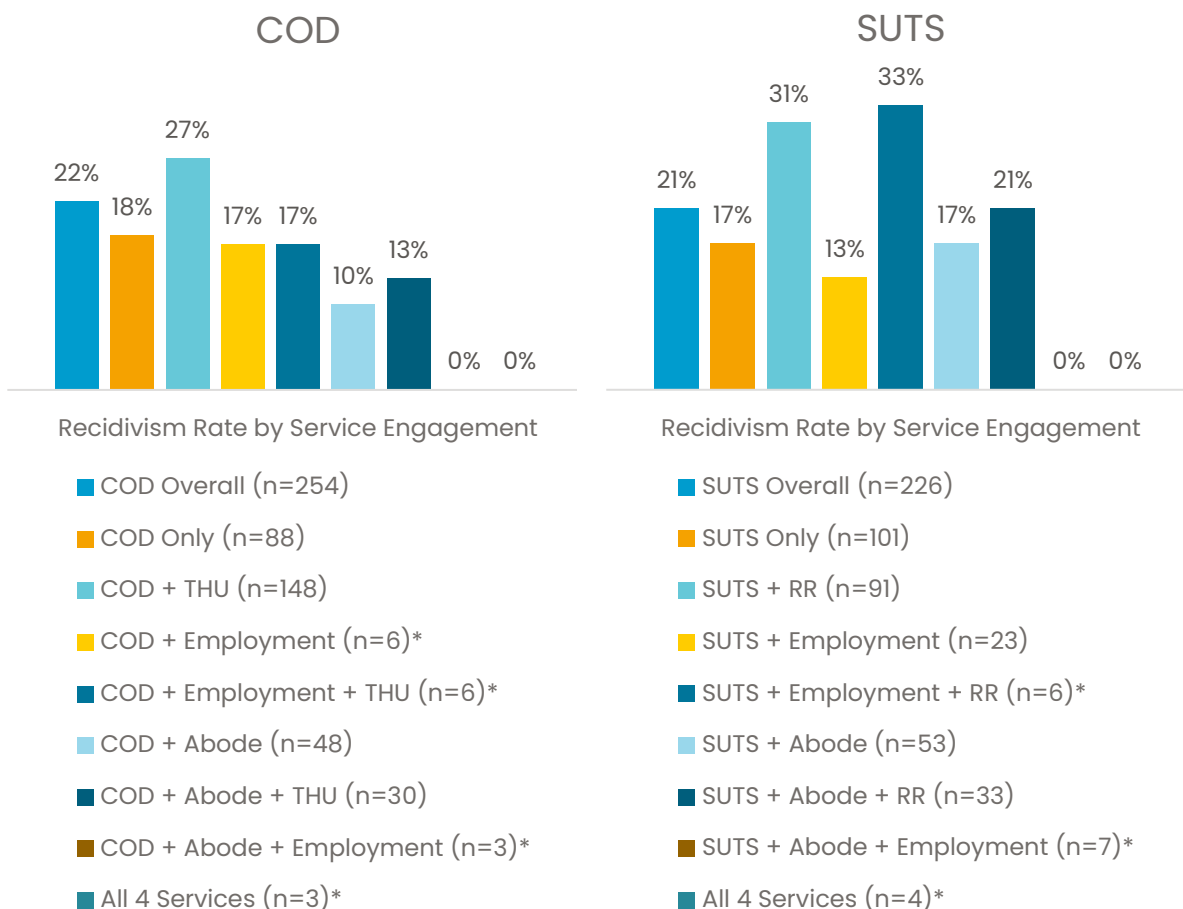
Despite these significant challenges, **both qualitative and quantitative findings suggest that the Prop 47 program was effective in improving outcomes for clients who were stabilized and engaged in the program.** For both COD and SUTS clients, average enrollment lengths were longer among clients who successfully exited the program, suggesting that treatment

³⁶ Ibid.

retention is associated with successful completion. Recidivism rates were relatively low among Prop 47 clients in general, with 22% of COD clients and 21% of SUTS clients incurring convictions after their enrollment dates, overall. Additionally, recidivism rates were lower among clients engaging in some combinations of Prop 47 services relative to clients who solely participated in COD or SUTS services (see Figure 28). Specifically, groups of COD clients who received nearly any combination of additional services had a lower overall recidivism rate compared to clients who received COD services alone (the exception being clients who received COD services and THU placements). Similarly, groups of SUTS clients who also received employment, housing navigation (“Abode”), and/or SUTS with all other additional services had recidivism rates equal to or less than those that solely received SUTS services.

Although a few groups of SUTS clients with multiple service combinations had higher recidivism rates compared to SUTS-only clients (and/or SUTS clients overall), it may be that these clients demonstrated more needs and/or higher levels of need, which may have placed them at higher risk for recidivism. In fact, some SUTS client groups with the highest recidivism rates shown in Figure 28 (e.g., SUTS clients in employment and recovery residence services) demonstrated relatively high average risk for recidivism compared to other SUTS client service groups (see Appendix C for additional details on average recidivism risk levels by service combination). Because client sample sizes are low for many of the multiple service combinations presented in Figure 28, these findings should be interpreted with caution.

Figure 28. Post-Prop 47 Enrollment Recidivism Rates by Service Engagement



*Note. Average convictions for many groups are based on very small samples sizes (less than 8) and should be interpreted with caution.

Evaluation Team Recommendations:

Given that clients who successfully exited treatment tended to be enrolled for longer periods, Santa Clara County BHSD and their contracted providers should consider additional means of incentivizing client participation in treatment. Additionally, given the scarcity of affordable housing within the County, BHSD should consider exploring new relationships with local entities to permanently house the Prop 47 population more effectively.

Collaboration

While the Prop 47 program established venues for cross-system information sharing, such as the monthly Joint Provider Meetings, many program partners desired more opportunities

for direct collaboration and reporting on program outcomes. The Joint Provider Meetings provided a venue to share information about new program offerings but were largely attended by program leaders and the content had an administrative focus. Direct and line staff at the program's treatment providers and referral partners felt that there was a need for opportunities for cross-agency programmatic collaboration, such as case conferencing meetings and direct lines of communication with other direct/line staff. Many felt that these programmatic collaboration opportunities could have led to improvements in referral processes and better support for the clients enrolled in the program. Many partners also stated that increased sharing and reporting on program and client outcomes could have fostered a shared understanding of the program, including its components, goals, and requirements, and improved visibility of the program's impact among partners.

Additionally, the oversight of COD services and SUTS providers by different BHSD divisions created communication and collaboration challenges among program partners. While the BHSD team that oversaw the Prop 47 program was housed within the same division (Forensic, Diversion and Reintegration Division – FDR Division) that oversaw the co-occurring treatment program, the SUTS program was managed by a different division of BHSD. The SUTS division has distinct data systems, referral processes, contract processes, and program models, which led to challenges in communication, oversight, information sharing, and consistency of program implementation. For example, when program partners, such as the courts, needed to receive information from or communicate with SUTS providers, there was not a clearly defined channel of communication because the BHSD Prop 47 team (FDR Division) did not have direct oversight of SUTS providers.

Evaluation Team Recommendations:

Should Santa Clara County BHSD choose to engage and/or contract with multiple service providers in the future, the team should create a dedicated venue or forum for direct care line staff to routinely meet and discuss client statuses, needs, and progress to improve coordination and continuity of client care.

Conclusion

While the Prop 47 program increased the capacity of the County's co-occurring and substance use outpatient treatment services and exceeded its target for co-occurring services, it served fewer than expected clients in its substance use treatment, housing, and employment services components. This was due to the impacts of COVID-19 on outreach and in-person service delivery early in the grant period, challenges with warm handoffs upon release for individuals enrolling in SUTS, challenges in the referral process for all services, and the high needs client

population needing time to stabilize in the community before engaging in secondary services like employment navigation.

Clients were highly satisfied with the services they received as part of Prop 47, and both qualitative and quantitative findings suggest that the Prop 47 program was effective in improving outcomes for clients who were stabilized and engaged in the program. Post-enrollment recidivism rates for clients receiving various Prop 47 service offerings ranged from 13% to 30% (depending on the service, between COD, THU, SUTS, recovery residence, employment, and housing navigation services), with an overall recidivism rate of 22%. Although these recidivism rates are based on relatively short follow-up periods (1.3 years, on average, between enrollment and the end of the reporting period, 2/15/23), they are promising in that they are lower than 3-year and 5-year recidivism rates for comparable populations in both Santa Clara County³⁷ and California state³⁸. For both COD and SUTS clients, average enrollment lengths were longer among clients who successfully exited the program, suggesting that treatment retention is associated with successful completion. Additionally, recidivism rates among clients who engaged in some combinations of multiple Prop 47 were lower compared to clients in COD or SUTS services alone, suggesting that additional services may further support desistance from offending.

BHSD was successfully awarded Prop 47 Cohort III funding and many of the learnings from this project informed the design and implementation of their Cohort III project.

³⁷ Five-year recidivism rates were obtained from the Santa Clara County Office of Diversion and Reentry Services: https://reentry.sccgov.org/sites/g/files/exjcpb991/files/2023-02/10_year%20FINAL.pdf

³⁸ Three-year recidivism rates were obtained from the California Department of Corrections and Rehabilitation: <https://www.cdcr.ca.gov/research/offender-outcomes-characteristics/offender-recidivism/>

Appendix A. Logic Model

PURPOSE: To prevent recidivism of individuals with substance use disorders and/or co-occurring disorders involved in the SCC Criminal Justice Systems through supportive treatment and linkage to fundamental resources.

OBJECTIVE: To increase access to outpatient treatment and transitional housing for justice-involved individual with moderate-severe or persistent mental illness and co-occurring disorders, which would result in the reduction of recidivism of people convicted of less serious crimes that have substance use and/or mental health conditions and improved clinical and functioning outcomes for adults with behavioral health diagnoses.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
Resources Needed to Operate Program	Activities Needed to Accomplish Program Goals	Delivery of Evidence-Based Services	Evidence-Based Measures	Long Term Impact to the County
<p><u>Funding</u></p> <ul style="list-style-type: none"> BSCC Prop 47 Grant Funding AB 109 Leveraged Funds Medi-Cal Leveraged Funds <p><u>Leadership, Oversight, and Staffing</u></p> <ul style="list-style-type: none"> Behavioral Health Services Department (BHSD) <ul style="list-style-type: none"> Criminal Justice Systems Division (CJSD) Collaborative Treatment Court (CTC) BHSD Re-Entry Resource Center Substance Use Treatment Services (SUTS) Community Based Organization/Funded Providers (CBO) <ul style="list-style-type: none"> Community Solutions Pathway Society, Inc. Momentum for Mental Health FCS – Caminar Abode Services Goodwill Employment Services Probation Department Office of Reentry Services District Attorney Public Defender Sheriff's Office Adult Custody Health Services Department of Correction Office of Supportive Housing Superior Court of the County of Santa Clara Local Advisory Committee (LAC) <p><u>Training & EBP's</u></p> <ul style="list-style-type: none"> Trauma-Informed, CBT, DBT, Motivational Interviewing, Interactive Journaling, Multisystemic Therapy, Brief Family, Family Wellness, Relapse Prevention, Seeking Safety, WRAP, Moral Reconation Therapy, Harm Reduction, Housing First 	<p><u>Mental Health (MH)</u></p> <ul style="list-style-type: none"> Screen and refer MH and co-occurring diagnosis clients Administer and analyze intake assessments Refer to treatment providers Participate in Capacity and discharge planning. Submit Client Status Reports Develop protocols for referrals <p><u>Substance Use Treatment Services (SUTS)</u></p> <ul style="list-style-type: none"> Screen and refer SUTS and co-occurring diagnosis clients Link to outpatient SUTS care Provide recovery residences <p><u>Probation Department</u></p> <ul style="list-style-type: none"> Conduct risk assessments and provide referrals to the BHSD <p><u>Office of Supportive Housing</u></p> <ul style="list-style-type: none"> Assist with housing assessment and community housing placement for individuals experiencing homelessness <p><u>Office of Re-Entry Services</u></p> <ul style="list-style-type: none"> Conduct employment/education assessments and connect clients with employment/education services. <p><u>Community-Based Organizations</u></p> <ul style="list-style-type: none"> Assertive Outreach Facilitate referrals to employment support, education, family reunification services, Faith Based Resource Centers (FBRCs), vocational training, education assistance, and transitional employment services. <p><u>Housing Support Services</u></p> <ul style="list-style-type: none"> Provide structured and safe living environment. Provide housing assessment, navigation, and case management. <p><u>Cooperation and Coordination</u></p> <ul style="list-style-type: none"> Coordinate referrals from BHSD-CJSD, BHTC, Probation, or other agencies to the RRC, SUTS treatment agencies and housing support agencies Data collection and analysis Quarterly reports to the BSCC 	<p><u>Mental Health & Substance Use Services</u></p> <ul style="list-style-type: none"> Increased timely access to outpatient substance use treatment, mental illness and co-occurring disorders treatments and services to avoid lapses in treatment Decreased incarceration and Justice System involvement Improved ability of client to function in family/social/community settings. Increased number of Staff trained in Trauma-informed Care. Increased number of Clients from Dept. 61 and Probation referred for BHSD screening. Decreased days from referral to assessment. Decreased days from referral to linkage to treatment. Readily available totals of how many served and service dosage provided Increased percentage of clients receiving referrals to other community-based services. <p><u>Housing Support Services</u></p> <ul style="list-style-type: none"> Number of clients screened by VI-SPDAT Percentage of clients with identified housing need who are referred to THU Days from referral to housing placement. Number of clients served by housing case manager. <p><u>Systemwide</u></p> <ul style="list-style-type: none"> Decreased use of Emergency Psychiatric Services (EPS) and Institutions for Mental Disease (IMDs) Reduced recidivism rates Reduced Disparities in access by underserved target populations Increased Community Based Organization (CBO) collaboration <p><u>Increased Collaborative System</u></p> <ul style="list-style-type: none"> Improved effectiveness of the collaborative court system by improving timely access to treatment services. Formalization of direct referrals to the BHSD 	<p><u>Mental Health & Substance Use</u></p> <ul style="list-style-type: none"> 65% of Prop 47 Clients will maintain engagement in BHSD treatment and services or successfully complete treatment 75% of clients referred into Prop 47 will be enrolled in treatment. 90% of clients will be linked to treatment within 10 days of referral. <p><u>Housing Status</u></p> <ul style="list-style-type: none"> Formerly incarcerated individuals with emergency housing needs will be stabilized through community-based treatment and services and do not reoffend. 75% of Prop 47 Clients identified as needing housing will be housed, in conjunction with outpatient treatment services. 75% of Prop 47 Clients will exit the program into permanent housing. 90% of program participants will be housed within 14 days from referral. <p><u>Criminal Justice System</u></p> <ul style="list-style-type: none"> Individuals receiving Prop 47 MH, SUTS, and/or housing services will not recidivate within three years of release or placement on supervision Over the course of the grant project, target population recidivism rate will decrease from 45% to 40%. 	<p><u>COMMUNITY COLLABORATION</u></p> <ul style="list-style-type: none"> Reduced recidivism and improved clinical function for individuals on probation as the result of community partnerships and collaboration between Probation, Community-Based Organizations, Housing, and Mental Health and Substance Use Treatment Services. Decreased disparities in the criminal justice system <p><u>ACCESS TO TREATMENT</u></p> <ul style="list-style-type: none"> Increased access to mental health and/or substance abuse treatment for criminal justice involved individuals. <p><u>CONTINUUM OF SERVICES</u></p> <ul style="list-style-type: none"> Establishment of a coordinated, and accessible continuum of services. <p><u>REDUCTION OF RECIDIVISM</u></p> <ul style="list-style-type: none"> Stabilization of formerly incarcerated individuals with severe and persistent mental illness or co-occurring disorders that do not reoffend. Implementation of Transitional Programs to help individuals reenter into the community.

Appendix B. Progress towards Goals

Goal	Objective	Co-occurring Treatment (COD)	Substance Use Treatment (SUTS)	Overall
Goal 1: To increase access to outpatient treatment and transitional housing for justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders	75% of participants referred to Prop 47 are enrolled in treatment.	254 (74%) of the 343 individuals referred enrolled in COD treatment.	227 (58%) of the 394 individuals referred enrolled in SUTS treatment.	471 (64%) of the 737 individuals referred enrolled in Prop 47 treatment ³⁹ .
	90% of participants will be linked to treatment within 10 days ⁴⁰ of referral ⁴¹ .	Of the 254 individuals enrolled, 144 (57%) were connected to COD treatment within 10 business days of referral.	Of the 227 individuals enrolled, 113 (50%) were connected to SUTS treatment within 10 business days of referral.	Of the 471 individuals enrolled, 256 (54%) were connected to Prop 47 treatment within 10 business days of referral.
	75% of Prop 47 participants with an identified need for THUs receive them, in conjunction with outpatient treatment services.	Of the 175 instances of housing need, 171 (98%) THU placements were made for 148 unique enrolled COD participants.	Of the 158 instances of housing need, 113 (72%) recovery residence placements were made for 93 unique enrolled SUTS participants.	Of the 333 instances of housing need, 284 (85%) housing placements were made for 233 unique enrolled participants ⁴² .
	90% of program participants will be housed within 14 days from referral.	Of the 148 individuals who received transitional housing, 116 (78%) were housed within 14 days or less of referral.	Of the 92 individuals who received recovery residence housing, 63 (68%) were housed within 14 days or less of referral.	Of the 232 individuals who received THU or recovery residence housing, 177 (76%) were housed within 14 days or less of referral.

³⁹ Ten individuals had enrollments in both COD and SUTS treatment services at different times during the reporting period.

⁴⁰ BHSD defines days as business days.

⁴¹ For individuals in the community, the referral date is the date of the referral screening form completion. For individuals in custody, the referral date is the day the individual is either (a) placed on the Jail Assessor Coordinator (JAC) list while in jail or (b) the date of the referral screening form completion if the individual does not get placed on the JAC list. While it is rare that an individual is released prior to being placed on the JAC list, this did occur in some cases due to COVID. The JAC List is a list of individuals who are required to complete treatment upon release from custody. A client is ordered to be released by the judge in court and then is added to the JAC list by jail booking staff. For individuals in the jail, the BHSD coordinates with the treatment providers who either pick the client up from jail and take them to their housing of choice or provide them a taxi to a recovery residence.

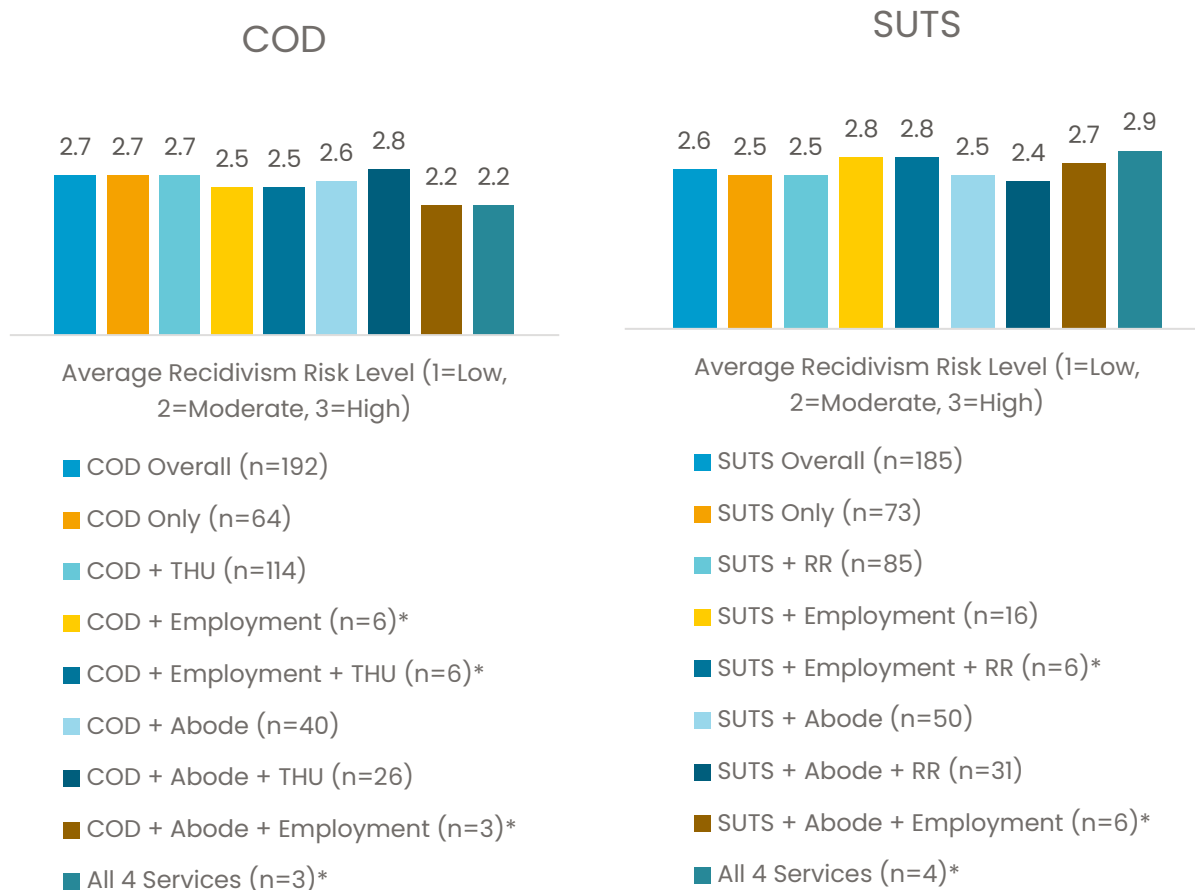
⁴² Eight individuals had placements in both THUs and recovery residence housing at different times during the reporting period.

Goal	Objective	Co-occurring Treatment (COD)	Substance Use Treatment (SUTS)	Overall
Goal 2: To stabilize and reduce recidivism of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through community-based treatment	65% of participants will maintain engagement in BHSD treatment and services or successfully complete treatment.	A total of 249 (98%) enrolled participants maintained engagement with COD treatment for at least 30 days and/or successfully completed the program.	A total of 179 (79%) enrolled participants maintained engagement with SUTS treatment for at least 30 days and/or successfully completed the program.	A total of 428 (91%) enrolled participants maintained engagement with Prop 47 treatment for at least 30 days and/or successfully completed the program.
	Over the course of the three-year project, decrease the target population recidivism rate from 45% to 40%.	Of 254 enrolled participants, 22% (57) were convicted of a new felony or misdemeanor offense after program enrollment.	Of the 226 ⁴³ enrolled participants, 21% (48) were convicted of a new felony or misdemeanor offense after program enrollment.	Of the 471 enrolled participants, 22% (102) were convicted of a new felony or misdemeanor offense after program enrollment.
Goal 3: To stabilize and reduce recidivism of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through housing supports	75% of participants will exit THU to permanent housing.	Of the 148 participants that exited a THU, 7 (5%) exited to permanent housing.	Of the 92 participants that exited a recovery residence, 33 (36%) exited to permanent housing.	Of the 232 participants that exited a housing placement, 40 (17%) exited to permanent housing.
	Over the course of the three-year project, decrease the target population recidivism rate from 45% to 40%.	Of the 148 individuals who received transitional housing, 27% (40) were convicted of a new felony or misdemeanor offense after program enrollment.	Of the 92 individuals who received recovery residence housing, 30% (28) were convicted of a new felony or misdemeanor offense committed after program enrollment.	Of the 232 individuals who received THU or recovery residence housing, 28% (66) were convicted of a new felony or misdemeanor offense after program enrollment.

⁴³ This value is 226 instead of 227 because one client was not found in the probation dataset.

Appendix C. Additional Recidivism Risk Level Information

Average Recidivism Risk Level by Service Engagement



Note. Because average recidivism risk levels for many groups are based on very small samples sizes (less than 8) and recidivism risk information was missing for some Prop 47 clients, findings should be interpreted with caution.

Appendix D. Participant Brochure

WHAT DOES ALL THIS MEAN FOR ME?

The Behavioral Health Services Department (BHSD) Criminal Justice Systems Division (CJS) hopes you find these services to be valuable. As a participant, you have the right to ask questions, the right to refuse treatment, and the right to file grievances. Due to the grant agreement, BHSD is also obligated to share certain information with the BSCC, RDA, and the Probation Department. Your continued enrollment into the program gives BHSD permission to do so.



We wish you the best with your recovery. Below are a few tips that may help you achieve success.

Stay engaged with your SUTS treatment provider or Mental Health Co-Occurring treatment provider.

Ask your treatment provider to refer you to Abode for housing support and Goodwill for employment services.

Provide feedback about your treatment experience to RDA for program improvements.

IF YOU WERE TOLD YOUR REFERRAL TO A PROP 47 TREATMENT PROGRAM WAS LOST OR TOLD YOUR REFERRAL HAS EXPIRED, VISIT RE-ENTRY RESOURCE IN PERSON OR CALL (408) 535-4280 FOR A NEW SCREENING.



Other Behavioral Health Services Resources:

Suicide and Crisis Hotline
(855) 278-4204

Mobile Crisis Response Team
(800) 704-0900, Option 2

Mental Health Urgent Care
(408) 885-7855

BEHAVIORAL HEALTH SERVICES DEPARTMENT

Re-Entry Resource Center
151 W. Mission Street
SAN JOSE, CA 95110
408-535-4280

IF YOU ARE HAVING A PSYCHIATRIC EMERGENCY, PLEASE CALL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM.

COUNTY OF SANTA CLARA BEHAVIORAL HEALTH SERVICES DEPARTMENT, CRIMINAL JUSTICE SYSTEMS DIVISION



PROP 47 GRANT PROJECT



WHY SHOULD I READ THIS DOCUMENT?

Congratulations! If you received this document, you were selected as a Prop 47 participant. This short brochure outlines the services you can expect to receive and the partnerships the Behavioral Health Services Department (BHSD) Criminal Justice Systems Division (CJS) has made to bring these grant-funded programs to you.

PARTNERSHIPS

Board of State and Community Corrections (BSCC)

The BSCC awarded BHSD a highly sought-after grant through a competitive bidding process. The grant agreement requires BHSD to provide services to criminal justice-involved individuals residing in Santa Clara County and requires BHSD to provide BSCC with data of the services provided.

Resource Development Associates (RDA)

To ensure that services are provided as intended to the target population, the BSCC also requires BHSD to contract with an external evaluator. RDA was selected to complete this evaluation.

Probation Department

The BSCC wants to ensure that services are effective and assist in reducing recidivism. The Probation Department conducts the recidivism research on individuals enrolled in services.

SERVICES

Mental Health Co-Occurring

BHSD is contracted with Community Solutions to provide this treatment. Services may include, but not limited to, assessment, therapy, medication support, and case management.

Community Solutions – (669) 205-2117

Substance Use Treatment

Momentum for Health, FCS-Caminar, Pathway Society Inc, and the Re-Entry Resource Center to provide this treatment. Your referral should indicate which provider. Services may include, but not limited to, assessment, individual treatment, group treatment, and referrals to community services.

Momentum for Health – (408) 510-6284

FCS – Caminar – (408) 538-0880

Pathway Society, Inc – (408) 782-6300

Re-Entry Resource Center – (408) 535-4280



SERVICES



To receive services with Abode or Goodwill, you must be enrolled in a Prop 47 contracted mental health or substance use program – Momentum for Health, FCS-Caminar, Pathway Society Inc, Re-Entry Resource Center, or Community Solutions – for treatment. Speak to your counselor for a referral.

Office of Supportive Housing

The Office of Supportive Housing (OSH) contracted with Abode to provide this service. A housing navigator can assist with your housing management needs.

Abode – (408) 569-6884

Office of Re-Entry Services

The Office of Re-Entry Services (ORS) contracted with Goodwill to provide this service. Goodwill can provide subsidized employment and vocational training.

Goodwill – (408) 590-8093
