

Alameda County: Proposition 47 Cohort II Preliminary Evaluation Report



Alameda County Health Care Services Agency

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Executive Summary

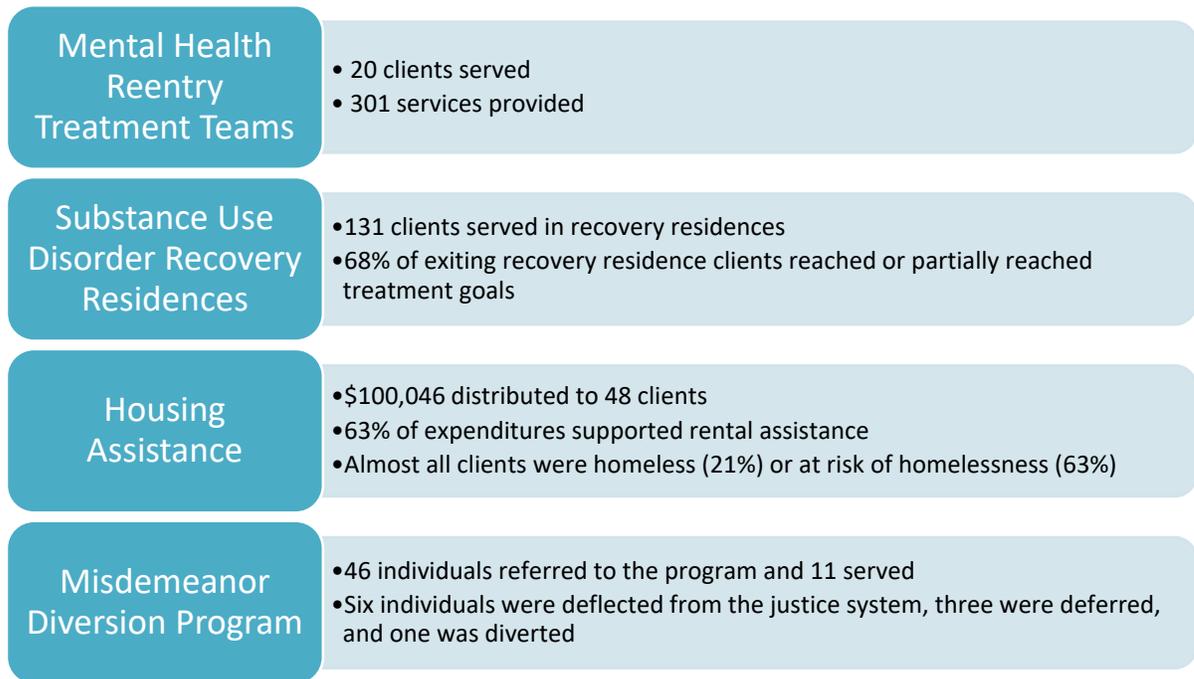
Alameda County’s \$6 million Proposition (Prop) 47 Cohort II grant supports four distinct program areas that provide services to justice-involved individuals¹ with behavioral health needs: (1) Multidisciplinary Reentry Treatment Teams (RTTs) that offer comprehensive case management and mental health treatment; (2) recovery residences that provide stable, sober housing for individuals participating in outpatient substance use treatment; (3) a housing assistance program that provides clients with up to \$5,000 for eligible expenditure; and (4) a mental health misdemeanor diversion program that redirects individuals who have committed low-level offenses into mental health and/or substance use treatment and away from incarceration and the criminal justice system.

The California Board of State and Community Corrections awarded Alameda County the Cohort II Prop 47 grant in 2019 to expand on the successful implementation of the Cohort I grant by augmenting existing services and creating a new diversion program. The County has subcontracted \$4.51 million of the award (75%) to community-based organizations to deliver programs.

Program Accomplishments

Clients Served. Through June 2021, Alameda County provided mental health, SUD, housing, and diversion services to 210 justice-involved individuals. Figure 1 highlights Alameda County’s progress across the four program areas.

Figure 1. Alameda County Prop 47 Program Progress Highlights



¹ Justice-involved includes individuals with any justice system contact, including arrest.



Mental Health Services. Alameda County's Prop 47 Reentry Treatment Teams (RTTs) administered mental health services to 20 clients through June 2021, including intensive care coordination/case management; connection to community resources; and linkages to mental health, substance abuse, legal, and life skills services. The RTTs are strengthening the program using lessons learned from the Prop 47 Cohort I grant. The interdisciplinary structure and collaboration between peers and clinicians support client success.

Substance Use Disorder (SUD) Services. Alameda County's Prop 47 recovery residences provided 131 clients with stable housing and food through June 2021. Programs added some service improvements in response to the COVID-19 pandemic (e.g., transportation to treatment) and clients shared appreciation for the structured living environment and peer staff at recovery residences to support their recovery.

Housing Assistance. Through June 2021, Alameda County's Prop 47 housing program provided housing-related financial assistance to 48 clients. Among clients, 25 individuals (52%) had a mental health diagnosis and 27 individuals (56%) had a substance use diagnosis. At the time housing assistance was first provided, almost all clients were homeless or at risk of homelessness. The amount of financial housing support each client received ranged from \$32 to \$5,000, with an average disbursement of \$2,000 per unique individual. Almost all Cohort II clients (98%) also received Cohort I funding.²

Diversion. Alameda County's Prop 47 misdemeanor diversion program, the Community Assessment, Referral, and Engagement Services (CARES) Navigation Center, operates from 11 am-7 pm, Monday through Friday. The program served 11 individuals through June 2021, approximately half of whom were arrested for a drug-related misdemeanor offense. The diversion program provides individuals food, clothing, and other basic necessities, which facilitates de-escalation. Due to their ability to relate to and help guests feel comfortable, the peer model is an essential element of the CARES Navigation Center.

Program Barriers

COVID-19 Pandemic. The COVID-19 pandemic increased clients' needs and required providers to adapt their programs to adhere with social distancing requirements and other health precautions. County processes were also significantly impacted by the pandemic by delaying contracts for new programs. Originally planned to launch in 2020, the mental health and diversion programs were particularly impacted by delays in County processes due to the COVID-19 pandemic.

Administrative Investment. Alameda County chose to fund four distinct programs through its Prop 47 grant, with each program possessing a distinct referral process, services, and data systems. While this model allows the County to address multiple gaps in behavioral health services provided to justice-involved individuals, the range and diversity of providers and program models make coordination and collaboration increasingly complex.

Housing and Employment. While recovery residences and the housing assistance program provide relief and stability for clients, a lack of long-term, affordable housing can limit clients' long-term success. Clients shared concerns about housing and employment opportunities, citing the importance of living where they are safe, not tempted by substance use, and able to support their basic needs and take care of their family.

² Providers were allowed to provide Cohort II housing funds to clients who received Cohort I housing funds. These clients could, therefore, receive up to \$10,000 in housing assistance (\$5,000 in Cohort I and \$5,000 in Cohort II).



Introduction and Project Description

California voters approved Proposition (Prop) 47 in November 2014 with the goal of lowering incarceration rates across the State by reclassifying certain classes of low-level, non-violent felonies as misdemeanors for individuals who do not have prior convictions for serious offenses. Due to the expected decrease in the State's prison population, the Legislative Analyst's Office estimated annual State correctional savings following implementation of the legislation to be between \$150-200 million. Prop 47 requires these State savings to be placed in the Safe Neighborhoods and Schools Fund and mandates the Board of State and Community Corrections (BSCC) to allocate 65% of the Fund for mental health (MH) and substance use disorder (SUD) treatment that is aimed at reducing recidivism, 25% for crime prevention and support programs in schools, and 10% for trauma recovery services for crime victims. Funds are allocated to local agencies through a competitive grant process administered by the BSCC.

In 2017, Alameda County obtained a \$6 million dollar Prop 47 grant from the BSCC to provide targeted mental health, SUD treatment, and housing support services to justice-involved adults in the County with behavioral health needs from June 2017 through August 2020.³ In 2019, Alameda County received a second \$6 million dollar Prop 47 grant as part of the Prop 47 Cohort II grant cycle to provide services from January 2020 through December 2022.⁴ The new grant is intended to expand on the successful implementation of the Cohort I grant by augmenting existing services and creating a new diversion program.

Prop 47 Cohort II programs and services are provided in partnership with County agencies, including Alameda County Health Care Services Agency, Alameda County District Attorney's Office, Alameda County Probation Department, and local community-based organizations.

Program Components

Alameda County is using Prop 47 Cohort II funds to support the following four programs:

1. **Mental Health:** The Cohort II Prop 47 grant funds a multidisciplinary mental health reentry treatment team (RTT) that provides services for justice-involved adults with moderate-severe or serious and persistent mental illness. The RTT provides psychiatric treatment, case management, housing and employment support, as well as linkages to community resources. Alameda County allocated \$1.7 million of Cohort II Prop 47 funds to the RTT.
2. **Substance Use:** The Cohort II Prop 47 grant funds 11 beds at recovery residences that provide sober living environments for individuals participating in outpatient SUD treatment. Alameda County allocated \$600,000 of Cohort II Prop 47 funds to recovery residences.
3. **Housing:** The Prop-47 funded housing grant program provides justice-involved adults with behavioral health needs assistance with rental security deposits, utilities, credit repair, and other issues related to establishing suitable housing. Alameda County allocated \$1.6 million of Cohort II Prop 47 funds to the housing assistance program.

³ In 2018, Alameda County accepted a no-cost extension to extend the Cohort I grant period through August 2021.

⁴ The Cohort II grant also provides an implementation period from August through December 2019 and an evaluation period from January 2023 through May 2023.



- 4. Diversion:** The Cohort II Prop 47 grant funds a mental health misdemeanor diversion program that redirects individuals who have committed low-level offenses into mental health and/or substance use treatment and away from incarceration and the criminal justice system. Alameda County allocated \$1.5 million of Cohort II Prop 47 funds to the diversion program.⁵

Alameda County’s Prop 47 programs are overseen by the Local Advisory Committee (LAC), a group of County agency representatives and community stakeholders with knowledge and experience related to Prop 47 programs and services. The LAC is co-chaired by Alameda County’s Behavioral Health Services Agency Director and Chief Probation Officer and includes representatives from agencies such as the District Attorney, Public Defender, Sheriff, and Courts, as well as community representatives who are formerly incarcerated and/or systems-impacted (see full list of LAC members in Appendix A). The LAC was established during Cohort I and continues to provide ongoing support for Prop 47 Cohort II implementation.

Evaluation and Report Overview

Resource Development Associates (RDA) is contracted by Alameda County as the external evaluator of the County’s Prop 47 programs. This preliminary evaluation report provides a review of Cohort II program implementation and preliminary client outcomes from the first year of Prop 47 activities in Alameda County. The purpose of the preliminary evaluation is to assess whether Alameda County is making progress toward the goals and objectives described in its Prop 47 proposal. The goals and objectives established by the County for its Prop 47 grant funded activities are detailed in Table 1. These goals and objectives are further contextualized in the program logic model found in Appendix B. A detailed explanation of progress toward each of these goals is presented in Appendix C.

Table 1. Prop 47 Goals and Objectives in Alameda County

Goals	Objectives
Formerly incarcerated individuals with serious mental illness are stabilized through community-based MH treatment and services and do not reoffend.	65% of clients who enroll in RTT have 2+ treatment sessions within 60 days of admission.
	Upon program completion, 50% of RTT clients show a decrease in functional impairment as measured by repeated Adult Needs and Strengths Assessment.
	75% of RTT clients maintain engagement in MH treatment and services or successfully complete treatment during the 12-24 month treatment period.
	75% of disabled clients without SSI are successfully connected with an SSI Advocate.
	80% of RTT clients do not recidivate during the treatment period.
Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment	60% of Prop 47 clients referred to SUD programs enroll in Alameda County Behavioral Health (ACBH) SUD programs.
	80% of Prop 47 recovery residence clients enroll in SUD outpatient treatment and services.

⁵ Diversion program funding includes \$900,000 for County agencies (i.e., the District Attorney’s Office and Probation Department) and \$600,000 for a community-based organization.



and services and do not reoffend.	50% of recovery residence clients exit recovery residences with successful progress.
	50% of recovery residence clients reduce admission to detox programs.
	80% of SUD clients do not recidivate during the treatment period.
Justice-involved individuals with any mental illness who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration.	50% of individuals deflected from the criminal justice system do not recidivate.
	65% of individuals deferred from the criminal justice system are not charged.
	65% of individuals diverted from the criminal justice system are not convicted.
	50% of individuals on the behavioral health/diversion probation caseload complete probation without a violation or new conviction.

Research Design

To complete this report, RDA conducted a mixed-method process and outcome evaluation. The mixed-method approach incorporates quantitative and qualitative data collection and analysis to provide a comprehensive assessment of grant-funded efforts. This research design was selected to maximize validity and provides different perspectives on complex, multi-dimensional issues. The quantitative data analysis includes individual- and system-level measures to examine service referral and receipt as well as outcomes of treatment and impacts on recidivism. Qualitative data analysis explores experiences with implementation from clients, service providers, and management to identify successes, challenges, and areas for improvement. The descriptive study is comprised of two key components, a process evaluation and an outcome evaluation, to measure program implementation and effectiveness. See Appendix D for specific outcome and process measures.

Qualitative Data Collection Methodology

RDA conducted primary data collection with a diverse group of Prop 47 stakeholders to obtain insights about their experiences with Prop 47 activities. These qualitative data are used with quantitative data to assess Prop 47 implementation and outcomes and provide recommendations to increase program impact. The specific qualitative data collection techniques used and limitations encountered in the data collection process are described below.

Instrument Development. RDA developed qualitative protocols to guide data collection efforts. These protocols were designed to be appropriate for diverse participants that come from a range of cultural, linguistic, and educational backgrounds.

Key Informant Interviews. RDA conducted a total of 23 individual and group virtual interviews with Prop 47 program leadership, supervisors, managers, and LAC members to assess stakeholder experiences with program implementation and outcomes of Prop 47 activities. These interviews were comprised of questions about interagency collaboration, experiences with program implementation, and perceptions of outcomes. Conversations focused on lessons learned, facilitators to success, and barriers to implementation.



Client Interviews. RDA conducted a total of thirteen client phone interviews to gather in-depth qualitative data about client experiences and perceived outcomes related to program implementation.⁶ Program staff invited clients to participate in interviews.

Content Analysis. Data collected during interviews were transcribed, quality checked, and summarized into high-level categories using content analysis.⁷ As a result of this approach, participant quotations across all qualitative data collection activities were systematically processed and organized around the identification of emergent themes and patterns. These themes and patterns were then synthesized into key findings.

Limitations. While RDA spoke with dozens of Prop 47 stakeholders at all levels of involvement during the qualitative data collection process, a few factors may have impacted the amount and quality of data collected. For example, data collection took place during the COVID-19 pandemic. Therefore, interviews and focus groups that were planned to be in-person shifted to virtual settings. Virtual meetings mitigated some travel and scheduling barriers, but the pandemic also created challenges for some individuals that may have impacted their availability to engage in data collection activities and resulted in fewer clients participating in interviews. Due to scheduling barriers and the limited numbers of clients served, the evaluation team conducted very few interviews with mental health and diversion clients. Additionally, the research team only spoke to those who agreed to be interviewed. The individuals interested and able to participate in interviews represent a small fraction of the number of clients served through the Prop 47 program. Therefore, it is possible that those who participated in data collection have different characteristics (e.g., more communicative or actively engaged with the program) than those who did not participate.

Quantitative Data Collection Methodology

Relevant quantitative data were collected for individuals participating in each of the Prop 47 services. Due to a number of factors, including the COVID-19 pandemic, Cohort II services began serving clients at different times during the grant period. The evaluation team worked with each program to gather data for this evaluation, striving to get as much data as possible for the programs that began implementation later in the grant period. Data reported in this evaluation is for the following time periods:

- MH Program: began serving clients in April 2021; data reported from April 2021 through June 2021
- SUD Program: began serving clients in July 2020; data reported from July 2020 through June 2021
- Housing Program: began serving clients in March 2021; data reported from March 2021 through June 2021
- Diversion Program: began serving clients February 2021; data reported from February 2021 through June 2021

⁶ Clients were provided \$25 gift cards as compensation for their participation in an interview.

⁷ Content analysis is a method for analyzing textual data and describes a family of analytic approaches that process and organize content around emergent themes, then summarize data into an efficient number of categories that represent similar meaning.



Key data elements utilized in this evaluation are summarized in Figure . As indicated, data availability differed by program.

Figure 2. Key Quantitative Data Elements

MH: RTT	SUD: Recovery Residences	Housing Assistance	Diversion: CARES Navigation Center
<ul style="list-style-type: none">• Clients Served• Services Provided	<ul style="list-style-type: none">• Service Date• Provider• Number of Bed Days• SUD Diagnosis• Discharge Date/Status• Recidivism Outcomes	<ul style="list-style-type: none">• Service Date• Service Type• Amount Spent per Service	<ul style="list-style-type: none">• Service Date• Lead Charge• Referral Source• Diversion Type (Deflect, Defer, Divert)

Descriptive Statistics. 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 participants and over time.

Limitations. Outcome measures included in this report should be considered preliminary. The COVID-19 pandemic imposed significant stresses and setbacks with regard to program implementation and the ability to serve clients. Implemented only months ago, limited data is available for the MH and diversion program. Additional outcome measures and more thorough analyses will be included in the final evaluation report.

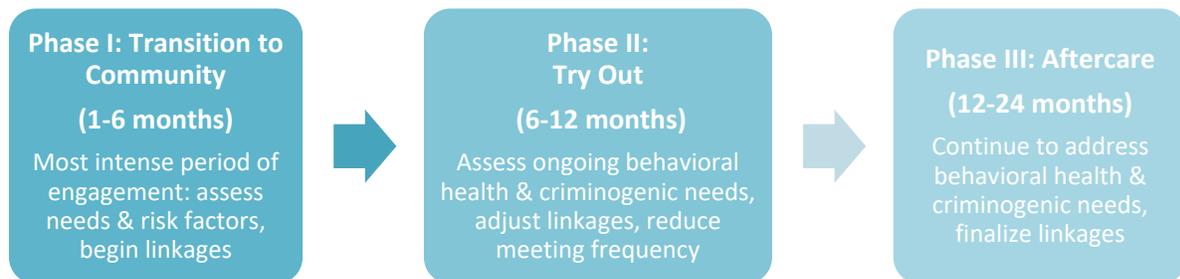


Mental Health Multidisciplinary Reentry Treatment Team (RTT)

The Alameda County Prop 47 Cohort II grant funding was used to launch one RTT that delivers comprehensive case management and treatment to justice-involved individuals with serious mental illness. The Cohort II RTT is run by Bay Area Community Services. The RTT is designed to provide 80 clients with services and resources to reduce mental health impairment over a 12 to 24 month enrollment period, using a Critical Time Intervention (CTI)-based model to step-down clients over the course of enrollment. The RTT is intended to provide psychiatric treatment, intensive care coordination/case management; housing support; connection to community resources; employment support; and linkages to mental health, substance abuse, legal, and life skills services.

The model has a client/staff ratio of 13:1, with the team consisting of: one full-time equivalent (FTE) clinical supervisor, three FTE social worker clinicians, three FTE peer counselors, and one .15 FTE psychiatrist. Two RTTs were established through Alameda County’s Cohort I grant. The Cohort II program is similar to the Cohort I model, but added two positions. One FTE nurse was added to support clients with medical complications resulting from homelessness and incarceration and one housing navigator was added to provide connections to housing services. Figure 3 illustrates the CTI treatment model used for RTT clients in Alameda County.

Figure 3. Prop 47 CTI Treatment Model



Program Profile

Due to contracting delays and the COVID-19 pandemic, the RTT program only began serving clients in April 2021. From April to June 2021, 20 clients enrolled in the program. During this time period, the program provided 301 services to those 20 clients.



Program Strengths and Challenges

The findings below describe facilitators to program success and barriers impacting progress toward program goals. Since the Cohort II RTT program has only been in operation for a few months, this information reflects initial experiences with program delivery.

Program Facilitators

The Cohort II RTT program is striving to use lessons learned from Cohort I to strengthen the program. High staff turnover was one of the greatest challenges with the Cohort I RTT program.⁸ As a result, the RTT provider has refined the recruitment process for Cohort II staff. For instance, the provider clearly communicates to applicants that this is a new program that staff are building with a new team manager, that they will be engaging eighty new program participants as they grow to capacity, and the program will be refined over time to best meet the needs of clients. Cohort II staff also attend meetings with the Cohort I team to learn from their experiences. Last, the Cohort I infrastructure is in place to support reporting and billing.

The interdisciplinary structure of RTTs and close collaboration between peers and clinicians support client success. Peer counselors, clinicians, and leadership emphasized the importance of peers and the successful collaborative relationship between peers and clinicians. Clinical staff conduct a formalized assessment and develop treatment plans with all clients, as well as check in with clients weekly to provide ongoing therapeutic support. Peers contribute to the treatment plans based on the needs they uncover as they engage with clients. Peer counselors meet clients where they are, both physically and emotionally, to link clients to whatever resources and supports they need. This might entail spending a day helping connect clients to benefits, completing housing or job applications, helping to build a resume, or checking in via a telephone call or text message conversation.

One client shared that their peer counselor provides transportation to complete lab work and attend doctors' appointments, checks-in regularly to support the reunification process with her child, and helps in other ways such as obtaining discounted rate BART tickets.

According to program staff, the clients enrolled in the Cohort II RTT program to-date appear engaged and satisfied with the services they are receiving. Staff and clients' experiences of the impact of the RTT program are reflected in the sidebar on the right.

"[The RTT team] help me with family reunification ... with getting around, [and] with support if I need to talk during the day, if I have problems with a family member, me having a support system. They help me with housing. She helped me go pick up my medication, and we meet once a week so I can get out."

– RTT Client

"Being engaged in the services seems to be helping. A couple have moved on and are living independently now... The difference I see in them is huge."

– Peer Counselor

⁸ Staff turnover was particularly high for clinicians and generally attributed to the market, since clinicians are able to get higher salaries with larger healthcare providers.



Program Barriers

Limited Cohort II RTT staffing and staff turnover have affected program rollout and implementation. As of May 2021, the Cohort II RTT was understaffed, with only three peer counselors and one social worker clinician on the team. At that time, the team was missing two social worker clinicians, a psychiatric nurse, and a housing navigator. The majority of the staff had been in their positions for less than two months, and many were splitting their time across other programs.

Limited staff capacity also impacts outreach and enrollment. RTT staff shared that fewer than ten clients had been served by the Cohort II RTT by May 24, 2021 and staff were not able to conduct as much outreach as they would prefer. The Cohort II RTT clinician is also supporting other programs and learning the assessment and program enrollment process. As a result, the Cohort II RTT could only manage approximately two intakes per week as of May 2021.

Looking Ahead

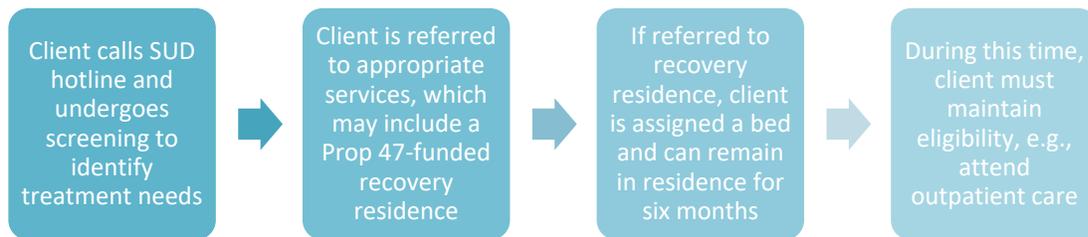
As the Cohort II RTT program continues to mature, hiring and retaining a full team will be imperative for the program's success. Emphasis should be placed on clinical social workers so that the program can enroll clients more efficiently and support a greater number of justice-involved individuals with serious mental illness. As more individuals enroll in the program, Cohort II RTT staff should spend most, if not all, of their time on the RTT program so that the program can continue to utilize the interdisciplinary structure and close collaboration between peers and clinicians to engage clients and support their success.



Substance Use Disorder (SUD) Program

Alameda County is using Prop 47 funds to augment existing SUD provider contracts to continue to support a client-centered and clinically-driven system of care. The Alameda County Prop 47 Cohort II SUD program is comprised of 11 beds across two recovery residences run by two community-based organizations, CURA and Second Chance, and a SUD referral telephone hotline managed by Center Point. Center Point staff screen callers' level of need, using the American Society of Addiction Medicine's criteria, and refer clients to the appropriate level of care. Figure illustrates the Prop 47 SUD program model implemented in Alameda County.

Figure 4. Prop 47 SUD Program Model

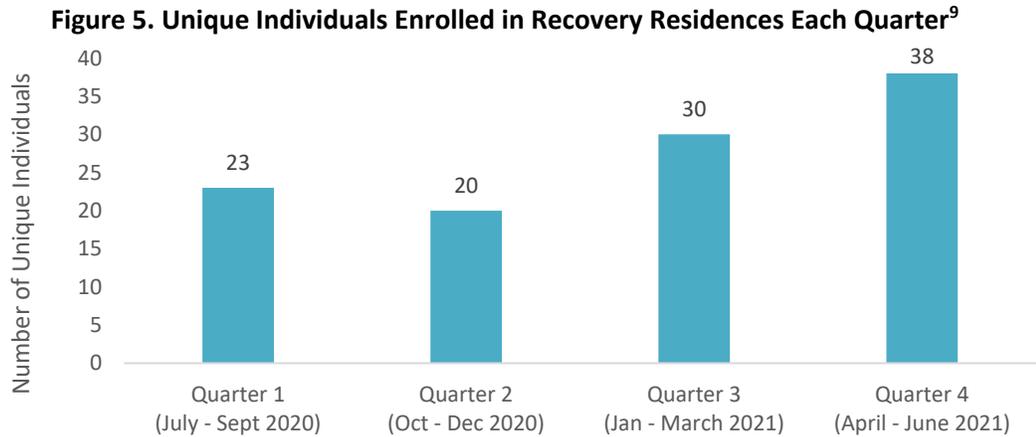


Recovery residences provide clients with stable housing, food, and a structured living environment for a six-month period. The residence is staffed by individuals with lived SUD experience. While at the recovery residence, clients are required to participate in outpatient care and attend other programs or classes (e.g., Alcoholics Anonymous or domestic violence classes) as assigned. In some cases, clients are connected to nearby employment to reduce barriers related to transportation availability and transit costs. The Cohort II program is designed to serve at least 70 unduplicated clients.

Program Profile

Recovery Residence Services

In the 12 months between July 1, 2020 and June 30, 2021, 111 unique individuals enrolled in recovery residences—averaging 38 individuals per quarter or about 9 per month. Additionally, 20 unique individuals were enrolled during Cohort I and discharged during Cohort II, for a total of 131 unique Cohort II clients. Thus, Alameda County is exceeding its intended goal to serve 70 individuals. As shown in Figure , the number of clients enrolling in recovery residences ranged from 20 to 38 enrollees per quarter between July 2020 and June 2021.



53% of the 131 clients stayed at CURA while 47% of residents resided at Second Chance. The average stay at recovery residences was 71 days per individual.¹⁰

Recovery Residence Client Profile

Overall, 82% of recovery resident clients were male and 18% were female. CURA only accepts male clients, while Second Chance is co-ed and has a fairly similar proportion of men and women. The average client age was 43 years old with a minimum of 20 and a maximum of 68 years across the two providers. A similar proportion of recovery residence clients were White (27%), Black (26%), and Hispanic/Latino (23%) (see Table 2). The racial/ethnic composition of clients is similar across the two providers.

The majority of clients had a primary diagnosis of either alcohol abuse/dependence (33%) or other stimulant abuse/dependence (37%) as shown in Figure .

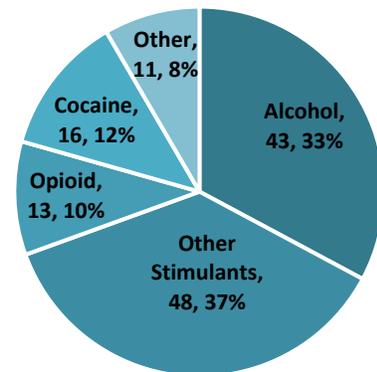
Preliminary Outcomes

Of the 131 unique Cohort II clients, 113 individuals (86%) exited a recovery residence between July 1, 2020 and June 30, 2021. Of those that exited, 77 (68%) left with treatment goals reached or satisfactory progress made. Of the individuals that exited, the average time between enrollment and exit was approximately 2.4 months. Approximately 93% of clients who exited were provided a referral for follow-up services.

Table 2. Race/Ethnicity of Recovery Residence Clients (n = 131)

Race/Ethnicity	Number	Percent
White	51	27%
Black	48	26%
Hispanic/Latino	43	23%
Asian/Pacific Islander	6	3%
Hawaiian or Native American	1	.5%
Mixed Race	5	3%
Other/Unknown	33	18%

Figure 6. SUD Primary Diagnosis (n = 131)



⁹ Of the 131 unique clients who enrolled in recovery residences between June 2020 and June 2021, 9 clients had two enrollments.

¹⁰ The minimum stay was 1 day, and the maximum stay was 210 days.



Table 3. Prop 47 SUD Recovery Residence Exits (n = 113)

Exit Status	Number	Percent
Exited with Case Plan or Treatment Goals Reached or Satisfactory Progress	77	68%
Discharged with Treatment Goals Reached	14	12%
Discharged with Satisfactory Progress	63	56%
Exited Services Without Satisfactory Progress	36	32%

Outpatient Services. Of the 131 unique Cohort II clients, 103 individuals (79%) received outpatient services while they stayed at a recovery residence. About a third (29%) were enrolled in outpatient care before residing at a recovery residence, while 71% were connected to outpatient services upon or after enrolling at a recovery residence. This is illustrated in further detail in Figure 7, with Figure 8 depicting the amount of time it took for a client to start outpatient services after enrolling in a recovery residence.¹¹ Clients enrolled in outpatient treatment after coming to the recovery residence remained in outpatient services for an average of 80 days.

Figure 7. Outpatient Enrollment

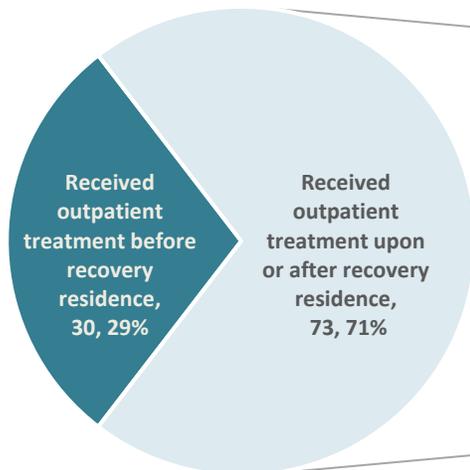
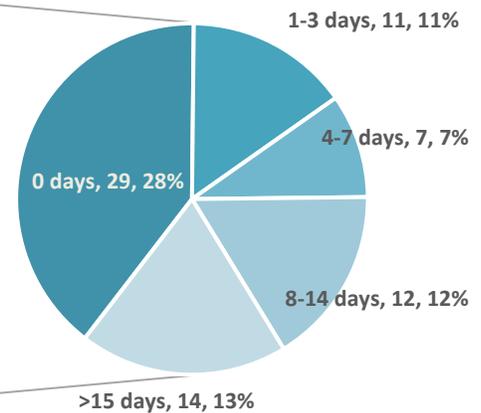


Figure 8. Time to Outpatient Treatment Enrollment



Recidivism. None of the individuals who stayed at a recovery residence between July and December 2020, were arrested for a new felony or misdemeanor offense resulting in a conviction by December 31, 2020. This is a preliminary outcome, since the average time period to measure recidivism for these clients was only 90 days from recovery residence enrollment through December 31, 2020.

¹¹ For example, zero days indicates that the client was immediately enrolled in outpatient services upon arrival at the recovery residence.



Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe facilitators to program success and barriers impacting progress toward program goals.

Program Facilitators

The referral process is going well and communication with the SUD hotline has improved since early Cohort I implementation challenges. As a result of increased communication between the hotline and providers, the referral process is running more smoothly and recovery residences are operating at capacity. Second Chance receives the majority of its referrals directly from Center Point, but CURA received most referrals from their residential treatment program when clients are ready to step down to a lower level of care.

Program modifications in response to COVID-19 resulted in some service improvements that providers may integrate long term. CURA added a transportation component to bring residents to and from outpatient groups from the recovery residence. This change was implemented to limit exposure to COVID-19, but also had the benefits of increasing attendance in outpatient treatment and developing camaraderie among residents.

For outpatient services, Second Chance implemented smaller outpatient treatment groups (from twelve to six participants) for shorter periods (90 minutes to one hour) to comply with COVID-19 mandates. While initially challenging, this change led to the same clients attending groups with each other more often. Within this context, staff reported that clients became more comfortable sharing and conversations became deeper.

The environments at the recovery residences support recovery. Each recovery residence has a clear structure and rules that clients appreciated, and staff were described as treating everyone with warmth and respect. Many residents came to recovery residences from more highly structured residential treatment facilities, while other clients came from environments with little to no structure, including homelessness. Clients shared an appreciation of recovery residences' structured and supportive environments to support their recovery.

Clients value the peer staff at recovery residences. Clients expressed that the ability to talk with staff openly about what they are going through is deeply beneficial, as is the fact that they feel staff care about their success. Clients noted that staff at the recovery residences take the time to get to understand their history, including context around their substance use issues, and make themselves available if clients need someone to talk to for support. A selection of client experiences is captured in the sidebar at right.

"I'd be hard pressed to say something that I didn't really like. I was there to get my life back in order, and it was a fertile environment for me to do that..."

– *Recovery Residence Client*

"It's amazing to me that the people who work here are so happy and giving and loving and helpful. I didn't know there were people out there who genuinely wanted to help someone else."

– *Recovery Residence Client*



Program Barriers

Recovery residences have received a few referrals for individuals with serious mental health issues, but they are not designed or equipped to serve this population. Some staff identified a few inappropriate referrals for individuals with serious mental health needs. These individuals were not good fits to live in group environments and were discharged from the recovery residences, which caused strain on both the individual seeking recovery and on limited system resources. Recovery residence staff also shared a desire to connect recovery residence clients more efficiently and effectively to mental health services and noted challenges with the current process, particularly when the ACCESS line's diagnosis is not in alignment with staff's experiences related to the client's mental health.¹²

Permanent housing and employment are two key challenges facing recovery residence clients. A lack of affordable housing options and limited employment opportunities jeopardizes clients' long-term recovery. Permanent housing supports sobriety and employment provides not only the financial support to maintain housing, but also an added structure that can also support recovery.

Looking Ahead

During COVID-19, each of the recovery residences made program modifications (e.g., providing transportation to treatment) that they should consider making permanent moving forward. While the recovery residences provide short-term housing stability to support recovery, obtaining permanent housing remains one of the most difficult challenges for clients who complete six months at a recovery residence. Alameda County should consider how it can promote collaboration between recovery residences and other housing services, including the Prop 47-funded housing assistance program, to support clients' long-term housing needs.

¹² The Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) program is a countywide hotline for mental health services.



Housing Assistance Program

The Alameda County Prop 47 housing assistance program provides financial housing support to justice-involved individuals with mental illness and/or substance use disorders. Three community-based providers are contracted to provide housing assistance: Bay Area Community Services (BACS), La Familia Counseling Services (LA Familia), and Roots Community Health Center (Roots). These organizations provide each client with up to \$5,000 for eligible expenditures, including but not limited to rental assistance, security deposit, utilities, furniture, minor home repairs, credit repair, assistance with poor rental history, and moving expenses. Figure illustrates the Prop 47 housing assistance program model.

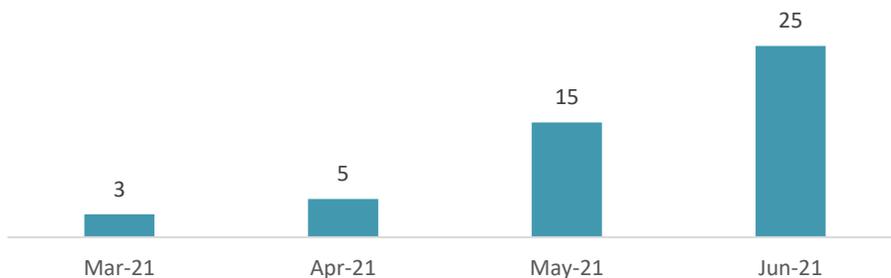
Figure 9. Prop 47 Housing Assistance Program Model



Program Profile

Between March and June 2021, a total of 48 unique individuals received Prop 47 housing financial assistance. As shown in Figure , the number of individuals receiving housing financial assistance has risen over time. The youngest recipient of housing assistance was 25 years old and the oldest was 65, with an overall average age of 46 years old.

Figure 10. Number of Unique Individuals Provided Housing Assistance by Month



The amount of financial housing support each individual received ranged from \$32 to \$5,000, with an average amount of approximately \$2,000 per unique individual, oftentimes spread across multiple disbursements. Almost all Cohort II clients (98%) also received Cohort I funding.¹³

¹³ Providers were allowed to provide Cohort II housing funds to clients who received Cohort I housing funds. These clients could, therefore, receive up to \$10,000 in housing assistance (\$5,000 in Cohort I and \$5,000 in Cohort II).



Between March and June 2021, \$100,046 total was disbursed for various eligible housing-related expenses. Figure summarizes the total amount spent on each type of service. The majority of funds and disbursements went to rental assistance (excluding past due rent), which supported 33 unique individuals and comprised \$63,028 (63%) of total spending.

Figure 11. Proportion of Services by Cost (\$100,046)



To target funding based on need, Prop 47 housing funding was allocated based on the distribution of Probation clients across supervisorial districts. Table 4 displays spending across districts through June 2021, which may vary across districts due to variations in provider-specific contracting and start-up delays. The highest proportion of total spending (49%) was utilized in District 2, which comprises Hayward, Union City, Newark, and parts of Fremont and Sunol.

Table 4. Housing Services by District

District	Amount Spent	% of Spending
1	\$9,243	9%
2	\$49,493	49%
3	\$14,205	14%
4	\$23,947	24%
5	\$2,959	3%

Housing Client Profile

Among the 48 housing assistance recipients, 25 (52%) had a mental health diagnosis and 27 (56%) had a SUD need, with 7 (15%) who had a co-occurring disorder (both mental health diagnosis and SUD need). At the time financial assistance was first provided, almost all individuals were homeless (21%) or at risk of homelessness (63%).



Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe facilitators to program success and barriers impacting progress toward program goals.

Program Facilitators

The Prop 47 housing assistance program enables providers to release funds quickly and use funds flexibly. As was the case during Cohort I, service providers and clients continue to appreciate the low barrier housing assistance offered through Alameda County’s Prop 47 Housing Assistance Program. Eligible recipients are typically able to receive funding in less than a week, and often within a few days to support their housing needs. The flexibility of the funding disbursement structure allows service providers to write checks to a wide range of vendors and clients appreciated the short time frame within which they were able to access funds and the flexibility in how they could be used. One basic need that the housing funds cannot be used for is food, which some providers suggested would be useful for clients in need.

Providers continue to leverage existing organizational capacity and relationships with other community providers to meet the needs of housing assistance recipients. The organizations delivering housing services provide a range of additional support services, including substance use and/or mental health services, among others. This enables them to leverage existing organizational capacity to meet the immediate needs of clients (e.g., food, clothes), and offer case management and service navigation to housing assistance clients so they can receive support for other needs such as educational, employment, behavioral health, medical, dental, or vision needs.

“For things like food we have a food pantry and people can come in four times a week. We have a clothing closet and members can come down and get three outfits to take with them. And we have toiletries, so they can come down and get everything.” - Provider

Housing assistance clients described the positive impact of the program on their mental health, employment, and self-sufficiency. Clients shared a variety of ways in which they felt the housing assistance program impacted their lives positively. For some, stable housing meant improved mental health and relief from the chronic stress and trauma of homelessness, and the ability to pay for things like medicine and public transportation. For others, the housing assistance program provided the foundation for becoming financially secure, avoiding homelessness, and thriving. A selection of client experiences is captured in the sidebar at right.

“Having a place to call home has impacted everything; me coming to work happy and having a sense of peace and happiness ... to be able to invite people over at my house and have family members over for dinner. It has given me stability and the ability to continue working on myself, my credit, my rental history, and all that. It has had a very good impact on my life course.”
– *Housing Program Client*

“It gave me a little bit of mental freedom, not the worry about where I’ll be tomorrow. That’s kind of the bottom line.”
– *Housing Program Client*

“It gives me a stable foundation to save money while working and get a place of my own. I am at transitional housing now. They are paying rent for transitional housing ... I couldn’t pay rent for a minute. It saved me from being homeless.”
– *Housing Program Client*



Program Barriers

The Prop 47 housing assistance program efficiently and effectively offers short-term housing relief; however, some service providers suggested it is less effective supporting long-term housing stability. In Alameda County, where the cost of living is extremely high, \$5,000 is not always sufficient to provide long-term housing relief for individuals who earn low wages or have larger families to support. To try and address this gap, service providers often refer participants to other internal programs so that they can provide support for longer periods. In some cases, this strategy supports participants for long enough periods to maintain stable housing. However, often individuals continue to experience challenges maintaining housing. It is noteworthy that clients who received Cohort I funding can also receive Cohort II funding, which provides a great opportunity for agencies to support individuals for longer periods of time with a maximum financial support of \$10,000 over the two cohorts.

Finding landlords willing to rent to the Prop 47 population has always been challenging; but the COVID-19 pandemic resulted in even fewer landlords for the providers to work with. While it is often difficult to find landlords willing to rent to the rising number of justice-involved individuals with substance use and/or mental health needs who are seeking housing, the Prop 47 housing assistance program had cultivated relationships with landlords who rented rooms to their clients. However, because of the COVID-19 pandemic, some of these landlords were no longer renting rooms. The increase in need and decrease in supply created significant challenges to find housing opportunities for individuals seeking stable housing.

Looking Ahead

Moving forward, the Prop 47 housing assistance program should continue to build relationships with other community providers and, when possible, leverage organizational capacity to meet the needs of housing assistance recipients. Providers should have venues and mechanisms to share resources and strategies to use the \$5,000 financial housing assistance most effectively. Perhaps most importantly, the Prop 47 housing assistance program should continue to build connections with landlords with affordable housing options in order to connect Prop 47 housing funding recipients with stable housing opportunities to support recovery.

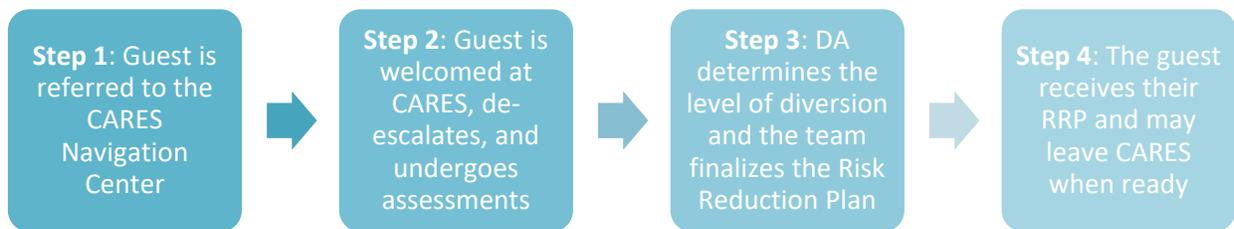


Misdemeanor Diversion Program

The Alameda County Prop 47 diversion program, the Community Assessment, Referral, and Engagement Services (CARES) Navigation Center, was newly created in Cohort II. The program, which operates from 11 am-7 pm, Monday through Friday, is intended to divert low-level offenders with mental health needs away from the crisis system by connecting them with community-based services. The CARES Navigation Center is operated in partnership with the Alameda County District Attorney’s Office, a community-based provider, La Familia Counseling Services, and the Alameda County Probation Department.

Figure illustrates the navigation center model. A further explanation of each step is presented below.

Figure 2. Prop 47 CARES Navigation Center Diversion Program



Step 1: CARES Navigation Center Referral

Through June 2021, individuals can be referred to the Navigation Center through law enforcement officers or the District Attorney’s (DA) Office.¹⁴ If individuals are stopped or arrested for a misdemeanor offense¹⁵ and display signs of a mental health or substance use disorder, law enforcement officers may give the individual the option to be taken to CARES, as opposed to jail. In addition to law enforcement referrals, DA staff can also make referrals based on reviews of pretrial files.

Step 2: CARES Navigation Center Respite and Assessments

Upon arrival at the CARES Navigation Center, CARES staff offer the guest (i.e., client) food, clothing, and other basic necessities to de-escalate the situation. The CARES staff is comprised of two peers and one clinician. After staff explain the Navigation Center and have the guest sign the agreements form, they bring the guest to a space furnished intentionally with cozy chairs, couches, and artwork to create an inviting atmosphere. After the respite period¹⁶ (usually thirty minutes to one hour) and establishing trust with the guest, the staff conduct a barrier removal and clinical assessment to develop the preliminary Risk Reduction Plan (RRP). Upon gaining consent from the guest, the RRP is shared with the DA.

¹⁴ More recently, the program now also accepts referrals from the Probation Department.

¹⁵ A limited number of misdemeanor offenses are not eligible for CARES. These are related to sex offenses, domestic violence, stalking, and driving under the influence. Individuals who are violent or combative with law enforcement officers or require medical treatment are not eligible for the program.

¹⁶ A short period of relief during which the guest can de-escalate.



Step 3: Diversion Determination and Risk Reduction Plan (RRP) Finalization

In a virtual meeting, the staff and DA discuss the case and the DA determines the guest's level of diversion. Four levels of diversion are available:

- 1) Deflect: Individuals who commit low-level crimes and have little criminal history may be deflected, which entails a one-day follow up to ensure they have connected with subsequent services.
- 2) Defer: Deferral is granted when an individual commits a low-level crime but has more criminal history. Follow-up for deferrals occur after one day, five days, and three weeks of engagement with diversion services.
- 3) Divert A and B: Post-charge diversion is offered to individuals with more serious offenses and, generally, more extensive criminal history. Individuals in Divert A are directed to treatment and have follow-up after one day, thirty days, six months, and one year. Divert B is through collaborative court and does not require follow-up from the CARES team, since the individual will receive supervision through the court.

Once the diversion level has been set, the team finalizes the diversion recommendations and RRP.

Step 4: RRP Receipt and Exit

Once the guest is given their RRP and referrals they have the option to leave the Navigation Center or remain there until 30 minutes before closing for additional respite time.



Program Profile

The CARES Navigation Center opened in February 2021. Between February and June 2021, the Center has received 46 referrals and served eleven clients, known as guests.

As shown in Table 5, a large number of referrals were unsuccessful. For law enforcement referrals, referrals can be unsuccessful if they take place outside of the Navigation Center hours or if an individual has an active warrant. For most DA’s Office referrals, Navigation Center staff were unable to get in contact with the individual to schedule an appointment.

Table 5. Referrals to CARES Navigation Center (n = 46)

Referral Source and Outcome	Number	Percent
DA’s Office Referrals	34	73%
Received CARES services	3	7%
Did not receive CARES services	31	67%
Law Enforcement Referrals¹⁷	12	26%
Received CARES services	8	17%
Did not receive CARES services	4	9%

The eleven guests served by the center were between the ages of 25 and 64. Three identified as White, two as African American, four as Hispanic/Latino, and two as Asian. Approximately half were arrested for a drug-related misdemeanor. Through the Navigation Center, six guests were deflected, three were deferred, one received divert A, and one declined services.

Guests have been connected with adult SUD inpatient and outpatient services, employment services, clinics, and housing assistance. The majority of referrals were made to one of the La Familia programs (e.g., SUD adult outpatient, reentry employment program, community outreach), but other referrals have been made to Second Chance Hayward Recovery Center, a methadone clinic, and the Probation Department.

¹⁷ Law enforcement referrals came from the Hayward Police Department (6), Oakland Police Department (5), and the East Bay Regional Park District (1).



Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe facilitators for program success and barriers impacting progress toward goals.

Program Facilitators

Due to their ability to relate to and help guests feel comfortable, the peer model is an essential element of the CARES Navigation Center. The CARES team was highly regarded by a range of stakeholders. Interviewees highlighted that peers effectively connect with CARES guests because their shared experiences and training help them build trust and rapport. This is critical for the guests' wellbeing, likelihood of answering honestly during the assessments, and amenability to being connected to services.

The respite period facilitates de-escalation and helps meet guests' immediate needs. Upon arrival at the center, peers explain their role, which can help relieve anxiety associated with arrest or law enforcement. They also provide the guest with items including, but not limited to food, water, and clothes. Because a lack of basic necessities often exacerbates crisis situations, ensuring the guest feels comfortable and has their needs met facilitates de-escalation.

Efficient communication and coordination within La Familia and the CARES staff reduces wait time. Efficient communication is critical to CARES' success and ensures that guests do not have to wait long periods time while services are arranged. La Familia leverages its existing services and programs to serve CARES guests, enabling CARES' staff to communicate and arrange services directly without requiring the use of an external hotline as an intermediate point of contact. The CARES staff also work as effective team, capitalizing on each other's strengths (e.g., taking unique approaches when working with difficult guests) and streamlining processes where possible (e.g., eliminating redundant assessment questions).

"My favorite part about the peer model is that we all have lived experience so we're all able to build that unique connection with them, have good open conversations, feel connected and welcomed."

– CARES Staff

"Two peers do all the initial assessments with the guests. These are people who have gone through this stuff themselves and can build the level of trust. Getting [the guests] to stay ... is key. Another is that la Familia is an agency that has many different types of programs. We have housing, SUD, employment, residential, so we've been able to make direct referrals internally and that's been great."

– CARES Staff



Program Barriers

Low number of guests have accessed the CARES Navigation Center since its opening. A number of challenges have impacted program referrals and entry. As a new program, it can take time for agencies to start making referrals and there is still limited awareness of the program across law enforcement, which has been compounded by turnover in law enforcement leadership across a number of departments. Additionally, given the diverse scenarios in which law enforcement officers interact with individuals, police officers shared challenges in assessing eligibility based on behavioral health needs and offense severity. The CARES program has taken steps to increase referrals through law enforcement trainings, the development of referral tools (e.g., training videos and palm cards), and expanding referral sources to the DA's Office.¹⁸ By providing an additional referral avenue, CARES is able to reach individuals who may significantly benefit from the CARES model but would not otherwise have access to the Center. However, without direct contact and transportation assistance, many DA referrals will not make it to the Center.

Lengthy wait times, particularly to get connected to external services, can decrease client engagement and willingness to engage in services. Guests' average time at CARES is four hours, but staff believe that time could be halved with more efficient coordination. Many interviewees cited the importance of making this process as short as possible. Staff noted that after two hours, guests can become anxious, particularly if they need to retrieve their belongings at encampments. Stakeholders identified two ways of streamlining the process: 1) establishing direct contact avenues with providers to avoid having to use hotlines as an intermediate step and 2) ensuring that a DA representative is available after 5 pm to determine the level of diversion. Lastly, it was stressed that reliable transportation to the guests' next destination is lacking. Probation has started to assist with transportation, but systematized transportation is needed to reduce wait time and help guests reach their destinations when services are open for intake.

As a new program, some aspects of the program model still need to be formalized and disseminated across stakeholders. As a new program, the DA's Office and La Familia have developed a number of policies and processes to formalize the model. However, the consequences for (1) missed appointments (for DA's Office referrals), (2) refusing an RRP, and (3) failure to engage in services after leaving the CARES Center have not been clearly communicated across stakeholders.

Looking Ahead

Moving forward, the CARES Navigation Center should consider expanding eligibility criteria and making other adjustments (e.g., expanding both opening and closing hours) in order to increase enrollment. This could include offering CARES to individuals who are not arrested and including community referrals from individuals' family members and friends. Second, the CARES team should continue to identify how it can best leverage and utilize the assigned probation officer and larger probation resources.¹⁹ This may include transportation assistance, program and treatment referrals (for Probation-funded programs), and referrals to the CARES Navigation Center. Last, as enrollment increases, the CARES team will need to ensure they are able to effectively work with multiple guests at the same time.

¹⁸ The program is also exploring diversion for probation violations.

¹⁹ As of June 2020, the Prop 47-funded behavioral health probation officer has supervised a Behavioral Health caseload and worked as liaison with the Reentry Treatment Court. The Probation Department and CARES team are actively working together to identify how the behavioral health probation officer can support the CARES center.



Cross-Cutting Findings

RDA's mixed methods analysis of Alameda County's Prop 47 programs produced key findings that cut across individual program areas. These findings and considerations for the future are included below.

- 1. The COVID-19 pandemic required providers to modify their programs and created delays in program implementation.** The COVID-19 pandemic increased clients' needs and required providers to adapt their programs to adhere with social distancing requirements and other health precautions. For example, recovery residences decreased capacity, instituted restrictions on visitors, and required COVID-19 testing. County processes were also impacted by the pandemic by delaying contracts for new programs. Originally planned to launch in 2020, the mental health and diversion programs were particularly affected by delays in County processes due to the COVID-19 pandemic.
- 2. The inclusion of peers and individuals with lived experience strengthens Prop 47-funded programs and increases client engagement in services.** Peers were praised as a fundamental strength by everyone from clients to administrators in each of the four Prop 47 programs. Almost all clients highlighted their appreciation for staff who could relate to their situations and offer concrete advice. Studies demonstrate that by helping others engage with the recovery process through understanding, respect, and mutual empowerment, peers increase the likelihood of a successful recovery.²⁰ Programs should continue to focus and dedicate resources toward hiring, retaining, and supporting peers' professional development. The Prop 47 Local Advisory Committee (LAC), which provides oversight and guidance to the Prop 47-funded programs, includes three community representatives. The LAC should identify ways to support and encourage input from community representatives, particularly since shifting to virtual meetings due to the COVID-19 pandemic has hindered their participation.
- 3. A lack of affordable housing and employment opportunities impact clients' long-term recovery.** While recovery residences and the housing assistance program provide relief and stability for clients, a lack of long-term, affordable housing can limit clients' stability and long-term success. As a result of the pandemic, the Alameda County unemployment rate increased to 14.6% in April 2020 and then decreased to approximately 7% by early 2021.²¹ Clients shared concerns about affordable housing and employment opportunities, citing the importance of living where they are safe, not tempted by substance use, and able to support their basic needs and take care of their family.
- 4. Prop 47's multi-program structure requires strong coordination, investment, and oversight.** Alameda County chose to fund four distinct programs through its Prop 47 grant, with each program possessing a distinct referral process, services, and data systems. While this model allows the County to address multiple gaps in behavioral health services provided to justice-involved individuals, the range and diversity of providers and program models make coordination and collaboration increasingly complex. Identifying opportunities and venues for providers and programs to collaborate, problem solve, and share resources would strength Prop 47 programs, as well as identifying any strategies or tools to make grant-required reporting more streamlined.

²⁰ Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). Peers. Retrieved from <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>.

²¹ U.S. Bureau of Labor Statistics, Unemployment Rate in Alameda County, CA [CAALAM1URN], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/CAALAM1URN>, July 11, 2021.



Appendix A. Alameda County Local Advisory Committee (LAC) Members

1. Karyn Tribble, Alameda County Behavioral Health Services Agency (co-chair)
2. Marcus Dawal, Alameda County Probation Department (co-chair)
3. Rodney Brooks, Alameda County Public Defender's Office
4. Danielle Guerry, Alameda County Superior Court
5. Kelly Glossup, Alameda County Sheriff's Office
6. Sholonda Jackson-Jasper, Community Representative
7. L.D. Lewis, Alameda County District Attorney's Office
8. Michele Moncrief, Community Representative
9. Gordon Reed, Community Representative
10. Dan Simmons, Community Representative



Appendix B. Alameda County Prop 47 Logic Model

Process			Outcomes & Impact	
Inputs <i>What do we contribute to accomplish our activities?</i>	Activities <i>What activities does our program area do to accomplish our goals?</i>	Outputs <i>Once we accomplish our activities, what is the evidence of service delivery?</i>	Short- & Middle-Term Outcomes <i>What changes do we expect to see within 0-2 years?</i>	Long-Term Outcomes and Impacts <i>What changes do we expect to see within 3-5 years?</i>
<p>Funding</p> <ul style="list-style-type: none"> BSCC Prop 47 grant funding Leveraged funds <p>Leadership, Oversight, and Staffing</p> <ul style="list-style-type: none"> Health Care Services Agency District Attorney Probation Department Local Advisory Committee (LAC) Funded Providers <ul style="list-style-type: none"> Bay Area Community Services Center Point Canales Unidos Reformando Adictos (CURA) La Familia Counseling Services Roots Community Health Center Second Chance, Inc. <p>Training & EBPs</p> <ul style="list-style-type: none"> BSCC guiding principles Reentry Treatment Team (RTT) Trauma-Informed Care Restorative Justice Evidence Based Risk/Needs Assessment Tools Cognitive Behavioral Therapy Motivational Interviewing 	<p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> Administer and analyze intake assessments Intensive case management MH treatment Peer Navigation Referrals for other services <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> Screen and refer SUD clients Recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> Housing supports <p>Diversion Program</p> <ul style="list-style-type: none"> Law enforcement identification of eligible individuals and transport to the Navigation Center Administer and analyze intake assessments Deflect, defer, or divert individuals 	<p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> # of RTT staff # previously incarcerated staff RTT client/staff ratio # individuals enrolled in MH services # who had 2+ treatment sessions within 30 days after enrollment Service hours provided and number served <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> # individuals screened for SUD # individuals enrolled in recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> # individuals provided funding or other services, by service type and/or funding amount <p>Diversion</p> <ul style="list-style-type: none"> # staff trainings # individuals receiving services at the Navigation Center # individuals deflected, deferred, and diverted 	<p>Mental Health</p> <ul style="list-style-type: none"> Clients show decrease in functional impairment as measured by repeated adult needs and strengths assessment (ANSA) Reduction in psychiatric hospitalizations and psychiatric emergency room admissions Clients maintain engagement in mental health treatment and services or successfully complete treatment during the treatment period <p>Substance Use</p> <ul style="list-style-type: none"> Clients connected to treatment Clients maintain engagement in SUD treatment services throughout the entire treatment period Clients successfully complete treatment Clients do not experience relapse <p>Housing</p> <ul style="list-style-type: none"> Clients are provided housing supports <p>Diversion</p> <ul style="list-style-type: none"> Clients successfully deflected, deferred, and diverted from the criminal justice system Clients on probation complete probation without violations or new convictions <p>Criminal Justice</p> <ul style="list-style-type: none"> Clients reduce rate of recidivism, per the BSCC's definition Clients do not return to jail <p>System Level Outcomes</p> <ul style="list-style-type: none"> Improved coordination between agencies and organizations 	<p>Mental Health</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with moderate severe or serious and persistent mental illness are stabilized through community-based mental health treatment and services and do not reoffend <p>Substance Use</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend <p>Housing Condition</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with emergency housing needs are stabilized through community-based treatment and services and do not reoffend <p>Diversion</p> <ul style="list-style-type: none"> Justice-involved individuals with behavioral health needs who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration <p>System Level Outcomes</p> <ul style="list-style-type: none"> Community partnerships and collaboration for MH/SUD treatment and housing



Appendix C. Progress Toward Proposition 47 Objectives

Goals	Objectives	Progress
Formerly incarcerated individuals with moderate-severe or serious and persistent mental illness are stabilized through community-based mental health (MH) treatment and services and do not reoffend.	1. 65% of clients who enroll in RTT have 2+ treatment sessions within 60 days of admission.	Due to delays in implementation, only 20 RTT clients received services from program start, in April 2021 through June 2021. Due to the limited number of individuals served, we are unable to measure progress toward these objectives at this time.
	2. Upon program completion, 50% of RTT clients show a decrease in functional impairment as measured by repeated Adult Needs and Strengths Assessment.	
	3. 75% of RTT clients maintain engagement in MH treatment and services or successfully complete treatment during the 12-24 month treatment period.	
	4. 75% of disabled clients without SSI are successfully connected with an SSI Advocate.	
	5. 80% of RTT clients do not recidivate during the treatment period.	
Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend.	6. 60% of Prop 47 clients referred to SUD programs enroll in ACBH SUD programs.	54% of individuals who called the SUD hotline were connected to ACBH programs.
	7. 80% of Prop 47 recovery residence clients enroll in SUD outpatient treatment and services.	Of the 131 unique Cohort II clients, 103 individuals (79%) received outpatient services while they stayed at a recovery residence.
	8. 50% of recovery residence clients exit recovery residences with successful progress.	Of the 131 individuals who exited recovery residences, 68% were discharged with treatment goals reached or satisfactory progress.
	9. 50% of recovery residence clients reduce admission to detox programs.	The evaluation was unable to conduct a pre-/post-analysis of admissions to detox programs, but this



		outcome measure will be included in the final evaluation.
	10. 80% of SUD clients do not recidivate during the treatment period.	Recidivism outcomes through December 2020 were provided to identify the number of individuals that were arrested for a new offense that resulted in a conviction following the first date of service receipt. 100% of the individuals who stayed in recovery residences from July through December 2020 did not recidivate following their first bed night in a recovery residence.
Justice-involved individuals with any mental illness who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration.	11. 50% of individuals deflected from the criminal justice system do not recidivate.	Due to delays in implementation, only 11 individuals received diversion services from February 2021 through June 2021. Due to the limited number of individuals served, we are unable to measure progress toward these objectives at this time.
	12. 65% of individuals deferred from the criminal justice system are not charged.	
	13. 65% of individuals diverted from the criminal justice system are not convicted.	
	14. 50% of individuals on the behavioral health/diversion probation caseload complete probation without a violation or new conviction.	



Appendix D. Process and Outcome Measures

Table 6. Process Evaluation Measures

Activity	Quantitative Data	Qualitative Data
Mental Health Reentry Treatment Teams	<ul style="list-style-type: none"> ● Staff & Clients <ul style="list-style-type: none"> ○ # of MRT staff ○ Staff demographic characteristics ○ # previously incarcerated staff ○ MRT client/staff ratio ○ # individuals enrolled in MH services ○ Client demographic characteristics ○ Client education, housing, and employment status & needs ○ Client MH diagnoses ● Services <ul style="list-style-type: none"> ○ # with 2+ treatment sessions within 30 days after enrollment ○ Service hours, service type, and date of service per client 	<ul style="list-style-type: none"> ● Interviews with Prop 47 management <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Use of evidence-based practices (EBPs) and best practices including trauma-informed care, cultural competence, and restorative justice ○ Community engagement ● Interviews with supervisors/managers <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Training needs ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement
SUD Screening/Referral and Recovery Residences	<ul style="list-style-type: none"> ● Staff and Clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client education, housing, and employment status & needs ○ Client SUD diagnoses ● Services <ul style="list-style-type: none"> ○ # clients screened for SUD & date of screening ○ # individuals enrolled in SUD programs & date of enrollment <ul style="list-style-type: none"> ▪ # individuals enrolled in recovery residences ▪ # individuals enrolled in outpatient treatment 	<ul style="list-style-type: none"> ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement
Housing Support Services	<ul style="list-style-type: none"> ● Staff and clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ● Services <ul style="list-style-type: none"> ○ # clients provided funding or other services, by service type, provider, and funding amount 	<ul style="list-style-type: none"> ● Focus groups with line staff <ul style="list-style-type: none"> ○ Experiences with leadership ○ Collaboration and communication ○ Experience with clients ○ Perceived impacts on clients ○ Perception of training ○ Barriers and facilitators encountered
Diversion	<ul style="list-style-type: none"> ● Staff and clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ○ Client education, housing, and employment status & needs ● Services 	<ul style="list-style-type: none"> ○ Barriers and facilitators encountered ● Focus groups with clients



	<ul style="list-style-type: none"> ○ # clients referred to diversion program and assessed by diversion team ○ # clients receiving services at the Navigation Center ○ # deflected, deferred, and diverted ○ # clients on Behavioral Health Probation Officer caseload 	<ul style="list-style-type: none"> ○ Experiences with staff ○ Awareness of services ○ Perception of services ○ Barriers and facilitators encountered
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Table 7. Outcome Evaluation Measures

Category	Quantitative Data	Qualitative Data
Mental Health Stability	<ul style="list-style-type: none"> ● # clients showing decrease in functional impairment as measured by repeated Adult Needs and Strengths Assessment (ANSA) ● % reduction in psychiatric hospitalizations and psychiatric emergency room admissions ● # MRT clients who exit program with successful progress ● # of MRT clients who maintain engagement in mental health treatment and services or successfully complete program during their treatment period 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services impacted mental health stability
Substance Use	<ul style="list-style-type: none"> ● # SUD clients who exit recovery residence with successful progress ● # SUD clients do not experience relapse while in a recovery residence 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services impacted substance use
Housing Stability	<ul style="list-style-type: none"> ● # of clients with identified housing needs who receive financial housing support 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services housing stability
Criminal Justice System Involvement	<ul style="list-style-type: none"> ● # of clients successfully deflected, deferred, and diverted from the criminal justice system ● # of clients deferred from the criminal justice system who are not charged ● # of clients diverted from the criminal justice system who are not convicted ● # diversion clients on probation who complete probation without violations or new convictions ● # of individuals recidivating during study period and offense 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services impacted criminal justice involvement