



Sacramento County's Reentry Opportunities and Access to Resources (ROAR)

**Prop 47 Local Evaluation Plan
2025-2028 Cohort**

OVERVIEW

Sacramento County is engaging people being released from jail in housing, services, and support to increase stability and decrease returns to custody

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Implementing and Evaluating Sacramento County's Re-entry Opportunities and Access to Resources (ROAR) Program

As a recipient of Proposition 47 (Prop 47) funding, Sacramento's Department of Health Services (DHS) has been working to develop the ROAR Program. The ROAR Program focuses on individuals exiting jail and the complex connections required to ensure transition back into the community. ROAR will focus on the needs of the most vulnerable participants, including those at risk of or experiencing homelessness and those with mental health needs and substance use disorders. The ROAR Program will work in partnership with existing programs and the CalAIM Justice-Involved Initiative.

The DHS is working with a Local Advisory Committee (LAC) to ensure that representatives from criminal justice agencies as well community partners and County leadership are actively involved in the process of program design and evaluation planning. The LAC is run alongside the Community Corrections Partnership.

The ROAR Program will go live in Summer 2025 and is funded through March 2028 with funding from the Prop 47 grant, as well as leveraged funds from allied sources.

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PROJECT BACKGROUND

DHS applied for Prop 47 funds to fund the ROAR Program. The need for the ROAR Program is underscored by both quantitative and qualitative data highlighting critical gaps in services for justice-involved individuals, for access to services for mental health and substance use disorders, housing and shelter, legal services, transportation, and general care management. In 2023, about 33% of incarcerated individuals in Sacramento County were released within 24 hours of booking and over half were released within three days, leaving little to no time to prepare or screen individuals for any post-release services. In 2024, 39.5% of jail releases occurred between 5 pm and 6 am during which access to support services and care coordination is not available. Often these release times occur as a result of the court process releasing someone from custody. These two dynamics reflect a complex challenge of short jail stays in terms of days, and then others that are “unplanned releases”, which can happen quickly after a court release decision.

ROAR, through its BSCC funds, intends to interrupt this dynamic for people who are homeless, at risk of homeless, and present mental health needs by providing the linkage to services as they leave incarceration at various hours, as well as dedicated shelter beds and housing to create a robust continuum of services. Further, it provides legal connections for people at risk of eviction, or who seek criminal record expungement. The Prop 47 grant funds will be amplified through the County’s behavioral health resources and linkages.

Justice-involved individuals—those who have spent time in jails or prisons—are at significantly higher risk for poor health outcomes, injury, and death compared to the general population. They face elevated risks of trauma, violence, overdose, and suicide. Concurrently, the County is developing its plans and strategies for jail-based California Advancing Innovations in Medi-Cal (CalAIM), which include a robust pre-release screening and planning effort as well as re-entry connections while incarcerated. In addition, the County is further developing community resources to support re-entry through Medi-Cal supported Enhanced Care Management and Community Supports. ROAR will be a pilot for how these two new systems operate and connect.

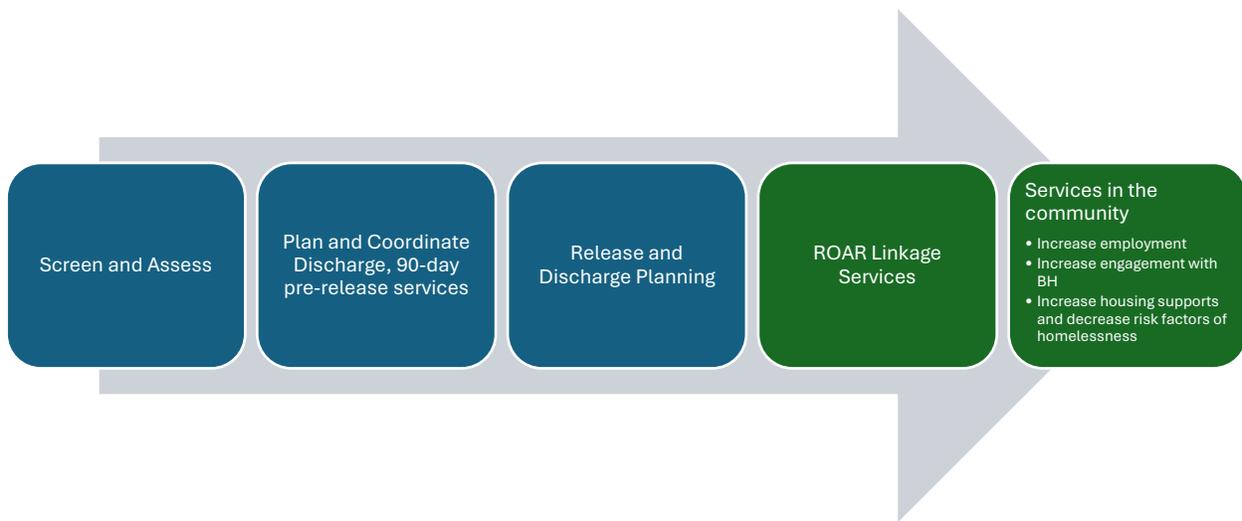


Figure 1: Re-Entry Planning and ROAR

SCOPE OF THE PROJECT

ROAR will be funded from 2025 to 2028 with a total budget of \$8,000,000 during this period, excluding leveraged funds. The emphasis of the grant will be on funding shelter beds and short-term housing, along with supporting linkages to Sacramento County Behavioral Health, and other community-based services. Contacts with ROAR participants will vary for the services provided outside of the congregate shelter or short-term housing where Prop 47 participants will reside. The congregate shelter (40 beds) and short-term housing (59 beds) staff will make daily contact with participants.

The contracted ROAR team community based organization (CBO) will have case managers to assist ROAR participants upon release and ensure connection with housing and other required supports.

The congregate shelter and short-term housing facilities will have onsite staff to provide basic case management services in coordination with the ROAR CBO.

The program will also support legal services such as eviction defense and criminal record expungement as a key aspect of housing support.

TARGET POPULATION AND ELIGIBILITY

The target population of focus is people exiting the jail into unsheltered homelessness and have behavioral health needs. Secondary priorities are individuals exiting the Sacramento County Jail to unsheltered homelessness or who are at risk of homelessness, and have behavioral health needs: 1) in 3 days or less (and had a previous jail entry), and 2) after more than 14 days. These individuals are often released without a plan in place. The ROAR

Program will change that by intervening to alter the trajectory for these individuals. Those not connected to Sacramento behavioral health or housing programs frequently don't engage and return to homelessness, and then return to custody. There are multiple programs, entitlements, and initiatives coming online and risk overwhelming people who are exiting incarceration and then not engaging in available services. ROAR will help individuals link to the proper programs for their needs.

There are over 2000 releases per month from the Sacramento County Jail, but this program seeks to focus on a smaller subset of those staying 3 days or less (but with a previous booking) and those staying 14 days or more. Figure 2 shows the distribution of time people spend in jail at the point of release.

	2023	2024
3 days or less	16,341	15,688
4-13 days	5,638	5,930
14+ days	7,824	7,768

Figure 2: Release Timing, Sacramento County Jail

The ROAR Program can only support a subset of these releases, but through screening in the jail based on the CalAIM Health Risk Assessment and other objective criteria, the ROAR team can quickly determine who is eligible to participate in the ROAR Program.

Using estimates from past jail studies, 30% of people entering the jail are homeless (without differentiating levels of homelessness) and 30% have behavioral health needs. Further analysis will determine this overlay of needs, but that equates to nearly 2500 people exiting the jail into homelessness per year with a short jail stay, and 2100 exiting the jail after 14 days without taking mental health needs into account, which is expected to be substantial.

This combined release volume of over 5000 people is not likely to be interested in services universally, but the assessment team will triage people into the correct service(s) based on available resources (grant funded and not). The linkage function of the ROAR Program is a key aspect of the program. The intake and assessment function will leverage other assessments happening in jail and pilot how seamless sharing of information (aligned with AB133) can enhance client care.

The housing components of the grant are the most limited resource, but using the total budget allocation and assuming a model where people would transition between jail linkage, shelter beds, short-term housing, and follow up, Figure 3 shows the program could support 50 entries per month in the housing component assuming some people will not stay in housing, and that people “step down” through the continuum.

ROAR Current (monthly)	0
ROAR (monthly admissions)	50
Months to ROAR Change	9
LOS ROAR Shelter	30
Closure Rate	30%
Time to Closure	10
LOS ROAR Short Term Housing	59
Closure Rate	20%
Time to Closure	30
LOS ROAR Follow-Follow up	90
Program Costs	\$80
Time to Closure	10
Average ROAR Length	110

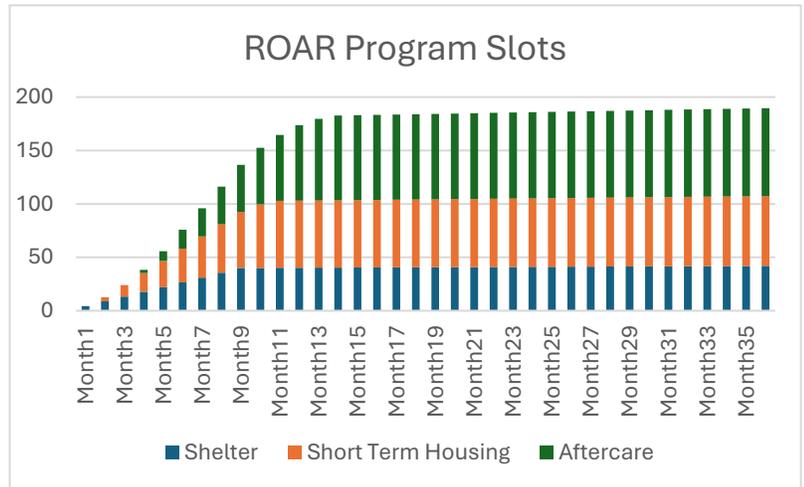


Figure 3: ROAR Program Scope and Capacity Estimate

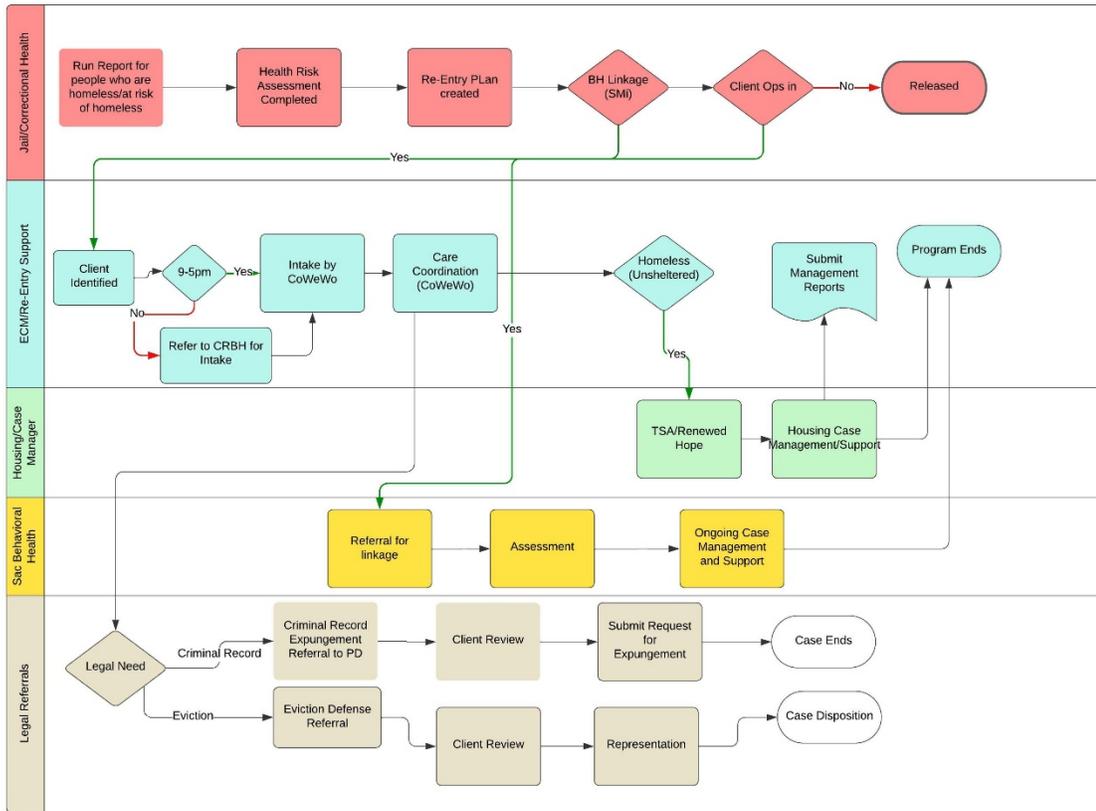
PROCESS OVERVIEW

The ROAR Program follows a process that begins with assessment and screening in the jail. This process includes screening and assessment, engagement with the clients, and connections to CBOs serving in-reach functions.

The current CBO providing in-reach services for pre-release planning and re-entry services under CalAIM’s Justice-Involved Initiative is in need of support to further expand their capacity and address existing service gaps. It is important for the CBO to have a location proximate to the jail for ease of access for people being released at all hours. Other existing gaps in the system include limited reimbursement from the managed care plans to the provider for on-demand transportation, such as Lyft or Uber, for transportation outside public transit hours, and reimbursement for staff mileage to transport individuals to necessary appointments.

ROAR Program and Process Maps, Program Process Map

Kevin O'Connell | March 21, 2025



<https://lucid.app/lucidchart/69bc21ce-78d7-467d-b511-91e063daa080/view>

Figure 4: ROAR Process Map

The ROAR Program will use a form-based system to ensure streamlined screening, communication, case management, and reporting. This system will offer a secure closed-loop referral system, as well as tools to streamline assessments and connections. The application will be updated with program administration tools and workflows.



Figure 5: ROAR Program Admin App

The primary form functionality is to provide a structured form. These two forms serve the purpose of gathering intakes/assessment, as well as then noting referrals. The form would be completed by the CBO providing engagement and assessment services.

The engagement form would serve internal program purposes as well as reporting for both BSCC grant requirements and evaluation. This form would allow a structured intake eligibility check, as well as cover multiple areas to ensure contact:

- 1) Client Information
- 2) Client Needs and Housing
- 3) Identification Needs
- 4) Basic needs
- 5) Employment and Education
- 6) Benefits
- 7) Health and Wellness
- 8) Conditions of Release
- 9) Self-Evaluation of Strengths, Needs, and Goals

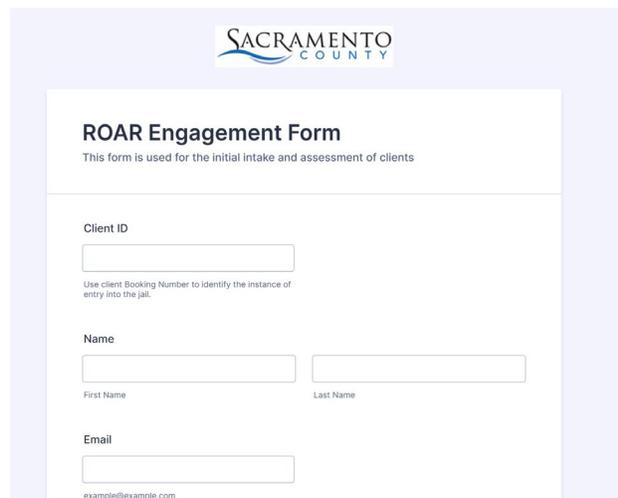


Figure 6: ROAR Program Engagement Form

<https://www.jotform.com/build/250655876329065#preview>

The ROAR client update form will note services received as they are received, as well as provide closeout information for the program. This will also serve as a way to monitor client placements and bed capacity. This includes the following sections.

- 1) Case Status and Context
- 2) Services Received
- 3) Closeout questions

4) Exit Survey

ROAR Client Update Form
This form tracks services received by clients during the program

Client ID

Date of Update

Date
Date

Date of Closure

Date
Date

Case Status

Figure 7: ROAR Client Update Form

<https://www.jotform.com/build/250723932094053#preview>

PROGRAM OBJECTIVES

The goals of the ROAR Program are to:

- 1) Reduce recidivism
- 2) Reduce homelessness
- 4) Increase participation in Behavioral Health services

These goals will be achieved through collaboration of multiple entities to provide interventions and supportive services. Table 1 shows a summary of goals and objectives from the main components of the ROAR Program.

Table 1: Goals and Objectives

Goal	Objectives
<p>Goal 1. Expand access to housing services for those being released from jail into homelessness.</p>	<p>Objective A. Increase identification and assessment of 5000 diverse individuals over 3 years.</p>
	<p>Objective B. Coordinate individual reentry care plans for individuals that include linkage to community-based SUD, MH, and other support services.</p>
	<p>Objective C. Improve housing stability in line with client goals at discharge.</p>
	<p>Objective D. Reduce barriers to housing by providing criminal record expungement.</p>
<p>Goal 2. Support client in re-entry and connect them to identified and self-assessed needs.</p>	<p>Objective A. Increase the number of people receiving assessments and re-entry coordination.</p>
	<p>Objective B. Care coordination to housing, behavioral health and legal services that align with client goals.</p>
	<p>Objective C. Deliver advocacy services to build and sustain positive legal support.</p>
<p>Goal 3. To increase retention in treatment and improve the target population’s behavioral health outcomes by increasing access to Sacramento County Behavioral Health network.</p>	<p>Objective A. Provide outreach and linkage services to engage individuals in treatment.</p>
	<p>Objective B. Increase field-based services provided to individuals in housing and connect clients to long-term housing and treatment solutions.</p>

The workplan in appendix 1 shows the County workplan.

PROJECT LOGIC MODEL

The ROAR Program design lends itself to an integrated program evaluation model since several different interventions are being overlaid along with service linkages. In designing an evaluation, the challenge becomes assessing the general program, as well as components for their impact. Some outcomes won't be visible during the pilot, however there is an opportunity to use observation and evaluation of the program measures to set expectations and consider what is realistic in each stage of the ROAR Program starting with implementation and throughout the pilot.

Using a Results-Based Accountability model¹ can help focus goals on key metrics that can present more straightforward assessment and monitoring, by reducing the initial need for detailed assumptions and statistical controls. This also helps to clarify the key goals of any program:

- How much did we do? (This shows workload.)
- How well did we do it? (This shows quality of implementation.)
- Is anyone better off? (This shows whether anyone benefited.)

Based on this framework, the program goals in Figure 8 show high-level program goals, linked to basic metrics.

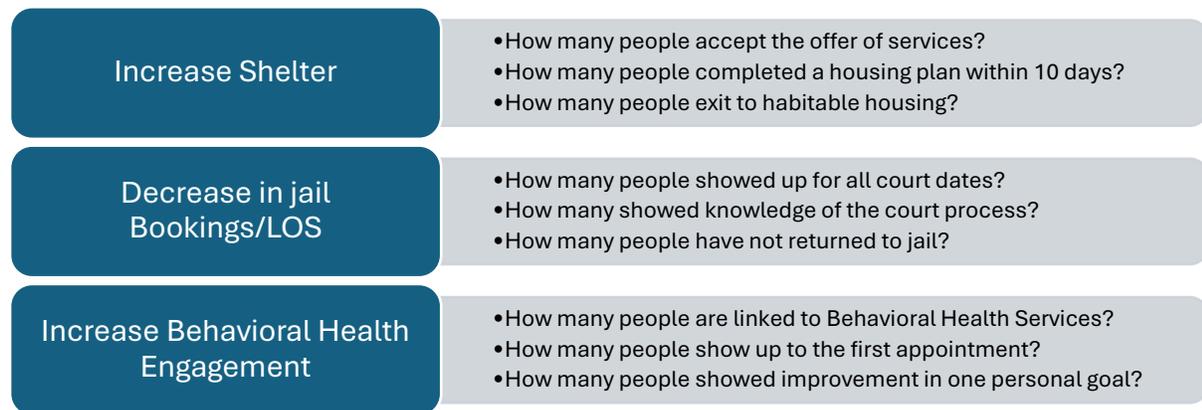


Figure 8: RBA Metrics

This then lends itself to a more integrated program logic model across these interventions, as well as linkages. A logic model helps to show the kinds of resources and activities that are then turned into programming activities, as well as the results of those activities (outputs). The items in red then show program impact at various stages of outcomes.

¹ <https://clearimpact.com/results-based-accountability/>

- Short term: Outcomes that show up in the first few weeks of a program engagement.
- Intermediate: Outcomes that show up at or near program completion/end.
- Long Term: Outcomes that show up after the program completion and require longer-term research and analysis.

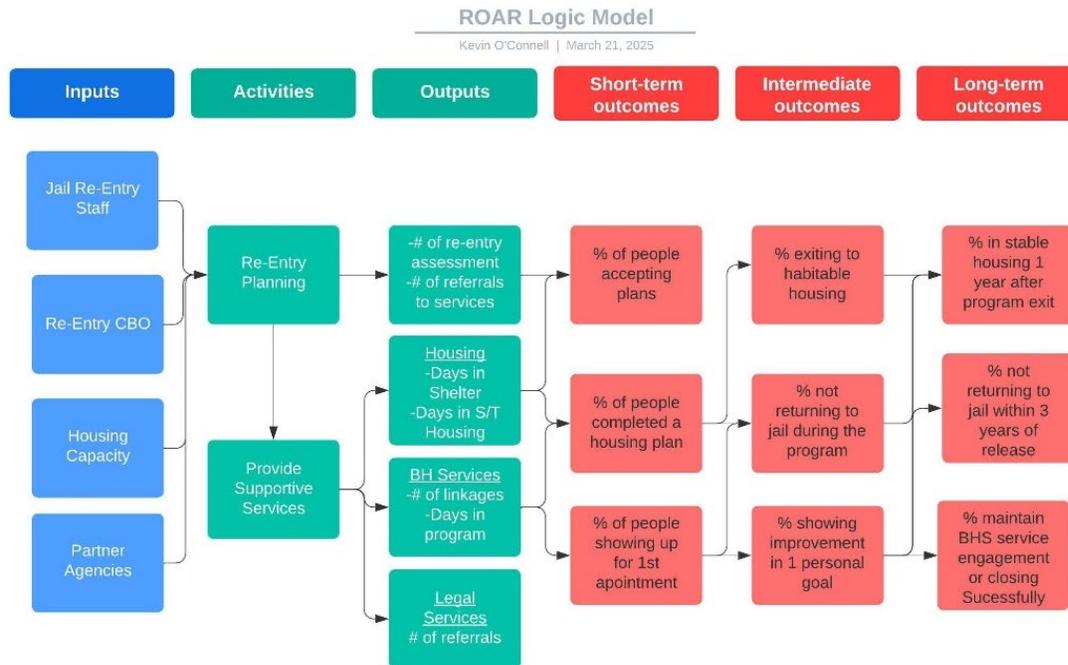


Figure 9: Program Logic Model

<https://lucid.app/lucidchart/69bc21ce-78d7-467d-b511-91e063daa080/view>

PROCESS EVALUATION METHOD AND DESIGN

The process evaluation component will incorporate rapid improvement as well as understanding how the program worked from multiple perspectives. As a pilot program, a core value of the JI Steering Committee is to learn multiple things about service delivery and incorporate the perspectives of clients and service providers. This integrated approach will give the evaluation a chance to test new approaches and look at ways to improve core elements of the program. This may cause challenges with the quantitative impact evaluation, but the timing of program changes or tweaks will be done on a cohort basis so any changes can be traced.

The JI Steering Committee and ROAR subgroup will direct some of the high-level direction and process improvement priorities, and these will be undertaken with data gathered or

being gathered through the evaluation process. The main tracking tool noted in Figure 7-9 will be the main collection point for the program and serve as both a hub for administrative data as well as processing data.

The team will consider using collaborative tools such as “rapid improvement events” to prioritize implementation gaps and plan collaboratively on how to show and monitor key elements. The team will use a Plan, Do, Check, Act (PDCA) method to ensure clear discussion of issues, and be data driven in monitoring implementation.

The research design will use a similar approach to the quantitative review and use a combination of metrics:

- 1) Develop process metrics that track quality, speed, and cost.
- 2) Develop survey and client check-in tools to assess client progress from their own voice.

The PDCA process will focus on several challenges of implementing the programs that are important to stakeholders:

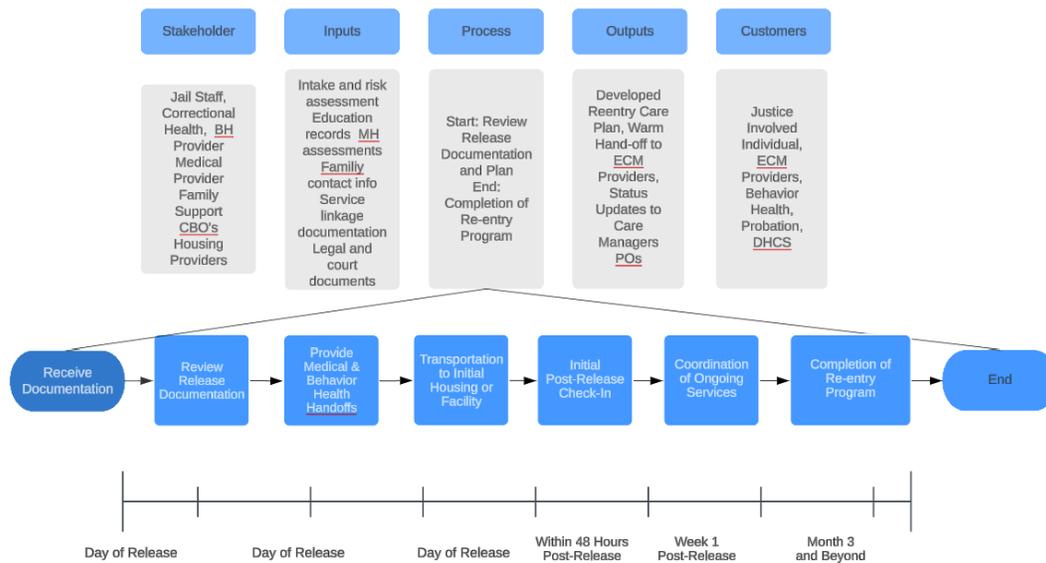
- Innovation for people staying only a few days but cycling through the jail.
- People released with little notice.
- People released after hours.

PROCESS METRICS

Figure 10 shows the general process for the re-entry program along with core metrics. The Supplies, Inputs, Process, Outputs, and Customers (SIPOC) is a tool to more clearly note what start and stops a process, and then the kind of process outputs we could see. This approach allows for a deeper understanding of program “outputs” as well as better sense of cost-efficacy and the use of resources.

ROAR Program and Process Maps, SIPOC

Kevin O'Connell | March 21, 2025



	Input	Process	Output
Quality	Accuracy and completeness of the reentry care plan and discharge documentation.	Seamless coordination between the facility and post-release service providers; thoroughness of the warm handoff.	Successful post-release engagement with medical and behavioral health services; compliance with parole/probation conditions.
Speed	Time to finalize discharge plans and notify relevant stakeholders (MCPs, probation officers, etc.).	Time taken to finalize care plan and execute the warm handoff.	Time to establish post-release services and follow-up within 48 hours.
Cost	Resources needed for care coordination, document sharing systems, and discharge planning.	Cost of care management, administrative tasks for data sharing, and transportation or housing logistics.	Costs associated with follow-up services, probation monitoring, and ongoing case management.

Figure 10: Re-Entry SIPOC and Process Metrics

This process analysis would use descriptive statistics to look at gaps and identify themes and then assess key areas for improvement. A key discussion tool will be a Pareto analysis to assess gaps and look at how to narrow issues from the many to the meaningful few.

SURVEY AND CLIENT VOICE

As the program progresses, the program will offer short client surveys as well as exit surveys to better understand client goals, barriers, and needs. These surveys will focus on reflecting their goals and interests to make sure the evaluation focuses on more complex needs and activities.

The Survey structure will offer pre- and post-engagement surveys across three themes:

- Client Needs
- Client Goals
- Client Satisfaction and Understanding of the Services Being Offered

OUTCOME EVALUATION METHOD AND DESIGN

The outcome evaluation will determine whether the Prop 47 project achieved the intended results and assessed any changes after participants received services. The outcome evaluation will utilize a quantitative research approach to assess the following constructions:

- Reduction in Unsheltered Homelessness
- Increase in Employment
- Increase in Substance Use and Mental Health Treatment
- Reduction in Recidivism as Measured by Returns to Sacramento Jail Custody

Client success will be tracked using three metrics assessed at client closure. These definitions will be combined with other contextual data.

- Success
 - Client met at least one goal.
 - Client moved to a lower level of care.
 - Client left the pilot voluntarily.
- Not Successful
 - Did not engage in services.
 - Quit without meeting any goals.
 - Client left the pilot without notice and whereabouts unknown.
- Neutral
 - Died
 - Moved out of County.

METHODS

The outcomes evaluation will utilize quantitative external data from partner stakeholders and assessment data received from service providers/contractors using the program referral and assessment tool. Outcome data will be collected using pre- and post-assessment methods to identify changes since receipt of services, as well as compared to other similarly situated clients. The outcomes evaluation will rely on the following data sources:

- **Housing Stability:** Participants will self-report their housing status at program entry using a validated instrument using the HUD definition to assess entry level of housing and exit. Data Source: HMIS and Self-Reported
- **SUD, Mental Health Outcomes, and Social Supports:** Pre- and post-test comparisons using validated measures where possible to determine changes in participant SUD, mental health treatment outcomes, and strengthened social supports. Data Source: Sacramento County Health Services and Self-Reported
- **Recidivism:** Recidivism will be measured using returns to custody in Sacramento County Jail within the period of the program and the grant using a cohort method, meaning clients earlier in the grant will have longer follow-up periods. Data Source: Sacramento County ATIMS data file

Some of the above data sources are currently available in existing data systems such as recidivism. Other data sources such as housing and Behavioral Health will use tools provided by the evaluator. The data generated by these tools will be integrated into existing Electronic Health Records and other systems used by Sacramento County.

MEASURES

Outcome measures listed in Table 2 will be assessed on an annual basis to determine whether Prop 47 services improve mental health outcomes, improve substance use treatment outcomes, and reduce recidivism. Some of the data sources for outcomes measures are available through existing records systems, while others will be generated for this study.

These measures will be combined with context data on demography, client needs, and client utilization to control different client outcomes.

Table 2: Outcome Measures

Objective	Metric	Tool	Collection Method	Timeframe
Improve mental health and substance use treatment outcomes for justice-involved individuals.	Substance use outcomes scores and mental health outcomes scores	TBD	Confidential, self-administered surveys completed by participants	At entrance and each 90 days until exit, or at exit if sooner
Improve mental health and substance use treatment outcomes for justice-involved individuals.	Initiation and engagement of substance use disorder treatment (including the provision of medications)	Administrative data	Administrative data	Ongoing
Reduce recidivism.	Jail admissions for participating individuals	ATIMS data file	Project staff obtain information from partnering institutions.	Annually
Increase the number and percentage of individuals who are living in stable housing.	Number of participants with sheltered housing	Self-assessment	Information is logged at entrance	Annually

CAVEATS

As with any evaluation methodology, there are some foreseeable limitations to our approach. First, direct causal attribution of changes in participant behavior and mental states to the program is challenging without the use of a research design that is specifically tailored to make such attributions. For example, in “gold standard” randomized controlled

trials, random samples from the population of interest are assembled and randomly sorted into treatment and control groups. In this study, neither of these two levels of randomization are planned, limiting the generalizability of any results (external validity) and the extent to which causal attributions can be made (internal validity). While certain advanced causal designs can permit approximation of treatment effects, these designs often require a comparison group drawn from the same population – in this case, people eligible for participation in ROAR. However, it is currently unknown how many participants might compose such a comparison group or whether such a group will be available at all. If a comparison group is available, this group may be used to construct a matched group that could stand in for an experimental control (i.e. confounding adjustment), a strategy for which several methods are available.

Second, voluntary programs of extended duration are particularly vulnerable to attrition bias – the bias in results that arises from some participants leaving the program before its conclusion. Participants who remain in the program throughout its duration may differ systematically from those who quit. For example, those who leave the program may experience more severe issues with SUD or MH, resulting in a falsely high success rate for the program.

Third, the sample of participants in the ROAR Program is relatively large by conventional statistical standards (in terms of addressable population) depending on stratification, limiting the kinds of analyses that should be conducted. For example, it may not be possible to confidently estimate the effects of the program on certain relatively small groups within the sample or to compare the effects of the program on these small groups with the effects of the program on larger groups. In the final report, results will be contextualized to help the reader avoid misinterpretation or overgeneralization.

For the aforementioned reasons, the results of this evaluation study should not be generalized to the Prop 47 offender population as a whole, nor is it guaranteed that this study will be able to isolate treatment effects of the intervention. At base, the design of the present project allows for comparison between large groups in the sample, and comparison of the program to known baseline values. Inferential statistics will be confined to testing 1) potential differences between subsamples of this study, and 2) potential differences between the overall sample and known population values (e.g., the recidivism rate). A propensity score matching algorithm will be used to develop stronger comparison groups.

COST-BENEFIT ANALYSIS

A key component of ROAR project will be assessing the program Cost-Benefit in terms of the costs to implement and the impacts it achieves.

Having a basic understanding of what drives agency costs for various parts of the system can bring a better understanding of how justice and human service agencies can work together to divert or refer clients to programs and services best situated and funded to meet the volume of clients. Building out this approach requires data from fiscal perspectives as well as operations, to ensure cost estimates both have a basis in budget reality and are attributed to the right operational aspect of a system of care. This approach is embedded in the ROAR project which aims to align resources and impacts to program changes.

The outline overview includes the following:

- *Cost Analysis:* This compendium of costs lays out an approach tabulating costs across justice, behavioral health, and homeless services and applies them to the proper resource.
- *Payer Perspective and Revenue Sources:* Revenue can come from several sources. Ideally, costs are shifted or avoided to revenue sources most able to sustain a program. Changing policy can shift costs between levels of government as well as within budgets.

Table 3 shows the steps in completing a method of cost-benefit analysis called Transactional and Institutional Cost Analysis (TICA). This approach uses both workflows as drivers of County cost to develop a clear sense of the cost of operation of the program in terms of all involved agencies.

Table 3: Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how clients move through the system)	<ul style="list-style-type: none">• Interviews with key informants (agency staff).
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system)	<ul style="list-style-type: none">• Analysis of process information gained in Step 1.

Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, Sheriff)	<ul style="list-style-type: none"> • Analysis of process information gained in Step 1.
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions)	<ul style="list-style-type: none"> • Interviews with program key informants using cost guide. • Administrative data collection of number of transactions (e.g., number of eviction cases, number of shelter days, number of arrests).
Step 5:	Determine the cost of the resources used by each agency for each transaction	<ul style="list-style-type: none"> • Interviews with budget and finance officers. • Document review of agency budgets and other financial paperwork.
Step 6:	Calculate cost results (e.g., cost per transaction, total cost per individual)	<ul style="list-style-type: none"> • Support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction. • The transaction cost is multiplied by the average number of transactions for each individual to determine the total average cost per transaction type. • These total average costs per case type are added to determine the investment and outcome costs.

APPENDIX 1: WORKPLAN

(1) Goal:	Reduce recidivism.		
Objectives (A., B., etc.)	<p>A. Increase participation in re-entry programs by 35%.</p> <p>B. Strengthen relationships between service providers for pre-release and re-entry services and service recipients.</p>		
Process Measures and Outcome Measures:	Reduce returns to custody. Available from SCSO via data-sharing agreement.		
Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
<p>Activity 1Ai: Expand eligibility and referrals into the re-entry program for the jail, and contract with CBOs providing pre-release services and warm handoffs for re-entry services, including after-hours.</p> <p>Activity 1Aii: Support CBOs with workforce development and incentivize recruitment and retention of staff with first-hand lived expertise.</p> <p>Activity 1Aiii: Expand mentorship programs.</p> <p>Activity 1Bi: Develop justice-involved people with lived expertise advisory council, or focus groups, under SCHA Commission, leveraging DHCS TA Marketplace funds to assess CalAIM services and benefits.</p>	<p>Department of Health Services</p> <p>CalAIM in-reach and re-entry services provider (CBO)</p>	October 2024	March 2028
List data and sources to be used to measure outcomes: CalAIM Enhanced Care Management (ECM) and community support (CS) enrollment and utilization data. We would need Superior Court data and criminal record information.			

(2) Goal:	Reduce homelessness for program participants by 60%, from start of program in October 2024 to program end in March 2028.		
Objectives (A., B., etc.)	<p>A. Increase re-housing for people exiting jail.</p> <p>B. Reduce unemployment by 50% for program participants.</p>		
Process Measures and Outcome Measures:	Reduce the number of people exiting jail into unsheltered homelessness.		
Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
<p>Activity 1Ai: Expand access to shelter beds available after-hours by funding 40 shelter beds in proximity to downtown jail.</p> <p>Activity 1Aii Fund service gaps for a 59-bed short-term housing program for justice-involved individuals exiting incarceration, leveraging HHIP and BHBH funds.</p> <p>Activity 1Aiii: Contract with re-entry CBO to provide flexible funds for re-housing, short-term motel vouchers and homeless prevention dollars to fill in any gaps from CalAIM.</p> <p>Activity 1Aiv: Legal services for eviction prevention.</p> <p>Activity 1Bi: Career pathways development.</p> <p>Activity 1Bii: Legal services for expungement.</p>	<p>Department of Health Services</p> <p>Department of Homeless Services and Housing</p>	October 2024	March 2028
List data and sources to be used to measure outcomes: Homeless Management Information System (HMIS) data. Community-based organization referral and program engagement report data.			

(3) Goal:	Increase access and participation in mental health and substance use programs for program participants by 50%.		
Objectives (A., B., etc.)	<p>A. Increase access by 50% for SUPT residential programs for adults.</p> <p>B. Expand mentorship programs for justice-involved individuals in mental health and SUPT services.</p>		
Process Measures and Outcome Measures:	Measurement of people enrolling into mental health and SUPT programs upon jail release.		
Project activities that support the identified goal and objectives:	Responsible staff/partners:	Timeline	
		Start Date	End Date
<p>Activity 3Ai: Recruit more residential SUPT providers.</p> <p>Activity 3Bi: Strengthen existing referral pathways.</p> <p>Activity 3Ci: Update job specifications to include qualifications for people with justice-involved first-hand lived experience.</p>	Department of Health Services	October 2024	March 2028
List data and sources to be used to measure outcomes: Adult Correctional Health and Behavioral Health Services data.			

APPENDIX 2: COST ANALYSIS COMPONENTS

Costs need to be broken down by those that are fixed, versus those that vary based on the number of people served. The simplest approach is an average cost, but this could overstate the impacts of certain types of resources since these include many kinds of costs.

JUSTICE COSTS - ARREST AND CUSTODY

	Arrest	Jail
Unit of Output	Per Arrest	Per Bed Day
Types of Unit Costs	<ul style="list-style-type: none"> • Wages and Salaries of Front-Line Law Enforcement and average time spent on calls resulting in arrest • Gas and car maintenance • Booking Fees into jail • Investigations or evidence teams 	<ul style="list-style-type: none"> • Wages/Benefits of Jail Direct Service staff • Training • Travel (in County and out of County) • Food • Laundry • Clothing/Personal Items • Supplies • Pharmacy • Medical/Dental Services • Mental Health Services such as crisis beds, inpatient beds, and outpatient • Jail Transportation to Court

JUSTICE COSTS- COURT AND PROBATION COSTS

	Probation	Dispositional Court Process	Treatment Courts	State Hospital
Unit of Output	Per Probationer Day	Per Filing or Disposition	Per Client	Per Bed Day
Types of Unit Costs	<ul style="list-style-type: none"> • Wages/ Benefits of case carrying officers • Training • Travel (in County and out of County) • Supervisory Supplies (testing, etc.) • Duplicating/ Printing • Professional Services (e.g., Mental Health and Substance Abuse, or Counseling/ Therapy) 	<ul style="list-style-type: none"> • Wages/Benefits of Judges/ • Courtroom Staff • District Attorney Assigned to Criminal or Court Calendars, and case investigators • Public Defenders office • Training • Travel (in County and out of County) • Supplies/ Duplication • Bailiffs/Court Security • Interpreters • Court Funded Investigation • Psychiatric Assessment 	<ul style="list-style-type: none"> • Time spent by collaborative court team (Judge, DA, PD, Treatment, etc.) on the treatment Court Calendar • Differential Treatment Costs • Referral assessments for eligibility 	<ul style="list-style-type: none"> • Clinical Staff • Front line Security Staff • Training • Travel (in County and out of County) • Food • Laundry • Clothing/Personal Items • Supplies • Other marginal costs • Pharmacy • Medical and Dental Services • Court Reports

HEALTH AND BEHAVIORAL HEALTH

	Outpatient	Inpatient/Residential/ Psychiatric Hospital	Crisis Stabilization Costs
Unit of Output	Per Bed Day	Per Bed Day	Per Bed Day
Types of Unit Costs	<ul style="list-style-type: none"> • Evaluation/ assessments • Crisis services • Case management/care coordination • Counseling • Medication management 	<ul style="list-style-type: none"> • Evaluation/ assessments • Crisis services • Case management/care coordination • Counseling • Medication management 	<ul style="list-style-type: none"> • Evaluation/ assessments • Crisis services • Counseling

REVENUE SOURCES AND PAYER PERSPECTIVE

Ideally, a strategy does not just shift costs but represents a better long-term strategy for funding both the client as well as the County. By assigning the relative cost to each level of government, the strategies used for shifting costs from one funding stream or resource is clearer. By understanding cost shifts (and making them transparent), the various parties have a shared understanding of who, when and how much, different parties benefit or are burdened by cost shifts. If partners are really working together, they will help find ways to reallocate some of their own dollars to improve outcomes and lower overall costs. In other words, both jails and hospitals can financially benefit by shifting to a more sustainable option in the community and should help find ways to finance the long-term shift.

This shift will not always be cost savings, but represents a change in resource allocation, or move to more stable funding streams:

- **City:** The proportion of a cost that is born by city general fund. This can come from revenue sources like taxes, grants, or allocations from state and federal governments.
- **County:** The proportion of costs that are born by the County-controlled funds, be it the general fund or allocations such as various Realignment Funds.
- **State:** The proportion of funds controlled by the State, through spending bills determined every year or other state level allocations. Examples include BHSA funds, or services paid for by the state general fund.

- *Federal*: The proportion of funds controlled by the federal government, either through spending or through reimbursement. Examples include Medicaid, housing, and other entitlement programs.

Calculating costs from these perspectives can vary by program or context, with the key consideration being the baseline or normal share across the population served. The more accurate these calculations, the more accurate the shift in resource allocation when applied to different programs. When considering how to allocate the correct percentage, the easiest way to think about this is to look at who controls the actual funds and how they are spent. For example, even though the state allocates 2011 Realignment funds, how that money is spent is a County decision. The perspective is important in both estimating the cost of the program or intervention, as well as the various system inputs.

One consideration for these amounts can also be reimbursement rates, and how to account for the actual cost of an intervention, versus what can be collected from various billing statements. Another consideration is the role of one-time funds or grants in looking at the long-term funds for a project. Since many grants can start a project, when the grants end, there needs to be sustainable plans for continuing a program.

OUTCOME MEASURES

Although measuring changes in caseloads based on tradeoffs between two resources is one way to look at program impacts and their monetary value, a more important way is to look at how a program impacted or changes outcomes we care about. Importantly, as the sophistication of analysis increases regarding outcomes, so does the explanatory power. For impact analysis, there are several ways to measure impacts and contextualize the methods. The kinds of outcomes of interest that we care about may be different from the ones that can be monetized. The list below presents key outcome measures that are commonly used in justice and behavioral health and can be monetized in a straightforward way.

Area	Outcome	Definition	Preferred Direction
Justice	Arrests	The number of times a client was taken into custody and booked into jail	Down
Justice	Jail days	The number of bed days spent in a jail	Down
Justice	Court filings	The number of new court filings in criminal court	Down
Justice	Probation days	The number of days under probation supervision	Varies

Justice	Psychiatric Assessment	The number of psychiatric assessments ordered and completed	Varies
Housing	Shelter	The number of nights spent in a homeless shelter bed	Down
Housing	Supportive Housing	The number of nights spent in supportive housing	Up
BH	Outpatient Services	The number days or service hours in treatment	Up
BH	Inpatient BH Services	The number of days in a residential or inpatient treatment setting	Down
BH	Crisis Stabilization	The number of days in a crisis stabilization unit	Down
BH	Psychiatric Hospital	The number of days in a psychiatric hospital	Down
BH	State Hospital	The number of days in a state hospital facility	Down
Health	Emergency Room	The number admission into an emergency room	Down

APPENDIX 3: SACRAMENTO SEQUENTIAL INTERCEPT MODEL

