

Alameda County Proposition 47 Preliminary Evaluation Report



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August 15, 2019





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This report was developed by Resource Development Associates under contract with the Alameda County Health Care Services Agency.

Resource Development Associates, 2019

About Resource Development Associates

Resource Development Associates (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant writing, organizational development, and evaluation.





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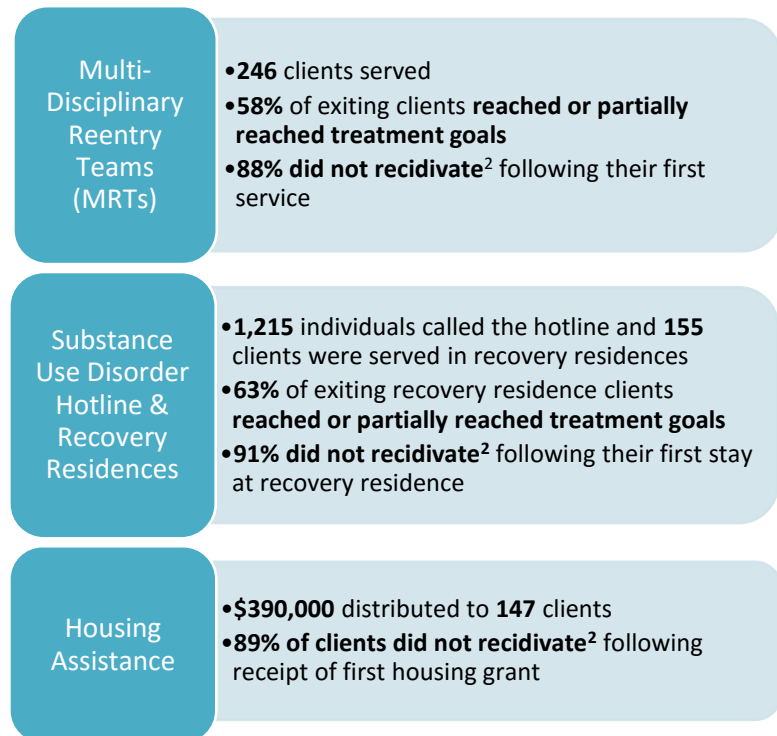
Executive Summary

Alameda County’s \$6 million Proposition (Prop) 47 grant supports three distinct program areas that provide services to justice-involved individuals¹ with behavioral health needs: (1) Multidisciplinary Reentry Teams (MRTs) that offer comprehensive case management and mental health treatment; (2) recovery residences that provide stable, sober housing and a telephone hotline that screens individuals for substance use disorders (SUDs) and provides referrals to an array of services; and (3) a housing assistance program that provides clients with up to \$5,000 for eligible expenditures, including but not limited to rental assistance, security deposit, and utilities. The California Board of State and Community Corrections (BSCC) awarded Alameda County the Prop 47 grant in June 2017 to be implemented over a 38-month grant period.³ The County has subcontracted \$4.2 million of the award (70%) to community-based organizations (CBOs) to deliver programs.

Program Accomplishments

Clients Served. Through March 2019, Alameda County provided mental health services, SUD services, and housing-related assistance to 1,767 justice-involved individuals.⁴ Figure 1 highlights Alameda County’s progress across the three program areas.⁵ Overall, Prop 47-funded programs are working as intended to address gaps in mental health, SUD, and housing services and resources available to the justice-involved population in Alameda County. This is demonstrated in the enrollment numbers across programs, with each program consistently exceeding enrollment targets.

Figure 1. Alameda County Prop 47 Program Progress Highlights



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

² Recidivism is defined as arrest for a new misdemeanor or felony offense resulting in a conviction. Recidivism outcomes are preliminary due to the limited follow-up time to track recidivism outcomes, which averages 5 months for housing, 7.5 months for recovery residences, and 8.5 months for MRT.

³ Alameda County accepted a 12-month, no-cost extension to extend the grant through August 2021.

⁴ This figure may include duplicate clients, as Prop 47 clients can receive more than one type of service.

⁵ Appendix C includes a complete list of objectives and description of program progress.



Mental Health Services. Alameda County's Prop 47 MRTs administered mental health services to 246 clients through March 2019, including psychiatric treatment; intensive care coordination/case management; connection to community resources; and linkages to mental health, substance abuse, legal, and life skills services. The interdisciplinary structure of MRTs supports client success, particularly by linking clients to peer specialists who have shared lived experience with the criminal justice system. Clients reported valuing their relationships with MRT staff members and described Prop 47 MRTs as a stable support in their lives.

Substance Use Disorder (SUD) Services. Alameda County's Prop 47 SUD hotline screened 1,215 individuals for SUDs through March 2019, with 155 individuals placed into Prop 47-funded beds at recovery residences. Enrollment at recovery residences has steadily increased from program start-up. Clients described the high impact of reliable housing and food security provided at recovery residences, emphasizing the necessity of these two resources in order to transition toward a successful recovery from substance use and attain stable employment and economic self-sufficiency.

Housing Assistance. Alameda County's Prop 47 housing assistance program provided housing-related financial support to 147 clients, some of whom received multiple allocations, up to a maximum of \$5,000. Among clients, 115 individuals (78%) had a mental health diagnosis and 47 individuals (32%) had a substance use diagnosis.⁶ 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 \$81 to \$5,000, with an average of \$2,656.

Addressing Program Barriers

Administrative Investment. Alameda County was intentionally ambitious in the design of its Prop 47 programs in order to meet the outsized need for mental health services, SUD services, and housing-related assistance among the County's justice-involved population. Administering three distinct programs has required a significant investment in coordination, administration, and oversight, which is particularly challenging because each program possesses a distinct referral process and service delivery model. To address this, the County built a Prop 47 coordinator into its grant to provide coordination and oversight among program areas, while the Prop 47 Local Advisory Committee (LAC) also provides ongoing oversight.

Program Start-Up. The County's Prop 47 service providers have experienced challenges accompanying the staffing, training, and administration of new programs serving a justice-involved population with high mental health and SUD treatment needs. To address this, service providers continue to leverage resources and draw from existing organizational capacity to serve Prop 47 clients.

Housing Availability. The Bay Area housing crisis is particularly challenging for individuals with behavioral health needs who are justice-involved. Prop 47 service providers navigate limited housing availability for clients by building relationships with landlords to navigate the stigma of criminal justice involvement.

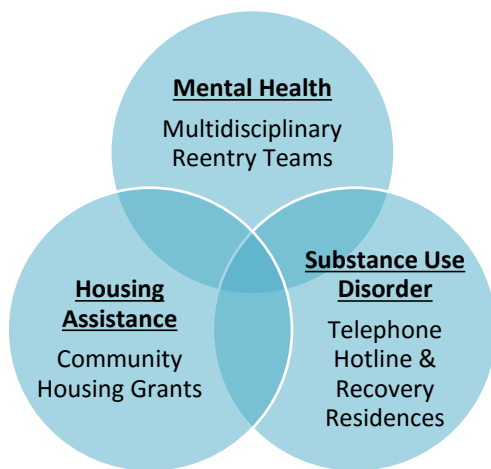
⁶ Data may underestimate the number of individuals with SUDs.



Introduction and Project Description

Approved by California voters in November 2014, Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. Prop 47 requires these 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 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 to provide services to justice-involved individuals with behavioral health needs.

Figure 2. Alameda County Prop 47 Program Areas



The Alameda County Health Care Services Agency (HCSA), in partnership with the Alameda County Probation Department, Bay Area Community Services, La Familia Counseling Services, Canales Unidos Reformando Adictos (CURA), Center Point, Second Chance, Inc., and Roots Community Health Center obtained a \$6 million dollar 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.⁷ Figure 2 summarizes these program areas. Alameda County is directing Prop 47 funds across multiple program areas to develop new mental health and housing assistance programs and augment funding for existing SUD services. Specifically, Alameda County is using Prop 47 funds to:

1. Implement **Multidisciplinary Reentry Teams (MRTs)** led by community-based organizations (CBOs) to provide services for justice-involved individuals with serious mental illness. MRTs provide psychiatric treatment, case management, housing and employment support, as well as linkages to community resources, other behavioral health treatment, legal services, life skills, and education services. Alameda County has allocated **\$2.1 million** of Prop 47 funds to MRTs to be used over three years.
2. Utilize partnerships with CBOs already providing **SUD services** to fund treatment services for justice-involved individuals. Prop 47 funds 11 beds at community-based **recovery residences** that provide sober living environments for individuals participating in outpatient SUD treatment. Prop 47 also partially funds a **telephone hotline** that screens clients for SUDs and subsequently makes referrals to

⁷ To determine Prop 47 eligibility, justice-involved includes individuals with any justice system contact, including arrest.



the appropriate level of care. Alameda County has allocated **\$600,000** of Prop 47 funds to SUD programs to be used over three years.

3. Establish a **housing assistance program** to increase the number and capacity of CBOs that provide housing support to justice-involved individuals with behavioral health needs. CBOs provide assistance with rental security deposits, utilities, credit repair, and other resources to establish suitable housing. Alameda County has allocated **\$1.5 million** of Prop 47 funds to the housing assistance program to be used over three years.

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 HCSA 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 prior to the Prop 47 grant submission to the BSCC to identify strategies, programs, and services; the target populations and areas; and eligibility criteria for the Prop 47 grant application. Upon receipt of grant funding from the BSCC, the LAC began holding quarterly advisory meetings to provide ongoing support for Prop 47 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, reporting on the County’s progress in a preliminary evaluation report and a final program evaluation. As a preliminary evaluation of a new program in its second year of implementation, this report provides a midpoint review of program implementation and client outcomes from the first two years 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.

Table 1. Goals and Objectives of Prop 47 Activities in Alameda County

Goals	Objectives
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.	1. 65% of Adult Forensic Behavioral Health and Probation clients who are referred to MRT and discharged from jail enroll in MRT.
	2. Within 24 months, 50% of MRT clients will step down to mild-moderate mental health services.
	3. 75% of MRT clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment period.



	4. 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.
	5. 80% of MRT clients do not return to jail during the treatment period.
Formerly incarcerated individuals with substance use disorders (SUDs) are stabilized through community-based treatment and services and do not reoffend.	6. 65% of Prop 47 clients referred to SUD programs and discharged from jail enroll in SUD programs.
	7. 50% of Prop 47 SUD clients maintain engagement in SUD treatment and services throughout the entire treatment period.
	8. Within 6 months, 50% of enrolled clients will step down to lower level of care or complete treatment.
	9. 75% of enrolled clients referred to community-based support services such as employment and housing are successfully linked to those services.
Formerly incarcerated individuals with mental illness and/or substance use disorders are stabilized through housing supports and do not reoffend.	10. 80% of SUD clients do not return to jail during the treatment period.
	11. 75% of Prop 47 clients with identified need for housing assistance receives it, in conjunction with mental health and SUD services.
	12. 80% of clients who receive housing supports do not return to jail during the treatment period.

Qualitative Data Collection Methodology

RDA engaged in primary data collection with a diverse group of Prop 47 stakeholders to obtain qualitative insights about their experiences with Prop 47 activities at program midpoint. 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.

Focus Groups. RDA conducted a total of eleven focus groups across all program areas, including six with CBO service providers and five with clients, to gather in-depth qualitative data about client experiences and perceived outcomes related to program implementation.⁸

Key Informant Interviews. RDA conducted nine telephone and in-person interviews with a sample of Prop 47 program leadership, supervisors, managers, and LAC members to assess stakeholder experiences with the implementation and outcomes of Prop 47 activities. These interviews asked participants about interagency collaboration, experiences with program implementation, and perceptions of outcomes. Conversations focused on lessons learned, facilitators to success, and barriers to implementation.

⁸ Clients were provided \$25 gift cards as compensation for their participation in the focus group.



Content Analysis. Data collected during focus groups and key informant interviews were transcribed, quality checked, and summarized into high-level categories using content analysis.⁹ 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, clinicians were underrepresented among Prop 47 MRT program staff due to staff turnover. Additionally, client focus groups only included clients who chose to participate after being invited by program staff. Finally, RDA was unable to conduct a focus group with one provider's MRT clients. Therefore, qualitative data may not be representative of all Prop 47 stakeholders.

Quantitative Data Collection Methodology

Relevant quantitative data were collected for individuals participating in each of the Prop 47 service areas including mental health, SUD referral and recovery residences, and the housing assistance program from the beginning of service implementation through March 2019. Key data elements utilized in this evaluation are summarized in Figure 3.

Quantitative analyses present the number and characteristics of the population served and types of services administered. In addition to service-specific data, demographic data were collected for individual clients. Data from the Alameda County Probation Department were utilized to determine if the individual was under active Probation supervision in the County at the time services were received.

Finally, data were provided by the Alameda County District Attorney to determine if an individual recidivated following service receipt through March 2019. Recidivism is defined in this evaluation as an arrest for a new offense that resulted in a conviction for a felony or misdemeanor offense. This calculation is a preliminary glimpse at recidivism outcomes, as limited time has elapsed for most Prop 47 clients between initial service receipt and the end of this report's evaluation period (March 31, 2019).

⁹ 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.



Figure 3. Key Quantitative Data Elements

MRT	SUD Referral Hotline	SUD Recovery Residences	Housing Assistance
<ul style="list-style-type: none"> • Program Start Date • Mental Health Diagnosis • Discharge Date/Status • Assessment Scores • Psychiatric Hospitalizations • Service Delivery • Recidivism Outcomes 	<ul style="list-style-type: none"> • Service Date • Service Type 	<ul style="list-style-type: none"> • Service Date • Provider • Number of Bed Days • Substance Use Diagnosis • Discharge Date/Status • Recidivism Outcomes 	<ul style="list-style-type: none"> • Service Date • Service Type • Mental Health/Substance Use Need • Amount Spent per Service • District in which Service was Administered • Recidivism Outcomes

Data Preparation and Quality Assurance. Data were received in multiple spreadsheets representing different components of the analysis. Where necessary, data were merged on one or more identifiers. Substance use and mental health datasets utilized a common client identification number allowing the research team to match distinct datasets utilizing the client identification number and service date. To match probation and recidivism data to Prop 47 service participants, the first four characters of the client’s first and last name as well as their dates of birth were used. This resulted in a high level of matching accuracy.

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.

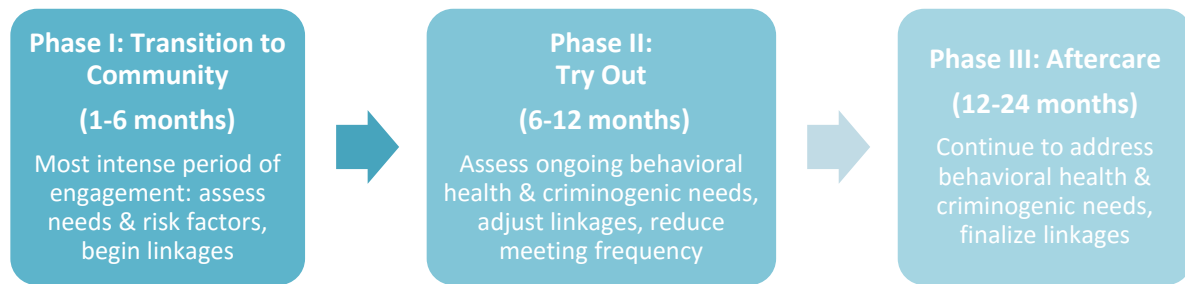
Limitations. Outcome measures included in this report should be considered preliminary. Implementation of Prop 47 programs began in July 2017, with the first recovery residence enrollment. MRT services began five months later, in December 2017, and housing assistance services began in July 2018. As a result, most participants have not completed a sufficient amount of time since beginning services to adequately assess the impact of program participation on recidivism outcomes. Additional outcome measures, with a longer follow-up period, will be included in the final evaluation report.



Multidisciplinary Reentry Team (MRT) Program

The Alameda County Prop 47 mental health program is comprised of two MRTs that deliver comprehensive case management and treatment to justice-involved individuals with serious mental illness. The MRTs are run by two community-based providers that serve clients in North and South County: Bay Area Community Services and La Familia Counseling Services. Each MRT is designed to provide 80 clients with services and resources to reduce mental health impairment over a 12-24 month enrollment period, using a Critical Time Intervention (CTI)-based model to step-down clients over the course of enrollment. The model has a client/staff ratio of 13:1, with each team consisting of: 1 FTE clinical supervisor, 3 FTE social worker clinicians, 3 FTE peer counselors, and .33 FTE psychiatrist. Figure 4 illustrates the CTI treatment model used for MRT clients in Alameda County.

Figure 4. Prop 47 CTI Treatment Model



MRTs 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 MRT model effectively integrates peer services, meaningfully employing and empowering justice-involved individuals as peer counselors. Peer counselors have a unique ability to relate to and motivate other justice-involved individuals through the shared reentry experience, providing intensive case management, accompanying clients to appointments, and ensuring they receive necessary services. MRT staff members have received trainings on a range of service delivery approaches including motivational interviewing, restorative justice, and cultural and gender responsiveness.



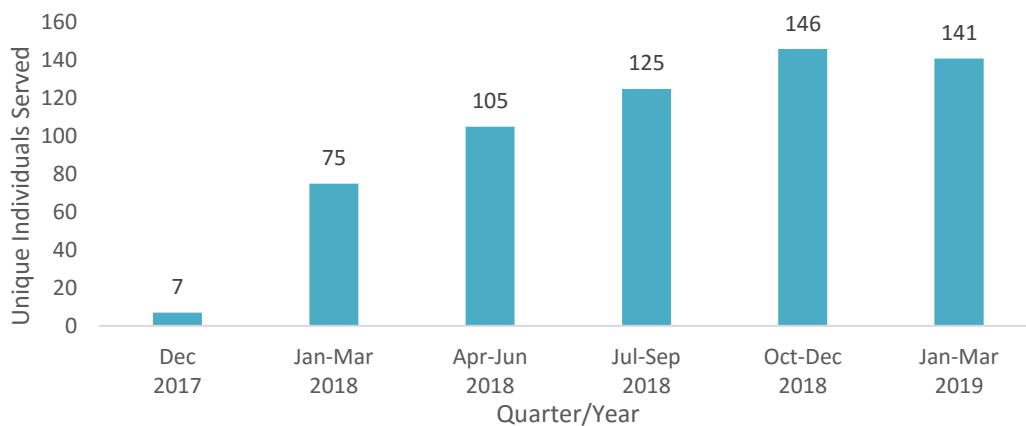
Program Profile

This section describes the services provided through the MRT program; the demographics and needs of MRT clients; and the preliminary program outcomes, including program exit types, psychiatric hospitalizations, and recidivism.

MRT Services

In the 16 months between December 2017 and March 2019, 246 unique individuals received Prop 47 funded mental health services—averaging 185 individuals per year. Thus, the program is reaching its intended enrollment capacity of 160 individuals per year. Of the 246 individuals enrolled in mental health services, 87 (35%) were referred through a criminal justice agency, which may include the jail, Probation Department, Public Defender, District Attorney (Alameda County Justice Restoration Project), and behavioral health court. As shown in Figure 5, the number of individuals enrolled since December 2017 has increased over time, with 116 individuals enrolled as of March 31, 2019.

Figure 5. Unique Individuals Enrolled in Mental Health Services, by Quarter/Year



A total of 4,592 mental health services have been provided through March 2019. As illustrated in Table 2, brokerage (referrals and care coordination) and providers’ assessment/evaluation of clients’ mental health and clinical history comprised the majority of mental health services (32% and 25%, respectively). The majority (89%) of individuals received two or more mental health services within 30 days of enrollment. On average, most individuals received between 3-6 services (5-11 hours) per month.

Table 2. Mental Health Services, by Service Category (n = 4,592)

Mental Health Services	Number	Percent	Total Service Hours
Brokerage (referrals, care coordination)	1,488	32%	3,153
Assessment & Evaluation of mental health and clinical history	1,154	25%	2,048
Plan Development	841	18%	1,517
Individual & Family Therapy	750	16%	1,244
Medication (evaluate medication needs, deliver medication education)	185	4%	208



Collateral (consult with client’s significant support person, track family engagement)	156	3%	171
Crisis intervention	18	<1%	22

Client Profile

MRT clients were primarily male (64%) with an average age of 39. Half of clients (50%) were Black, while 20% were White and 15% were Hispanic/Latino (see Table 3). At the time of first mental health service receipt, 73 individuals (30%) were under Probation supervision.

Each provider employs a multidisciplinary team of staff, which includes clinicians, peer specialists, and psychiatrists. As shown in Table 3, the racial and ethnic composition of MRT staff is similar to MRT participants. Additionally, approximately one-third of MRT staff (31%) have prior justice involvement.

Table 3. Race/Ethnicity of MRT Clients and Staff

Race/Ethnicity	Clients (n = 246)		Staff (n = 27)	
	Number	Percent	Number	Percent
Black	122	50%	15	56%
White	49	20%	5	19%
Hispanic/Latino	38	15%	5	19%
Asian/Pacific Islander	14	6%	-	-
Other/Mixed Race/ Unknown	23	9%	2	7%

The most common primary diagnosis of MRT clients was a mood disorder (60%), which was most commonly bipolar disorder or depressive disorder (see Table 4). Substance use disorders (SUDs) include the recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment. Among the 246 MRT clients, 38% had a co-occurring SUD.

Table 4. Mental Health Diagnosis (n = 246)

Primary Diagnosis	Number	Percent
Mood Disorder	147	60%
Anxiety Disorder	54	22%
Psychotic Disorder	26	11%
Other or Unspecified	19	8%

MRT providers administer the Adult Strengths and Needs Assessment (ANSA) to inform case plans and monitor client progress. Of the 89 individuals with ANSA scores, clients’ initial assessment results indicate:

- 30% of MRT clients experienced moderate or severe sexual, physical, and/or emotional abuse
- 48% of MRT clients had moderate to severe levels of residential instability (e.g., moved multiple times over the past year, experienced periods of homelessness)
- 72% of MRT clients had legal difficulties



Preliminary Outcomes

As of March 31, 2019, 130 (49%) of enrolled individuals have exited the program, with an average time from enrollment to exit of 4.3 months (129 days). Of those that exited, over half (58%) left with partial improvement or treatment goals reached, as shown in Table 5.

Table 5. Mental Health Service Exits (n = 130)

Reason for Exit	Number	Percent
Exited with Case Plan or Treatment Goals Partially or Fully Reached	75	58%
Mutual Agreement/Treatment Goals Partially Reached	43	33%
Mutual Agreement/Treatment Goals Reached	18	14%
Client Withdrew: Treatment Partially Completed	14	11%
Exited Services Without Completing	19	15%
Client Withdrew: No Improvement	16	12%
Mutual Agreement/Treatment Goals Not Reached	3	2%
Other	36	28%
Client Incarcerated	13	10%
Client Discharged/Program, Unilateral Decision	7	5%
Other, Discharge/Administrative Reason	3	2%
Client Moved Out of Service Area	5	4%
Client Died	4	3%

Behavioral Health Needs and Day-to-Day Functioning. The ANSA identifies client needs across six domains: traumatic/adverse childhood experiences, life domain functioning, individual strengths, cultural factors, behavioral health needs, and risk behaviors. Of the 89 clients with ANSA scores, 49 took a follow-up assessment. When comparing results from those 49 clients’ first ANSA assessments to their last ANSA assessment, 45% of clients’ behavioral health needs decreased (behavioral health needs are measured across areas such as psychosis, impulse control, depression, and anxiety).¹⁰ Additionally, 53% of clients improved in life domain functioning, which includes physical/medical health, family relationships, social functioning, and residential stability.¹¹

Psychiatric Hospitalizations. One year prior to enrollment in MRT, 90 individuals (37%) had a psychiatric hospitalization. After enrolling in MRT, a total of 58 individuals had a psychiatric hospitalization. Comparing psychiatric hospitalizations between the time enrolled in services to a comparable number of days prior to enrollment, 155 individuals (63%) had the same number of psychiatric hospitalizations, 57 (23%) had a decrease in psychiatric hospitalizations, and 34 (14%) had an increase.

Recidivism. As of March 31, 2019, 30 individuals (12%) who received MRT services have been arrested for a new misdemeanor or felony offense resulting in a conviction. Therefore, the large majority of clients (88%) enrolled in the Prop 47 MRT program have not recidivated. This is a preliminary outcome, since a limited time period has elapsed to measure recidivism. On average, 8.5 months have elapsed between initial MRT service receipt and March 31, 2019, with a minimum of two days and a maximum of 15.5 months.

¹⁰ Thirty-seven percent of clients’ behavioral health needs stayed the same and 18% increased.

¹¹ Twenty-four percent of individuals’ life domain functioning needs stayed the same and 22% decreased.





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 interdisciplinary structure of the MRTs supports client success, especially by connecting clients to peer specialists who have shared lived experience with justice involvement. Both service providers and clients expressed satisfaction with the staffing model used for the Prop 47 MRTs in providing behavioral health and peer counseling services to clients. In particular, clients and service providers alike emphasized the importance of the peer specialists. Clinical staff members offer a formalized treatment plan and peer specialists meet clients where they are, both physically and emotionally, to link them to whatever they might need. This might mean spending a day at the social security office to connect clients to benefits or checking in via a telephone call or text message conversation.

Clients value their relationships with staff and describe staff members as compassionate, caring, and dependable. Clients expressed the importance of the relationships they build with staff members, especially in terms of preventing feelings of social isolation and alleviating feelings of depression. The ability for MRT staff to connect with clients may be facilitated, in part, by the similar racial/ethnic composition between MRT staff and clients and shared justice system experiences (approximately one-third of MRT staff have prior justice involvement). Clients often described MRT staff as their first link to a multitude of services, including housing support, independent living skills, transit resources, employment counseling, emotional support, and criminal record expungement. Both clients and MRT service providers emphasized that one of the most critical interventions is staff showing up in their clients' lives in a manner that is consistent and compassionate.

Clients describe the MRT program as improving their mental health, linking them to services, and building independent living skills. Clients' experiences of the impact of the MRT program—that it emphasizes mental health, service linkage, and independent living skills—are reflected in the sidebar at right.

“I’ve gotten housing services here, therapy with peers, anger management and anxiety groups, and cooking classes.”

– *MRT Client*

“I can call my case manager if I’m feeling low. I might call to see what’s going on, ask if I can get involved in this or that. I’m trying to get out of the isolation I’m used to.”

– *MRT Client*

“This program is for people who are learning how to live on their own. That’s what I had a problem with, in terms of mental health and substance use disorder. I went to some workshops here and I was able to talk about my problems.”

– *MRT Client*



Program Barriers

Staff turnover has affected program implementation. Mental health providers have experienced high turnover, especially among clinicians. From October 2017 through March 2019, the two mental health providers have employed a total of 27 staff in the MRT program, with 11 staff leaving during this time period. Of the four staff that started with one provider's MRT team in 2017, only one staff member is still working in the program. Service providers attribute the high turnover to both the market (clinicians can get higher salaries at larger health care providers, such as Kaiser Permanente) and to the challenges of working with the Prop 47 population, particularly due to staff perceptions around individuals who are justice-involved with high mental health needs. Service providers noted that staff turnover can affect client progress and present setbacks for relationship building. To address this, service providers are working with program leadership to ensure that Prop 47 staff are supported with adequate training, supervision, and financial incentives.

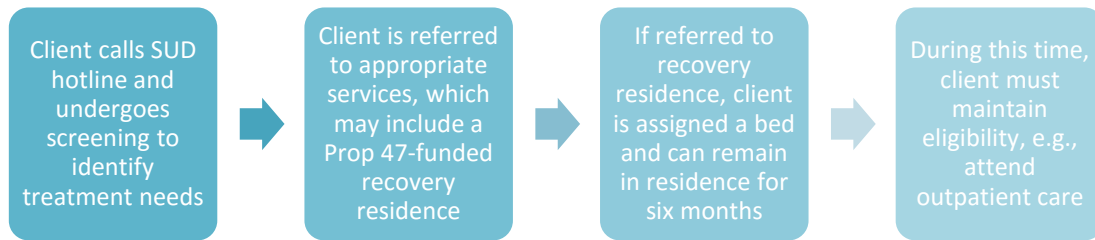
MRT clients are medically fragile. While service providers praised the interdisciplinary care team of the MRT model, there was also consensus that Prop 47 mental health clients are more medically fragile and have more acute mental health needs than anticipated. Many clients are actively using substances, with 38% diagnosed with a co-occurring SUD, which increases the fragility of their physical health. Service providers described medical vulnerability as a pressing issue, both in terms of mental health and primary health care. As noted in Table 5, four MRT clients died during the first 16 months of program implementation. One mental health provider shared concerns about client deaths resulting from serious mental and physical health conditions that preceded MRT program enrollment, such as deferred medical care, suicidality, and substance use disorders. Overall, service providers described those coming out of incarceration, with high mental health needs, as much more medically vulnerable than their general client population. For this reason, service providers stressed the importance of clients' continuing and consistent access to nurses. Program administrators echoed this, emphasizing the importance of making primary care expertise available to MRT clients.



Substance Use Disorder (SUD) Program

Alameda County is directing \$600,000 of its Prop 47 funds to augment preexisting SUD contracts over the course of three years to support a client-centered and clinically driven system of care. The Alameda County Prop 47 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 6 illustrates the Prop 47 SUD program model implemented in Alameda County.

Figure 6. Prop 47 SUD Program Model



Recovery residences provide clients with stable housing for a six-month period, food, and a structured living environment. The program is designed to serve 66 unduplicated clients annually in recovery residences. 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.

Alameda County implemented one significant modification to its Prop 47 SUD program. The County originally planned to spread funds across five different providers in four service areas, including residential treatment and outpatient services. Instead, it redistributed Prop 47 SUD funding to two service areas (recovery residences and a telephone hotline), thereby increasing per-provider funding and focusing Prop 47 funding on the services with the highest need and least ability to leverage Medi-Cal funding through the SUD waiver.



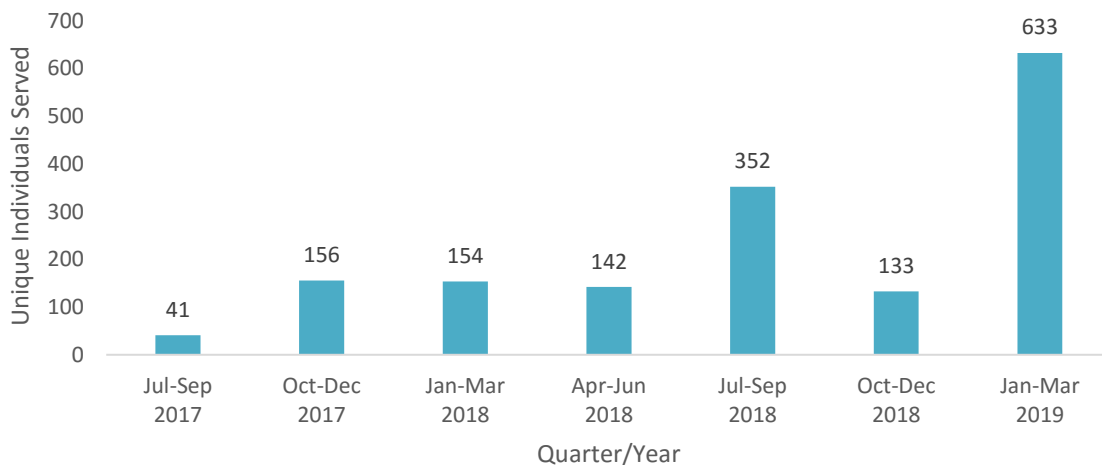
Program Profile

This section describes the services provided through the telephone hotline and recovery residences; the demographics of hotline and recovery residence clients; and preliminary program outcomes, including recovery residence exit types and recidivism.

Hotline Services

A total of 1,215 unique justice-involved individuals received assessment and referral services from the Alameda County SUD hotline between July 2017 and March 2019.^{12,13} As shown in Figure 7, there was a general increase in the number of hotline calls over time, with the exception of a decrease in Q4 of 2018. The significant increase in July 2018 was due to Drug Medi-Cal restructuring that required SUD clients to access most services through a centralized referral agency.

Figure 7. Hotline Calls, by Quarter/Year



The majority (76%) of services provided by the hotline were for screening and referral. Other services included follow up and care navigation and information. Half (50%) of the individuals receiving services through the hotline were connected to some type of SUD service.

Hotline Client Profile

Overall, over half (56%) of hotline clients were male, with an average age of 41. The majority of clients were either White (35%) or Black (35%), with 19% Hispanic/Latino. Of those that received SUD services through the hotline, 81 (7%) received at least one service through the hotline while under Probation supervision in Alameda County.¹⁴

Table 6. Race/Ethnicity of Hotline Clients (n = 1,215)

Race/Ethnicity	Number	Percent
Black	430	35%
White	420	35%
Hispanic/Latino	235	19%
Asian/Pacific Islander	47	4%
Other/Mixed Race/Unknown	83	7%

¹² A total of 237 justice-involved individuals called the hotline multiple times over the evaluation period.

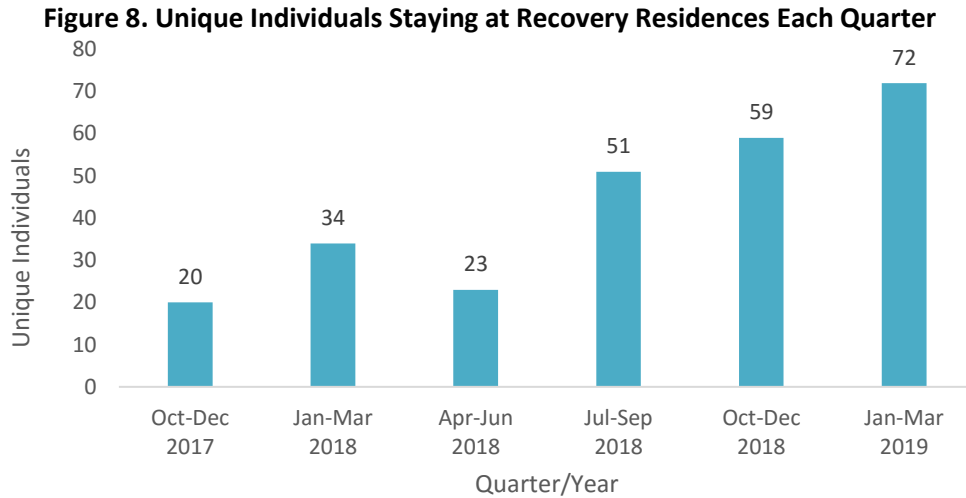
¹³ Center Point screened additional individuals through the hotline who were not justice-involved.

¹⁴ Individuals under Probation supervision are typically referred to SUD services directly through their Probation Officer, rather than calling the hotline.



Recovery Residence Services

In the 18 months between October 2017 and March 2019, 155 unique individuals stayed at recovery residences—averaging 103 individuals a year. Thus, Alameda County is exceeding its intended capacity of 66 individuals per year. The number of individuals staying at recovery residences has increased steadily since July 2018, as illustrated in Figure 8.¹⁵



The average stay of recovery residence clients is 73 bed days per person. Of the 155 individuals who stayed at recovery residences, 12 have had multiple stays (i.e., exited and then returned to the recovery residence). Of these 12 individuals, seven (5% of total recovery residence clients) received services at a sobering or detox center before returning to the recovery residence, indicating some successful coordination to support client recovery. This is particularly important because research demonstrates a high percentage (40%-60%)¹⁶ of relapse among individuals treated for SUDs.

Recovery Residence Client Profile

The majority of individuals staying at recovery residences were male (74%), with an average age of 41. The largest proportion of recovery residence clients were White (40%), with almost a third (30%) Black and 21% Hispanic/Latino (see Table 7). Of the 155 recovery residence clients, 40 (25%) were under Probation supervision in Alameda County.

Table 7. Race/Ethnicity of Recovery Residence Clients (n = 155)

Race/Ethnicity	Number	Percent
White	62	40%
Black	46	30%
Hispanic/Latino	32	21%
Asian/Pacific Islander	4	3%
Other/Mixed Race/Unknown	11	7%

The majority of clients had a primary diagnosis of either alcohol abuse/dependence (35%) or amphetamine and other stimulant abuse/dependence (35%) as shown in Table 8.

¹⁵ Some individuals included in Figure 8 were ultimately funded through Prop 47 leveraged funding.

¹⁶National Institutes of Health. (2018). Drugs, Brains, and Behavior: The Science of Addiction. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>.



Table 8. SUD Primary Diagnosis (n = 155)

Primary Diagnosis	Number	Percent
Alcohol	55	35%
Amphetamine and Other Stimulants	55	35%
Opioid	23	15%
Cocaine	20	13%

Preliminary Outcomes

Since October 2017, 128 individuals have exited a recovery residence. Of those that have exited, the majority (63%) left with treatment goals reached or satisfactory progress made.¹⁷ Of the individuals that have exited, the average time between enrollment and exit was approximately 2.5 months.

Table 9. Prop 47 SUD Recovery Residence Exits (n = 128)

Exit Status	Number	Percent
Exited with Case Plan or Treatment Goals Reached or Satisfactory Progress	80	63%
Discharged with Treatment Goals Reached	62	48%
Discharged with Satisfactory Progress	18	14%
Exited Services Without Satisfactory Progress	48	38%

Recidivism. Among the 155 individuals who stayed at a recovery residence, 14 (9%) have been arrested for a new felony or misdemeanor offense resulting in a conviction by March 31, 2019. Therefore, the large majority of clients (91%) have not recidivated following their first night at a recovery residence. This is a preliminary outcome, since a limited time period has elapsed to measure recidivism. On average, 7.5 months have elapsed between initial recovery residence stay and March 31, 2019, with a minimum of 5 days and a maximum of 17 months.

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 semi-structured environment of the recovery residences supports clients’ recovery. While some clients transitioning from residential treatment had initial hesitancy about a perceived lack of structure in outpatient settings, they shared that they generally feel well-supported in recovery residences. Although recovery residences do not provide treatment or case management on-site, clients appreciate both opportunities for relationship building as well as non-clinical, supplemental services offered at one recovery residence (e.g., health van, clothes donations). Many clients mentioned that they experience support from fellow residents and that they all help one another in achieving their treatment goals. Clients

¹⁷ Twenty individuals exited a recovery residence twice. For these individuals, the exit status of their last recovery residence stay is reported.





and staff described elements of the recovery residence environment that they appreciated, including family-style meals, informal peer mentorship, and an investment in one another's success.

Clients value the shared life experiences of staff members at recovery residences. Clients shared that they highly value the respect staff show toward them and described these relationships as one of the factors incentivizing them to continue treatment. Clients appreciate that recovery residence staff can relate to their recovery and see this reflected in their approach to their work. The majority of clients called out the importance of working with staff who have a shared lived experience and come from a background of recovery, while also stressing the need for professionalism from staff.

Clients described the program as providing the essential foundation for a successful recovery—food security and reliable housing. Clients consistently spoke about the impact of food security and reliable housing. They emphasized the necessity of these two resources in order to transition toward a successful recovery from substance use, stable employment, and economic self-sufficiency. A selection of client experiences is captured in the sidebar at right.

Program Barriers

Permanent housing is a huge challenge for clients who complete six months at the recovery residences. There was a consensus among recovery residence staff that the most frustrating aspect of the program is the lack of housing options for clients who must leave after six months. Despite this, providers have found creative ways to try to facilitate client success, such as linking clients to other Sober Living Environments (SLEs) to extend their transition time. This gives clients additional time to get a job and save some money, with the hope that they will ultimately transfer out of the SLE environment.

Providers and staff experience challenges with delayed referrals and inconsistent information from the SUD hotline, which may be due in part to staffing shortages. Service providers shared concerns that the hotline team does not consistently relay information to clients about the rules and expectations of recovery residences, which they say can impact clients' experiences at program entry. For this reason and others, providers shared that they prefer to find clients themselves and then call the hotline for a "reverse referral." While some clients were satisfied with the referral process, others shared experiences of delayed referrals and/or seemingly inaccurate information about bed availability. Hotline staff stated that staff shortages impact their capacity and that a pool of on-call temp staff that previously covered shortages was discontinued for budgetary reasons.

"Without food and shelter, nothing else even matters; they provide the things I need. I need six months rent-free, food, and the ability to get out there without people breathing over my shoulder."

– *Recovery Residence Client*

"It's helped me in learning skills, [like] when I have to go out, get a job, and face the real world. It helps me out with my head."

– *Recovery Residence Client*

"It's six months rent-free. It's supposed to help you get back on your feet. Everything that they would say they would do, they've done, as far as feeding you and making sure you have a roof over your head."

– *Recovery Residence Client*



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 (SUDs). Three community-based providers are contracted to provide housing assistance: Bay Area Community Services, La Familia Counseling Services, and Roots Community Health Center. 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. The program was designed to serve a minimum of 225 individuals over the grant period. Based on provider capacity, clients may also be connected to additional services or receive more intensive housing navigation services. Figure 9 illustrates the Prop 47 housing assistance program model.

Figure 9. Prop 47 Housing Assistance Program Model



Alameda County implemented numerous changes to the housing program model after the County received insufficient interest from community-based providers in applying to the original model outlined in a request for proposals. Based on feedback from Prop 47 stakeholders, the County increased the per client grant amount from \$2,000 to \$5,000, decreased administrative data entry requirements for providers, and developed a data portal for service providers to support backend data entry. As a result of these modifications, Alameda County was able to contract with three cross-county service providers to implement the housing assistance program. Due to procurement and contracting delays, housing services were not fully implemented until July 2018.



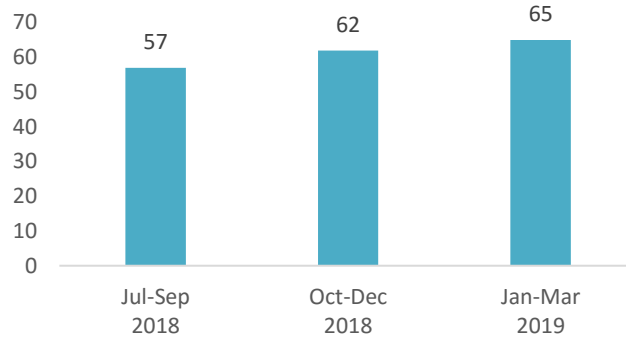
Program Profile

This section describes the services provided through the housing program, the characteristics of housing clients, and preliminary recidivism outcomes.

Housing Services

Through March 2019, a total of 147 unique individuals have received Prop 47 housing financial assistance. Of those individuals, some received multiple allocations up to a maximum of \$5,000. Full implementation of housing services began in July 2018,¹⁸ with a total of 347 financial allocations made between July 2018 and March 2019. As shown in Figure 10, the number of individuals receiving housing financial assistance has slightly increased over time.

Figure 10. Unique Individuals Receiving Housing Financial Assistance by Quarter



The amount of financial housing support each individual received ranged from \$81 to \$5,000, with an average of \$2,656. Through March 2019, approximately \$390,000 was provided to individuals for an array of eligible housing-related expenses. Table 10 summarizes the number and percentage of individuals using housing financial assistance for each expenditure type and the total amount spent on each expenditure (e.g., rental assistance, security deposit). Rental assistance was the most frequently provided expenditure and comprised the majority of the spending (69% of total funding disbursed). An estimated \$163,000 was spent on temporary housing,¹⁹ which comprises approximately 42% of expenditures through March 2019.

Table 10. Housing Expenditures by Type and Amount Spent

Expenditure Type	Amount spent	% of Spending
Rental Assistance (excluding back pay)	\$268,560	69%
Security Deposit	\$47,933	12%
Back pay (past due rent)	\$62,768	16%
Utilities	\$2,716	1%
Furniture/Furnishings	\$8,519	2%
Credit Repair	\$81	<1%
TOTAL	\$390,577	100%

To target funding based on need, Prop 47 housing funding was allocated based on the distribution of Probation clients across supervisory districts. Table 11 displays spending across districts through March 2019, which may vary across districts due to variations in provider-specific contracting and start-up delays. The highest proportion of total spending (30%) was utilized in District 3, which comprises parts of downtown Oakland, East Oakland, and San Leandro. District 3 also had a substantially higher proportion of expenditures for rental assistance, compared to other districts.

¹⁸ However, three individuals received financial housing assistance between December 2017 and June 2018.

¹⁹ Temporary housing is defined as a rental assistance or other service type for a hotel, motel, or temporary housing service payee. This number was calculated based on the name of the payee and may be underreported.



Table 11. Housing Services by District

District	Amount Spent	% of Spending
1	\$89,461	23%
2	\$50,788	13%
3	\$116,656	30%
4	\$96,501	25%
5	\$37,170	10%

Housing Client Profile

Among housing assistance recipients, 115 clients (78%) had a mental health diagnosis and 47 individuals (32%) had a SUD need, with 16 (6%) who had a co-occurring disorder (both mental health diagnosis and SUD need).²⁰ The average age of participants was 38 years old. At the time financial assistance was first provided, almost all individuals were homeless (65%) or at risk of homelessness (24%). Of those that received housing services, 37 (25%) were under Probation supervision in Alameda County.

Preliminary Outcomes

As of March 31, 2019, 16 individuals (11%) have been arrested for a new misdemeanor or felony offense resulting in a conviction following their first financial housing allocation. Therefore, the large majority of clients (89%) receiving housing-related financial assistance have not recidivated following receipt of their first housing allocation. This is a preliminary outcome, since a limited time period has elapsed to measure recidivism. On average, 5 months have elapsed between initial housing allocation and March 31, 2019, with a minimum of 2 days and a maximum of 15 months.

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 use funds flexibly. Service providers and clients appreciate the financial structure of the housing assistance program, citing its novelty among housing programs in terms of its flexible disbursement structure. This flexibility allows service providers to write checks to a wide range of vendors for services on a short timeline. Clients agreed, sharing that they found the overall enrollment process straightforward and simple, with low barriers to entry.

Providers able to leverage existing organizational capacity offer a higher degree of case management and service navigation to clients. Two housing assistance providers are also contracted to provide Prop 47 mental health services, which enables them to leverage existing organizational capacity to offer case management and service navigation to housing assistance clients. However, there is variability among

²⁰ Data may underestimate the number of individuals with SUDs because indicating a mental health need alone is sufficient to qualify for Prop 47-funded services. Therefore, providers may not identify an individual’s SUD if the individual has an identified mental health need, particularly if the individual is concerned about the stigma of SUD need.





housing assistance service providers regarding the degree of support they are able to provide to clients. For example, clients of a service provider with more limited capacity received no assistance in obtaining their criminal records (to confirm prior justice involvement) or navigating housing options. Clients at service providers with more extensive capacity received highly-managed housing assistance as an extension of their mental health case management, which can also include non-housing services or assistance, such as communicating with the individual’s probation officer. Clients also described receiving information related to food, clothing, and transportation resources from housing assistance staff.

Housing assistance clients described the positive impact of the program on their mental health, education, employment, and financial self-sufficiency. Clients shared a variety of ways in which they felt the housing assistance program impacted their lives. For some clients, stable housing meant they were able to restart educational or employment programs. For others, stable housing meant improved mental health and relief from the chronic stress and trauma of homelessness. A selection of client experiences is captured in the sidebar at right.

Program Barriers

Finding landlords willing to rent to the Prop 47 population can be challenging. Staff often struggle to find landlords willing to rent to the rising number of clients who need services. The stigma of criminal justice involvement plays a role in some landlords’ unwillingness to offer housing to clients. Service providers emphasized how critical it is to cultivate relationships with landlords in order to maximize client housing.

Providers find the housing program model most effective for individuals who are high functioning with lower mental and/or SUD needs. Individuals with high behavioral health needs require a high intensity and duration of wraparound services—such as in-depth case management, financial management, and care coordination—to maintain long-term housing stability. Since the housing assistance program is not designed to provide services outside of financial housing support, service providers and stakeholders shared that the program is most likely to support long-term housing stability for individuals with mild behavioral health needs and may have more limited impacts on long-term housing stability for individuals with high needs.

“I can sleep now. I was really stressed out and irritable and depressed all the time. Snapping on everybody. It has really relieved all of that. I can smile again.”

– *Housing Assistance Client*

“I was in survival mode and doing high risk stuff just to make ends meet. Now that I have a roof over my head it gives me stability. Without this I would probably be back in jail.”

– *Housing Assistance Client*

“We had a client who was able to get an Airbnb and talk the landlord into a lease. He was able to apply for his PhD program and was accepted, all within 30 days. On April 1, he is going to Washington to finish his PhD. This man was sleeping on benches. His living situation was a bench and basically doing whatever to keep warm.”

– *Service Provider*



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 potential next steps, are described below.

1. Alameda County's Prop 47-funded programs address critical gaps within mental health, substance use disorder (SUD), and housing services in Alameda County. Stakeholders highlighted the need for each Prop 47-funded program, while acknowledging that even with Prop 47 funding, the demand outweighs the supply of behavioral health and housing programs for individuals with prior justice system involvement. This is demonstrated in the enrollment numbers across programs, with each program area consistently exceeding enrollment targets:

- Mental health services were provided to an average of 185 individuals per year, exceeding the goal of serving 160 individuals annually;
- Recovery residences served an average of 103 individuals a year, exceeding the goal of serving at least 66 unique clients annually; and
- Housing assistance was distributed to 147 individuals within 9 months, putting the County on track to exceed the goal of serving a minimum of 225 individuals over the 38-month grant period.

2. Funding three programs through Prop 47 requires a significant investment in County coordination, administration, and oversight. Alameda County was intentionally ambitious in the design of its Prop 47 programs by funding three distinct programs to address gaps within the County's service system. Alameda County's Health Care Services Agency holds eight contracts with six community-based providers across the three Prop 47-funded programs. Each program possesses a distinct referral process, service delivery model, and service array. Two of the three Prop 47-funded programs (mental health and housing) were newly created with Prop 47 funding, requiring Alameda County to develop new contracts, program models, and data reporting systems; in addition, these required community-based providers to implement new programs, including hiring and training new staff.

3. The supplemental services and population served by Alameda County's Prop 47-funded programs varies across and within program type. Alameda County is large and diverse. To ensure that individuals across the County can access Prop 47-funded programs, the six community-based providers implementing Prop 47-funded programs are intentionally located across the County. Each provider has integrated Prop 47 program(s) into its existing infrastructure, thereby drawing from existing organizational capacity and resources to supplement the services funded by Prop 47. This allows programs to tailor services to the needs of clients in their area and provides clients access a range of additional services, though these vary due to differences in organizational capacity.

In addition to different supplemental services and resources, programs serve slightly different populations. Across programs, Alameda County has served 1,767 individuals²¹ from the beginning of Prop 47 program implementation (July 2017) through March 2019. Table 12 displays the client characteristics for each program and, for comparison, the Alameda County 2017 arrestee population. As shown in Table

²¹ This does not represent unique clients. Individuals are counted for each program they participated in (e.g., an individual who participated in both mental health and housing would be counted twice).



12, the race/ethnicity of Prop 47 clients differ across programs, with the mental health program serving a higher proportion of Black individuals and recovery residences serving a higher proportion of White individuals, comparatively.

Table 12. Prop 47 Client Characteristics and 2017 Arrestee Population Characteristics

	Mental Health	Substance Use Disorder Help Line	Recovery Residence	Housing ²²	2017 Arrestee Population ²³
Unique Individuals	246	1,215	155	147	N/A
Age (average)	39	41	41	38	30-39 (median)
Race/Ethnicity					
Black	50%	35%	30%		37%
White	20%	35%	40%		26%
Hispanic/Latino	15%	19%	21%		26%
Asian/Pacific Islander	6%	4%	3%		10% ²⁴
Other/Mixed Race	9%	7%	7%		
Gender					
Male	64%	56%	74%		75%
Female	36%	44%	26%		25%

4. Local Advisory Committee (LAC) members are committed and invested in Prop 47-funded programs and desire more community engagement to guide decision making. High LAC attendance rates of public agency leadership and staff indicate a strong level of commitment to Prop 47 programs and interest in collaborative decision making. Due to turnover in community representatives, community member representation has been less visible at LAC meetings. Additionally, since community LAC members are generally not engaged in Prop 47-related discussions outside the LAC meetings, they feel more limited in their ability to inform decisions.

Looking Forward

Alameda County’s three Prop 47-funded programs have now been in operation for over a year and are all meeting enrollment targets. Based on experiences to date, the County has an opportunity to build on the strengths of the program and mitigate any challenges and barriers. Using data to support ongoing refinement of programs and processes would facilitate continuous quality improvement to support clients’ success and ensure programs serve the individuals who can most benefit from them. Working with providers and program partners to develop a shared understanding of data needs and processes would help support this continuous quality improvement approach. Additionally, increasing awareness of Prop 47 programs—through informational documents with a point of contact for program-related questions—would help support cross-agency referrals and provide more visibility about programs countywide. Last, creating additional communication mechanisms to share information outside of LAC meetings—and providing stipends for LAC community representatives—would help increase LAC community engagement.

²² Data were not available regarding the race/ethnicity and gender of housing funding recipients.

²³ OpenJustice. (n.d.). Arrests. Retrieved from <https://openjustice.doj.ca.gov/data>.

²⁴ Arrestee data combines Asian/Pacific Islander within the Other category.



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

1. Colleen Chawla, Alameda County Health Care Services Agency (co-chair)
2. Wendy Still, Alameda County Probation Department (co-chair)
3. Rodney Brooks, Alameda County Public Defender's Office
4. Danielle Brunswick, Alameda County Superior Court
5. Michael Davis, Community Representative*
6. Kelly Glossup, Alameda County Sheriff's Office
7. Sholonda Jackson-Jasper, Community Representative
8. Steven Medeiros, Community Representative*
9. Harrison Seuga, Community Representative*
10. Dan Simmons, Community Representative
11. Eric von Geldern, Alameda County District Attorney's Office

²⁵ * These members have since resigned from the LAC.



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 <ul style="list-style-type: none"> Adult Forensic Behavioral Health (AFBH) Probation Department Local Advisory Committee (LAC) <ul style="list-style-type: none"> Community Corrections Partnership (CCP) District Attorney Public Defender Sheriff's Office Community Development Agency Funded Providers <ul style="list-style-type: none"> La Familia Counseling Services Bay Area Community Services Center Point Canales Unidos Reformando Adictos (CURA) Second Chance, Inc. <p>Training & EBPs</p> <ul style="list-style-type: none"> BSCC guiding principles Multidisciplinary Reentry Team (MRT) 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"> Hire and train MRT team members Administer and analyze intake assessments Probation staff training for MH services 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 and dual diagnosis clients Outpatient SUD Care Recovery residences (with or without outpatient treatment) <p>Housing Support Services</p> <ul style="list-style-type: none"> Create assessment criteria and application process for housing support Competitive grant process for CBOs Housing supports Referrals for MH and SUD services <p>Cooperation and Coordination</p> <ul style="list-style-type: none"> Develop protocols for referrals to MRTs Coordinate referrals from AFBH, Probation, or other agencies to MRTs, SUD treatment agencies, and housing support agencies Data collection and analysis Quarterly reports to BSCC 	<p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> # of MRT staff, # MRT new hires # staff trained in trauma-informed care Training courses administered and # of participants # previously incarcerated peer counselors MRT client/staff ratio # individuals referred for MH services, by referral agency # individuals enrolled in MH services Average time between referral and enrollment # receiving services, by service type and agency # who had 2+ treatment sessions within 30 days after enrollment # disabled clients without SSI successfully connected with SSI Advocate # clients receiving Medi-Cal/CalFresh/SSI Service hours provided and number served, per agency Demographic breakdown of participants <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> SUD services provided Training courses administered and # of participants CBO client/staff ratio # clients referred for screening, by referral agency # clients screened for SUD # individuals referred for SUD treatment, by service agency # individuals enrolled in SUD treatment, by service agency and service type # who had treatment in 14 or 35 days from assessment date # who had 2+ treatments within 30 days after enrollment Service hours provided and number served, by agency Demographic breakdown of participants <p>Housing Support Services</p> <ul style="list-style-type: none"> # CBOs receiving funding through grant program and services provided # funding requests received # screened upon funding request submission # funding reviews completed within 14 or 30 days of funding request, and total # of funding requests approved # provided funding within 14 or 30 days from screening, and total # provided funding or other services, by service type and/or funding amount Demographic breakdown of participants 	<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 with closed SSI Advocacy cases result in a client being granted SSI MRT clients discharged after successful progress 65% of AFBH and Probation clients who are referred to MRT and discharged from jail enroll in MRT Within 24 months, 50% of MRT clients will step down to mild-moderate mental health services 75% of MRT clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment period <p>Substance Abuse</p> <ul style="list-style-type: none"> Within 6 months, 50% of enrolled SUD clients will step down to a lower level of care or complete treatment 50% of SUD clients maintain engagement in SUD treatment services throughout the entire treatment period 65% of clients referred to SUD programs and discharged from jail enroll in programs SUD clients do not experience relapse SUD clients discharged after successful progress <p>Housing Condition</p> <ul style="list-style-type: none"> 75% of clients with identified need for emergency housing grants receive them, in conjunction with MH and SUD services 80% of clients who receive housing supports do not return to jail during the treatment period. <p>Other Psychosocial Outcomes</p> <ul style="list-style-type: none"> 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services. <p>Criminal Justice</p> <ul style="list-style-type: none"> Clients who have been engaged in MH, SUD, and/or housing services for 1+ months have not returned to jail 80% of MH, SUD, and/or housing clients do not return to jail during the treatment period Reduced rate of recidivism, per the BSCC's definition, for individuals receiving Prop 47 services <p>System Level Outcomes</p> <ul style="list-style-type: none"> Improved coordination between Probation, Sheriff and agencies or organizations involved with Prop 47 implementation to ensure effective delivery of services to the target population 	<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 Abuse</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>Criminal Justice System</p> <ul style="list-style-type: none"> Individuals receiving Prop 47 MH, SUD, and/or housing services do not recidivate within three years of release or placement on supervision, per the BSCC definition <p>System Level Outcomes</p> <ul style="list-style-type: none"> Community partnerships and collaboration for MH/SUD treatment and housing Reduced recidivism



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 Adult Forensic Behavioral Health and Probation clients who are referred to MRT and discharged from jail enroll in MRT.	35% of MRT clients were referred to the program by criminal justice agencies; however, data were not available to determine the total number of individuals that were referred for mental health services and then subsequently enrolled.
	2. Within 24 months, 50% of MRT clients will step down to mild-moderate MH services.	Of the 130 individuals who exited mental health services, 58% had reached or partially reached their treatment goals.
	3. 75% of MRT clients maintain engagement in MH treatment and services or successfully complete treatment during the entire 12-24 month treatment period.	Of the 130 individuals who exited mental health services, 58% had reached or partially reached their treatment goals. Of the 116 individuals currently enrolled, (97%) maintained engagement, defined as receiving services at least once within the last two months of the evaluation period.
	4. 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.	A complete record of referral data and linkages were not available for the preliminary evaluation.
	5. 80% of MRT clients do not return to jail during the treatment period.	Recidivism outcomes 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. Of those receiving mental health services, 88% did not recidivate following their first service date. Additional data regarding the percentage of individuals returning to jail will be provided as a component of the final program evaluation.
Formerly incarcerated individuals with substance use disorders are stabilized through community-based	6. 65% of Prop 47 clients referred to SUD programs and discharged from jail enroll in programs.	Of the approximately 1,200 individuals screened through the hotline, 605 (50%) were connected to SUD services.
	7. 50% of Prop 47 SUD clients maintain engagement in SUD treatment and services throughout the entire treatment period.	Of the 131 individuals who exited recovery residences, 63% were discharged with partial improvement or treatment goals reached. Of those that are still enrolled as of March 31, 2019, 100% maintained engagement, defined as receiving services at least once within the last two months of the evaluation period.



treatment and services and do not reoffend.	8. Within 6 months, 50% of enrolled clients will step down to lower level of care or complete treatment.	Of the 131 individuals who exited recovery residences, 63% were discharged with treatment goals reached or partial improvement.
	9. 75% of enrolled clients referred to community-based support services such as employment and housing are successfully linked to those services.	Though recovery residence may make some external referrals, this objective is no longer applicable to the SUD program as it is not part of the current program model.
	10. 80% of SUD clients do not return to jail during the treatment period.	Recidivism outcomes 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. Of those staying at a recovery residence, 91% did not recidivate following their first bed night in a recovery residence. Additional data regarding the percentage of individuals returning to jail will be provided as a component of the final program evaluation.
Formerly incarcerated individuals with mental illness and/or substance use disorders are stabilized through housing supports and do not reoffend.	11. 75% of Prop 47 clients with identified need for housing assistance receives it, in conjunction with MH and SUD services.	Data on the total number of individuals who were assessed for housing need was not available for this analysis.
	12. 80% of clients who receive housing supports do not return to jail during the treatment period.	Recidivism outcomes 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. Of those receiving housing services, 89% did not recidivate following their first housing allocation. Additional data regarding the percentage of individuals returning to jail following the start of housing funding will be provided as a component of the final program evaluation.