



Alameda County Proposition 47 Cohort III Grant Evaluation Plan

Project Background

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

In 2017, Alameda County obtained a \$6 million dollar Prop 47 grant from the BSCC to provide targeted mental health, SUD treatment, and housing support services to justice-involved adults in the County with behavioral health needs. In 2019, Alameda County received a second \$6 million dollar Prop 47 grant as part of the Cohort II grant cycle which also funded diversion services. In 2022, Alameda County was awarded a third \$6 million dollar Prop 47 grant for a Cohort III. The new grant will be used to expand on the successful implementation of the Cohorts I and II grant cycle by augmenting existing services and adding the Medicated Assisted Treatment (MAT) services. Mental health services will be discontinued in Cohort III.

Prop 47 Cohort III programs and services will be provided in partnership with County agencies, including Alameda County Health Care Services Agency (HCSA), Alameda



County District Attorney's (DA) Office, and local Community-Based Organizations. In addition, the Local Advisory Committee (LAC), comprising County agency representatives and local stakeholders with knowledge and experience related to Prop 47 programs and services, will provide ongoing support for grant implementation and advise the evaluation.

Program Components

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

1. **Substance Use:** Prop 47 will fund SUD screening, referral, and treatment for justice-involved adults with SUD needs. Prop 47 funding will increase providers' capacity to conduct SUD screening and referral services through a telephone hotline and fund 11 beds at recovery residences that provide sober living environments.
2. **Housing:** Prop 47 will fund a housing grant program that provides justice-involved adults with behavioral health needs assistance with rental security deposits, utilities, credit repair, and other issues related to establishing suitable housing.
3. **Diversion:** Prop 47 funds will fund a multi-disciplinary Diversion Team (DT) to serve adults with behavioral health needs who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct. Individuals who agree to participate in the program will be transported to a community-based navigation center where they will be deflected (removed from criminal justice system), deferred (not charged, with treatment progress monitored by DA), or diverted (post-charging diversion, with successful completion resulting in dismissal of the charge). Individuals with behavioral health needs who are currently on felony probation and commit a misdemeanor violation will be assigned to a behavioral health/diversion caseload.
4. **MAT:** Prop 47 will fund Medicated Assisted Treatment to serve adults with opioid use disorders (OUDs) by using medications (e.g. suboxone, buprenorphine, naltrexone) combined with counseling and behavioral therapies to treat substance use disorders with a whole-person approach.



Goals and Objectives

Alameda County established the following goals and objectives for Prop 47 grant-funded activities.

Table 1. Prop 47 Goals and Objectives in Alameda County

Goals	Objectives
Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend.	60% of Prop 47 clients referred to SUD programs enroll in Alameda County behavioral Health (ACBH) SUD programs.
	80% of Prop 47 recovery residence clients enroll in SUD outpatient treatment and services.
	50% of recovery residence clients exit recovery residences with successful progress.
	50% of recovery residence clients reduce admission to detox programs.
	80% of SUD clients do not recidivate during the treatment period.
Justice-involved individuals with any mental illness who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration.	50% of individuals deflected from the criminal justice system do not recidivate.
	65% of individuals deferred from the criminal justice system are not charged.
	65% of individuals diverted from the criminal justice system are not convicted.
	50% of individuals on the behavioral health/diversion probation caseload complete probation without a violation or new conviction.

Project Performance

RDA Consulting (RDA) will document the progress and success of Alameda County’s Prop 47 programs in attaining its established goals and objectives. The evaluation will examine the extent to which Prop 47 programs and services are implemented as



intended and the impact of these activities on client outcomes, including recidivism.¹ As detailed below, RDA will collect and analyze data to assess Prop 47 implementation and outcomes and provide recommendations for addressing challenges encountered in implementation. In addition, RDA will work in an advisory role with agencies and organizations associated with Prop 47 during early implementation to facilitate data collection and sharing, identify and address challenges, provide technical assistance, and offer recommendations for continuous improvement. The evaluation goals and questions identified in the following sections reflect the theory of change, outcomes, and impacts illustrated in the Alameda County Proposition 47 Logic Model in Appendix A.

This evaluation will include both process and outcome evaluation components to track overall project performance. The process evaluation will examine the extent to which Prop 47 programs and services were implemented as intended. The outcome evaluation will examine the impact that Prop 47 programs and services had on client outcomes and recidivism. Results of the process and outcome evaluations will be presented in the final report, as described in subsequent sections of this evaluation plan. Project performance, including both implementation and impacts, will be tracked over time using data on program implementation, client service receipt, and client outcomes.

Data Management

As detailed below, RDA will collect and analyze the quantitative and qualitative data identified for the process and outcomes evaluations from a variety of sources to provide a comprehensive assessment of Prop 47 programs in Alameda County. RDA will collect all quantitative and qualitative data in preparation for the final evaluation report due in 2026. RDA will obtain administrative data from HCSA, the Information Technology Department, the District Attorney's Office, and Community-Based Organizations and conduct qualitative interviews and focus groups to compare

¹ Per the BSCC, recidivism is defined as "conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction."



changes in processes and outcomes over time. RDA will also work with a Participatory Action Research (PAR) team, in which clients served by Prop 47 services are hired to be part of the research team. Their involvement will ensure a more accurate and equitable evaluation by including individuals who have been directly impacted by Prop 47 in the research and evaluation process.

Training and Technical Assistance

During the initial phases of implementation, RDA will provide guidance for data collection and recording, as well as offer recommendations for improving implementation. RDA will conduct focus groups with program staff and clients to strengthen service delivery and contribute to continuous quality improvement (CQI).

Research Design

Overview

To assess the implementation and impact of Prop 47 programs in Alameda County, RDA will conduct a mixed-method process and outcome evaluation. The mixed-method approach incorporates quantitative and qualitative data collection and analysis to provide a comprehensive assessment of grant-funded efforts. This research design was selected to maximize validity and provides different perspectives on complex, multi-dimensional issues. The quantitative data analysis will include individual- and system-level measures to examine service referral and receipt as well as outcomes of treatment and impacts on recidivism. Qualitative data analysis will explore experiences with the program and its implementation from clients, service providers, and management to identify successes, challenges, and areas for improvement. The descriptive study will measure program implementation and effectiveness culminating in a final report for all of Cohort III.

Process Evaluation & Measures

Process measures, which are focused on operations, implementation, and service delivery, are designed to answer the question “What is the program actually doing and



is that what we planned for it to do?” As such, the process evaluation will explore many aspects of implementation, including but not limited to the questions identified below.

1. To what extent have each of the Prop 47-funded activities been implemented as intended?
2. Are Prop 47 programs reaching the target audience identified by Alameda County?
 - a. What barriers or challenges were encountered in providing Prop 47 services to this population and how were these addressed?
3. To what degree are the agencies and organizations overseeing and implementing Prop 47 programs successfully communicating and coordinating with each other to support implementation?
4. Have Prop 47 services reflected use of evidence-based practices (EBPs) and alignment with the BSCC grant’s guiding principles? Examples include:
 - a. Use of healing strategies and trauma informed care
 - b. Culturally competent services and approaches that foster restorative justice principles
 - c. Use of diverse staffing, including those impacted by the justice system
5. To what extent has community engagement been incorporated in the Prop 47 planning and implementation process?
6. Have Prop 47 programs been effective in supporting capacity building for service providers to meet the needs of Prop 47 individuals?
7. Are clients receiving services through Prop 47 programs satisfied with the services provided? What processes and services are perceived as effective and what areas are perceived as needing improvement?

The process evaluation will use the following quantitative and qualitative process measures to examine implementation of the four program components of Alameda County’s Prop 47 plan.

Table 2. Process Evaluation Measures

Activity	Quantitative Data	Qualitative Data
SUD Screening/	<ul style="list-style-type: none"> • Clients 	





<p>Referral and Recovery Residences</p>	<ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client education, housing, and employment status & needs ○ Client SUD diagnoses ● Services <ul style="list-style-type: none"> ○ # clients screened for SUD & date of screening ○ # individuals enrolled in SUD programs & date of enrollment <ul style="list-style-type: none"> ▪ # individuals enrolled in recovery residences ▪ # individuals enrolled in outpatient treatment 	<ul style="list-style-type: none"> ● Interviews with Prop 47 management <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Use of EBPs and best practices including trauma informed care, cultural competence, and restorative justice ○ Community engagement ● Interviews with supervisors/managers <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Training needs ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement ● Focus groups with line staff <ul style="list-style-type: none"> ○ Experiences with leadership ○ Collaboration and communication
<p>Housing Support Services</p>	<ul style="list-style-type: none"> ● Clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ● Services <ul style="list-style-type: none"> ○ # clients provided funding or other services, by service type, provider, and funding amount 	<ul style="list-style-type: none"> ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement
<p>Diversion</p>	<ul style="list-style-type: none"> ● Clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ○ Client education, housing, and employment status & needs ● Services <ul style="list-style-type: none"> ○ # clients referred to diversion program and assessed by diversion team 	<ul style="list-style-type: none"> ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement



	<ul style="list-style-type: none"> ○ # clients receiving services at the Navigation Center ○ # deflected, deferred, and diverted ○ 	<ul style="list-style-type: none"> ○ Experience with clients ○ Perceived impacts on clients ○ Perception of training ○ Barriers and facilitators encountered
MAT	<ul style="list-style-type: none"> ● Clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ○ Client education, housing, and employment status and needs ● Services <ul style="list-style-type: none"> ○ # of clients screened for appropriateness for MAT ○ # of individuals enrolled in MAT 	<ul style="list-style-type: none"> ● Focus groups with clients <ul style="list-style-type: none"> ○ Experiences with staff ○ Awareness of services ○ Perception of services ○ Barriers and facilitators encountered

The process evaluation will also identify the number of clients who successfully complete each program. The definitions of successful program completion are presented in Table 3.

Table 3. Successful Completion

Program Type	Criteria for Successful Completion
SUD Recovery Residences	● Discharged with treatment goals reached or satisfactory progress
Housing Support Services	● Received financial housing support
Diversion	● Referred through the navigation center to community-based services to avoid incarceration
MAT	● Referral established - established ongoing MAT with an outpatient provider (received at least one dose from an outpatient provider)

Outcome Evaluation & Measures

Outcome measures focus on short- and long-term changes that result from service delivery, and seek to answer the question “What impacts did the program produce for





the affected clients and systems?” To this end, the outcome evaluation will examine the impacts of Prop 47 programs on meeting the MAT, SUD, and housing support needs of the target population and the effect of these activities on recidivism outcomes. As such, the outcome evaluation will explore several types of outcomes of Prop 47 programs, including but not limited to the questions identified below.

1. Are Prop 47 programs associated with:
 - a. Reducing recidivism for clients?
 - b. Stabilizing individuals in the target population with OUD and SUD issues by reducing symptoms and improving functioning?
 - c. Improving housing conditions?
2. To what extent is the system better able to meet the needs of the target population as a result of Prop 47 programs?
3. Are the changes and programs implemented as part of Prop 47 sustainable for the County?
 - a. If not, what are impediments to maintaining this change?

The outcome evaluation will use the measures in Table 4 to examine the impact of Prop 47 programs in four areas: Substance use, housing stability, opioid use, and criminal justice system involvement.

Table 4. Outcome Evaluation Measures

Category	Quantitative Data	Qualitative Data
Substance Use	<ul style="list-style-type: none"> ● # SUD clients who exit recovery residence with successful progress ● # SUD clients do not experience relapse while in a recovery residence 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services impacted substance use
Housing Stability	<ul style="list-style-type: none"> ● # of clients with identified housing needs who receive financial housing support 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47 services impacted housing stability
MAT	<ul style="list-style-type: none"> ● # of clients who were referred to outpatient MAT 	<ul style="list-style-type: none"> ● Experiences regarding how and why Prop 47



	<ul style="list-style-type: none"> • % of clients successfully connected with MAT services • # of clients who started at MAT • # of clients who received at least one dosage of MAT 	MAT impacted opioid use
Criminal Justice System Involvement	<ul style="list-style-type: none"> • # of clients successfully deflected, deferred, and diverted from the criminal justice system • # of clients deferred from the criminal justice system who are not charged • # of clients diverted from the criminal justice system who are not convicted • # diversion clients on probation who complete probation without violations or new convictions • # of individuals meeting BSCC definition of recidivism during study period and recidivating offense 	<ul style="list-style-type: none"> • Experiences regarding how and why Prop 47 services impacted criminal justice involvement

Quantitative Data Collection

Data Requests and Sharing Agreements

RDA will coordinate data sharing agreements with Alameda County agencies to collect data needed for the evaluation (summarized in Table 5). To ensure quantitative data availability and shared understanding of data definitions, RDA will provide technical assistance to service providers and other agencies providing quantitative data. Upon receipt of data, RDA will hold data meetings with program staff data leads to ensure we understand the process behind data collection and entry, as well as the data and variables themselves.

Table 5. Evaluation Data Sources

Data Source	Types of Data to be Requested
HCSA & CBOs	<ul style="list-style-type: none"> • Referral, assessment, enrollment, service, and treatment data





Information Technology Department	<ul style="list-style-type: none">• Date and offense for recidivism events for individuals receiving Prop 47 services• Criminal justice outcomes (e.g., charge, conviction) for individuals deferred or diverted through the diversion program
Probation Department	<ul style="list-style-type: none">• Behavioral health/diversion clients and probation outcomes

Quantitative Data Management Plan

RDA will link participant data across data sources using a combination of names, dates of birth, and unique client identifiers such as Person File Numbers (PFNs), where available. This process will allow RDA to track Prop 47 client referral, assessment, enrollment, and program completion in addition to recidivism outcomes. No individual-level, identifiable data will be reported. RDA uses a secure network location and encrypted file system for all datasets with sensitive information and ensures compliance with Health Insurance Portability and Accountability Act (HIPAA) and other pertinent statutes and regulations. All data collected for this evaluation will be transferred via a secure file transfer protocol and stored in a secure drive. Once data have been downloaded from the secure file transfer protocol site and placed on a secured drive, client data will be removed from the site. Client data will only be kept for the duration of the project period, at which point it will be destroyed. Furthermore, as part of our quality control measures, RDA will spend time cleaning data for use in analysis. We will identify any duplicate entries, merge data across sources, explore patterns of missing data, and format data into the appropriate analytic structure to allow for calculation of all measures to be included in the evaluation report. We will also assess data quality characteristics such as validity, reliability, completeness, precision, integrity, and timeliness. When reviewing and cleaning data, RDA will document any questions that arise and communicate with project leads and data/IT staff to review, discuss, and resolve.



Qualitative Data Collection

RDA and the Participatory Action Research (PAR) team will engage in primary data collection with Prop 47 stakeholders to obtain qualitative data about their experiences with Prop 47 programs. Members of this team will receive compensation for their work.

Focus Groups

To gather in-depth qualitative data about perceived outcomes related to program implementation, RDA and the PAR team will conduct approximately twelve focus groups with program staff and clients.² Program staff will be asked to identify participants, and each group will include no more than ten participants. Gift card incentives will be offered for participation. RDA will coordinate with providers to ensure focus group meetings are conducted in locations most accessible to participants.

Key Informant Interviews

To assess stakeholder experiences with the implementation and outcomes of Prop 47 services, RDA and the PAR team will conduct approximately twelve interviews with a sample of Prop 47 program leadership, supervisors, and managers.³ These interviews will examine interagency collaboration, experiences with program implementation, and perceptions of outcomes. In particular, we will focus on lessons learned, facilitators to success, and barriers to implementation.

Instrument Development

RDA and the PAR team will develop original instruments or draw upon existing qualitative protocols to guide the data collection efforts identified above. RDA will use standardized and validated tools, where available and applicable, or modify and adapt existing instruments such that they align with evaluation goals. All measures will be designed to be appropriate for diverse participants that come from a range of

² The exact number of focus groups is dependent on the number of available clients and staff whose experience pertains to the evaluation scope.

³ The exact number of interviews is dependent on the number of available clients and staff whose experience pertains to the evaluation scope.



cultural, linguistic, and educational backgrounds. Instruments and protocols will be shared with the County for review prior to use.

Human Subjects Protections

For all methods, we will employ procedures to safeguard respondent rights including obtaining informed consent, ensuring confidentiality and voluntary participation, limiting access to identifying information, and properly securing data.

Data Analysis Plan

RDA will use Excel and Stata to clean data and conduct quantitative analyses. RDA will retain syntax and code documentation for data manipulation and analysis as well as qualitative coding schemes. Both descriptive and inferential statistics will be used to analyze quantitative data and address the evaluation questions listed above. Basic univariate descriptive statistics including calculation of distributions, frequencies, measures of central tendency, ranges, and outliers will be used to examine data validity and reliability and present a picture of the individuals receiving Prop 47 related services. Multivariate statistics such as cross tabulations, Chi-square, regression, and ANOVA analyses may be used, when appropriate, to examine associations between Prop 47 services and outcomes. As feasible, RDA will explore the use of longitudinal, time-series, and survival analysis strategies to evaluate the impact of Prop 47 service receipt on client outcomes and recidivism. Where possible, we will attempt to isolate the impact of each type of intervention for clients that receive multiple services. The final analysis approach will be refined to match the availability and quality of data obtained, and the most methodologically rigorous analysis technique will be used based on the data available. RDA will explore the availability of baseline and/or comparison data from the County, research literature, or similar studies conducted in Alameda County or other jurisdictions to serve as a reference. Where available, comparison data will also be used to attribute project impact to Prop 47 interventions.

RDA will review and code qualitative data findings to address pertinent evaluation questions using NVivo. The PAR team will be involved in the qualitative data analysis by engaging in data analysis sessions with the RDA team. Findings will be interpreted for common themes, trends, patterns, and programmatic implications. RDA and the



PAR team will triangulate findings from the quantitative and qualitative data analysis to highlight results that have not been realized from either methodology alone. Qualitative data will be used to deepen the understanding of quantitative findings, and discover underlying reasons that might help explain results. We will also use quantitative findings to validate trends identified in the qualitative analysis.

Evaluation Reporting Schedule

Evaluation findings will be provided in the three report deliverables detailed below.

Evaluation Brief. The evaluation brief will present the results of the CQI process conducted in the early phases of implementation. This report will document efforts towards quality improvement in implementation, identify lessons learned, and provide recommendations for continued implementation efforts.

Final Evaluation Report. The final evaluation report, to be completed in May 2026, will present findings from all three years of Cohort III to examine trends and changes that have occurred as a result of implementation. This report will similarly include sections for background, the current logic model, methodology, process and outcome findings, study limitations and how they were addressed, conclusions, and recommendations. In addition, the final report will highlight any changes made in the evaluation approach. The report will conclude with recommendations for continuous improvement of program implementation.

Executive Summary. In addition, RDA will prepare a two-page, standalone grantee highlight that contains major findings from the evaluation for broad distribution. The executive summary will highlight key takeaways pertaining to project implementation, project purpose, accomplishments, goals achieved, barriers to success and how they were addressed, unintended (positive or negative) outcomes, major findings, and conclusions.



Appendix A. Alameda County Proposition 47 Logic Model

Process			Outcomes & Impact	
Inputs	Activities	Outputs	Short- & Middle-Term Outcomes	Long-Term Outcomes and Impacts
<i>What do we contribute to accomplish our activities?</i>	<i>What activities does our program area do to accomplish our goals?</i>	<i>Once activities are completed, what is the evidence of service delivery?</i>	<i>What changes do we expect within 0-2 years?</i>	<i>What changes do we expect within 3-5 years?</i>
<p>Funding</p> <ul style="list-style-type: none"> BSCC Prop 47 grant funding Leveraged funds <p>Leadership, Oversight, and Staffing</p> <ul style="list-style-type: none"> Health Care Services Agency District Attorney Local Advisory Committee (LAC) Funded Providers <ul style="list-style-type: none"> Alameda Health System Bay Area Community Services BRIDGE Clinic Center Point Canales Unidos Reformando Adictos (CURA) HIV Education and Prevention Project of Alameda County (HEPAC) La Familia Counseling Services Roots Community Health Center Second Chance, Inc. 	<p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> Screen and refer SUD clients Recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> Housing supports <p>Diversion Program</p> <ul style="list-style-type: none"> Law enforcement identification of eligible individuals and transport to the Navigation Center Administer and analyze intake assessments Deflect, defer, or divert individuals <p>Medicated Assisted Treatment (MAT) Services</p> <ul style="list-style-type: none"> Screen and refer potential MAT clients inside and outside of custody refer to MAT clinic sites Initiate MAT Refer to community clinics for maintenance therapy 	<p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> # individuals screened for SUD # individuals enrolled in recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> # individuals provided funding or other services, by service type and/or funding amount <p>Diversion</p> <ul style="list-style-type: none"> # staff trainings # individuals receiving services at the Navigation Center # individuals deflected, deferred, and diverted <p>Medicated Assisted Treatment (MAT) Services</p> <ul style="list-style-type: none"> # of individuals # of individuals connected to MAT services # of clients who received at least one dosage of MAT 	<p>Substance Use</p> <ul style="list-style-type: none"> Clients connected to treatment Clients maintain engagement in SUD treatment services throughout the entire treatment period Clients successfully complete treatment Clients do not experience relapse <p>Housing</p> <ul style="list-style-type: none"> Clients are provided housing supports <p>Diversion</p> <ul style="list-style-type: none"> Clients successfully deflected, deferred, and diverted from the criminal justice system Clients on probation complete probation without violations or new convictions <p>Medicated Assisted Treatment (MAT) Services</p> <ul style="list-style-type: none"> Clients identified with OUD are initiated on MAT Individuals initiated on MAT are offered active care navigation 	<p>Substance Use</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend <p>Housing Condition</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with emergency housing needs are stabilized through community-based treatment and services and do not reoffend <p>Diversion</p> <ul style="list-style-type: none"> Justice-involved individuals with behavioral health needs who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration <p>Medicated Assisted Treatment (MAT) Services</p> <ul style="list-style-type: none"> Formerly incarcerated individuals engaged in MAT will show lowered risk for overdose



<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• Overdose Prevention Training• Medicated Assisted Treatment (MAT) best practices			<ul style="list-style-type: none">• Individuals initiated on MAT attend an outpatient visit for SUD treatment within 30 days of acute care initiation <p>Criminal Justice</p> <ul style="list-style-type: none">• Clients reduce rate of recidivism, per the BSCC's definition• Clients do not return to jail <p>System Level Outcomes</p> <ul style="list-style-type: none">• Improved coordination between agencies and organizations	<ul style="list-style-type: none">• Expansion of MAT availability for justice-involved individuals and other members of the population <p>System Level Outcomes</p> <ul style="list-style-type: none">• Community partnerships and collaboration for MH/SUD treatment and housing
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