



# **Kern County Prop 47 2022-2026**

Local Evaluation Plan

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## **PROJECT BACKGROUND**

### **Needs Addressed by Project**

Kern Behavioral Health & Recovery Services (KernBHRS) will fill gaps in the continuum of care for individuals struggling with a serious mental health issue (MH) and/or a substance use disorder (SUD) who are involved in the criminal justice system.

As reported by the state, the total number of felony and misdemeanor arrests (i.e., total arrests) in Kern County (pop. 943,193) decreased by more than one-third between 2012 and 2020<sup>i</sup>, and the average daily jail occupancy fell by 31%<sup>ii</sup>. During that same period, KernBHRS experienced a nearly 200% growth in the number of AB109-assigned inmates and formerly incarcerated persons who received mental health (MH) and/or substance use disorder (SUD) treatment.<sup>iii</sup> In FY 20/21, its Correctional Behavioral Health Team served 2,987 jail inmates, and its outpatient MH and SUD teams and contracted service providers treated more than 3,000 criminal justice involved individuals.

KernBHRS administers both the mental health and substance use disorder systems of care. Between KernBHRS and its contract providers, there are 14 MH and 23 SUD teams and clinics serving the County; the majority of these programs are in the Bakersfield area where almost 75% of the population reside. The KernBHRS' Adult Transition Team (ATT), which serves about 300 adults annually, is presently the only treatment team designed to treat and support seriously mentally ill and dually diagnosed individuals with criminogenic risks and justice system involvement; similar services do not exist for individuals with a primary SUD. Additional forensic supportive services are needed to augment existing MH and SUD treatment teams that serve the majority of reentering and formerly incarcerated individuals.

Employment programs for the Prop 47 population are limited. Existing Individual Placement and Support (IPS) services are not available to individuals with primary

substance use disorder. IPS is a “hands-on” evidence-based, supported employment practice that partners with employers to prepare, place and support individuals with co-occurring MH health and SUD in jobs. Numerous studies have shown IPS to be effective in helping participants obtain and retain employment.<sup>iv</sup>

Likewise, early intervention SUD services for the Prop 47 population are currently cost-prohibitive. Early intervention and engagement (EI&E) services are not available in the SUD system because MediCal does not cover stand-alone engagement or case management services for individuals with primary substance use. Individuals must first be linked to “formal” treatment to receive case management, including engagement services. Perhaps unsurprisingly, these factors contribute to a leaky treatment pipeline: of 1,560 justice-involved individuals screened and referred to providers in the SUD System in FY 20/21, only 35% followed through with treatment.

The Prop 47 population also experiences short-term housing needs that are currently difficult to meet. Formerly incarcerated adults are almost 10 times as likely to experience homelessness as the general public, and this is especially high among individuals with multiple incarcerations and those recently released from custody, particularly among persons of color and women.<sup>v</sup> Locally, the Bakersfield-Kern Regional Homeless Collaborative (BKRHC) 2018 PIT Count found that almost 19% of homeless adults reported having been released from jail or prison in the past 12 months. Of these, 79% reported histories of SUD, and 53% reported having MH issues.<sup>vi</sup> KernBHRS found that 21% of AB109-assigned individuals released from jail in FY 20/21 were homeless or at risk of homelessness. A May 2021 report by the California Housing Partnership found a shortage of more than 25,000 affordable rental units locally, compounded by rising rental costs.<sup>vii</sup> KernBHRS’ current short-term housing subsidies are limited to 90-day stays due to funding restrictions, which frequently does not allow adequate time to secure permanent housing. Additional assistance is needed to allow for longer stays and to serve the increased numbers of individuals needing housing.

Finally, there are no local programs using formerly incarcerated peer mentors to support individuals reentering from jail or prison. Studies by Public/Private Ventures have shown promising results by employing individuals who have successfully reintegrated into society as peer mentors to help newly released individuals readjust to society. Mentored individuals had greater success obtaining and keeping jobs and were less likely to reoffend than non-mentored individuals in the year following their release.<sup>viii</sup>

The purpose of the Kern Transitions Program (KTP) is to reduce recidivism, enable recovery, and support community reintegration for the target population. Specific service needs to be addressed include forensic supportive services, supported employment, early identification and engagement, short-term housing, and peer mentoring.

## Services

The Kern Transitions Program has two primary service components: a Forensic Supportive Services (FSS) Team, and Early Identification and Engagement (EI&E) services. Community support services, including peer mentoring and short-term housing, will augment the services.

The FSS Team will offer a range of services individualized based on the participant's specific criminogenic needs, treatment goals, and preferences. The process for selecting the services provided for each participant begins with the primary treatment provider completing a MH and/or SUD assessment and developing an individualized treatment plan in collaboration with the participant. Through this process, the primary treatment team will identify any need for additional support and services offered by the FSS Team. Once program eligibility has been confirmed, the primary treatment team and FSS Team will offer treatment recommendations to the participant based on their treatment goals, preferences, and the services available. As FSS services are voluntary, participants will be offered choices pertaining to the types and kinds of services, and will play an active role in their treatment planning. The FSS Team will provide specialized forensic expertise and services not

currently available from existing outpatient MH and SUD treatment teams that, although they serve justice-involved individuals in their caseloads, are not expert in this area and do not have the capacity to provide the level or variety of services offered through the FSS Team. The FSS Team staff will provide interventions and counseling to address key criminogenic factors, such as antisocial behavior, criminal thinking, family and other support relationships, employment, education, recreational activities, and MH and SUD needs. The FSS Team staff will be familiar with resources to address behaviors for successful community integration and will be trained in specific evidence-based therapy tailored to this population, including Risk-Needs Assessment, Cognitive Behavioral Therapy, and Seeking Safety.

EI&E will be added to the current scope of services provided by the KernBHRS Gateway Team, who provide screening and placement services for persons referred to the SUD system, including those with justice system involvement. The addition of EI&E services will allow Gateway to contact individuals who have not followed through with treatment, to begin engaging them in formal treatment. EI&E staff will use a non-judgmental approach incorporating harm reduction, individualized field-based counseling and intervention, and motivational interviewing to identify and address the individual's reasons for non-participation, including helping to resolve any barriers or reservations they have. EI&E staff will discuss the benefits of SUD treatment and encourage individuals to make even the smallest steps forward in the reduction of their use. If an individual is not ready to enter formal treatment, staff will provide education, harm reduction strategies, overdose prevention information and naloxone training, and continue to encourage engagement in formal treatment.

KernBHRS will contract for a peer mentor program that employs formerly incarcerated individuals who have successfully reentered society as credible role models and guides for individuals currently reentering. The peer mentors will be a resource for FSS Team clients who voluntarily choose this type of support and will work in collaboration with

case managers. Based on their “lived experience,” peer mentors will offer support, encouragement, and guidance to clients who are trying to envision a “new self” and taking steps to replace criminal thinking and behavior with a more positive lifestyle. They will help clients navigate the criminal justice system, comply with court requirements, and avoid triggers or issues that could lead to re-incarceration.

Lastly, about one-third of the individuals exiting custody need short-term housing to avoid homelessness while receiving treatment and awaiting permanent housing. FSS Team clients who are at risk for or are homeless upon reentry from jail, and individuals who have not followed through with SUD treatment due to homelessness, will be referred to the KernBHRS Housing Services Team (HST) for placement in short-term housing appropriate to their needs. Short-term stays may exceed 90 days, if necessary, to secure a permanent housing arrangement.

### **Scope of the Project**

The Kern Transitions Program will be funded from 2022 to 2026 with a total budget of \$6,000,000 during this period. Services will be field-based and involve home, community or office visits and phone contacts. FSS Team client contacts will vary from 2 or more contacts a week to several contacts a month for periods of between 6 and 9 months. EI&E services will involve at least once weekly contact for up to 90 days until the client is engaged with ongoing treatment. Peer mentoring services will occur for 6 to 9 months with at least weekly in-person and/or phone contacts. Short-term housing stays will range from 2 to 3 months or longer, if needed.

The KTP project relies on collaboration between local government agencies including KernBHRS, the Public Defender, Probation, the Sheriff’s Office, and contract providers. It has yet to be determined who, between them, will link the target population with healthcare, housing, benefits assistance, education, employment, recovery, civil legal services, and other



resources available from a wide range of local public agencies and community-based organizations.

The contracted FSS Team is expected to have 10 staff members. Four case managers will collaborate with the individual's primary treatment case manager to revise the client's case plan to incorporate additional activities needed to address criminogenic needs and risk factors. One case manager will be qualified to provide IPS services. Three therapists will provide assessment, monitoring and counseling specific to reducing criminal behavior; and 3 CADAAC-certified SUD counselors will provide recovery counseling. EI&E services will employ 2 SUD specialists and 1 case manager, who will contact and re-engage individuals in treatment. The contracted Peer Mentor Program is expected to have the equivalent of 3 full-time peer mentors, who will provide one-to-one support and guidance to FSS Team clients.

### Target Population

The target population of this project is adults (18 years and older) who have been arrested, charged with, convicted of, or incarcerated for a “non-violent, non-serious, non-sexual” criminal offense, and who have a history of MH disorders and/or SUD. KTP will prioritize individuals with moderate to high criminogenic risks and needs, including those with multiple arrests and/or incarcerations, who are from racially/ethnically underserved populations and underserved regions, and who are experiencing or at imminent risk of homelessness.

As reported by the State for Kern County, Black/African American adults impacted by the criminal justice system comprised a significantly higher portion of total arrests in relation to their representation in the county population (14.3% versus 5.4%).<sup>ix</sup> KernBHRS AB109 client demographics for FY 20/21 reveal that, in comparison to their arrest rate, African Americans accounted for only 7.4% of SUD clients and 15% of persons served by the MH system. An analysis of those persons who did not follow up with SUD treatment after having been screened and referred to a provider during February 2022 revealed that African



Americans accounted for 11% of these “no-shows.” KernBHRS will prioritize south and central Bakersfield for augmented forensic supportive services based on the higher incidence of Black/African Americans (13% versus) served in those neighborhoods compared to other City areas (4%).

The KTP project will serve 200 unduplicated adults annually, of whom at least 15% will be Black/African Americans. Projections for each program component are:

- FSS Team: 150 adults,
- EI&E services: 100 adults,
- Peer Mentoring: 75 adults, and
- Short-term Housing: 60 adults (3,570 days).

Referrals of Prop. 47-eligible adults originate from one of three sources: KernBHRS Jail Team or Sheriff referrals of inmates soon to be released from custody; referrals from outpatient treatment; and diversion from the Courts, usually the Public Defender. The KernBHRS Contracts Administration Team will screen requests for additional forensic support from these sources and refer them to the FSS Team. The KernBHRS GATEWAY Team will track individuals who have been screened and referred to SUD treatment teams, and contact those who do not follow through with their treatment appointments.

A licensed mental health professional (LMHP) will assess the risk of an individual re-offending based on their history of arrests and incarcerations, and the acuity of their mental health and/or substance use issues. An LMHP also determines eligibility for Proposition 47 services, based on criminal history and behavioral health symptoms. Priority is given to those at higher risk of recidivism, those with severe behavioral health issues, those with a history of poor treatment follow through, and/or individuals who are underserved due to race, ethnicity, regional or other factors. MH or SUD symptoms must cause severe impairment in one of the following areas: social relationships, physical health care, independent living, and education/vocational skills.

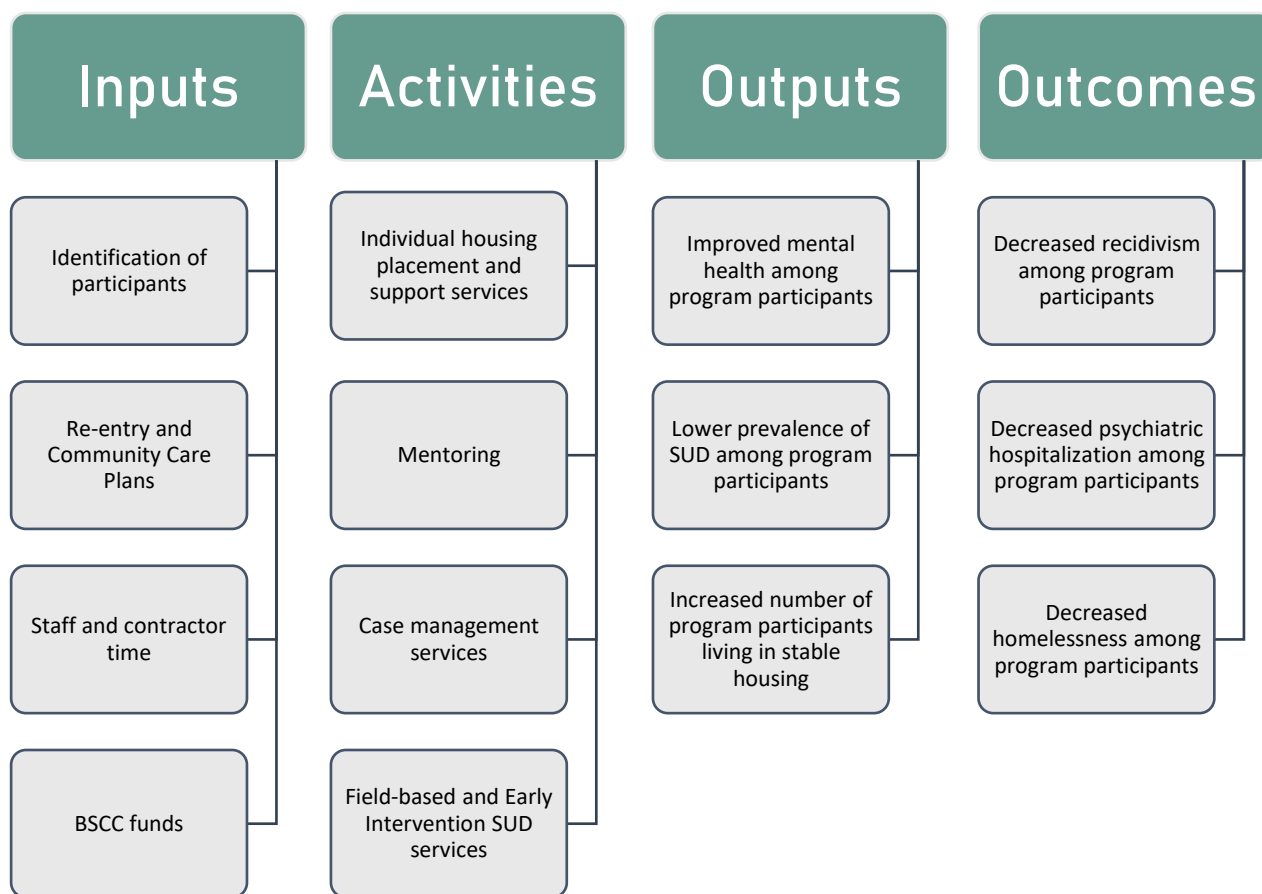
## Goals and Objectives

The intent of Prop 47 is to develop alternative, community-based solutions to prevent and reduce incarceration for non-serious, non-violent crimes. KTP does this by adding crucially needed MH and SUD treatment and supportive services to the existing continuum of care. As detailed in the Project Workplan (Attachment I), there are three main goals for KTP. Each goal is achieved by meeting the specific objectives listed under each goal:

- Goal 1.** To expand access to specialized forensic services and facilitate successful reintegration into the community for justice involved individuals by augmenting existing mental health (MH) and substance use disorder (SUD) treatment.
  - Objective A.** Increase identification and assessment of 450 culturally diverse individuals over 3 years.
  - Objective B.** Coordinate individual reentry care plans for individuals that include linkage to community-based SUD, MH, and other support services.
  - Objective C.** Improve mental health and substance use treatment outcomes for justice involved individuals.
  - Objective D.** Reduce recidivism and psychiatric hospitalizations for program participants
- Goal 2.** To increase access to and availability of community-based support services to Kern Transitions Program participants.
  - Objective A.** Increase the number and percentage of individuals who are living in stable housing.
  - Objective B.** Deliver housing-related assistance and services.
  - Objective C.** Deliver advocacy services to build and sustain positive social connections
- Goal 3.** To increase retention in treatment and improve the target population's substance use disorder (SUD) outcomes by increasing access to Kern County's network of community-based SUD treatment services.
  - Objective A.** Provide outreach and early intervention services to engage individuals in substance use treatment.
  - Objective B.** Increase field-based services provided to individuals in substance use treatment.

## LOGIC MODEL

Figure 1: Logic Model for Kern Transitions Program



## PROCESS EVALUATION METHOD AND DESIGN

The process evaluation will determine whether the Prop 47 project was implemented as intended and will assess progression of the project according to the established projections. The process evaluation will utilize a mixed methods approach to answer the following questions:

- How many FTE staff and contractors are supporting the project? How many FTE staff and contractors are trained to provide the required services?
- How many individuals were served by the program?

- How many participants have a documented reentry care plan?
- What are the demographics of participants and how do they compare to the target population?
- How effective are procedures for linkage to treatment in terms of successful referrals?
- What types of services did participants receive? (i.e., peer mentoring, individual job placement, housing-related, advocacy, SUD early intervention, SU treatment services)  
How many units of service were provided for each?
- What project facilitators and successes were observed?
- What project challenges and barriers were identified?

## Methods

The Logic Model in Figure 1 depicts the overall relationship between inputs, process goals and outputs, all of which are assessed as part of the process evaluation. The process evaluation will rely on the following data sources:

- Data from program staff/providers: The FSS Team will assess new participants for any SUD, MH, employment, and housing needs. Participants will also self-report demographics (e.g., race, ethnicity, gender) upon program entry. To document the characteristics of participants and the nature and extent of services received through the program, the evaluation team will rely on service data collected and maintained in the KTP and KernBHRS SUD/EI&E services case management systems. Other forms of data collected will monitor the ability of the FSS Team to successfully engage with the target population, duration between referral/post-release to program entry, and duration between program assessment to connection to services.
- Key stakeholder interviews with program staff: Interviews will be conducted annually with program staff. Interviews will seek information about implementation fidelity and opportunities to strengthen programming. Additionally, these interviews will be used to document project facilitators, barriers, and challenges. Since key

stakeholders will be available for interviews whether or not the project goes as expected, these interviews may be considered a reliable source of data on facilitators, barriers, and challenges. The results of these annual interviews will be included in the final evaluation report.

- Focus groups with program participants: Voluntary focus groups (3-4) will take place throughout the year and will focus on the experience of participants as they undergo rehabilitative services. A semi-structured approach will be used to solicit meaningful feedback from participants.

Data collection instruments will be designed to ensure all components of the process evaluation are addressed. KernBHRS staff/contracted providers will be trained and provided with technical assistance to ensure data are collected according to established procedures.

## Measures

Process measures listed in Table 1 will be assessed on a quarterly basis to determine the fidelity of program implementation and provide timely identification of areas that require attention.

**Table 1: Process Measures**

Objective	Metric	Tool	Collection Method	Timeframe
<b>1A. Increase identification and assessment of 450 culturally diverse individuals over 3 years.</b>	Number of individuals participating in program; demographics of individuals participating in the program	Program master log: roster  Demographics survey	Project staff enter information into master log  Participants complete confidential demographics survey	Quarterly
<b>1B. Coordinate individual reentry and community care plans for individuals that include linkage</b>	Number of individuals with a reentry care plan	Program master log: activities	Project staff enter information into master log	Quarterly

Objective	Metric	Tool	Collection Method	Timeframe
to community-based SUD, MH, and other support services.				
2B. Deliver housing-related assistance and services.	Count of units of service	Program master log: housing	Project staff enter information into master log	Quarterly
2C. Deliver advocacy services to build and sustain positive social connections	Count of units of service	Program master log: advocacy	Project staff enter information into master log	Quarterly
3A. Provide outreach and early intervention services to engage individuals in substance use treatment.	Count of units of service	Program master log: outreach	Project staff enter information into master log	Quarterly
3B. Increase field-based and early intervention services provided to individuals in substance use treatment	Count of units of service	Program master log: SUD services	Project staff enter information into master log	Quarterly

## Analysis

All datasets will first be merged and checked for accuracy; then comprehensive qualitative and quantitative analyses will be conducted. Qualitative Content Analysis, a

systematic method for describing the meaning of qualitative data using an inductive coding frame, will be used in the analysis of interviews and focus groups.<sup>x</sup>

A key aspect of the analysis is the determination of whether each participant succeeded in terms of program activities. This is a process measure, rather than an outcomes measure, since it is related to the extent to which participants engaged in program activities, rather than to any particular outcome. For KTP, success is defined as completion of 80% or more of the activities indicated in each participant's individualized objectives. This definition of success permits variation in treatment objectives between participants (e.g. not all participants will require treatment for substance use disorder).

## **OUTCOME EVALUATION METHOD AND DESIGN**

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

- Housing stability (e.g., RTLFB score),
- Substance use and mental health symptomology (e.g., TICS, SOS-10),
- Employment retention,
- Psychiatric hospitalizations, and
- Recidivism, using the BSCC (AB 1056) definition.

## **Methods**

The outcomes evaluation will utilize quantitative external data from partner stakeholders and assessment data received from service providers/contractors. Outcome data will be collected using a pre- and post-assessment method to identify changes since receipt of services. The outcomes evaluation will rely on the following data sources:



- Housing Stability: Participants will self-report their housing stability at program entry using a validated instrument (e.g. Residential Time-Line Follow-Back) and housing stability will be reported as the number of participants with “stable residences.”
- SUD and Mental Health Outcomes: Pre- and post-test comparisons using validated instruments (e.g. TICSxi, SOS-10xii) will be used to determine changes in participant SUD and mental health treatment outcomes.
- Employment: Employment status will be measured via Individual Placement and Support data and reported as the number of participants currently holding a job.
- Hospitalization: Hospitalization will be measured by the use of psychiatric hospitals for MH and/or SUD symptoms.
- Recidivism: Recidivism will be measured using the BSCC (AB 1056) definition, namely, conviction of a new felony or misdemeanor committed within three years of release from custody or placement on supervision for a previous criminal conviction.

Some of the above data sources (IPS, Hospitalization) are currently available in existing data systems. Other data sources (Housing, SUD, MH, Recidivism) will use tools provided by the evaluator. The data generated by these tools will be integrated into existing Electronic Health Records and other systems used by Kern County.

## Measures

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

MOUs with Kern Behavioral Health and Recovery Services. Recidivism metrics are calculated using data collected by court and law enforcement systems. KTP is in the process of securing an MOU to obtain this information. Data on housing stability, employment, mental health, and SUD are captured as part of the service-delivery process. These data will be housed primarily in Electronic Health Records used by KTP and will be provided regularly to the evaluator.

**Table 2: Outcome Measures**

Objective	Metric	Tool	Collection Method	Timeframe
<b>1C. Improve mental health and substance use treatment outcomes for justice involved individuals.</b>	Substance use outcomes scores and mental health outcomes scores	TICS, SOS-10	Confidential, self-administered surveys completed by participants	At entrance and each 90 days until exit, or at exit if sooner
<b>1D. Reduce recidivism and psychiatric hospitalizations for program participants</b>	Jail and psychiatric hospital admissions for participating individuals	Program master log: institutionalization	Project staff obtain information from partnering institutions and enter information into master log	Annually
<b>2A. Increase the number and percentage of individuals who are living in stable housing</b>	Number of participants with “stable residences”	Residential Timeline Follow-Back (RTLFB) survey	Project staff enter information into master log following RTFB interview	Annually

## Analysis

Univariate and multivariate statistical methods will be applied in the analysis of quantitative outcomes data. Insofar as the Forensic Support Services component of the proposed program represents an innovative Prop 47 intervention, a special section of the

final evaluation will be dedicated to assessing potential applicability of this feature of the program to other reintegration initiatives.

All major outcomes indicators will be compared to baseline data. Using the AB 1065 definition, Prop 47 recidivism will be compared to non-Prop 47 parole recidivism for the same year, Prop 47 recidivism for California, and historical recidivism rates for Kern calculated by the CDCR.

As with any evaluation methodology, there are some foreseeable limitations to our approach. First, direct causal attribution of changes in participant behavior and mental states to the program is challenging without the use of a research design that is specifically tailored to make such attributions. For example, in “gold standard” randomized controlled trials, random samples from the population of interest are assembled and randomly sorted into treatment and control groups. In this study, neither of these two levels of randomization are planned, limiting the generalizability of any results (external validity) and the extent to which causal attributions can be made (internal validity). While certain advanced causal designs can permit approximation of treatment effects, these designs often require a comparison group drawn from the same population – in this case, people eligible for participation the Kern Transitions Program. However, it is currently unknown how many participants might compose such a comparison group or whether such a group will be available at all. If a comparison group is available, this group may be used to construct a matched group that could stand in for an experimental control (i.e. confounding adjustment), a strategy for which several methods are available.<sup>xiii</sup>

Second, voluntary programs of extended duration are particularly vulnerable to attrition bias – the bias in results that arises from some participants leaving the program before its conclusion. Participants who remain in the program throughout its duration may differ systematically from those who quit. For example, those who leave the program may

experience more severe issues with SUD or MH, resulting in a falsely high success rate for the program.

Third, the sample of participants in the KTP is relatively small by conventional statistical standards (i.e. roughly 150 persons annually), limiting the kinds of analyses that should be conducted. For example, it may not be possible to confidently estimate the putative effects of the program on certain relatively small groups within the sample (e.g. Native American or transgender participants) or to compare the effects of the program on these small groups with the effects of the program on larger groups. In the final report, results will be contextualized to help the reader avoid misinterpretation or overgeneralization.

For the aforementioned reasons, the results of this evaluation study should not be generalized to the Prop 47 offender population as a whole, nor is it guaranteed that this study will be able to isolate treatment effects of the intervention. At base, the design of the present project allows for comparison between large groups in the sample, and comparison of the program to known baseline values. Inferential statistics will be confined to testing 1) potential differences between subsamples of this study, and 2) potential differences between the overall sample and known population values (e.g. the parole recidivism rate). Bayesian and frequentist versions of these two types of tests may be conducted for the outcome variables. KTP has contracted with EVALCORP, an evaluation and research firm with subject matter expertise, to conduct the analysis of this program.

## APPENDIX A: WORK PLAN

### Attachment I: Proposition 47 Project Work Plan

<b>(1) Goal:</b>	To expand access to specialized forensic services and facilitate successful reintegration into the community for justice involved individuals by augmenting existing mental health (MH) and substance use disorder (SUD) treatment.		
<b>Objectives:</b>	A. Increase identification and assessment of 450 culturally diverse individuals over 3 years. B. Coordinate individual reentry care plans for individuals that include linkage to community-based SUD, MH, and other support services. C. Improve mental health and substance use treatment outcomes for justice involved individuals. D. Reduce recidivism and psychiatric hospitalizations for program participants.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Identify and assess individuals with criminal offenses, MH and/or SUD issues, and link to Kern Transitions Program (KTP); collaborate and integrate services with partner agencies; deliver services; and link to community support programs. 2. Collaborate with law enforcement partners to engage with individuals through courts and in-custody settings to link to Forensic Support Services. 3. Support existing service teams through augmented treatment services focused on criminogenic needs. 4. Provide evidence-based Individual Placement Support (IPS) employment and educational services including job search, enrollment support, communication skills, and behavioral health interventions to support managing stress and symptomology in the work or educational setting.	Kern BHRS Staff, Contracted Providers, Kern Sheriff, Probation, Public Defender	March 2, 2023	March 1, 2026
<b>(2) Goal:</b>	To increase access to and availability of community-based support services to Kern Transitions Program participants.		
<b>Objectives:</b>	A. Increase the number and percentage of individuals who are living in stable housing. B. Deliver housing-related assistance and services. C. Deliver advocacy services to build and sustain positive social connections.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Use mentoring, including peers, to help link individuals to Alcoholics Anonymous (AA) / Narcotics Anonymous (NA), churches, employment, school, and volunteer opportunities. 2. Use a Housing First approach, and leverage local housing resources, such as HUD housing; utilize housing advocates to support members housing stability.	Contracted Providers	March 2, 2023	March 1, 2026
<b>(3) Goal:</b>	To increase retention in treatment and improve the target population's substance use disorder (SUD) outcomes by increasing access to Kern County's network of community-based SUD treatment services.		
<b>Objectives:</b>	A. Provide outreach and early intervention services to engage individuals in substance use treatment. B. Increase field-based services provided to individuals in substance use treatment.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Utilize community resources such as the Sobering (Recovery) Station to engage KTP clients in the field and link to other program partners. 2. Utilize substance use early intervention strategies, including harm reduction, to remove barriers and encourage participation in treatment and services. 3. Maintain on-going collaboration with other program partners to provide individualized early intervention and engagement and to ensure clients stay engaged in services.	Kern BHRS Staff	March 2, 2023	March 1, 2026

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- <sup>ii</sup> California Board of State and Community Corrections, Jail Profile Survey-Online Querying, 2021.
- <sup>iii</sup> County of Kern, Public Safety Realignment Act Plan for FY 2021/22, 2021.
- <sup>iv</sup> Bond, G. Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment, *IPS Employment Center*, January 2022.
- <sup>v</sup> Couloute, L., Nowhere to Go: Homelessness Among Formerly Incarcerated People, *Prison Policy Initiative*, August 2018.
- <sup>vi</sup> Kern County Homeless Collaborative, 2018 Kern County PIT Count, June 6, 2018.
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This evaluation plan was created  
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