Santa Barbara County
Office of the Public Defender
Proposition 47 Evaluation Plan

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Introduction

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 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 to 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.

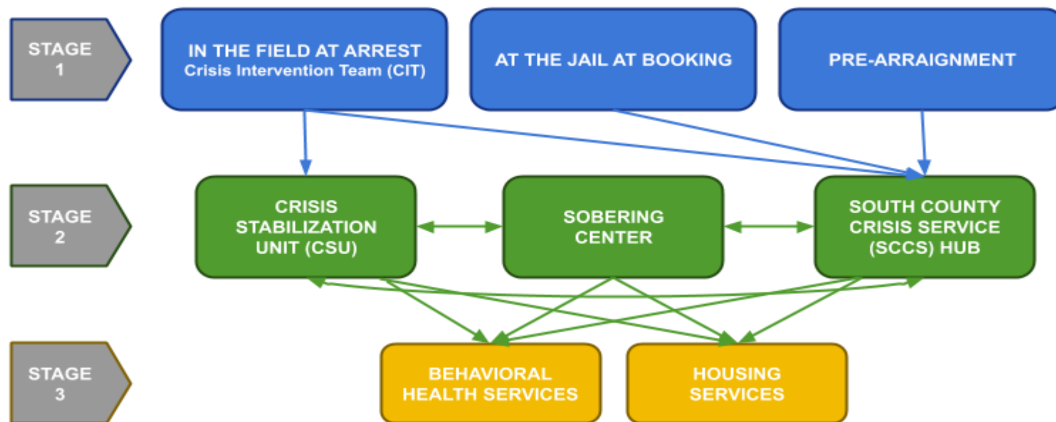
Through the BSCC's Cohort II grant process, Santa Barbara County was awarded a $5,998,511 million grant over 40 months to develop and implement the Crisis Intervention, Diversion and Support (CIDS) Program. The Santa Barbara County Public Defender's Office is the lead grantee, with program partners including the Behavioral Wellness Department, Sheriff's Office, District Attorney's Office, and local community-based organizations (Good Samaritan Shelter, Family Service Agency). CIDS leverages the promise of Prop 47 by diverting individuals with a history of serious mental illness (SMI) and/or SUD from the criminal justice system to trauma-informed crisis stabilization and comprehensive mental health and SUD wraparound services. The program aims to reduce criminal justice involvement and help ensure adults with SMI/SUD who do come into contact with law enforcement are adequately supported.

Program Overview

The CIDS program provides crisis intervention and diverts individuals with a history of SMI and/or SUD from the criminal justice system to a variety of trauma-informed, community-based treatment services, including comprehensive behavioral health services, case management support, and housing assistance.

Figure 1 (on the following page) depicts the stages, components, and pathways through the CIDS program.

Figure 1. Crisis Intervention, Diversion and Support Program Flow Chart



Stage 1: Engagement and Screening. CIDS provides crisis outreach, intervention, and screening at three points of entry: in the field at arrest, at the jail during booking, and prior to arraignment. During the initial engagement and screening stage, program partners determine if individuals are eligible for and interested in the CIDS program.

- **Diversion in the field at arrest[1]:** Santa Barbara County has created a full-time co-response Crisis Intervention Team (CIT) consisting of a CIT Coordinator, a Sheriff's Deputy who is specially trained in crisis intervention, and a mental health clinician. The CIT is present in the field at arrest and is trained to identify symptoms of SMI/SUD and conduct a brief screening to determine program eligibility. After confirming eligibility, the CIT explains the requirements and benefits of the CIDS program to potential participants and offers the options of going to jail for booking or participating in the program and receiving stabilization and linkage services.

- **Diversion at booking or pre-arraignment:** Engagement and screening opportunities for the CIDS program also exist at the jail at booking and during pre-arraignment. The Public Defender's Office, District Attorney's Office, Sheriff's Office, and Behavioral Wellness are currently developing the processes and tools that will be used to identify individuals for diversion at these two entry points.

Stage 2: Crisis Stabilization and Assessment. Eligible individuals electing to participate in the CIDS program will receive trauma-informed, community-based crisis stabilization services at the Crisis Stabilization Unit, Sobering Center, and/or South County Crisis Services Hub. All three crisis stabilization facilities are in close proximity to the jail, which facilitates transitions between locations. At each crisis stabilization facility, staff conduct assessments to identify participants' needs and support the development of individualized service plans to link participants with the most appropriate behavioral health treatment and wraparound services.

[1] Diversion in the field at arrest can occur prior to arrest, or in other words, as an alternative to arrest.

- **Crisis Stabilization Unit (CSU):** The CSU is a comfortable space that helps to stabilize individuals who are experiencing crises for up to 23 hours before they are connected to appropriate community-based treatment options. The CSU offers an intake and assessment space, peer counseling, bilingual capacity and translator access, treatment referrals, emergency medications, nursing assessment, and psychiatric consultation. Staffing includes a Peer Recovery Specialist, Psychiatric RN, and a 24-hour on-call psychiatrist.
- **Sobering Center:** The Sobering Center offers a safe option for individuals acutely under the influence of alcohol or drugs who need the supportive intervention offered without further fear of arrest. Services include case management, alcohol and drug counseling, and medical care. Staffing includes an Alcohol and Other Drugs (AOD) certified counselor, Registered Nurse (RN), recovery assistant, and case worker.
- **South County Crisis Services (SCCS) Hub:** The SCCS Hub offers an intake area staffed by crisis services staff 24 hours a day, 7 days a week. Staffing includes Mental Health Practitioners, psychiatrists/prescribers, case workers, psychiatric technicians, and peer recovery specialists. Mobile Crisis staff outreach to individuals in crisis, conduct assessments under Welfare and Institutions Code (WIC) 5150, and facilitate inpatient treatment for individuals placed on psychiatric holds. Crisis Triage staff conduct assessments, provide short term treatment, and link individuals to longer term care both within the department's system of care and among community providers.

Stage 3: Treatment and Services. After stabilization, CIDS program participants engage in longer-term service and treatment options through Behavioral Wellness and contracted service providers. Santa Barbara County offers a full continuum of specialty mental health services and a full range of residential and outpatient SUD health services. In addition to behavioral health treatment, Prop 47 funding is contributing to the development of supportive step-down Housing First units that provide up to 20 beds to individuals for six to twelve months and will include ongoing support services. The Housing First model views housing as a right, not a privilege earned through treatment participation and compliance. Therefore, participants do not need to prove that they are "housing ready" or remain sober to maintain their housing. Due to a variety of studies showing positive findings, Housing First is promoted by the US Department of Housing and Urban Development. Housing First was deemed an evidence-based practice by the Substance Abuse and Mental Health Services Administration, and in 2012 the US Department of Veteran's Affairs adopted Housing First as the official policy for their housing program.

Goals and Objectives

As depicted in Table 1 (on the following page) and the program's logic model (see Appendix A), CIDS plans to improve the lives of program participants by decreasing criminal justice and psychiatric hospitalization involvement; connecting participants to the appropriate level and type of care for their needs; and improving participants' housing status.

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

Goals	Objectives
Reduce number of individuals in target population who are booked in jail.	CIT to direct CIDS participants to the SCCS Hub or Sobering Center, preventing bookings in jail.
Connect individuals in the target population to the right level and type of care to meet their individualized needs and prevent hospitalization or jail.	Provide immediate support and engagement to successfully transition individuals to the right level of care and services for their individual needs.
Improve CIDS participants' housing status.	Partner with CBOs to transition adults with SMI/SUD who come into contact with law enforcement to housing and a continuum of support programs.

Research Design

To assess the implementation and impact of the CIDS program, RDA will conduct a mixed-method process and outcome evaluation. A mixed-method design maximizes validity and provides different perspectives on complex, multi-dimensional issues. For unserved, under-served, and isolated groups in particular, an evaluation design that uses both qualitative and quantitative approaches offers insights that might be overlooked by one approach alone.

To report on the process and outcome measures, RDA will gather qualitative and quantitative data from a range of CIDS program partners and stakeholders. This data will provide a comprehensive understanding of how the program is implemented and support the preliminary and final evaluation reports. Quantitative data findings, triangulated with qualitative data, will be analyzed and presented in the Preliminary Evaluation Report to assess CIDS progress towards its goals and objectives over the first two years, and in the Final Evaluation Report to assess the program's impact over the 36-month grant period.

Quantitative Data

RDA will request individual-level administrative data from County and nonprofit partners involved in CIDS implementation to report both process and outcome measures. In addition to agency-specific databases, the County is currently planning to design a system using the cloud-based, collaborative work management software Smartsheet to provide a centralized data source.[2] The expected quantitative data sources are presented in Table 2 (on the following page). As needed, RDA will also work with CIDS partners to develop data collection tools to support program implementation and the measurement of key process and outcome measures for evaluation.

[22] The County is still finalizing whether Smartsheet, or another platform like Vertical Change, will best fit the needs of the project. However for the purpose of the evaluation plan we assume the County is using Smartsheet.

Table 2. Quantitative Data Sources

Agency	Quantitative Data Source
Behavioral Wellness	• Electronic Health Records • Smartsheet
CBO (Good Samaritan)	• Internal Tracking System
Public Defender's Office	• Case Management System
District Attorney's Office	• Case Management System
Sheriff's Office	• Jail Management System

Qualitative Data

Qualitative data will be collected through interviews and focus groups, as shown in Table 3.

Table 3. Qualitative Data Sources

Qualitative Data Sources	Participants
Program Administrator Interviews	• Behavioral Wellness Leadership • Public Defender Leadership • Sheriff's Office Leadership • District Attorney Leadership • Good Samaritan Leadership
Staff Focus Groups	• Crisis Intervention Team • Booking & pre-arraignment screening staff • Stabilization and assessment staff • Behavioral health treatment staff • Housing staff
Participant Focus Groups	• Sobering Center, CSU, and SCCS Hub participants • Behavioral health treatment participants[3] • Step-Down Housing participants

Interviews with program administrators will provide context about program implementation, particularly regarding the elements that respondents believe have contributed to or hindered program outcomes. Staff focus groups will help RDA better understand the program delivery model on the ground, including its strengths and challenges. Focus groups with CIDS program participants will provide information about their experiences with accessing and receiving CIDS services and supports, as well as what they feel works

[3] RDA will work with Santa Barbara County to identify the residential and outpatient services most frequently utilized through CIDS and determine whether participants in these services should be included in qualitative data collection.

well and areas for improvement. RDA will adapt data collection efforts to meet the needs of participants, which may involve Spanish translation and offering focus groups in multiple locations across the County.

RDA will use these interviews and focus groups to identify successes and challenges in program implementation and to understand key aspects of the program that will inform our interpretation of the outcome results

Process Evaluation Measures

Process measures provide an understanding about how CIDS is being implemented, if implementation is in fidelity to the original program model, successes and challenges experienced in implementation, and potential points for improvement. RDA will report on quantitative process measures that document program activities and qualitative process measures that provide context about program implementation. Table 4 presents the process measures to be tracked through this evaluation, pending data availability.

Table 4. Process Measures

<table>
<tr><th>Activities</th><th>Location</th><th>Quantitative Data</th><th>Qualitative Data</th></tr>
<tr><td rowspan="3">Stage 1: Engagement and Screening</td><td>In the Field at Arrest</td><td>• Source of calls
• # crisis responses
• # proactive engagement activities
• Results of screenings
• # individuals eligible for diversion to CSU, Sobering Center, and SCCS Hub
• # individuals choosing to participate
• Demographics of screened individuals[4]</td><td rowspan="3">• Barriers and facilitators to providing outreach, screening, and referrals
• Coordination between and within CIT teams
• Coordination between outreach teams at booking and pre-arraignment and the DAs office
• Implementation of screenings
• Participant experiences and satisfaction with outreach and screening activities
• Participant experiences and satisfaction with outreach team and other staff</td></tr>
<tr><td>Jail at Booking</td><td>• Participant charge
• # individuals screened
• Results of screenings
• # individuals found eligible to participate
• # individuals choosing to participate
• # and type of referral to mental health or substance use treatment
• Demographics of screened individuals
• Participant risk level (when available)</td></tr>
<tr><td>Pre-Arraignment</td><td>• Participant charge
• # individuals screened
• Results of screenings
• # individuals found eligible to participate
• # individuals choosing to participate
• # recommended for release
• # granted release
• # and type of referral to mental health or substance use treatment</td></tr>
</table>

[4] Demographic information will be collected as available at each stage of the program

Activities	Location	Quantitative Data	Qualitative Data
		• Demographics of screened individuals • Participant risk level (when available)	• Reasons participants choose to participate
Stage 2: Crisis Stabilization and Linkages	CSU	• # individuals admitted • # participants receiving services, by type and length of time • # referrals to behavioral health and housing services, by referral type • Participant demographics	• Barriers and facilitators to successful delivery of stabilization services and service linkages • Participant experiences and satisfaction with stabilization services and service linkages • Participant experiences and satisfaction with clinicians, case managers, and other staff
	Sobering Center	• # individuals admitted • # participants receiving services, by type and length of time • # referrals to behavioral health and housing services, by referral type • Participant demographics	
	SCCS Hub	• # individuals enrolled and assessed • Assessed needs of participants • # participants receiving Crisis Triage Services, type and length of time • # referrals to longer term behavioral health and housing services, by referral type • Participant demographics	
Stage 3: Treatment and Services	Step-Down Housing Services	• # participants enrolled in Step-Down Housing program • # bed days in Step-Down Housing program • # participants receiving services through Step-Down housing, by type and length of time • Participant demographics • Participant goals (education, employment, housing)	• Barriers and facilitators to successful delivery of treatment and services • Participant experiences and satisfaction with treatment and services; and with clinicians, case managers, and other staff[5]
	Behavioral Health Services	• # participants who receive County Behavioral Health treatment and services, by type and length of time • Participant demographics • Participant goals (education, employment, housing)	

[5] RDA will work with Santa Barbara County to identify CIDS Step-Down Housing participants to participate in qualitative data collection and to determine which, if any, CIDS behavioral health service participants should participate in qualitative data collection as well.

Outcome Evaluation Measures

In conjunction with process evaluation measures, RDA will also collect a range of data for the outcome evaluation, which will assess the impact of the CIDS program. CIDS outcome measures include quantitative data that indicates changes in participant outcomes and qualitative data that provides insight into how and why services impacted participants. The outcome data to be collected, analyzed, and reported through this evaluation, pending data availability, is displayed in Table 5.

Table 5. Outcome Measures

Domain	Quantitative Data	Qualitative Data
Crisis Stabilization and Service Completion[6]	• % of participants who are successfully stabilized and/or referred to appropriate services	• Experiences regarding crisis stabilization and referrals
Behavioral Health	• Change in # of crisis system engagements prior to joining, during, and after the program • Change in # of participant psychiatric hospitalizations prior to joining and after the program	• Experiences regarding how and why the CIDS program impacted engagement in behavioral health services and/or improved behavioral health functioning
Housing and Self-Sufficiency	• % of participants who successfully exit step-down housing • Change in participant housing status, employment status, and education level at program enrollment and completion	• Experiences regarding how and why the CIDS program impacted housing stability and self-sufficiency
Criminal Justice	• Participant recidivism rates[7] • Participant recidivism date • Change in participant jail days prior to joining and after the program	• Experiences regarding how and why CIDS impacted criminal justice involvement
Community Partnership	• # of county and community service providers involved in CIDS program	• Experiences regarding how and why providers are engaged with CIDS program

Data Analysis

Individual-level quantitative data will be analyzed to calculate service referrals and enrollments to understand how participants flow through the CIDS program and identify the backgrounds (e.g., demographics, risk level, needs) of individuals receiving CIDS services. The evaluation team will calculate descriptive statistics (e.g., means, frequencies, percentages) to examine the specific attributes of participants such as race/ethnicity, gender, housing, clinical profile (e.g., primary diagnosis, presence of

[6] Program completion will be defined as successful exit from crisis stabilization services.
[7] 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."

co-occurring substance abuse disorder, etc.), and service history, as well as the types of services received through CIDS, and rates of program completion.

RDA will also use inferential statistics and employ a pre-/post-test design to analyze means, medians, standard deviations, and ranges to examine participants' outcomes before and after CIDS enrollment. In other words, RDA will use each consumer's previous service history (before enrollment in CIDS) to establish their baseline-level of data and then analyze changes in trends of participants' psychiatric emergency care visits, psychiatric hospitalizations, jail stays, and new criminal convictions, among other outcomes, pending data availability. Wherever possible, program participation and outcome data will be disaggregated by race/ethnicity to identify and remedy potential disparities.

Qualitative data—collected from program administrators, program staff, program partners, and participants—will provide key insights and perspectives into the facilitators, barriers, and outcomes of the CIDS program. RDA will employ a framework analysis approach to analyze qualitative data. Through this approach, we will identify commonalities and differences in perspectives of project stakeholders, staff, and participants. We will compare qualitative thematic responses to quantitative data in order to identify areas of convergence and divergence. In this way, the qualitative and quantitative analyses will complement one another to produce a well-rounded picture of program implementation and outcomes.

Potential Limitations

As with any evaluation or research project, limitations exist. This is particularly evident in evaluations that take place in "real-world" settings rather than in a randomized-controlled trial (which are often identified as the gold standard in research communities).

It is important to note that the evaluation team cannot predict the number of individuals who will participate in the project over the course of the next two years. While it is appropriate to conduct pre/post-test analyses to determine changes in outcomes such as psychiatric hospitalizations and criminal justice involvement prior to and post CIDS involvement, RDA can only conduct change-over-time analyses if there is an adequate number of individuals who participate in the program during the evaluation period. Both the Santa Barbara project team and RDA are confident there will be an adequate number of individuals who participate in CIDS to conduct valid over-time analyses; however this is not yet certain given implementation has not begun.

It is also important to note that there will be more data available pre-program involvement compared to the shorter post-program involvement periods. Therefore, CIDS participants will have greater opportunities to experience various outcomes prior to program involvement than after program involvement. To account for differences in the pre- and post-time periods, RDA will standardize outcomes measures to rates per 180 days. Nevertheless, because the limited time period of the evaluation, there is less opportunity for consumers to experience outcomes such as hospitalization and/or incarceration post CIDS involvement, especially for those who join the program in years two and three.

Lastly, this evaluation is dependent on the availability of data. The data sources listed in Tables 2 and 3 will provide the necessary information to answer the evaluation questions presented. If there are

problems with these data, RDA will work with program partners to assess possible alternatives and potential adjustments to analyses.

Data Management

Software Programs and Storage

RDA will use Excel and Stata to clean data, merge, and restructure data files; code data; and conduct analyses. When utilizing Stata, RDA develops syntax and coding files to document cleaning and analytic processes. RDA uses a secure network location and encrypted file system for all datasets with sensitive information and ensures compliance with HIPAA, CORI, and other statutes and regulations. All data collected for this evaluation will be transferred via a secure SFTP site and stored on a password-protected computer in a secure drive. Once the data has been downloaded from the SFTP site and place on a secure drive, participant data will be removed from the SFTP site. Participant data will only be kept for the duration of the program period and will be destroyed in June 2023.

Quality Assurance

To ensure quantitative data availability and shared understandings of data definitions, RDA will provide technical assistance with agencies providing quantitative process and outcome data. Upon receipt of data from Behavioral Wellness, justice partners, and community-based providers, RDA will hold data meetings with the program staff data leads to ensure we understand the processes behind the data collection and entry, as well as the data and variables themselves. During quality control, RDA will spend time cleaning and scrubbing the 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 calculations of all measures to be included in the quarterly reports, annual reports, and final report.

Human Subjects Protections

For all methods, RDA 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. Study protocols, consent forms, and primary data collection instruments will be reviewed through RDA's Institutional Review Board (IRB) for approval.

Evaluation Timeline

RDA's four-part evaluation approach includes 1) a collaborative evaluation planning process, 2) a preliminary evaluation during the first two years of the program, 3) a final evaluation at the end of the grant period, and 4) ongoing collaboration with the Public Defender's Office, Behavioral Wellness, and other program partners and stakeholders. Figure 2 on the following page provides a detailed timeline of each evaluation phase. The first phase will lay groundwork for the evaluation to come by drawing from local knowledge, experience, and vision to develop a finalized Local Evaluation Plan. The second phase will provide preliminary information about how CIDS is being implemented, fidelity of implementation, successes and challenges, possibilities for improvement, and early participant outcomes. In the third

phase, we will work with program partners to refine evaluation activities based on learnings to date, and will focus on program effectiveness and outcomes, whether CIDS met its goals and objectives, and which program components supported or hindered program success. Throughout, all reporting will be geared to meeting BSCC evaluation requirements while also providing useful and actionable information to the Santa Barbara County Office of the Public Defender and other program partners so that lessons learned over the course of the grant can inform long-term program design and service systems.

Figure 2. Evaluation Timeline

		Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Phase 1: Evaluation Planning																
Project Kickoff Call		■														
LAC Presentation		■														
Develop Evaluation Plan		■														
Refine Evaluation Plan			■	■	■	■										
Evaluation Technical Assistance			■	■	■	■										
Establish Data Sharing Agreements			■	■	■	■										
Obtain IRB Approval					■	■										
Phase 2: Preliminary Evaluation																
Data Collection Planning	Identify Respondents, Develop Protocols					■	■									
Data Collection	Interviews with CIDS Partners						■									
	Focus Groups with CIDS Staff						■									
	Focus Group with CIDS Participants						■									
	Obtain Administrative Data						■	■								
Analysis	Quantitative Data Analysis							■								
	Qualitative Data Analysis							■								
Reporting	Draft Report							■								
	Finalize Report								■							
	Present findings								■	■						
Phase 3: Final Evaluation																
Refine Evaluation Activities											■	■	■	■		
Data Collection	Interviews with CIDS Partners													■		
	Focus Groups with CIDS Staff													■		
	Focus Group with CIDS Participants													■		
	Obtain Administrative Data													■	■	
Analysis	Quantitative Data Analysis														■	
	Qualitative Data Analysis														■	
	Draft Report															■
Reporting	Finalize Report															■
	Present findings															■
Ongoing Project Activities																
Check-in Calls		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Ongoing Communications & Project Management		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Quarterly Evaluation Reports		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Appendix A. Crisis Intervention, Diversion, and Support (CIDS) Program Logic Model

Process			Outcome	
Inputs *What do we contribute to accomplish our activities?*	**Activities** *What activities does our program offer to accomplish our goals?*	**Outputs** *Once we complete our activities, what is the evidence of service delivery?*	**Short- & Middle-Term** *What changes do we expect to see during engagement period?*	**Long-Term** *What changes do we expect to see during engagement period?*

Funding
• BSCC Prop 47 grant funding
• Leveraged funds
 	
Leadership, Oversight, and Staffing
• Partnerships
  ○ Public Defender
  ○ Behavioral Wellness
  ○ Sheriff's Office
  ○ District Attorney
  ○ Good Samaritan
  ○ Family Service Agency
• Local Advisory Committee
 	
EBPs
• Trauma-Informed Care
• Cognitive Behavioral Therapy
• Motivational Interviewing
• Grounding Techniques
 	
Existing Services & Resources
• South County Crisis Service Hub (SCCS)
• Crisis Stabilization Unit (CSU)
• Crisis Intervention Team (CIT) & Mobile Crisis Response (MCR)
• Psychiatric Health Facility (PHF)
• Crisis Residential Treatment (CRT) program
• Individualized outpatient services
• Homeless shelters
	<u>Stage 1</u>
	Engagement and Screening
	• CIT engagement and screening in the field
	• Engagement and screening at jail booking
	• Engagement and screening at pre-arraignment
	
	<u>Stage 2</u>
	Sobering Center
	• Case management
	• Alcohol and drug counseling
	• Medical care
	
	South County Crisis Service Hub (SCCS)
	• Medical screening
	• Participant needs assessment
	• Linkages to other services and resources
	
	Crisis Stabilization Unit (CSU)
	• Counseling and case management
	• Treatment referrals
	• Emergency medication
	• Nursing assessment
	• Psychiatric consultation
	
	<u>Stage 3</u>
	Step-Down Housing
	• Housing
	• Case management
	• Transportation
	
	Other County Behavioral Health Services
	• Outpatient treatment
	• Residential treatment
		<u>Stage 1</u>
		Engagement and Screening
		• CIT Team
		  ○ Source of calls CIT team receives
		  ○ # crisis response & engagement activities by CIT team
		  ○ Results of screenings
		  ○ # individuals eligible for diversion to CSU, Sobering Center, & SCCS Hub
		• Jail Booking
		  ○ # individuals screened & results
		  ○ # individuals found eligible & # choosing to participate
		  ○ # and type referral to mental health or substance use treatment
		• Pre-Arraignment
		  ○ # individuals screened & results
		  ○ # individuals found eligible & # choosing to participate
		  ○ # and type referral to mental health or substance use treatment
		
		<u>Stage 2</u>
		Sobering Center, SCCS, and CSU
		• # individuals admitted and assessed (when appropriate)
		• # receiving services & type of services provided
		• # of referrals to behavioral health and housing services
		
		<u>Stage 3</u>
		Step-Down Housing
		• # receiving housing
		• # bed days
		• # receiving services & type of services provided (e.g., transportation, case management)
		
		Other County Behavioral Health Services
		• # receiving services & type of services provided
			Behavioral Health
			• Reduced crisis system encounters
			• Reduced psychiatric hospitalizations
			• Engagement in referred treatments
			• Improved behavioral health functioning
			
			Housing
			• Increased housing stability
			
			Criminal Justice
			• Improved public safety
			• Decreased number of jail bookings for program participants
			
			Community Partnership
			• Increased collaboration between county and community service providers
				Behavioral Health
				• Positive outcomes related to behavioral health treatment
				• Improved quality of life
				• Step-down in levels of care
				
				Housing
				• Maintained housing stability
				
				Criminal Justice
				• Improved public safety
				• Reduced recidivism for program participants
				• Reduced burden on jail system
				
				Community Partnership
				• Expanded and sustained diverse network of county and community service providers