

# Orange County Proposition 47 Grant Local Evaluation Plan

November 15, 2017



## Project Background

Orange County Proposition 47 grant activities focus on **three primary goals**: 1) to enhance the “diversion” of certain offenders at the time of booking, through screening, needs identification, system navigation and linkage to services; 2) to enhance successful community re-entry, via jail in-reach, engagement, and linkage to services upon release from custody; and 3) to expand the continuum of community-based post-release services for offenders with low criminogenic risk to include intensive case management, treatment, housing, transportation, employment, and other supportive services. The ultimate goal of this project is to reduce the number of inmates in Orange County jails who have mental health and/or substance use issues, by reducing recidivism through intensive case management and linkages to treatment and community supports upon release from custody. The target population will include adults, including transitional-aged youth (TAY; aged 18-25), with mild to moderate mental health and/or substance abuse issues, who become involved with the criminal justice system.

**Program objectives** include: providing trauma-informed behavioral health and risk/needs screenings at time of booking; trauma-informed engagement and re-entry planning prior to release from custody; increasing post-release linkage to intensive case management and peer supports; developing a Community Support and Recovery Center (CSRC), a 24/7 center where the target population can go upon release to receive a variety of supportive services and linkage to community services; increasing post-release participation in individual and group counseling (including expansion of the Community Counseling & Supportive Services (CCSS), life skills training; increasing access to housing and housing assistance, job skills training and employment opportunities, civil legal services, and transportation; and ensuring that project staff at all points of contact receive training in trauma-informed care, and are practicing those principles.

Below is a description of each Proposition 47 service component:

- Jail in-reach conducted by *system navigators*, including engagement and linkage to services upon release from custody: we anticipate that System Navigators will engage and link approximately 200 individuals to community-based services per month.
- Services provided at the CSRC including case management, transportation, job and life skills training, civil legal aid, recovery groups, access to housing assistance and linkage, linkage to a variety of re-entry services, and tangible support (e.g., food, use of telephone to call family or friends, being in a safe environment). Participants will largely be linked to the CSRC through system navigators, but a small number of individuals who fit the target population may be referred by the Public Defender, Probation, or other local stakeholders. We anticipate that the CSRC will provide one to two time-limited services to approximately 800 individuals per year, and more intensive

services such as case management (anticipated duration of 90 days) to an estimated 600 participants per year. Because this is a new service, baseline numbers will be established in the first six months after the CSRC opens. Successful completion of case management will be defined as meeting recovery/treatment goals, or transitioning to another service provider after having made progress toward goals (clinician rated).

- CCSS counseling services are provided by licensed clinicians trained in trauma-informed care and motivational interviewing. Individual and group counseling is available, along with specialized treatment approaches including Eye Movement Desensitization and Reprocessing (EMDR). We anticipate serving 200 individuals per year through this program component, with typical length of treatment lasting three to six months. Successful completion will be defined as meeting recovery/treatment goals, or transitioning to another service provider after making progress toward goals (clinician rated).

## **Project Performance**

An independent evaluator will conduct a process and outcome evaluation of Proposition 47 services, and will evaluate each service component. The evaluation will utilize a mixed-methods design, with both quantitative and qualitative data collected from multiple program- and system-level databases. Data will be gathered by program staff upon receipt of services throughout the duration of the grant period. Outcomes will be analyzed and summarized by the evaluator annually. Annual trends will be examined, to determine whether a greater proportion of the target population is served over time, and to identify improvements in service delivery or program effectiveness over time.

Moreover, as part of our process and outcome evaluations, we will examine whether results differ between transitional aged youth (TAY; 18-25 years) and other adults (26 and older). For example, we will examine whether services are more or less effective for TAY than for other adults, whether TAY are more or less satisfied with services, and whether there are different challenges or barriers for addressing the needs of justice-involved TAY compared with other adults. The special attention on the TAY population stemmed from community input during grant development, during which time youth were identified as an underserved and especially vulnerable group for recidivating.

The **process evaluation** will determine the extent to which Proposition 47 services are being implemented as intended, whether we are making progress towards our project goals, and whether services are being provided with fidelity to program models. This will include the degree of success in engaging the target population, participant satisfaction with services, and participant and provider

perspectives on successes and challenges. This evaluation will help to identify barriers and solutions for successful implementation.

The process evaluation will primarily utilize qualitative data gathered by the evaluator during bi-annual site visits using a combination of interviews, focus groups, and surveys with participants and services partners. Additionally, during the first year, program materials and processes will be reviewed during site visits. Overall findings will be summarized, along with findings for each program component. Annual analyses will determine whether greater success is achieved over time in program implementation, fidelity, engagement of participants, participant satisfaction, and other process measures. A more detailed description is included in the Process Evaluation section.

The **outcome evaluation** will rely largely on quantitative service utilization data to examine the degree to which we are identifying and serving the target population through each program component, effectively linking individuals to needed services and supports, and engaging individuals in services. The outcome evaluation will also examine changes in participant outcomes over time, for those who receive case management services and counseling through our service providers, and will assess the impact of Proposition 47 services on recidivism. To examine outcomes among those who complete intensive case management or counseling, a pre/post-test design will be used to examine housing status, employment status, substance use, and behavioral health symptomatology at intake and discharge. Finally, the impact of Proposition 47 services on recidivism will be examined using a quasi-experimental design. Additional description of this study design is included in the Outcome Evaluation section.

## Data Management

### *Data Collection Tools, Timelines, and Administrators*

**Behavioral health and risk screenings** will be conducted with all adults aged 18 or older while in the booking loop. Screenings will be conducted by Correctional Health Services (CHS) staff, using a brief triage screening tool (still in development) and the **Ohio Risk Assessment System (ORAS)** screening tool. Data will also be collected during full **mental health evaluation assessments** conducted within 3-7 days of booking by a licensed clinician and/or psychiatrist, and well as from discharge plans created by CHS staff. Proposition 47 System Navigators will use a data collection form developed specifically for their program that will track **level of service engagement and details of linkages** (including how individuals were linked and to what type of service). CCSS clinicians will conduct an **assessment of housing, employment and education status, and behavioral health symptomatology** that will be administered at intake and discharge. The CCSS program will also track **program completion** and

progress towards recovery goals (clinician-rated) for those who do not officially complete services. CSRC staff will conduct an **intake screening** to gather any information not collected or passed on from other service providers. (The content of the remainder of the tool will depend upon our ability to successfully establish data sharing agreements between all service partners). The intake screen will assess reentry needs, including need for case management, need for assistance with housing, employment, transportation, civil legal services, financial and medical benefits, and need for treatment or recovery services. The tool will be developed collaboratively with the contracted service provider, once a contract is negotiated. In order to access housing resources through the Coordinated Entry System and Continuum of Care, the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) will be administered within anyone indicating a need for housing. CSRC staff will also develop a **discharge assessment tool** to assess housing type and status, employment status, substance use, and other outcomes upon discharge from case management. The CSRC will use a **linkage tracking tool** to track how individuals were linked to services and the types of services and assistance to which they were linked.

#### *Data Sources*

To **identify and track the target population**, data will be entered into and extracted from: 1) CHS electronic health record (to identify individuals with mild/moderate behavioral health disorders and high risk-to-recur; and 2) the Orange County Sheriff Department (OCSD) maintained Automated Justice System (AJS) database, which will be used to further narrow the target population to those with low criminogenic involvement (i.e., primarily misdemeanor non-violent offenses). The AJS will be used to examine data related to type and date of offense and conviction.

**Service and program outcome data** will be housed in program specific databases or electronic health records (EHR). These include an EHR maintained by Correctional Health Services (CHS) for services provided in custody, a Behavioral Health Services EHR for services provided by Proposition 47 System Navigators and Community Counseling and Supportive Services (CCSS), and a database to be maintained by the contracted Community Support and Recovery Center (CSRC). Service data will be recorded for each participant encounter, Participant background data will be collected and tracked, including date of birth/age, gender, whether participant was on psychiatric medications, medication type/dosage, dates of service, intake and discharge/release dates, status at discharge (e.g., successful completion), types of service or assistance received, and where participants were linked and how they were linked (e.g., direct face-to-face handoff to next point of contact, linked via phone, given a ride by program staff). Service and demographic data will be extracted on a quarterly basis, at a minimum, to

monitor the number and characteristics of individuals in the target population receiving services and the types of services being provided throughout the Proposition 47 system of services.

**Qualitative data** gathered by the independent evaluator will be maintained by the evaluator, primarily in Excel and statistical software databases.

**Recidivism<sup>1</sup> data** will include both data on new arrests and convictions on new felonies or misdemeanors. Due to the relatively short duration of the Proposition 47 grant and due to delays between dates of arrest and conviction, arrest data will be used as an interim assessment for reporting recidivism during the project period. Initially, recidivism (arrests) within one year of release or placement on supervision will be calculated. However, by the time we generate our final evaluation report, a conviction on a new crime committed at any time during the evaluation period will be considered recidivism. This will allow us to determine whether Proposition 47 services resulted in sustained reductions in recidivism, and will be more aligned with the BSCC definition of recidivism.

Arrest data will be extracted from both local and state databases in order to capture both in and out of county arrests. Arrest data will be extracted from the Sheriff Department AJS database and from the California Department of Justice (DOJ) statewide criminal record repository. The DOJ database primarily contains records of more serious offenses, but will help capture arrests outside of Orange County. The AJS database will capture anyone arrested and booked into the Orange County jails. Information on new convictions will be extracted from Orange County Superior Court data.

#### *Methods of Data Management and Analysis*

Data from the County criminal justice, and electronic health records identified above will be cleaned and restructured (as needed) to allow data merging, using statistical software packages. Data will be linked using a unique identifier (i.e., the OCN) to facilitate tracking of participants and outcomes over time and across data systems. The OCN is used in the jail electronic health record, the AJS, Orange County Court databases, and in the EHR that will be used by System Navigators and CCSS clinicians. If the OCN cannot be used by the contracted CSRC, other unique identifiers (name, date of birth/DOB, Social Security Number/SSN) will be used to CSRC data with data from other Proposition 47 provider data. Data from the DOJ criminal record database will be linked to the other data sources using unique

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<sup>1</sup> The Board of State and Community Corrections (BSCC) defines recidivism as a “conviction of a new felony or misdemeanor committed within three years...” However, for purposes of this evaluation, we will operationalize recidivism in terms of both new arrests and new convictions, and will use a time frame shorter than three years.

identifiers such as name, DOB, and SSN. Prior to annual evaluations, data from each of these sources will be merged into a master file, which will then allow trend analysis (i.e., year over year comparisons) as well as comparisons of recidivism rates and other outcomes for individuals who participated in Proposition 47 services with those who did not participate.

Qualitative data gathered through interviews, focus groups, and surveys will be analyzed using Atlas.ti to identify key themes, findings, and quotes. Annually, changes will be examined in participant and service provider perceptions (e.g., new challenges, successes).

Descriptive and inferential statistics will be calculated on quantitative service and outcome data using SPSS statistical software. Annual trends (i.e., year over year comparisons) will be analyzed using change scores. Paired t-tests will be used to examine pre/post changes from intake to discharge, for individuals participating in counseling and/or case management. Group comparisons will utilize t-tests or analysis of variance (ANOVA), depending on sample sizes and need to control for or include extraneous variables in the analysis.

#### *Data Sharing Agreements/MOUs*

We are currently in the process of identifying whether an MOU is necessary to share data between CHS and Proposition 47 System Navigators, and between CHS and CCSS. These programs are housed within the same County agency. However, CHS provides services within the jails and has a separate electronic health record (EHR) from the EHR used by other program staff. Moreover, MOUs and data sharing agreements will need to be developed to share information between CHS, CCSS, System Navigators and the contracted Community Support and Recovery Center (CSRC).

In order to share data with the independent evaluator, we will establish data sharing agreements and specific data exchange protocols between the evaluator and all Proposition 47 grant partner agencies, and create plans to securely transmit their data using a Secure File Transfer Protocol (SFTP). Data files will be encrypted using PGP procedures prior to transmittal. Once received, these data will be secured and access-limited to project researchers. Any data or electronic documents with identifying information (e.g., names or ID numbers) will be stored on a confidential drive created specifically for the project. Likewise, hard copies of interview notes or survey with identifying information will be stored in a locked project file cabinet when not in use.

Currently, individuals being screened/assessed and receiving services through Correctional Health Services while in custody sign a consent form, to allow their information to be shared with other services

providers. Consent or Release of Information (ROI) forms still need to be developed for other Proposition 47 service partners, in order to facilitate information sharing among the partners, and with the independent evaluator.

## Research Design

### *Process Evaluation*

The goal of the process evaluation is to help us better understand service provision, track implementation progress, assess whether providers are following best practice standards and achieving fidelity to program models, and identify barriers to successful implementation. Perceptions of and satisfaction with the various programs/services among both participants and providers will also be assessed. Findings from the process evaluation will inform the County and service providers about implementation barriers and suggestions for implementation improvements, and will provide context for the outcome evaluation findings.

Qualitative data will be gathered using surveys, focus groups, semi-structured interviews, and observational methods. Quantitative data will include counts and percentages. Descriptive analysis will be conducted on survey data, while content analysis will be conducted on focus group and interview data, to identify key themes. A trauma-informed system self-assessment will be administered annually, to examine the degree to which each program component, and the system overall, reflects principles of trauma informed care.

Below are questions to be addressed in the process evaluation, and associated procedures.

- *How effective are tools and procedures for identifying and engaging the target population during incarceration, upon release, and when receiving services after release from custody?* Existing screening and assessment tools and workflow procedures will be reviewed to determine the ability of tools to identify the target population and the needs of that population; the ability to effectively flag and link the target population with System Navigators prior to release from custody; the ability of System Navigators to effectively engage the target population within the constraints of the jail and IRC system; and the ability of System Navigators to link individuals at time of release to treatment and supportive services.
- *Is service implementation progressing?* To assess progress towards implementation, several indicators will be examined, including whether all needed staff have been hired for each service



component; the establishment of the Community Support and Recovery Center (CSRC) and accessibility of the CSRC in relation to the IRC; availability of transportation from IRC to CSRC and other services; and expansion of post-custody services, including increased housing availability and counseling services. Number of implementation goals met (vs. partially met, not started), as well as the number and type of new services established, will be tracked and reported on a quarterly basis.

- *Are trauma-informed services being implemented with fidelity?* The number and proportion of staff at each service component trained in trauma-informed care will be tracked. To determine the degree to which services are being provided using trauma informed principles, a review of assessment tools, program procedures, staffing patterns, and staff training protocols will be reviewed. A trauma informed care self-assessment will be administered annually, as will observational assessments of the physical environments (including safety factors, welcoming environment) where services are provided. In addition to safety, other factors to be evaluated include use of peer support, and the degree to which program procedures enhance trust, collaboration, and empowerment. Data will be collected by the evaluator during site visits.
- *What input does staff have on project implementation?* Semi-structured interviews, conducted twice per year, with staff at all service components and points of contact to gain their perspectives on interagency collaboration, facilitators and barriers to implementation, and recommendations to strengthen service delivery.
- *How satisfied are participants with the services received?* Participant satisfaction with services and ideas for improving Proposition 47 services will be assessed through surveys, and focus groups, twice per year, with a subset of participants at the CSRC and CCSS. Questions will assess their satisfaction with services received at that site, but also with other Proposition 47 services received at other points of contact, if applicable (e.g., services provided by System Navigators, screening and treatment received in custody).
- *Did the Local Advisory Committee collaborate and engage with community stakeholders?* To assess the degree of collaboration and community engagement, we will track the number of LAC meetings held annually, the number and diversity of members in attendance, and the number of community input meetings or opportunities provided for community input.

### *Outcome Evaluation*

The purpose of the outcome evaluation is to determine if the program achieved its goals. This project had several goals, including: 1) to enhance the “diversion” of certain offenders at the time of booking, through screening, needs identification, system navigation and linkage to services; 2) to enhance successful community re-entry, via jail in-reach, engagement, and linkage to services upon release from custody; and 3) to expand the continuum of community-based post-release services for offenders with low criminogenic risk to include intensive case management, treatment, housing, transportation, employment, and other supportive services.

Service data will be compiled and summarized to create participant profiles to show who is receiving services through each project component, and to delineate the number of people served through each program component. Data will primarily include counts and percentages. Improvements in participant outcomes will be assessed by comparing participant functioning at intake and discharge from case management and/or counseling services. Finally, a quasi-experimental study design will examine the effects of service participation on recidivism.

The main *independent variable* in the outcome evaluation is participation in Proposition 47 services. Service participation will be operationalized in two ways: 1) did the participant engage any services; and 2) the number of Proposition 47 services received. Participation is defined as being engaged and linked by System Navigators prior to release from custody, receiving services at the CSRC, and/or receiving services through the CCSS program. Analyses will examine the impact of any participation, level of participation/completion, and the number of service components used by participants. This will allow us to determine whether there are additive or cumulative benefits to participating in multiple service components.

*Dependent variables* include housing status, employment status, substance use and behavioral health symptoms, as well as recidivism. These variables will be operationalized as follows:

- Housing status will be assessed using the following categories: currently homeless, shelter, transitional housing, permanent supportive housing, other permanent housing)
- Employment status categories will include: unemployed, employed part-time or full-time, participating in meaningful volunteer work.
- Behavioral health symptoms and substance use will be assessed at intake and discharge, and at regular intervals during treatment, using the Outcomes Questionnaire (OQ).

The main dependent variable in the outcome evaluation is recidivism. Recidivism will be defined as a conviction on a new crime committed at any time during the evaluation period. Due to the short duration of the grant and delays in time between arrests and convictions, an interim operationalization of recidivism will be new arrests committed within one year of release.

Below are questions to be addressed in the outcome evaluation, the methods for tracking the indicators, and the anticipated impacts.

- *How many people were served by Proposition 47 services?* Administrative service data will be examined to determine the number of screens conducted at booking; the number and percentage of screened individuals who met target population criteria; number and percentage of successful linkages between service components (from CHS to System Navigators, from System Navigators to CSRC, CCSS, and other services; and from CSRC and CCSS to other services); and the number of people who received services and type of services received from each service component, including case management, counseling services, housing assistance or linkage to housing, transportation assistance, job skills training, and other supportive services.
  - Anticipated impact: Better identification of the target population and linkage to services will result in a greater proportion of the target population receiving services after release from custody, and better engagement in services.
- *How many people completed each service component?* For those engaged with System Navigators, completion of service will be defined as successfully linking to identified supports or services. The rate will be calculated by dividing the number that successfully link by the number who were engaged by System Navigators. For those receiving CCSS counseling or CSRC case management, the success rate will be calculated by taking the number of people who complete the service (with successful progress towards goals) and dividing by the total number of participants who started counseling or case management, respectively. Year-over-year changes will be examined, as a percent change.
  - Anticipated impacts: Performing direct linkages upon release from custody will result in improved rates of participation in post-custody services, and improved rates of program completion.
- *What percentage of overall target population were served?* This penetration rate will be calculated by dividing the number of individuals in the target population who received Proposition 47 services (from each program component) by the total number of individuals identified at booking as belonging to the target population. Penetration rates will be examined on an annual basis, and year-over-year changes will be examined as percent changes.

- Anticipated impact: Providing services to a higher percentage of target population will result in lower overall recidivism and lower numbers of individuals in jails with behavioral health issues.
- *What improvements in participant outcomes resulted from receiving services?* Pre- and post-test comparisons will be made for individuals receiving case management and/or counseling through the CSRC and CCSS programs. Pre- and post-tests will measure improvements between intake and discharge for outcomes such as employment status, housing status, behavioral health symptomatology, and substance use.
  - Anticipated impact: Completion of services will result in reduced recidivism and better participant outcomes (e.g., less substance use, higher rates of employment and housing, and reduced symptomatology)
- *Does participation in Proposition 47 services reduce recidivism?* The impact of participating in Proposition 47 services (independent variable) on recidivism rates in the target population (dependent variable) will be examined using a retrospective cohort study. A retrospective cohort study, quasi-experimental design, involves comparing two groups of individuals within the target population, one group including individuals who participated in at least one Proposition 47 service component (cohort group) and another group of individuals, matched on key characteristics, that did not receive Proposition 47 services (comparison group). System Navigators will work only a portion of the time when individuals are being released from jail, as releases occur at all hours of the day and night. They will, therefore, be unable to engage and link all individuals identified within our target population. Individuals who are not linked to Proposition 47 services upon release from custody, but who were identified as our target population, will represent the population from whom the comparison group will be chosen.

To create the comparison group, propensity score matching (PSM) methods will be used. This method matches individuals in the cohort and comparison groups, to ensure that they are statistically similar on key characteristics. For this study, participants in the cohort and comparison groups will be matched on demographics (including age and gender) and risk assessment scores (which predict likelihood of recidivism). Matching individuals on characteristics that predict recidivism will allow us to be more certain that lower rates of recidivism in the cohort group are due to participation in Proposition 47 services, and not to some other extraneous factor. Attempts will be made to create a comparison group similar in size to the cohort group.

Once the cohort and comparison group are identified, the impact of services on recidivism will be examined using logistic regression and ordinary least squares (OLS) regression models. Both

models allow us to determine if other individual characteristics or variables have an effect on a particular outcome. We will also examine the independent effects of participating in specific services, and the additive effects of participating in different combinations of services (e.g., whether individuals who receive housing assistance and participate in the CCSS program have better outcomes than those who only receive housing assistance).

If we find significant reductions during the outcome evaluation, we will conduct a *cost effectiveness analysis (CEA)* to compare the relative costs of the Proposition 47 services to various outcomes. To express our CEA, we will create a ratio of the cost of Proposition 47 services (or a particular component) to changes in recidivism or other outcomes, such that:

- CEA: *Cost of initiative or component*
  - *Unit change in outcome*

## A Logic Model

The following logic model shows the key project inputs, which generate outputs, including activities and associated indicators. Outcomes and long-term impacts resulting from outputs are also shown. The entire Proposition 47 service model is grounded in principles of trauma-informed care, strength-based recovery, transparency, and collaboration.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<p>County and contracted staff</p> <p>County resources and trainings (e.g., trauma informed care)</p> <p>Community collaborators (e.g., Prop47 Local Advisory Committee, Stepping Up Initiative, CCP, OCCJCC)</p> <p>Proposition 47 grant funds</p> <p>Leveraged funds (e.g., Safety Realignment, ESG, MHSA)</p>	<p>Identification of target population at booking</p> <ul style="list-style-type: none"> <li>Administer booking screens to assess behavioral health severity and risk level</li> </ul> <p>Expand trauma-informed jail in-reach engagement and linkage to services upon release</p> <ul style="list-style-type: none"> <li>Place three system navigators in Intake &amp; Release Center (IRC)</li> <li>Train in trauma-informed care</li> </ul> <p>Provide direct linkages between service components</p> <p>Establish Community Support and Recovery Center (CSRC) in proximity to IRC</p> <ul style="list-style-type: none"> <li>Hire culturally diverse team, skilled in providing re-entry services</li> <li>Train staff in trauma principles, motivational interviewing, assertive community treatment (ACT)</li> <li>Peer support services</li> </ul>	<ul style="list-style-type: none"> <li># offenders screened during booking</li> <li>#/% of offenders identified as target population</li> <li># system navigators hired and trained</li> <li>#/% of target population connected to system navigators</li> <li>#/% target population engaged</li> <li>#/% linked to services upon release from custody</li> <li># linked to other services</li> <li>Physical space operational; distance from IRC</li> <li>Safe environment (trauma-informed)</li> <li># CSRC staff hired and trained</li> <li># served at CSRC with each type of service</li> <li>#/% completing case management</li> </ul>	<p>More offenders who need services and supports in-custody and post-custody are identified</p> <p>More offenders linked to counseling and support services immediately upon release</p> <p>Individuals served by system navigators will show:</p> <ul style="list-style-type: none"> <li>Reduces recidivism</li> <li>High service engagement and completion rates</li> </ul> <p>Individual completing case management services will show:</p> <ul style="list-style-type: none"> <li>Reduced recidivism</li> <li>Reduced homelessness</li> <li>Increased employment</li> <li>Reduced substance use</li> <li>Improved behavioral health functioning</li> </ul>	<p>Justice-involved individuals with behavioral health issues served better</p> <p>Reduced victimization</p> <p>Reduced homelessness</p> <p>Increased employment and financial stability</p> <p>Recidivism reduced and sustained</p> <p>Fewer inmates with behavioral health issues</p> <p>Reduced burden on jail system</p> <p>Reduced need for crisis interventions</p>

	<p>Expand Community Counseling &amp; Supportive Services (CCSS) program</p> <ul style="list-style-type: none"> <li>• Hire two dedicated licensed clinicians, train in trauma informed care</li> </ul> <p>Increase access to and availability of housing</p> <ul style="list-style-type: none"> <li>• Hire two dedicate</li> </ul> <p>Facilitate collaboration and community input</p> <ul style="list-style-type: none"> <li>• Maintain Local Advisory Committee (LAC)</li> <li>• Develop partnerships with community based service agencies</li> <li>• Facilitate community input</li> </ul> <p>Assessment of participant satisfaction</p>	<ul style="list-style-type: none"> <li>• # clinicians hired and trained</li> <li>• # served and type of service</li> <li>• # completing treatment</li> <li>• # linked to other services</li> </ul> <ul style="list-style-type: none"> <li>• # screened using VI-SPDAT</li> <li>• # receiving housing assistance or linked to housing (type of housing)</li> <li>• # dedicated beds or rooms for target population</li> </ul> <ul style="list-style-type: none"> <li>• # of LAC meetings held</li> <li>• Attendance at LAC meetings (size, representativeness)</li> <li>• # and type of community partners engaged</li> <li>• # opportunities for community input</li> </ul> <ul style="list-style-type: none"> <li>• # focus groups completed</li> <li>• # participants surveyed</li> </ul>	<ul style="list-style-type: none"> <li>• Improved medication management</li> </ul> <p>Individuals served at CSRC and CCSS will report high satisfaction with services</p> <p>LAC and community maintain strong collaboration</p> <p>Strengths, barriers and areas of improvement identified</p>	<p>Reduced medical and psychiatric hospitalizations</p> <p>Public safety enhanced</p> <p>Diverse network of community and County service partners expanded and maintained</p> <p>Expanded reentry system capacity (counseling, case management, housing)</p> <p>Improved service delivery</p>
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