

Santa Clara County Local Evaluation Plan

Project Background

The Santa Clara County Behavioral Health Services Department (SCC-BHSD) in collaboration with the County's Executive Office of Re-Entry Services and the Office of Supportive Housing will expand its existing mental health, substance use and co-occurring treatment services, as well as linkages to housing, and education/employment services under Proposition 47.

The Santa Clara County Proposition 47 Project is intended to fill gaps in mental health and substance use treatment for justice-involved individuals with moderate-severe or persistent mental illness, substance use, and co-occurring disorders. This will be achieved through the: 1) increase in slots for outpatient co-occurring treatment; 2) increase in slots for outpatient substance use treatments; and 3) expansion of transitional housing units for individuals participating in one of the aforementioned outpatient programs. Furthermore, the Project will also have housing case managers available to provide individuals with housing related services, as well as, referrals to employment/educational services.

SCC-BHSD Outpatient Co-occurring program will provide evidence based services that include at minimum one (1) of the following models: Trauma Informed Care, Dialectical Behavioral Therapy, Motivational Interviewing, Interactive Journaling, Multisystemic Therapy, Brief Strategic Family Therapy, and/or Cognitive Behavioral Therapy, to justice involved adults and older adults who have co-occurring disorders and whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community settings. These services are tailored to meet the needs of the criminal justice involved population in the least restrictive and intrusive manner and include individualized assessments, case plans, medication support and education, individual and group therapy, case management services, rehabilitation and collateral services, client education, discharged planning, crisis intervention, outreach and engagement, and transportation from jail to treatment. Clients served identified as having complex risk factors including substance; community violence; interpersonal family violence; general neglect and exposure to trauma; social and emotional isolation; and physical decline and losses.

Added Proposition 47 Services will include Substance Use Outpatient and Intensive Outpatient Services for individuals who meet Medical necessity criteria based on both a Diagnostic Statistical Manual 5 (DSM 5) substance use disorder diagnosis and ASAM level of care placement criteria. SUTS Outpatient services shall provide individuals with assessments, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. Intensive outpatient services shall include

assessments, treatment planning, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning and coordination. While outpatient services will provide up to nine (9) hours per week of services, the intensive outpatient services will provide a maximum of nineteen hours per week of services to adults.

Furthermore, individuals receiving treatment services in a SUTS outpatient program will also be eligible for Recovery Residence (Transitional Housing Units) which provide safe, clean-and-sober environment where clients can live for a transitional period as they continue to work on their substance use issues in an outpatient setting, prepare for employment, and seek an independent and safe living situation. Individuals will receive food, bedding, and household items during their stay, SUTS orientations and assistance when needed to other levels of care. Recovery Residence staff will be responsible for the safety of clients, implementation of house rules, house meetings, chores, property orientations, motivating clients in their job searches and in dealing with day to day stressors.

Individuals receiving Proposition 47 Mental Health (Co-occurring) or SUTS Outpatient treatment services also have access to linkage to employment and educational services. Services will include evidence-based assessments to assess an individual's employment/educational skill level and individualized job readiness training, transitional employment, peer support, and connection to employment/educational opportunities. Moreover, individuals will also be able to meet with Housing Coordinators who will conduct Vulnerability Index-Service Prioritization Decision Assistance Tools (VI-SPDAT) assessments which will facilitate linkage to housing resources, enrollment in Emergency Assistance Programs providing immediate and short-term housing support, and assistance with other housing related case management needs.

Mental health and substance use treatment expansion will allow SCC-BHSD to increase access to these services to our residents. By filling gaps in substance use and mental health treatment for justice-involved individuals Santa Clara County Behavioral Health Services Department's seeks to assist individuals in our community affected by mental illness and serious emotional disturbance to achieve their hopes, dreams and quality of life goals.

The SCC-BHSD Treatment Court is a collaboration between the Superior Court and BHSD that provides engagement, screening and referral services to individuals both incarcerated and those present at the Superior Court's Department 61 and 62. SCC-BHSD Treatment Court clinicians will screen and make a determination on the service type and level of care need for each justice involved individuals, will refer to Proposition 47 services, and will assist in the individual's successful transition from jail into community based services. These individuals will have a moderate-severe or persistent mental health, substance use or co-occurring condition and be part of Department 61 or 62. Furthermore, SCC-Probation Department staff will conduct risk assessment and be able to recommend individuals for Prop 47 services to the SCC-BHSD Treatment Court staff who will conduct clinical screenings, determine and make recommendations on the

most appropriate level of care services for each individual referred, and inform Probation Officers of treatment recommendations. Once individuals have been referred and enrolled into outpatient services, Community Based Service Organizations staff will assess the need for additional community resources and will assist clients in accessing those services, such as physical health appointments, benefits assistance, transportation, 12 step support groups.

Evaluation Methods and Design

Project Goals and Objectives

The Santa Clara County BHSD project design will be evaluated utilizing the following goals and objectives:

Goals	Objectives	Available Resources
<p>Goal 1: To increase access to outpatient treatment and transitional housing for justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders</p>	<ul style="list-style-type: none"> • 75% of Dept. 61 clients are enrolled in treatment • 90% of clients will be linked to treatment within 10 days of referral • 75% of SCCP47 clients with identified need for THUs receive them, in conjunction with outpatient treatment services 	<ul style="list-style-type: none"> • Contract with CBOs to provide outpatient treatment and THUs (Recovery Residences); including hiring housing case managers to assist with linkages to housing resources; hiring mental health program specialist who will oversee Prop 47 services and will work with SCC-BHSD Analyst and Prop 47 Evaluator to monitor goals, objectives and timely access to services are being achieved. • SCC-BHSD has a built-in process for clinical staff to screen and determine the appropriate treatment type and level of care needed, including a program decision tree • SCC-BHSD staff will also work with outpatient treatment providers to coordinate clients release from jail into community-based services

		<ul style="list-style-type: none"> • Formalize referral process from Probation to BHSD • Conduct mental health screenings, psychosocial assessments, VI-SPDAT screenings, and employment/educational assessments to determine services type and level of care needs • Refer appropriate individuals to outpatient treatment and THUs
<p>Goal 2: To stabilize and reduce recidivism of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through community-based treatment</p>	<ul style="list-style-type: none"> • 65% of clients will maintain engagement in BHSD treatment and services or successfully complete treatment • Over the course of the 3-year project 	<ul style="list-style-type: none"> • Provide the target population with outpatient treatment and referrals to community-based supports • Coordinate case planning with BHSD, CBOs, and Probation • SCC-BHSD Treatment Providers can access the SCC jails to outreach and engage individuals while in custody in order to determine client's needs upon discharge and to build rapport with the client • SCC-BHSD requires all Outpatient providers serving justice involved individuals to submit Client Status Reports to the Court and Supervising Probation Officer which informs of treatment compliance and issues/major changes impacting the individual's treatment adherence • The SCC-Probation Department conducts

		<p>Correctional Assessment and Intervention System (CAIS) screenings which allow law enforcement agencies to assess an individual's risk to reoffend. This information in collaboration with other behavioral health assessment tools will assist clinical staff in developing treatment plans tailored to each individual's needs necessary for successful reintegration into the community and a decreased risk to recidivate</p>
<p>Goal 3: To stabilize and reduce recidivism of justice-involved individuals with moderate-severe or persistent mental illness and co-occurring disorders through housing supports.</p>	<ul style="list-style-type: none"> • 75% of clients will exit THU to permanent housing • Over the course of the 3-year project, decrease the target population recidivism rate from 45% to 40% 	<ul style="list-style-type: none"> • Provide transitional housing (Recovery Residences) • Provide housing coordinators who will assist in evaluation an individual's housing needs through the use of the VI-SPDAT Tool, including referrals and linkages to permanent housing • Case management services will be provided to assist individuals with accessing benefits (i.e. SSI, SSDI, General Assistance, etc.) which will assist individuals with paying for community placements and maintaining permanent housing • Employment/Educational services will assist individuals in gaining

		<p>steady employment and/or educational opportunities which will gain individuals the opportunity to obtain and maintain a long-term source of income, which in turn will allow individuals to gain permanent housing</p> <ul style="list-style-type: none"> • Coordinated case planning with BHSD, CBOs, and probation, court to inform of treatment progress, barriers to success and discharge planning to other levels of care and community placement/permanent housing • The combined use of biopsychosocial assessments, treatment plans, VI-SPDAT, CAIS, employment/educational assessment will provide a more comprehensive picture of the needs of justice involved individuals accessing Prop 47 services which will allow providers to seek and link individuals to the necessary community resources to succeed in the community and decrease the likelihood of reincarceration.
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The Proposition 47 program will provide services annually to 57 individuals in need of co-occurring (mental health and substance use) conditions, 200 individuals requiring outpatient substance use treatment and 72 individuals requiring intensive outpatient services, 200 annual Recovery Residence (THU) slots (50 active caseload),

employment/educational linkage services to 75 individuals, and housing services to 75 individuals in need of housing placements (immediate, short-term and permanent). SCC-BHSD will utilize process and outcome measures to monitor timely access, service delivery and success of Prop 47 services.

Process Measures:

SCC-BHSD will track and monitor the following process measures monthly:

Outpatient Treatment

- Number of clients from Department 61 and 62, and Probation-referred for BHSD Screenings
- Number of days from date of referral to assessment
- Number of days from referral to linkage to treatment
- Number of clients served, and service dosage (hours per client) provided; and
- Percent of clients referred to other community-based services
- Number of bilingual staff; number of staff trained in trauma-informed care

Transitional Housing

- Number of individuals screened by VI-SPDAT
- Percentage of individuals with identified housing need who are referred to THU (Recovery Residences)
- Number of individuals served by housing case managers, and average number of meetings; and
- Number of bilingual staff; number of staff trained in trauma-informed care

Outcome Measures:

SCC-BHSD will provide the following Prop 47 outcome measures quarterly:

- Successful completion: Number/percent of clients who maintain engagement or are discharged from treatment with successful completion
- Relapse: Number/percentage of clients with no relapse
- Housing: Number/percentage of clients exiting to stable housing
- Other outcome measure, as determined necessary over the course of the three-year grant period
- Recidivism: Number/percent convicted of new offenses while in the program; number/percent convicted of new offenses after program completion (including whether recidivating charge was a felony or misdemeanor)

Additionally, SCC-BHSD will monitor client successful discharges/completions quarterly in order to determine the effectiveness of Proposition 47 services. SCC-BHSD defines a successful discharge as:

1. A client who has achieved their treatment/program goals, such as behavioral wellness, obtaining employment, housing; and/or

2. Received a clinical change in needs to another lower level of care completion of treatment

Data Management:

Prop 47 Services will utilize various data sources to store and monitor data. SCC-BHSD currently utilizes Unicare to store data related to client referrals, clients receiving outpatient co-occurring and substances use services which include client demographics, clinical screenings, level of care service(s) individual is open to, treatment entry and exit dates, and discharge reasons. The Unicare system designates individuals with a unique identifier which follows the client throughout the SCC-BHSD Mental Health and SUTS Systems of Care and allows for data to be tracked. Community Based Organizations also utilize their own secure Electronic Health Records, such as MyAvatar which is used as a platform to upload the aforementioned information into Unicare. Access to Unicare will allow the Mental Health Program Specialist to run various data reports and monitor both Co-occurring and SUTS services under Prop 47. Additionally, the Homeless Management and Information Systems (HMIS) which stores information on client demographics and homelessness/risk of homelessness gathered through the VI-SPDAT assessment. This information will be used to assist clients with determining each client’s housing need, including the need for permanent housing. CAIS is another data source which will be used by our Probation partners to assess and inform of a client’s risk to re-offend. Furthermore, SCC-BHSD has developed a capacity management tracking system which allows for weekly reporting and capacity management services which will ensure that Prop 47 Co-occurring slots are maximized and that clients are being transitioned to higher or lower levels of care, when appropriate. This will allow for throughput which will allow individuals to access Prop 47 services throughout the course of the three year project.

Description of Data		
<i>Type of Data</i>	<i>Data Storage System</i>	<i>Description</i>
Demographics	Unicare	Client Identifying information, such as First/Last Name, Date of Birth, Address, Telephone Number
Screening	Unicare	BHSD Treatment Court staff conduct a brief interview in which they obtain information such as current mental health, substance use and physical health conditions/symptoms as well as historical information, information on current medication, history

		and current employment/educational achievements/status, information on past and current living/housing patterns, information on criminal charges which are used to determine the individual's level of care treatment need. This data will inform on how many individuals were screened for each level of care services.
Assessments	Unicare, MyAvatar, HealthLink and Other EHRs	A thorough psychosocial interview with the client and support systems which goes into depth in client's mental health, substance use, physical health, housing and employment/educational history and which is used to determine Medical Necessity Criteria. This data will inform on how many individuals were assessed for each level of care services and of these how many were eligible for Prop 47 services.
SCC-BHSD Outpatient Services	Unicare, MyAvatar and HealthLink	This includes Co-Occurring services, as well as, Substance Use Outpatient, Intensive Outpatient and THU services offered by SCC-BHSD to Prop 47 clients. Additionally, a client will be referred and eligible to mental health and substance use higher or lower levels of care services, if it has been determined that the client needs these non-Prop 47 services. This data will

		also be tracked in Unicare, MyAvatar and HealthLink and will inform on how many clients were enrolled and discharged from each outpatient program.
Housing Services	HMIS	Information gathered through the VI-SPDAT and stored into HMIS will help inform if a client is homeless or at risk of homeless and the type of housing services the individual is eligible for, including permanent housing. This data source will inform on the number of clients housed, including how many individuals were placed in permanent housing.
Employment/Educational Services	Office of Re-Entry Database (TBD)	Information gathered to determine an individual's skill level in employment and educational history used in determining short term/long term educational/employment goals.
CAIS Information	Probation Database (TBD)	Information gathered to determine a client's risk to re-offend.
Recidivism Data	SCC-BHSD will collaborate with RDA to determine source of recidivism data for clients not referred through the Probation Department. However, for individuals referred by Probation, SCC-BHSD will work with law enforcement partner to obtain recidivism information.	Information on individuals convicted of new offenses while in the program; convicted of new offenses after program completion (including whether recidivating charge was a felony or misdemeanor)

Furthermore, SCC-BHSD will be contracting with Resource Development Associates (RDA) who will utilize a mixed method process and outcome evaluation to assess the

effectiveness of Proposition 47 services in meeting BSCC reporting requirements. Additionally, information gathered will be used to inform Proposition 47 providers on areas of improvement and overall effectiveness of program implementation. This will include the gathering of quantitative and qualitative data through already established databases, client and staff surveys, information/recommendations obtain through the participation in Local Advisory Committee meetings, coordinated data sharing agreements, and on-site focus groups with program staffs. In addition, to already existing databases, RDA with input from SCC-BHSD, will develop data collection tools and train staff on data collection protocols. In the interim, RDA will utilize Excel, Stata, and SPSS databases. RDA has proposed to develop a pre-post survey for participants enrolled in outpatient treatment intended to fill any data gaps. In order to ensure that Proposition 47 Services are implemented and conducted to fidelity, RDA will continuously work with SCC-BHSD, law enforcement partners, over the life of the grant, to analyze, monitor and gather client/staff feedback on all Proposition 47 services including through evaluation planning work sessions and LAC meetings. This in turn, will allow for the identification of issues/barriers, program recommendations, improvements to services and processes, and a determination whether services are achieving intended deliverables.

Logic Model

PURPOSE: To prevent recidivism of individuals with substance use disorders and/or co-occurring disorder involved in the SCC Criminal Justice System through supportive treatment and linkage to fundamental resources.

OBJECTIVE: To increase access to outpatient treatment and transitional housing for justice-involved individual with moderate-severe or persistent mental illness and co-occurring disorders, which would result in:

- ◆ Reduction of recidivism of people convicted of less serious crimes and have substance abuse and/or mental health illness.
- ◆ Improve clinical and functional outcomes for adults with behavioral health diagnoses.

INPUTS Resources Needed to Operate Program	ACTIVITIES Activities Needed to Accomplish Program Goals	OUTPUTS Evidence Based Services Delivered	OUTCOMES Evidence Based Measures	IMPACTS Long Term Impact to the County
<p>Funding</p> <ul style="list-style-type: none"> • BSCC Prop 47 grant funding • Office of Reentry Services Leveraged Funds <p>Leadership, Oversight, and Staffing</p> <ul style="list-style-type: none"> • Behavioral Health Services Department (BHSD) • Criminal Justice Services Division (CJSD) • Behavioral Treatment Court (BTC) • Substance Use Treatment Services (SUTS) • Probation Department • Office of Reentry Services • District Attorney • Public Defender • Sheriff's Office • Custody Health Services • Department of Correction • Office of Supportive Housing • Superior Court of the County of Santa Clara • Community Based Organization (CBO) • Local Advisory Committee (LAC) • Funded Provider <ul style="list-style-type: none"> ➢ Community Solutions <p>Training & EBPs</p> <ul style="list-style-type: none"> • BSCC guiding principles • Re-Entry Resource Center (RRC) • Evidenced Based Risk/Needs Assessment Tools • Cognitive Behavioral Therapy • Motivational Interviewing 	<p>Mental Health Services (MH)</p> <ul style="list-style-type: none"> • Screen and refer MH & SUTS and dual diagnosis clients • Administer and analyze intake assessments • Referrals to treatment providers • Participate in Capacity and discharge planning. • Submit Treatment Status Reports • Develop protocols for referrals to RRCs <p>Substance Use Treatment Services (SUTS)</p> <ul style="list-style-type: none"> • Screen and refer SUTS and dual diagnosis clients • Outpatient SUTS care • Recovery residences <p>Probation Department</p> <ul style="list-style-type: none"> • Risk assessments and provide referrals to BHSD <p>Office of Supportive Housing</p> <ul style="list-style-type: none"> • Assist with locating housing for individuals experiencing homelessness <p>Office of Re-Entry Services</p> <ul style="list-style-type: none"> • Conduct employment/Education assessments and connect clients with employment/education services. <p>Community-Based Organizations</p> <ul style="list-style-type: none"> • Assertive Outreach • Facilitate referrals to employment support, education, family reunification services, and Faith Based Resource Centers (FBRCs), vocational training, education assistance, and transitional employment services. <p>Housing Support Services</p> <ul style="list-style-type: none"> • Provide structured and safe living environment. • Provide housing assessment, navigation, and case management. <p>Cooperation and Coordination</p> <ul style="list-style-type: none"> • Coordinate referrals from BHSD-CJSD, BTC, Probation, or other agencies to RRC, SUTS treatment agencies and housing support agencies • Data collection and analysis • Quarterly reports to BSCC 	<p>Mental Health Services (MH)</p> <ul style="list-style-type: none"> • Increased timely access to mental illness and co-occurring disorders treatments & services to avoid lapses in treatment • Decreased incarceration and Justice System involvement • Client improved ability to function in family/social/community settings. • Number of Staff trained in Trauma-informed Care. • # of Clients from Dept.61 and Probation referred for BHSD screening. • Days from referral to assessment. • Days from referral to linkage to treatment. • Numbers served and service dosage provided • Percent of clients receiving referral to other community-based services. <p>Substance Use Treatment Services (SUTS)</p> <ul style="list-style-type: none"> • Increased timely access to outpatient substance use treatment <p>Housing Support Services</p> <ul style="list-style-type: none"> • Number screened by VI-SPDAT • Percent with identified housing need who are referred to THU • Days from referral to housing. • Numbers served by housing case manager • Average number of meetings <p>System-wide</p> <ul style="list-style-type: none"> • Decrease use of Emergency Psychiatric Services (EPS) and IMD • Reduced Disparities in access by underserved target populations <p>• Community Based Organization (CBO)</p> <p>Increased Collaborative System</p> <ul style="list-style-type: none"> • Improve the effectiveness of the collaborative court system by improving timely access to treatment services. • Formalization of direct referrals from probation officers to BHSD 	<p>Mental Health</p> <ul style="list-style-type: none"> • Clients show decrease in functional impairment as measured by repeated adult needs and strengths assessment (ANSA) • 65% of Prop 47 Clients will maintain engagement in BHSD treatment and services or successfully complete treatment. • 75% of Dept 61 clients are enrolled in treatment. • 90% of clients will be linked to treatment within 10 days of referral. • 60% of Prop 47 Clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment program. <p>Substance Abuse</p> <ul style="list-style-type: none"> • 60% of Prop 47 Clients do not relapse during the entire 12-24 month treatment program. <p>Housing Status</p> <ul style="list-style-type: none"> • Formerly incarcerated individuals with emergency housing needs are stabilized through community-based treatment and services and do not re-offend • 75% of Prop 47 Clients exit the program into stable housing. • 90% of program participants will be housed within 14 days from referral. <p>Criminal Justice System</p> <ul style="list-style-type: none"> • Individuals receiving Prop 47 MH, SUT, and/or housing services do not recidivate within three years of release or placement on supervision • 40% of Prop 47 Clients will be convicted of new offenses while in the program • 40% of Prop 47 Clients will be convicted of new offenses after completion of the program. 	<p>COMMUNITY COLLABORATION</p> <ul style="list-style-type: none"> • Infrastructure of community partnerships and collaboration between Probation, Community-Based Organizations, Housing & Mental Health and Substance Use Treatment Departments to divert criminal justice involved individuals with moderate/severe mental illness and/or co-occurring disorders into treatment programs that would result in reduced recidivism and improved clinical function. • will improve coordination and increase timely access to treatment for individuals on probation. • Decrease in disparities in the criminal justice system. <p>ACCESS TO TREATMENT</p> <ul style="list-style-type: none"> • Increase access to mental health and/or substance abuse treatment for criminal justice involved individuals. <p>CONTINUUM OF SERVICES</p> <ul style="list-style-type: none"> • Establish a coordinated and accessible continuum of services. <p>REDUCTION OF RECIDIVISM</p> <ul style="list-style-type: none"> • Stabilization of formerly incarcerated individuals with moderate severe or serious and persistent mental illness or co-occurring disorders and do not reoffend. • Transitional Programs to help individual re-enter into the community.