Alameda County Proposition 47

COHORT I FINAL EVALUATION REPORT

RDA CONSULTING

COUNTY OF ALAMEDA CALIFORNIA

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Cohort I Final Evaluation Report

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This report was developed by Resource Development Associates under contract with the Alameda County Health Care Services Agency.

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COUNTY OF ALAMEDA CALIFORNIA

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

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Executive Summary

Alameda County's $6 million Proposition (Prop) 47 grant supported three distinct program areas that provided services to justice-involved individuals[1] with behavioral health needs: (1) Reentry Treatment Teams (RTTs) that offered comprehensive case management and mental health treatment; (2) recovery residences that provided stable, sober housing and a telephone hotline that screened and provided referrals to individuals for substance use disorders (SUDs); and (3) a housing assistance program that provided clients with up to $5,000 for eligible expenditures, including but not limited to rental assistance, security deposit, and utilities. The California Board of State and Community Corrections (BSCC) awarded Alameda County the Prop 47 grant in June 2017 to be implemented over a 38-month grant period.[3] The County subcontracted $4.2 million of the award (70%) to community-based organizations (CBOs) to deliver programs.

Program Accomplishments

Clients Served. Through June 2021, Alameda County provided mental health services, SUD services, and housing-related assistance to 3,085 justice-involved individuals.[4]

Figure 1 highlights Alameda County's progress across the three program areas. Overall, Prop 47-funded programs worked as intended to address gaps in mental health, SUDs and housing services and resources available to the justice-involved population in Alameda County. This is demonstrated by the enrollment numbers, completion, and recidivism rates across programs.

Figure 1. Alameda County Prop 47 Program Progress Highlights

REENTRY TREATMENT TEAMS (RTTS)

- **504** clients served
- **51%** of exiting clients **reached or partially reached treatment goals**
- **81% did not recidivate**[2] following RTT enrollment

SUBSTANCE USE DISORDER HOTLINE & RECOVERY RESIDENCES

- **1,918** individuals called the hotline and **203** clients were served in recovery residences
- **74%** of exiting recovery residence clients **reached or partially reached treatment goals**
- **91% did not recidivate**[2] following their first stay at recovery residence

HOUSING ASSISTANCE

- **$2.1 million** distributed to **663** clients
- **92% of clients did not recidivate**[2] following receipt of first housing grant

[1] Justice-involved includes individuals with any justice system contact, including arrest.
[2] Recidivism is defined as arrest for a new misdemeanor or felony offense resulting in a conviction in Alameda County. Data is through June 2021.
[3] Alameda County accepted a 12-month, no-cost extension to extend the grant through August 2021.
[4] This figure may include duplicate clients, as Prop 47 clients can receive more than one type of service.

Mental Health Services. Alameda County's Prop 47 RTTs administered mental health services to 504 clients, including psychiatric treatment; intensive care coordination/case management; connection to community resources; and linkages to mental health, substance abuse, legal, and life skills services. The interdisciplinary structure of RTTs supported client success, particularly by linking clients to peer counselors who have shared lived experience in the behavioral health and criminal justice systems. Clients reported valuing their relationships with RTT staff members and described Prop 47 RTTs as a stable support in their lives.

Substance Use Disorder (SUD) Services. Alameda County's Prop 47 SUD hotline screened 1,918 individuals for SUDs, with 203 individuals placed into Prop 47-funded beds at recovery residences. Enrollment at recovery residences has steadily increased from program start-up. Clients described the high impact of reliable housing and food security provided at recovery residences, emphasizing the necessity of these two resources to support a successful recovery from substance use.

Housing Assistance. Alameda County's Prop 47 housing assistance program provided housing-related financial support to 663 clients, some of whom received multiple allocations, up to a maximum of $5,000. At the time housing assistance was first provided, almost all clients were homeless or at risk of homelessness. The average amount of financial housing support for each client was $3,170.

Addressing Program Barriers

Program Start-Up. The County's Prop 47 service providers experienced challenges accompanying the staffing, training, and administration of new programs serving a justice-involved population with high mental health and SUD treatment needs. To address this, County and service providers continued to leverage resources and draw from existing organizational capacity to serve Prop 47 clients.

Housing Availability. The Bay Area housing crisis is particularly challenging for individuals with behavioral health needs who are justice-involved. Prop 47 service providers navigated limited housing availability for clients by building relationships with landlords to mitigate the stigma of criminal justice involvement.

COVID-19 Pandemic. Program staff adapted to pandemic-related social distancing requirements to maintain client relationships and program engagement by meeting clients in public spaces, utilizing technology, and providing additional resources.

Lessons Learned

Administrative Investment. Alameda County was intentionally ambitious in the design of its Prop 47 programs in order to meet the outsized need for mental health services, SUD services, and housing-related assistance among the County's justice-involved population. Administering three distinct programs has required a significant investment in coordination, administration, and oversight, which is particularly challenging because each program possesses a distinct referral process and service delivery model. To address this, the County built a Prop 47 coordinator into its grant to provide coordination and oversight among program areas and the Prop 47 Local Advisory Committee (LAC) provided ongoing oversight.

Cohort II Refinements. Alameda County applied for and received Cohort II Prop 47 funding to provide mental, substance use, and housing assistance services for three additional years. In addition to refining the Cohort I program components, Cohort II also adds a pre-arrest diversion program to reduce justice system penetration by offering services in lieu of arrest or hospitalization to individuals with mental health or substance use disorders.

Introduction and Project Description

Approved by California voters in November 2014, Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. 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 funds for mental health and substance use disorder (SUD) treatment that is aimed at reducing recidivism, 25% for crime prevention and support programs in schools, and 10% for trauma recovery services for crime victims. Funds are allocated to local agencies through a competitive grant process administered by the BSCC to provide services to justice-involved individuals with behavioral health needs.

The Alameda County Health Care Services Agency (HCSA), in partnership with the Alameda County Probation Department, Bay Area Community Services, La Familia Counseling Services, Canales Unidos Reformando Adictos (CURA), Center Point Inc., Second Chance Inc., and Roots Community Health Center, obtained a $6 million dollar grant from the BSCC through the first cohort of Prop 47 funding to provide targeted mental health, SUD treatment, and housing support services to justice-involved adults in the County with behavioral health needs.[5] Figure 2 summarizes these program areas.

Figure 2. Alameda County Prop 47 Program Areas

[5] To determine Prop 47 eligibility, justice-involved includes individuals with any justice system contact, including arrest.

Alameda County directed Prop 47 Cohort I funds across multiple program areas to develop new mental health and housing assistance programs and augment funding for existing SUD services. Specifically, Alameda County used Prop 47 funds to:

1. Implement multidisciplinary **Reentry Treatment Teams (RTTs)** led by community-based organizations (CBOs) to provide services for justice-involved individuals with serious mental illness. RTTs provide psychiatric treatment, case management, housing, and employment support, as well as linkages to community resources, other behavioral health treatment, legal services, life skills, and education services. Alameda County allocated **$1.3 million** of Prop 47 funds to RTTs.[6] RTT funds were expended between December 2017 and June 2021.
2. Utilize partnerships with CBOs already providing **SUD services** to fund treatment services for justice-involved individuals. The Prop 47 Cohort I grant funded 11 beds at community-based **recovery residences** that provided sober living environments for individuals participating in outpatient SUD treatment. Prop 47 also partially funded a **telephone hotline** that screened clients for SUDs and subsequently made referrals to the appropriate level of care. Alameda County allocated **$600,000** of Prop 47 funds to SUD programs[7] and SUD funds were expended between July 2017 and June 2020.
3. Establish a **housing assistance program** to increase the number and capacity of CBOs that provide housing support to justice-involved individuals with behavioral health needs. CBOs provided assistance with rental assistance, security deposits, utilities, credit repair, and other resources to establish suitable housing. Alameda County allocated **$2.3 million** of Prop 47 funds to the housing assistance program.[8] Housing funds were expended between July 2018 and June 2021.[9]

Alameda County's Prop 47 programs were overseen by the Local Advisory Committee (LAC), a group of County agency representatives and community stakeholders with knowledge and experience related to Prop 47 programs and services.[10] The LAC was co-chaired by Alameda County's Behavioral Health Services Director and Chief Probation Officer and included representatives from the District Attorney, Public Defender, Sheriff, and Courts, as well as community representatives who are formerly incarcerated and/or systems-impacted (see full list of LAC members in Appendix A). The LAC was established prior to the Prop 47 grant submission to the BSCC to identify strategies, programs, and services; the target populations and areas; and eligibility criteria for the Prop 47 grant application. Upon receipt of grant funding from the BSCC, the LAC began holding quarterly advisory meetings to provide ongoing support for Prop 47 implementation.

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[6] Alameda County originally planned to dedicate $2.1 million to RTTs, but later shifted $800,000 from RTTs to the housing assistance program. In addition to the $1.3 in Prop 47 funding, the program also leveraged $6.4 million from other funding sources.
[7] The SUD program also leveraged approximately $988,000 from other funding sources.
[8] Alameda County originally planned to dedicate $1.5 million to the housing assistance program, but later shifted $800,000 from RTTs to the housing assistance program for a total of $2.3 million.
[9] Housing services were not fully implemented until July 2018 due to procurement and contracting delays.
[10] In 2019, Alameda County received a second $6 million dollar Prop 47 grant as part of the Prop 47 Cohort II grant cycle.

Evaluation and Report Overview

Resource Development Associates (RDA) was contracted by Alameda County as the external evaluator of the County's Prop 47 programs to report on the County's progress in a preliminary evaluation report and a final program evaluation. This final report, building on the preliminary evaluation report, provides a review of the program's efficacy and overall impact. The goals and objectives established by the County for its Prop 47 grant-funded activities are detailed in Table 1. These goals and objectives are further contextualized in the program logic model found in Appendix B.

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

GOALS	OBJECTIVES
Formerly incarcerated individuals with moderate-severe or serious and persistent mental illness are stabilized through community-based mental health treatment and services and do not reoffend.	1. 65% of Adult Forensic Behavioral Health and Probation clients who are referred to RTT and discharged from jail enroll in RTT.
	2. Within 24 months, 50% of RTT clients will step down to mild-moderate mental health services.
	3. 75% of RTT clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment period.
	4. 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.
	5. 80% of RTT clients do not return to jail during the treatment period.
Formerly incarcerated individuals with SUDs are stabilized through community-based treatment and services and do not reoffend.	6. 65% of Prop 47 clients referred to SUD programs and discharged from jail enroll in SUD programs.
	7. 50% of Prop 47 SUD clients maintain engagement in SUD treatment and services throughout the entire treatment period.
	8. Within 6 months, 50% of enrolled clients will step down to lower level of care or complete treatment.
	9. 75% of enrolled clients referred to community-based support services such as employment and housing are successfully linked to those services.
	10. 80% of SUD clients do not return to jail during the treatment period.
Formerly incarcerated individuals with mental illness and/or SUDs are stabilized through housing supports and do not reoffend.	11. 75% of Prop 47 clients with identified need for housing assistance receive it in conjunction with mental health and SUD services.
	12. 80% of clients who receive housing supports do not return to jail during the treatment period.

Qualitative Data Collection Methodology

RDA engaged in primary data collection with a diverse group of Prop 47 stakeholders to obtain qualitative insights about their experiences with Prop 47 activities. Qualitative data collection took place twice, during project midpoint and near the conclusion of the project. Qualitative data were used with quantitative data to assess Prop 47 implementation and outcomes and provide recommendations to increase program impact. The specific qualitative data collection techniques used and limitations encountered in the data collection process are described below.

Instrument Development. RDA developed qualitative protocols to guide data collection efforts. These protocols were designed to be appropriate for diverse participants that come from a range of cultural, linguistic, and educational backgrounds.

Focus Groups and Interviews with Providers and Staff. RDA conducted a combined total of 36 focus groups and interviews across all program areas, including 12 with CBO service providers and 24 with clients, to gather in-depth qualitative data about client experiences and perceived outcomes related to program implementation.[11]

Leadership and LAC Interviews. RDA conducted 14 interviews with a sample of Prop 47 program leadership, supervisors, managers, and LAC members to assess stakeholder experiences with the implementation and outcomes of Prop 47 activities. These interviews asked participants about interagency collaboration, experiences with program implementation, and perceptions of outcomes. Conversations focused on lessons learned, facilitators to success, and barriers to implementation.

Thematic Analysis. Data collected during focus groups and key informant interviews were transcribed, quality checked, and summarized into high-level categories. As a result of this approach, participant quotations across all qualitative data collection activities were systematically processed and organized around the identification of emergent themes and patterns. These themes and patterns were then synthesized into key findings.

Limitations. While RDA spoke with dozens of Prop 47 stakeholders at all levels of involvement during the qualitative data collection process, a few factors may have impacted the amount and quality of data collected. For example, the most recent round of qualitative data collection took place during the COVID-19 pandemic. Therefore, interviews and focus groups that were planned to be in-person shifted to virtual settings. Virtual meetings mitigated some travel and scheduling barriers, but the pandemic also created challenges for some individuals that may have impacted their availability to engage in data collection activities and resulted in fewer clients participating in interviews.

Additionally, the research team only spoke to those who agreed to be interviewed. The individuals interested and able to participate in interviews represent a small fraction of the number of clients served through the Prop 47 program. Therefore, it is possible that those who participated in data collection have different characteristics (e.g., more communicative or actively engaged with the program) than those who did not participate.

[11] Clients were provided $25 gift cards as compensation for their participation in the focus group or interviews.

Quantitative Data Collection Methodology

Relevant quantitative data were collected for individuals participating in each of the Prop 47 service areas, including mental health, SUD referral and recovery residences, and the housing assistance program, from the beginning of service implementation through June 2021. Key data elements utilized in this evaluation are summarized in Figure 3.

Quantitative analyses present the number and characteristics of the population served and types of services administered. In addition to service-specific data, demographic data were collected for individual clients. Data from the Alameda County Probation Department were utilized to determine if the client was under active probation supervision in the County.

Finally, data were provided by the Alameda County District Attorney and Alameda County Sheriff's Office to determine if a client recidivated following service receipt through June 2021. Recidivism is defined in this evaluation as an arrest for a new offense that resulted in a conviction for a felony or misdemeanor offense.

Figure 3. Key Quantitative Data Elements

RTT	SUD Referrral Hotline	SUD Recovery Residences	Housing Assistance
• Program Start Date • Mental Health Diagnosis • Discharge Date/Status • Assessment Scores • Psychiatric Hospitalizations • Recidivism Outcomes	• Service Date • Service Type	• Service Date • Provider • Number of Bed Days • Substance Use Diagnosis • Discharge Date/Status • Recidivism Outcomes	• Service Date • Service Type • Mental Health/Substance Use Need • Amount Spent per Service • District in which Service was Administered • Recidivism Outcomes

Data Preparation and Quality Assurance. Data were received in multiple spreadsheets representing different components of the analysis. Where necessary, data were merged on one or more identifiers. To match probation and recidivism data to Prop 47 service clients, the first character of the clients' first and last name as well as their date of birth were used.

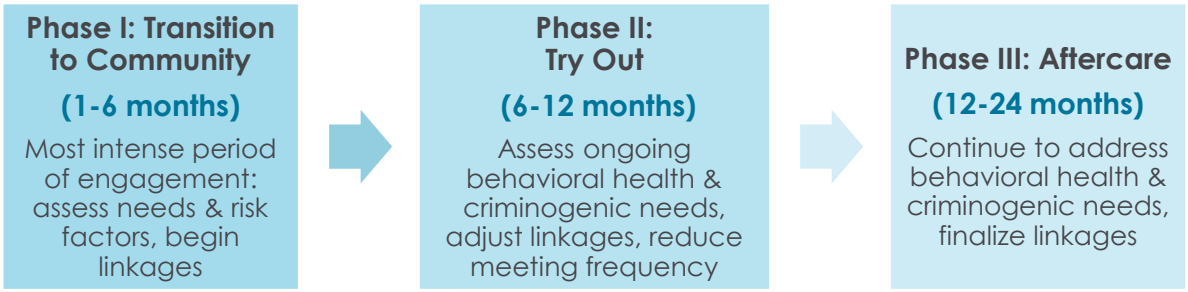
Descriptive Statistics. Descriptive analytic techniques were used to summarize client demographic characteristics, types of services received, service characteristics, and short-term programmatic outcomes. Characteristics and trends were examined by service type for all participants and over time.

Limitations. Due to changes in the program model, inconsistent data collection, or a lack of data availability, this evaluation is unable to report on certain goals and objectives, such as those related to referrals from the jail into Prop 47 programs and referrals to CBOs. In order to address these limitations, RDA worked with the County to identify, when possible, similar data elements related to those objectives.

Mental Health Reentry Treatment Team (RTT) Program

The Alameda County Prop 47 Cohort I mental health program was comprised of two RTTs that delivered comprehensive case management and treatment to justice-involved individuals with serious mental illness. The RTTs were run by two CBOs that serve clients based on region: Bay Area Community Services in North County and La Familia Counseling Services in East, Central, and South County. Each RTT was designed to provide 80 clients with services and resources to reduce mental health impairment over a 12-24 month enrollment period, using a Critical Time Intervention (CTI)-based model to step down clients over the course of enrollment. The model had a client/staff ratio of 13:1, with each team designed to consist of: one FTE clinical supervisor, three FTE social workers/clinicians, three FTE peer support specialists, and one part-time (.33 FTE) psychiatrist. Figure 4 illustrates the CTI treatment model used for RTT clients in Alameda County.

Figure 4. Prop 47 CTI Treatment Model



RTTs provided psychiatric treatment, intensive care coordination/case management; housing support; connection to community resources; employment support; and linkages to mental health, substance abuse, legal, and life skills services. The RTT model effectively integrated peer services, meaningfully employing and empowering previously justice-involved individuals with lived experience in the behavioral health system as peer support specialists. Peer support specialists had a unique ability to relate to and motivate other justice-involved individuals due to a shared mental health recovery process and reentry experience. They provided intensive case management, accompanied clients to appointments, and ensured they received necessary services. RTT staff members received trainings on a range of service delivery approaches, including motivational interviewing, restorative justice, and cultural and gender responsiveness.

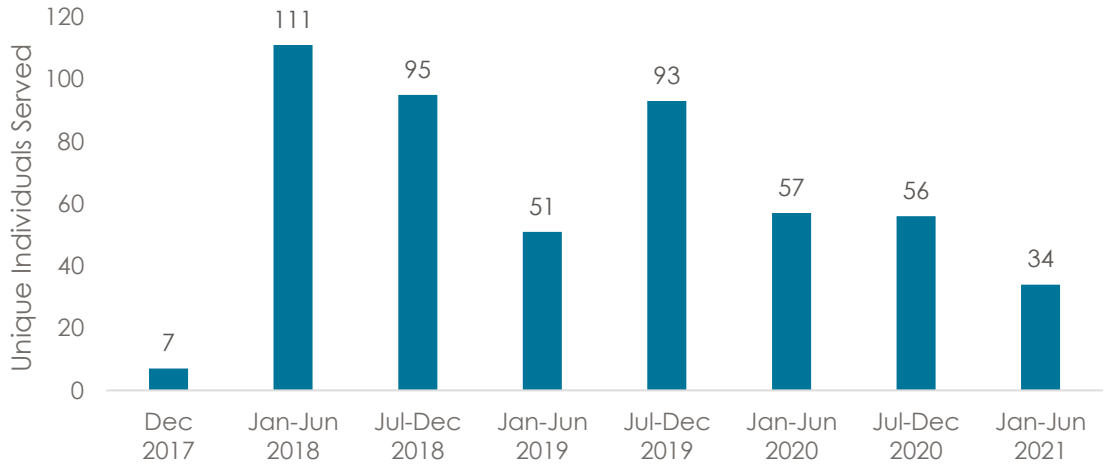
Program Profile

This section describes the services provided through the RTT program; the demographics and needs of RTT clients; and the program outcomes, including program exit types, psychiatric hospitalizations, and recidivism.

RTT Services

In the 31 months between December 2017 through June 2021, 504 unique individuals received Prop 47-funded mental health services—averaging approximately 200 individuals annually. Thus, the program reached its intended enrollment capacity of 160 individuals per year. Figure 5 shows the number of unique enrollments by six-month periods (with the exception of December 2017). Of the 504 individuals enrolled in mental health services, 341 (68%) were previously incarcerated and 103 (20%) were referred through Behavioral Health Court or by a criminal justice agency, which may include the jail, Probation Department, Public Defender, District Attorney.

Figure 5. Unique Individuals Newly Enrolled in RTTs



A total of 16,160 mental health services were provided through June 2021. As illustrated in Table 2, case management (referrals and care coordination) constituted the majority of mental health services (42%), followed by assessment and evaluations (22%) and individual and family therapy (22%). The majority (75%) of individuals received two or more mental health services within 30 days of enrollment.

Table 2. Mental Health Services by Service Category (n = 16,160)

MENTAL HEALTH SERVICES	NUMBER	PERCENT
Case Management (referrals, care coordination)	6,760	42%
Assessment & Evaluation of mental health and clinical history	3,588	22%
Individual and Family Therapy	3,551	22%
Plan Development	1,645	10%
Collateral (consult with client's significant support person, track family engagement)	309	2%
Medications	169	1%
Crisis Intervention	38	0%

Client Profile

The average RTT client was 40 years old and male (69%). Approximately half of the clients were Black, with 22% Hispanic/Latino and 19% White (see Table 3).[12] During mental health service receipt, 158 individuals (31%) were under probation supervision.

The most frequent primary diagnosis of RTT clients was a mood disorder (54%), which was most commonly bipolar disorder or depressive disorder (see Table 4). Post-traumatic stress disorder was the most common anxiety disorder diagnosis.

Table 3. Race/Ethnicity of RTT Clients (n = 504)

RACE/ETHNICITY	NUMBER	PERCENT
Black	260	52%
Hispanic/Latino	113	22%
White	98	19%
Asian/Pacific Islander	26	5%
Native American or Hawaiian Native	10	2%
Other/Unknown	88	17%

Table 4. Mental Health Diagnosis (n = 504)

PRIMARY DIAGNOSIS	NUMBER	PERCENT
Mood Disorder	274	54%
Anxiety Disorder	124	25%
Psychotic Disorder	68	13%
Other or Unspecified	38	8%

SUDs include the recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment. Among the 504 RTT clients, 28% had a co-occurring SUD.

RTT providers administer the Adult Strengths and Needs Assessment (ANSA) to inform case plans and monitor client progress. Of the 204 RTT clients with ANSA scores, clients' initial assessment results indicated:

- 67% experienced moderate to severe depression.
- 54% of RTT clients had moderate to severe legal difficulties.
- 51% of RTT clients had moderate to severe levels of residential instability issues (e.g., moved multiple times over the past year, experienced periods of homelessness).
- 22% of RTT clients experienced moderate or severe sexual, physical, and/or emotional abuse as children.

Outcomes

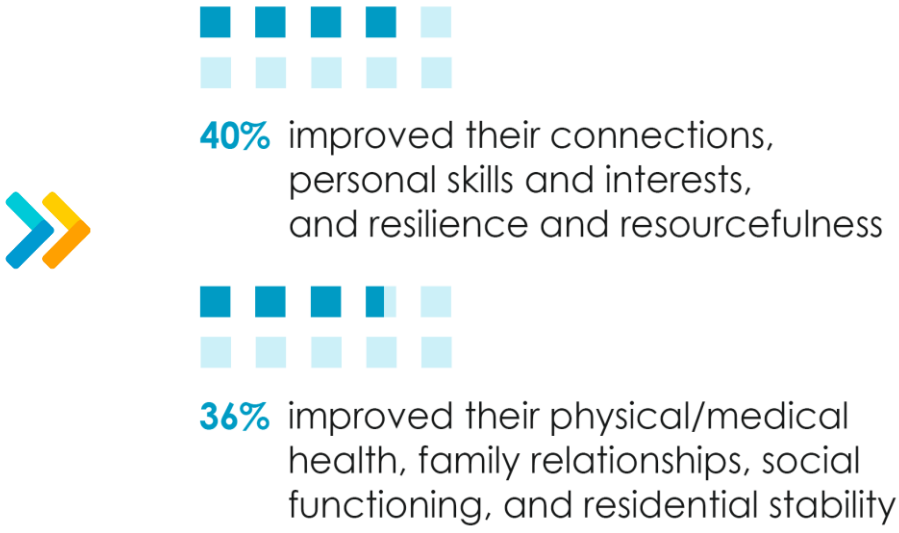
As of June 30, 2021, 471 (93%) of enrolled individuals exited the program, with an average time from enrollment to exit of 7 months (211 days). Approximately half (51%) of clients exited with case plan or treatment goals partially or fully reached (see Table 5).

[12] Some clients identified with more than one ethnicity. For this reason, the percentages total more than 100%.

Table 5. Mental Health Service Exits (n = 471)[13]

REASON FOR EXIT	NUMBER	PERCENT
Exited with Case Plan or Treatment Goals Partially or Fully Reached	**239**	**51%**
Mutual Agreement/Treatment Goals Reached	89	18%
Mutual Agreement/Treatment Goals Partially Reached	119	24%
Client Withdrew: Treatment Goal Partially Reached	31	6%
Exited Services Without Completing	**79**	**17%**
Mutual Agreement/Treatment Goals Not Reached	22	5%
Client Withdrew: No Improvement	57	12%
Other	**168**	**32%**
Client Incarcerated	25	5%
Client Discharged/Administrative Reasons	26	5%
Client Discharged/Program Unilateral Decision	19	4%
Client Moved Out of Service Area	18	4%
Client Died	5	1%
Other	60	12%

Changes in Needs After the Mental Health Program. The ANSA identifies client needs across six domains: traumatic/adverse childhood experiences, life domain functioning, individual strengths, cultural factors, behavioral health needs, and risk behaviors. Of the 306 clients with ANSA scores, 204 completed both the initial and follow-up assessment. When comparing results from those 204 clients' first and last ANSA assessments, 40% of clients experienced improvement in the strengths domain, which includes aspects such as social support and connections, personal skills and interests, and resilience and resourcefulness.[14] Additionally, 36% of clients improved in life domain functioning, which includes physical/medical health, family relationships, social functioning, and residential stability.[15] Last, 35% of clients' behavioral health needs decreased (measured across areas such as psychosis, impulse control, depression, and anxiety).[16]



[13] The sample size is 471, as not all 504 clients had exited the program as of June 30, 2021.
[14] Forty-three percent of clients' strengths domain needs remained the same and 17% worsened.
[15] Thirty-five percent of clients' life domain functioning needs remained the same and 29% worsened.
[16] Forty-five of clients' behavioral health domain needs remained the same and 20% worsened.

Psychiatric Hospitalizations. One year prior to enrollment in a RTT, 174 clients (35%) had at least one psychiatric hospitalization. After enrolling in a RTT, 140 clients (28%) had at least one psychiatric hospitalization. Comparing psychiatric hospitalizations between a comparable number of days prior to enrollment and during enrollment, 117 (52%) had a decrease in psychiatric hospitalizations, 15 clients (7%) had the same number of psychiatric hospitalizations, and 93 (41%) had an increase.

Recidivism. During participation in the RTT program, 131 individuals (26%) were booking into jail in Alameda County. As of June 30, 2021, 39 individuals (8%) were convicted for a new criminal offense committed during enrollment in the program, and 56 individuals (11%) were convicted for a new criminal offense or felony offense committed after exiting the program. Therefore, the large majority of RTT clients (81%) did not recidivate after enrolling in the RTT program.[17]

Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe RTT program strengths and challenges.

Program Strengths

The interdisciplinary structure of the RTTs supported client success. Both service providers and clients expressed satisfaction with the variety of staff on RTTs. Clinical staff members offered a formalized treatment plan while peer specialists met clients where they were, both physically and emotionally. Clients felt most comfortable sharing personal experiences with peer counselors who can relate to the challenges they experience associated with their justice involvement and mental health needs. To learn more about the role of peer counselors, see page 17.

While COVID-19 posed challenges to meet with clients, staff effectively adapted to maintain client relationships and program engagement. Technology barriers made it difficult for clients to communicate with RTT staff during the pandemic, as many clients did not have cell phones or know how to use video conferencing tools. In some instances, providers worked to procure phones for clients and, when possible, taught them how to use video conferencing tools so that they could meet remotely. Peer counselors also shared innovative ways they continued to meet with clients while still following public health protocols. These included meeting clients outdoors in open spaces, such as parks or lakes, and bringing lawn chairs to set up on the sidewalk to have conversations while social distancing.

RTT staff supported clients through the trauma of incarceration and other challenges, including housing, parenting, and substance abuse. Clients shared an appreciation for all RTT staff, whom they described as compassionate, caring, and dependable. Both clients and RTT service providers emphasized that one of the most critical interventions is staff showing up in their clients' lives in a manner that is consistent and compassionate. Clients expressed that all staff made them feel respected and cared for, and that building meaningful relationships with them helped prevent feelings of social isolation and alleviate feelings of depression.

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[17] The average time between RTT enrollment and June 30, 2021 was 2.2 years. Recidivism data is only for convictions in Alameda County. Slightly over half (56%) of RTT clients were convicted for a crime between July 1, 2014 and their enrollment in the RTT program.

"Both of my caseworkers, they give me some of their own experience in a professional manner, and they are very empathetic; they help me get employed, taking my medication, getting to a way better place." – Client

Clients also expressed high satisfaction with the range of services and employment opportunities they could access through the RTT program (e.g., food, housing), noting that RTT staff were often their first link to a multitude of services, including housing support, independent living skills, transit resources, employment counseling, emotional support, and criminal record expungement.

"The First Presbyterian Church, I love going there, meeting new people, and checking in with people. Now that is not happening, and [the RTT] got me a job working at the church a while back. I was able to give back and get paid, I fed and housed people in the gym." – Client

"[The RTT provided] transportation assistance, to get to and from appointments when I need to. Ideas on where to get food if I am hungry and if I need food." – Client

"[The RTT offered] counseling services, support with jobs, school, and they referred me to a peer-to-peer program so that I could become a counselor." – Client

The RTT program helped clients stay motivated and reach their goals. Clients shared that the RTT program improved their mental health, built independent living skills, and helped link them to a variety of social support services. Staff helped clients build motivation, skills, and confidence that supported them in reaching their goals.

"If it wasn't for [RTT staff] getting me back in the swing of things, confidence with myself, I probably wouldn't have the job I have now. [Because of them] I just continued looking for other work. .. . They gave me a lot of assurance. They build you up to succeed." –Client

More clients' experiences of the impact of the RTT program are reflected below.

"[The RTT program] motivated me to take care of my mental health, motivated me to get a job… they remind me of what happens when I don't stay sober, I can get help, motivate me to do well." – Client

"[The RTT program has had a] tremendous impact. It has allowed me to get my sensibility back in my life. I am on an even keel; I feel like I can go about my day." – Client

"I didn't have anywhere to go when I got out. [The RTT program] made it happen. They gave me opportunities, shared housing . . . otherwise I would be outside. [Staff] lets me know that things can get done. . . Got me my ID and social security card." – Client

"Everything about the program that they do, they help me with finding work, the peer counseling. . . They give me clothing for interviews, something that I can rely on if I really don't have the resources, they have them. It is a judgement-free zone if I need help. Some programs don't care about the people they serve but they do at [the RTT]." – Client

Peer Support

A peer support specialist in the behavioral health field is someone with the lived experience of recovery from a mental health condition and/or substance use disorder who provides non-clinical, strengths-based support services to others experiencing similar challenges. Building on informal practices often overlooked, peer support specialists were formally introduced in community mental healthcare settings in the 1990s. In the United States, peer support specialists have been rapidly integrated since 2007, when states began exploring the conditions under which peer support services could be reimbursed by Medicaid.[18] Although California did not establish a formal Peer Support Specialist certification program until September 2020, peer support specialists have been able to bill Medi-Cal (California's term for Medicaid) through procedure codes such as Brokerage (case management/care coordination) under supervision of a licensed clinician.

Alameda County Behavioral Health Care Services has integrated peer support into several of their treatment programs. Peer support specialists who also have a history of incarceration comprise a key component of the Prop 47-funded RTTs. Peer support specialists are intended to complement but not duplicate or replace the roles of therapists, case managers, or other members of a treatment team. By sharing their own lived experiences and practical guidance, peer support specialists help clients develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives. The sense of mutuality created through the sharing of experiences helps to model recovery and provide hope.[19]

> *"Me being a young black male, coming from Oakland, it is hard to speak to and trust people. I hate feeling judged. [My peer specialist], when he senses that I shut down, he told me straight up, I know how you feel, I have been through it, and that is why I have a story to tell. Me and [my peer specialist] we have been working together . . . they make it as comfortable as possible." – Client*

> *"[Peer staff] tell me a part of their story, they share and open up to me and let me know that I am not alone. I am not the only one that went through it. Just like me, they got through it and so can I." – Client*

In Alameda County, peer support specialists on the RTTs meet clients where they are, both physically and emotionally. This might mean holding space for clients to express how they are feeling or discuss struggles they are facing, as well as spending a day helping connect them to benefits, completing housing or job applications, or checking in via a telephone call or text message. Peers on the RTTs also contribute to the development of treatment plans based on the needs they uncover as they engage with clients. By providing this level of service, peers inspire clients to connect with their own inner strength, motivation, and desire to move forward in life.

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[18] Shalaby, R.A.H. and Agyapong, V.O. (2020). *Peer Support in Mental Health: Literature Review.* JMIR Mental Health v.7(6). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7312261/#ref1.

[19] Davidson, L., Bellamy, C., Guy, K., and Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry, v.11(2):123-8. Retrieved from https://pubmed.ncbi.nlm.nih.gov/22654945/.

Program Challenges

Staffing shortages and staff turnover impacted program implementation. A complete RTT consists of one part-time psychiatrist, one clinical supervisor, three licensed/pre-licensed clinicians, and three peer counselors. However, for a significant amount of time, both providers only had one licensed clinician on each team. Due to a regional clinician shortage, nonprofit providers within Alameda County struggle to retain clinicians, particularly when they are able to attain higher-paying jobs at hospitals or for-profit service providers. Service providers noted that in some cases, staff turnover impacted client progress and presented setbacks for relationship building. Turnover among clinical staff, including the part-time psychiatrist, also resulted in peer counselors providing a substantial proportion of RTT services and serving as the primary staff members interfacing with clients. These staffing issues posed the most significant challenges for implementing the RTT model and maintaining 80-person caseloads.

> *"We are at the peak of our ability; we just don't have the clinical staff to sustain the need. We have the peer-to-peer counselors that help, but we don't have the psychiatry to offer more services." – Provider*

Clients faced increased transportation barriers and social isolation because of COVID-19. Prior to the COVID-19 pandemic, peer counselors spent time driving clients to and from treatment or services. This supported clients to attend appointments, addressed transportation barriers, and provided peer counselors additional opportunities to develop relationships with clients. These activities were not possible during COVID due to necessary public health protocols. Providers observed that for some clients, social isolation increased mental health impairment and symptoms.

RTT clients were medically fragile. A large proportion of clients were diagnosed with a co-occurring SUD and many of these individuals actively used substances. Substance use issues, along with residential instability and/or homelessness—which 51% of RTT clients experienced in the year prior to enrollment—increased the fragility of their physical health. Service providers described medical vulnerability as a pressing issue, both in terms of mental health and primary health care. For this reason, service providers stressed the importance of clients' continuing and consistent access to nurses. Program administrators echoed this, emphasizing the importance of making primary care expertise available to RTT clients.

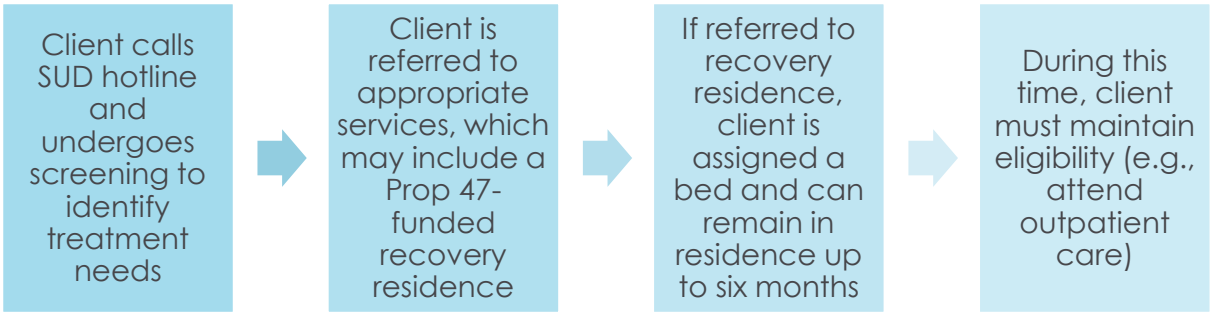
Looking Forward

While the two Cohort I RTTs no longer receive Prop 47 funding, both RTTs have been able to continue through the California Mental Health Services Act (MHSA) funding. A third RTT is currently funded through Cohort II of Prop 47. The Cohort II RTT program is striving to incorporate lessons learned from the Cohort I program to address staff and client needs. For instance, the composition of the Cohort II RTT includes a psychiatric nurse and housing navigator to support clients with medical conditions and housing needs. In addition, since high staff turnover was one of the greatest challenges with the Cohort I RTT program, the provider has refined the recruitment process for Cohort II in hopes of retaining staff.

Substance Use Disorder (SUD) Program

Through Prop 47, Alameda County augmented preexisting SUD contracts over the course of three years to support a client-centered and clinically-driven system of care. The Alameda County Prop 47 Cohort I SUD program was comprised of a SUD referral telephone hotline managed by Center Point and 11 beds across two recovery residences. The two recovery residences were run by CBOs that served clients based on region: CURA providing services to individuals in North County and Second Chance providing services to individuals in East, Central, and South County. The number of beds in each facility (seven at CURA and four at Second Chance) was based on the need in these regions. Center Point staff screened callers' level of need, using American Society of Addiction Medicine's (ASAM) criteria, and referred them to the appropriate level of care. Figure 6 illustrates the Prop 47 SUD program model implemented in Alameda County.

Figure 6. Prop 47 SUD Program Model



Recovery residences provided clients with stable housing, food, and a structured living environment for up to a six-month period. The program was designed to serve 66 unique clients annually across both recovery residences. Each residence was staffed by individuals with lived SUD experience. While at the recovery residence, clients were required to participate in outpatient care and attend other programs or classes (e.g., Alcoholics Anonymous or domestic violence classes) as assigned. In some cases, clients were connected to nearby employment to reduce barriers related to transportation availability and transit costs.

Alameda County implemented one modification to its Prop 47 SUD program. The County originally planned to spread funds across five different providers in four service areas, including residential treatment and outpatient services. Instead, it redistributed Prop 47 SUD funding to two service areas (recovery residences and a telephone hotline), thereby increasing per-provider funding and focusing Prop 47 funding on the services with the highest need and least ability to leverage Medi-Cal funding.

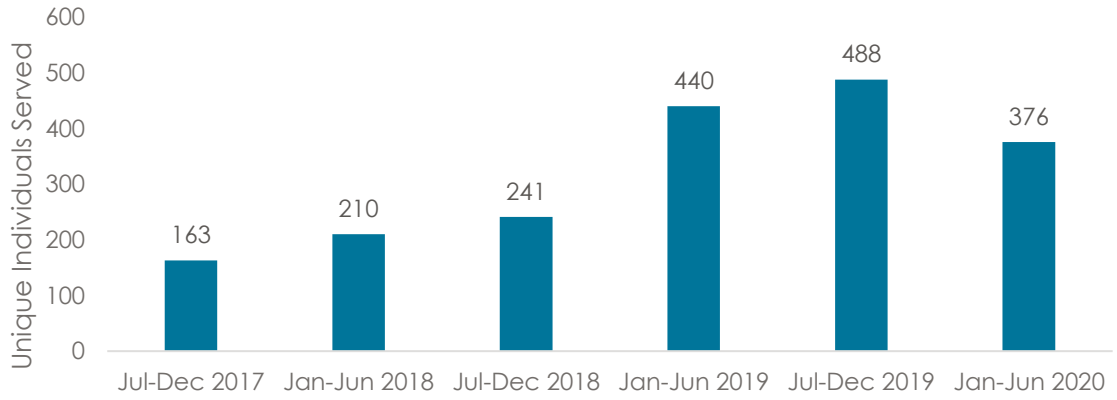
Program Profile

This section describes the services provided through the telephone hotline and recovery residences; the demographics of hotline and recovery residence clients; and program outcomes, including recovery residence exit types and recidivism.

Hotline Services

A total of 1,918 unique individuals received assessment and referral services from the Alameda County SUD hotline between July 2017 and June 2020.[20,21] As shown in Figure 7, there was a general increase in the number of hotline calls until the first half of 2020, when the COVID-19 pandemic began.

Figure 7. Hotline Calls



Just over half (55%) of the services provided by the hotline were for screening and referral and approximately a quarter (23%) were follow-up communications. Other services included follow up and care navigation and information. Almost half (46%) of the individuals who received services through the hotline were connected to some type of SUD service.

Hotline Client Profile

Overall, over half (56%) of the hotline callers were male, with an average age of 42. Over a third of the clients were White (37%) or Black (37%) and 25% were Hispanic/Latino (see Table 6).[22]

Table 6. Race/Ethnicity of Hotline Clients (n = 1,918)

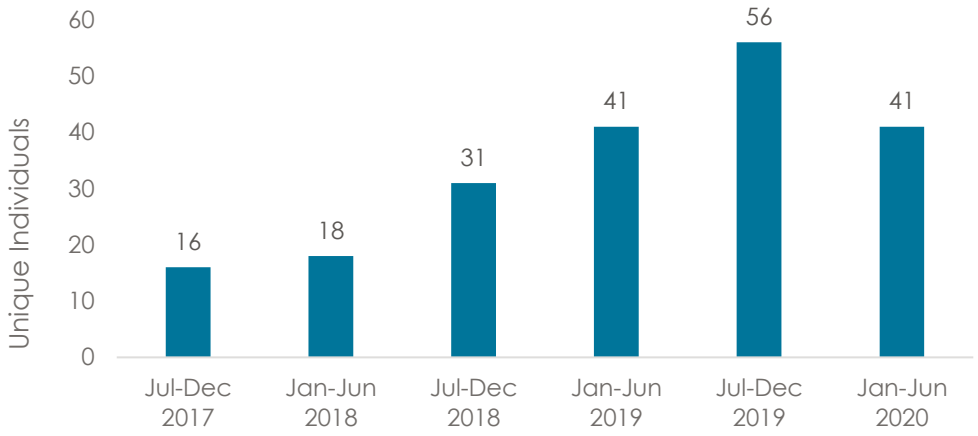
RACE/ETHNICITY	NUMBER	PERCENT
Black	685	37%
White	685	37%
Hispanic/Latino	476	25%
Asian/Pacific Islander	111	6%
Native American or Hawaiian Native	51	3%
Other/Unknown/Mixed Race	467	24%

[20] Over one-third (699, 36%) of the callers exited jail prior to calling the hotline.
[21] Center Point screened additional individuals through the hotline who were not justice-involved.
[22] Some clients identified with more than one ethnicity. For this reason, the percentages total more than 100%.

Recovery Residence Services

In the 36 months between July 2017 and the end of June 2020, 203 unique individuals enrolled at recovery residences—averaging 67 individuals a year. Thus, Alameda County met its intended capacity of 66 individuals per year. The number of unique individuals enrolled at recovery residences increased steadily until December 2019 and declined again in the first half of 2020, at the beginning of the COVID-19 pandemic (see Figure 8).

Figure 8. Unique Individuals Newly Enrolled at Recovery Residences



The average stay of recovery residence clients was 74 days. Of the 203 individuals who stayed at recovery residences, 23 had multiple stays (i.e., exited and then returned to the recovery residence).[23]

Recovery Residence Client Profile

The majority of clients staying at recovery residences were male (74%), with an average age of 43. This gender differential was likely because CURA is an all-male residence whereas at Second Chance, 58% of clients were male and 42% were female. The largest proportion of recovery residence clients were White (46%), with almost a third (31%) Black, and 24% Hispanic/Latino (see Table 7).[24]

Table 7. Race/Ethnicity of Recovery Residence Clients (n = 203)

RACE/ETHNICITY	NUMBER	PERCENT
White	94	46%
Black	62	31%
Hispanic/Latino	49	24%
Asian/Pacific Islander	9	4%
Hawaiian Native or Native American	4	2%
Other/Mixed Race/Unknown	54	27%

Of the 203 recovery residence clients, 69 (34%) were under probation supervision in Alameda County at some point during their stay at a recovery residence. The majority of clients had a primary diagnosis of either alcohol abuse/dependence (31%) or amphetamine and other stimulant abuse/dependence (39%) as shown in Table 8.

[23] This calculation considers an individual to have multiple stays if there are more than five days between discharge and re-enrollment.
[24] Some clients identified with more than one ethnicity. For this reason, the percentages total more than 100%.

Table 8. SUD Diagnosis (n = 203)

PRIMARY DIAGNOSIS	NUMBER	PERCENT
Other Stimulants	79	39%
Alcohol	62	31%
Opioid	29	14%
Cocaine	24	12%
Cannabis	9	4%

Outcomes

Of the 203 unique recovery residence clients, three-fourths (149, 74%) exited with satisfactory progress or goals reached and approximately a quarter (54, 27%) left with unsatisfactory progress or their goals not reached (see Table 9).[25] Of the individuals that exited, the average time between enrollment and exit was approximately 74 days, or about 2.5 months. In some circumstances, individuals could receive permission to extend their stay beyond the six-month cap, with approximately 20 individuals staying at the recovery residence for more than six months.

Table 9. Prop 47 SUD Recovery Residence Exits (n = 203)

EXIT STATUS	NUMBER	PERCENT
Exited with Case Plan or Treatment Goals Reached or Satisfactory Progress	**149**	**74%**
Discharged with Treatment Goals Reached	91	45%
Discharged with Satisfactory Progress	58	29%
Exited Services Without Satisfactory Progress	**54**	**27%**

[25] 19 of these individuals enrolled during Cohort I and exited during Cohort II.

Outpatient Services. Of the 203 unique clients, 183 individuals (90%) received outpatient services while they stayed at a recovery residence. Approximately a quarter (27%) were enrolled in outpatient care before residing at a recovery residence, while 73% were connected to outpatient services upon or after enrolling at a recovery residence. This is illustrated in Figure 9 and accompanied by Figure 10, which depicts the amount of time it took for a client to start outpatient services after enrolling in a recovery residence. Clients enrolled in outpatient treatment after coming to the recovery residence remained in outpatient services for an average of 84 days.

Figure 9. Outpatient

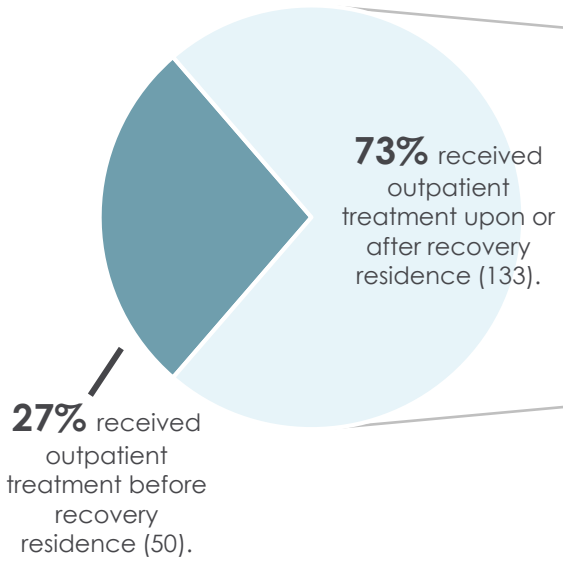
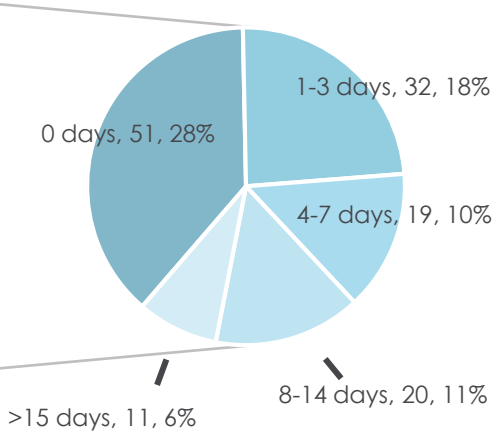


Figure 10. Time to Outpatient



Recidivism. While staying in a recovery residence, only 3 individuals (2%) were booked into jail in Alameda County. Within a year of individuals' first stay in a recovery residence, 58 individuals (29%) were booked into jail in Alameda County.

As of June 30, 2021, only 18 individuals who stayed at a recovery residence (9%) were convicted for a new criminal offense by June 30, 2021. Almost all of these offenses (17 of 18) were committed after exiting the recovery residence. Therefore, the large majority of clients (91%) did not recidivate following their first night at a recovery residence.[26]

[26] The average time between recovery residence enrollment and June 30, 2021 was 2.4 years. Recidivism data is only for convictions in Alameda County. Approximately half (49%) of recovery residence clients were convicted for a crime between July 1, 2014 and first staying at a recovery residence.

Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe program strengths and challenges over the course of the evaluation period.

Program Strengths

The referral process and communication between Center Point and the recovery residences improved over time. Despite Center Point receiving fewer calls because of COVID-19, Prop 47-funded beds remained consistently full. Recovery residence staff also shared that, over time, they received more referrals for clients with ASAM scores appropriate for outpatient treatment and the recovery residences.

> *"It is going better with Center Point. The overall communication with each other is better. We have established a good relationship with some of the staff members to get better information. . . . They know when our program is a good fit for an individual. . . . We are getting people in the same realm of services we can provide." – Recovery Residence Staff*

Many referrals came from residential SUD programs, including those operated by recovery residence providers. Staff shared the benefits of this model, as outpatient treatment provides the ability for these clients to continue working on their recovery in a slightly less structured environment.

The semi-structured environments of the recovery residences supported recovery. Many clients came to recovery residences from highly-structured residential treatment facilities, while others came from environments with little to no structure, including homelessness. Across the board, however, clients shared an appreciation for the structured and encouraging environments the recovery residences provided. Although recovery residences did not provide treatment or case management on-site, clients appreciated that they had a clear structure and rules. The majority of staff were described as treating everyone with warmth and respect.

> *"I feel like [recovery residence provider] makes us accountable. We have to do our chores; we have to save money, which I have never done in the past. And it may not be a big amount of money, but for me I am happy I am saving." – Recovery Residence Client*

In addition, clients appreciated opportunities for relationship building and support they received from fellow residents to help achieve their treatment goals.

> *"The residents give me knowledge. The residents also teach me something new every day. I try to stay focused and I have goals." – Recovery Residence Client*

Clients valued the peer staff at recovery residences. Relationships that clients develop with peer staff were described as an important factor incentivizing them to continue treatment. Clients expressed that recovery residence staff can relate to their recovery and that they see this reflected in their approach to their work.

> *"They treat me with respect. They know where we are coming from and they don't criticize you for that. I know the programs I have been to before—they didn't treat us as nice. But staff have more understanding because they have been through what we are going through." – Recovery Residence Client*

Clients also expressed that they could talk with staff openly and that the staff genuinely care about their success. Staff took the time to understand clients' history, including the context around their substance use issues, and made themselves available when clients need someone to talk to for support.

Clients suggested that recovery residences provide the essential foundation for successful recovery. Clients attributed their recovery successes to the residences because they provided stable housing and food security, which allowed them to have more time to focus on treatment and setting goals such as saving money and obtaining employment. Clients indicated that having support for their transition from substance use toward a successful recovery, stable employment, and economic self-sufficiency was crucial. A selection of client experiences is captured below.

> *"[The recovery residence] has made me sober. If it wasn't for this place, I wouldn't have been sober. My favorite drugs were meth and marijuana. Now I am so solid about being sober. And I have a son that I can't see, and I can't wait to get back to the courts to be able to see my son. . . . Now I wake up early at 5 am every single day. I am revamping myself, going to groups and talking, which is a big deal."*
> *– Recovery Residence Client*

> *"I have never had goals before, but with [the recovery residence] I feel like I am cared for and I am supported. I can't see my family right now, so I look at all my housemates as my family. My goal is to go back to school and get a good job. . . . I have seen people go from jail to having a career, a car, to see someone come into residential housing and make something of themselves. I turned 40 this year and I was surrounded with a lot of support. Our needs are met."*
> *– Recovery Residence Client*

Housing and Recovery

Living without stable housing can make recovery from substance use difficult, exacerbate mental illness, and prevent chronic physical health conditions from being addressed. As a result, individuals who are homeless and who have mental health and/or substance use issues often end up in crisis situations[27] and in contact with the justice system. Homelessness frequently leads to alcohol or drug use to cope with the dangers of life on the streets, and the inability to pay rent coupled with the threat of losing housing can also result in stress that triggers substance use and recovery relapse.[28] For these reasons, stable housing can play a vital role in recovery.

Recovery residences are non-medical settings designed to support recovery from SUDs by providing a substance-free living environment to help individuals transition from structured residential treatment programs back into their day-to-day lives (e.g., obtaining employment and establishing permanent housing). Recovery residences support individuals by providing a safe living environment and a community of social supports. Almost all recovery residences require attendance of some sort of outpatient treatment; however, there are varying degrees of structure and programmatic elements.[29]

Alameda County's Prop 47-funded recovery residences provide clients with stable housing, food, and a structured living environment for a six-month period. The residences are often staffed by individuals with lived SUD experience. While at the recovery residences, clients are required to participate in outpatient care. Through outside case management, clients are connected to employment and other support services nearby to reduce barriers related to transportation availability and transit costs.

Clients attributed their recovery successes to the residences because they provide stable housing and food security so that they have more time to focus on treatment and achieve goals such as saving money and obtaining employment.

> *"The food, and having running water, laundry room, we are grateful for all of this. A lot of people have been without these amenities for years and it is a blessing to have these resources." –Recovery Residence Client*

Clients shared an appreciation for the structured and encouraging environments of the recovery residences as well. They expressed that staff treat them with warmth and respect, and that the ability to talk with staff openly about what they are going through is deeply beneficial. Clients also appreciated the opportunities for relationship building and support they receive from fellow residents who help them achieve their treatment goals.

> *"I mean they are saving our lives. . . . I was able to wash my clothes, this is huge. For me, this is my future, this is my extended family, and just knowing that I am ok... I still have a lot of work to do, but if I follow the rules and do what I need to do, I know I will make it." – Recovery Residence Client*

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[27] Dohler, E., Bailey, P., Rice, D., & Katch, H. (2016). Supportive housing helps vulnerable people live and thrive in the community. Center on Budget and Policy Priorities: Policy Futures, 31.

[28] Center on Budget and Policy Priorities (2019). Meeting the housing needs of people with substance use disorders. Retrieved from https://www.cbpp.org/research/housing/meeting-the-housing-needs-of-people-with-substance-use-disorders.

[29] Recovery Research Institute: see https://www.recoveryanswers.org/resource/recovery-residences/

Program Barriers

Wait times to enroll in recovery residences fluctuated, with longer wait times experienced during the COVID-19 pandemic due to a limited number of beds. Providers reduced capacity due to COVID-19 to support social distancing, and Center Point reported wait times ranging from a few weeks to a couple of months to enroll in recovery residences. Some clients reported needing to call the helpline every day for a few weeks to receive a referral to a recovery residence. While some individuals had the capacity to call the line every day, others likely struggled to do so. As a result, there were likely lost opportunities for individuals to work on their recovery at a time when they were ready to do so.

The COVID-19 pandemic impacted SUD treatment and clients' experiences at the recovery residences. Due to the pandemic, new clients had to quarantine upon arrival at a recovery residence, which was challenging for some incoming residents. With the shelter in place restrictions, clients had less freedom to leave the residence, which resulted in some clients feeling as if they were still in residential treatment. One client noted that this led to increased stress and anxiety, which left them more vulnerable to relapse or leaving the program.

> *"I feel like I am back in a residential program. I can go months without drinking, but not being able to go out and live life and experience life on my terms gets me worried because I want to know how it's like to be on my own for a bit and see if I can handle the temptations. The aim of the residential housing is to ease us back in society, but now that I am here, after this, what happens next?" – Recovery Residence Client*

Clients also had limited access to treatment services when the lockdown started. Eventually, however, outpatient groups continued meeting. Second Chance implemented smaller outpatient treatment groups (from twelve to six) for shorter periods (1.5 hours to one hour) to comply with COVID-19 mandates and CURA added a transportation component to bring residents to and from outpatient groups from the recovery residence. These changes were implemented to limit exposure to COVID-19, but also had the benefits of increasing attendance and the camaraderie developed between residents, as the same people began to participate in the same outpatient therapy sessions and were able to support each other's recovery.

Many clients experienced housing instability after leaving recovery residences, which can contribute to relapse. Given the Bay Area's housing crisis, it is extremely challenging for clients to secure stable housing when leaving a recovery residence. Staff shared that the lack of housing options for clients leaving recovery residences is the most frustrating aspect of the program. Staff observed higher success rates with clients who come from other treatment programs because they have been sober and stable for longer periods of time.

> *"When their time runs out, they will go back to old habits and it is challenging. When the person is doing great, if they don't have access to housing services they go back to using." – Recovery Residence Staff*

> *"Most people don't have housing; some we can get them in another sober living environment to further their recovery, some end up back with family, but most end up back out there in the streets." – Recovery Residence Staff*

Looking Forward

Recovery residences continue to provide clients with stable housing, food, and a structured living environment for a six-month period through funding through Alameda County's Prop 47 Cohort II award and other funding sources.

Housing Assistance Program

The Alameda County Prop 47 Cohort I housing assistance program provided financial housing support to justice-involved individuals with mental illness and/or SUDs. Three CBOs were contracted to provide housing assistance: Bay Area Community Services, La Familia Counseling Services, and Roots Community Health Center. These organizations provided each client with up to $5,000 for eligible expenditures, including but not limited to rent payments, security deposit, utilities, furniture, minor home repairs, credit repair, assistance with poor rental history, and moving expenses. The program was designed to serve a minimum of 225 clients over the grant period. Based on provider capacity, clients could also be connected to additional services or receive more intensive housing navigation services. Figure 11 illustrates the Prop 47 housing assistance program model.

Figure 11. Prop 47 Housing Assistance Program Model

Alameda County implemented a number of changes to the housing assistance program model after the County received insufficient responses to the original request for proposals. Based on feedback from Prop 47 stakeholders, the County increased the per client grant amount from $2,500 to $5,000, decreased administrative data entry requirements for providers, and developed a data portal for service providers to support backend data entry. As a result of these modifications, Alameda County was able to contract with three service providers to implement the housing assistance program across the County. Due to procurement and contracting delays, housing assistance services were not fully implemented until July 2018.

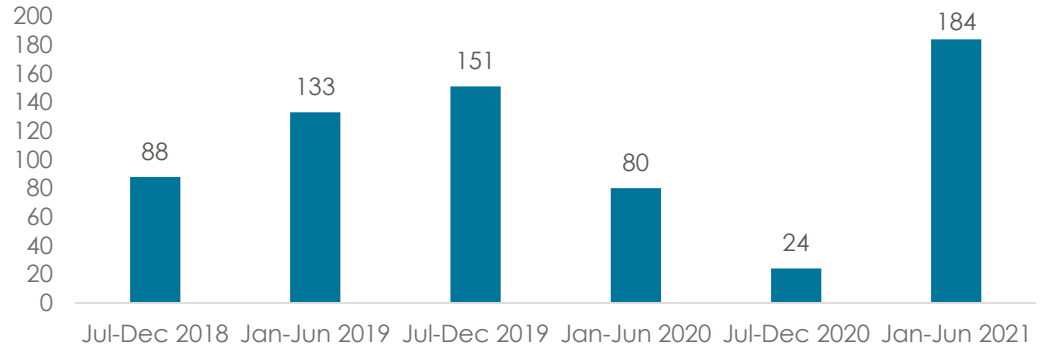
Program Profile

This section describes the services provided through the housing assistance program, the characteristics of housing clients, and recidivism outcomes.

Housing Services

Through June 2021, a total of 663 unique clients received Prop 47 housing financial assistance. Of those clients, some received multiple allocations up to a maximum of $5,000. Full implementation of housing services began in July 2018, and 1,902 financial allocations were made between then and June 2021. Figure 11 illustrates the number of unique clients who received funding for the first time in each six-month period since the program's inception.[30] The increase in 2021 coincides with an increase in the housing assistance program's Prop 47 Cohort funding allocation, as the County decided to shift unused RTT funding to the housing assistance program.

Figure 11. Unique Clients Receiving Housing Financial Assistance



Through June 2021, a total of $2.1 million was provided to individuals for an array of eligible housing-related expenses, averaging $3,170 per client. Table 10 summarizes the number and percentage of individuals using housing financial assistance for each expenditure type and the total amount spent on each (e.g., rental assistance, security deposit). Rental assistance was the most frequently provided expenditure and comprised the majority of the of total funding disbursed. Security deposits were the second most distributed fund and made up 14% of all funding expenses.

Table 10. Housing Expenditures by Type and Amount Spent

EXPENDITURE TYPE	AMOUNT SPENT	% OF SPENDING
Rental Assistance (excluding back pay)	$1,324,116	63%
Security Deposit	$287,141	14%
Backpay (past due rent)	$169,631	8%
Hotel/Emergency Stay	$154,678	7%
Furniture/Furnishings	$142,360	7%
Utilities	$9,812	0%
Other	$9,446	0%
Credit Repair	$3,452	0%
Home Repair	$800	0%
Moving Expenses	$315	0%
Grand Total	**$2,101,750**	**100%**

[30] Three observations were missing a service date and are not included in this figure.

To target funding based on need, Prop 47 housing funds were allocated based on the distribution of probation clients, which served as a proxy for the justice-involved population, across supervisorial districts. Table 11 displays spending across districts through June 2021.[31]

Table 11. Housing Services by Supervisorial District

DISTRICT	AMOUNT SPENT	% OF SPENDING
1	$224,738	11%
2	$447,585	21%
3	$554,727	26%
4	$519,433	25%
5	$346,666	16%

Housing Client Profile

Among housing assistance recipients, 533 clients (80%) had a mental health diagnosis and 318 individuals (48%) had a SUD need, with 195 (29%) indicating a co-occurring disorder (both mental health diagnosis and SUD need).[32] The average age of clients was 42 years old.[33] At the time financial assistance was first provided, almost all individuals were homeless (65%) or at risk of homelessness (28%).[34] Of the 663 individuals who received housing assistance, 134 (19%) were on probation supervision at the time they first received housing assistance.

Outcomes

Within a month of receiving housing assistance, 51 individuals (8%) were booked into jail in Alameda County. Within a year of receiving housing assistance, 143 individuals (22%) were booked into jail in Alameda County.

As of June 30, 2021, only 53 individuals (8%) who received housing assistance were convicted of a new criminal offense committed after receiving their first housing assistance disbursement. Therefore, the large majority of clients (92%) did not recidivate since first receiving financial housing support.[35]

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[31] District was not provided for $8,601 worth of housing disbursements.
[32] Data may underestimate the number of individuals with SUDs because indicating a mental health need alone is sufficient to qualify for Prop 47-funded services. Therefore, providers may not identify an individual's SUD if the individual has an identified mental health need, particularly if the individual is concerned about the stigma of SUD need.
[33] Birthdate not available for 21 unique individuals.
[34] Housing status was not provided for 17 individuals.
[35] The average time between receiving housing support and June 30, 2021 was 1.4 years. Recidivism data is only for convictions in Alameda County. Approximately one-third (34%) of housing clients were convicted for a crime between July 1, 2014 and their first housing disbursement.

Program Strengths and Challenges

Based on qualitative and quantitative data collection and analysis, the findings below describe facilitators to program success and barriers impacting progress toward program goals.

Program Strengths

The Prop 47 housing assistance program enabled providers to use funds flexibly to support clients with a wide array of needs. Service providers and clients appreciated that the overall enrollment process was straightforward and simple with low barriers to entry, and the flexible funding structure allowed service providers to write checks to a wide range of vendors for services on short timelines. During early implementation, most clients were homeless/transient; however, providers increasingly used the housing funds to support individuals who were at risk of losing housing because they lost employment due to the pandemic. The flexible disbursement structure allowed for a seamless change of the profiles of who was served and what funds were being used for.

Providers leveraged existing organizational capacity to provide additional services, including case management. Two housing assistance providers are also contracted to provide Prop 47 mental health services, which enabled them to leverage existing organizational capacity to offer case management and service navigation to housing assistance clients. Depending on the capacity of the provider, clients also received a variety of other services, such as behavioral health services, food, clothes, and service navigation.

The Prop 47 housing assistance program helped clients obtain short-term housing stability, which supported clients' mental health, education, employment, and financial self-sufficiency. Providers worked with clients to identify any housing options that were available to support their stability. This included encouraging probation or parole officers to find resources and use natural supports, including paying family members for housing clients. In some cases, paying half of clients' rent helped extend the funding over a longer period, and having temporary housing provided enough short-term stability to help them achieve longer-term stability.

> *"For a lot of my clients it's like a starter kit. They're working and able to save money, get credit up, move into their own place. It really is a great starter kit."*
> *– Housing Assistance Provider*

Clients shared a variety of ways in which they felt the housing assistance program impacted their lives. For some clients, stable housing meant improved mental health and relief from the chronic stress and trauma of homelessness. For others, stable housing meant they were able to restart educational or employment programs. A selection of client experiences is captured below.

> *"I was able to save money and it helped me to get back on my feet. I was able to get a job and now I am working. . . . I have a car and I am able to pay my rent without worrying about not having money for it." – Housing Assistance Client*

> *"This program affected me positively because I was able to keep my job and housing. I had to be in the Bay Area to finish my sentencing and I was in a fragile situation when I left jail because I didn't have any support system."*
> *– Housing Assistance Client*

Housing and Reentry

A key objective of Prop 47 is to decrease justice system contact among individuals with mental illness or substance use issues by engaging them in treatment. Housing assistance supports behavioral health treatment,[36] and there is general agreement among researchers and practitioners—as well as formerly incarcerated people—that housing is one of the most important elements to support successful reentry from jail. In addition to fulfilling the basic need for shelter, housing decreases the likelihood of recidivism and supports physical and behavioral health treatment, employment and job retention, and family reunification.[37]

Alameda County's housing crisis, largely a result of limited housing options—especially affordable housing—has worsened over the past few years, resulting in a growing homeless population that doubled from 2015 to 2019.[38] As homelessness has grown, so too has the number of individuals at risk of experiencing homelessness. Within this context, Alameda County's Prop 47-funded programming includes financial housing support to justice-involved individuals with mental illness and/or SUDs.

Housing First is an evidence-based approach that prioritizes providing permanent housing to people experiencing homelessness so that they can then pursue personal goals and improve their quality of life.[39] While Alameda County uses a coordinated entry process to prioritize who receives available housing options, including permanent supportive housing and rapid rehousing, the Prop 47 housing assistance program provides funding for individuals who are homeless or at risk of homelessness to provide immediate, short-term stability. Clients are eligible to receive up to $5,000 for eligible expenditures, including but not limited to rental assistance, security deposit, utilities, furniture, minor home repairs, credit repair, assistance with poor rental history, and moving expenses.

Alameda County adjusted to the impacts of the COVID-19 pandemic and used housing assistance funds not only to support clients who were homeless, but also to support clients who were at risk of losing housing because they lost employment due to the COVID pandemic. The simple enrollment process and flexible Prop 47 funding structure allowed service providers to use funds to pay for a variety of services on short timelines, which helped prevent homelessness for a number of clients, as well as obtain housing for others.

> *"I feel secure about my housing because of the housing assistance I was receiving... The housing assistance has been able to cover my rent. When I go to school, I know that I have somewhere to come back to. My recovery is thriving as well, which is very important because I am able to save my money to use for other things and not rent." – Housing Assistance Client*

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[36] Fontaine, J., & Biess, J. (2012). Housing as a Platform for Formerly Incarcerated Persons. Washington, DC: Urban Institute.
[37] Ibid.
[38] See EveryOneHome at https://everyonehome.org/
[39] National Alliance to End Homelessness (2016). Fact Sheet: Housing First.

Program Barriers

Finding available and affordable housing in Alameda County is challenging, and COVID-19 resulted in a heightened need for housing. Affordable housing is limited in the Bay Area, particularly for individuals with criminal records and substance use and/or mental health needs. In many cases, the limited options that are available are not always conducive to recovery. The pandemic further limited housing options due to lowered capacity in shelters and other shared living environments.

Due to high housing prices, the funding cap of $5,000 does not provide long-term housing stability. Staff shared that board and cares and sober living environments can charge $750-$850 for a bed in a shared room, and some landlords charge $1,000 for a shared room or a space in a living room**.** These are the lowest cost opportunities in the county, and in many cases, individuals who have been incarcerated do not want to live in shared living spaces. With these prices, $5,000 will result in less than six months of housing and, in some cases, clients may find themselves in a situation similar to where they were prior to receiving the housing assistance.

> *"When rent is $850 and we have budget that will run out, it only buys a few months. It is not enough time to get stable and find a job, especially if they have a criminal history. We do the best we can to create a plan for aftercare after the funding runs out, but can't always get that done in a few months." – Housing Assistance Staff*

For these reasons, providers found the housing assistance program model most effective for individuals who were high functioning with lower mental and/or SUD needs and only required limited financial assistance to support long-term housing stability (e.g., clients experiencing gaps in employment or one-time financial hardships). The funding may have a more limited impact on individuals with higher needs who require a high intensity and duration of wraparound services—such as in-depth case management, financial management, and care coordination—to maintain long-term housing stability.

Looking Forward

The three Prop 47 housing assistance providers continue to receive Prop 47 funding through Alameda County's Prop 47 Cohort II grant. Clients who received Cohort I funding are also eligible to receive Cohort II funding, resulting in an additional $5,000 to support their housing needs.

Conclusion

Alameda County funded three programs through Prop 47 Cohort I to address critical gaps within mental health, SUD, and housing services. This required a significant investment in County coordination, administration, and oversight. Alameda County's Health Care Services Agency held eight contracts with six community-based providers across the three Prop 47-funded programs. Each program had a distinct referral process, service delivery model, and service array. Two of the three programs (mental health and housing) were new, which required Alameda County to develop new contracts, program models, and data reporting systems. Community-based providers also had to implement new programs, including hiring and training new staff.

In all, Alameda County's Prop-47 funded programs served 3,085 individuals:

- Mental health services were provided to a total of 504 individuals, exceeding the goal of serving 160 individuals,
- Alameda County's Prop 47 SUD hotline screened 1,918 individuals for SUDs and 203 individuals were placed into Prop 47-funded beds at recovery residences, exceeding the goal of serving 198 individuals in recovery residences over the course of the grant period,[40] and
- Housing assistance was distributed to 663 individuals, exceeding the goal of serving a minimum of 225 individuals over the grant period.

Among individuals receiving mental health, recovery residence, and housing services, only 3% recidivated while enrolled in programming and only 9% recidivated between exiting the program and June 30, 2021.[41] Though the COVID-19 pandemic impacted arrests and court processes, these low recidivism rates provide a promising indication that Prop-47 funded services are helping reduce recidivism among clients.

3% recidivated while enrolled in programming

9% recidivated between exiting the program and June 30, 2021.

Because of the Cohort I successes and the continued need to deliver the Prop 47-funded services, Alameda County applied for and received Cohort II Prop 47 funding to provide mental, substance use, and housing assistance services for three additional years. In addition to refining the Cohort I program components, Cohort II also adds a pre-arrest diversion program to reduce justice system penetration by offering services in lieu of arrest or hospitalization to individuals with mental health or substance use disorders.

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[40] The SUD program aimed to serve 66 unique individuals each year.
[41] Recidivism is defined as a conviction for a new misdemeanor or felony offense within Alameda County. The average time between program enrollment and June 20, 2021 ranged between 1.4 and 2.4 years.

Appendix A. Alameda County Local Advisory Committee (LAC) Members

- Dr. Karyn L. Tribble, Alameda County Behavioral Health (Chair)[42]
- Marcus Dawal, Alameda County Probation Department (Co-chair)[43]
- Rodney Brooks, Alameda County Public Defender's Office
- Danielle Guerry, Alameda County Superior Court
- Kelly Glossup, Alameda County Sheriff's Office
- Sholonda Jackson-Jasper, Community Representative
- L.D. Louis, Alameda County District Attorney's Office
- Michele Moncrief, Community Representative
- Gordon Reed, Community Representative
- Dan Simmons, Community Representative

[42] Colleen Chawla, Director of the Alameda County Health Care Services Agency, was the prior LAC Chair through the Spring of 2020.
[43] Wendy Still, the former Chief Probation Officer of the Alameda County Probation Department, was the prior LAC Co-Chair through her departure in the Spring of 2021.

Appendix B. Alameda County Prop 47 Cohort I Logic Model

Process

Inputs
What do we contribute to accomplish our activities?

Funding
- BSCC Prop 47 grant funding
- Leveraged funds

Leadership, Oversight, and Staffing
- Health Care Services Agency
  - Adult Forensic Behavioral Health (AFBH)
- Probation Department
- Local Advisory Committee (LAC)
  - Community Corrections Partnership (CCP)
  - District Attorney
  - Public Defender
  - Sheriff's Office
  - Community Development Agency
- Funded Providers
  - La Familia Counseling Services
  - Bay Area Community Services
  - Center Point
  - Canales Unidos Reformando Adictos (CURA)
  - Second Chance, Inc.

Training & EBPs
- BSCC guiding principles
- Reentry Treatment Team (RTT)
- Trauma-Informed Care
- Restorative Justice
- Evidence Based Risk/Needs Assessment Tools
- Cognitive Behavioral Therapy
- Motivational Interviewing

Activities
What activities does our program area do to accomplish our goals?

Mental Health (MH) Services
- Hire and train RTT team members
- Administer and analyze intake assessments
- Probation staff training for MH services
- Intensive case management
- MH treatment
- Peer Navigation
- Referrals for other services

Substance Use Disorder (SUD) Services
- Screen and refer SUD and dual diagnosis clients
- Outpatient SUD Care
- Recovery residences (with or without outpatient treatment)

Housing Support Services
- Create assessment criteria and application process for housing support
- Competitive grant process for CBOs
- Housing supports
- Referrals for MH and SUD services

Cooperation and Coordination
- Develop protocols for referrals to RTTs
- Coordinate referrals from AFBH, Probation, or other agencies to RTTs, SUD treatment agencies, and housing support agencies
- Data collection and analysis
- Quarterly reports to BSCC

Outputs
Once we accomplish our activities, what is the evidence of service delivery?

Mental Health (MH) Services
- # of RTT staff, # RTT new hires
- # staff trained in trauma-informed care
- Training courses administered and # of participants
- # previously incarcerated peer counselors
- RTT client/staff ratio
- # individuals referred for MH services, by referral agency
- # individuals enrolled in MH services
- Average time between referral and enrollment
- # receiving services, by service type and agency
- # who had 2+ treatment sessions within 30 days after enrollment
- # disabled clients without SSI successfully connected with SSI Advocate
- # clients receiving Medi-Cal/CalFresh/SSI
- Service hours provided and number served, per agency
- Demographic breakdown of clients

Substance Use Disorder (SUD) Services
- SUD services provided
- Training courses administered and # of participants
- CBO client/staff ratio
- # clients referred for screening, by referral agency
- # clients screened for SUD
- # individuals referred for SUD treatment, by service agency
- # individuals enrolled in SUD treatment, by service agency and service type
- # who had treatment in 14 or 35 days from assessment date
- # who had 2+ treatments within 30 days after enrollment
- Service hours provided and number served, by agency
- Demographic breakdown of clients

Housing Support Services
- # CBOs receiving funding through grant program and services provided
- # funding requests received
- # screened upon funding request submission
- # funding reviews completed within 14 or 30 days of funding request, and total
- # of funding requests approved
- # provided funding within 14 or 30 days from screening, and total
- # provided funding or other services, by service type and/or funding amount
- Demographic breakdown of clients

Outcomes & Impact

Short- & Middle-Term Outcomes
What changes do we expect to see within 0-2 years?

Mental Health
- Clients show decrease in functional impairment as measured by repeated adult needs and strengths assessment (ANSA)
- Reduction in psychiatric hospitalizations and psychiatric emergency room admissions
- Clients with closed SSI Advocacy cases result in a client being granted SSI
- RTT clients discharged after successful progress
- 65% of AFBH and Probation clients who are referred to RTT and discharged from jail enroll in RTT
- Within 24 months, 50% of RTT clients will step down to mild-moderate mental health services
- 75% of RTT clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment period

Substance Abuse
- Within 6 months, 50% of enrolled SUD clients will step down to a lower level of care or complete treatment
- 50% of SUD clients maintain engagement in SUD treatment services throughout the entire treatment period
- 65% of clients referred to SUD programs and discharged from jail enroll in programs
- SUD clients do not experience relapse
- SUD clients discharged after successful progress

Housing Condition
- 75% of clients with identified need for emergency housing grants receive them, in conjunction with MH and SUD services
- 80% of clients who receive housing supports do not return to jail during the treatment period.

Other Psychosocial Outcomes
- 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.

Criminal Justice
- Clients who have been engaged in MH, SUD, and/or housing services for 1+ months have not returned to jail
- 80% of MH, SUD, and/or housing clients do not return to jail during the treatment period
- Reduced rate of recidivism, per the BSCC's definition, for individuals receiving Prop 47 services

System Level Outcomes
- Improved coordination between Probation, Sheriff and agencies or organizations involved with Prop 47 implementation to ensure effective delivery of services to the target population

Long-Term Outcomes and Impacts
What changes do we expect to see within 3-5 years?

Mental Health
- Formerly incarcerated individuals with moderate severe or serious and persistent mental illness are stabilized through community-based mental health treatment and services and do not reoffend

Substance Abuse
- Formerly incarcerated individuals with substance use disorders are stabilized through community-based SUD treatment and services and do not reoffend

Housing Condition
- Formerly incarcerated individuals with emergency housing needs are stabilized through community-based treatment and services and do not reoffend

Criminal Justice System
- Individuals receiving Prop 47 MH, SUD, and/or housing services do not recidivate within three years of release or placement on supervision, per the BSCC definition

System Level Outcomes
- Community partnerships and collaboration for MH/SUD treatment and housing
- Reduced recidivism

Appendix C. Progress Toward Proposition 47 Cohort I Objectives

GOALS	OBJECTIVES	PROGRESS
Formerly incarcerated individuals with moderate-severe or serious and persistent mental illness are stabilized through community-based mental health (MH) treatment and services and do not reoffend.	1. 65% of Adult Forensic Behavioral Health and Probation clients who are referred to RTT and discharged from jail enroll in RTT.	68% of RTT clients were previously incarcerated and 20% were referred to the program by a criminal justice agency; however, data were not available to determine the total number of individuals that were referred for mental health services while in custody and then subsequently enrolled.
	2. Within 24 months, 50% of RTT clients will step down to mild-moderate MH services.	Data was not available to measure this goal. However, of the 471 clients who exited mental health services, 51% reached or partially reached their treatment goals.
	3. 75% of RTT clients maintain engagement in MH treatment and services or successfully complete treatment during the entire 12-24 month treatment period.	Of the 471 clients who exited mental health services, 51% reached or partially reached their treatment goals.
	4. 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.	A complete record of referral data and linkages were not available.
	5. 80% of RTT clients do not return to jail during the treatment period.	During the treatment period, 74% of RTT clients did not return to jail within Alameda County.
Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend.	6. 65% of Prop 47 clients referred to SUD programs and discharged from jail enroll in programs.	Of the 1,918 individuals screened through the hotline, slightly over half (55%) were connected to SUD services. Data were not available to determine the total number of individuals that were referred for SUD services while in custody and then subsequently enrolled.
	7. 50% of Prop 47 SUD clients maintain engagement in SUD treatment and services throughout the entire treatment period.	Data was not available to directly measure engagement in SUD treatment. However, of the 203 clients who exited recovery residences, 74% were discharged with partial improvement or treatment goals reached.
	8. Within 6 months, 50% of enrolled clients will step down to lower level of care or complete treatment.	Of the 203 clients who exited recovery residences, 74% were discharged with partial improvement or treatment goals reached.
	9. 75% of enrolled clients referred to community-based support	Though recovery residences may make some external referrals, this objective is no

	services such as employment and housing are successfully linked to those services.	longer applicable to the SUD program as it is not part of the current program model.
	10. 80% of SUD clients do not return to jail during the treatment period.	While staying in a recovery residence, 99% of SUD clients did not return to jail in Alameda County.
Formerly incarcerated individuals with mental illness and/or substance use disorders are stabilized through housing supports and do not reoffend.	11. 75% of Prop 47 clients with identified need for housing assistance receives it, in conjunction with MH and SUD services.	Data on the total number of clients who were assessed for housing need was not available for this analysis.
	12. 80% of clients who receive housing supports do not return to jail during the treatment period.	Within a month of first receiving their housing allocation, 92% of individuals did not return to jail within Alameda County.