



Alameda County Proposition 47 Cohort II Grant Evaluation Plan

Project Background

California voters approved Proposition (Prop) 47 in November 2014 with the goal of lowering incarceration rates across the State by reclassifying certain classes of low-level, non-violent felonies as misdemeanors for individuals who do not have prior convictions for serious offenses. Due to the expected decrease in the State's prison population, the Legislative Analyst's Office estimated annual State correctional savings following implementation of the legislation to be between \$150-200 million. Prop 47 requires these State savings to be placed in the Safe Neighborhoods and Schools Fund, and mandates the Board of State and Community Corrections (BSCC) to allocate 65% of the Fund for mental health (MH) 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.

In 2017, Alameda County obtained a \$6 million dollar Prop 47 grant from the BSCC to provide targeted mental health, SUD treatment, and housing support services to justice-involved adults in the County with behavioral health needs. In 2019, Alameda County received a second \$6 million dollar Prop 47 grant as part of the Cohort II grant cycle. The new grant will be used to expand on the successful implementation of the Cohort I grant cycle by augmenting existing services and creating a new diversion program.

Prop 47 Cohort II programs and services will be provided in partnership with County agencies, including Alameda County Health Care Services Agency (HCSA), Alameda County District Attorney's (DA) Office, Alameda County Probation Department, and local community-based organizations. In addition, the Local Advisory Committee (LAC), comprised of County agency representatives and local stakeholders with knowledge and experience related to Prop 47 programs and services, will provide ongoing support for grant implementation and advise the evaluation.

Program Components

Alameda County is using Cohort II Prop 47 funds to support the following four programs:

1. **Mental Health:** Prop 47 will fund a multidisciplinary mental health reentry team (MRT) that provides services for justice-involved adults with moderate-severe or serious and persistent mental illness. The MRT will provide psychiatric treatment, case management, housing and employment support, as well as linkages to community resources, other MH and SUD treatment, legal services, and life skills education services.
2. **Substance Use:** Prop 47 will fund SUD screening, referral, and treatment for justice-involved adults with SUD needs. Prop 47 funding will increase providers' capacity to conduct SUD screening and



referral services through a telephone hotline and fund 11 beds at recovery residences that provide sober living environments.

3. **Housing:** Prop 47 will fund a housing grant program that provides justice-involved adults with behavioral health needs assistance with rental security deposits, utilities, credit repair, and other issues related to establishing suitable housing.
4. **Diversion:** Prop 47 funds will be used to establish a multi-disciplinary Diversion Team (DT) to serve adults with behavioral health needs who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct. Individuals who agree to participate in the program will be transported to a community-based navigation center where they will be deflected (removed from criminal justice system), deferred (not charged, with treatment progress monitored by DA), or diverted (post-charging diversion, with successful completion resulting in dismissal of the charge). Individuals with behavioral health needs who are currently on felony probation and commit a misdemeanor violation will be assigned to a behavioral health/diversion caseload. This caseload will be supervised by a Behavioral Health Probation Officer who will use an intensive rehabilitative approach.

Goals and Objectives

Alameda County established the following goals and objectives for Prop 47 grant-funded activities.

Table 1. Prop 47 Goals and Objectives in Alameda County

| Goals | Objectives |
|---|--|
| Formerly incarcerated individuals with SMI are stabilized through community-based MH treatment and services and do not reoffend. | 65% of clients who enroll in MRT have 2+ treatment sessions within 60 days of admission. |
| | Upon program completion, 50% of MRT clients show a decrease in functional impairment as measured by repeated Adult Needs and Strengths Assessment. |
| | 75% of MRT clients maintain engagement in MH treatment and services or successfully complete treatment during the 12-24 month treatment period. |
| | 75% of disabled clients without SSI are successfully connected with an SSI Advocate. |
| | 80% of MRT clients do not recidivate during the treatment period. |
| Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend. | 60% of Prop 47 clients referred to SUD programs enroll in ACBH SUD programs. |
| | 80% of Prop 47 recovery residence clients enroll in SUD outpatient treatment and services. |
| | 50% of recovery residence clients exit recovery residences with successful progress. |
| | 50% of recovery residence clients reduce admission to detox programs. |
| | 80% of SUD clients do not recidivate during the treatment period. |



| | |
|--|--|
| Justice-involved individuals with any mental illness who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration. | 50% of individuals deflected from the criminal justice system do not recidivate. |
| | 65% of individuals deferred from the criminal justice system are not charged. |
| | 65% of individuals diverted from the criminal justice system are not convicted. |
| | 50% of individuals on the behavioral health/diversion probation caseload complete probation without a violation or new conviction. |

Project Performance

Resource Development Associates (RDA) will document the progress and success of Alameda County’s Prop 47 programs in attaining its established goals and objectives. The evaluation will examine the extent to which Prop 47 programs and services are implemented as intended and the impact of these activities on client outcomes, including recidivism.¹ As detailed below, RDA will collect and analyze data to assess Prop 47 implementation and outcomes and provide recommendations for addressing challenges encountered in implementation. In addition, RDA will work in an advisory role with agencies and organizations associated with Prop 47 during early implementation to facilitate data collection and sharing, identify and address challenges, provide technical assistance, and offer recommendations for continuous improvement. The evaluation goals and questions identified in the following sections reflect the theory of change, outcomes, and impacts illustrated in the Alameda County Proposition 47 Logic Model in Appendix A.

This evaluation will include both process and outcome evaluation components to track overall project performance. The process evaluation will examine the extent to which Prop 47 programs and services were implemented as intended. The outcome evaluation will examine the impact that Prop 47 programs and services had on client outcomes and recidivism. Results of the process and outcome evaluations will be presented in interim and final reports, as described in subsequent sections of this evaluation plan. Project performance, including both implementation and impacts, will be tracked over time using data on program implementation, client service receipt, and client outcomes.

Data Management

As detailed below, RDA will collect and analyze the quantitative and qualitative data identified for the process and outcomes evaluations from a variety of sources to provide a comprehensive assessment of Prop 47 programs in Alameda County. RDA will collect all quantitative and qualitative data at two points: in preparation for the interim report and in preparation for the final report. During each data collection

¹ Per the BSCC, recidivism is defined as “conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.”





period, RDA will obtain administrative data from HCSA, the Information Technology Department, and Probation and conduct qualitative interviews and focus groups to compare changes in processes and outcomes over time.

Training and Technical Assistance

During the initial phases of implementation, RDA will provide guidance for data collection and recording, as well as offer recommendations for improving implementation. RDA will conduct focus groups with program staff and clients to strengthen service delivery and contribute to continuous quality improvement (CQI).

Research Design

Overview

To assess the implementation and impact of Prop 47 programs in Alameda County, RDA will conduct a mixed-method process and outcome evaluation. The mixed-method approach incorporates quantitative and qualitative data collection and analysis to provide a comprehensive assessment of grant-funded efforts. This research design was selected to maximize validity and provides different perspectives on complex, multi-dimensional issues. The quantitative data analysis will include individual- and system-level measures to examine service referral and receipt as well as outcomes of treatment and impacts on recidivism. Qualitative data analysis will explore experiences with implementation from clients, service providers, and management to identify successes, challenges, and areas for improvement. The descriptive study will be comprised of two key components, a process evaluation and an outcome evaluation, to measure program implementation and effectiveness.

Process Evaluation & Measures

Process measures, which are focused on operations, implementation, and service delivery, are designed to answer the question “What is the program actually doing and is that what we planned for it to do?” As such, the process evaluation will explore many aspects of implementation, including but not limited to the questions identified below.

1. To what extent have each of the Prop 47-funded activities been implemented as intended?
2. Are Prop 47 programs reaching the target audience identified by Alameda County?
 - a. What barriers or challenges were encountered in providing Prop 47 services to this population and how were these addressed?
3. To what degree are the agencies and organizations overseeing and implementing Prop 47 programs successfully communicating and coordinating with each other to support implementation?
4. Have Prop 47 services reflected use of evidence-based practices (EBPs) and alignment with the BSCC grant’s guiding principles? Examples include:
 - a. Use of healing strategies and trauma informed care





- b. Culturally competent services and approaches that foster restorative justice principles
 - c. Use of diverse staffing, including those impacted by the justice system
5. To what extent has community engagement been incorporated in the Prop 47 planning and implementation process?
 6. Have Prop 47 programs been effective in supporting capacity building for service providers to meet the needs of Prop 47 individuals?
 7. Are clients receiving services through Prop 47 programs satisfied with the services provided? What processes and services are perceived as effective and what areas are perceived as needing improvement?

The process evaluation will use the following quantitative and qualitative process measures to examine implementation of the four program components of Alameda County’s Prop 47 plan.

Table 2. Process Evaluation Measures

| Activity | Quantitative Data | Qualitative Data |
|--|--|--|
| Mental Health MRTs | <ul style="list-style-type: none"> • Staff & Clients <ul style="list-style-type: none"> ○ # of MRT staff ○ Staff demographic characteristics ○ # previously incarcerated staff ○ MRT client/staff ratio ○ # individuals enrolled in MH services ○ Client demographic characteristics ○ Client education, housing, and employment status & needs ○ Client MH diagnoses • Services <ul style="list-style-type: none"> ○ # with 2+ treatment sessions within 30 days after enrollment ○ Service hours, service type, and date of service per client | <ul style="list-style-type: none"> • Interviews with Prop 47 management <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Use of EBPs and best practices including trauma informed care, cultural competence, and restorative justice • Interviews with supervisors/managers <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Training needs ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement |
| SUD Screening/Referral and Recovery Residences | <ul style="list-style-type: none"> • Staff and Clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client education, housing, and employment status & needs ○ Client SUD diagnoses • Services <ul style="list-style-type: none"> ○ # clients screened for SUD & date of screening ○ # individuals enrolled in SUD programs & date of enrollment <ul style="list-style-type: none"> ▪ # individuals enrolled in recovery residences ▪ # individuals enrolled in outpatient treatment | <ul style="list-style-type: none"> • Interviews with Prop 47 management <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Use of EBPs and best practices including trauma informed care, cultural competence, and restorative justice • Interviews with supervisors/managers <ul style="list-style-type: none"> ○ Collaboration and coordination ○ Training needs ○ Experiences with staff, including hiring, training, and retention ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices ○ Community engagement |
| Housing Support Services | <ul style="list-style-type: none"> • Staff and clients <ul style="list-style-type: none"> ○ Client demographic characteristics | <ul style="list-style-type: none"> • Focus groups with line staff |



| | | |
|-----------|---|---|
| | <ul style="list-style-type: none"> ○ Client MH and SUD needs ● Services <ul style="list-style-type: none"> ○ # clients provided funding or other services, by service type, provider, and funding amount | <ul style="list-style-type: none"> ○ Experiences with leadership ○ Collaboration and communication ○ Experience with clients ○ Perceived impacts on clients ○ Perception of training ○ Barriers and facilitators encountered |
| Diversion | <ul style="list-style-type: none"> ● Staff and clients <ul style="list-style-type: none"> ○ Client demographic characteristics ○ Client MH and SUD needs ○ Client education, housing, and employment status & needs ● Services <ul style="list-style-type: none"> ○ # clients referred to diversion program and assessed by diversion team ○ # clients receiving services at the Navigation Center ○ # deflected, deferred, and diverted ○ # clients on Behavioral Health Probation Officer caseload | <ul style="list-style-type: none"> ● Focus groups with clients <ul style="list-style-type: none"> ○ Experiences with staff ○ Awareness of services ○ Perception of services ○ Barriers and facilitators encountered |

The process evaluation will also identify the number of clients who successfully complete each program. The definitions of successful program completion are presented in Table 43.

Table 3. Successful Completion

| Program Type | Criteria for Successful Completion |
|--------------------------|---|
| Mental Health MRTs | ● Exited with case plan or treatment goals partially or fully reached |
| SUD Recovery Residences | ● Discharged with treatment goals reached or satisfactory progress |
| Housing Support Services | ● Received financial housing support |
| Diversion | ● Referred through the navigation center to community-based services to avoid incarceration |

Outcome Evaluation & Measures

Outcome measures focus on short- and long-term changes that result from service delivery, and seek to answer the question “What impacts did the program produce for the affected clients and systems?” To this end, the outcome evaluation will examine the impacts of Prop 47 programs on meeting the MH, SUD, and housing support needs of the target population and the effect of these activities on recidivism outcomes. As such, the outcome evaluation will explore several types of outcomes of Prop 47 programs, including but not limited to the questions identified below.

1. Are Prop 47 programs associated with:
 - a. Reducing recidivism for clients?
 - b. Stabilizing individuals in the target population with MH and SUD issues by reducing symptoms and improving functioning?
 - c. Improving housing conditions?



2. To what extent is the system better able to meet the needs of the target population as a result of Prop 47 programs?
3. Are the changes and programs implemented as part of Prop 47 sustainable for the County?
 - a. If not, what are impediments to maintaining this change?

The outcome evaluation will use the measures in Table 4 to examine the impact of Prop 47 programs in four areas: mental health stability, substance use, housing stability, and criminal justice system involvement.

Table 4. Outcome Evaluation Measures

| Category | Quantitative Data | Qualitative Data |
|-------------------------------------|--|--|
| Mental Health Stability | <ul style="list-style-type: none"> • # clients showing decrease in functional impairment as measured by repeated Adult Needs and Strengths Assessment (ANSA) • % reduction in psychiatric hospitalizations and psychiatric emergency room admissions • # MRT clients who exit program with successful progress • # of MRT clients who maintain engagement in mental health treatment and services or successfully complete program during their treatment period | <ul style="list-style-type: none"> • Experiences regarding how and why Prop 47 services impacted mental health stability |
| Substance Use | <ul style="list-style-type: none"> • # SUD clients who exit recovery residence with successful progress • # SUD clients do not experience relapse while in a recovery residence | <ul style="list-style-type: none"> • Experiences regarding how and why Prop 47 services impacted substance use |
| Housing Stability | <ul style="list-style-type: none"> • # of clients with identified housing needs who receive financial housing support | <ul style="list-style-type: none"> • Experiences regarding how and why Prop 47 services housing stability |
| Criminal Justice System Involvement | <ul style="list-style-type: none"> • # of clients successfully deflected, deferred, and diverted from the criminal justice system • # of clients deferred from the criminal justice system who are not charged • # of clients diverted from the criminal justice system who are not convicted • # diversion clients on probation who complete probation without violations or new convictions • # of individuals meeting BSCC definition of recidivism during study period and recidivating offense | <ul style="list-style-type: none"> • Experiences regarding how and why Prop 47 services impacted criminal justice involvement |

Quantitative Data Collection

Data Requests and Sharing Agreements

RDA will coordinate data sharing agreements with Alameda County agencies to collect data needed for the evaluation (summarized in Table 5). To ensure quantitative data availability and shared understanding of data definitions, RDA will provide technical assistance to service providers and other agencies providing





quantitative data. Upon receipt of data, RDA will hold data meetings with program staff data leads to ensure we understand the process behind data collection and entry, as well as the data and variables themselves.

Table 5. Evaluation Data Sources

| Data Source | Types of Data to be Requested |
|-----------------------------------|--|
| HCSA & CBOs | <ul style="list-style-type: none"> Referral, assessment, enrollment, service, and treatment data |
| Information Technology Department | <ul style="list-style-type: none"> Date and offense for recidivism events for individuals receiving Prop 47 services Criminal justice outcomes (e.g., charge, conviction) for individuals deferred or diverted through the diversion program |
| Probation Department | <ul style="list-style-type: none"> Behavioral health/diversion caseload clients and probation outcomes |

Quantitative Data Management Plan

RDA will link participant data across data sources using a combination of names, dates of birth, and unique client identifiers such as Person File Numbers (PFNs), where available. This process will allow RDA to track Prop 47 client referral, assessment, enrollment, and program completion in addition to recidivism outcomes. No individual-level, identifiable data will be reported. RDA uses a secure network location and encrypted file system for all datasets with sensitive information and ensures compliance with Health Insurance Portability and Accountability Act (HIPAA) and other pertinent statutes and regulations. All data collected for this evaluation will be transferred via a Secure File Transfer Protocol (SFTP) and stored in a secure drive. Once data have been downloaded from the SFTP site and placed on a secured drive, client data will be removed from the SFTP site. Client data will only be kept for the duration of the project period, at which point it will be destroyed. Furthermore, as part of our quality control measures, RDA will spend time cleaning data for use in analysis. We will identify any duplicate entries, merge data across sources, explore patterns of missing data, and format data into the appropriate analytic structure to allow for calculation of all measures to be included in evaluation reports. We will also assess data quality characteristics such as validity, reliability, completeness, precision, integrity, and timeliness. When reviewing and cleaning data, RDA will document any questions that arise and communicate with project leads and data/IT staff to review, discuss, and resolve.

Qualitative Data Collection

RDA will engage in primary data collection with Prop 47 stakeholders to obtain qualitative data about their experiences with Prop 47 programs.

Focus Groups

To gather in-depth qualitative data about perceived outcomes related to programs implementation, RDA will conduct a total of seventeen focus groups at each stage of data collection including eight with clients and nine with program staff. Program staff will be asked to identify participants, and each group will include no more than ten participants. Gift card incentives will be offered for participation. RDA will





coordinate with providers to ensure focus group meetings are conducted in locations most accessible to participants.

Key Informant Interviews

To assess stakeholder experiences with the implementation and outcomes of Prop 47 services, RDA will conduct up to seven phone interviews at each phase of data collection with a sample of Prop 47 program leadership, supervisors, and managers. These interviews will examine interagency collaboration, experiences with program implementation, and perceptions of outcomes. In particular, we will focus on lessons learned, facilitators to success, and barriers to implementation.

Instrument Development

RDA will develop original instruments or draw upon existing qualitative protocols to guide the data collection efforts identified above. RDA will use standardized and validated tools, where available and applicable, or modify and adapt existing instruments such that they align with evaluation goals. All measures will be designed to be appropriate for diverse participants that come from a range of cultural, linguistic, and educational backgrounds. Instruments and protocols will be shared with the County for review prior to use.

Human Subjects Protections

For all methods, we will employ procedures to safeguard respondent rights including obtaining informed consent, ensuring confidentiality and voluntary participation, limiting access to identifying information, and properly securing data.

Data Analysis Plan

RDA will use Excel, Stata, and SPSS to clean data and conduct analyses. RDA will retain syntax and code documentation for data manipulation and analysis as well as qualitative coding schemes. Both descriptive and inferential statistics will be used to analyze quantitative data and address the evaluation questions listed above. Basic univariate descriptive statistics including calculation of distributions, frequencies, measures of central tendency, ranges, and outliers will be used to examine data validity and reliability and present a picture of the individuals receiving Prop 47 related services. Multivariate statistics such as cross tabulations, Chi-square, regression, and ANOVA analyses may be used, when appropriate, to examine associations between Prop 47 services and outcomes. As feasible, RDA will explore the use of longitudinal, time-series, and survival analysis strategies to evaluate the impact of Prop 47 service receipt on client outcomes and recidivism. Where possible, we will attempt to isolate the impact of each type of intervention for clients that receive multiple services. The final analysis approach will be refined to match the availability and quality of data obtained, and the most methodologically rigorous analysis technique will be used based on the data available. RDA will explore the availability of baseline and/or comparison data from the County, research literature, or similar studies conducted in Alameda County or other jurisdictions to serve as a reference. Where available, comparison data will also be used to attribute project impact to Prop 47 interventions.



RDA will review and code qualitative data findings to address pertinent evaluation questions. Findings will be interpreted for common themes, trends, patterns, and programmatic implications. RDA will triangulate findings from the quantitative and qualitative data analysis to highlight results that have not been realized from either methodology alone. Qualitative data will be used to deepen the understanding of quantitative findings, and discover underlying reasons that might help explain results. We will also use quantitative findings to validate trends identified in the qualitative analysis.

Evaluation Reporting Schedule

Evaluation findings will be provided in the three report deliverables detailed below.

Evaluation Brief [February 2021]

The evaluation brief will present the results of the CQI process conducted in the early phases of implementation. This report will document efforts towards quality improvement in implementation, identify lessons learned, and provide recommendations for continued implementation efforts.

Interim Evaluation Report [August 2021]

This report will provide a midpoint review of program implementation and preliminary outcomes from the first two years of Prop 47 Cohort II implementation in Alameda County. The report will contain sections for background, current logic model, methodology, results from both the process and outcome evaluations, study limitations and how they were addressed, lessons learned, conclusions, and recommendations. This interim evaluation will provide baseline data to serve as a reference for the final evaluation report. In addition, RDA will prepare a two-page, standalone executive summary that highlights major findings from the evaluation for broad distribution. The executive summary will highlight key takeaways pertaining to project implementation, project purpose, accomplishments, goals achieved, barriers to success and how they were addressed, unintended (positive or negative) outcomes, major findings, and conclusions.

Final Evaluation Report [May 2023]

The final evaluation report will present findings from the third year of the process and outcome evaluations to examine trends and changes that have occurred as a result of implementation. This report will similarly include sections for background, current logic model, methodology, results from both the process and outcome evaluations, study limitations and how they were addressed, conclusions, and recommendations. In addition, the final report will highlight any changes made in evaluation approach that are made in response to the interim report. The report will conclude with recommendations for continuous improvement of program implementation. In addition, RDA will prepare a two-page, standalone executive summary that highlights major findings from the evaluation for broad distribution. The executive summary will highlight key takeaways pertaining to project implementation, project purpose, accomplishments, goals achieved, barriers to success and how they were addressed, unintended (positive or negative) outcomes, major findings, and conclusions.



Appendix A. Alameda County Proposition 47 Logic Model

| Process | | |
|---|---|--|
| Inputs <i>What do we contribute to accomplish our activities?</i> | Activities <i>What activities does our program area do to accomplish our goals?</i> | Outputs <i>Once we accomplish our activities, what is the evidence of service delivery?</i> |
| <p>Funding</p> <ul style="list-style-type: none"> BSCC Prop 47 grant funding Leveraged funds <p>Leadership, Oversight, and Staffing</p> <ul style="list-style-type: none"> Health Care Services Agency District Attorney Probation Department Local Advisory Committee (LAC) Funded Providers <ul style="list-style-type: none"> Bay Area Community Services Center Point Canales Unidos Reformando Adictos (CURA) La Familia Counseling Services Roots Community Health Center Second Chance, Inc. <p>Training & EBPs</p> <ul style="list-style-type: none"> BSCC guiding principles Multidisciplinary Reentry Team (MRT) Trauma-Informed Care Restorative Justice Evidence Based Risk/Needs Assessment Tools Cognitive Behavioral Therapy Motivational Interviewing | <p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> Administer and analyze intake assessments Intensive case management MH treatment Peer Navigation Referrals for other services <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> Screen and refer SUD clients Recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> Housing supports <p>Diversion Program</p> <ul style="list-style-type: none"> Law enforcement identification of eligible individuals and transport to the Navigation Center Administer and analyze intake assessments Deflect, defer, or divert individuals | <p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> # of MRT staff # previously incarcerated staff MRT client/staff ratio # individuals enrolled in MH services # who had 2+ treatment sessions within 30 days after enrollment Service hours provided and number served <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> # individuals screened for SUD # individuals enrolled in recovery residences <p>Housing Support Services</p> <ul style="list-style-type: none"> # individuals provided funding or other services, by service type and/or funding amount <p>Diversion</p> <ul style="list-style-type: none"> # staff trainings # individuals receiving services at the Navigation Center # individuals deflected, deferred, and diverted |

| Outcomes & Impact | |
|---|--|
| Short- & Middle-Term Outcomes <i>What changes do we expect to see within 0-2 years?</i> | Long-Term Outcomes and Impacts <i>What changes do we expect to see within 3-5 years?</i> |
| <p>Mental Health</p> <ul style="list-style-type: none"> Clients show decrease in functional impairment as measured by repeated adult needs and strengths assessment (ANSA) Reduction in psychiatric hospitalizations and psychiatric emergency room admissions Clients maintain engagement in mental health treatment and services or successfully complete treatment during the treatment period <p>Substance Use</p> <ul style="list-style-type: none"> Clients connected to treatment Clients maintain engagement in SUD treatment services throughout the entire treatment period Clients successfully complete treatment Clients do not experience relapse <p>Housing</p> <ul style="list-style-type: none"> Clients are provided housing supports <p>Diversion</p> <ul style="list-style-type: none"> Clients successfully deflected, deferred, and diverted from the criminal justice system Clients on probation complete probation without violations or new convictions <p>Criminal Justice</p> <ul style="list-style-type: none"> Clients reduce rate of recidivism, per the BSCC's definition Clients do not return to jail <p>System Level Outcomes</p> <ul style="list-style-type: none"> Improved coordination between agencies and organizations | <p>Mental Health</p> <ul style="list-style-type: none"> 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 <p>Substance Use</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend <p>Housing Condition</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with emergency housing needs are stabilized through community-based treatment and services and do not reoffend <p>Diversion</p> <ul style="list-style-type: none"> Justice-involved individuals with behavioral health needs who have contact with law enforcement and/or have engaged in misdemeanor criminal conduct are stabilized through community-based services to avoid incarceration <p>System Level Outcomes</p> <ul style="list-style-type: none"> Community partnerships and collaboration for MH/SUD treatment and housing |