



Alameda County Proposition 47 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.

The Health Care Services Agency (HCSA), the Lead Service Agency for Prop 47 program implementation in Alameda County, obtained a \$6 million dollar grant for three years from the BSCC to provide targeted MH, SUD treatment, and housing support services to members of the adult reentry population in the County with MH disorders and/or SUD. Specifically, HCSA is using Prop 47 funds to:

1. Implement a multidisciplinary reentry team (MRT) to provide services for individuals in the target population with moderate-severe or serious and persistent mental illness. MRTs 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. Utilize partnerships with existing community resources to provide treatment services for individuals in the target population with substance abuse disorders. Clients are referred for SUD screening and subsequently referred for placement in the appropriate level of care and ongoing case management.
3. Establish a grant program to increase the number and capacity of community-based organizations (CBOs) that provide comprehensive housing support. CBOs apply for grants for funding that can be distributed to eligible participants in the target population for assistance with rental security deposits, utilities, credit repair, and other issues related to establishing suitable housing.

HCSA is implementing these programs and services in partnership with County agencies including Alameda County Probation Department (ACPD) and CBOs to address factors that contribute to recidivism for individuals with moderate-severe or persistent mental illness and/or SUD that are on probation or have been released from Santa Rita Jail. In addition, HCSA is working with the Local Advisory Committee (LAC), a team of County agency representatives and local stakeholders with knowledge and experience related to Prop 47 programs and services, to develop the scope, goals, and processes for implementing



Prop 47 activities in Alameda County. Members of the LAC consist of four formerly incarcerated community representatives that provide services to the target population as well as members of the Community Corrections Partnership (CCP) including HCSA, Probation, District Attorney, Public Defender, Sheriff, and Housing and Community Development. The LAC was established prior to the Prop 47 grant submission to the BSCC to identify the target populations and target area; strategies, programs, and services to meet those needs; and criteria for the grant application and evaluation. The LAC provides ongoing support for grant implementation as well as advises the evaluation. Upon receipt of grant funding from the BSCC, the LAC began holding quarterly advisory meetings to facilitate Prop 47 implementation. Accordingly, HCSA established the following goals for Prop 47 grant funded activities in Alameda County as detailed in Table 1.

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 MH treatment and services and do not reoffend.	65% of Adult Forensic Behavioral Health and Probation clients who are referred to MRT and discharged from jail enroll in MRT.
	Within 24 months, 50% of MRT clients will step down to mild-moderate MH services.
	75% of MRT clients maintain engagement in MH treatment and services or successfully complete treatment during the entire 12-24 month treatment period.
	75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services.
	80% of MRT clients do not return to jail during the treatment period.
Formerly incarcerated individuals with substance use disorders are stabilized through community-based treatment and services and do not reoffend.	65% of Prop 47 clients referred to SUD programs and discharged from jail enroll in programs.
	50% of Prop 47 SUD clients maintain engagement in SUD treatment and services throughout the entire treatment period.
	Within 6 months, 50% of enrolled clients will step down to lower level of care or complete treatment.
	75% of enrolled clients referred to community-based support services such as employment and housing are successfully linked to those services.
	80% of SUD clients do not return to jail during the treatment period.
Formerly incarcerated individuals with mental illness and/or substance use disorders are stabilized through housing supports and do not reoffend.	75% of Prop 47 clients with identified need for emergency housing grants ¹ 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.

¹ “Emergency housing grants” are defined as resources to meet immediate housing-related needs.





HCSA contracted Resource Development Associates (RDA) to evaluate how successful Prop 47 activities in Alameda County have been in attaining established goals. The evaluation will examine the extent to which Prop 47 activities are implemented as intended and the impact of these activities on client outcomes, including recidivism². 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.

Project Performance

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 activities in Alameda County. RDA will collect all quantitative and qualitative data at two timepoints in preparation for the interim report, and again in preparation for the final report according to the evaluation timeline presented in Appendix B. During each data collection period, RDA will obtain quantitative data from the HCSA and conduct qualitative interviews, focus groups, and to compare changes in processes and outcomes over time.

HCSA will serve as the primary data source for this evaluation given that they collect data on individual Prop 47 client enrollment and performance from referral agencies and Behavioral Health Care Services (BHCS) service providers. Service providers collect data on individuals referred for services and reports these data to the HCSA at regular intervals following service delivery. Intake/assessment and treatment forms are recorded in their Insyst database and accessed via Clinician's Gateway.

² 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."



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 facilitate a Plan-Do-Study-Act (PDSA) approach that encourages planning and refinement of practices based on findings. The PDSA process is intended to contribute to continuous quality improvement (CQI).

Research Design

Overview

To assess the implementation and impact of Prop 47 activities 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

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?” To this end, the process evaluation will examine how the MH, substance abuse, and housing support components of Alameda County’s Prop 47 plan are being implemented, if these programs and services are being implemented as intended, and successes and challenges experienced in implementation. 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 – creation of MRTs for MH treatment, enhanced use of existing resources for substance abuse treatment, and development of a grant program for emergency housing support – been implemented as intended?
2. Are Prop 47 activities reaching the target audience identified by Alameda County in terms of client characteristics and number of individuals receiving services?
 - a. What barriers or challenges were encountered in providing Prop 47 services to this population and how were these addressed?
 - b. What were the characteristics of clients who were not able to complete services and the reasons for not doing so?



3. Have the various agencies and organizations associated with Prop 47 activity implementation been successful in communicating and coordinating with each other in support of provision of intended services to the target population?
4. Have Prop 47 activities reflected use of evidence based practices (EBPs) and alignment to 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 achieved in the Prop 47 planning and implementation process?
6. Have Prop 47 activities been effective in supporting capacity building for service providers to meet the needs of Prop 47 individuals?
7. Are individuals receiving services through Prop 47 activities satisfied with the services provided? What processes and services are perceived as effective and what are areas identified as needing improvement?

The process evaluation will use the types of quantitative and qualitative measures identified in Table 2 to examine implementation of the three primary components of Alameda County’s Prop 47 plan - MH treatment, SUD treatment, and housing support – as well as the coordination and coordination of these programs and services.

Table 2. Process Evaluation Measures

Activity	Quantitative Data	Qualitative Data
MRTs and MH Treatment	<ul style="list-style-type: none"> • MRT implementation <ul style="list-style-type: none"> ○ # of MRT staff, # MRT new hires ○ # staff trained in trauma-informed care ○ Types of training courses offered and # of participants ○ # previously incarcerated peer counselors ○ Demographic characteristics of service providers ○ MRT client/staff ratio • MH service delivery <ul style="list-style-type: none"> ○ # individuals assessed for MH services ○ Client MH and SUD diagnoses ○ # individuals referred for MH services, by referral agency ○ # individuals enrolled in MH services ○ Average time between referral and enrollment for clients referred from Probation and AFBH ○ # who had 2+ treatment sessions within 30 days after enrolment ○ # disabled clients without SSI successfully connected with SSI Advocate 	<p>Areas of qualitative inquiry will apply to each of the activities identified to the left.</p> <ul style="list-style-type: none"> • Interviews with Prop 47 management <ul style="list-style-type: none"> ○ Collaboration and coordination with HCSA and LAC ○ Collaboration and communication with Prop 47 providers ○ Stakeholder buy in ○ Vision for Prop 47 activities ○ Organizational alignment with Prop 47 mission ○ Use of EBPs and best practices including trauma informed care, cultural competence, and restorative justice



	<ul style="list-style-type: none"> ○ # clients receiving Medi-Cal/ CalFresh/ SSI ○ Service hours provided and number served, per agency ○ Demographic breakdown of participants 	<ul style="list-style-type: none"> ○ Community engagement ● Surveys with supervisors/managers <ul style="list-style-type: none"> ○ Collaboration and coordination with HCSA and LAC ○ Training needs ○ Experiences with staff ○ Experiences with clients ○ Perceived impact on clients ○ Barriers and facilitators encountered ○ Use of EBPs and best practices including trauma informed care, cultural competence, and restorative justice ○ Community engagement ● Focus groups with line staff <ul style="list-style-type: none"> ○ Experiences with leadership ○ Collaboration and communication with other Prop 47 stakeholders ○ Experience with clients ○ Perceived impacts on clients ○ Perception of training ○ Barriers and facilitators encountered ● Focus groups with clients <ul style="list-style-type: none"> ○ Experiences with staff ○ Awareness of services ○ Perception of services ○ Barriers and facilitators encountered
Substance Abuse Treatment	<ul style="list-style-type: none"> ● SUD treatment implementation <ul style="list-style-type: none"> ○ SUD services provided ○ Training courses administered and # of participants ○ CBO client/staff ratio ● SUD service delivery <ul style="list-style-type: none"> ○ # clients referred for screening by Probation and AFBH ○ # clients screened for SUD ○ Client MH and SUD diagnoses ○ # 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 ● Demographic breakdown of participants 	
Housing Support Services	<ul style="list-style-type: none"> ● Housing support implementation <ul style="list-style-type: none"> ○ # CBOs receiving funding through grant program and services provided ● Housing support service delivery <ul style="list-style-type: none"> ○ # 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 ● Demographic breakdown of participants 	

Outcome Evaluation & Outcome 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 activities on meeting the MH, SUD,





and housing support needs of the target population, the effect of these activities on recidivism outcomes, and the impacts of these changes on justice system outcomes. As such, the outcome evaluation will explore several types of outcomes of Prop 47 activities, including but not limited to the questions identified below.

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

The outcome evaluation will analyze the program and participant information identified in Table 3 to examine the impact of the three primary components of Alameda County’s Prop 47 plan.

Table 3. Outcome Interventions

Category of Intervention	Program and Participant Information
Mental Health	<ul style="list-style-type: none"> # Of Participants: 240 # Of Participants With Individual Data: 240 Variables Included In Record: Background data, program participation data, program achievement and completion data Eligibility Criteria: Justice-involved adults with Serious Mental Illness Program Components: Mental health treatment and rehabilitation, intensive case management Program Length: 18-24 months Criteria – Successful Completion: Decrease in functional impairment Non-Successful Completion Data: Will be included in research and evaluation
Substance Abuse	<ul style="list-style-type: none"> # Of Participants: 126 # Of Participants With Individual Data: 126 Variables Included In Record: Background data, program participation data, program achievement and completion data Eligibility Criteria: Justice-involved adults with Substance Use Disorder Program Components: Referral to substance use programs, housing in sober living environment, connection to outpatient substance use services Program Length: 18-24 months Criteria – Successful Completion: Stepped down to lower level of care or complete treatment program Non-Successful Completion Data: Will be included in research and evaluation
Housing Condition	<ul style="list-style-type: none"> # Of Participants: 120 # Of Participants With Individual Data: 120



- Variables Included In Record: Background data, program participation data, program achievement and completion data
- Eligibility Criteria: Justice-involved adults with Serious Mental Illness and/or Substance Use Disorder
- Program Components: Provision of Housing Support, Linkage to Mental Health/Substance Use Service
- Program Length: Estimated 1 Week – 1 Month
- Criteria – Successful Completion: Connected to Housing Support
- Non-Successful Completion Data: Will be included in research and evaluation

The outcome evaluation will use the types of measures identified in Table 4 to examine the impact of the three primary components of Alameda County’s Prop 47 plan.

Table 4. Outcome Evaluation Measures

Category of Outcomes	Indicator/Metric
Mental Health	<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 • # clients with closed SSI Advocacy cases that result in the client being granted SSI • # MRT clients who are discharged after successful progress • # of AFBH and Probation clients referred to MRT and discharged from jail who enroll in MRT • # of MRT clients who are stepped down to mild-moderate mental health services within 24 months • # of MRT clients who maintain engagement in mental health treatment and services or successfully complete program during the entire 12-24 month treatment period
Substance Abuse	<ul style="list-style-type: none"> • # of enrolled SUD clients who are stepped down to a lower level of care or complete treatment within 6 months • # of SUD clients who maintain engagement in SUD treatment services throughout the entire treatment period • # of clients referred to SUD programs and discharged from jail who enroll in programs • # SUD clients do not experience relapse • # SUD clients discharged after successful progress
Housing Condition	<ul style="list-style-type: none"> • # of clients with identified need for emergency housing grants³ who receive them, in conjunction with MH and SUD services • # of clients with identified emergency housing needs who are discharged after successful progress
Other Psychosocial Outcomes	<ul style="list-style-type: none"> • # of enrolled clients referred to community-based support services such as employment or housing and who are successfully linked to those services.

³ “Emergency housing grants” are defined as resources to meet immediate housing-related needs.





Criminal Justice	<ul style="list-style-type: none"> • # clients who have been engaged in MH, SUD, and/or housing services for 1+ months who have not returned to jail • # of MH, SUD, and/or housing clients who do not return to jail during the treatment period • # of individuals meeting BSCC definition of recidivism during study period and recidivating offense
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Quantitative Data Collection

Data Requests and Sharing Agreements

RDA will coordinate data sharing agreements with HCSA, the Probation Department, Sheriff’s Office, and District Attorney’s Office 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	<ul style="list-style-type: none"> • Referral, assessment, enrollment, service, treatment, and outcome data for individuals involved in each of the MH, SUD, and housing services administered through Prop 47. • Identification of individuals in custody at Santa Rita Jail that are referred by AFBH for MH, SUD, or housing assessment and treatment upon release.
District Attorney	<ul style="list-style-type: none"> • Case information for individuals identified as receiving services through Prop 47 activities (e.g., conviction type, date, sentencing information). • Date and offense for recidivism events for individuals receiving Prop 47 services.
Sheriff’s Office	<ul style="list-style-type: none"> • Jail admission for target population (e.g., arrest offense, date of admission, length of stay)
Probation Department	<ul style="list-style-type: none"> • Identification of individuals referred by Probation for MH, SUD, or housing assessment

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 activities.

Focus Groups

To gather in-depth qualitative data about perceived outcomes related to programs implementation, RDA will conduct a total of eleven focus groups at both stages of data collection including seven with clients and four 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 the HCSA 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 activities, RDA will conduct up to twelve phone interviews at both phases 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 HCSA 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. Study protocols, consent forms, and primary data collection instruments will be reviewed through RDA's Institutional Review Board (IRB) for approval.



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 and share with HCSA. 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 will be used 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 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. In addition, RDA will triangulate findings from the quantitative and qualitative data analysis to highlight results that not have 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 Timeline and Reporting Schedule

The timeline for conducting this evaluation is detailed in Appendix B. Evaluation findings will be provided in three report deliverables detailed below.

Evaluation Brief [December 2018]

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 2019]

This report will provide a midpoint review of program implementation and preliminary outcomes from the first two years of Prop 47 activities 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 [September 2020]

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 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			Outcomes & Impact	
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>	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>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 <ul style="list-style-type: none"> Adult Forensic Behavioral Health (AFBH) Probation Department Local Advisory Committee (LAC) <ul style="list-style-type: none"> Community Corrections Partnership (CCP) District Attorney Public Defender Sheriff's Office Community Development Agency Funded Providers <ul style="list-style-type: none"> La Familia Counseling Services Bay Area Community Services Center Point Canales Unidos Reformando Adictos (CURA) 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"> Hire and train MRT team members Administer and analyze intake assessments Probation staff training for MH services 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 and dual diagnosis clients Outpatient SUD Care Recovery residences (with or without outpatient treatment) <p>Housing Support Services</p> <ul style="list-style-type: none"> Create assessment criteria and application process for housing support Competitive grant process for CBOs Housing supports Referrals for MH and SUD services <p>Cooperation and Coordination</p> <ul style="list-style-type: none"> Develop protocols for referrals to MRTs Coordinate referrals from AFBH, Probation, or other agencies to MRTs, SUD treatment agencies, and housing support agencies Data collection and analysis Quarterly reports to BSCC 	<p>Mental Health (MH) Services</p> <ul style="list-style-type: none"> # of MRT staff, # MRT new hires # staff trained in trauma-informed care Training courses administered and # of participants # previously incarcerated peer counselors MRT 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 participants <p>Substance Use Disorder (SUD) Services</p> <ul style="list-style-type: none"> 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 participants <p>Housing Support Services</p> <ul style="list-style-type: none"> # 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 participants 	<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 with closed SSI Advocacy cases result in a client being granted SSI MRT clients discharged after successful progress 65% of AFBH and Probation clients who are referred to MRT and discharged from jail enroll in MRT Within 24 months, 50% of MRT clients will step down to mild-moderate mental health services 75% of MRT clients maintain engagement in mental health treatment and services or successfully complete treatment during the entire 12-24 month treatment period <p>Substance Abuse</p> <ul style="list-style-type: none"> 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 <p>Housing Condition</p> <ul style="list-style-type: none"> 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. <p>Other Psychosocial Outcomes</p> <ul style="list-style-type: none"> 75% of enrolled clients referred to community-based support services such as employment or housing are successfully linked to those services. <p>Criminal Justice</p> <ul style="list-style-type: none"> 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 <p>System Level Outcomes</p> <ul style="list-style-type: none"> Improved coordination between Probation, Sheriff and agencies or organizations involved with Prop 47 implementation to ensure effective delivery of services to the target population 	<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 Abuse</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>Criminal Justice System</p> <ul style="list-style-type: none"> 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 <p>System Level Outcomes</p> <ul style="list-style-type: none"> Community partnerships and collaboration for MH/SUD treatment and housing Reduced recidivism



Appendix B. Evaluation Timeline

Evaluation Phase/ Component	Activities/ Deliverables	Description/ Objectives	2017			2018												2019												2020										
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
Evaluation Planning	Establishment of 1) data requests and 2) sharing agreements	<ul style="list-style-type: none"> Submit formal requests to County agencies that enable data sharing between RDA and County agencies that are involved in program implementation and outcome monitoring 			x	x																																		
	Instrument development	<ul style="list-style-type: none"> Develop tools/protocols for all methods of primary data collection that will be conducted by RDA Refine tools following first data collection, analysis, and reporting cycle 				x	x																			x														
	Institutional Review Board (IRB) application and annual renewals	<ul style="list-style-type: none"> Seek approval from RDA's IRB to collect data from human subjects for all methods of primary data collection that will be conducted by RDA 						x																																
	Data collection training for Housing and Substance Use Disorder service providers	<ul style="list-style-type: none"> Develop and provide training to all funded service providers for data collection and development of data systems for evaluation purposes Build upon existing efforts and support consistency in data collection Coordinate efforts with other training programs Support data collection instrument development and refinement where needed 							x																															
	Coaching and technical assistance	<ul style="list-style-type: none"> Provide technical assistance to trouble shoot challenges that arise for funded service providers 									x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Continuous quality improvement (CQI) support	<ul style="list-style-type: none"> Assess early implementation process of the services delivery, examine preliminary service data, identify challenges/CQI needs, and develop recommendations on how to improve process of services delivery Identify priority outcomes and performance metrics in alignment with service delivery timelines and accountability measures Support Plan, Do, Study, Act (PDSA) cycles to test implementation refinements, conduct on-site review of implementation efforts and outcome reporting practices, and provide real-time feedback 							x	x	x	x	x	x	x	x																								

