



Santa Clara County

Behavioral Health Services Department

SCC Proposition 47 Cohort III Local Evaluation Plan



COUNTY OF SANTA CLARA
Behavioral Health Services



RDA
CONSULTING

This evaluation plan was developed by RDA Consulting under contract with the County of Santa Clara, Behavioral Health Services Department.

RDA Consulting, 2022

About RDA Consulting

RDA Consulting (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.



Table of Contents

Table of Contents

INTRODUCTION.....	4
PROP 47 PROGRAM OVERVIEW	5
PROJECT BACKGROUND.....	5
<i>Outpatient Co-occurring Treatment</i>	<i>5</i>
<i>Transitional Housing Units</i>	<i>6</i>
TARGET POPULATION.....	7
PROGRAM GOALS AND OBJECTIVES.....	9
PROGRAM DESIGN	10
<i>Referral and Outreach.....</i>	<i>10</i>
<i>Outpatient Co-occurring Treatment</i>	<i>10</i>
<i>Transitional Housing Units</i>	<i>11</i>
<i>Additional Services.....</i>	<i>12</i>
PROCESS AND OUTCOME EVALUATION OVERVIEW	12
EVALUATION DOMAINS	14
<i>Program Model.....</i>	<i>14</i>
<i>Service Utilization.....</i>	<i>15</i>
<i>Client Outcomes</i>	<i>15</i>
EVALUATION QUESTIONS.....	16
DATA COLLECTION.....	17
<i>Quantitative Data Sources.....</i>	<i>19</i>
<i>Qualitative Data Sources.....</i>	<i>20</i>
<i>Data Transmission and Protecting Privacy.....</i>	<i>23</i>
ANALYTIC FRAMEWORK	23
POTENTIAL LIMITATIONS	24
EVALUATION REPORTING	25
<i>CQI Report.....</i>	<i>25</i>
<i>Final Local Evaluation Report (FLER)</i>	<i>25</i>
APPENDIX A.....	27



Introduction

In the fall of 2014, California voters approved Proposition 47 (Prop 47), enacting the Safe Neighborhoods and Schools Act. This proposition ensured that spending for corrections focused on diverting individuals with nonserious and nonviolent offenses and using the savings generated from prison spending to support community and school-based programming.

The proposition also named the Board of State and Community Corrections (BSCC) as the grant administrator responsible for overseeing a grant program awarded to public agencies intended to bolster mental health, substance use treatment, and diversion programs for individuals in the legal system. The grant program places an emphasis on programs proven to reduce recidivism for individuals with substance use and mental health challenges.

The BSCC has released three rounds of Prop 47 funding—known as “cohorts”—and Santa Clara County’s Behavioral Health Services Department (BHSD) was successful in receiving Cohort III funding. BHSD received \$5,999,289 in Cohort III funding for the grant period of September 1, 2022 to June 1, 2026. Cohort III funding requires a target population of individuals who “have been arrested, charged, or convicted of a criminal offense and have a history of mental health or substance use disorders” be served.

In receiving Prop 47 Cohort III funding, BHSD has agreed to (1) develop a Prop 47 Local Advisory Committee (LAC); (2) develop a project workplan that outlines the program’s goals, objectives, activities and services, responsible parties, and a timeline; (3) provide quarterly progress reports to the BSCC and submit to BSCC compliance monitoring visits; and (4) evaluate their planned services. For the evaluation requirement, the BSCC requires a Local Evaluation Plan (LEP; this document) to be developed at the beginning of the grant period and a Final Local Evaluation Report (FLER) to be submitted at the end of the grant period. BHSD has contracted with RDA Consulting (RDA) as their evaluation partner for their Cohort III project.



Prop 47 Program Overview

Project Background

Through its Prop 47 Cohort III program, BHSD seeks to increase Santa Clara County's (SCC) capacity and access for co-occurring outpatient treatment and transitional housing for justice-involved adults (including older adults) with moderate-severe or persistent mental health and co-occurring disorders (COD). In SCC, there is a high prevalence of substance use and mental health needs among justice-involved clients and a shortage of treatment capacity to meet the demand. Although SCC operates a large treatment and supportive services network, the need for treatment, housing, and other supportive resources for individuals involved in the justice system exceeds the County's capacity. A review of justice system data resulted in the County's prioritization of two primary service gaps for the Prop 47 Cohort III project: (1) outpatient co-occurring treatment and (2) transitional housing units.

Outpatient Co-occurring Treatment

Of the average daily population of 3,236 individuals in the County's jails, close to one third (n=1,050) have at least one mental health and at least one substance use diagnosis¹. Data from Custody Behavioral Health Services in 2017 found an average of 800 individuals with a serious mental illness (SMI) diagnosis in the County's jails. Furthermore, 30% (n=240) of those with primary SMI conditions also had a secondary substance use disorder (SUD). Additionally, data from the Probation Department in 2019 found that many individuals on probation in SCC have serious mental health and substance use conditions; probation officer reports indicate that approximately 70% or 900 men and approximately 70% or 200 women on probation for misdemeanor offenses have highly significant or significant alcohol or drug use (n=1,100). Furthermore, the County's Reentry Resource Center (RRC) database demonstrates that between October 2021 and October 2022, the RRC identified 1,160 individuals in need of substance use treatment and 418 individuals in need of mental health services.

¹ Custody Behavioral Health Services — Daily Snapshot, 3/14/19.



Without additional grant funding provided through Prop 47, BHSD's outpatient co-occurring treatment capacity is only 49 slots for the entire adult and older adult justice-involved population, far less than what is needed to meet the demand.

Transitional Housing Units

When addressing co-occurring treatment needs for justice-involved adults, the need for stable housing remains a major concern as individuals in carceral settings have an increased risk of losing their housing the longer they remain in custody pending charges, sentencing, and/or placements. In 2016, the U.S. Department of Housing and Urban Development (HUD) identified SCC as having one of the highest unhoused populations in the U.S., and the third largest number of individuals who are chronically homeless and unsheltered². The County's 2019 Homeless Census and Survey found a dramatic increase in the homeless population compared to 2017³. In 2017, the County identified 7,394 unsheltered individuals. Two years later, in 2019, the County identified 9,706 unsheltered individuals, a 31% increase. The County also found that 42% of the unhoused population reported psychiatric and emotional conditions, 35% reported alcohol and drug use, 33% reported post-traumatic stress disorder, and 27% reported having spent one or more nights in jail in the past year. Furthermore, the County's RRC database demonstrates that the RRC served 4,286 clients recently released from custody from October 2021 to October 2022. Of the 3,866 individuals who provided their housing status, only 18% (n=690) had permanent housing and 12% (n=463) reported living in an institutional situation, suggesting that 70% had some level of housing need. Moreover, 49% (n=1,912) were staying in emergency shelters, vehicles, or another place not meant for habitation.

Without the additional grant funding, BHSD has only 44 transitional housing beds dedicated for the entire justice-involved population who are in treatment for mental health and co-occurring conditions, significantly less than the existing need.

² U.S. Department of Housing and Urban Development — The 2016 Annual Homeless Assessment Report to Congress, November 2016. Retrieved 12/13/22 from <https://www.huduser.gov/portal/sites/default/files/pdf/2016-AHAR-Part-1.pdf>.

³ Santa Clara County Homeless Census and Survey Comprehensive Report 2019. Retrieved 12/13/22 from <https://osh.sccgov.org/sites/g/files/exjcpb671/files/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf>.



As research studies demonstrate, there is a high percentage of justice-involved clients who suffer from mental health and co-occurring disorders⁴. Justice-involved clients who suffer from mental health and co-occurring disorders often encounter an array of psychosocial problems, including increased risk of incarceration, hospitalization, homelessness, lack of gainful employment, lack of family and social supports, and lack of financial support⁵. These psychosocial problems make it difficult for clients to re-integrate into their communities. The services and supports provided through the Prop 47 program, specifically the outpatient co-occurring treatment and housing, will address the County's gap in services and promote decreased risk factors for the individuals served, decrease the number of jail days an individual remains in-custody waiting for a treatment slot, and help prevent recidivism through supportive co-occurring treatment, transitional housing units and linkage to other fundamental resources.

Target Population

As BHSD's Prop 47 project aims to increase the County's capacity and access for co-occurring outpatient treatment and transitional housing units, the target population to be served under the Prop 47 Cohort III program is adults and older adults residing in SCC who are involved in the criminal justice system (i.e., arrested, charged with, or convicted of a criminal offense) and who have moderate-severe or persistent mental health or co-occurring disorders that are appropriate for an outpatient level of care. The individuals served will have Medi-Cal benefits or be uninsured, including those who are experiencing homelessness or who are at risk of experiencing homelessness. A total of 50 eligible individuals will be served at any given time by the Prop 47 program during the grant period.

BHSD and its partners will identify and refer eligible individuals through two main referral pathways. These include:

⁴ Peters, R. H., Wexler, H. K., & Lurigio, A. J. Co-occurring substance use and mental disorders in the criminal justice system: a new frontier of clinical practice and research, 2015. Retrieved 12/22/22 from http://www.antonioacasella.eu/archipsy/Peters_Wexler_Lurigio_2015.pdf

⁵ American Psychological Association — Incarceration Nation: The United States leads the world in incarceration. A new report explores why — and offers recommendations for fixing the system, 2014. Retrieved 12/13/22 from <https://www.apa.org/monitor/2014/10/incarceration>.



- ❖ **BHSD Collaborative Treatment Courts (BHSD-CTC):** Behavioral Health Clinicians stationed at the Superior Court will screen and refer individuals under court supervision to behavioral health treatment. Individuals referred through the BHSD-CTC pathway would have been arrested, charged with, or convicted of a criminal offense.
- ❖ **BHSD Reentry Resource Center (BHSD-RRC):** Behavioral Health Clinicians stationed at the RRC, a walk-in clinic for justice-involved individuals, will screen and refer individuals into community treatment services and other resources. Between October 2021 and October 2022, the RRC served 2,269 unique clients, registering 790 new clients. As with BHSD-CTC, individuals referred through this pathway would have been arrested, charged with, or convicted of a criminal offense.

BHSD-CTC and BHSD-RRC clinicians will use the Title IX Regulations to determine medical necessity for mental health services, which stipulates that an individual's mental health condition(s) has impacted the individual's ability to maintain housing, engage in daily life activities, maintain healthy relationships, or care for their health. Clinicians use the Integrated Justice Services (IJS) Assessment tool (which incorporates American Society of Addiction Medicine [ASAM] criteria⁶) to inform a prospective client's needs and level of care for mental health and substance use treatment services. Individuals who are involved in the criminal justice system, meet the Title IX Regulations, and are screened as appropriate for co-occurring disorder services at an outpatient level of care will be referred to the Prop 47 program⁷. In addition to these two main referral pathways, other higher intensity treatment providers in the County may transfer clients to the Prop 47 Cohort III program as a warm handoff to a lower level of care as appropriate.

During the life of this grant, BHSD aims to provide outpatient treatment services to 50 individuals at any given time who meet this target population criteria and fund at least 30 transitional housing beds for use by the Prop 47 target population at any given time.

⁶ The ASAM Criteria is the most widely used and comprehensive set of standards for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

⁷ The Prop 47 program will adjust their screening approach as necessary to comply with any and all state regulations pertaining to Cal-Aim that require use of specific screening or assessment tools.

Program Goals and Objectives

BHSD aims to achieve three main goals through the service delivery of this specialty mental health co-occurring program: (1) Increase access to outpatient treatment and transitional housing for justice involved clients with moderate-severe or persistent mental illness and co-occurring disorders; (2) Stabilize and reduce recidivism of justice-involved clients with moderate-severe or persistent mental illness and co-occurring disorders through community-based treatment; and (3) Stabilize and reduce recidivism of justice involved clients with moderate-severe or persistent mental illness and co-occurring disorders through housing supports. Table 1 describes the specific objectives BHSD hopes to achieve for each goal.

Table 1. SCC Prop 47 Cohort III Project Goals and Objectives

Goals	Objectives
Increase access to outpatient treatment and transitional housing for justice-involved clients with moderate-severe or persistent mental illness and COD.	<ul style="list-style-type: none"> Outpatient treatment provider shall maintain a minimum active caseload of 90% of contracted capacity 70% of clients will be enrolled into treatment within 10 business days of referral 70% of unhoused clients will be offered housing within 10 days of being enrolled into treatment
Stabilize and reduce recidivism of justice-involved clients with moderate-severe or persistent mental illness and COD through community-based treatment.	<ul style="list-style-type: none"> 65% of clients will remain engaged in treatment for at least 90 days or successfully transition to another appropriate level of care Over the course of the 3-year project, the recidivism rate for the County's target population will decrease from 36% to 30%⁸
Stabilize and reduce recidivism of justice-	<ul style="list-style-type: none"> 60% of clients will remain housed for at least 90 days Transitional housing provider shall maintain a minimum

⁸ The "county's target population" refers to individuals who were eligible for and participated in the Prop 47 Cohort III program. Analysis will be contingent upon available recidivism data.



involved clients with moderate-severe or persistent mental illness and COD **through housing supports.**

90% occupancy rate of contracted capacity

- Over the course of the 3-year project, the recidivism rate for the County's target population will decrease from 36% to 30%⁹

Program Design

The Prop 47 Cohort III program is designed to address the County's two primary identified service gaps—outpatient co-occurring treatment and transitional housing units—by increasing the County's capacity to provide these services and facilitating access to these services for the target population through referral and outreach. To achieve the three goals previously described, the Prop 47 Cohort III program will provide the primary services of outpatient co-occurring treatment and transitional housing units, as well as case management, to facilitate clients' access to other needed community resources.

Referral and Outreach

As described above, there are two referral pathways through which individuals in the Prop 47 Cohort III program target population will be identified and referred to the program—the BHSD-CTC and the BHSD-RRC. Once the BHSD clinicians stationed at the CTC or the RRC screen and refer eligible individuals to the program, the contracted treatment provider conducts outreach and engagement services, both inside custody and in the community, to build rapport with the clients and enroll them in treatment. There may be occasions where individuals must remain in custody after being referred due to other charges, at which point the treatment provider shall provide outreach as soon as the individual is deemed legally and clinically available to leave custody.

Outpatient Co-occurring Treatment

Upon enrolling into co-occurring treatment, clients will be provided with an array of specialty mental health and co-occurring disorder services, including assessment, individualized treatment plans, medication support, individual and group therapy

⁹ The "county's target population" refers to individuals who were eligible for and participated in the Prop 47 Cohort III program. Analysis will be contingent upon available recidivism data.



services, targeted case management services, and crisis intervention. In addition to services that are individualized to address each client's needs, the treatment provider utilizes at least one or more of the following evidence-based practices that have demonstrated efficacy in the treatment of justice-involved clients: Cognitive Behavioral Therapy, Criminal Thinking, Thinking for a Change, Moral Reconation Therapy, Risk, Need and Responsivity, Criminal Conduct, and Substance Abuse Treatment Pathways to Self-Discovery and Change.

The length of enrollment in outpatient co-occurring treatment will be 12 months. However, extensions may be granted if it is determined that a client continues to meet medical necessity for this level of care to remain stable in the community. For those who may need a different level of care, the treatment provider should effectively transition the individual to the appropriate program through warm hand-offs and coordination of services to help ensure that the client remains engaged in treatment.

Transitional Housing Units

While clients are enrolled in co-occurring treatment, the treatment provider will continually work with clients to address challenges that may jeopardize housing stability, including by collaborating with justice partners, such as the courts or the clients' supervising officers. As soon as the treatment provider determines that a client is unhoused, the treatment provider's case manager shall collaborate with the transitional housing manager (who is employed by the treatment provider and typically a graduate of the program) or utilize housing flex funding, depending on clinical need, to secure a bed for the client. The treatment provider will assist the individual into the housing placement by transporting the individual to the home, purchasing all needed personal items, and picking up medications. Once housed, the treatment provider shall continue to provide treatment services, including targeted case management and case conferences with the housing placement, to encourage the individual to remain housed.

The length of stay for transitional housing units will be six months; however, as with outpatient treatment services, extensions may be granted for clients who have been unable to secure alternate housing placements due to extenuating circumstances.



When placed in a transitional housing bed, each client will receive three healthy daily meals and access to basic needs, telephones, and computers.

Additional Services

Treatment provider staff are also required to provide case management services that will facilitate clients' access to needed community resources, which may include assistance in applying for SSI, Medi-Cal benefits, and establishing a primary care physician. Treatment provider staff are also required to accompany clients to their scheduled court hearings. For individuals identified as having a history of chronic homelessness, housing provider staff must also complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess individual housing needs and help them gain access to permanent housing.

To further assist individuals with establishing a stable source of income, and achieving their career goals, BHSD County programs and contracted providers also provide clients with peer mentorship and linkage to employment services. Peer mentorship can be a source of hope and realization that successful treatment and community reintegration are possible, and employment services help clients gain access to a steady source of income.

For more detail on the Prop 47 Cohort III program's partners, contracted providers, services, and anticipated outcomes, see the Logic Model in Appendix A.

Process and Outcome Evaluation

Overview

In November 2022, SCC's BHSD contracted RDA Consulting (RDA) to conduct a multi-year evaluation of the SCC Prop 47 Cohort III program, concluding in 2026. The evaluation is intended to: 1) evaluate implementation process, outcomes, and impact of the Prop 47 program; 2) support continuous program improvement efforts for BHSD and the Prop 47 program; and 3) comply with BSCC regulatory requirements, including the completion of the LEP (i.e., this document) and the FLER at the end of the grant period.



RDA conceptualizes its role as evaluation partners rather than external researchers. Using this approach, RDA collaborates with BHSD and Prop 47 partners to articulate program goals, develop outcome measures, and interpret and respond to evaluation findings. RDA incorporates opportunities for stakeholder participation throughout the evaluation process by including BHSD and other partners in developing the program evaluation plan, reviewing evaluation tools, and interpreting evaluation findings.

RDA engaged in several evaluation planning activities over the past several months to develop this LEP that is both tailored to BHSD's Prop 47 Cohort III project and meets BSCC requirements. In addition to carefully reviewing BHSD's Prop 47 Cohort III proposal to BSCC and other background materials, RDA scheduled and facilitated multiple meetings with BHSD in the Fall and Winter of 2022 to further understand their program, plans, and goals for Cohort III, as well as their specific evaluation objectives and interests. The evaluation team also engaged in multiple collaborative working sessions to discuss and complete the Prop 47 Cohort III program logic model collectively as a team. In December, RDA joined BHSD in attending the BSCC's Local Evaluation Plan (LEP) webinar to ensure clarity and consistency with LEP requirements. Because RDA is BHSD's contracted evaluator for their Prop 47 Cohort II program, the Cohort III planning process was supported by ongoing and collaborative discussions built on the team's learnings and findings from their Cohort II project. This included in-person discussions with Community Solutions (who is the contracted treatment provider for Cohort III) about their program and future directions as part of the data collection process for the Cohort II Final Local Evaluation Report (FLER).

RDA will support BHSD's Prop 47 Cohort III program goals using both a process and an outcome evaluation. The evaluation will include assessment of the project's implementation and mechanics, including its resources, activities, and outputs, to support continuous program improvement (process evaluation) as well as the project's outcomes and influence to understand the extent to which intended goals of the project are met (outcome evaluation). The evaluation will utilize a mixed methods evaluation design and approach, leveraging both qualitative and quantitative data to explore the evaluation questions. The team will also work with



BHSD and the Prop 47 partners to build capacity for the evaluation and engage in ongoing continuous quality improvement (CQI). A CQI approach frames evaluation not as a one-time event, but as an ongoing process of obtaining and using data to strengthen program design and implementation. This process will allow Prop 47 staff to identify potential barriers to the intended implementation approach and make programmatic adjustments in real-time.

Evaluation Domains

The SCC Prop 47 Cohort III evaluation framework will focus on three distinct evaluation domains that were shaped and informed by BHSD's proposal to BSCC, their goals and interests shared during the evaluation planning process, and BSCC's guidelines (see Table 2). These domains represent the main process and outcome areas of inquiry for the Prop 47 program. Information gathered within each domain will support the Prop 47 process and outcome evaluation, and the CQI process, to monitor implementation and progress toward goals, improve service delivery, and reflect on lessons and insight for other counties and programs. The three evaluation domains were vetted with BHSD and further refined to match the team's goals and values for the Prop 47 evaluation.

Table 2. Prop 47 Program Evaluation Domains and Subdomains

Program Model (Process)	Service Utilization (Process)	Client Outcomes (Outcome)
<ul style="list-style-type: none">• Fidelity to the Model• Responsiveness to Clients• Communication and Collaboration	<ul style="list-style-type: none">• Program Access and Entry• Service Dosage and Experience	<ul style="list-style-type: none">• Service Retention and Completion• Behavioral Health and Functioning• Recidivism and Risk

Program Model

A key component of any process evaluation involves assessment of the program model and its implementation. There is a need to understand the extent to which the program model is implemented as intended, including program activities and outputs related to mechanics, successes, challenges, facilitators of successes and



challenges, as well as changes made over time. This evaluation domain also covers model components that include the program's responsiveness to clients and their needs, as well as communication, collaboration, and engagement with partners and stakeholders. RDA will evaluate the mechanics of Prop 47 implementation, assess the extent to which services are implemented as planned, and identify implementation successes and challenges. Identified program successes and challenges will inform programmatic improvements moving forward and support model refinement, implementation, and replication over time.

Service Utilization

As one of BHSD's goals for the Prop 47 Cohort III program is to increase access to outpatient treatment and transitional housing services, a crucial process evaluation domain will focus on client service utilization. To understand how and to what extent clients are accessing services, RDA will evaluate the program's referral, intake, and enrollment activities and processes, as well as the nature and extent of services received, and movement of clients throughout the service continuum. Information from this domain will also inform the extent to which the Prop 47 program is meeting intended targets related to service capacity, time between referral and enrollment, as well as time between enrollment and service access. This domain will provide BHSD and stakeholders with information about who is referred, enrolled, and connecting to services and how they are doing so, providing actionable insight about how to improve client enrollment and service access.

Client Outcomes

Central to the outcome evaluation and BHSD's program goals related to client stabilization and recidivism reduction, the final evaluation domain focuses on outcomes of clients who receive Prop 47 services and program impact. Client outcomes related to service retention and program completion, behavioral health functioning and quality of life, and recidivism are important to understanding the extent of program effectiveness in meeting its goals and the needs of clients. Given the timeframe of RDA's work, the evaluation will assess the impact of Prop 47 services on clients by examining short- to medium-term client outcomes. Larger program impacts will be assessed where possible, recognizing that some longer-term impacts may not be feasible to measure for the current project (e.g., decreased



County use of Emergency Psychiatric Services) or observable in the community for many years (e.g., establishment of a coordinated and accessible continuum of services). Findings from the client outcomes domain will inform Prop 47 stakeholders of the extent to which the program is meeting its goals and highlight opportunities for programmatic improvements to further support clients.

Evaluation Questions

Evaluation questions reflect the purpose of the evaluation, help to guide evaluation activities, ensure that appropriate data are collected, and address local priorities. RDA met with BHSD to discuss and develop the evaluation questions that will guide the overall evaluation process, including that of process, outcomes, and CQI. The evaluation questions are grouped below into each of the three evaluation domains described earlier. Although questions are separated in this way, all domains and questions are interconnected and build on each other for a cohesive evaluation.

Program Model (Process)

1. To what extent is the Prop 47 program model being implemented to fidelity? What are successes and challenges in implementation?
2. To what extent does the program demonstrate responsiveness to varying client backgrounds and experiences?
3. What is the nature and extent of communication and collaboration among agencies and partners within the Prop 47 landscape?

Service Utilization (Process)

4. Who is being referred and enrolled in the Prop 47 program? How quickly do clients become connected to services as part of the program?
5. What type and how many services are Prop 47 clients receiving? What is the length and movement of client experiences in this program?

Client Outcomes (Outcome)

6. To what extent are Prop 47 clients maintaining engagement with COD and housing services, supports, and placements?



7. To what extent are Prop 47 clients experiencing improved behavioral health and functioning as a result of their program participation?
8. To what extent is Prop 47 participation associated with a reduction in criminal legal system involvement and recidivism risk level?

Data Collection

To obtain the necessary information to answer the evaluation questions, RDA will utilize several quantitative and qualitative data sources described in the following section. Table 3 provides examples of the process and outcome measures that will be used to answer the evaluation questions, as well as the data sources for each measure. A data collection plan is presented in Table 4.

Table 3. Evaluation Domains, Process and Outcome Measures, and Data Sources

Domain & Subdomains	Process & Outcome Measures	Data Sources
Program Model (Process)		
Fidelity to the Model	Program implementation mechanics; Reasons for program changes; Implementation successes and challenges	Staff Interviews & Focus Groups; Staff Surveys; Observation of Services
	Eval Question 1: To what extent is the Prop 47 program model being implemented to fidelity? What are successes and challenges in implementation?	
Responsiveness to Clients	Client program experiences and satisfaction; Program responsivity to client backgrounds and needs	Staff Interviews; Staff & Client Focus Groups; Client Surveys; Staff Responsivity Tracking
	Eval Question 2: To what extent does the program demonstrate responsiveness to varying client backgrounds and experiences?	
Communication & Collaboration	Communication and collaboration practices, changes, successes, challenges	Staff Interviews & Focus Groups
	Eval Question 3: What is the nature and extent of communication and	



Domain & Subdomains	Process & Outcome Measures	Data Sources
	collaboration among agencies and partners within the Prop 47 landscape?	
Service Utilization (Process)		
Program Access & Entry	Client demographics; Referrals; Eligibility screenings; Enrollment; Referral experience; Time from referral to enrollment; Time from enrollment to initial psychiatric appointment	Electronic Health Records (EHRs); Staff & Client Focus Groups
	Eval Question 4: Who is being referred and enrolled in the Prop 47 program? How quickly do clients become connected to services as part of the program?	
Service Dosage & Experience	Dosage, service type, and duration of Prop 47 services received; Average length of stay in services; Movement to different levels of care; Referrals to other BHSD & non-BHSD services received	EHRs; Client Surveys & Focus Groups
	Eval Question 5: What type and how many services are Prop 47 clients receiving? What is the length and movement of client experiences in this program?	
Client Outcomes (Outcome)		
Service Retention & Completion	Housing placement; Housing length of stay/retention; Outpatient treatment retention; Retention with other services; Supports of service/housing retention; Treatment and program completion	EHRs; Staff & Client Focus Groups; Client Surveys
	Eval Question 6: To what extent are Prop 47 clients maintaining engagement with COD and transitional housing units, supports, and placements?	
Behavioral Health & Functioning	COD symptoms; Relapses; EPS visits; Quality of life; Social functioning; Stabilization	EHRs; Staff & Client Focus Groups; Client Surveys



Domain & Subdomains	Process & Outcome Measures	Data Sources
	Eval Question 7: To what extent are Prop 47 clients experiencing improved behavioral health and functioning as a result of their program participation?	
Recidivism & Risk	Convictions for new felony and misdemeanor offenses before and after Prop 47 participation; Recidivism assessment risk score/level	Probation Records
	Eval Question 8: To what extent is Prop 47 participation associated with a reduction in criminal legal system involvement and recidivism risk level?	

Table 4. Prop 47 Evaluation Data Collection Plan¹⁰

Data Source	Collected By	Timing
Electronic Health Records	BHSD; Contracted Provider	Fall 2023; Fall 2024; Fall 2025
Probation Records	Probation Department	Fall 2023; Fall 2024; Fall 2025
Responsivity Tracking Records	BHSD; Contracted Provider	Quarterly from 2023–2026
Interviews, Focus Groups, Surveys, Observation of Services; Meeting Discussions	RDA Consulting	Fall 2023; Fall 2024; Fall 2025 (Monthly or Quarterly for CQI)

Quantitative Data Sources

Electronic Health Records. The evaluation will draw upon client electronic health records (EHR) retrieved from HealthLink and other existing EHR systems to obtain a variety of information, including: client demographics, eligibility screenings,

¹⁰ RDA will continue to collaborate with BHSD and the contracted provider, Community Solutions, to develop a monthly and/or quarterly process for ongoing data collection and feedback as part of continuous quality improvement (CQI) that is in addition to the full annual data collection activities for the FLER.



outpatient treatment enrollment and engagement, services received, level of care transitions, and treatment discharge and completion details. BHSD and RDA have previously accessed data from EHRs for prior evaluations, including the Prop 47 Cohort II evaluation. Program completion will be defined by the satisfactory completion of outpatient COD treatment services or successfully transferring to another level of care. Additionally, EHR information will inform the nature and extent of any non-Prop 47 services received through BHSD, as well as some behavioral health outcomes (e.g., emergency psychiatric admissions). The evaluation team will use this data to understand the needs, access, engagement, and service utilization of Prop 47 clients. Electronic health records will be collected continuously by Prop 47 program staff. RDA will request, analyze, and report on select EHR data on an annual basis.

Probation Records. Records from the Santa Clara County Probation Department will be provided to inform client risk of recidivism (i.e., Correctional Assessment and Intervention System or CAIS data) as well as client recidivism data (i.e., convictions for new felony or misdemeanor offenses) prior to and within 3 years of program placement. BHSD and RDA have previously accessed recidivism data from the Probation Department for prior evaluations, including the Prop 47 Cohort II evaluation. RDA will collect, analyze, and report key themes from these records annually.

Staff Responsivity Tracking Records. RDA will work with BHSD to obtain staff responsivity metrics for the evaluation, including the number of bilingual program staff employed, as well as the number of staff trained in various treatment modalities, including trauma-informed care. This information is already collected by the contracted provider, and BHSD will request and share it with RDA on a quarterly basis for the evaluation.

Qualitative Data Sources

Background Materials and Meeting Discussions. The evaluation team will contextualize and triangulate findings from other qualitative and quantitative sources with information obtained from a number of background materials provided by BHSD (e.g., BSCC narrative proposal), as well as monthly meetings and



discussions with BHSD staff and the contracted provider. BHSD and RDA have previously used these and all of the following qualitative data sources for prior evaluations, including the Prop 47 Cohort II evaluation.

Leadership Interviews. RDA will conduct interviews with leadership staff from key program stakeholders, including the BHSD's Forensic Diversion and Reintegration Division (FDR), Collaborative Treatment Courts (CTC), and Reentry Resource Center (RRC), along with Community Solutions and the Probation Department. Interviews will provide a higher-level view of program implementation, inter-agency collaboration within the Prop 47 landscape, as well as the extent and nature of program responsiveness to clients. RDA will facilitate these interviews and collect, analyze, and report key themes from them annually.

Staff Focus Groups. RDA will engage program staff members who have firsthand knowledge of Prop 47 services through a series of annual focus groups. Focus group discussions will provide on-the-ground details about implementation mechanics, changes, successes, and challenges, as well as the nature and extent of collaboration with program partners. Focus groups will also provide insight about program responsiveness to clients, client behavioral health outcomes, and factors that support client service retention. RDA will facilitate these focus groups and collect, analyze, and report key themes from them annually.

Staff Surveys. RDA will administer surveys to all program staff who work directly with Prop 47 clients at referral, intake, and treatment. This survey will focus on understanding the Prop 47 experience from the staff/provider perspective and gather insight into implementation successes and challenges, as well as staff satisfaction as part of CQI. Surveys will include both qualitative and quantitative items and will be administered online annually by RDA to all staff who directly engage or serve Prop 47 clients. RDA will collect, analyze, and report key themes from survey data annually.

Observation of Services. RDA will observe Prop 47 program services (e.g., group treatment services) to inform the evaluation during two planned in-person site visits to the contracted outpatient treatment and housing services provider. Observation of group programming and services will provide information that directly informs



implementation mechanics, the extent of fidelity to the intended program model and best practices, as well as provide insight into potential implementation strengths and areas for continuous quality improvement and growth. RDA will collect, analyze, and report key themes from observations of services biannually as part of the two planned evaluation site visits.

Client Surveys. RDA will administer surveys to Prop 47 clients to understand the nature and extent of their program experiences and satisfaction, services received (including both Prop 47 and non-Prop 47 services), engagement and retention with services over time, perceptions of staff responsiveness to client needs (e.g., language, trauma), and behavioral health outcomes. Surveys will include both qualitative and quantitative items and will be administered online annually by RDA to all Prop 47 clients who wish to participate. RDA will collect, analyze, and report key themes from survey data annually.

Client Focus Groups. In addition to client surveys, RDA will engage Prop 47 clients in annual focus groups to further understand, triangulate, and deepen findings regarding program experiences and satisfaction, the referral process and services received, service engagement and retention, perceptions of program responsiveness to client needs, and behavioral health outcomes. RDA will facilitate these focus groups and collect, analyze, and report key themes from them annually.

RDA and BHSD also plan to collect quantitative and qualitative data to support this project's ongoing continuous quality improvement (CQI) process as another component of the evaluation. This process may include monthly or quarterly recurring meetings, interviews, focus groups, and/or surveys with program staff, administrators, stakeholders, and/or clients (in addition to the annual data collection described above for the larger process and outcome evaluation) with the goal of assessing program fidelity to the Prop 47 model and providing timely (e.g., monthly or quarterly) feedback for ongoing program improvement throughout the grant period (to include a mid-project CQI Report). RDA and BHSD are working to formalize this ongoing process, and it will be documented fully in a mid-project CQI Report and the FLER (see the Evaluation Reporting section below).



Data Transmission and Protecting Privacy

SCC BHSD and RDA will use a Secure File Transfer Portal (SFTP) to share data for this evaluation. BHSD (and all other agencies that provide data for this evaluation) will password-protect data files and upload them to the SFTP site. RDA will download and store the files in a secure folder that only the Prop 47 evaluation team can access. Both qualitative and quantitative data will be stored in this secure folder. RDA will destroy the data after this evaluation project concludes. Additionally, RDA has obtained a third-party security assessment to satisfy the County Information Security, Compliance, and Counsel requirements for all contracted providers, which was a part of the Data Access Request process that RDA previously participated in with Santa Clara County Behavioral Health Services Department. To ensure that all findings are anonymous and personal privacy rights are protected, RDA will aggregate all data collected so that no one can be individually identified in the evaluation reports presented.

Analytic Framework

The evaluation planning team has emphasized the importance of CQI to better support system processes and outcomes for Prop 47 Cohort III program, staff, and clients. This is an underlying approach to how we will analyze and report on the data that is collected. As previously mentioned, while key themes from all data sources will be collected and reported on an annual basis, some data sources will be collected, analyzed, reported, and discussed more frequently as part of the ongoing CQI process.

RDA will begin evaluation analyses by organizing and cleaning all quantitative and qualitative data sources obtained and/or collected (either annually, or more frequently for CQI). RDA will analyze the quantitative data by performing descriptive analyses (e.g., calculation of frequencies) and pre/post analyses (i.e., comparing metrics between two points in time). These quantitative analyses will be used to describe Prop 47 program processes and client outcomes, address the evaluation questions, and inform the extent to which the program has met its goals.



Qualitative data will be used to inform all domains within the process and outcome evaluation, including implementation of the program model, client service utilization, and client outcomes. To analyze qualitative data, RDA will first transcribe and clean narrative responses and notes from all focus groups, interviews, discussions, group observations, and surveys to ensure that the details are appropriately captured. RDA will then thematically code and analyze the cleaned narrative data using NVivo software to systematically identify recurring themes and key takeaways across the qualitative data sources.

RDA will synthesize qualitative and quantitative findings to address the evaluation questions, learn what aspects of the program are most effective, and inform program goal progress and areas for improvement and growth. Using the findings from this evaluation, RDA will support BHSD and Prop 47 partners in data-driven decision making and ongoing programmatic improvement efforts.

Potential Limitations

As with any evaluation or research project, limitations exist. Although RDA identified the objectives of this evaluation above, the potential analyses may change depending on the Prop 47 program implementation in SCC, the availability of data, and the sample sizes of program staff, clients, and relevant stakeholder groups. For example, analytic approaches may be adjusted to reflect any potential delays in program implementation, a lack of available quantitative data from internal or external agencies, or changes in the expected number of people who participate in focus groups or surveys.

Additionally, this evaluation relies in part on self-reported data from program participants. With self-reported data, it is possible that respondents may not be able to recall experiences or may choose their answer(s) based on what they view as socially desirable. Wherever possible, RDA will triangulate multiple data sources to maximize validity by allowing for the examination of the same phenomenon in different ways.

Finally, the statistical techniques and methodology proposed for this evaluation cannot establish causal relationships between program elements and client



outcomes. This means that any observed changes or findings may be due to factors unrelated to the Prop 47 program. In addition to describing the program's process and outcomes, this evaluation will explore (non-causal) associations or relationships between Prop 47 program participation and client outcomes (e.g., recidivism), and further build and contextualize these findings with qualitative data.

Evaluation Reporting

In addition to this LEP, RDA will collaborate with BHSD and program stakeholders to engage in monthly ongoing technical assistance, support, and CQI processes, as well as annual data collection (including up to two in-person site visits), culminating in the completion of two reports: (1) a mid-project CQI Report, and (2) the FLER. In addition to complying with BSCC reporting requirements and guidelines, these reports may be used to directly support Prop 47 programmatic improvements and data-driven decision making.

CQI Report

At the approximate midpoint of the Prop 47 project (i.e., between Fall 2023 and Spring 2024), RDA will complete a CQI report brief that documents and details key program process and outcome findings gleaned from the annual and CQI data collection to date. This will include findings related to program implementation, fidelity, responsiveness, and collaboration, as well as client service access, utilization, and outcomes to date. After conducting preliminary analyses for the CQI report, RDA will develop a PowerPoint presentation that summarizes key CQI findings and recommendations and meet with BHSD and its stakeholders to review, discuss, and contextualize the findings and their meaning. This report will highlight successes and challenges that the program has experienced and navigated during its initial years of implementation and serve as a source of mid-project feedback on goal progress to inform continuous program improvement.

Final Local Evaluation Report (FLER)

In May of 2026, RDA will deliver the FLER that both reflects the Local Evaluation Plan and adheres to BSCC reporting requirements and guidelines. This report will include both process and outcome evaluation findings, synthesizing three years of annual



program data collection as well as key learnings and takeaways from the ongoing CQI process and CQI Report. RDA will aggregate, analyze, and synthesize all quantitative and qualitative data collected to develop key findings and inform recommendations for program improvement.

After conducting preliminary analyses for the FLER, RDA will meet with BHSD and program partners to review and discuss the findings before finalizing them for reporting purposes. This iterative process will ensure that program partners can reflect on and contextualize the initial results. These work sessions will allow RDA to leverage program partners' on-the-ground knowledge and expertise to interpret findings and strengthen programmatic recommendations.

RDA will provide a draft evaluation report to the BHSD team for review beforehand and will incorporate any feedback prior to finalizing the report for submission to BSCC by June 1, 2026. Accompanying the report, RDA will develop a PowerPoint presentation that summarizes key evaluation findings and recommendations.

Appendix A

INPUTS Resources Needed to Operate Program	ACTIVITIES Activities Needed to Accomplish Program Goals	OUTPUTS Measured Delivery of Evidence-Based Services and Activities	OUTCOMES Observable Client Changes Related to Activities and Outputs	IMPACTS Long Term Impact to the County
<p>Funding</p> <ul style="list-style-type: none"> BSCC Prop 47 Cohort 3 Grant Funding Medi-Cal Leveraged Funds <p>Leadership, Oversight, and Staffing</p> <ul style="list-style-type: none"> Behavioral Health Services Department (BHSD) <ul style="list-style-type: none"> Forensic Diversion & Reintegration Division (FDR) Collaborative Treatment Courts (CTC) BHSD Reentry Resource Center (RRC) Community Based Organization/Funded Providers (CBO) <ul style="list-style-type: none"> Community Solutions Other Partners <ul style="list-style-type: none"> Probation Department Pretrial Parole Office of Reentry Services District Attorney Public Defender Sheriff's Office Adult Custody Health Services Department of Correction Office of Supportive Housing Superior Court of the County of Santa Clara Local Advisory Committee (LAC) <p>Resources</p> <ul style="list-style-type: none"> 30 dedicated Transitional Housing Unit (THU) beds Treatment and Service Modalities (e.g., Trauma-informed care, CBT, DBT, Motivational Interviewing, Interactive Journaling, Brief Family, Family Wellness, Relapse Prevention, Seeking Safety, WRAP, Moral Reconation Therapy, Harm Reduction, Housing First) Flex funding for additional housing resources and personal need items 	<p>Collaborative Treatment Courts (Referral Source)</p> <ul style="list-style-type: none"> Eligibility screening and referral for clients with MH and COD into Prop 47 <p>BHSD Reentry Resource Center (Referral Source)</p> <ul style="list-style-type: none"> Eligibility screening and referral for clients with MH and COD into Prop 47 <p>Community Solutions (CBO Provider)</p> <ul style="list-style-type: none"> Facilitate receipt of referrals from CTCs, RRC, and other agencies Assertive outreach and warm hand-offs Provision of array of specialty mental health services (e.g., comprehensive assessment, treatment planning, medication support, individual and group therapy, case management) Participate in capacity and discharge planning Submit Client Status Reports (CSRs) Provide a structured and safe living environment Provide housing assessment, navigation, case management, and service referrals <p>BHSD (BSCC Grantee)</p> <ul style="list-style-type: none"> Coordinate referrals from CTC, BHSD RRC, and other agencies Collaborate with the probation department to obtain recidivism data Collaborate with RDA to collect and provide data for the evaluation Compile quarterly reports for the BSCC Facilitate Local Advisory Committee (LAC) meetings with partners <p>RDA Consulting (Evaluator)</p> <ul style="list-style-type: none"> Collaborate with BHSD to plan and complete the BSCC Local Evaluation Plan (LEP) and Final Local Evaluation Report (FLER) Collaborate with BHSD to complete all evaluation activities, including CQI processes Provide TA as needed to support evaluation and program implementation Attend and contribute to LAC meetings with BHSD <p>Probation Department</p> <ul style="list-style-type: none"> Collect and provide data on client recidivism to support the evaluation 	<p>Prop 47 Referral, Screening, & Intake</p> <ul style="list-style-type: none"> Increased treatment access for justice-involved clients through referrals from CTC & RRC for BHSD screening Decreased days from referral to enrollment Decreased days from enrollment to initial psychiatric appointment <p>Outpatient COD Services</p> <ul style="list-style-type: none"> 70% of clients will be enrolled into outpatient treatment within 10 business days of referral Outpatient treatment provider shall maintain a minimum active caseload of 90% of contracted capacity Readily available totals of clients served and service dosage provided (amount, type, duration) High proportion of clients receiving referrals to other community-based services High proportion of staff trained in Trauma-informed Care High proportion of bilingual staff High implementation fidelity of treatment services provided <p>Housing Stabilization Services</p> <ul style="list-style-type: none"> High proportion of clients screened by VI-SPDAT 70% of unhoused clients will be offered housing within 10 days of being enrolled into treatment Reduced days from referral to housing placement Transitional housing provider shall maintain a minimum 90% occupancy rate of contracted capacity Collaboration between transitional housing manager and treatment case manager <p>Increased Collaborative System</p> <ul style="list-style-type: none"> Formalization of direct referrals to BHSD Increased collaboration and information-sharing among justice partners Improved communication and collaboration practices among partners, including experienced collaboration successes Improved efficiency of the collaborative court system by improving timely access to treatment services Treatment provider to compile and provide CSRs to court and supervising officer 	<p>Service Engagement, Retention, & Completion</p> <ul style="list-style-type: none"> 65% of clients will remain engaged in treatment for at least 90 days or successfully transition to another appropriate level of care 60% of clients will remain housed for at least 90 days Clients will obtain other/independent housing after transitioning from THUs Formerly incarcerated individuals with MH/COD and emergency housing needs will successfully complete and discharge from the Prop 47 program <p>Behavioral Health Stabilization & Functioning</p> <ul style="list-style-type: none"> Formerly incarcerated individuals with MH/COD and emergency housing needs will be stabilized through CBO treatment and services Clients will improve in their ability to function in family/social/community settings Clients will experience improved MH and COD symptoms and quality of life <p>Recidivism & Risk Level</p> <ul style="list-style-type: none"> Recidivism (i.e., new felony or misdemeanor conviction) rates among Prop 47 clients will be lower in the 6-12 months post-program completion compared to pre-enrollment Risk for recidivism among Prop 47 clients will decrease during the course of their participation in Prop 47 Over the course of the 3-year project, the recidivism rate for this target population within the County more broadly will decrease from 36% to 30% 	<p>Collaboration & Service Continuum</p> <ul style="list-style-type: none"> Increased community partnerships and collaboration between BHSD, Probation, CTC, RRC, CBOs, and MH/COD treatment and housing service provider Establishment of a coordinated and accessible continuum of services <p>Treatment Accessibility</p> <ul style="list-style-type: none"> Increased access to MH/COD treatment, housing services, and transitional programming for justice-involved individuals Decreased treatment access disparities in the criminal justice system <p>Stabilization, Recidivism, & System Use</p> <ul style="list-style-type: none"> Increased stabilization and reduced recidivism among justice-involved individuals with MH/COD needs Decreased use of Emergency Psychiatric Services (EPS) and Institutions for Mental Disease (IMDs).