

Proposition 47 Proposal Cover Sheet

Submitted by:

Kern Behavioral Health and Recovery Services

Grant Dollars Requested:

\$6,000,000

Date Submitted:

April 29, 2022

Section I. Applicant Information Form

A. PUBLIC AGENCY APPLICANT		B. TAX IDENTIFICATION NUMBER	
NAME OF PUBLIC AGENCY Kern Behavioral Health and Recovery Services		TAX IDENTIFICATION #: 95-6000925	
STREET ADDRESS 2001 28th Street	CITY Bakersfield	STATE CA	ZIP CODE 93301
MAILING ADDRESS (if different) PO Box 1000	CITY Bakersfield	STATE CA	ZIP CODE 93302
IF A JOINT PROPOSAL, LIST OTHER (NON-LEAD) PUBLIC AGENCIES:			
N/A			
C. PROJECT TITLE			
Kern Transitions Program			
D. REQUIRED SERVICES (Check all that apply)		E. ADDITIONAL SERVICES (Check all that apply)	
<input checked="" type="checkbox"/> MENTAL HEALTH SERVICES	<input checked="" type="checkbox"/> SUBSTANCE USE DISORDER TREATMENT	<input checked="" type="checkbox"/> HOUSING-RELATED SERVICES	<input checked="" type="checkbox"/> OTHER COMMUNITY-BASED SUPPORTIVE SERVICES
<input checked="" type="checkbox"/> DIVERSION PROGRAMS			
F. PROJECT SUMMARY (Provide a clear and concise summary of the proposed project)			
<p>Kern County Behavioral Health & Recovery Services (KernBHRS) recognizes that there are many paths of recovery for individuals with mental health problems and substance use disorders who have been impacted by the criminal justice system. The Kern Transitions Program (KTP) seeks to fill gaps in the local service system to allow these individuals to follow the pathway and receive services tailored to their stages of recovery, criminogenic need and individualized preferences. Its purpose is to reduce recidivism, enable recovery, and support community reintegration. The project targets individuals who have high criminogenic needs and risk and emphasizes populations and communities that have been historically underserved.</p> <p>The KTP project has two primary service components: an innovative, new Forensic Supportive Services Team that compliments existing mental health and/or substance use teams by offering specialized, integrated, forensic treatment services for clients most at risk; and an Early Intervention and Engagement service to reengage individuals who have not followed through substance use treatment services. It also creates a Peer Mentoring Program employing staff with lived experience to offer guidance and support to individuals currently transitioning from jail or prison.</p> <p>The KTP project employs evidence-based treatment approaches, including supported employment, and incorporates trauma-informed care and restorative justice principles and practices. A Local Advisory Committee was consulted in developing the proposal, which entails a collaborative effort between KernBHRS, local government agencies, contract service providers, and key community partners. The project includes a strong data keeping and evaluation component plan to drive decision-making and track progress in meeting its goals and objectives.</p>			
G. GRANT FUNDS REQUESTED	H. Amount of Funds Sub-Contracted to Community-based Organizations		I. Total Amount of Other Funds to be Leveraged
\$6,000,000	\$4,351,752	72.5% percent	\$ 2,261,538
J. PROJECT DIRECTOR			
NAME Jessica Armstrong	TITLE Behavioral Health Recovery System Administrator	TELEPHONE NUMBER (Direct Line) 661-335-1672	
STREET ADDRESS 2001 28th Street		FAX NUMBER 661-861-1424	
CITY Bakersfield	STATE CA	ZIP CODE 93301	EMAIL ADDRESS JArmstrong@kernbh.rs.org

PROPOSAL NARRATIVE

SECTION I. PROJECT NEED Kern Behavioral Health & Recovery Services (Kern-BHRS) will fill gaps in the continuum of care for individuals struggling with a serious mental health (MH) and/or a substance use disorder (SUD) who are impacted by the criminal justice system. The purpose of the Kern Transitions Program (KTP) is to reduce recidivism, enable recovery, and support community reintegration for the target population. Specific service needs to be addressed include forensic supportive services, supported employment, early identification and engagement, short-term housing, and peer mentoring.

I.1.Needs The State reports that total arrests, including both felony and misdemeanors, in Kern County (pop. 943,193) decreased by more than one-third between 2012 and 2020¹, and the average daily jail occupancy fell by 31%.² During that time, KernBHRS experienced a nearly 200% growth in the number of AB109-assigned inmates and formerly incarcerated persons receiving MH and/or SUD treatment.³ In FY 20/21, its Correctional Behavioral Health Team served 2,987 jail inmates, and its outpatient MH and SUD teams and contracted providers treated more than 3,000 justice involved individuals.

A) Forensic Supportive Services. KernBHRS administers both the MH and SUD systems of care serving Medi-Cal beneficiaries and indigent persons living in Kern County. Between KernBHRS and its contracts, there are 28 MH and 23 SUD teams and clinics, the majority of which are in the Bakersfield area where 75% of the population resides. The KernBHRS' Adult Transition Team, which serves about 300 adults annually, is currently the only team designed to treat and support seriously mentally ill and dually diagnosed individuals with criminogenic risks and justice system involvement. Similar services do not exist for individuals with a primary SUD. Additional

forensic supportive services are needed to augment MH and SUD treatment teams that serve the majority of reentering and formerly incarcerated individuals. B) Supported Employment. Individual Placement and Support (IPS) services are limited and not available to individuals with primary substance use. IPS is a “hands-on” evidence-based, supported employment practice that partners with employers to prepare, place and support individuals with MH and SUD in jobs. Studies have shown IPS to be effective in helping participants obtain and retain employment.⁴ C) Early Intervention SUD Services. Of 1,560 justice-involved individuals screened and referred to SUD System providers in FY 20/21, only 35% followed through with treatment. Early Intervention and Engagement (EI&E) services are not available in the SUD system because Medi-Cal does not cover stand-alone engagement and case management for individuals with primary substance use. Individuals must first be linked to “formal” treatment to receive case management, including engagement services. D) Short-Term Housing Needs. Formerly incarcerated adults are almost 10 times as likely to experience homelessness as the general public, and this is especially high among individuals with multiple incarcerations and those recently released from custody, including persons of color and women.⁵ Locally, the Bakersfield-Kern Regional Homeless Collaborative (BKRHC) 2018 PIT Count found that almost 19% of homeless adults reported having been released from jail or prison in the past year. Of these, 79% reported histories of SUD, and 53% reported having MH issues.⁶ KernBHRS found that 21% of AB109-assigned individuals released from jail in FY 20/21 were homeless or at risk of homelessness. KernBHRS adheres to the Housing First approach and places individuals in permanent or permanent supportive housing as quickly as possible, but current housing conditions typically necessitate use of

bridge or temporary housing until affordable housing options become available. A May 2021 report by the California Housing Partnership found a shortage of more than 25,000 affordable rental units locally, compounded by rising rental costs.⁷ KernBHRS' current supply of short-term housing subsidies are limited to 90-day stays due to funding restrictions, which frequently does not allow enough time to secure permanent housing. Prop 47 funds will allow for longer stays and accommodate increased numbers of individuals needing housing. E) Peer Mentors. There are no programs locally that use formerly incarcerated peer mentors to support individuals reentering into society from jail or prison. Studies by Public/Private Ventures have shown promising results by employing individuals who have successfully reintegrated into society as peer mentors to help newly released individuals readjust to society. Mentored individuals had greater success obtaining and keeping jobs and were less likely to reoffend than non-mentored individuals in the year following their release.⁸ **I.2.Target Population** The target population is adults (18 years and older) who have been arrested, charged with, convicted of, or incarcerated for “non-violent, non-serious, non-sexual” felony or misdemeanor offenses, and who have a history or presence of MH and/or SUD disorders. The KTP project will prioritize Individuals with moderate to high criminogenic risks and needs, including multiple arrests and/or incarcerations, who are from racially/ethnically underserved populations, and underserved regions, and who are experiencing or at imminent risk of homelessness. **I.3.Underserved Populations** A) Race/Ethnicity. As reported by the State for Kern, Black / African American adults impacted by the criminal justice system comprised a significantly higher portion of total arrests in relation to their representation in the county population (14.3% versus 5.4%).⁹ KernBHRS AB109 client demographics

for 20/21 reveal that, in comparison to their arrest rate, Blacks accounted for only 7.4% of SUD clients, and 15% of persons served by the MH system. An analysis of those persons who did not follow up with SUD treatment after having been screened and referred to a provider during February 2022 revealed that Blacks accounted for 11% of these “no shows.” B) Targeted Regions. KernBHRS will prioritize south and central Bakersfield for augmented forensic supportive services based on the higher incidence of Black / African Americans (13% versus) served in those neighborhoods compared to other City areas (4%). **I.4. Alignment** The intent of Prop 47 is to develop alternative, community-based solutions to prevent and reduce incarceration for non-serious, non-violent crimes. KTP does this by adding crucially needed MH and SUD treatment and supportive services to the existing continuum of care.

SECTION II. COMMUNITY ENGAGEMENT The Local Advisory Committee (LAC) plays a key role in the proposed KTP project by recommending and evaluating appropriate services, strategies and goals to address the needs and barriers experienced by formerly incarcerated persons. **II.1.LAC Membership** As reflected in the attached LAC Roster (D) and signed Agreement Letters (E), the 21-members include a diverse cross section of government agencies and other organizations, including law enforcement, behavioral health, probation, court services, non-profit, faith-based, and other stakeholders. LAC membership includes several formerly incarcerated individuals and family members who have been directly impacted by the criminal justice system. Membership reflects the racial, ethnic, linguistic, cultural, and regional make-up of the county. **II.2.LAC Engagement** KernBHRS began its Cohort III Prop 47 pre-planning by including discussion of behavioral health and support needs of formerly incarcerated individuals in a series of

countywide MHSA stakeholder meetings in 2021. A majority of stakeholders surveyed on April 9, 2021 identified MH and/or SUD services as most needed for individuals exiting incarceration, and a plurality identified homelessness and lack of income/jobs as the biggest barriers facing them. Subsequently, a KernBHRS work group analyzed areas of need and gaps in the care system, while continuing to solicit input from a cross section of stakeholders. On March 3, 2022, KernBHRS held a Zoom meeting attended by more than 60 persons to present an overview of Prop 47, seek input into its preliminary proposal, and recruit LAC members. Twenty-one (21) attendees committed to serve on the LAC Committee, and several follow-up meetings were held to invite ongoing feedback and provide progress updates. A survey at the March meeting found that behavioral health and housing support were seen as the most important services needed by the target population, followed by job and/or education and peer mentoring services. Fifty-six percent (56%) of responders reported that they or a close family member had been incarcerated. **II.3.LAC Accessibility** LAC members agreed to meet monthly during the implementation period and at least quarterly thereafter to review evaluation reports and advise on programmatic issues. Meetings are chaired by the KernBHRS KTP Project Director at a central location and may also be attended via Zoom. Meetings are open to the public and allow time for discussion. Meeting schedules, agendas, and minutes are emailed to members and other interested parties, and posted on the KernBHRS website, along with the grant application and monthly progress reports.

SECTION III. PROJECT DESCRIPTION The KTP project has two primary service components: a Forensic Supportive Services (FSS) Team, and Early Identification and Engagement (EI&E) services. Community support services, including short-term hous-

ing, and peer mentoring will augment the services. **III.1 Goals** Attachment A contains a Work Plan with goals, objectives, activities, responsible parties, and timeline for each program component. **III.2. Description of Services** A) Service Components. (1) *FSS Team*. The FSS team will offer an additional level of integrated treatment and forensic services to existing MH and SUD treatment teams who require specialized help for moderate to high risk clients leaving custody. Although these teams have Prop 47 target population members among their general caseloads, their primary roles are to serve either MH or SUD clients, but not both, and they do not specialize in providing forensic services. The FSS Team will be a multi-disciplinary team, including a clinical supervisor, therapists, case managers, and SUD counselors, who have special expertise working with individuals with complex criminogenic needs, including persons with concurrent MH and SUD issues. The FSS Team will collaborate with the client's primary treatment team, using a person-centered treatment approach in which the client is offered choices and is engaged in shared decision-making regarding their treatment plan and goals. FSS Team staff will focus on interventions and counseling to address key criminogenic needs and risks, such as antisocial behavior, criminal thinking, peer relationships, employment, family/marital factors, and dual MH and SUD problems. They will also help clients meet requirements of the criminal justice system. The primary MH or SUD team will continue to oversee implementation of the client's basic treatment plan, including medications management, benefits counseling, health care, and housing needs. The FSS Team staff will have expertise in specific evidence-based treatment tailored to this population, including Risk-Needs Assessment, Cognitive Behavioral Therapy, and Seeking Safety. Although the service delivery model proposed is similar to the Forensic

Assertive Community Treatment (FACT) model in that it is an interdisciplinary team focused on criminogenic factor, it differs in that it augments existing teams on behalf of specific individuals and is not a full-service team, relying on the primary team for psychiatry and medications support, and is time limited (6 to 9 months).¹⁰ Additionally, while FACT services are intended to be intensive in nature, studies have found that intensive services are not always beneficial to the forensic population.¹¹ For this reason, the service type and intensity for FSS will be individualized to the participant's needs and preferences. The intention is not to overwhelm the individual, but to recognize their specific behavioral health needs, life circumstances, and strengths. By doing so, the FSS intends to maintain treatment engagement, reduce criminal recidivism and psychiatric hospitalization.

(2) *Early Intervention*. The KernBHRS Gateway Team performs screening and placement services for persons referred to the SUD system, including those with justice system involvement. Addition of EI&E services will allow Gateway to contact individuals who have not followed through with treatment, to begin engaging them in formal treatment. EI&E staff will use a non-judgmental approach incorporating harm reduction, individualized field-based counseling and intervention, and motivational interviewing to identify and address the individual's reasons for non-participation, including helping to resolve any barriers or reservations they have. EI&E staff will discuss the benefits of SUD treatment and encourage individuals to make even the smallest steps forward in reduction of their use. If an individual is not ready to enter formal treatment, staff will provide education, harm reduction strategies, overdose prevention information and naloxone training, and continue to encourage engagement in formal treatment.

(3) *Peer Mentoring*. KernBHRS will contract for a peer mentor program that employs for-

merly incarcerated individuals who have successfully reentered society as credible role models for program participants. The peer mentors will be a resource for FSS Team clients who voluntarily choose this type of support, and work in collaboration with case managers. Based on their lived experience, peer mentors will offer support, encouragement and guidance to clients who are trying to envision a “new self” and taking steps to replace criminal thinking and behavior with a more positive lifestyle. Peers will help clients navigate the criminal justice system, comply with court requirements, and avoid triggers or issues that could lead re-incarceration. At least one peer mentor will have training and expertise in restorative justice principles and practices and will advise clients who wish to accept full responsibility for and take actions to repair any physical, social or financial harm caused by their behavior. (4) *Housing*. About one-third of the individuals exiting custody need short-term housing to avoid homelessness while receiving treatment and awaiting permanent housing. FSS Team clients who are at risk or homeless upon reentry from jail, and individuals who have not followed through with SUD treatment due to homelessness will be referred to the KernBHRS Housing Services Team for placement in short-term housing appropriate to their needs. Short-term stays may exceed 90 days, if necessary, to secure a permanent housing arrangement.

B) Projections. The KTP project will serve 200 unduplicated adults annually with the intent to serve at least 15% who are Black / African American. Projections for each program component are: FSS Team, 150 adults; EI&E services, 100 adults; and Peer Mentoring, 75 adults. Sixty (60) adults will receive short-term housing for a combined total of 3,570 days. Caseload data will be tracked regularly to ensure that there are no service inequities regarding race, ethnicity, or other factors. KernBHRS will consult with the FSS

team contractor and LAC members to adjust outreach and treatment approaches to remedy any discrepancies. C) Service Delivery. Services will be field-based and involve home, community or office visits and phone contacts. FSS Team client contacts will vary from two or more contacts a week to several contacts a month for periods of between 6 and 9 months. EI&E services will involve at least once weekly contact for up to 90 days until the subject is engaged with ongoing treatment. Peer mentoring services will continue for from 6 to 9 months with at least weekly in-person and/or phone contacts. Short-term housing stays will range for from two to three months or longer, if needed. D) Community Partners/Collaboration. The KTP project relies on collaboration between local government agencies including KernBHRS, the Public Defender, Probation, and the Sheriff, and contract providers (as yet to be selected), who will link the target population with healthcare, housing, benefits assistance, education, employment, recovery, civil legal services, and other resources available from a wide range of public agencies and CBOs. E) Staff Roles. The FSS Team is expected to have 10 staff members, including four case managers who collaborate with the individual's primary treatment team case manager with revising the case plan to incorporate additional activities needed to address criminogenic needs and risk factors. One case manager will function as an employment specialist to provide IPS services. Three therapists will provide assessment, monitoring and counseling specific to reducing criminal behavior; and three certified or registered SUD counselors will provide recovery counseling. EI&E services will employ two SUD specialists and one case manager, who will contact and re-engage individuals with treatment. The contracted Peer Mentor Program is expected to have the equivalent of three full-time peer mentors, who will provide one-to-one support and

guidance to FSS Team clients. F) Partner List. Attachment J lists key partner agencies and the services they provide. **III.3. Delivery Approach** KernBHRS works to “promote the maximum level of culturally and linguistically appropriate services to traditionally underserved, diverse populations, as characterized by race, ethnicity, language, sexual orientation, and other human diversity factors,” as outlined in its *Cultural Competency Plan*.¹² Employees receive six hours of cultural competency training annually covering cultural formation, cultural sensitivity, and diverse social and cultural groups, including the LGBTQ community, the elderly, people with disabilities, veterans, and the homeless population. This also includes training in trauma-informed care that recognizes the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other factors affecting vulnerability and capacity for effectively dealing with MH issues and SUD-related harm. About 40% of employees are bilingual, usually in English and Spanish, and translators are available for a wide range of languages. Adaptive technology can be accessed for individuals with sensory or physical impairments. KernBHRS requires that its contract providers have similar policies, offer training in cultural competency and trauma-informed care, and have employees represent the populations they serve. **III.4. Service Entry** A) Referral Process. Referrals of Prop. 47-eligible adults originate from one of three sources: KernBHRS Jail Team or Sheriff referrals of inmates soon to be released from custody, referrals from outpatient treatment, and diversion from the Courts, usually the Public Defender. The KernBHRS Contracts Administration Team will screen requests for additional forensic support from these sources and refer them to the FSS Team. The KernBHRS Gateway Team will track individuals who have been screened and referred to SUD treatment teams and have EI&E staff contact those

who do not follow through with treatment appointments. B) Risk/Needs Assessments. A licensed MH professional will assess the risk of an individual re-offending based on their history of arrests and incarcerations, and the acuity of their mental health and/or substance use issues. C) MH/SUD Evaluation. A licensed MH professional also determines eligibility for Proposition 47 services, based on criminal history and behavioral health symptoms. Target population criteria include adults who have been arrested, charged with, or convicted of a “non-serious, non-violent, non-sexual” criminal offense, and who have a history or presence of MH issues and/or a SUD. Priority is given to those at higher risk of recidivism, those with severe behavioral health issues, those with a history of poor treatment follow through, those at risk or homeless, and/or individuals who are underserved due to race, ethnicity, regional or other factors. MH or SUD symptoms must cause severe impairment in one of the following areas: social relationships, physical health care, independent living, and education/vocational skills. **III.5. Providers** A) Contracts. KernBHRS will use an RFP process to select providers for the FSS Team and Peer Mentor Program and will use its existing transitional housing contract providers. The FSS Team provider must have at least one year’s experience delivering behavioral health services to the target areas, and experience at serving individuals with histories of incarceration. It must reflect the racial and ethnic diversity and culture of the target population, have varied educational backgrounds, and include at least one staff member with lived experience. County RFP requirements also mandate use of evidence-based practices, training in cultural competency and trauma-informed care, and adequate numbers of bilingual staff. The Peer Mentoring provider will employ part-and/or full-time mentors, including bilingual individuals, with a history of incarceration

and MH and/or SUD issues who have successfully reintegrated into the community. B) Applicant. KernBHRS will provide the SUD EI&E services as an addition to its existing Gateway Team. **III.6. Start-Up** KernBHRS will use a competitive RFP process to select contract providers for the FSS Team and Peer Mentoring Program, as subject to County contract policies and procedures. It will increase the dollar amount of its current payee service used to reimburse existing housing providers, and recruit staff to provide EI&E services. It will expand its current contract with EVALCORP to conduct data collection and evaluation. All KTP service components will begin by March 1, 2023. EVALCORP will begin preparations for data collection and evaluation by October 1, 2022. **III.7. Spirit/Intent** The KTP is designed to ensure public safety by reducing recidivism of individuals impacted by the justice system, and assisting them in transitioning to a constructive, non-criminal lifestyle. It is client-centered and tailored to the individual; treatment is evidence-based, delivered by staff who are culturally competent and knowledgeable in trauma-informed care. Priority is given to individuals who are more likely to re-offend, who are at risk of or experiencing homelessness, and who are from underserved populations. Community stakeholders are involved in project planning and implementation. An evaluation plan has been developed to track data, measure outcomes, and evaluate the program. **III.8. Impacts** Local government agencies who would be most affected by the project, including Probation, Public Defender and Sheriff, have co-signed a Local Impact Letter indicating that they do not anticipate any negative impacts resulting from the project (See Attachment F). These agencies all provide recidivism data. **III.9. Leverage** The source of leveraged funds is Medi-Cal Insurance contributed by KernBHRS.

Medi-Cal amounts to 27% of the total budget, and partially funds the EI&E service, the FSS Team, and Indirect Costs.

SECTION IV. DATA COLLECTION AND EVALUATION

KernBHRS will use data and research to drive decision-making in the development, implementation, and evaluation of the project. **IV.1 Evaluator**

KernBHRS has engaged EVALCORP Research and Consulting, an independent evaluation firm, to assist in development of the proposal to ensure the program's goals and objectives are specific, measurable, achievable, relevant, and time-based (SMART). Since 2018, EVALCORP has conducted multiple evaluations for MHSA-funded programs locally, and has extensive criminal justice expertise and evaluation experience, including evaluations of AB109, Prop 47, gang prevention, re-entry, and other recidivism reduction projects across California. EVALCORP will use both process and outcome data to monitor that all interventions are implemented as intended across all phases of the project. In the initial phase, EVALCORP will enter into data sharing agreements with relevant County agencies to maintain timelines for data transmission, and train County staff and contract providers on the project's administrative requirements. In the implementation phase, EVALCORP will collect and monitor process measures on a monthly basis, developing custom tracking tools as needed, and meet monthly to discuss progress and opportunities for continuous quality improvement. At regular intervals, EVALCORP will give timely feedback to partners on data quality and potential threats to implementation fidelity that may arise. **IV.2 Pro-**

cess/Outcome Measures Process and outcome measures that will be tracked and reported through the duration of the project are: Recidivism and Psychiatric Hospitalization; Forensic Supportive Services, SUD Outcomes, MH Outcomes, Peer Mentoring

Engagement, and Employment Engagement and Outcomes; Housing Stability; and Demographics. Recidivism will be measured using the BSCC (AB 1056) definition. Hospitalization will be tracked by use of psychiatric hospitals for MH and/or SUD symptoms. SUD Outcomes and Mentoring Outcomes will be measured by self-reported questionnaires consisting of validated instruments (e.g. TICS¹³, SOS-10¹⁴). Employment status will be measured via IPS data and reported as the number of participants currently holding a job. Housing Stability will be measured by a validated instrument (e.g. RTLFB)¹⁵ and reported as the number of participants with “stable residences.” FSS Team, Peer Mentor Engagement, SUD Engagement and Outcomes, and Housing Engagement will be measured by participation in services outlined in individual treatment plans. Demographics including race, ethnicity, gender, and others will be self-reported. **IV.3 Pre-**

liminary Plan EVALCORP will employ a mixed methods research design consisting of qualitative and quantitative data collection activities to assess program implementation, service delivery, and the impact that services have on client outcomes. The preliminary evaluation plan outlines three major project phases: 1) initiating data sharing agreements and developing tools, 2) data collection and implementation monitoring, and 3) reporting. To ensure privacy and confidentiality, all identifying participant information will be masked in the analytic files. To document the characteristics of program clients and the nature and extent of services received through the program, the evaluation team will rely on service data collected and maintained in the KTP and KernBHRS SUD EI&E services case management systems. EVALCORP will design data collection instruments, conduct training, and provide technical support for data collection for KernBHRS staff and contracted providers. In the second phase of the evaluation, EVALCORP will

manage and monitor all incoming data. Any implementation issues identified by the evaluation team will be immediately communicated to program leadership at KernBHRS and discussed during monthly evaluation meetings. Qualitative data will also be collected in the form of key stakeholder interviews with program staff and voluntary focus groups with participants. Key stakeholder interviews will be conducted annually and will seek information about implementation fidelity and opportunities to strengthen programming. Focus groups (3-4) will take place throughout the year and will focus on the experience of participants as they undergo rehabilitative services. The third phase of the evaluation plan involves reporting quarterly results and preparing final reports. In this phase, datasets are merged and checked for accuracy once again, and comprehensive qualitative and quantitative analyses are conducted. Qualitative Content Analysis, a systematic method for describing the meaning of qualitative data using an inductive coding frame, will be used in the analysis of interviews and focus groups.¹⁶ Univariate and multivariate statistical methods will be applied in the analysis of quantitative data. Insofar as the Forensic Support Services component of the proposed program represents an innovative Prop 47 intervention, a special section of the final evaluation will be dedicated to assessing the impacts and potential applicability of this feature of the program to other reintegration initiatives. All major indicators will be compared to baseline data. Using the AB 1065 definition, Prop 47 recidivism will be compared to non-Prop 47 parole recidivism for the same year, Prop 47 recidivism for California, and CDCR calculated historical recidivism rates for Kern. Performance on process objectives, such as the proportion of participants who keep appointments and complete treatment cycles in SUD EI&E services, will be compared to baselines set by public participation in these programs.

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