About Hatchuel Tabernik & Associates

Hatchuel Tabernik & Associates (HTA) is a consulting firm whose mission is to support and empower organizations to create a more healthy, educated, equitable and just society. From our experiences as social service practitioners and as researchers, planners, and evaluators, we understand that complex social issues require collaborative and comprehensive solutions in order to truly move the needle and create lasting social change. HTA has been designing and conducting program evaluations since 1996.
You will find on the pages that follow a completed draft of the Alameda County Sheriff’s Office Operation My Home Town (OMHT) Evaluation for 2011 through 2015 as prepared by third-party evaluator Hatchuel, Tabernik & Associates (HTA). OMHT is an evidence-based, Clinical Case Management driven re-entry model spearheaded by the Sheriff’s Office Youth and Family Services Bureau. This report details OMHT’s development over the past four years and explains many of its processes and successes. Significantly, this is the first multi-year evaluation of a re-entry model ever completed in Alameda County.

The Sheriff’s Office recognizes our obligation to pursue all strategies that can lead to improved public safety and quality of life for the residents of Alameda County. Recidivism reduction is therefore a key component of this agency’s community policing and problem solving approach. If we get better at reducing the number of repeat offenders, we can reduce crime rates. Through the innovative efforts of my staff and our partners, we are getting better.

The effectiveness and sustainability of OMHT has gained attention nationally. As HTA Lead Evaluator, Danielle Toussaint, PhD, states in the Executive Summary of the report, “As of the time of this report, we are not aware of any comparable jail-based reentry program in Alameda County or in the state of California – one that utilizes clinically trained case managers; has adopted evidence-based practices in re-entry; follows clients from the jail to the community; has leveraged health care reform and entitlement programs to cover most program costs; and has engaged in a systematic and longitudinal evaluation of client outcomes.”

I urge you to read the full report; however, there are three essential elements to the report I would like to bring to your attention:

1) **A SENSIBLE SYSTEM:** OMHT has successfully implemented nationally recognized, evidence-based practices including risk/needs assessments and Cognitive Behavioral Therapy into an increasingly tightly knit and navigable continuum of pre- and post-release wrap-around services. Input and resources from key county agencies, community- and faith-based organizations represent critical components of the system. OMHT is successfully operationalizing these strong collaborative relationships.

2) **IT’S WORKING:** Individuals re-entering through the OMHT model recidivated at significantly lower rates than individuals who made up the control group. Of those individuals released from jail at least one year prior, OMHT clients beat the control group by 15.4 percent. Of those released from jail at least two years prior, OMHT clients beat the control group by 20.2 percent. Of those released from jail at least three years prior, OMHT clients beat the control group by 8.5 percent.
3) **IT'S COST EFFECTIVE:** The Sheriff’s Office Youth and Family Services Bureau (YFSB), to include both the therapeutic and sworn staff, have been pioneers in leveraging the Affordable Care Act (ACA) and California health care reform to support OMHT clients. ACSO is able to bill Medi-Cal for case manager time with clients (and administrative time on behalf of clients) for those clients who qualify for Medi-Cal. YFSB is reaching a level of sustainability for OMHT case management in that each case manager will largely be paid for with health care funding. We’ve achieved this by working with the Alameda County Health Care Services Agency (HCSA) to navigate the Medi-Cal and Medi-Cal Administrative Activities (MAA) billing systems. According to the Sheriff’s Office Finance Unit, in FY 2014-15 YFSB-CPU staff generated **$996,286** in revenue while expending **$982,331** in total salary and benefits for the behavioral health staff, which includes clinical case managers. YFSB-CPU revenue includes $791,028 in Medi-Cal, MAA and Prevention and Early Intervention (PEI) revenues. The YFSB-CPU blended funding sources have allowed OMHT to maintain and add to the case management team beyond the 2014-15 fiscal year.

Currently, 55 individuals from more than 30 organizations have participated in the OMHT Steering Committee process. By participating at OMHT Steering Committee meetings, organizations have been better able to leverage existing resources, develop new strategies, fill gaps and reduce overlaps in re-entry services. We have invited all organizations working to assist the re-entry community to participate in the steering committee meetings. Meetings are held at 11 a.m. the last Tuesday of every month at the REACH Ashland Youth Center, 16335 East 14th Street, San Leandro. For more information on OMHT meetings, please contact YFSB Manager Kelly Glossup at (510) 608-4257 or kglossup@acgov.org.

This agency and its partners are proud of the project’s ground-breaking efforts. We are taking steps to strengthen and expand OMHT so it may have greater impact on recidivism and crime reduction in Alameda County and provide more county residents the opportunity to live productive lives.

Gregory J. Ahern
Sheriff-Coroner
Foreword

It is a great privilege to have been asked to write a foreword for the evaluation of Operation My Hometown—first and foremost because Alameda County is essentially my hometown and the hometown of Community Oriented Correctional Health Services (COCHS), the non-profit that I founded in order to create policies that connect individuals leaving jail with health care in the community.

It is no secret that the individuals who enter the criminal justice system very often have unmet health needs. These individuals have higher rates of substance use disorder (12 percent in the general population vs. 68 percent of incarcerated population). They face severe mental illness (3.2 percent of males in the general population versus 14.5 percent of jail inmates), as well as untreated physical health conditions such as hepatitis and HIV/AIDS, which might limit their ability to live what many of us consider normal lives. In general, our country has under resourced our behavioral health system in ways that deeply and adversely affect the most vulnerable populations. Only around 9 percent of individuals with substance use disorder and two-thirds of individuals with diagnosed mental illness ever receive treatment. Most of those who go without treatment, moreover, are members of poor communities and communities of color. Our country’s health care system, especially its behavioral health system, often leaves the most vulnerable individuals without resources to help them integrate, even minimally, into society. Perversely, we then punish them for this lack of integration, expect them to rehabilitate while behind bars, and continually re-jail them if they are unsuccessful at “reintegrating.” This leaves the criminal justice system in a difficult bind: the failure to include individuals into society creates a “problem” that the criminal justice system is expected to resolve. As public outcry to end “mass incarceration” continues to grow across the country, the blame is often placed singularly on the criminal justice system, as though it acted alone to get us to where we are today. This way of thinking about the problem misses the point about how we arrived at this moment.

Operation My Home Town exemplifies how the Alameda County Sheriff’s Office has decided neither to shoulder the blame for the epidemic of mass incarceration, nor defensively act as though it has no role to play in solving the crisis. Instead, the sheriff’s office sought to resolve the problem pro-actively and creatively. This makes Operation My Hometown a unique program. It is special because it exemplifies that the sheriff’s office understands the connection between access to services (and, so often, the lack thereof) and the criminal justice system and further understands that it can help mend the holes in the current safety net. For the Alameda County Sheriff’s Office and the Youth and Family Services Bureau, public health is public safety. By ensuring that individuals have what they need when they return to the community and that the families of these individuals receive care as well, recidivism is reduced, health needs are met, and individuals are able to integrate into communities that were often walled off from them by unmet needs. If the criminal justice system is, ultimately, about justice, then creating a safe community means creating access to essential social safety net resources.

The report you are about to read is fascinating and heartening. You will learn that community policing is more than an ideal, but that, when placed into practice, can achieve transformative results. It makes me proud to know that I have partners in this battle right here in my hometown.

Steve Rosenberg
President & Founder
Community Oriented Correctional Health Services (COCHS)
Oakland, California
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Executive Summary

Operation My Home Town (OMHT) was launched in 2011 to offer an alternative to the cycle of incarceration, reentry, re-arrest and re-incarceration plaguing many urban neighborhoods in Alameda County. At the same time, public safety realignment in California was requiring counties to reinvent their approaches to incarceration, reentry, and post-release support, to strengthen existing partnerships and forge new ones, and to reallocate resources to manage these systems changes.

OMHT provides wraparound services and clinical case management to inmates in Santa Rita Jail (SRJ). Services begin pre-release and continue with the same case manager after release from SRJ. OMHT programming currently includes:

• A multi-agency, multi-sector Steering Committee that meets regularly to guide reentry services;
• Employment of clinically trained skilled mental health professionals as case managers;
• One-on-one intensive case management spanning pre- and post-release phases;
• Use of the validated Level of Service/Case Management Inventory (LS/CMI) to align clients’ risks and criminogenic needs with a customized re-entry plan;
• Engagement of clients in Thinking for a Change (T4C), a manualized cognitive-behavioral curriculum, to address and change criminal thinking patterns; and
• Linkages to and partnerships with agencies and community-based organizations to ensure additional needed services are aligned with clients’ re-entry plans.

As of the time of this report, we are not aware of any comparable jail-based reentry program in Alameda County or in the state of California – one that utilizes clinically trained case managers; has adopted evidence-based practices in re-entry; follows clients from the jail to the community; has leveraged health care reform and entitlement programs to cover most program costs; and has engaged in a systematic and longitudinal evaluation of client outcomes.

Evolution of OMHT from 2011 to 2015: Systems-Change

Pursuit of Long-Term Sustainability through Health Care Reform and Entitlement Programs

While funding in the second and third fiscal years of OMHT implementation was uncertain and limited, the outlook for OMHT’s continuation and scalability, or growth, is promising. ACSO Youth and Family Services Bureau (YFSB) behavioral health staff and Alameda County Sheriff’s Office (ACSO) sworn staff have been pioneers in leveraging Affordable Care Act (ACA) and California health care reform to support OMHT clients. Since OMHT is a clinical case management program, ASCO is able to bill Medi-Cal for case manager time with clients (and administrative time on behalf of clients) for those clients who qualify for Medi-Cal. By working with the Alameda County Health Care Services Agency to navigate Medi-Cal and Medi-Cal Administrative Activities (MAA) billing systems, YFSB is reaching a level of sustainability for OMHT case management in that each case manager will be paid for with health care funding. In FY2014-15, YFSB behavioral health staff, who include OMHT case managers among others, generated $996,286 in revenue while expending $982,331 in total salary and benefits. Additional funding from other federal and state resources help supplement OMHT programming with new specialized practice case managers and other supports and supplies needed for clients. Together, these blended funding sources have allowed OMHT to maintain and add to the case management team beyond the 2014-15 fiscal year.

1 The revenue is a combination of $791,028 in Medi-Cal, Medi-Cal Administrative Activities (MAA), and Prevention and Early Intervention (PEI) revenue and $205,258 in other revenue, primarily grants.
OMHT’s Connections with Multiple Stakeholder Organizations

Since 2011, OMHT leaders have been engaging with and contributing to a county-wide community partnership effort while simultaneously working to create an evidence-based, sustainable reentry model with ACSO taking a lead role in facilitating systems change. The OMHT Steering Committee represents health care, behavioral health, youth and family services, education, employment, law enforcement, legal services, county elected officials, housing, researchers, community residents, and the Deputy Sheriffs Activities League (DSAL). Most of the Steering Committee members (72%) hold a leadership position in their organizations. Steering Committee members report high levels of both formal and informal collaboration with the ACSO and other OMHT partners, and report that the Steering Committee meetings provide good opportunities for referrals, learning, and networking.

Exploration of Housing Options Appropriate for the Formerly Incarcerated

From 2011-2014, OMHT case managers had been primarily responsible for finding and following-up in housing referrals with clients themselves and although they were working with community organizations such as Building Futures, it proved to be a daunting task. Starting in 2014-15, OMHT program leaders decided that clients were to be referred to OMHT housing specialists led by Building Futures who would shepherd the clients through the housing search. In addition, diligent work by ACSO and OMHT steering committee members with Probation and the Community Corrections Partnership led to a newly opened stream of AB109 funding to address OMHT clients’ housing needs. Looking forward, OMHT has established new partnerships with three additional and well-known housing service agencies through AB109 funding: Abode Services, Berkeley Food & Housing, and the East Oakland Community Project.

Development of Non-Traditional Employment Pathways

When traditional employment and job training pathways proved to be unsuccessful with the OMHT client base, ACSO and OMHT steering committee members developed a “Job Clubs” program. The premise of Job Clubs is the grouping of clients with similar career interest to meet weekly to discuss successes and challenges in seeking employment, discuss how to improve their soft skills, and access the web-based, self-paced certification program (Metrix). DSAL worked with Healthy Communities Oakland to secure three church sites in Oakland and Hayward, along with the REACH Ashland Community Center in Hayward, to provide space for clients to meet as well as access to laptop computers, headsets, and broadband internet access (paid for by DSAL). In addition to the job clubs, OMHT case managers worked closely with Dig Deep Farms, an organization that has been working with the re-entry population for a number of years in Alameda County, to set aside a limited number of stipended, four-week internships for OMHT clients. Moving forward in 2015-16, OMHT has established new partnerships with two additional and well-known employment service agencies: Cypress Mandela Training Center and KRA Corporation, both of whom have experience working with the formerly incarcerated.

Infrastructural changes at Santa Rita Jail

During the pilot phase, a re-entry based incarceration (RBI) housing unit² was established for minimum-security inmates at SRJ to better allow inmates to access in-custody programming and meet with their OMHT case managers. Starting in 2013, ACSO’s Inmate Services Unit expanded their educational programming at SRJ to better accommodate medium- and maximum-security inmates. Specifically, infrastructural changes were made in SRJ to permit teachers and OMHT case managers to teach inmates in their own housing units, rather than requiring inmates to be escorted to an educational center on the opposite side of the jail. In addition, a Transition Center was

² Housing Unit 25
established in SRJ’s gymnasium to allow for organizations such as OMHT to have greater and more private access to their clients. Finally, ACSO’s partnership with one key partner, the Alameda County Workforce Investment Board (WIB), resulted in the award of an US Department of Labor grant in 2016 to establish an American Job Center within Santa Rita Jail. Overall, these changes represent a re-envisioning of the jail environment to better respond to the reentry needs of inmates.

**Evolution of OMHT from 2011 to 2015: Evidence-Based Practices**

Since the program inception in 2011, the OMHT program has continually sought to enhance and further develop components of the current program to ensure alignment with best practices and to reduce recidivism rates. To varying degrees, the program has made strides in the following eight principles of evidence-based practices for reentry programs.3

**Assess actuarial risk and needs**
Following a two-week LS/CMI training in November 2014, all OMHT case managers began using the LS/CMI as part of the client intake process to assess criminogenic risk factors and service/treatment needs for their OMHT clients. This was the first time that a validated risk/needs assessment was used consistently in the program.

**Enhance intrinsic motivation/Increase positive reinforcement**
OMHT case managers have been using motivational interviewing techniques with their clients to initiate and maintain behavior changes with clients since 2011. Motivational interviewing techniques, rather than persuasive tactics, have been shown in studies to be more effective in initiating and maintaining behavior changes of the formerly incarcerated.4

**Target interventions (risk, need, treatment/responsivity, dosage)**
Creation and adoption of a standardized Individualized Reentry plan template by all case managers in the spring of 2014 was an improvement to the OMHT program. Additionally, ACSO adopted a jail-based cognitive-behavioral treatment curriculum, Thinking for a Change (T4C), as a supplemental component of programming targeting criminal thinking.

**Skill-train with directed practice**
Since 2011, a strategic requirement of OMHT programming has been the hiring of clinically trained skilled mental health professionals as case managers. OMHT case managers are trained in marriage and family therapy (MFTs) or clinical social work (ACSWs). OMHT case managers regularly receive ongoing training as part of their professional development in addition to one-time trainings in special methodologies such as the LS/CMI and T4C.

**Engage ongoing support in natural communities**
OMHT case managers provide a range of clinical services, both in-custody and out-of-custody. These services include resources in housing, education, employability, mental health, substance abuse treatment, and more. OMHT case managers work closely with families and referral partners to assist clients in meeting their goals and help engage them in structured pro-social activities in the communities of their return.

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Measure relevant processes and practices/Provide measurement feedback
Since its outset, the OMHT program has contracted with HTA to conduct an external, independent evaluation of the programs’ impact on OMHT clients’ outcomes, including longitudinal measurement of recidivism outcomes.

Program Impact from 2011 to 2015

Housing Stability
- 48% of OMHT clients received referrals for housing services. Notably, there was a large increase in the percentage of OMHT clients referred to housing services in the 2014-15 fiscal year compared to prior program years.
- 94% of OMHT clients with known housing outcomes have successfully secured stable or sheltered housing within three months of release from SRJ.

Employment Outcomes
- 67% of OMHT clients received referrals for employment services. The percent of OMHT clients referred to employment services decreased markedly in the 2014-15 fiscal year compared to prior program years.
- 49% of OMHT clients with known employment outcomes have successfully secured stable or sheltered employment after release from SRJ.

Recidivism
- Recidivism is defined in this evaluation as a return to jail/prison due to a violation of probation and/or conviction for a new offense after release in the community.
- In cohort comparisons, OMHT clients consistently had lower recidivism rates at each point of follow-up compared to their peers.
  o 9.9% of the 91 OMHT clients released from jail at least one year prior had recidivated compared to 25.4% of their peers. This difference was significant at the 0.05 level (although the effect size was relatively low).
  o 21.7% of the 60 clients released from jail at least two years prior had recidivated compared to 41.9% of their peers. This difference was significant at the 0.10 level (although the effect size was relatively low).
  o 30% of the 20 clients released from jail at least three years prior had recidivated compared to 38.5% of their peers. This difference was not significant.

Recommendations
Based on the findings, several recommendations were made. Specifically, OMHT leaders should:
- Continue exploring and establishing new partnerships with the local faith-based community, employment partners, and housing specialists.
- Prioritize maintaining relationships and open communication with program partners via OMHT steering committee meetings and invitation of key partners to OMHT client case reviews.
- Establish a more formal approach to documenting and auditing client case information. We suggest that the next phase of the evaluation should include a quality assurance plan outlining regular performance audits and case reviews.
- Update the training schedule annually for case managers to ensure they remain up to date on methodology and theories behind programming and best practices, but keeping in mind that training should be spaced throughout the year so client relationships do not suffer.
• Continue promoting the T4C curriculum for OMHT clients, but also offer post-release “booster sessions” to strengthen the outcomes that case managers and clients are trying to achieve.

• Explore whether the decrease in the employment referrals in the last program year is a measurement issue or due to changes in partnerships and focus.

• Consider extending the current length of OMHT programming to maximize client impact, or supplement the program with after-care services for OMHT graduates.
Overview

Since 2011, California Assembly Bills (AB) 109 and 117, commonly bundled as “the Public Safety Realignment Act,” have put tremendous pressure on county justice agencies to improve their systems for incarceration and rehabilitation and to provide enhanced post-release support for the formerly incarcerated. (These bills are the cornerstone of California’s solution to reducing the overcrowding of inmates in the state’s 33 prisons, as ordered by federal judges and affirmed by the U.S. Supreme Court.)

Also in 2011, and funded primarily by a US DOJ Bureau of Justice Administration Second Chance Act competitive grant (FY 2011), the Alameda County Sheriff’s Office launched Operation My Home Town (OMHT) to provide wraparound services and clinical pre- and post-release intensive case management to inmates in Santa Rita Jail (SRJ) who are assessed to be at medium- or high-risk of recidivating. OMHT is staffed by case managers from the Alameda County Sheriff’s Office (ACSO) Youth & Family Services Bureau; deputies and staff in the ACSO Inmate Services Unit; an on-site SRJ deputy probation officer, and other contracted service providers. From October 2011 through December 2012, OMHT piloted the following program components with 60 participants and three case managers:

- Creation of a “re-entry based incarceration” (RBI) housing unit for a cohort of minimum-security OMHT inmates;
- One-on-one case management spanning in-custody and post-release phases;
- Development of individualized re-entry plans by trained case managers;
- Adapting the inmate classification system to ensure case managers have pre-release access to clients;
- Linkages to other pre- and post-release services aligned to participants’ re-entry plans;
- Creation of a multi-agency Steering Committee that met regularly to guide re-entry services.

Following the pilot phase, ACSO expanded its educational programming at SRJ to better accommodate medium- and maximum-security inmates. For example, one multi-purpose room in each of the maximum- and medium-security housing units were converted into classrooms with chairs and tables, a dry erase board and a TV for showing educational materials. Rather than physically escorting inmates to the Sandy Turner Educational Center (which is on the other side of the jail and requires a deputy to move inmates), the Tri-Valley Regional Occupation Program (ROP) class instructors and OMHT case managers go directly to the housing units to teach classes and/or deliver programming to inmates. In addition, ACSO secured internal funding to retain two full-time OMHT case managers from the pilot phase. The RBI housing unit for minimum-security inmates was also maintained.

In October 2013, and underwritten by a second Bureau of Justice Administration Second Chance Act competitive grant (FY 2013), ACSO sought to further strengthen OMHT via additional wraparound services, specifically aimed at assisting formerly incarcerated individuals in finding stable housing and employment in their communities, as well as putting into place a number of system-level reforms to ensure the sustainability and permanence of these new services. From July 2014 through April 2015, OMHT launched these additional new program components with 79 new participants and four full-time equivalent (FTE) case manager positions:

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5 See http://www.cdcr.ca.gov/realignment/ for more information on these assembly bills and the realignment process.
6 This committee currently includes diverse and vested representatives from ACSO, Probation, the Defense Attorney, Public Defender, Health Care Services, Community Development, and Community-Based Organization providers.
• Use of the Level of Service/Case Management Inventory (LS/CMI)\(^7\) by case managers to support
treatment based on criminogenic factors;
• Engagement of clients in Thinking for a Change (T4C)\(^8\) to address participants’ criminal thinking
patterns; and
• Linkages to OMHT Employment and Housing specialists to support successful outcomes

In addition new emphasis and momentum was placed on the following program components:
• Assistance from case managers to help clients enroll in public entitlement programs and obtain
state-issued ID and/or Social Security Cards;
• Adapting the release process so inmates are released directly to their OMHT case managers to
ensure a smooth transition back into the community; and
• Building on existing countywide collaboratives and leveraging funding streams (e.g., Medi-Cal and
Affordable Care Act funding) with assistance from other county agencies.

As per stakeholder interviews with ASCO staff, OMHT is just one component of a multi-faceted approach
to public safety that has been piloted within ACSO since 2005. This effort is spear-headed by the Youth and
Family Services Bureau-Crime Prevention Unit (YFSB-CPU) which comprises a Sheriff’s Lieutenant, a
Sergeant, and six Deputies, as well as 21 counselors, case managers, and staff of the ACSO Youth and
Family Services Bureau (YFSB) and the 15 full-time and part-time staff of the Deputy Sheriffs Activities
League (DSAL). Other ACSO units, such as Inmate Services and School Resource Officers, have also been
influenced by the YFSB-CPU’s strategies and philosophy.

The YFSB-CPU has also been instrumental in launching and/or supporting:
• DSAL soccer and basketball leagues, which now have over 2,000 members and have helped repair
the social fabric of unincorporated Ashland and Cherryland;
• REACH Ashland Youth Center, which provides educational, recreational, health, and employment
opportunities for hundreds of young people each day;
• Dig Deep Farms & Produce, a social enterprise that helps alleviate the lack of fresh produce in the
Ashland/Cherryland neighborhoods and provides jobs and internships for OMHT clients and at-
risk youth; and
• Ashland Cherryland Beyond Crime initiative\(^9\), which spans economic development, community
capacity building and leadership, and intentional relationship building for systemic change;

\(^7\) The LS/CMI measures the risk and need factors of late adolescent and adult offenders. It was validated using a normative
sample of 157,947 adult and youth offenders in the U.S. and Canada. It is a fully functioning case management tool to aid
professionals in the treatment planning and management of offenders in justice, forensic, correctional, prevention and related

\(^8\) Thinking for a Change (T4C), is a manualized cognitive-behavioral curriculum which concentrates on changing the antisocial,
criminogenic thinking of offenders via cognitive restructuring and development of social and problem solving skills. It has a
“promising” evidence rating from OJP. It is divided into 25 lessons lasting 1-2 hours and designed for groups with 8-12
offenders.

\(^9\) Supported by a Department of Justice Byrne Criminal Justice Innovations grant.
Evaluation Methodology

Hatchuel, Tabernik & Associates (HTA), an external evaluator, utilized a mixed methods evaluation that considered the developmental nature of OMHT and yielded findings to inform decisions on programmatic change. Our evaluation strategy addressed three research goals: 1) describe the implementation of OMHT to facilitate replication and examine sustainability; 2) evaluate the impact of OMHT on increasing housing stability and the percentage of participants obtaining employment, and reducing recidivism for participants; and 3) define incentives and barriers to system-wide change in rehabilitation oriented programming. Following a series of conversations with OMHT leaders and development of a theory of change and logic model\(^{10}\) for the program, the following research questions (RQ) were crafted to guide the evaluation of the implementation and impact of OMHT in Alameda County:

- **RQ1.** What are the key components defining the OMHT model?
- **RQ2.** How replicable and sustainable is the OMHT model?
- **RQ3.** What is the program's impact on participants’ housing stability and employment?
- **RQ4.** What is the program’s impact on recidivism?
- **RQ5.** How do public and community agencies addressing behavioral health and public safety intersect in the re-entry process? How can they work together effectively while learning best practices from each other?
- **RQ6.** What value do program partners gain via their involvement in OMHT?

We reviewed and analyzed the following data to describe program implementation, evaluate the impact of OMHT on recidivism and other outcomes, and to understand how re-entry organizations intersect and collaborate to improve outcomes for individuals re-entering the community from incarceration:

- **Document review** (e.g., OMHT steering committee meeting minutes, agendas, curricula, brochures, budgets)
- **Service utilization records** (e.g., OMHT program intake records, LS/CMI assessments, case management logs, reentry plans)
- **Key stakeholder interviews** with OMHT leadership and collaborative partners
- **Online survey** of OMHT Steering Committee meeting participants
- **Demographics** (current age, race/ethnicity, gender) for OMHT clients
- **Recidivism records** for OMHT clients and similar group of peers (i.e., a return to incarceration following the initial release from SRJ, starting with clients enrolled during the pilot implementation in 2011)
- **Housing and employment outcome records** from OMHT clients (e.g., records maintained by the OMHT Housing specialist and the OMHT employment specialist; Dig Deep Farms & Produce job opportunities; and Revolution Foods internships, case management logs)

\(^{10}\) See Appendix for copies of the theory of change and logic model.
Evolution of OMHT from 2011 to 2015: Systems Change

OMHT has evolved significantly since the program was piloted in 2011, and this evolution has taken place in the context of the countywide implementation of public safety realignment, as well as efforts within ACSO and with a range of public and private partners to promote a community-oriented, multi-sectoral approach to crime prevention and public safety.

Pursuit of Long-Term Sustainability through Health Care Reforms and Entitlement Programs

While funding in the second and third fiscal years of OMHT implementation was uncertain and limited, the outlook for OMHT’s continuation and growth is promising. ACSO YFSB and SRJ deputies and staff have been pioneers in leveraging Affordable Care Act (ACA) and California health care reform to support OMHT clients. Since OMHT is clinical case management program, ASCO is able to bill Medi-Cal for case manager time with clients (and administrative time on behalf of clients) for those clients who qualify for Medi-Cal. By working with the Alameda County Health Care Services Agency to navigate the Medi-Cal and Medi-Cal Administrative Activities (MAA) billing systems, YFSB is reaching a level of sustainability for OMHT case management. The Ramsell Corporation’s Claim Time app is being used by case managers to track Medi-Cal billable time and activities. Having secured a three-year Mentally Ill Offender Crime Reduction (MIOCR) grant from the Board of State and Community Corrections, ACSO will fund one additional FTE OMHT case manager to specialize with clients who are seriously mental ill. The MIOCR funding also provides capacity building, which will allow for a more granular tracking of case manager and other staff time to the increasingly complicated blend of funding streams for OMHT. Together, these blended funding sources have allowed OMHT to maintain four case manager positions beyond the 2014-15 fiscal year.

Recent funding sources (2015-16) that will support elements of OMHT include Workforce Investment Act/Workforce Innovation and Opportunity Act (WIA/WIOA) funding for Job Clubs, WIB funding for formation of the American Jobs Center, Social Services Agency and Community Development Block Grants to support Dig Deep Farms. Also, diligent work with the County Probation Department and the Community Corrections Partnership has led to a stream of AB109 funding to address OMHT clients’ housing needs.

OMHT’s Expanded Connections with Multiple Stakeholder Organizations

Since 2011, the Community Corrections Partnership (CCP), comprised of government and community stakeholders and led by the County Probation Department, has been charged with satisfying the mandates of re-alignment legislation, including the allocation of AB 109 funding and the engagement of multi-sectorial public and private re-entry stakeholders. AB 109 legislation requires the CCP to convene an Executive Committee (CCP EC) comprised of County agency heads. The CCP EC meets monthly and includes the following agency representatives:

- Chief Probation Officer, Alameda County Probation Department
- District Attorney, Alameda County District Attorney’s Office
- Director, Alameda County Health Care Services Agency
- Director, Alameda County Social Services Agency
- Undersheriff, Alameda County Sheriff’s Office
- Public Defender, Alameda County Public Defender’s Office

The CCP process also includes a General Partnership Committee, attended by stakeholders including governmental, non-profit, and faith-based service providers. In June 2014, the CCP EC and General Partnership Committees merged into the same monthly meeting.
It is important to note that this community process has been complicated as county agencies and community-based organizations often compete for limited funding from realignment allocations; and groups used to working in isolation have been forced to demonstrate collective impact on population-level outcomes for the re-entry population. To add to the complication, AB109 realignment funding was held up during this time as different groups debated how and to whom the money should be distributed. Often these different groups held philosophically opposing perspectives on who should provide re-entry services to the formerly incarcerated in Alameda County and how those services should be provided, which extended the allocation issue further. As these discussions were taking place, ACSO was already in the process of launching OMHT and received some criticism for providing direct re-entry services that others believed should be left to community-based organizations.

The stated intent and approach of OMHT leadership has been both to engage with and contribute towards other countywide processes related to re-entry, while “focusing internally upon developing and delivering the best possible, evidence-based, sustainable, re-entry model available and replicable regionally and beyond.” To this end, OMHT steering committee meetings have been held monthly since October 2011, and co-led by ASCO Lieutenant Marty Neideffer, YFSB Manager Andrea Mueller, and YFSB Case Manager Kelly Glossup.

In 2014-15, an estimated 55 discrete individuals attended these monthly meetings at least once, with most attending two to three meetings throughout the year. These individuals represented different organizations and sectors linked to important re-entry issues for OMHT clients. Based on a review of meeting minutes, the majority of attendees represented health, family and education sectors, followed by employment and law enforcement sectors. See Table 1, below, for a detailed listing of sectors and organizations represented at the monthly OMHT Steering Committee meetings for the 2014-15 year.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Family</td>
<td>YFSB, REACH Youth Center, Hayward Recreational Department, Centerforce, Healthy Communities – Oakland</td>
</tr>
<tr>
<td>Education</td>
<td>Tri-Valley ROP, College of Alameda (Open Gate), Hayward Adult School, San Lorenzo Unified School District</td>
</tr>
<tr>
<td>Employment</td>
<td>WIB, Rubicon, KRA</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>ACSO, Probation</td>
</tr>
<tr>
<td>Legal</td>
<td>Public Defender, District Attorney, Root &amp; Rebound</td>
</tr>
<tr>
<td>Civic/Political</td>
<td>Offices of Alameda County Supervisors Nate Miley &amp; Scott Haggerty</td>
</tr>
<tr>
<td>Research</td>
<td>Hatchuel Tabernik &amp; Associates</td>
</tr>
<tr>
<td>Housing</td>
<td>Building Futures, Building Opportunities for Self-Sufficiency (BOSS)</td>
</tr>
<tr>
<td>Other</td>
<td>DSAL, Community residents, Faith-based organizations, Community-based organizations</td>
</tr>
</tbody>
</table>

Source: OMHT steering committee meeting minutes, 2014-15 (N=7)
From Steering Committee participant surveys\(^\text{11}\), the majority of attendees were in a leadership role (72%) at their organization, and these organizations regularly engage in multi-sector collaboration. They reported holding current formal partnerships with local law enforcement agencies (61%), local governmental agencies (89%), non-profit and/or community-based organizations (89%), educational institutions (84%), police foundations (11%), and other private organizations (39%).

Stakeholders reported that OMHT steering committee meetings have been very satisfactory in providing opportunities to learn about organizations, referrals, resources, and services relevant to attendees’ own re-entry work. (See Figure 1.) All respondents were satisfied or very satisfied in their overall experience with OMHT meetings, and believed that the meetings were addressing re-entry issues important to Alameda County residents. Similarly, about nine in ten respondents were "satisfied" or "very satisfied" that influential people from key sectors of the community were participating in the monthly meetings. Overall, 95% of respondents reported that OMHT was "very important" or "important" to their organization.

\(^\text{11}\) The survey was administered online in July 2015 to 34 individuals who had attended at least one steering committee meeting between 7/1/2014 and 6/30/2015. The survey was not administered to the two OMHT leads (Lt. Marty Neideffer and Andrea Mueller).
Figure 1. Satisfaction with OMHT Steering Committee Meetings

<table>
<thead>
<tr>
<th>Category</th>
<th>% Very Satisfied</th>
<th>% Satisfied</th>
<th>% Neutral</th>
<th>% Dissatisfied/Very Dissatisfied</th>
<th>% Very Satisfied and Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your overall experience</td>
<td>40%</td>
<td></td>
<td></td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Addresses re-entry issues important to Alameda County residents</td>
<td>35%</td>
<td></td>
<td></td>
<td>65%</td>
<td>100%</td>
</tr>
<tr>
<td>Opportunities to learn about orgs/agencies relevant to my work</td>
<td>55%</td>
<td></td>
<td></td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td>Opportunities to meet new people relevant to my work</td>
<td>40%</td>
<td></td>
<td></td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Info on referrals, resources, &amp; services useful for people my org/agency serves (n=19)</td>
<td>32%</td>
<td></td>
<td></td>
<td>58%</td>
<td>90%</td>
</tr>
<tr>
<td>Participation of influential people from key sectors of the community</td>
<td>25%</td>
<td></td>
<td></td>
<td>65%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Source: Online OMHT steering committee Survey (July 2015) (N=20)
The survey corroborated the findings regarding increased opportunities to discover new information and meet new people. Eighty-five percent of respondents reported having made follow-up contact with people (other than OMHT staff or leadership) they met with at the meetings, with an average of six new connections being reported. The nature of these follow-up contacts varied, with the predominant reasons for follow-up being an opportunity to get or provide a referral for an OMHT client (59%), working towards establishing a formal working agreement between their mutual organizations (59%) and collaborating on a presentation, training or other activity (41%). (See Figure 2.)

Figure 2. Nature of Networking & Contacts Following OMHT Steering Committee Meetings (n=17)

<table>
<thead>
<tr>
<th>Provided referral or received referral for my client(s)</th>
<th>59%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have worked to establish a formal working agreement between our orgs</td>
<td>59%</td>
</tr>
<tr>
<td>Have collaborated on a presentation, training or other similar activity</td>
<td>41%</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
</tr>
</tbody>
</table>

Source: Online OMHT steering committee Survey (July 2015), N=20

In addition, the majority of respondents reported that they were working closely with OMHT leadership to establish a working agreement with the Sheriff’s Office/YFSB (60%), and working directly with OMHT case managers on behalf of people their organization/agency serves (65%).

Respondents also had suggestions on how the structure and/or operation of OMHT meetings could be improved. The predominant suggestions were on orienting meetings to focus on a specific post-release component, and inviting partners who would be actively engaged in the meetings.

Do you have suggestions on how the structure and/or operation of OMHT steering committee meetings could be improved to make them more beneficial or effective?

“I would recommend [having] only OMHT leaders and partner leaders [meet] quarterly [and] have the different components of the OMHT meet monthly. For example, one month the meeting will be focused on housing then the next month the meeting will be focused on employment.”

“My singular suggestion would be to provide more focus on post release [services]. Specifically, partnering with serious-minded service providers who have formal, empirical, evidenced-based and hands-on experience [and demonstrate] a true understanding of the culture, behavior and attitudes of the participants and the communities which they are returning to increase positive outcomes.”

Prepared by Hatchuel Tabernik and Associates
“Have [invited] organizations speak... more on what [services they] provide [and] bring brochures, referral forms, etc.”

“Not sure monthly meetings were necessary. Also, [it] seemed that not all the partners had enough ‘skin in the game’ and were not fully engaged [in the meetings].”

“[Provide] contact lists of steering committee members; contact lists of program participants; and a summary of program outcomes.”

When asked about OMHT’s future, the responses centered on its potential to become a leader and model for how to provide re-entry services and rehabilitate the formerly incarcerated in Alameda County.

Looking to the future, what do you think OMHT has the potential to be?

“A hub for re-entry resource and services”

“OMHT is going to be a national model for how to do re-entry correctly”

“The leading program for Alameda County to rehabilitate offenders so they can start a new life”

“The Re-Entry Service for Alameda County”

“Great! A leader in pre- and post-release delivering of services and employment”

“A one-stop resource re-entry organization. OMHT is providing the services contemplated by realignment”

“Recognized as an integral part of the system”

Exploration of Housing Options Appropriate for the Formerly Incarcerated

Housing is an important step in establishing a client’s path to a stable and self-sufficient future. Hence when we refer to housing stability, it is important to distinguish among various categories. Firstly, there is literal homelessness which conjures the image of living on the street or in cars. Clearly, a client in this condition needs to be stabilized and have immediate shelter procured. Secondly, there is functional homelessness, wherein housing is impermanent or “time-limited”, in that they have a temporary and immediate shelter in the short-term, but the individual does not have a place to “call his own.” Examples of these include shelters, sober living environments, “couch surfing”, etc. Clients in these circumstances need help from their case manager to secure a more permanent and long-term situation. Finally, there is stable housing (such as renting a dwelling either alone or with friends/family, and home ownership) which is presumed to position the client in the most secure situation. However, even clients with stable housing may need assistance to either maintain their living situation or upgrade their living status if they are living in an unsafe neighborhood or with individuals who are not supporting their new sober and crime-free lifestyle.

From 2011 to 2014, OMHT case managers had been primarily responsible for finding and following-up on housing referrals with clients themselves, which proved to be a daunting task. During this period, OMHT leaders established partnerships with several community-based
organizations focused on housing for the formerly incarcerated, of which Building Futures became a primary referral partner. However the lack of consistent funding for housing resources made successful housing outcomes for clients a daunting task. Starting in 2014-15, OMHT program leaders addressed the housing challenge in the following ways:

1. OMHT clients were to be referred by their case managers to OMHT housing specialists who would shepherd the clients through the housing search. Building Futures was contracted by ACSO to be the primary OMHT housing specialist. However, OMHT case managers continued to refer clients to other housing providers as deemed appropriate.

2. ACSO and OMHT leaders worked diligently with Probation, the Community Corrections Partnership, and the Alameda County Community Development Agency (CDA) to open a stream of AB109 funding to support OMHT client’s housing needs. (Up until this point, OMHT case managers had been told that their clients were not eligible to access AB109 housing funds, mostly due to the method used to classify which individuals were “AB109” eligible.) These supplementary funds were vital in helping eligible OMHT clients pay for the first and last month’s rent security deposits as well as subsidizing monthly rents on a case by case basis. Accessing the allocations of previously underutilized AB109 housing resources for OMHT participants was an important step in program effectiveness and sustainability.

3. In 2015-16, OMHT established new partnerships with three additional and well-known housing service agencies who work with CDA to administer AB109 funds: Abode Services, Berkeley Food & Housing, and the East Oakland Community Project.

Development of Non-Traditional Employment Pathways

Employment makes a strong contribution to reducing recidivism primarily because it orients the formerly incarcerated’ time and energy to pro-social behaviors while reducing the amount of leisure time available for pro-criminal activities. In addition, having a job allows individuals to contribute income to individual or family households, which increases interpersonal supports, enhances self-esteem, and improves mental health. Employment can be sheltered or time-limited (such as an internship), which is helpful for the short-term but leaves the client in need of permanent placement; or it can be stable (ideally full-time), which positions the client for a predictable income stream.

From 2011 to 2014, and similar to that of housing referrals, OMHT case managers had been primarily responsible for finding and following-up on employment referrals with clients themselves. Similarly, OMHT leaders established partnerships with several community-based organizations who focused on employment for the formerly incarcerated, of which Oakland Youth Employment Partnership became a primary referral partner. Starting in 2014-15, OMHT program leaders contracted with the Alameda County Workforce Investment Board (WIB) so OMHT clients could be directly referred to OMHT employment specialists who would shepherd clients through the employment search.

The OMHT employment specialist position was implemented differently by the WIB, as compared to how Building Futures implemented their OMHT housing specialist position. No one person was ever designated to be the “employment specialist” for OMHT. Clients were directed to go to the One Stop Center in the Eden Area (operated by Rubicon, who is a sub-contractor to the Alameda

County WIB) if they wanted to meet someone in person. Also, the WIB asked that OMHT case managers assist clients in enrolling in the WIB’s Virtual OneStop (VOS) system. This online system allows users to search for specific jobs, explore career options, and enroll in training programs. However, VOS requires reliable access to the internet, a desktop or laptop computer, and the motivation to progress through modules in the system or search for job openings independently.

HTA evaluators observed, during OMHT steering committee meetings, that the WIB and Rubicon employment specialists struggled with the challenges of dealing with the re-entry population. For example, at one meeting, Rubicon employment specialists described how they would enroll OMHT clients in a two-week long job workshop (held on a monthly basis) before working individually with clients to identify their potential career track. The response from several steering committee participants was immediate. One member pointed out that individuals leaving jail wanted and needed income immediately whether they were job-ready or not and they would find their own ways to make money before sitting in a two-week long class. Another member pointed out that similar training was already occurring at the jail. In addition, it was observed that the WIB’s reliance on online services was a big barrier for clients who had little to no access to the internet and little to no desktop computer experience (which is necessary to use the VOS system). Overall, it was clear that WIB services were not designed with the reentry population in mind, which raised challenges that needed to be addressed for effective and targeted employment services to OMHT participants.

A solution to these challenges was the creation of the Job Clubs by OMHT steering committee members, led by Hilary Bass (DSAL) and Kelly Glossup (YFSB). The premise of Job Clubs is the grouping of clients with similar career interests in a “club” that meets weekly to discuss successes and challenges in seeking employment, discuss how to improve their soft skills, and access the web-based, self-paced certification program (Metrix) which permits users to complete education requirements needed for earning over 1,000 industry-recognized certificates. The WIB purchased 300 seat licenses, and DSAL worked with Healthy Communities Oakland to secure three church sites in Oakland and Hayward and with the Ashland Community Center in Hayward for OMHT clients to meet. OMHT clients met at these four sites several times per week to access the Metrix system and to meet with other OMHT clients in their job club. DSAL provided eight Chromebooks and headsets per site, and they offered to pay clients up to $150 for each industry-recognized certificate earned.

Since 2011, OMHT leaders have worked closely with DSAL to provide a limited number of stipended, four-week internships at Dig Deep Farms. In 2014, Dig Deep Farms (DDF), which has been working with the re-entry population for a number of years, created a policy/procedure document for OMHT case managers about DDF internship requirements so that the case managers could help manage expectations for OMHT clients who might be expecting a full-time or permanent position or thinking that an internship meant they would be passively watching others. While an internship was not guaranteed, if a client was interested and properly motivated, the DDF manager worked closely with the OMHT case manager to set up an interview and escort the client through the application and vetting process. The OMHT case managers were expected to stay in contact with the DDF manager to ensure the OMHT client was a good fit with DDF and/or needed additional support or guidance.

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13 Clients still need to schedule and pass an industry-recognized test before receiving the certificate.
Moving forward in 2015-16, OMHT has established new partnerships with two additional and well-known employment service agencies: Cypress Mandela Training Center and KRA Corporation, both of whom have experience working with the formerly incarcerated and providing intensive technical training and apprenticeships with the goal of preparing them for living wage employment.

**Infrastructural Changes at Santa Rita Jail**
During the pilot phase, a re-entry based incarceration (RBI) housing unit\(^{14}\) was established for minimum-security inmates at SRJ. The formation of this RBI unit made it easier for inmates to access in-custody programming, such as work readiness training, basic and career technical education, parenting and relationship classes, 12-step programming, and meetings with their case managers.

Also as stated earlier, ACSO’s Inmate Services Unit began to expand their educational programming at SRJ to better accommodate medium- and maximum-security inmates. For example, one multi-purpose room in each of the maximum- and medium-security housing units were converted into multi-purpose use classrooms. Rather than physically escorting inmates to the Sandy Turner Educational Center (which requires a deputy to move inmates as it outside of the housing units and physically located on the opposite side of the jail), the Tri-Valley Regional Occupation Program (ROP) class instructors and OMHT case managers go into the housing units to teach classes and/or deliver programming to inmates.

OMHT’s work with the WIB brought to light several structural issues that made it difficult for OMHT clients and other re-entrants to make effective use of the One-Stop Centers/American Job Centers system. One of the WIB’s responses to this challenge was to secure, with ACSO’s partnership, a Department of Labor grant to launch an American Job Center within Santa Rita Jail in 2016. While the implementation and coordination among WIB employment specialists, OMHT case managers, and post-release community providers still need to be worked out, the potential for inmates to access the resources of WIOA while in custody portends well for OMHT client employment outcomes.

\(^{14}\) Housing unit 25
Evolution of OMHT from 2011 to 2015: Adoption of Evidence-Based Practices

Since the program inception in 2011, the OMHT program has continually sought to enhance and further develop components of the current program to ensure alignment with best practices and to reduce recidivism rates. The recognized eight principles of evidence-based practices for reentry programs from the National Institutes of Correction\textsuperscript{15} are:

1. Assess actuarial risk and needs
2. Enhance intrinsic motivation
3. Target interventions (risk, need, treatment/responsivity, dosage)
4. Skill-train with directed practice (use cognitive-behavioral treatment methods)
5. Increase positive reinforcement
6. Engage ongoing support in natural communities
7. Measure relevant processes and practices
8. Provide measurement feedback

Below, we provide feedback on how OMHT has progressed in adopting each of the eight principles.

1. Assess Actuarial Risk and Needs

Offender treatment programs that conduct rigorous assessment of clients and use the assessment to inform treatment planning have shown much better outcomes than programs that do not engage in such assessment.\textsuperscript{16} During the pilot phase, validated risk/needs assessments were not used during intake; instead, case managers used motivational interviewing techniques to establish clients’ re-entry needs. It was noted in the evaluation of the pilot program that there was a high-level of variability between case managers in their ability to assess clients’ risk and needs, and to assign services and treatments best suited to the clients’ criminogenic risk/need factors. Thus, recommendations for the incorporation of a validated risk/needs assessment, specifically the LS/CMI\textsuperscript{17}, were made at this time. ASCO acted on this recommendation in 2014.

According to the LS/CMI authors,

\textit{The LS/CMI enhances the connections between assessment and the planning and delivery of effective treatment services to such an extent that it will serve as a clinical information system….The LSI is the most researched and best validated of service oriented risk/need instruments in justice and corrections.}\textsuperscript{18}

In November 2014, four OMHT case managers and the OMHT case manager supervisor participated in a two-week LS/CMI training, where they were taught how to use the validated instrument to assess criminogenic risk factors and service/treatment needs for their OMHT clients. Following this training, all OMHT case managers began to use the LS/CMI as part of the client


\textsuperscript{16} National Institute of Corrections. 2004.

\textsuperscript{17} Level of Service/Case Management Inventory is a validated assessment of risk and need developed for criminal justice populations that supports the case manager’s determination of service/treatment needs.

intake process. Additionally, the OMHT supervisor trains new case managers in the instrument during their on-boarding process. Figure 3 shows that the majority of OMHT clients were assessed as being at medium, high, or very high risk of recidivism based on their criminogenic risk and need factors.

Figure 3. Risk/Need Levels for 2014-15 Released Cohort Assessed with LS/CMI (N=63)

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>2.0%</td>
</tr>
<tr>
<td>Low</td>
<td>11.0%</td>
</tr>
<tr>
<td>Medium</td>
<td>19.0%</td>
</tr>
<tr>
<td>High</td>
<td>49.0%</td>
</tr>
<tr>
<td>Very High</td>
<td>14.0%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2014-15

2. Enhance Intrinsic Motivation & Increase Positive Reinforcement

Research shows that extrinsic motivation (i.e., motivation to change in order to earn a reward or avoid punishment) does not yield long-lasting change. While extrinsic rewards or punishment may initially motivate people to acquire new skills or knowledge, intrinsic motivation is required to continue pursue long-term behavioral change. Motivational interviewing techniques, rather than persuasive tactics, have been shown in studies to be more effective in initiating and maintaining behavior changes of the formerly incarcerated. OMHT case managers currently use (and have been using since 2011) motivational interviewing techniques to initiate and maintain behavior changes with clients – many of whom may be unlikely to want to change their behaviors simply because they are told they should.

19 See Appendix for details on the enrollment process.
20 The LS/CMI includes a “very high” risk category that is not present on Alameda County Probation’s Risk Assessment tool.
3. Target Interventions

The principle of targeting interventions has four components: risk principle, need principle, treatment/responsivity principle, and program integrity/fidelity principle. The goal of these principles is to match the appropriate treatment and dosage with the risk and needs of the offender. For example, high-risk offenders should receive more intensive programming and for longer periods of time than low-risk offenders. In addition, effective offender treatment attempts to change a client’s values, attitudes, and expectations that maintain anti-social behavior. That is, offenders behave like criminals because they think like criminals. Changing thinking is the first step in changing this anti-social behavior.

Reentry Planning

Upon completing the LS/CMI, the assigned OMHT case manager helps the client develop an Individualized Reentry plan following a structured template specifically aligned with the LS/CMI. This treatment plan, which is customized to each client’s individual risks and needs, is a crucial step in prioritization of services for all OMHT clients as well as enhanced mental health services for SMI clients. This plan supports a range of pre- and post-release case management consultations and referrals to both in-jail and out-of-custody service providers who provide a range of services including, but not limited to: mental health/substance abuse treatment, employment services, housing services, transitional or sober recovery housing (if needed), education, vocational training, cognitive behavioral interventions and restorative justice circles, parenting classes and other support services.

It is important to note that creation and adoption of a standardized Individualized Reentry plan template by all case managers was an improvement added in the spring of 2014. Before that time, each OMHT case manager had their own system of developing reentry plans with clients. In some cases, case managers and their clients agreed on terms of their reentry plans but the client was expected to write it down in their own words. In other cases, case managers wrote general notes in their files but it was not a formalized treatment plan shared with the clients. Overall, adopting a validated risk/needs assessment and integrating it with a formal reentry plan is in alignment with evidence-based practices.

Thinking for a Change Curriculum

In alignment with targeting interventions, ASCO adopted a jail-based cognitive-behavioral treatment curriculum, Thinking for a Change (T4C), as a new supplemental component of programming. This curriculum focuses on changing the criminal thinking patterns, social skills, and problem solving skills of medium- and high-risk offenders and the challenges that such individuals typically face during reentry (e.g., family reunification, budgeting and financial stress). This curriculum has been proven to reduce reoffending. According to the National Institute of Corrections,

25 Developed by Barry Glick, Jack Bush, and Julian Taymans in cooperation with the National Institute of Corrections, the T4C program is an evidence-based cognitive behavioral curriculum that can be delivered by trained facilitators to correctional clients. Studies have shown that, when implemented with fidelity, T4C can reduce recidivism. More information can be found at http://nicic.gov/t4c.
Thinking for a Change (T4C) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. T4C is designed for delivery to small groups in 25 lessons…

From October – November 2014, all four OMHT case managers, three YFSB case managers, and the OMHT supervisor were trained in the Thinking for a Change (T4C) curriculum by a certified, nationally accredited T4C trainer. At the end of the training, all case managers were certified to administer T4C as prescribed. According to the OMHT supervisor, the YFSB case managers have instructed approximately 60 inmates in a full session of T4C (i.e., 25 lessons) at Santa Rita jail in the past year. During OMHT case management consultations, concepts and practices from the T4C curriculum are reinforced with the client (for those who took T4C while at SRJ).

4. Skill Train with Directed Practice
Providing evidence-based programming that emphasizes cognitive-behavioral strategies relies on well-trained staff who understand antisocial thinking, social learning, and appropriate communication techniques. The clinical case manager is at the center of the OMHT model, the client’s gateway into enrollment and services and the hub for coordinating referrals and addressing problems that arise. Therefore since 2011, a key requirement has been employment of skilled, clinically trained professionals as case managers. As of June 30, 2015, all OMHT case managers were either MFTIs or ASWs who were working under the guidance of the OMHT supervisor who has a LCSW, and the OMHT manager who has a LMFT.

The rationale for using mental health specialists as case managers is based on the needs of OMHT clients, who are typically struggling with mental illness, alcoholism, and/or substance abuse in addition to their legal and criminal histories. These are issues that typically require professional intervention, not just good intentions.

OMHT case managers regularly receive ongoing training as part of their professional development in addition to one-time trainings in special methodologies such as the LS/CMI and T4C. During weekly check-ins, the OMHT supervisor reviews case managers’ files, asking questions and problem-solving with the case manager on how to best meet the needs of each of their clients.

5. Increase Positive Reinforcement
See number 2 above.

26 It is unknown how many of these inmates were OMHT clients. It is likely that this class was open to non-OMHT inmates at SRJ.
28 Marriage family therapy interns (MFTIs) are in possession of (or are currently enrolled in) a master’s or doctoral degree in a field meeting the requirements of the California Board of Behavioral Sciences, but do not yet have the supervised clinical experience required to apply for an LMFT. MFTIs receive the required supervised clinical experience while working as an OMHT case manager. An LMFT is an MFTI who has fulfilled all state requirements for licensure, has passed the LMFT Standard Written Examination and LMFT Written Clinical Vignette Examination, and has received a license number from the state.
29 Associate clinical social workers (ASWs) are in possession of (or are currently enrolled in) a master’s or doctoral degree in a field meeting the requirements of the California Board of Behavioral Sciences, but do not yet have the supervised clinical experience required to apply for an LCSW. ASWs receive the required supervised clinical experience while working as an OMHT case manager. An LCSW is an ASW who has fulfilled all state requirements for licensure, has passed the California Law & Ethics Examination and the LCSW Clinical Examination, and has received an official LCSW license from the state.
6. Engage Ongoing Support in Natural Communities

Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender’s immediate environment to positively reinforce desired new behaviors. To this end, the OMHT case managers actively work with family members and spouses/partners, as appropriate, to assist OMHT clients in meeting their goals. Moreover, diversity and cultural competence within the OMHT case manager team have been high priority goals for OMHT leadership as it is believed that program participants are more likely to trust and relate to case managers who reflect their personal identity, families, communities, and experience. In addition, clients are often referred to structured pro-social activities in the communities of their return. OMHT case managers provide a range of clinical services, both in-custody and out-of-custody. The in-custody case management primarily focuses on planning for release by addressing underlying mental health and/or substance abuse issues that may create barriers for successfully reentry; discussing financial, employment, and educational challenges upon release; as well as considering sheltered housing and short-term employment prospects immediately upon release. OMHT case managers also assist clients in applying for benefits they qualify for (e.g., General Assistance, CalFresh, veterans’ benefits, SSI/SDI, MediCal, Shelter Plus Care), obtain ID and Social Security cards and put needed supports in place before they leave Santa Rita Jail. With the implementation of the Affordable Care Act (ACA), OMHT case managers have worked with the Alameda County Health Care Services Agency to ensure that OMHT clients can enroll in health insurance plans and receive needed physical and mental health care. Over the past four years, the number of full-time case managers has fluctuated – on average, there has been about three case managers each year devoted exclusively to OMHT clients. (See Figure 4.)

Figure 4. OMHT Case Manager Capacity

<table>
<thead>
<tr>
<th>Year</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTE Case Managers</td>
<td>3FTE</td>
<td>3FTE</td>
<td>2FTE</td>
<td>4FTE</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15

When clients are released from Santa Rita Jail, OMHT case managers make every effort to meet them at the gate and transport them to transitional housing, housing with a family member, or other accommodation. Case management meetings, averaging ± 30 minutes, will occur up to two-four times in the first month post-release, and every two-four weeks thereafter. Some participants will continue to have weekly or biweekly counseling sessions with their CM. Over time, check-ins by phone may replace in-person sessions.

The out-of-custody clinical case management focuses on assisting the client in securing longer-term housing and jobs; problem-solving as the client faces challenges and obstacles along the way; and providing or referring the client to mental health and/or substance abuse counseling, as needed. In some cases, referrals for continued legal assistance are required, and help with family reunification issues. In addition, some OMHT clients are likely to pursue substance abuse and/or mental health treatment in residential settings. OMHT case managers will work closely with referral partners,

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including the county Health Care Services Agency and local community-based organizations, to ensure that designated OMHT clients are placed quickly in appropriate settings.

Table 3 presents the average number of pre- and post-release contacts and hours that case managers spent with clients for each of the past four fiscal years. There has been a gradual ebb and flow in time spent with the clients that corresponds with an increase in average case load per case manager. In 2014-15, the average case load per case manager increased to 21-22 clients from an average of 6-7 clients in 2011-12.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total with Service Data (n)</td>
<td>19</td>
<td>40</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Ave. Number of contacts per client</td>
<td>15.1</td>
<td>9.5</td>
<td>13.6</td>
<td>8.0</td>
</tr>
<tr>
<td>Ave. Hours per client</td>
<td>11.5</td>
<td>5.0</td>
<td>6.1</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15 (N=177)

7. Measure relevant processes and practices & Provide measurement feedback
The foundation of evidence-based practice is the accurate and detailed documentation of case information as well as a formal mechanism for measuring client outcomes. Since its outset, the OMHT program has engaged an external evaluator (HTA) to document their progress and impact on client change. Moreover, the evaluator has collected recidivism data for all OMHT clients and a sub-sample of peers since 2011.

Staff performance of case managers has also been regularly assessed internally by their supervisor and manager in case reviews as well as in annual performance reviews. We have noted yearly improvements in OMHT staff achieving greater fidelity to program design and service delivery principles. The next steps in evolution of OMHT should be oriented around building a quality assurance plan with regular internal performance audits and case reviews with a focus on continuous improvement.

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31 Note that there was no formal evaluation conducted in fiscal years 2012-13 and 2013-14. Unfortunately as a result, case manager logs were not tracked and audited during this time.
**Program Impact**

**Housing Stability**

Compared to prior years, there was a large increase in the percentage of OMHT clients referred to housing services in the 2014-15 fiscal year. (See Figure 5.) While these housing referrals were made primarily to the Building Futures housing specialist, at least a dozen other organizations (e.g., shelters, sober living environments, community housing specialists) were also contacted to meet the needs of OMHT clients. Building Futures assigned a specific person (A.M. Garcia) to be the OMHT housing specialist and the non-profit created an OMHT-specific referral form to track referrals. The increase in referrals could be due to several reasons. First, as case managers developed housing referral systems, such as the one with Building Futures, the weight to help the client find housing was shifted from the case manager to a housing specialist, which resulted in greater efficacy and productivity in securing much needed housing. Second, dramatic rent increases throughout the Bay Area likely resulted in greater difficulty for all individuals with limited means to find suitable and affordable housing and, therefore, the demand for housing services and referrals increased within the OMHT client population.

**Figure 5. Percent of Clients who Received Housing Referrals (n=136)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>37%</td>
<td>19</td>
</tr>
<tr>
<td>2012-13</td>
<td>37%</td>
<td>40</td>
</tr>
<tr>
<td>2013-14</td>
<td>29%</td>
<td>7</td>
</tr>
<tr>
<td>2014-15</td>
<td>59%</td>
<td>70</td>
</tr>
</tbody>
</table>

*Source: OMHT program records, 2011-15 (N=177)*

As documented by Building Futures, the OMHT Housing Specialist, the predominant barriers in the housing search in 2014-15 were at the client-level (i.e., a very low or no reliable monthly income and/or poor credit history) and/or at a community-level (i.e., extremely high rents combined with a surplus of potential tenants in the housing market). The OMHT Housing Specialist reportedly worked with several “friendly” landlords who would overlook OMHT clients’ credit and employment history provided clients were able to produce a deposit covering first and last month’s rent (a substantial sum on a fair market rate unit), and show evidence of employment potential. Similarly, OMHT case managers relied on sheltered housing alternatives to temporarily house clients into more permanent housing could be secured.
Figure 6 shows the percent of clients with known successful housing outcomes by fiscal year\(^{33}\). (Housing outcomes were not tracked consistently in 2013-14; hence the very small reporting sample size.) In the past four years, the majority of OMHT clients have successfully secured stable or sheltered housing within three months of release from SRJ (of those with outcomes known to the case manager).

**Figure 6. Percent of Clients with Successful Housing Outcomes (Stable and/or Sheltered) (n=112)**

Source: OMHT program records, 2011-15 (N=177)

Figure 7 demonstrates the proportion of clients who secured sheltered housing versus stable housing in 2014-15. For OMHT clients who found housing, almost three-quarters were able to secure stable housing.

**Figure 7. Percent of Clients with Successful Housing Outcomes by Type, 2014-15 (n=60)**

Source: OMHT program records, 2014-15 (N=177)

For many clients, staying in a sober living environment was the stepping stone to more stable housing. Case managers worked closely with the OMHT housing specialist and other organizations to secure entry into residential treatment facilities. For example in 2014-15, seven clients had secured both short-term and stable housing—some of these clients went to a residential treatment facility.

\(^{33}\) Known housing outcomes were an aggregation of the case management files and the housing specialists files.
first. In one case, an OMHT client reportedly stayed at three different sober living environments and was to be admitted to an inpatient treatment center at the end of the fiscal year.

**Employment Outcomes**

Compared to housing referrals, the percentage of OMHT clients referred to employment services decreased from the majority being referred in early years to about half of the clients being referred in the last fiscal year of service. (See Figure 8.) While a few clients may have had jobs lined up before they were released, this does not account for the drop in clients referred to employment services compared to previous years. Anecdotally, many more clients were placed in sober living environments than in previous years – it was noted that such full-time residential programs did not allow for concurrent employment training or job-seeking. It is possible that, with the push to secure housing for clients, whether temporary or long-term, there was less focus on referring clients to employment services during the early part of their engagement. It is also possible that the needs for substance abuse treatment trumped the employment search. However given that the typical OMHT client characteristics have not substantially changed, it is unlikely that this explains the drop in employment referrals entirely.

**Figure 8. Percent of Clients who Received Employment Referrals (Stable and/or Sheltered) (n=136)**

As documented in 2014-15 case managers’ case files, most employment referrals were made to the WIB (which may have included completion of the online WIB form); several were referred to both WIB and Dig Deep Farms; some were referred to Dig Deep Farms only, and a handful were referred directly to other organizations such as Rubicon (who operates the One Stop Center in Eden Area), Command Center (that runs temp agencies in Hayward) and Center for Employment Opportunities (an employment organization in Oakland serving parolees and probationers).

Figure 9 shows the percent of clients with known successful employment outcomes by fiscal year. (Outcomes were not tracked consistently in 2013-14; hence the very small reporting sample size.) In the past four years, approximately one-half of OMHT clients have successfully secured

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34 Known housing outcomes were an aggregation of the case management files and the housing specialists files.
stable or sheltered employment after release from SRJ (of those with outcomes known to the case manager).

**Figure 9. Percent of Clients with Successful Employment Outcomes (n=93)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Stable Employment</th>
<th>Sheltered Employment</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>50%</td>
<td>39%</td>
<td>15%</td>
</tr>
<tr>
<td>2012-13</td>
<td>39%</td>
<td>51%</td>
<td>10%</td>
</tr>
<tr>
<td>2013-14</td>
<td>41%</td>
<td>37%</td>
<td>15%</td>
</tr>
<tr>
<td>2014-15</td>
<td>67%</td>
<td>51%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15 (N=177)

Figure 10 demonstrates the proportion of clients who secured sheltered jobs versus stable jobs in 2014-15. For OMHT clients who found employment, more than half were able to secure stable jobs, although some secured sheltered employment before they found a stable job.

Additionally, of those employed, approximately one-third had reportedly maintained their job for three or more months. Those who reportedly secured stable jobs worked in a variety of positions including food services, road construction, paratransit, caretaking, and sprinkler installment; and at least three attempted to start their own personal business (barbering, starting a newspaper weekly, and unknown). Of those who secured a sheltered job, DSAL sponsored over half of them through their four-week long internships at Dig Deep Farms.35

**Figure 10. Percent of Clients with Successful Housing Outcomes by Type, 2014-15 (n=27)**

Source: OMHT program records, 2014-15 (N=86)

35 DSAL provided documentation of paid internships for 16 individuals referred by OMHT case managers. However, only 9 were actually OMHT clients. One of the 9 OMHT clients had been released in 2013-14, although his internship was in 2014-15.
Among participants who did not secure employment, some were re-incarcerated almost immediately upon release; several went directly to residential treatment and could not concurrently work during their recovery period; some had been released only recently; while others struggled to find a placement even after months had passed.

**Recidivism Outcomes**
From July 1, 2011 to July 1, 2015, recidivism data (i.e., return to jail/prison, arrests, violations of probation, and convictions) has been collected for OMHT clients and a group of peers composed of eligible individuals who declined enrollment in OMHT. (We collected information on their peers because we are unaware of any other longitudinal recidivism study in Alameda County to which we could compare OMHT clients.) Recidivism measures are based exclusively on official criminal records in CRIMS which the lead deputy probation officer collected for this evaluation. This evaluation uses the following definition of recidivism:

*Return to jail/prison due to a violation of probation and/or conviction for a new offense committed after release from jail*

Since clients (and peers) were released from jail at different times throughout each program year; it is most useful to take into account the length of time an individual spent in the community. For example, an individual who was released three years ago cannot be compared equally with an individual who was released one year ago in regard to recidivism. The first individual has spent more time in the community, allowing for more opportunity to recidivate. Consequently, recidivism rates in this study are calculated as if they were follow-up rates. That is, they are calculated as if the researcher had individually followed up with each individual at 1-, 2-, and 3-years following their release from SRJ. As of this report, the longest period of time that recidivism rates could be calculated for a numerically-sufficient sample size was three years.

The table below outlines each cohort -- that is, a group of inmates who were released within the same time span, i.e., fiscal year—and what recidivism rates we were able to calculate. For example, we could only calculate 3-year recidivism rates for the 2011-12 cohort since they were the only group to have been released three years prior.

**Table 4. Recidivism Rates that Can Be Calculated for each Released Cohort**

<table>
<thead>
<tr>
<th>Fiscal Year Cohort</th>
<th>1-year</th>
<th>2-year</th>
<th>3-year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>2012-13</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>2013-14</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014-15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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36 For example for individuals released from SRJ in 2012-13, their one-year recidivism rates were calculated in the one-year period from the date of their release into 2013-14. We do not report on a time period less than year.
Figure 11. Follow-up Recidivism Rates for Clients & Peers at 1-, 2-, and 3-years Post-Release

Source: Alameda County Recidivism data, 2011-14 (N=158)

**p<.05; *p<.10

Figure 11 presents one-, two-, and three-year recidivism rates for clients and peers. At one year post-release, 9.9% of the 91 clients released from jail at least one year prior had recidivated; and at two years post-release, 21.7% of the 60 clients released from jail at least two years prior had recidivated. By three years post-release, 30% of the 20 clients released from jail at least three years prior had recidivated. **OMHT clients consistently had lower recidivism rates at each point of follow-up compared to their peers.**

Additionally, the difference between clients’ and peers’ recidivism rates at the one-year follow-up were statistically significant at the 0.05 level, statistically significant at the 0.10 level for the two-year follow-up rates, and not statistically significant for the three-year follow-up rates. Calculating the p-value is used to ensure, as much as possible, that the difference in means (or proportions) is not due to chance (and is “real”). In effect, it tells you that a difference or relationship exists between these two variables. In this evaluation, a p-value of 0.10 or less was considered to represent a statistically significant difference. However, it is important to note that smaller sample sizes may mean that large differences are not detected as significant.

Overall, we can tell that the program is having a greater impact on clients in their first year post-release compared to their peers who are receiving “business as usual”. OMHT clients receive up to one year of intensive and personal program services post-release and there is strong evidence to show that this attention and intensity is helping keep OMHT clients on track and out of jail. In
subsequent follow-up periods, while there remains a difference between the two groups, these differences are not statistically significant at the 0.05 level (although the two-year rate difference is significant at the 0.10 level). Very few clients remain in OMHT programming beyond one year and, thus, it seems that the effect of OMHT program participation may be limited to a one-year term if additional services are not provided. One argument that has often been made in key stakeholder interviews is that one year is not long enough to help this population and that additional longer-term programming or after-care type services may need to be considered.

**Recommendations**

Based on the findings of this report, we recommend exploring the following strategies to continue to improve client outcomes:

- We have seen that having multi-sector partnerships and access to multiple organizations within a sector has a greater impact on OMHT clients’ success, especially in areas such as housing and employment. OMHT leaders should continue exploring and establishing new partnerships with the local faith-based community, employment partners (e.g., KRA, Cypress Mandella), and housing specialists (e.g., Abode, Berkeley Food and Housing, East Oakland Community Project).

- While it is important to include more partners in the client support network, it is also important to maintain these relationships and keep lines of communication open so that clients do not fall through the cracks. One avenue for maintaining these conversations would be the OMHT steering committee meetings; however, it may also be important to invite key partners to already occurring client case reviews between OMHT case managers and the OMHT supervisor.

- Continue to keep OMHT steering committee members actively engaged during monthly meetings. Having people at the table and actively participating was effective in making systems-level change. Therefore it’s important that OMHT leaders ensure that all members are actively engaged (e.g., facilitation during meetings to ensure all members have a chance to speak; thematic discussion topics providing representatives of particular sectors an additional opportunity to speak; etc.)

- The next step in measuring relevant processes/practices and providing measurement feedback is to establish a more consistent and formal approach to documenting and auditing client case information. We have seen that the current OMHT supervisor has been taking steps towards ensuring quality of all data collected. We recommend that the next phase of the evaluation include a quality assurance plan with regular performance audits and case reviews with an eye toward improved outcomes.

- Updating the training schedule for case managers and other program staff is an important way to ensure that those who are providing the program services remain cognizant about methodology and theories behind programming. The training schedule should include regular “booster” sessions in Motivational Interviewing, cognitive behavioral methods and techniques (i.e., role-playing, practicing), and other evidence-based practices underlying the OMHT program. However, it is important to keep in mind that training should be spaced throughout the year so that client relationships do not suffer.

- At least one study of the T4C curriculum also recommended “booster sessions” for clients after participation in the program. Promoting such a curriculum at the jail and then post-release

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would also strengthen the cohort-based model that the program staff is trying to achieve. Clients
would take these classes together pre-release and then continue the classes post-release in an
after-care setting.

• We have noticed a marked decrease in the employment referrals being made in the last program
year. This needs to be explored further; whether this is a measurement issue or due to changes in
partnerships and focus is still unknown.

• Recidivism findings show that client outcomes are far superior to their peers immediately
following release, but gradually even out once active participation in the OMHT program ends.
Additional longer-term programming or after-care type services may need to be considered.
Appendix

Client Enrollment

During evaluation planning discussions in March through June 2014, OMHT program staff and the deputy probation officer (DPO) assigned to SRJ came to a consensus that clients would be enrolled in OMHT in the following way. This process was documented in the OMHT Client Intake Work Flowchart (see below). (This process was identical to what ostensibly occurred during the first grant in 2011 and continued up through June 2014.)

Figure 1: OMHT Data Collection Plan, 2014

1. On a weekly basis, the deputy probation officer (DPO) assigned to SRJ reviewed a census of individuals incarcerated at SRJ, and assessed whether they were eligible for the OMHT program. The eligibility requirements for the participants were:
   a. Serving felony probation;
   b. Physically in custody at SRJ; and
   c. Medium or High-risk as determined by Alameda County Probation Department’s Risk Assessment.  

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38 The Alameda County Probation Department’s Risk Assessment was developed in collaboration with the National Center for Crime and Delinquency, in Oakland, CA (NCCD). This assessment is intended to assess the risk for recidivism for violent offenses, so that higher level supervision can be prioritized to probationers at the highest risk for violent offenses. 

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2. If the DPO determined that the inmate was eligible according to the criteria outlined above, then this individual was assigned to a case manager who then tried to recruit the individual into the program.

3. If the individual agreed to participate in OMHT, he/she was asked to sign two consent forms (consent to treatment and consent to the evaluation).

4. If the individual declined enrollment, then he/she was assigned to the comparison group.

5. It was agreed that the DPO assigned to SRJ would compile a record of OMHT clients on a master spreadsheet which would be checked and updated weekly in meetings and case reviews with the OMHT case managers.

However upon review of case management records and interviews with key program staff, we found that clients entered the program in other ways as well. In some cases, inmates were referred to the program by Inmate Services Deputies, representatives of organizations who work in Santa Rita jail, or they may have “self-referred” following discussion with inmates who received OMHT services, or from their own chance encounters with OMHT case managers in their housing unit (who are there to help another inmate). In almost all of these cases, we found that the case managers began working directly with the inmate on their own, not always notifying the DPO who was maintaining the enrollment logs. While we cross-checked multiple versions of the master spreadsheet with any and all case management logs compiled over the past four years, it is possible that the following numbers are under-reports, if a case manager helped someone for whom they did not keep careful records or provide the enrollment data to the DPO.

**Figure 2: OMHT New Enrollments (N=182) & Releases from Santa Rita Jail (n=177)**

![Bar chart showing OMHT new enrollments and releases from 2011-12 to 2014-15.](source)

**Source:** OMHT program records, 2011-15 (N=182)

re-offending and committing violent offenses. The assessment was piloted in December 2011, and implemented agency-wide in February 2012.
From October 2011 through June 2015, a total of 182 individuals were enrolled in OMHT, the majority while in custody at Santa Rita Jail. During this same time period, 177 clients were released from Santa Rita jail and were returned to the community. As can be seen in Figure 2, there has been a gradual increase in clients from the first program year with a large increase in the 2014-15 fiscal year. This large increase coincides with a doubling of OMHT case managers from two in 2013-14 to four in 2014-15.

Table 1 presents the demographics of OMHT clients by the fiscal year in which they were released from Santa Rita Jail. Based on the averages, the typical OMHT client is a 35 year old African-American male returning to Hayward or the unincorporated regions (i.e., San Leandro, San Lorenzo, Castro Valley).

Table 1. OMHT Demographics by Release Cohort

<table>
<thead>
<tr>
<th></th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>4-Yr Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Released (N)</td>
<td>20</td>
<td>40</td>
<td>31</td>
<td>86</td>
<td>177</td>
</tr>
<tr>
<td>Age at time of enrollment (Mean)</td>
<td>37.4</td>
<td>34.6</td>
<td>36.2</td>
<td>34.9</td>
<td>35.4</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>100%</td>
<td>90%</td>
<td>65%</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>10%</td>
<td>35%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Race/Ethnicity (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>55%</td>
<td>30%</td>
<td>45%</td>
<td>48%</td>
<td>44%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
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<td>0%</td>
<td>3%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic/Latino/a</td>
<td>20%</td>
<td>28%</td>
<td>23%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>White</td>
<td>15%</td>
<td>35%</td>
<td>19%</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
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<td>2%</td>
<td>10%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>2%</td>
<td>0.0%</td>
<td>0%</td>
<td>1%</td>
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<tr>
<td>Place of residence (%)</td>
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</tr>
<tr>
<td>Oakland</td>
<td>0%</td>
<td>0%</td>
<td>23%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Hayward</td>
<td>45%</td>
<td>50%</td>
<td>29%</td>
<td>11%</td>
<td>26%</td>
</tr>
<tr>
<td>San Leandro, San Lorenzo, Castro Valley</td>
<td>55%</td>
<td>48%</td>
<td>13%</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Dublin, Livermore, Pleasanton</td>
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<td>0%</td>
<td>3%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Alameda, Berkeley</td>
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<td>0%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Fremont, Newark, Union City</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Outside of Alameda County</td>
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<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Transient/Homeless</td>
<td>0%</td>
<td>3%</td>
<td>19%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15 (N=177)

39 While being in custody was a program requirement, a number of clients were enrolled after they had been released from SRJ. When asked about this discrepancy, OMHT staff explained that occasionally there were delays between the first contact with the client and “officially” enrolling the client in OMHT. These delays in enrolling individuals who were actually being served remained a challenge throughout the implementation.

40 As of June 30, 2015, five OMHT clients had not yet been released.
The client caseload per case manager has grown along with the program, and the average number of client contacts with case managers has decreased. OMHT has had to balance clients’ immediate pragmatic needs of housing and jobs with the need to work on long-term shifting of disordered patterns of thoughts and behavior that lead to criminal acts and unsustainable life choices. The adoption of the LS/CMI as a standard, validated client assessment tool for case managers provides a more objective rating of inmates’ risk factors, service needs, and protective factors, and should prove useful for future evaluations.

Case managers’ roles in participant recruitment and enrollment are complex and multi-faceted, starting with initial meetings between case managers and inmates in SRJ. In recruiting inmates for OMHT, case managers need to establish rapport, explain the benefits of the program, and explore with potential participants their motivation to enter or not enter OMHT. This process often takes several conversations and organically often involves motivational interviewing and interaction that could be interpreted as “treatment” that occurs before a participant is officially “enrolled” in OMHT. The research team noted this phenomenon as a potential weakness of the program from a research perspective. The evaluators also noted a potential concern that the extended pre-enrollment dialogue might lead to enrolling a greater percentage of clients who were perceived as more likely to succeed in the program. Conversely, the process might lead to the enrollment of clients who had more pressing criminogenic needs over those whose re-entry plans and progress were more advanced. These factors could vary by case manager over time and negatively impact the scientific rigor of the evaluation.

Table 2. Case Management Consultations & Referrals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Released (N)</strong></td>
<td>20</td>
<td>40</td>
<td>31</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total with Service Data (n)</strong></td>
<td>19</td>
<td>40</td>
<td>7</td>
<td>70</td>
</tr>
</tbody>
</table>

**Consultations (Mean/St. Dev)**

- **Number of Case Managers**
  - 3FTE
  - 3FTE
  - 2FTE
  - 4FTE

- **Number of contacts per client**
  - 15.1 (10.3)
  - 9.5 (6.2)
  - 13.6 (17.2)
  - 8.0 (8.6)

- **Hours per client**
  - 11.5 (8.6)
  - 5.0 (3.3)
  - 6.1 (6.3)
  - 4.9 (5.9)

**Referrals**

- **Employment services**
  - 79%
  - 92%
  - 14%
  - 54%

- **Housing services**
  - 37%
  - 37%
  - 29%
  - 59%

**Source:** OMHT program records, 2011-15 (N=177)

41 Note that there was no formal evaluation conducted in fiscal years 2012-13 and 2013-14. Unfortunately as a result, case manager logs were not tracked and audited during this time.
OMHT Housing Specialist Referrals

In 2014-15, a total of 29 individuals were referred by OMHT case managers to Building Futures, the OMHT Housing Specialist. Of these 29 individuals, six were not OMHT clients but were served by the Housing Specialist regardless. Of the 23 OMHT clients, 18 were released from SRJ in 2014-15; four had been released in 2013-14; and one had been released in 2011-12. (Not all clients were immediately referred to the Housing Specialist upon release from SRJ; several clients experienced housing challenges later in their rehabilitation and were referred at that time.)

Of the 23 OMHT clients, all but one engaged with the OMHT housing specialist. Typically, referred clients connected with the housing specialist five times (ranging from 1 to 14 times), and received two housing referrals (ranging from 0 to 6) over a 3-12 month time period.

Examining OMHT housing specialist records, we found that the housing specialist successfully helped five OMHT clients to secure stable and/or sheltered housing in 2014-15-- four in Oakland, and one in San Leandro.

Table 3. Housing Outcomes (N=72)

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<tbody>
<tr>
<td><strong>Total Released (N)</strong></td>
<td>20</td>
<td>40</td>
<td>31</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total with Outcome Data</strong></td>
<td>19</td>
<td>21</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>Known to be housed after release (i.e., not homeless)</td>
<td>19</td>
<td>100%</td>
<td>20</td>
<td>95%</td>
</tr>
<tr>
<td>o <em>In stable housing after release</em></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>o <em>In sheltered housing after release</em></td>
<td>--</td>
<td>--</td>
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</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15 (N=182)

OMHT Employment Specialist Referrals

Service data provided by the WIB confirms that very few OMHT clients were either referred directly to or engaged with the OneStop Center in Eden Area. In 2014-15, a total of seven individuals were referred to the OneStop Center (two of which were not even OMHT clients). Of the five OMHT clients, four did not engage fully in employment services and/or respond to follow-up phone calls after they dropped out. For example, the case notes described how one client had attended the orientation for the first week, did not return the second week, and then did not respond to follow-up calls to return. On average, each client had about four “contacts” (ranging from 0 to 6) which were likely days spent attending the orientation session.

OMHT Employment Outcomes

Among those 27 who were employed, more than half had secured stable employment post-release, and more than half were placed in sheltered, temporary employment. (Four secured both sheltered and stable employment in the same year.)

42 Percentages add up to greater than 100% because 7 clients went from short-term housing to stable housing later in the year.
Table 4. Employment Outcomes (N=72)

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<td>20</td>
<td>40</td>
<td>31</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total with Outcome Data</strong></td>
<td>16</td>
<td>18</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Known to be employed after release</td>
<td>8 (50%)</td>
<td>7 (39%)</td>
<td>4 (67%)</td>
<td>27 (51%)</td>
</tr>
<tr>
<td>o In stable job after release</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>3 (75%)</td>
</tr>
<tr>
<td>o In sheltered job after release</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>o Held job for 3+ months</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1 (25%)</td>
</tr>
</tbody>
</table>

Source: OMHT program records, 2011-15 (N=177)

Additional Support Services and Supplies

In addition to case management and referrals, case managers rely on support services and supplies from partners to help bridge the gap between where the client is and where he/she needs to be. As per DSAL program records, DSAL contributed over $4,500 in support services and supplies (i.e., substance abuse residential program entrance fees, clothing, AC Transit “clipper” cards, food, and other emergency needs) for 30 OMHT clients in 2014-15.

In addition as per Building Futures program records, Building Futures provided about $2,100 to assist clients in paying their utility bills (n=6), storage fees (n=4), clothes for a job interview (n=1) and credit check fees (n=1). They also delivered hygiene products, Christmas gifts, and food to housing clients during the holidays. And as mentioned earlier, the WIB purchased 100 licenses to the Metrix online certification system for OMHT clients.

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43 Percentages add up to greater than 100% because 4 clients held both sheltered and a stable job in the same year.