

**DRAFT**

**MHSA Innovation Project Proposal**

**AB109/117 Re-Entry Multi-Agency Pilot  
Innovation Work Plan Narrative**

**Project Aim**

The aim of the Re-Entry Multi-Agency Pilot (Re-Entry MAP) is to develop and test a service need assessment and delivery model that will facilitate interagency coordination in assessing and providing relevant and effective re-entry services for incarcerated adults exiting prison and jail settings. The project will seek to answer three questions:

- 1. Who are those re-entering the community as the result of AB109/ state legislation; and what needs does this population have that are critical to their successful re-entry into the community?***
- 2. What essential services will address the population needs, and what structure or “model” of service access, delivery and coordination will best achieve defined outcomes (reduced recidivism, successful adjustment, gainful employment, etc.)?***
- 3. What policy, system, and service level changes are needed for Santa Clara County departments and partner agencies to achieve maximum outcomes for this population?***

To answer these critical questions, the Mental Health Department in collaboration with other partner agencies and stakeholders will conduct an 18-month inter-agency pilot project comprised of an inter-departmental team of skilled and knowledgeable staff.

**Project Charter and Expected Outcomes**

The charter to the team will be to improve re-entry efforts for newly released inmates by testing whether an integrated multi-domain assessment and service planning tool, utilized and applied by an integrated interagency team achieves the following outcomes:

- 1. An accurate prediction of re-entry client needs:** multi-domain functional needs and related services required by type, duration and intensity;
- 2. An accurate prediction of system resources required and costs:** services by type, dynamic and static capacity, and costs;
- 3. A model for efficient and effective service access and coordination:** efficient and intensive case management, rapid access and timely utilization management, service quality control, contracts and administration, advocacy and self-help;
- 4. Lower rates of re-incarceration:** as commonly defined and measured against current rates in Santa Clara County;

5. **Lower rates of homelessness:** as commonly defined among criminal justice population measured against current rates in Santa Clara County;
6. **Increased access to health and behavioral health services:** as compared to current County re-entry populations;
7. **Increased access to self-sufficiency supports:** as defined and measured access to benefits, housing, employment and educational resources;
8. **Increased access to interpersonal and community supports:** as defined and measured connections to family, peer support, self-help, and faith communities;
9. **Increased client and family satisfaction with system:** as defined and measured;
10. **Increased client and family perception of rehabilitative success:** as defined and measured, (e.g., “I am done with involvement with the criminal justice system”: “I have hope and confidence in my ability to have a crime-free life” and I have the resources to achieve that aim” etc.).

### **Project Deliverables**

This team will be involved in the following activities:

1. **Design and test a unified assessment model.** The objective is to test the value of a comprehensive “Need Index” that predicts re-entry needs and service intensity (including type, duration, level of service and costs). The team will:
  - a. Research and incorporate key elements of evidenced based models of assessing criminogenic risk, health, behavioral health, housing, employment/educational, economic, family and social support needs.
  - b. Design and test a comprehensive multi-domain assessment of adults who are impacted by AB109/117. This will be achieved through the development of an integrated “**Re-entry and Transitional Needs Assessment**” tool and assessment process.
2. **Design and test a comprehensive multi-domain service plan based on the assessment tool.** The team will?
  - a. Research and incorporate key elements of evidenced based models of service plans for outlining critical service needs of criminal justice involved individuals.
  - b. Design and test a comprehensive “**Re-Entry Service Plan**”. The plan that will outline and prioritize needed services for transitioning parolees and probationers and will estimate specific types, duration and costs of service per person.
3. **Conjointly assess, complete service plans, facilitate and oversee services for the “First 50” individuals re-entering the community under AB109/117 and as defined the Community Corrections Partnership Steering Committee.** The Team will:

- a. Work together to coordinate team roles and responsibilities in assuring that all population referrals are assessed, plans are developed and implemented.
  - b. Obtain legal consultation to assure that the Team is designated as a Multi-Disciplinary Team (MDT) and legally able to share information needed to insure optimal care and service coordination of referrals.
  - c. Maintain thorough records and other documentation to provide essential learning benefit from the pilot.
  - d. Engage and coordinate team and non-team resources to the maximum benefit of the pilot population.
  - e. Collaborate and coordinate activities and efforts with Innovation 06- Transitional Mental Health Services to Newly Released County Inmates to maximize peer and community support through the newly formed Faith Collaborative.
4. **Conjointly design and test a “Re-entry Outcomes Dashboard”.** The Team will:
- a. Work with evaluation staff from all participating departments to identify a set of pilot outcome measures to be tracked;
  - b. Design and test an outcomes “dashboard” to track pilot progress in addressing client needs in multiple functional domains (health, mental health, substance use, housing, benefits, employment/education, benefit assistance, social network).
5. **Prepare regular reports to the AB109/117 Community Corrections Partnership Executive Steering Committee.** The Team will:
- a. Inform the leadership on population needs and pre-incarceration history of service utilization;
  - b. Summarize community re-entry service access and utilization by the population served;
  - c. Identify system resource and inter-departmental interface issues and recommendations.
6. **Complete Final Pilot Summary Report and Recommendations to the AB109/117 Community Corrections Partnership Executive Steering Committee.** The Team will:
- a. Summarize pilot activities, outcomes and recommendations to inform the ongoing structure, processes and resources needed to achieve maximum beneficial outcomes for populations transitioning to the community as a result of AB109/117.

The MHD, in conjunction with other collaborative partners/service providers will provide support for the development of an infrastructure to coordinate service access and service delivery inmates through discharge planning to community re-entry. This project will utilize

MHSA funds for 18 months of staffing and administrative costs of the pilot team, evaluation and data collection support.

The pilot will work in concert with the overall Re-Entry service delivery system being developed in Santa Clara County, which will include the MHSA Criminal Justice Full Service Partnership system of services, the Innovation -06 Re-Entry Faith Collaborative; and service and supports resources being put in place for the County Community Corrections Partnership. A draft overview of the proposed project oversight structure is presented below.

**Community Corrections Partnership  
Steering Committee  
Service Delivery Overview**

