

Orange County Proposition 47 Grant Cohort 2 Local Evaluation Plan

December 31, 2019



Project Background

Orange County's Proposition 47 Cohort 2 grant program, called the "Community of Hope: Gateway to Successful Reentry" aims to provide a safety net and gateway to successful reentry in Orange County for individuals with substance use and/or mild-moderate mental health disorders. The program provides peer engagement and services to meet immediate needs upon released from jail, and a spectrum of post-custody treatment, housing, and supportive services provided in the community by individuals with specialized knowledge and training in meeting the needs of the reentry population. The continuum of supportive housing options will be expanded for this reentry population. Trainings will be provided to existing and prospective service and housing providers on principles of trauma, recovery, and reentry needs, in order to build a system of integrated services that address the needs of formerly incarcerated individuals.

Orange County Proposition 47 Cohort 2 grant activities focus on **three primary goals**: 1) to enhance successful reentry by increasing the number of individuals receiving peer engagement and assistance with basic needs at release, and daytime services at the Community Support and Recovery Center (CSRC); 2) to reduce homelessness among individuals reentering the community after incarceration by expanding access to emergency, short term, and permanent housing for justice-involved individuals with substance use disorders and/or co-occurring mental health disorders; and 3) to reduce risk of recidivism, by expanding access to and provision of community based, reentry focused substance use disorder (SUD) and mental health/co-occurring services by providing SUD treatment coordination, peer navigation, and support to improve participation in SUD treatment. The ultimate goal of this project is to reduce the number of individuals in the Orange County jails who have mental health and/or substance use issues, by reducing recidivism.

Funding will be used to maintain existing services targeted to the Proposition 47 target population through an established Community Support and Recovery Center (CSRC), which provides peer navigation services in the field and an array of supportive services onsite at the CSRC for individuals recently released from jail. Funds will also be used to expand staffing at the CSRC, to enhance access to and retention of housing, and to improve access to SUD treatment for this population. The **target population** includes adult men and women, ages 18 or older, with histories of substance use disorders (SUD) or co-occurring mental illness, who are reentering the community after incarceration. Individuals with mild-to-moderate mental health conditions will also be a priority, as they are part of the target population currently served by the CSRC. The program will prioritize those with misdemeanor or non-violent felony offenses.

Program objectives include:

- Continuing funding for existing CSRC reentry services for this population
- Expanding CSRC staffing to better meet needs of individuals with SUD and homeless individuals
- Increasing dedicated housing and housing assistance for individuals referred from the CSRC
- Providing housing coordination, conducting eligibility assessments, and providing housing outreach, navigation, and peer support to access and maintain housing
- Embedding dedicated staff in outpatient programs to provide treatment that uses an integrated behavioral health reentry approach; and
- Expanding peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment

Below is a description of each Proposition 47 Cohort 2 service component:

- *Extension of existing CSRC services* from July 1, 2020¹ through December 2022 - services provided by the CSRC include peer engagement and tangible support at time of release from jail (e.g., snack, clothing, hygiene kit, phone charge, call to family/friends, transportation assistance), as well as CSRC onsite services such as case management, transportation to/from appointments, job and life skills training, civil legal services, recovery groups, referrals to emergency housing and sober living options, and linkage to a variety of reentry services. Participants are referred to the CSRC mostly from jail in-reach workers, CSRC peer navigators working in the field (e.g., outside of, and in lobby of, main jail Intake & Release Center/IRC), from Probation, and self-referrals/walk-ins. The CSRC will provide Tier 1 services (i.e., one to two time-limited services) to an estimated 100 enrolled individuals per year, Tier 2 services (up to 90 days) to approximately 350 enrolled participants per year, and Tier 3 intensive services (up to 6 months) to an estimated 150 enrolled participants per year. Successful completion will be defined as meeting program or recovery/treatment goals, or transitioning to another service provider, after having made progress toward goals (clinician rated).
- *Expansion of CSRC services* – staffing will be added to the CSRC to provide additional SUD services onsite, to provide peer navigation to and improved engagement in appropriate level of SUD and co-occurring treatment services, to conduct housing eligibility assessments, and provide housing outreach and coordination, and specialized housing peer navigation and support to improve access to and retention of housing.
- *Expansion of Specialized Programming* - dedicated County behavioral health staff (clinicians and other mental health specialists) will provide specialized clinical services in outpatient programs, as well as

¹ Actual time frame for extension of existing services will begin when Cohort 1 funding for CSRC is expended.

system navigation and jail in-reach support to assist the target population in accessing integrated reentry and treatment services after release from custody; staff will receive training in reentry and trauma informed care principles, including best practices for supporting successful reentry, and may spend portions of their time on-site at the CSRC in order to facilitate integration of services; and

- *Expansion of Dedicated Reentry Housing* – under this grant program, the County is aiming to dedicate 40 beds in transitional/bridge housing and recovery residences (sober living homes) for referrals coming directly from the CSRC; housing navigation and supports will be provided by peer navigators, along with skill development and strategies to retain housing, access to financial supports, and other resources to support access to and success in housing; permanent supportive housing certificates (rental assistance) will also be available for individuals who meet eligibility.

The following sections outline the methods and approaches, as well as data sources to be used in the evaluation of this grant program.

Project Performance

Urban Institute, an independent evaluator, will conduct a process and outcome evaluation of Proposition 47 Cohort 2 services, and will evaluate each service component and its impact on reducing recidivism in the target population. *See logic model at the end of this document, for more detail on project inputs, activities, outputs, outcomes, and impacts.* Urban Institute is currently contracted with the Lead Agency to evaluate Proposition 47 Cohort 1 services, and will leverage its experience and lessons learned from Cohort 1 to expand and refine this evaluation plan, which builds on the Cohort 1 data and evaluation currently in progress.

The evaluation will utilize a mixed-methods design, with both quantitative and qualitative data collected from multiple program- and system-level databases. Data will be gathered by program staff upon receipt of services throughout the duration of the grant period. Additional process outcomes data will be gathered directly by the independent evaluator during site visits. Outcomes will be analyzed and summarized by the evaluator annually, with interim analyses being conducted as needed to guide program improvements. Annual trends will be examined, to evaluate changes in service delivery over time and to identify improvements needed, as well as to evaluate program effectiveness over time.

Moreover, as part of the process and outcome evaluations, differences in service access and outcomes will be examined between subpopulations, including but not limited to comparisons based on age, race/ethnicity, type of behavioral health issue (e.g., SUD only, mental health issue only, co-occurring condition), and other important sociodemographic factors.

The **process evaluation** will determine the extent to which Proposition 47 services are being implemented as intended, and with fidelity to program models, and whether progress is being made towards achieving project goals. This will include the degree of success in engaging the target population, and whether having behavioral health staff specially trained in reentry principles and practices improves enrollment and retention in SUD and co-occurring services. The evaluation will also examine participant satisfaction with services, and participant and provider perspectives on barriers and challenges to successful implementation, solutions for addressing challenges, and will identify areas of strength and success. The Lead Agency will monitor program fidelity through required contract monitoring and reporting, bi-weekly meetings with the contractor, site visits and observations of field and CSRC onsite services. The evaluator will also monitor fidelity through its process evaluation, including through interviews, focus groups, and observations conducted during site visits, and will highlight issues or concerns in quarterly progress reports, and action plans based on site visit results.

The process evaluation will primarily utilize qualitative data gathered by the evaluator during bi-annual site visits using a combination of interviews with participants and providers, participant focus groups, and observations of services being provided. Overall findings will be summarized, along with findings for each program component. Annual analyses will determine whether greater success is achieved over time in program implementation (progress towards meeting goals), program fidelity, participant engagement, participant satisfaction, and other process measures. A more detailed description is included in the Process Evaluation section.

The **outcome evaluation** will rely largely on quantitative service utilization data to examine the degree to which the program serves the target population through each program component, effectively provides tangible services at time of release, provides housing navigation and coordination services including linking participants to stable housing options, provides SUD services onsite at the CSRC and links participants to appropriate levels of Drug Medi-Cal certified treatment providers for more intensive treatment, and links participants to other needed services to facilitate successful reentry into the community. The outcome evaluation will examine changes in participant outcomes over time, for those who engage in and complete services at the CSRC, those who attain housing, and/or those who engage in SUD treatment services, and will assess the impact of Proposition 47 Cohort 2 services on recidivism. To examine outcomes among those who complete services, a pre/post-test design will be used to examine housing status, employment status, substance use frequency and impacts, and behavioral health symptomatology at intake and discharge. Finally, the impact of Proposition 47 Cohort 2 services on

recidivism will be examined using a quasi-experimental design. Additional description of the study design and analysis methods is included in the Outcome Evaluation section.

Orange County will use the following definition of **Recidivism**, which includes the BSCC definition, but includes additional elements.

A conviction of a new felony or misdemeanor, or a sustained parole or probation violation based on a new criminal offense; or any lawful arrest that led to the filing of a law, probation or parole violation based on a new criminal offense. Recidivism shall include any of the foregoing offenses committed within three years of release from custody, three years of placement on supervision, or three years after termination of supervision.

Data Management

Data Collection Tools, Timelines, and Administrators

Behavioral health screenings are currently conducted with all adults aged 18 or older upon entering custody, or by request during a “sick call” by Correctional Health Services (CHS) staff. Currently, ICD-10 codes are utilized to identify individuals with any substance use disorder (SUD) diagnosis, or diagnoses of mental illness typically considered to be mild or moderate (e.g., anxiety, depression, post-traumatic stress disorder). CHS uses a list of specific diagnostic codes for inclusion in this target population. CHS staff also utilizes Orange County Sheriff’s Department (OCSD) data to identify criminal charges classified as misdemeanors or non-violent felonies, to determine eligibility for Proposition 47 services. CHS is currently working to identify a standardized **Risk-Needs-Responsivity** (RNR) tool. Once in place, this tool will be used to assess level of risk to recidivate, and the information will be share with Proposition 47 service partners, in order to facilitate program planning and service prioritization. Currently, OCSD conducts a proxy risk screen on some individuals who are incarcerated, but it is a static measure of risk, and it has been difficult to gain access across systems to share these data for real-time use. The proxy screen is also not conducted on all individuals in the jails. Therefore, it is a priority to identify an RNR tool to be utilized by CHS in order to conduct these standard screenings across all individuals in the jails. A list of individuals identified as meeting Proposition 47 target population criteria is compiled by CHS, and provided to Behavioral Health Services staff every two weeks, to be used to conduct targeted in-reach prior to individuals being released from custody. This list includes a variety of sociodemographic and jail housing information. In-reach workers gather additional information including the level of engagement during in-reach, needs upon release from custody, and types of referrals or materials provided (e.g., verbal referral, print materials, CSRC flyer, bus pass). **CSRC referral forms** are completed by in-reach workers and are sent directly to the CSRC, for individuals who are eligible and in need of CSRC reentry services. The referral form contains information provided by CHS and in-reach workers, as outlined above, including

the participant's name and post-release contact information. The CSRC referral form is also completed by others who make referrals to the CSRC (e.g., Probation officers, Public Defender staff, CSRC peer navigators). Once arriving at the CSRC, staff conducts an **intake screening** to gather information not collected or passed on from other service providers, or for those who self-refer to the CSRC. The intake screen assesses reentry needs, including need for case management, need for assistance with housing, employment, transportation, civil legal services, financial and medical benefits, and need for treatment or SUD recovery services. The intake tool is utilized to determine whether additional assessment is needed, and to assign eligible individuals to a Tier of Services (Tier 1 – one to two services, typically less than a week; Tier 2 – up to 90 days of case management and services; Tier 3 – up to 6 months of case management and services). In order to access housing resources through the Coordinated Entry System (CES) and housing Continuum of Care (CoC), the **VI-SPDAT** (Vulnerability Index – Service Prioritization Decision Assistance Tool) will be administered with anyone indicating a need for housing. Other **housing screenings/assessments** will be conducted, as needed, to determine eligibility for housing placements outside of the formal CES or CoC systems. CSRC staff will screen individuals identified as having a history of SUD, using the **American Society of Addiction Medicine (ASAM)** standardized brief screen, in order to determine eligibility for, and proper level of care within, the Drug Medi-Cal (DMC) system of care. Individuals meeting criteria for different levels of care will be linked, using peer navigators, to the appropriate type of provider, where a full ASAM assessment will be conducted. Individuals not meeting ASAM criteria, or for whom there is a waitlist for a certain level of care, will receive supportive services or interim services at the CSRC by certified drug and alcohol counselors onsite. CSRC staff will complete a **van usage log** to track van rides provided (participant name, date, from/to location, mileage). In collaboration with Proposition 47 dedicated housing providers, CSRC housing staff will track a variety of **housing indicators**, including results of housing assessments, housing needs, types of housing assistance provided, document/application assistance provided, status of application for housing placement or voucher, type of housing placement, dates of housing placement and exit, location upon exit from housing, log of landlords and property managers contacted, housing support groups attended, and other important housing related variables. CSRC staff will also administer a **discharge assessment tool** to assess housing status and type, employment status, substance use severity, and other outcomes upon discharge from case management. Finally, the CSRC will use a **linkage tracking tool** to track how individuals were linked to services and the types of services and assistance to which they were linked.

Data Sources

To **identify and track the target population**, data will be entered into and extracted from: 1) CHS electronic health record (to identify individuals with SUD and/or co-occurring mild/moderate mental health disorders and elevated risk-to-recidivate). The CHS database will be used to identify individuals with

specific ICD-10 diagnostic codes; and 2) the OCSD maintained Automated Justice System (AJS) database, which will be used to further narrow the target population to those with histories of misdemeanor and/or non-violent felony offenses. The AJS will be used to examine data related to type and date of offense and conviction. The CSRC will also maintain a data system that contains sociodemographic data for all participants who are screened by CSRC staff, including information regarding their self-reported SUD and mental health issues or diagnoses, and high level information on types of criminal charges (i.e. misdemeanor, non-violent felony, violent felony).

Participant background, service, and program outcome data will be stored in program specific databases or electronic health records (EHR). These include an EHR maintained by Correctional Health Services for services provided in custody, a Behavioral Health Services EHR for services provided by jail in-reach workers and clinical staff who provide engagement and treatment services to the target population, program specific databases managed by Proposition 47 dedicated housing providers, and a case management system maintained by the Community Support and Recovery Center (CSRC). Participant background data will be collected and tracked, including but not limited to date of birth/age, gender, race/ethnicity, housing status and employment status. Service data will be recorded for each participant encounter, including dates of service, intake and discharge/release dates, and types of service or assistance provided, status at discharge (e.g., successful completion, progress towards goals), where participants were linked and how they were linked (e.g., verbal referral, linked via phone, warm handoff, given a ride by program staff). Pre and post- outcomes data will also be stored in these independent databases, and extracted and merged by the independent evaluator, using a unique identifier across data systems. Outcome indicators are detailed in the logic model at the end of this document.

Participant background and service data for all service components will be extracted on a quarterly basis, or required grant reporting as well as to monitor the number and characteristics of individuals in the target population receiving services and the types of services being provided through the Proposition 47 program. Outcomes data will be analyzed annually.

Records of **staff trainings** will be stored in a separated training database, and will be maintained by the CSRC, as well as by the Lead Agency. **Qualitative data** gathered by the independent evaluator will be maintained by the evaluator, primarily in Excel and statistical software databases.

Baseline and annual recidivism data will be gathered from a variety of sources, including the California Department of Justice (DOJ) Criminal Offender Record Information (CORI) database. Local OCSD, OC Superior Court, and OC Probation data will also be used, as needed, to report on the various elements of

Orange County's definition of recidivism. The CORI database primarily contains records of more serious offenses, but will help capture new arrests both in and outside of Orange County, as well as parole violations. The OCSD data may be used to identify new arrests and bookings into the Orange County jails. Probation data may be used to identify Probation violations, and additional information on new convictions may be extracted from Superior Court data, if needed.

Methods of Data Management and Analysis

Data from the County criminal justice and electronic health records identified above will be cleaned and restructured to allow data merging, using statistical software packages. Data will be linked using a unique identifier to facilitate tracking of participants and outcomes over time and across data systems. For Cohort 1, the County has used the OCN (Orange County Number, which is a number unique to an individual in the County jail system; the same OCN is used any time a person is booked or re-booked into a County jail). The OCN is used in the jail electronic health record, the AJS, as well as in the Proposition 47 jail in-reach workers database, and by the CSRC. For individuals who are referred to or self-refer to the CSRC and don't know their OCN, other unique identifiers (name, date of birth/DOB, Social Security Number/SSN) will be used to attempt to link CSRC data with data from other Proposition 47 provider data. Data from the CORI database will also be linked to the other data sources using unique identifiers such as name, DOB, and SSN. DOJ California Information and Identification Number (CII) will also be utilized to help in matching data, if needed. Prior to the Two-Year Interim report, and the Final Evaluation report, data from each of these sources will be merged into a master file, which will then allow trend analysis (i.e., year over year comparisons) as well as group comparisons of recidivism rates and other outcomes for individuals who participated in Proposition 47 services with those who did not participate.

Stata and R statistical software will be used to clean, link, and analyze data for this evaluation. For the recidivism analysis, logistic regression analysis will be used to determine whether individuals in the intervention group have better recidivism outcomes than individuals in the comparison group, controlling for demographic and other important case-level factors (e.g., age, sex, race/ethnicity, type of criminal charge). Annual service trends will be analyzed using change scores. For individuals enrolling in and completing services, repeated measures Analysis of Variance (ANOVA) will be used to examine pre/post changes from intake to discharge.

Data Sharing Agreements/Information Sharing Procedures

Urban Institute, the existing evaluator for the Cohort 1 Proposition 47 grant, has existing **data sharing agreements** and specific data exchange protocols with the contracted CSRC and most of the County

entities involved in the proposed services. The evaluator will develop data sharing agreements with additional housing and service providers, as needed.

Urban Institute has set up a Secure File Transfer Protocol (SFTP) site, in order to facilitate the secure exchange of data between Proposition 47 partners and the evaluator. Data files will be encrypted using PGP procedures prior to transmittal. Once received, these data will be secured and access-limited to project researchers. Any data or electronic documents with identifying information (e.g., names or OCN) will be stored on a confidential drive created specifically for the project. Likewise, hard copies of interview or focus group notes with identifying information will be stored in a locked project file cabinet.

Currently, individuals being screened/assessed and receiving services through CHS while in custody sign a consent form, to allow their information to be shared with other service providers. Consent or Release of Information (ROI) forms will be developed, as needed, for other Proposition 47 service partners, in order to facilitate information sharing among the partners, and with the independent evaluator.

Research Design

Process Evaluation

The goal of the process evaluation is to help monitor and evaluate service provision, track implementation progress, assess whether providers are following best practice standards and achieving fidelity to program models, and identify barriers and solutions to successful implementation. Perceptions of and satisfaction with the various programs/services among both participants, key stakeholders, and service providers will also be assessed. Findings from the process evaluation will inform the County and service providers about implementation barriers and suggestions for implementation improvements, and will provide context for the outcome evaluation findings.

Qualitative data will be gathered using semi-structured interviews with program participants and program staff, focus groups with participants, observations of program operations, and meetings with key stakeholders (e.g., Probation, OCSD Inmate Services, OCSD Custody Operations, Public Defender, and Diocese of Orange Office of Restorative Justice/Detention Ministries, and other key stakeholders involved in reentry efforts). Quantitative data will include counts and percentages. Descriptive analysis will be conducted on service data, while content analysis will be conducted on focus group and interview data, to identify key themes. A trauma-informed system self-assessment will be administered annually, to examine the degree to which each program component, and the system overall, reflects principles of trauma informed care.

Below are questions to be addressed in the process evaluation.

- *How effective are procedures for identifying and engaging the target population prior to and at time of release, and linking individuals to services after release from custody?* Existing screening and assessment tools and workflow procedures will be reviewed to determine the ability of procedures to validly identify the target population and the needs of that population; the ability to effectively link the target population with in-reach workers, the ability of in-reach workers to successfully engage target population while in jail and identify post-release needs; the ability of peer navigators to engage and provide basic services to the target population at time of release to treatment and supportive services; ability of peer navigators to link eligible individuals to the CSRC for services; and ability of specially trained County clinicians and system navigators to help link individuals to and engage in treatment services.
- *Is service implementation progressing?* To assess progress towards implementation, several indicators will be examined, including whether all needed staff have been hired for each service component; the continued functioning of the Community Support and Recovery Center (CSRC) at current level and scope of service, and accessibility of the CSRC in relation to the Intake & Release Center (IRC); availability of transportation from IRC to CSRC and other services; expansion of dedicated housing staff, a van driver, and peer navigators to specialize in housing and treatment system navigation; establishing dedicated beds in recovery residences and bridge housing for referrals from CSRC; and expansion of specialized programming in the County system of care that integrates behavioral health and reentry services. Number of implementation goals met (vs. partially met, not started), as well as the number and type of new services established, will be tracked and reported on a quarterly basis.
- *Are services being implemented with fidelity?* The number of project staff involved in providing services to the Proposition 47 population who are trained in principles of reentry and trauma informed care will be tracked, as well as the number of peer navigators trained in principles of peer support services. Moreover, to determine the degree to which each service component utilizes trauma informed principles, a review of screening/assessment tools, program procedures, staffing and staff training protocols will be reviewed. A trauma-informed care self-assessment will be administered annually, as will observational assessments of the physical environments (including safety factors, welcoming environment) where services are provided. In addition to safety, other factors to be evaluated include use of peer support and navigation, and the degree to which program procedures enhance trust, collaboration, and empowerment. Data will be collected by the evaluator during site visits.

- *What input does staff have on project implementation?* Semi-structured interviews will be conducted twice per year with staff at all service components and with key referral sources. Interviews will assess their perspectives on interagency collaboration, facilitators and barriers to implementation, and recommendations to strengthen service delivery.
- *How satisfied are participants with the services received?* Participant satisfaction with services and ideas for improving Proposition 47 services will be assessed through focus groups, twice per year, with a participants at the CSRC, and those being served by dedicated housing providers and by staff providing specialized behavioral health programming. Questions will assess their satisfaction with services received by that program component.
- *Did the Local Advisory Committee collaborate and engage with community stakeholders?* To assess the degree of collaboration and community engagement, the number of LAC meetings held annually will be tracked, as well as the number and diversity of members in attendance, and the number of opportunities provided for community input.

Outcome Evaluation

The purpose of the outcome evaluation is to determine whether participation in Proposition 47 services improves outcomes after release from custody, including whether participation reduces criminal recidivism. A quasi-experimental study design will be used to examine impacts of program participation on reentry outcomes, including reduced homelessness, reduced substance use, improved employment, and reduced recidivism, and whether being stably housed and/or receiving SUD services has added benefits in reducing recidivism beyond receiving other reentry services without housing or SUD treatment/services. The “intervention” group will include individuals who fit the target population criteria and receive Proposition 47 program services. The “comparison” group will include individuals who fit the target criteria but did not receive Proposition 47 program services during the same time frame. A historical comparison group may be added, to enhance the analysis, if needed. Additional analysis will compare individuals who received CSRC reentry services, plus housing and/or SUD treatment services vs. those who received CSRC services (but not housing or SUD services). Predictive statistics, including logistic regression, will be used to examine impacts of services on outcomes. Analysis of Variance will examine whether types services received have a differential impact on recidivism rates for the intervention group. Baseline data have already been established as part of the Cohort 1 evaluation, and outcome data will be evaluated annually, in comparison to baseline and prior years’ performance data.

Service data will be compiled and summarized to identify which participants received services through each project component, and to track the number of people served through each program component. Data will primarily include counts and percentages. Improvements in participant outcomes will be assessed by comparing participant functioning at intake and discharge Tiers 2 and 3 of the CSRC, from intake/discharge from housing (if different from CSRC intake/discharge), and from SUD treatment.

The main *independent variable* in the outcome evaluation is completion of Proposition 47 services. Service participation will be operationalized in several ways: 1) did the participant enroll in and complete any Tier of CSRC reentry services; 2) was the participant placed in stable housing (with successful retention determined by length of time in housing placement); and 3) did the participant complete SUD services either onsite at CSRC or through a DMC-certified provider (with success determined by completion of treatment goals, or significant progress toward treatment goals at time of discharge). Individuals who complete reentry services, retain housing, and complete SUD treatment are expected to have better outcomes, than individuals who receive only reentry services without the added components of housing and/or SUD services. Participation in reentry services is defined as being enrolled in a Tier 1, Tier 2, or Tier 3 service at the CSRC, or receiving tangible support at time of release from custody. For individuals receiving CSRC and/or behavioral health treatment services, completion is defined as achieving goals, or significant progress toward goals, at time of discharge. Attaining stable housing is defined as staying in housing placement (up to 4 months in recovery residences and up to 18 months in bridge housing), until another stable or long-term housing option is secured.

Dependent variables include housing status, employment status, and behavioral health functioning (SUD frequency and impacts, mental health symptoms), and recidivism. These variables will be operationalized as follows:

- **Housing status** will be assessed at intake and discharge, using the following categories: currently homeless (or at risk/no place to live upon release from jail), living in a shelter, living in stable short-term housing (including transitional/bridge housing, recovery residence/sober living, other short-term housing), or living in permanent housing (independently, with a family member or friend), other.
- **Employment status** will be assessed at intake and discharge, using categories including: unemployed, employed part-time, employed full-time, volunteering, retired, other status.
- **Behavioral health functioning** will be assessed at intake and discharge, and at regular intervals during treatment, and will measure the severity of mental health symptoms, and frequency and impacts of substance use.
- **Recidivism** will be operationalized to allow reporting on all elements of the Orange County definition, with indicators including convictions on new felony or misdemeanor charges, sustained parole or

probation violations based on new offenses, and new arrests that led to filing of a law, probation or parole violation.

Due to the relatively short duration of the Proposition 47 grant and delays between dates of arrest and conviction, jail booking data may be used as an interim proxy for reporting recidivism during the earlier phases of the evaluation. Specifically, 30-day, 90-day, 6-month, and 1-year post program completion recidivism rates (based on returns to the County jail system) will be examined to determine short- and longer-term impacts of participation in the Proposition 47 program. For the final evaluation report, recidivism at any time during the evaluation period (using indicators to address all elements of the Orange County definition) will be examined and reported. This will allow us to determine whether and which Proposition 47 services resulted in sustained reductions in recidivism, and will be more aligned with the BSCC's three year time frame for recidivism.

Below are some of the questions to be addressed in the outcome evaluation, along with indicators to measure performance and anticipated impacts.

- *How many people were served by Proposition 47 services?* Administrative service data will be examined to determine the number of screens conducted at booking; the number and percentage of screened individuals who met target population criteria; number and percentage of successful linkages between service components (from CHS to in-reach workers, from in-reach workers and other referral sources to the CSRC; and from CSRC to housing and to SUD services onsite and in the DMC system of care); and the number of people who received services and type of services received from each service component, including tangible services at time of release, transportation assistance, and onsite CSRC services including case management, recovery services, civil legal services, housing assistance or linkage to housing, job skills training, and other supportive services.
 - Anticipated impact: Better identification of the target population and linkage to services will result in a greater proportion of the target population receiving services after release from custody.
- *What percentage of overall target population was served?* This penetration rate will be calculated by dividing the unduplicated number of individuals in the target population who received Proposition 47 services (from each program component) by the total unduplicated number of individuals identified at booking as belonging to the target population. Penetration rates will be examined for the final evaluation report.
 - Anticipated impact: Providing services to a higher percentage of the target population will result in lower overall recidivism and lower numbers of individuals in jails with behavioral health issues.

- *How many and what percentage of CSRC participants receive housing assessment, coordination, navigation, and support services?* The number and percentage of participants receiving CSRC services who are screened for housing needs, and assessed for housing eligibility will be tracked. The following indicators will be tracked and reported for those with an identified housing need: the number and percentage who have a housing plan, who receive assistance with a housing search, who receive assistance with applications or documents needed to access housing, who participate in housing support groups, who receive assistance with financial documents (e.g., GR, SSI, etc.) will be tracked.
 - Anticipated impact: Providing housing assessment, coordination, navigation, and support will result in lower rates of homelessness among individuals who were formerly incarcerated, better access to stable housing, more opportunities for successful reentry, and better outcomes.
- *How many and what percentage of CSRC participants are placed in recovery residences or bridge/transitional housing, and how well do they retain housing placement?* For those receiving CSRC services, needing housing, and/or needing a sober/clean place to live, the number or percentage of individuals placed in dedicated housing will be tracked and reported, along with number placed in other housing options. Average length of stay, and average time until placement will be tracked and recorded. Housing location upon exit from housing will also be tracked and reported.
 - Anticipated impact: Stable housing will result in more successful community reentry, better quality of life, better employment, less substance use, and reduced recidivism.
- *How many and what percentage of participants receive services from County behavioral health staff specially trained in reentry principles and practices, and trauma informed care?* Administrative service data will be used to determine the number and percentage of individuals in the target population who receive jail in-reach, clinical/treatment, or system navigation services from staff who are trained in providing behavioral health services to a reentry population, including the number of successful linkages to treatment services, and the number and percentage of individuals who complete treatment provided by these specially trained staff.
 - Anticipated impact: Having behavioral health staff who are trained in principles and practices of successful reentry, and who are integrated with and/or closely collaborate with the CSRC, will result in higher rates of engagement in County services among this population, and better rates of SUD and mental health treatment enrollment and completion.
- *How many people completed each service component?* For those engaged with in-reach staff, completion of service will be defined as successfully linking to identified supports or services. The rate will be calculated by dividing the number that successfully link by the number who were engaged by in-reach staff. For those enrolling in a tier of service at the CSRC or linked to and enrolled in a County outpatient or intensive outpatient treatment program, the success rate will be calculated by taking the number of participants who complete the service (with successful progress towards goals) and dividing

by the total number of participants who enrolled in services. For those who receive recovery residence or bridge/transitional housing placements, success will be defined as retaining housing until the participant can transition to another stable or long-term housing option.

- Anticipated impacts: Enrolling in and completing case management, treatment, and/or attaining stable housing will result in more successful community reentry and better participant outcomes, including lower rates of recidivism.
- *What improvements in participant outcomes resulted from receiving services?* Pre- and post-test comparisons will be made for individuals who enroll in and discharge from CSRC services and for those linked from the CSRC to County outpatient/intensive outpatient treatment for DMC or co-occurring mental health treatment. Pre- and post-tests will measure improvements between intake and discharge for outcomes such as employment status, housing status, mental health symptomatology, and substance use (frequency and impacts).
 - Anticipated impact: Completion of services will result in reduced recidivism and better participant outcomes (e.g., less substance use, higher rates of employment, more stable housing, and reduced symptomatology)
- *Does participation in Proposition 47 services reduce recidivism?* The impact of participating in Proposition 47 services (independent variable) on recidivism rates (dependent variable) in the target population will be examined using a quasi-experimental study. The study design will involve comparing the intervention group (individuals who participated in at least one Proposition 47 service component) and a comparison group (individuals in the target population who did not receive Proposition 47 services), matched on key characteristics. The comparison group will likely be chosen from the population of individuals who were identified as fitting the target population but did not engage in services for various reasons (e.g., they were released before they could be engaged, or were released during times that CSRC navigators were not present to link individuals to CSRC services (e.g., on weekends), those who were not interested in receiving services).

To create the comparison group, propensity score matching (PSM) methods will be used. This method matches individuals in the treatment and comparison groups, to ensure that they are statistically similar on key characteristics. For this evaluation, participants in the treatment and comparison groups will be matched on demographics (including age, gender, race/ethnicity) and other important factors (e.g., primary diagnosis, type of behavioral health issue, criminal offense category). Matching individuals on characteristics that predict recidivism will provide greater confidence that lower rates of recidivism in the intervention group are due to participation in Proposition 47 services, and not to some other extraneous factor. Attempts will be made to create a comparison group similar in size to the intervention group.

Once the treatment and comparison group are identified, the impact of services on recidivism will be examined using logistic regression and ordinary least squares (OLS) regression models. The independent effects of participating in specific services, and the additive effects of participating in different combinations of services (e.g., whether individuals who receive reentry and housing have better outcomes than those who only receive reentry services), will also be examined.

Reports

Evaluator will provide quarterly reports in order to monitor and evaluate service data based on participant encounters, including identifying implementation challenges and successes. The evaluator will present data quarterly to the Local Advisory Committee, and will provide quarterly progress reports to the Lead Agency on the status of evaluation activities. Annual reports will be generated to examine progress towards meeting goals and objectives, and to evaluate findings related to the process and outcome evaluations. This includes the Two-Year Interim report and the Final Evaluation report.

A Logic Model

The following logic model shows the key project inputs, which generate outputs, including activities and associated indicators. Outcomes and long-term impacts resulting from outputs are also shown. The entire Proposition 47 service model is grounded in principles of trauma-informed care, peer support, strength-based recovery, and collaboration.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<p>County and contracted staff, including CSRC</p> <p>County resources and trainings (e.g., trauma informed care, peer support services)</p> <p>Community collaborators (e.g., Prop47 Local Advisory Committee/LAC, housing providers)</p> <p>Proposition 47 grant funds</p> <p>Leveraged funds (e.g., Public Safety Realignment, Substance Abuse Treatment Block Grant/SABG, OCSD, Probation, Public Defender)</p>	<p>Extend current CSRC contract through Dec. 2022 to maintain current services</p> <p>Community Support and Recovery Center (CSRC):</p> <ul style="list-style-type: none"> Engage people at time of release and provide tangible services (snack, clothing, phone charge, hygiene kit); provide peer support and navigation, transportation, and onsite services including case management, recovery services, assistance with housing, civil legal services, job skills, and linkage to other needed services Hire van driver, drug and alcohol counselors, housing coordinator, and additional peer navigators to assist with accessing housing and treatment services Train CSRC peers in Peer Support Services curriculum and offer other trainings to enhance development of CSRC staff Conduct ASAM screenings on participants with histories of substance use issues Provide SUD treatment coordination and peer navigation for CSRC participants 	<ul style="list-style-type: none"> # CSRC staff hired/trained (type of training; e.g., trauma, peer support, housing navigation) # referred to CSRC # served at time of release (by service type) # rides (from jail to CSRC, to/from housing, appointments, etc.) # served onsite at CSRC (by program Tier) # with housing/employment/education/SUD/mental health recovery goal #/% completing services; making progress towards goals upon discharge (by service level) # linked to other services (by type) <p><i>Enhanced SUD Services</i></p> <ul style="list-style-type: none"> # screened using ASAM # receiving SUD services at CSRC # linked from CSRC to County SUD/co-occurring treatment # completing SUD treatment; making progress on recovery goals at discharge # County project staff hired and trained in reentry principles, and trauma informed care <p><i>Housing Services and Placements</i></p> <ul style="list-style-type: none"> # beds dedicated to referrals from CSRC #/% screened using VI-SPDAT or other housing assessment #/% with housing plan 	<p>More individuals who need services and supports post custody are identified</p> <p>Individual reentry needs are better identified and more individuals are linked to services immediately upon release</p> <p>More individuals receive SUD support services at CSRC, and/or linked to DMC certified treatment program after release from custody</p> <p>Better engagement and longer retention in SUD treatment</p> <p>More individuals receiving transportation to/from CSRC, housing, and appointments</p> <p>More justice-involved individuals screened/assessed for housing needs</p> <p>Faster placement into housing, due to dedicated beds</p>	<p>Justice-involved individuals with behavioral health issues served better</p> <p>Public safety enhanced</p> <p>Improved residential stability and reduced homelessness among formerly incarcerated</p> <p>Increased employment and financial stability</p> <p>Fewer inmates with behavioral health issues</p> <p>Reduced burden on jail system</p> <p>Improved quality of life</p> <p>Diverse network of community and County service partners expanded and maintained</p>

ORANGE COUNTY PROPOSITION 47 GRANT COHORT 2 LOCAL EVALUATION PLAN

<p>Expand dedicated reentry housing:</p> <ul style="list-style-type: none"> • Develop MOU between CSRC and existing County-contracted bridge housing and recovery residence providers to dedicate 40 beds for referrals from CSRC • Expand access to housing certificates for rental assistance • Train housing coordinator and peers on housing principles, procedures, and strategies for retaining housing • CSRC to provide housing coordination and peer navigation to those needing emergency, short-term, and permanent housing <p>Expand integrated behavioral health-reentry programming:</p> <ul style="list-style-type: none"> • Leverage five County staff to provide specialized programming including jail in-reach, system navigation, and treatment to target population • Train staff in trauma informed care and reentry needs of justice-involved individuals and strategies for addressing criminogenic risk factors during treatment. • Create partnership of CSRC and County peers to provide holistic behavioral health and reentry peer navigation and support <p>Assess participant satisfaction</p> <p>Collaboration with community:</p> <ul style="list-style-type: none"> • Maintain LAC • Facilitate community input 	<ul style="list-style-type: none"> • #/% assisted with housing search • #/% referred to housing (by type) • #/% successfully placed in housing <ul style="list-style-type: none"> ○ # in emergency shelter ○ # in <i>dedicated</i> bridge housing ○ # in <i>dedicated</i> recovery residence ○ # in other short term housing (by type) • # received assistance with housing application • # assisted with move-in costs, furniture • # provided transportation to/from housing • # participated in housing support group • # received financial application assistance (e.g., GR, SSI, SSDI, etc.) • # landlords engaged • # property management/owner phone contacts • # housing vouchers for permanent housing • # submitted documents to coordinated entry system (CES) • Average time to housing placement (by type) • Average length of time in housing (by type) • Location upon exit from housing (by type) • # focus groups/interviews completed • # participants surveyed <p><i>Community Collaboration</i></p> <ul style="list-style-type: none"> • # of LAC meetings held • Attendance at LAC meetings (average # of members attending, representativeness) • # and type of community partners or members of the public engaged • # opportunities for community input 	<p>More justice-involved individuals with documents needed to access housing</p> <p>More justice-involved individuals stably housed</p> <p>Individuals completing Prop 47 services will show:</p> <ul style="list-style-type: none"> • Reduced recidivism • Reduced homelessness • Increased employment • Reduced substance use <p>Individuals served at CSRC, by housing providers, and by County staff with specialized reentry training will report high satisfaction with services</p> <p>LAC and community maintain strong collaboration</p> <p>Strengths, barriers and areas of improvement identified</p>	<p>Expanded reentry system capacity (reentry housing, case management, SUD services, specialized behavioral health programming)</p>
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