



# Yolo County Prop 47 Evaluation Plan

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## Project Background and Overview

In November 2014, California voters approved Proposition (Prop) 47. This referendum reclassified certain low-level, nonviolent felonies as misdemeanors and is projected to lower incarceration rates across the state. Due to the expected decrease in the state's prison population, the Legislative Analyst's Office estimated annual state correctional savings between \$150 million and \$250 million. Prop 47 requires these state savings to be placed in the Safe Neighborhoods and Schools Fund, and mandates the Board of State and Community Corrections (BSCC) to allocate 65% of the Fund for mental health and substance abuse treatment to reduce recidivism, 25% for crime prevention and support programs in schools, and 10% for trauma recovery services for crime victims.

Through the BSCC's competitive grant process, Yolo County Health and Human Services Agency (HHS) was awarded \$5,968,215 over 38 months to develop and implement the Steps to Success project. Steps to Success leverages the promise of Prop 47 by expanding and building upon a series of diversion services in Yolo County: Neighborhood Court, Homeless Neighborhood Court, and the Prop 47 Diversion Pilot Program. Steps to Success will use restorative justice and trauma-informed care principles and practices, and will provide direct wraparound services to diversion program participants with mental health issues and/or substance use issues who have been arrested, charged with, or convicted of a criminal offense and are currently eligible for a diversion program in Yolo County.

## Project Components

Steps to Success provides a range of services spanning diversion, mental health, substance use disorder, and self-sufficiency. Following arrest and referral from law enforcement on an eligible offense, potential project participants meet with a probation officer and clinician and complete a risk assessment. Once determined eligible, project participants are directed into either civil legal services only; the restorative justice program to resolve their offense, in addition to receiving civil legal services as necessary; or, for high-risk individuals who agree to Probation supervision, enrollment into the Steps to Success Intensive Supports Program. Once enrolled in Steps to Success Intensive Supports, project participants will complete a comprehensive assessment with a clinician, focused on determining his/her unique strengths and needs. For these project participants, community-based organizations will provide case management, mental health intervention and, as needed, linkage to civil legal services, assistance to access and sustain care in substance use treatment, and support to obtain and maintain safe and appropriate housing.



## Project Goals and Objectives

Utilizing a Results Based Accountability (RBA) framework, Steps to Success goals and related objectives address RBA’s three evaluative questions: *How much did we do? How well did we do it? Is anyone better off?* As depicted in Table 1 and the project’s logic model, Steps to Success plans to improve the lives of project participants by expanding the number of participants who successfully complete diversion; decreasing criminal justice involvement; and increasing the housing stability, physical and behavioral health, and self-sufficiency of project participants

**Table 1. Steps to Success Goals and Objectives**

Goal	Objectives
Provide support services to eligible participants with a history of mental health issues and/or substance use disorders. <i>(How much did we do?)</i>	150 people will be contacted and assessed during outreach each year
	75 people will be provided with case management and treatment each year
	200 people will be provided with civil legal education and/or services each year
	30 people will be provided with rapid re-housing assistance each year
Effectively and equably engage participants in the project and provide services in a timely manner. <i>(How well did we do it?)</i>	90% of potential project participants will have an assessment completed (ORAS, LOCUS, ASAM, ANSA, and/or VI-SPDAT as appropriate) within 30 days of initial engagement
	50% of individuals who are contacted through outreach and determined to be eligible for the program will choose to voluntarily participate
	90% of project participants will be engaged in case management and treatment services within 30 days of enrollment in the project
Improve the lives of project participants. <i>(Is anyone better off?)</i>	Demographic makeup of project participants will be comparable to demographic makeup of overall arrestee population in Yolo County
	75% of participants will not recidivate while engaged with the program
	75% of participants will not recidivate within 12 months of graduating the program
	50% fewer days in jail for participants while in the program
	50% fewer arrests/tickets for participants while in the program
	70% of participants will secure and/or maintain permanent housing
	80% of participants who secure permanent housing will remain housed at 6 months
	50% fewer emergency care visits while in the program, as compared to year prior to enrollment
	75% fewer days in psychiatric hospitalization while in the program, as compared to year prior to enrollment
	60% of participants will secure monthly income
90% of those eligible will enroll in CalFresh	
100% of those eligible will enroll in health insurance	



## Steps to Success Logic Model

Process			Outcomes	
Inputs <i>What do we contribute to accomplish our activities?</i>	Activities <i>What activities does our program area do to accomplish our goals?</i>	Outputs <i>Once we accomplish our activities, what is the evidence of service delivery?</i>	Short- & Middle-Term <i>What changes do we expect to see during engagement period?</i>	Long-Term <i>What changes do we expect to see during engagement period?</i>
<b>Funding</b> <ul style="list-style-type: none"> <li>BSCC Prop 47 grant funding</li> <li>Leveraged funds</li> </ul> <b>Leadership, Oversight, and Staffing</b> <ul style="list-style-type: none"> <li>Partnerships               <ul style="list-style-type: none"> <li>Health and Human Services</li> <li>Probation</li> <li>District Attorney</li> <li>Law Enforcement</li> <li>CBOs</li> </ul> </li> <li>Local Advisory Committee</li> <li>Dedicated staff               <ul style="list-style-type: none"> <li>1 HHS Analyst</li> <li>1 Paralegal</li> <li>1 Probation Officer</li> </ul> </li> </ul> <b>Equipment</b> <ul style="list-style-type: none"> <li>7 County vehicles</li> <li>1 passenger van</li> </ul> <b>EBPs</b> <ul style="list-style-type: none"> <li>Motivational Interviewing</li> <li>Integrated Behavioral Health Treatment</li> <li>Seeking Safety</li> <li>Wellness Recovery Action Plans (WRAP)</li> <li>Moral Reconciliation Therapy</li> <li>12 Step Facilitation Therapy</li> <li>Housing First model and Rapid Rehousing</li> <li>Family Psychoeducation</li> </ul> <b>Program Planning</b> <ul style="list-style-type: none"> <li>Development of diversion program eligibility criteria</li> <li>Law enforcement training</li> </ul>	<b>Outreach and Assessment</b> <ul style="list-style-type: none"> <li>Referrals by law enforcement or other agencies (DA's Office, Probation) to diversion program</li> <li>Ohio Risk Assessment System (ORAS)</li> <li>Level of Care Utilization System (LOCUS)</li> <li>American Society of Addiction Medicine (ASAM) Placement Criteria</li> <li>Vulnerability Index and Service Prioritization Decision</li> <li>Assistance Tool (VI-SPDAT)</li> <li>Adult Needs and Strengths Assessment (ANSA)</li> <li>Self Sufficiency Matrix (SSM)</li> </ul> <b>Diversion</b> <ul style="list-style-type: none"> <li>Diversion courts &amp; programs</li> <li>Restorative justice activities (e.g., case conferences, accountability circles)</li> </ul> <b>Intensive Case Management and Treatment</b> <ul style="list-style-type: none"> <li>Case management</li> <li>Substance abuse treatment</li> <li>Mental health treatment</li> <li>Permanent housing search and placement assistance</li> <li>Peer mentorship</li> <li>Employment assistance</li> </ul> <b>Civil Legal Services</b> <ul style="list-style-type: none"> <li>Civil legal assistance to address issues that may pose a barrier in accessing basic necessities</li> <li>"Know your rights" educational workshops</li> </ul> <b>Permanent Housing</b> <ul style="list-style-type: none"> <li>Rental subsidies</li> <li>Financial assistance with deposits, utilities, and household items</li> </ul>	<b>Outreach and Assessment</b> <ul style="list-style-type: none"> <li># referrals, by referral source</li> <li>Offense type</li> <li># of each assessment conducted/date completed               <ul style="list-style-type: none"> <li>150 people contacted and assessed during each year</li> <li>90% of all potential participants have all assessments completed within 30 days of initial engagement</li> </ul> </li> <li>ORAS scores</li> <li>Demographics of individuals who received assessment</li> <li>Referrals to 1) restorative justice &amp; civil legal services and 2) restorative justice only</li> <li># eligible for diversion w/ intensive supports &amp; w/o intensive supports</li> <li>Demographic breakdown of participants               <ul style="list-style-type: none"> <li>Participant demographics comparable to overall arrestee demographics in Yolo County</li> </ul> </li> </ul> <b>Diversion</b> <ul style="list-style-type: none"> <li># choosing to participate in diversion program               <ul style="list-style-type: none"> <li>50% of individuals who are eligible will participate</li> </ul> </li> </ul> <b>Intensive Case Management and Treatment</b> <ul style="list-style-type: none"> <li># participants receiving case management &amp; treatment               <ul style="list-style-type: none"> <li>75 people provided with case management and treatment/yr.</li> <li>90% of participants engaged in case management &amp; treatment within 30 days of enrollment</li> </ul> </li> <li># receiving each type of service and assistance (mental health treatment, substance abuse treatment, peer mentorship, securing ID &amp; documents, enrolling in benefits, housing placement)</li> </ul> <b>Civil Legal Services</b> <ul style="list-style-type: none"> <li># participants receiving each type of civil legal assistance service (criminal records, landlord disputes, educational sessions)               <ul style="list-style-type: none"> <li>200 people provided with civil legal education and/or services/yr.</li> </ul> </li> </ul> <b>Permanent Housing</b> <ul style="list-style-type: none"> <li># receiving housing supports services and # per service &amp; value of each service (security deposit assistance, utility payment assistance, moving assistance)               <ul style="list-style-type: none"> <li>30 people provided with rapid re-housing assistance/yr.</li> </ul> </li> </ul>	<b>Criminal Justice (CJ) Involvement</b> <ul style="list-style-type: none"> <li># completing &amp; not completing diversion program</li> <li>CJ involvement for participants engaged in the program:               <ul style="list-style-type: none"> <li>75% of participants will not recidivate</li> <li>50% fewer days in jail</li> <li>50% fewer arrest/tickets (for felonies &amp; misdemeanors)</li> </ul> </li> </ul> <b>Behavioral and Physical Health</b> <ul style="list-style-type: none"> <li>Engagement in behavioral and physical health treatment               <ul style="list-style-type: none"> <li># successfully completing case plan</li> <li># stepping down to lower level of care</li> <li># connected to primary case</li> </ul> </li> <li>Reductions in emergency care visits               <ul style="list-style-type: none"> <li>50% fewer emergency care visits while in the program as compared to year prior to enrollment</li> </ul> </li> <li>Reductions in psychiatric hospitalization               <ul style="list-style-type: none"> <li>75% fewer days in psychiatric hospitalization while in the program as compared to year prior to enrollment</li> </ul> </li> </ul> <b>Self-Sufficiency</b> <ul style="list-style-type: none"> <li>Increased knowledge of supportive resources such as legal, financial, and health</li> <li>Access to basic necessities               <ul style="list-style-type: none"> <li>90% of those eligible will enroll in CalFresh</li> <li>100% of those eligible will enroll in health insurance</li> </ul> </li> <li>Increased employment               <ul style="list-style-type: none"> <li>60% of participants will secure monthly income (employment or permanent benefit)</li> </ul> </li> </ul> <b>Housing Stability</b> <ul style="list-style-type: none"> <li># placed in stable housing               <ul style="list-style-type: none"> <li>70% of participants will secure and/or maintain permanent housing</li> </ul> </li> </ul>	<b>Criminal Justice Involvement</b> <ul style="list-style-type: none"> <li>Recidivism every 6 months after program completion               <ul style="list-style-type: none"> <li>75% of participants will not recidivate within 12 months of graduating the program</li> </ul> </li> </ul> <b>Housing Stability</b> <ul style="list-style-type: none"> <li>Maintained housing stability               <ul style="list-style-type: none"> <li>80% of participants who secure permanent housing will remain housed at 6 months</li> </ul> </li> </ul> <b>Behavioral and Physical Health</b> <ul style="list-style-type: none"> <li>Maintained engagement in treatment</li> <li>Positive outcomes related to physical health treatment</li> <li>Positive outcomes related to behavioral health treatment</li> </ul> <b>Self-Sufficiency</b> <ul style="list-style-type: none"> <li>Maintained access to basic necessities</li> <li>Maintained monthly income</li> </ul>



How much did we do?  
How well did we do it?

\*Outputs and Outcomes in red denote to Yolo County objectives

Is anyone better off?



## Research Design

To assess the implementation and impact of Steps to Success, RDA will conduct a mixed-method process and outcome evaluation. A mixed-method design maximizes validity and provides different perspectives on complex, multi-dimensional issues. For unserved, under-served, and isolated groups in particular, an evaluation design that uses both qualitative and quantitative approaches offers insights that might be overlooked by one approach alone. Individual-level quantitative data will be analyzed to calculate both process and outcome measures, including recidivism rates and pre-/post- comparisons of participants' outcomes in the domains of housing stability, physical and behavioral health, and self-sufficiency (see detailed list of measures in Table 2 and Table 3 below). Qualitative data — collected from project administrators, program staff, program partners, and participants — provide key insights and perspectives into the facilitators, barriers, and outcomes of Steps to Success.

RDA will use a descriptive approach to analyzing the quantitative data. A descriptive study type was selected due to the Steps to Success sample size.<sup>1</sup> Due to the small sample size, it is more challenging to control for and discern statistical differences between groups using a quasi-experimental approach. Descriptive analyses will provide an overview of the population served and the services provided, such as the average risk level and duration of service provision.

## Process Evaluation

Process measures, which are focused on operations, implementation, and service delivery, are designed to answer the question “What is the program actually doing and is this what we planned it to do?” In the RBA framework, process measures address the questions “How much did we do?” and “How well did we do it?” They provide an understanding about how Steps to Success is being implemented, if that implementation is in fidelity to the original project model, successes and challenges experienced thus far, and potential points for improvement moving forward. RDA will report on quantitative process measures that document project activities and qualitative process measures that provides context about program implementation. Table 2 presents the process measures to be tracked through this evaluation.

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<sup>1</sup> 75 individuals are expected to receive intensive case management and treatment each year



**Table 2. Process Measures**

Activities	Quantitative Data	Qualitative Data
<b>Outreach and Assessment</b>	<ul style="list-style-type: none"> <li>• # referrals, by referral source</li> <li>• Offense type</li> <li>• # of each assessment conducted, per individual</li> <li>• Date of initial engagement &amp; date assessment completed</li> <li>• ORAS scores</li> <li>• Demographics of individuals who received assessments</li> <li>• Referrals to restorative justice and civil legal services</li> <li>• Referrals to restorative justice only</li> <li>• # eligible for diversion <u>with</u> intensive supports &amp; # choosing to participate</li> <li>• # eligible for diversion <u>without</u> intensive supports &amp; # choosing to participate</li> <li>• Demographic breakdown of participants, per service (age, gender, race)</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers &amp; facilitators to reaching the population and providing referrals</li> <li>• Coordination between outreach team (probation officer and two clinicians), local law enforcement agencies, and the DA’s Office</li> <li>• Implementation of assessments</li> <li>• Participant experiences &amp; satisfaction with outreach team</li> </ul>
<b>Diversion</b>	<ul style="list-style-type: none"> <li>• # choosing to participate in diversion program</li> </ul>	<ul style="list-style-type: none"> <li>• Reasons participants choose to participate in the program</li> <li>• Barriers &amp; facilitators to successful delivery of diversion &amp; restorative justice activities</li> <li>• Participant experiences &amp; satisfaction with diversion restorative justice activities</li> <li>• Participant experiences &amp; satisfaction with staff providing diversion restorative justice activities</li> </ul>
<b>Intensive Case Management and Treatment</b>	<ul style="list-style-type: none"> <li>• # participants enrolled in intensive case management &amp; enrollment date</li> <li>• Demographics of participants</li> <li>• # receiving mental health treatment</li> <li>• # receiving substance abuse treatment</li> <li>• # receiving peer mentorship</li> <li>• # receiving employment assistance</li> <li>• # receiving assistance securing personal IDs and documents</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers &amp; facilitators to successful delivery of intensive case management and treatment</li> <li>• Implementation of trauma-informed practices, motivational interviewing, Integrated Behavioral Health Treatment, Seeking Safety, WRAP, MRT, and FTE</li> </ul>



	<ul style="list-style-type: none"> <li>• # receiving assistance enrolling in benefits</li> <li>• # receiving housing placement assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Participant experiences &amp; satisfaction with case management and treatment</li> <li>• Participant experiences &amp; satisfaction with clinicians, case managers, peer support advocates, and employment specialist</li> </ul>
<b>Civil Legal Services</b>	<ul style="list-style-type: none"> <li>• # participants receiving civil legal assistance &amp; demographics</li> <li>• # receiving help correcting, removing, sealing or expunging criminal records</li> <li>• # receiving assistance with landlord/tenant disputes</li> <li>• # “Know your rights” workshops and # participants</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers &amp; facilitators to successful delivery of civil legal services</li> <li>• Participant experiences &amp; satisfaction with civil legal services and workshops</li> <li>• Participant experiences &amp; satisfaction with staff providing civil legal services and facilitating workshops</li> </ul>
<b>Permanent Housing</b>	<ul style="list-style-type: none"> <li>• # receiving permanent housing support &amp; demographics</li> <li>• # receiving utility payment assistance</li> <li>• Total value of utility payment assistance</li> <li>• # receiving moving assistance</li> <li>• Total value of moving assistance</li> <li>• # receiving practical housing assistance</li> <li>• Total value of practical housing assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers &amp; facilitators to successful provision of housing</li> <li>• Implementation of a Housing First Model and Rapid Rehousing</li> <li>• Participant experiences &amp; satisfaction with housing services</li> <li>• Participant experiences &amp; satisfaction with staff providing housing services</li> </ul>

## Outcome Evaluation

In conjunction with process evaluation activities, RDA will also collect a range of data for the outcome evaluation, which will assess the impact of Steps to Success. Outcome measures focus on the short-term and long-term changes that Steps to Success intends to bring about; they are designed to answer the question “What results did the program produce?” or more specifically, in the RBA framework, “Is anyone better off?” Steps to Success outcome measures include quantitative data that indicates changes in participant outcomes and qualitative data that provide insight into how and why services impacted participants. Table 3 displays the outcome data to be collected, analyzed, and reported through this evaluation.





**Table 3. Outcome Measures**

Domain	Quantitative Data	Qualitative Data
<b>Criminal Justice Involvement</b>	<ul style="list-style-type: none"> <li>• # completing diversion program &amp; # not completing</li> <li>• Recidivism rates<sup>2</sup> of program participants</li> <li>• Recidivism rates<sup>2</sup> of program graduates after 6, 12, 24, and 36 months of program completion</li> <li>• Participant jail days during the program &amp; prior to joining the program</li> <li>• Participant arrests/tickets (for felonies &amp; misdemeanors) during the program &amp; prior to joining the program</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences regarding how and why Steps to Success services across all project components impacted criminal justice involvement</li> </ul>
<b>Behavioral and Physical Health</b>	<ul style="list-style-type: none"> <li>• # successfully completing case plan or treatment plan &amp; # exiting services without completing case plan or treatment plan</li> <li>• # stepping down to lower level of treatment</li> <li>• # connected to primary care for physical health</li> <li>• Participant emergency care visits during the program &amp; prior to joining</li> <li>• Participant psychiatric hospitalization during the program &amp; prior to joining</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences regarding how and why Steps to Success services—specifically Intensive Case Management and Treatment—impacted engagement in behavioral and physical health services and/or improvement</li> </ul>
<b>Self-Sufficiency</b>	<ul style="list-style-type: none"> <li>• # participants eligible for CalFresh &amp; # participants who enroll in CalFresh</li> <li>• # participants eligible for health insurance &amp; # participants who enroll in health insurance</li> <li>• # participants with monthly income</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences regarding how and why Steps to Success services impacted participant perceptions of self-sufficiency</li> </ul>
<b>Housing Stability</b>	<ul style="list-style-type: none"> <li>• # participants placed in stable housing</li> <li>• # participants who maintain permanent housing after 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences regarding how and why Steps to Success services impacted housing stability</li> </ul>

<sup>2</sup> Recidivism will be calculated using the BSCC definition: Conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.



## Data Collection Plan

To report on the process and outcome measures outlined above, RDA will gather qualitative and quantitative data from a range of Steps to Success project partners and stakeholders. This data will provide a comprehensive understanding of how Steps to Success is implemented and its impacts and support ongoing quarterly reporting to the BSCC as well as the preliminary and final evaluation reports. RDA is in the process of establishing data sharing agreements with HHSA, the DA’s Office, the Probation Department, and community-based partners to obtain administrative data from these sources. Data will be provided to RDA quarterly throughout the grant period to support the development of a quarterly progress report. Each quarterly progress report will present data pertaining to the preceding quarter in the grant period to track changes over time and provide project partners an up-to-date snapshot of project activities and progress. Quantitative data findings, triangulated with qualitative data, will be analyzed and presented in the Preliminary Evaluation Report, which will assess Steps to Success progress towards its goals and objectives over the first two years, and in the Final Evaluation Report, which will assess the project’s impact over the 38-month grant period.

### Quantitative Data

As shown in Table 4, quantitative data will be collected from each of the agencies that support project implementation: Yolo County Health and Human Services Agency (HHSA), the DA’s Office, the Probation Department, and community-based partners. The majority of data will be provided to RDA quarterly throughout the grant period to support the development of a quarterly progress report, with certain outcome measures—such as participant jail days and arrests/tickets—reported annually in the Preliminary and Final Evaluation Reports.

**Table 4. Quantitative Data Sources**

Quantitative Data Source	Data Measures
DA’s Office	<ul style="list-style-type: none"> <li>• # referrals, by referral source</li> <li>• Offense type</li> <li>• # found to be eligible for diversion <u>with</u> intensive supports &amp; # choosing to participate</li> <li>• # found to be eligible for diversion <u>without</u> intensive supports &amp; # choosing to participate</li> <li>• Referrals to restorative justice and civil legal services</li> <li>• Referrals to restorative justice only</li> <li>• Demographic breakdown of participants who received assessments and demographic breakdown of participants per service (age, gender, race)</li> <li>• # choosing to participate in diversion program</li> <li>• # completing diversion program &amp; # not completing</li> <li>• Recidivism rates of program participants</li> <li>• Recidivism rates of program graduates after 6, 12, 24, and 36 months of program completion</li> </ul>





	<ul style="list-style-type: none"> <li>• Participant jail days during the program &amp; prior to joining the program</li> <li>• Participant arrests/tickets (for felonies &amp; misdemeanors) during the program &amp; prior to joining the program</li> </ul>
<b>Probation Department</b>	<ul style="list-style-type: none"> <li>• Date of initial engagement &amp; date assessment completed</li> <li>• ORAS scores</li> <li>• # participants enrolled in intensive case management &amp; enrollment date</li> </ul>
<b>HHSA - AVATAR</b>	<ul style="list-style-type: none"> <li>• Participant emergency care visits during the program &amp; prior to joining</li> <li>• Participant psychiatric hospitalization during the program &amp; prior to joining</li> </ul>
<b>Community-based organizations</b>	<ul style="list-style-type: none"> <li>• # of each assessment conducted, per individual</li> <li>• # receiving mental health treatment</li> <li>• # receiving substance abuse treatment</li> <li>• # receiving peer mentorship</li> <li>• # receiving employment assistance</li> <li>• # receiving assistance securing personal IDs and documents</li> <li>• # receiving assistance enrolling in benefits</li> <li>• # connected to primary care for physical health</li> <li>• # completing case plan or treatment plan</li> <li>• # stepping down to lower level of treatment</li> <li>• # exit services without completing case plan or treatment plan</li> <li>• # successfully completing Steps to Success</li> <li>• # participants with monthly income</li> <li>• # participants eligible for CalFresh &amp; # participants who enroll in CalFresh</li> <li>• # participants eligible for health insurance &amp; # participants who enroll in health insurance</li> <li>• # participants receiving civil legal assistance &amp; demographics</li> <li>• # receiving help correcting, removing, sealing or expunging criminal records</li> <li>• # receiving assistance with landlord/tenant disputes</li> <li>• # “Know your rights” workshops and # participants</li> <li>• # receiving permanent housing support &amp; demographics</li> <li>• # placed in stable housing</li> <li>• # exiting without stable housing</li> <li>• # participants who maintain permanent housing after 6 months</li> <li>• # receiving utility payment assistance</li> <li>• Total value of utility payment assistance</li> <li>• # receiving moving assistance</li> <li>• Total value of moving assistance</li> <li>• # receiving practical housing assistance</li> <li>• Total value of practical housing assistance</li> </ul>

### Qualitative Data

Qualitative data will be collected each year of the grant period through key informant interviews and focus groups with project administrators, staff, and participants (see Table 5). RDA will conduct key informant interviews with Steps to Success project administrators – including individuals from HHSA, Probation, the



DA’s Office, and the LAC – that are responsible for planning, coordinating, and overseeing Steps to Success activities. These interviews will provide context about program coordination and implementation, particularly regarding the elements that respondents believe have contributed to or hindered project progress. We will also conduct focus groups with program staff including the outreach team and clinicians, case managers, peer support advocates, and employment specialists to understand the program delivery model and its strengths and challenges. Focus groups with Steps to Success participants will allow us to collect information about clients’ experiences accessing and receiving services and supports, as well as what they feel works well and what could be improved. RDA will work with program staff to recruit participants for the focus groups and RDA will adapt data collection efforts to meet the needs of participants, which may involve Spanish translation and offering focus groups in multiple locations across the county. Qualitative findings will be reported in the Preliminary Evaluation Report and the Final Evaluation Report.

**Table 5. Qualitative Data Sources**

Qualitative Data Sources	Participants	Areas of Inquiry
<b>Project Administrators Interviews</b>	<ul style="list-style-type: none"> <li>• HHS</li> <li>• Probation</li> <li>• DA’s Office</li> <li>• LAC members</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination and oversight of project components</li> <li>• Barriers &amp; facilitators to successful development of new services and processes</li> <li>• Training and implementation of the service delivery model (trauma-informed approach, evidence-based practices)</li> </ul>
<b>Staff Focus Groups</b>	<ul style="list-style-type: none"> <li>• Outreach team</li> <li>• Clinicians</li> <li>• Case managers</li> <li>• Peer support advocates</li> <li>• Employment specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers &amp; facilitators to successful implementation</li> <li>• Referrals between providers and project partners and linkages to services</li> <li>• Service delivery model (trauma-informed approach, evidence-based practices)</li> <li>• Impact of services on individual outcomes spanning criminal justice involvement, behavioral and physical health, housing stability, and self-sufficiency</li> </ul>
<b>Participant Focus Groups</b>	<ul style="list-style-type: none"> <li>• Intensive case management &amp; treatment participants</li> <li>• Civil legal services participants</li> <li>• Restorative justice participants</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences &amp; satisfaction with services provided</li> <li>• Experiences receiving referrals and linkages to services</li> <li>• Experiences &amp; satisfaction with project staff</li> <li>• Impact of services on individual outcomes spanning criminal justice involvement, behavioral and physical health, housing stability, and self-sufficiency</li> </ul>



## Data Management

### Software Programs and Storage

RDA will use Excel and Stata to clean data, merge, and restructure data files; code data; and conduct analyses. When utilizing Stata, RDA uses syntax and coding files to document cleaning and analytic processes. RDA uses a secure network location and encrypted file system for all datasets with sensitive information and ensures compliance with HIPAA, CORI, and other statutes and regulations. All data collected for this evaluation will be transferred via a secure SFTP site and stored on a password-protected computer in a secure drive. Once the data has been downloaded from the SFTP site and placed on a secure drive, client data will be removed from the SFTP site. Client data will only be kept for the duration of the project period and will be destroyed in September 2020.

### Quality Assurance

To ensure quantitative data availability and shared understandings of data definitions, RDA will provide technical assistance with service providers and other agencies providing quantitative process and outcome data. Upon receipt of data from the DA's Office, Probation, HHSA, and community-based providers, RDA will hold data meetings with the program staff data leads to ensure we understand the business processes behind the data collection and entry, as well as the data and variables themselves. During quality control, RDA will spend time cleaning and scrubbing the data for use in analysis. We will identify any duplicate entries, merge data across sources, explore patterns of missing data, and format data into the appropriate analytic structure to allow calculations of all measures to be included in the quarterly reports, annual reports, and final report. When reviewing and cleaning data, RDA will document any questions that arise and communicate with Project Leads and data/IT staff to review and discuss.

### Evaluation Timeline

As shown in Figure 1, RDA's four-part evaluation approach includes 1) a collaborative evaluation planning process, 2) a preliminary evaluation during the first two years of the project, 3) a final evaluation at the end of the grant period, and 4) ongoing collaboration with HHSA, the Local Advisory Committee (LAC), and other project partners and stakeholders. The first phase will lay groundwork for the evaluation to come by drawing from local knowledge, experience, and vision for the project to agree upon a finalized Local Evaluation Plan. The second phase will provide preliminary information about how Steps to Success is being implemented, fidelity of implementation, successes and challenges, possibilities for improvement, and early client outcomes. In the third phase, we will work with project partners to refine evaluation activities based on learnings to date, and will focus on project effectiveness and outcomes, whether Steps to Success met its goals and objectives, and which project components supported or hindered project success. Throughout, all reporting will be geared to meeting BSCC evaluation requirements while also providing useful and actionable information to Yolo County HHSA and other project partners so that lessons learned over the course of the grant can inform long-term program design and service systems.



Figure 1. Evaluation Timeline

