



# Marin County Prop 47 Grant (Cohort 4): Marin County Sheriff's Office Daily Services Center Plus Supportive Housing Program Local Evaluation Plan

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**Grant Period:** October 3, 2024 – June 30, 2028

**Funding Source:** Proposition 47 Grant Program Cohort 4, State of California, Board of State and Community Corrections

**Date Submitted:** March 27, 2025



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## Project Background

### Introduction

In November 2014, California voters passed Proposition (Prop) 47 intended to decrease the state's incarceration rates by reclassifying certain classes of low-level, non-violent felonies as misdemeanors for individuals without prior convictions for serious offenses. The Legislative Analyst's Office proposed that after implementation, the decrease in the state prison population should save between \$150 - 200 million State corrections costs, annually. Prop 47 requires these savings to be placed in the Safe Neighborhoods and Schools Fund and mandates the Board of State and Community Corrections (BSCC) allocate 65% of the fund for mental health (MH) and substance use disorder (SUD) treatment to reduce recidivism, 25% for crime prevention and to support school programs, and 10% for trauma recovery services for crime victims. The BSCC administers a competitive grant program to allocate these funds to local agencies.

Marin County, Health and Human Services Department (HHS) received and operated successful Prop 47 grants in Cohorts 1 and 2 and currently has a Cohort 3 grant. The Marin County Sheriff's Office (SO) in partnership with Center Point, Inc. applied for and received one of the 27 grants awarded within Cohort 4. Marin County SO Prop 47 grant program goals and objectives, along with the need for this project, project activities, the overall approach to the work, and description of the evaluation, are described in this local evaluation plan (LEP).

### Local Context and Needs

Several recent local reports provide evidence of need. In March 2022, The Marin County SO service provider partnering agency, Center Point, Inc. (CPI), developed a Community Needs Assessment in fulfillment of requirements for its Certified Community Behavioral Health Center (CCBHC) grant. This needs assessment clearly identified the focus population, highlighting access and services gaps, timeliness of service initiation, retention, successful completion, and positive outcomes. The Prop 47 Cohort 2 Statewide Evaluation (2/2024) and Marin County (Cohort 2) Final Evaluation (5/2023) established that the majority of clients were men (74%) requiring mental health (59%) and/or SUD treatment (87%), social services, housing (80% homeless at admission), and employment services (95% unemployed). The report further noted that lack of available, affordable supportive housing was one of the greatest challenges to clients meeting and maintaining employment, recidivism and relapse reduction goals and objectives. Less than 40% of clients completed the program requirements, many citing lack of housing and employment stability as the primary barriers to program compliance and participation.

As a SAMHSA/CSAT and CMHS grantee, CPI is required to submit a Disparity Impact Statement (DIS) to demonstrate how grant funds will be used to address the needs and service gaps for identified underserved populations in Marin County. CPI is required to report progress addressing disparities based on Social Determinants of Health including race, ethnicity, gender, and sexual orientation. The most recent DIS, developed and submitted in 11/2023, identified outreach, engagement, and retention strategies specifically designed to increase access and participation by underserved but over-represented populations in the criminal system—ethnic, racial, sexual identity, and socio-economic communities.

Throughout the SO's Prop 47 grant application, data and service gap needs were presented that clearly demonstrate that the Marin Daily Service Center Plus Housing grant program directly aligns with the intent of Prop 47 by specifically focusing on men and women with SUD/MH service needs that directly relate to their repeatedly cycling through the criminal justice system and suffering relapse and associated social problems and difficulties. The DSC program and services have been designed with the specific intent of impacting recidivism, relapse, homelessness, and under/unemployment.



## Project Overview

The Marin County SO, in collaborative partnership with CPI, a Marin County community-based non-profit DHCS Licensed and Certified behavioral health services agency which is contracted with Marin County Behavioral Health and Recovery Services (BHRS), will address recidivism reduction and provide SUD and MH disorder treatment and supportive services for approximately 135 Prop 47 eligible male and female offenders within the criminal justice system who have a history of repeat, low-level offenses due to homelessness, MH and co-occurring SUDs. The primary goals and objectives of the Marin County SO DSC Plus Housing grant program are to build upon the success of the previous Marin HHS Prop 47 programs and to expand and enhance evidence-based diversion programs that improve court-ordered compliance and recidivism reduction, and engage clients in SUD and MH disorder treatment, recovery, and supportive services that improve personal health and resiliency, increase relapse prevention, and support an overall pro-social outlook. Prop 47 funding represents the first stage in developing the array of services that will fill identified gaps in services and capacity and evolve the DSC into a full-scope comprehensive Day Reporting Center. Specifically, the SO and CPI will:

- Develop and implement the one-stop Marin County DSC at CPI's Multi-Service Center (MSC) near downtown San Rafael with staff and Cognitive Behavioral Therapy (CBT) programming available Monday through Fridays, 10:00 a.m. - 6:00 p.m.; Saturday and Sunday, 10:00 a.m.- 2:00 p.m.
- The SO will employ 2 FTE Deputy Sheriffs on the Re-entry Team to provide screening, assessment, service planning, and criminal justice case management and caseload oversight.
- CPI will Employ one .20 FTE Program Director and 2 FTE Recovery Coach/Counselors (RC/Cs), enabling at least 1 RC/C during all operating hours who will conduct SUD/MH screening and ASAM Level of Care assessments, evaluations of Social Determinants of Health, and help determine eligibility for Medi-Cal and other mainstream benefits. CPI will employ one FTE Driver to provide transportation to and from jail, court, and other critical appointments and services. The RC/Cs will facilitate the DSC individual and group services activity schedule, provide case management, and develop Discharge/Transition Plans to ensure ongoing services, as necessary.
- Offer 2 supportive services tracks, daily services at the DSC and Daily Services Plus Recovery Housing.
- Provide 8 beds, including meals and healthy snacks, for dedicated subsidized Recovery Residence housing and access to immediate on-site stabilization services to avoid crises and reincarceration. Recovery Residence housing is available for up to six months for men referred directly from the Marin County Jail and participating in DSC services. CPI's Recovery Residence near downtown San Rafael, less than .25 miles from the DSC site. CPI will employ 5 FTE Case Managers to provide 24 hours per day/7 days per week coverage and facilitate on-site stabilization and soft-skills services.
- Provide Daily Services at the DSC including Individualized case management, CBT-based life skills development, addressing anger management, criminal thinking, vocational skills, employment development/preparation, *Mental Health First Aid*, stress reduction, navigator services, employment/housing search assistance, and financial literacy. Nutritious snacks and lunch will be served at the DSC.
- Provide case managed referrals for primary care assessments and treatment.
- Conduct ASAM Level-of-Care assessments and provide referrals to CPI's SUD/MH residential, withdrawal management/detoxification, and outpatient programs continuum of care (or other BHRS-contracted providers), including Medication Assisted Treatment (MAT) options, based upon the assessed diagnosis and determination of medical necessity.
- Provide direct linkages to CPI's Certified Community Behavioral Health Clinic (funded by a SAMHSA Center for Mental Health Services grant) for comprehensive MH assessments, treatment planning, and SUD/MH group and individual treatment and services.



Descriptions of the SO and DSC interventions, services and participant eligibility are shown in Figure 1.

**Figure 1. Program Participation Information for Project Activities**

Target Population	Activity	Criteria for Eligibility	Criteria for Selection of Intervention
<b>Male and Female offenders being released from County detention</b>	Initial screening and assessments conducted by SO Re-entry Team; those meeting the eligibility criteria are referred to CPI for enrollment in the DSC.	Offenders with history of repeat low-level offenses due to homelessness, MH and/or co-occurring SUDs are referred to DSC by Marin County SO Re-entry Team after screening, assessment, and service planning.	Services for eligible individuals recommended to the DSC depend on results of initial screening assessments by SO Re-entry Team.
<b>Male and Female offenders referred to DSC upon release from County detention</b>	DSC determines and prioritizes supervision and treatment resources and targeted interventions for clients; clients are assessed for SUD/MH with ASAM Level of Care and MH assessments; other tools determine housing/other needs, which are then reflected in the Needs & services Plan which can include SUD/MH treatment, priority placement to CPI Recovery Residence transitional housing. All DSC clients receive needed transportation, case management, group and individual services, EBPs, vocational/employment support, financial literacy, and Discharge/Transition plans.	ASAM Level of Care assessment determines client eligibility for SUD treatment. Eligibility for MH services is based on MH assessment results. Housing eligibility is based on SO priority placement designation and DSC intake assessment tools and Needs & Services Plan. The rest of DSC services are provided to all DSC clients.	SUD treatment modality is based on ASAM Level of Care assessment. Type of MH service is based on MH assessments. Men's Recovery Residence Housing is needs based. All other services of the DSC are provided universally.

**Deputy Sheriff Re-entry Team initial screenings/assessments conducted prior to release from County detention.** The SO Re-entry Team identifies repeat, low-level offenders with histories of SUD/MH disorders, homelessness, unemployment, and social/living skills deficits who are being released/were recently released from County Jail and identified through risk and needs assessments prior to release. Potential DSC clients may also be identified and directly referred to the DSC by the courts; other entities can refer DSC eligible individuals to the Re-entry team (i.e., DA, Public Defender, and collaborating NGOs in the BHRS-contracted system-of-care). BHRS RCs complete a Brief Screening evaluation of SUD severity/need for treatment. The Sheriff's Re-Entry Team, which includes CPI DSC representatives, is a collaboration between the SO, Marin Adult Probation, BHRS, Community-Based Providers of BHRS-contracted SUD/MH treatment, and housing and supportive services providers collaborating to develop comprehensive referrals to services providers as indicated.

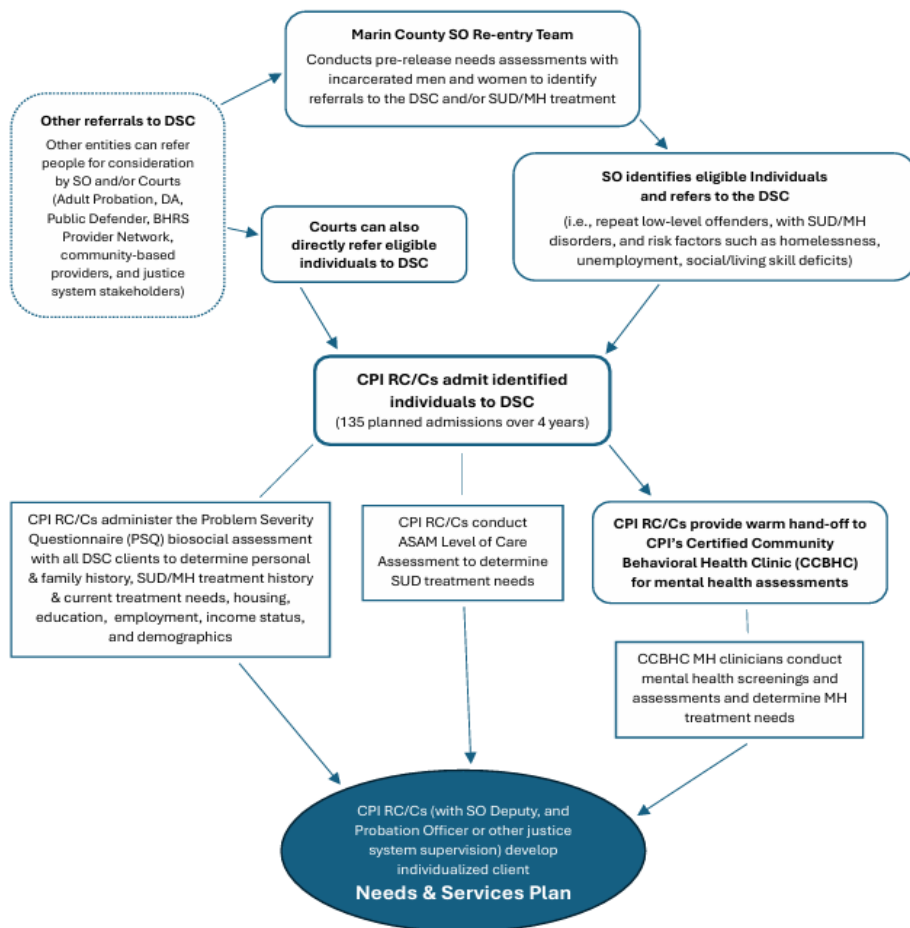
**DSC assesses clients for SUD/MH treatment needs, housing and other needs, and together with the SO Re-entry Team, determines and prioritizes supervision and resources.** At intake, Recovery Coaches/Counselors (RC/Cs) conduct an interview with the client using CPI's Problem Severity Questionnaire (PSQ) biopsychosocial assessment which describes client demographic characteristics, family relationships and personal histories, including history with SUD/MH treatment services, criminal justice system involvement, employment, disability, and housing status. The multidimensional PSQ interactive interview involves Motivational Interviewing (MI) techniques to gather information, provide structure and expectations, and helps to determine amenability to treatment.

RC/Cs then assess clients for SUD with the ASAM Level of Care Assessment to determine SUD severity and medical necessity. On this basis, they make referrals to residential or outpatient treatment, including withdrawal management/detox (SUD treatment is leveraged by CPI DMC-ODS BHRS contract). The RC/Cs provide a warm hand-off to licensed clinicians within CPI's Certified Community Behavioral Health Clinic (CCBHC), who assess clients' mental health needs with MH assessment tools. Based on the assessment results, the RC/Cs also provide MH treatment or referral to a partner agency in the community (leveraged by CPI SAMHSA/CMHS grant and BHRS contract). Finally, the RC/Cs develop an individualized Needs &



Services Plan which is a collaborative effort with the SO Re-entry Team, the client's Probation Officer, or with other justice system supervision. The Needs & Services Plan is individualized, targeting treatment services and interventions tied to criminogenic needs, and ensure interventions are responsive to clients' temperament, learning style, motivation, and cultural considerations. This also includes discharge plans for ongoing needs, long-term aftercare, and recovery support. SUD treatment is concurrently provided at CPI's DHCS Licensed & DMC Certified MSC in the same facility or by referral to another BHRS provider. Residential treatment is provided at CPI's gender-based DHCS Licensed/DMC Certified programs or by referral to another BHRS provider. Figure 2 below provides a visualization of the intake process.

**Figure 2. Daily Service Center Referral and Intake Process**



The “One-Stop” model to complete comprehensive assessments, develop N&S Plans, provide individual and group services, and conduct multi-disciplinary case management will be developed and implemented with the DSC as the first stage. The DSC CBT programs are designed to help clients find new ways to interpret social cues; identify and compensate for distortions and errors in thinking; generate alternative solutions; and make decisions about appropriate behavior.

## Evaluation Overview

The evaluation of Marin County's Prop 47 Cohort 4 grant program is based on a logic model, shown in Appendix A. The logic model addresses the goals and maps project resources (i.e., inputs), activities, outputs, outcomes, and impacts. The evaluation involves the measurement of both process and outcome objectives, the details of which, as well as the overall research design and data collection follow.



The modification of goals, objectives, and linkages within the logic model were submitted to- and approved by BSCC in February. This work was facilitated by an external evaluation consultant, Lori Mulholland of Mulholland Research & Evaluation Services (MRES), who is also contracted to perform all subsequent evaluation work for this grant. The evaluator also serves as the grant’s Data Coordinator.

## Research Design

The evaluation of Marin County’s grant relies on mixed methods, incorporating quantitative and qualitative data to inform both process and outcome evaluation. Quantitative data will be used to document many of the process-related objectives and certain components of outcome-related objectives. Quantitative and qualitative data will be used to assess changes in DSC clients’ perceptions and knowledge for specific outcome-related objectives. Qualitative data will also inform the evaluation with insights about impacts, systemic barriers, challenges, and successes encountered during implementation.

## Process Evaluation

The process evaluation focuses on the extent of grant activity implementation. The evaluation will triangulate quantitative and qualitative data as needed to document implementation and provide various perspectives on the quality, barriers, and facilitators encountered in implementation to inform program improvement efforts. While objectives involve both process and outcome evaluation, process-related data will be collected continuously alongside the measurement of outcomes. Process-related indicators documenting implementation will be collected through program records and surveys as appropriate.

## Outcome Evaluation

The outcome evaluation assesses the change in conditions for DSC clients within the objectives being measured. Outcome measurement will utilize surveys and other quantitative performance measures. Unfortunately, available funding does not permit a rigorous experimental or quasi-experimental evaluation design as the costs of adding a randomly assigned control group or a comparison group would be prohibitive. So, while other factors may to some extent influence participant change, it will not be possible to determine, with reasonable certainty, that the changes participants experience, are due exclusively to the program and not to any external factors. Caveats will be described in the Local Evaluation Report (LER) that address the limitations of the evaluation, such as limitations of self-report data and non-experimental design. The data collected will however, directly assess the experiences, knowledge gained, attitudes and behavior changes of all program participants which will be used for program improvement and further program planning purposes. The overarching evaluation questions which direct collection of data around process and outcome objectives are shown in Figure 3.

**Figure 3. Evaluation Questions**

Process-related Evaluation Questions	Outcome-related Evaluation Questions
<ul style="list-style-type: none"> <li>• Were grant activities implemented as planned?</li> <li>• What barriers were encountered in implementation?</li> <li>• What modifications were needed to overcome barriers?</li> <li>• How well were grant activities implemented?</li> <li>• Were the target audiences reached and engaged?</li> <li>• How satisfied was the target audience with services received?</li> <li>• How did external factors impact implementation?</li> <li>• What has been learned to improve program efforts?</li> </ul>	<ul style="list-style-type: none"> <li>• How well did the grant activities work in changing conditions, knowledge, attitudes, or behaviors?</li> <li>• Did grant activities benefit some participants more than others?</li> <li>• Which aspects of the grant program were the most successful/seen as most valuable by target audience?</li> <li>• What external factors influenced outcomes?</li> </ul>

## Data Sources and Data Collection

Data sources and data collection by goals, objectives, and the description of objectives as process- or outcome-related, and frequency of data collection are shown in Figure 4.





Figure 4. Goals and Objectives with Detail

Goal	Goal/Objective	Process or Outcome	Data Source	Collection Frequency
<b>GOAL 1:</b> To improve recidivism rates among repeat offenders with Substance Use Disorder (SUD) and/or Mental Health (MH) issues	<b>GOAL 1:</b> A. DSC clients will show increased compliance with initial behavioral health assessment appointments, with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3, as measured by CPI program records. B. DSC clients (i.e., admitted to DSC) will demonstrate increased compliance with court-ordered hearing appearances, probation appointments, and UA testing with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3 as measured by SO and CPI records. C. (Long Term) DSC client recidivism at 2 years post-release will be 10% lower compared to all Marin County individuals on probation who receive some level of post-release support, as measured by SO county arrest and conviction data.	a. Outcome b. Outcome c. Outcome	a. CPI program records b. S.O. and CPI records c. SO recidivism data	a. Quarterly b. Quarterly c. Quarterly
<b>GOAL 2:</b> To reduce the impact of Substance Use Disorders and Mental Health Disorders in the population of focus	<b>GOAL 2:</b> A. Annually, the DSC will engage 45 Prop 47 eligible individuals released from Marin County Detention in SUD treatment at their ASAM determined Level of Care, as measured by CPI program records. B. 90% of DSC clients with SUD/MH diagnoses will participate in the development of individualized Problem List/Treatment Plan addressing SUD/MH diagnoses and related issues, as measured by CPI program records. C. 75% of DSC clients will remain engaged in DSC and, if indicated, SUD program activities as described in their Needs & Services Plans, for at least 3 months post-intake as measured by CPI program records. D. 70% of DSC clients with SUD will complete SUD treatment successfully as measured by CPI program records. E. 100% of DSC clients with Opioid Use Disorder (OUD) will be offered MAT treatment and, if they choose to do so, 100% will be linked to and begin MAT services, as measured by CPI program records. F. DSC clients participating in SUD treatment will remain abstinent from substance use 6 months from intake, with 20% remaining abstinent in Year 1; 40% in Year 2; and 60% in Year 3, as measured by CPI UA testing. G. 75% of DSC clients with MH diagnoses will engage in MH treatment services, including compliance with MH medication when prescribed, as measured by CPI records. H. 75% of DSC clients with MH concerns will participate in <i>Mental Health First Aid</i> and other CBT programming while at the DSC, as measured by CPI program records. I. At discharge from DSC, 70% of clients engaged with MH treatment will report being less bothered by mental health symptoms than they were at intake, as measured by a DSC pre/post-program survey.	a. Process b. Process c. Process d. Outcome e. Process f. Outcome g. Process h. Process i. Outcome	a. CPI program records b. CPI program records c. CPI program records d. CPI program records e. CPI program records f. CPI UA testing g. CPI program records h. CPI program records i. DSC pre/post-program survey	a. Quarterly b. Quarterly c. Quarterly d. Quarterly e. Quarterly f. Annually g. Quarterly h. Quarterly i. Quarterly
<b>GOAL 3:</b> To reduce criminal conduct, homelessness, under- and unemployment, and improve participants' standard of living	A. DSC clients will demonstrate increased compliance with using needed referrals to work preparation/work training programs, with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3, as measured by CPI program records. B. 70% of DSC clients who complete the DSC program and/or remain enrolled for 6 months) will report improved anger management, living skills, employment preparation, relationships, and quality of life and less criminal thinking, as measured by a DSC pre/post-program survey. C. 75% of DSC clients will leave treatment with stable housing and 70% with at least part-time employment or engaged in work training programs, as measured by CPI program records. D. 25% of DSC clients who complete the DSC program will move into CPI's Recovery Residence Transitional Housing, as measured by CPI program records. E. DSC clients who complete treatment will have fewer probation violations and lower recidivism rates by 10% compared to DSC clients who do not complete the program, and by 15% compared to all Marin County individuals on probation who receive some level of post-release support, as measured by SO program records and county arrest and conviction data.	a. Outcome b. Outcome c. Outcome d. Process e. Outcome	a. CPI program records b. DSC pre/post-program survey c. CPI program records d. CPI program records e. SO program records; SO recidivism data	a. Quarterly b. Biannually c. Quarterly d. Quarterly e. Annually

A combination of quantitative and qualitative data will inform the evaluation. Some data sources include both quantitative and qualitative elements, further described below. Please note that the DSC program will use Evidence-based Programs and Practices (EBPs) which CPI staff at the DSC will facilitate. CPI has extensive experience training, implementing, and monitoring fidelity of EBPs and will do so for this grant.

### Quantitative Data Collection

Objectives will be measured in part with quantitative data from sources such as referrals, enrollment statistics, UA test results, and SO recidivism data. These records will be collected from existing agency data systems and kept in a project database if not already stored in agency or program-specific databases.

There are also quantitative elements to survey data. Quantitative survey responses will be reported as average ratings and percentages of responses along Likert-type response scales (e.g., % who Strongly Agree/Agree). Figure 5 shows quantitative data sources to be used by goal and staff responsible.

**Figure 5. Quantitative Data Sources for Objectives by Goal**

Data Source	Quantitative Data to be Accessed	Responsible for Collection
CPI Program Records	<b>GOAL 1:</b> <ul style="list-style-type: none"> <li>Compliance with initial behavioral health assessment appointments</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff (all at DSC)</li> </ul>
	<b>GOAL 2:</b> <ul style="list-style-type: none"> <li>Annual enrollment of Prop 47 eligible individuals in the DSC</li> <li>Participation in development of problem lists/Treatment plans for DSC clients with SUD/MH diagnoses</li> <li>DSC client engagement in DSC treatment plan services for <math>\geq 3</math> months</li> <li>DSC client SUD treatment completion</li> <li>MAT treatment offered and MAT participation for DSC clients with OUD</li> <li>DSC client engagement in MH treatment services and compliance with any prescribed medication for DSC clients with MH diagnoses</li> <li>Participation in <i>Mental Health First Aid</i> and other CBT programming for DSC clients with MH concerns while enrolled in DSC</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> </ul>
	<b>GOAL 3:</b> <ul style="list-style-type: none"> <li>DSC client use of referrals to work preparation/work training programs as indicated on Needs &amp; Services Plan</li> <li>DSC client housing and employment/work training program status at discharge from DSC program</li> <li>DSC client participation in CPI Recovery Residence Transitional Housing</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff</li> <li>CPI program staff</li> <li>CPI program staff</li> </ul>
SO Program Records	<b>GOAL 1:</b> <ul style="list-style-type: none"> <li>Compliance with <b>Court-ordered hearing appearances, probation appointments</b>, and UA testing</li> <li>Recidivism rates among DSC clients</li> </ul>	<ul style="list-style-type: none"> <li>SO staff: Court appearances, probation appts: SO staff</li> <li>SO staff</li> </ul>
	<b>GOAL 3:</b> <ul style="list-style-type: none"> <li>Probation violations and recidivism rate for clients completing DSC program; comparison data for County probationers receiving post-release support</li> </ul>	<ul style="list-style-type: none"> <li>SO staff</li> </ul>
UA Test Results	<b>GOAL 1:</b> <ul style="list-style-type: none"> <li>Compliance with Court-ordered hearings, probation appointments, <b>UA tests</b></li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff: UA tests</li> </ul>
	<b>GOAL 2:</b> <ul style="list-style-type: none"> <li>Abstinence from substances at 6-month post-intake for DSC clients participating in SUD treatment (UA testing)</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff</li> </ul>
DSC Client Pre-Post-Program Surveys	<b>GOAL 2:</b> <ul style="list-style-type: none"> <li>Client self-report of current MH symptomology and extent of interference with daily life for clients receiving MH services while enrolled in DSC</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff</li> </ul>
	<b>GOAL 3:</b> <ul style="list-style-type: none"> <li>Client self-report of current anger management, living skills, employment preparation, relationships, quality of life, criminal thinking for DSC clients completing DSC program or remaining <math>\geq 6</math> months</li> </ul>	<ul style="list-style-type: none"> <li>CPI program staff</li> </ul>



Program participant data will be collected and reported using BSCC Prop 47 quarterly and annual data reporting tools. Additionally, some of this participant data will be augmented to include further details about participants, all of which is described below.

#### *Participant Data*

Basic DSC client demographic and participant service and enrollment data will be captured at intake and reported quarterly using the *Cohort 4 Participant Data Template*. The evaluator, who will also serve as Data Coordinator, will update the database as DSC clients enroll and discharge from program services. Per grant requirements, this pre-formatted Excel file is to be updated quarterly on the Marin County Prop 47 OneDrive folder. Additional data will be collected at enrollment and at discharge from the DSC which will augment the BSCC spreadsheet data. For example, while “Prior Convictions” are collected within the *Participant Data Template*, the field allows only a “Yes” or “No” response. Marin’s Prop 47 grant will collect additional information related to this indicator such as the number and types of prior convictions.

#### *Recidivism Data*

A primary data element for the Prop 47 grant is the measurement of recidivism. The BSCC’s definition of recidivism is *the conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction (CA Penal Code §6046.1(d))*. Data will be reported annually as required and uploaded to the grant’s OneDrive folder, annually beginning in August 2026. This will fulfill the required quarterly and annual reporting to BSCC. However, since the grant is just four years in duration, most of the DSC clients served will not reach the three-year mark utilized in the BSCC definition of recidivism, and so there will be minimal full duration measurement. For local evaluation purposes, Marin County’s Prop 47 grant will define recidivism as *the conviction of a new felony or misdemeanor committed within 2 years of release from custody or committed within 2 years of placement on supervision for a previous criminal conviction*. DSC clients will be tracked in 6-month cohorts. Clients enrolled in the first 6 months will be monitored for rearrest and convictions in Marin County as they reach one year post-release, two years post-release, and for those who were enrolled first, three years post-release.

#### *Qualitative Data Collection*

Qualitative data is planned within the evaluation of many objectives, to include document review, data gathered on spreadsheets to document provision of services, and surveys. Specific data collections methods planned are described below. In addition, using a structured observation protocol, the evaluator will attend some program activities to observe participant interactions, delivery of material, and participant response and engagement.

#### *DSC Client Pre-Post Survey*

One survey is planned for DSC clients to measure the following:

- Change in perceptions of current MH symptomology and extent of challenges to daily living (pre/post)
- Change in perceptions of anger management, living skills, employment preparation, relationships, and quality of life, and criminal thinking (pre/post)
- Satisfaction with all program components, most valuable aspects of the DSC program, and suggestions for improvement (post)(Note: Items related to satisfaction are not tied to specific objectives but are important to gauge the program’s value to participants, informing program improvement efforts).

The survey will be developed, and administration will be overseen by MRES, in collaboration with the grant team. As appropriate, the survey will utilize aspects of existing standardized and validated tools that measure specific components of program objectives along with items created to learn about participants, their perceptions of the programs, and changes in attitudes, beliefs, and behaviors over the course of their participation in the DSC.



### *DSC Client Interviews and/or Focus Groups*

Depending on survey results, MRES may also conduct follow-up interviews or focus groups with DSC clients to learn more about program elements where questions are raised by other results obtained. If these methods are used, MRES will develop interview and/or focus group protocols collaboratively with the Prop 47 grant team. Interviews and/or focus groups will be audio-recorded and transcribed for accuracy.

### *Key Informant Interviews*

Key informant interviews will be used to understand stakeholder experiences with the implementation and outcomes of the project activities and services. The key informant interviews will be conducted with SO staff and CPI staff directly involved in program implementation, as well as individuals who are indirectly involved in implementation, but responsible for program management and administration. These interviews will explore program implementation, challenges and successes, interagency collaboration, and outcomes. These interviews will also be audio-recorded and transcribed for accuracy.

### **Logic Model**

Marin County's logic model is included as Appendix A to this LEP. Its development was facilitated by the evaluator after reviewing the proposal and work plan and discussion with the grant team members who contributed to logic model drafts. It was submitted to BSCC for review and modified as requested.

### **Data Analysis**

Quantitative data collected for process and outcome objectives will be analyzed using standard quantitative data analysis methods. Qualitative data can provide insights into the reasons why particular program components were or were not implemented to the extent intended and the extent to which the objective was achieved. Therefore, qualitative data analysis techniques will also be used and triangulated with the quantitative data to allow data from various sources to inform the measurement of each objective where appropriate. In this way, data that describes the extent of implementation is combined with the quality of implementation. Data analysis is specific to type of data and is described below.

#### *Quantitative Data Analysis*

Quantitative data collected for process and outcome objectives will be analyzed using various analytical tools. Data from surveys (administered either on paper or if possible, using a web-based survey platform) will be transferred into Excel databases to capture descriptive statistics that address relevant objectives. Some data will likely be imported into SPSS for statistical analysis when appropriate, especially for the analysis of pre/post surveys. Where needed, inferential statistics will be used to determine whether attitudes, knowledge, and/or behaviors change significantly from the pre- to post-survey, employing statistical tests such as Dependent Samples Paired t-tests and Chi Square analysis.

#### *Qualitative Data Analysis*

Qualitative data from surveys and any interviews conducted will undergo content analysis via QDA Miner to determine prominent themes and response patterns within and across groups and questions.

### **Data Management**

The data will be managed collaboratively between the Marin County Prop 47 grant team and MRES. The evaluator will meet frequently with Prop 47 grant team to monitor progress and data, especially for quarterly reporting. The grant team will work with the evaluator to ensure that data collection tools are developed, evaluation activities are implemented as required, timelines are maintained, and any unforeseen challenges are addressed in a timely way.

Client identification will consist of the SO inmate record number (whatever this is called at the SO) for purposes of recidivism data. The rest of the data collected will use the random CPI Client Identification



number assigned to each DSC client at intake. The number will be preceded by the two-character code assigned by the BSCC to Marin County's grant so that it can also be used for the participant data reported quarterly.

All survey data that must be matched (e.g., pre/post-test design) will use the same CPI Client Identification number preceded by the two-character Project code assigned by the BSCC to the grant. These ID numbers will be substituted for any names or other identifying information to match pre- and post-survey data. If a web-based survey platform is used, participants will be given their ID number to enter into the survey. Other data, when necessary, will be transferred via a Secure File Transfer Protocol (SFTP). Once transferred, data will be kept in a password protected secured drive. Per Prop 47 grant requirements, MRES will provide all evaluation related documentation to the SO at the conclusion of the grant for a retention period of three years, at which time, it will be destroyed.

### Project Management

The evaluator will communicate with Marin County's Prop 47 grant program partners at least weekly by phone and/or email regarding program implementation and evaluation activities. The evaluator will also meet (virtually or in-person) with the grant team, at first monthly, and then as needed to review progress and plan next steps. During these meetings, project implementation, current activities, and challenges and concerns will also be discussed. The management of the grant, tool development, and decision-making will utilize a collaborative approach between MRES, the SO and CPI staff members who are most involved with the Prop 47 grant. When needed, and as directed by the grant team, MRES will communicate about evaluation activities and project implementation with other agencies (e.g., community-based service providers or others as needed) to accomplish the scope of work.

MRES will meet quarterly to plan for the collection and delivery of Quarterly Progress Reports (QPRs) to the BSCC. At these meetings team members will share updates on grant activities, evaluation needs, budget issues, and solutions to any new challenges. MRES will also share preliminary results with the grant team during quarterly reporting, and more comprehensive results biannually to ensure that data collection systems are operating optimally, and that results obtained are moving toward the achievement of objectives. The purpose of the biannual preliminary review will be to discuss the emerging results and determine whether any course corrections need to be made to program implementation, to data collection, or to the overall evaluation itself.

### Training and Technical Assistance

MRES will provide training and technical assistance (TA) to all staff related to the evaluation of the objectives. This will involve the development of data collection processes, training on instruments and data collection procedures, and survey administration techniques. Training and TA will be provided proactively before the start of various data collection components, and then as needed throughout the grant based on staff needs, staff turnover, and any data collection concerns that arise. Specific training and TA will be collaboratively developed between the evaluator and grant team, as well as the choice of delivery methods which can include in-person and virtual meetings or webinars for more extensive training needs, and for more minor training and TA needs, support will be provided in the preferred manner of the grant staff—either through in-person or virtual meetings or by phone or email.

### Evaluation Timeline and Reporting

Marin County's Prop 47 project will comply with the BSCC's, and its own reporting timelines as follows:

- **Quarterly Progress Reports:** Marin County's Prop 47 grant team will work together to deliver the BSCC-required QPRs according to the BSCC's timeline using the BSCC's reporting guidelines to include updating the Participant Data Template in the Marin County Prop 47 project's OneDrive folder.



- **Biannual Review of Evaluation Results:** After data collection begins, MRES will compile results obtained at the half-year mark and review and discuss them with Marin County's grant team. Any changes to implementation or evaluation activities will be made based on this review.
- **Annual Recidivism Reporting:** Recidivism data will be updated annually to the county's Recidivism Excel data file within its OneDrive folder per grant requirements as follows: Quarters 1-6: Due 8/30/2026; Quarters 1-10: Due 8/30/2027; and Quarters 1-15: Due 8/18/2028.
- **Local Evaluation Report:** The Local Evaluation Report (LER) will summarize data and results collected over the entire grant period and will include recommendations for future programming and continuous improvement efforts. The LER will be delivered to BSCC on or before June 30, 2028.



## Appendix A: Logic Model





# Logic Model – Marin County Prop 47 Grant



GOAL 1: To improve recidivism rates among repeat offenders with Substance Use Disorder (SUD) and/or Mental Health (MH) issues				
GOAL 2: To reduce the impact of Substance Use Disorders and Mental Health Disorders in the population of focus				
GOAL 3: To reduce criminal conduct, homelessness, under- and unemployment, and improve participants' standard of living				
Inputs/Resources	Activities	Outputs	Outcomes	Impacts
<b>Staff Resources:</b> Marin County Sheriff's Office (SO): staff time for grant work, collaboration with grant partners, training, performance monitoring; <b>Agency Partner:</b> Center Point, Inc. (CPI); <b>Financial Support:</b> Prop 47 grant funding; <b>Organizational Tools:</b> SO/staff expertise in Corrections, Re-entry Planning, Probation, Post-release monitoring/ rehabilitation programs; CPI expertise in SUD/MH Treatment; Training and TA from experts on EBPs, SUDs, MH concerns, etc. (e.g., webinars, conferences, curriculum); Evaluation support to document program implementation/ outcomes (e.g., tracking tools, surveys, evaluation consultant time)	<b>GOAL 1:</b> Recovery Coach/Counselors (RC/Cs) coordinate transportation from the Civic Center/Court to the Daily Services Center (DSC) for comprehensive SUD/ MH screening, assessment and admission to DSC; SO generates referrals to CPI's SUD/MH treatment/other community providers; CPI conducts SUD/MH assessments, admits to DSC	<b>GOAL 1:</b> <ul style="list-style-type: none"> <li>Number of: referrals to DSC, SUD/MH assessments; SUD/MH treatment; transport services to Court/ appointments</li> <li>Number of DSC clients who: enrolled in DSC; received transportation assistance; participated in assessments; received SUD/MH treatment</li> </ul>	<b>GOAL 1:</b> <ol style="list-style-type: none"> <li>DSC clients will show increased compliance with initial behavioral health assessment appointments, with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3, as measured by CPI program records.</li> <li>DSC clients (i.e., admitted to DSC) will demonstrate increased compliance with court-ordered hearing appearances, probation appointments, and UA testing with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3 as measured by S.O. and CPI records.</li> <li>(Long Term) DSC client recidivism at 2 years post-release will be 10% lower compared to all Marin County individuals on probation who receive some level of post-release support, as measured by SO arrest and conviction data.</li> </ol>	<b>GOAL 1:</b> DSC clients will complete probation successfully, remain free of the justice system, and become productive members of the community.
	<b>GOAL 2:</b> RC/Cs complete SUD ASAM Level of Care assessments; SUD Counselors facilitate outpatient and residential treatment programming, including developing Problem Lists/Treatment Plans and facilitating individual and group counseling; MH Clinicians conduct comprehensive MH assessments, develop Treatment Plans and provide individual, and group therapy as indicated	<b>GOAL 2:</b> <ul style="list-style-type: none"> <li>Number of DSC clients admitted to SUD/MH treatment</li> <li>Number of DSC clients who: completed Problem List/Treatment Plan; completed SUD/MH treatment; complied with MH Treatment Plans, including medication compliance; remained in SUD/MH treatment at least 3 months</li> </ul>	<b>GOAL 2:</b> <ol style="list-style-type: none"> <li>Annually, the DSC will engage 45 Prop 47 eligible individuals released from Marin County Detention in SUD treatment at their ASAM determined Level of Care, as measured by CPI program records.</li> <li>90% of DSC clients with SUD/MH diagnoses will participate in the development of individualized Problem List/Treatment Plan addressing SUD/MH diagnoses/related issues, as measured by CPI program records.</li> <li>75% of DSC clients will remain engaged in DSC and, if indicated, SUD program activities as described in their Needs &amp; Services Plans, for at least 3 months post-intake as measured by CPI program records.</li> <li>70% of DSC clients with SUD will complete SUD treatment successfully as measured by CPI program records.</li> <li>100% of DSC clients with Opioid Use Disorder (OUD) will be offered MAT treatment and, if they choose to do so, 100% will be linked to and begin MAT services, as measured by CPI program records.</li> <li>DSC clients participating in SUD treatment will remain abstinent from substance use 6 months from intake, with 20% remaining abstinent in Year 1; 40% in Year 2; and 60% in Year 3, measured by CPI UA testing.</li> <li>75% of DSC clients with MH diagnoses will engage in MH treatment services, including compliance with MH medication when prescribed, as measured by CPI records.</li> <li>75% of DSC clients with MH concerns will participate in <i>Mental Health First Aid</i> and other CBT programming while at the DSC, as measured by CPI program records.</li> <li>At discharge from DSC, 70% of clients engaged with MH treatment will report being less bothered by mental health symptoms than they were at intake, as measured by a DSC pre/post-program survey.</li> </ol>	<b>GOAL 2:</b> Individuals engaging in the DSC will receive the support needed for SUD/MH issues, gain self-knowledge, remain in recovery, and manage their mental health needs, allowing them to focus on improving other aspects of their lives.



Inputs/Resources	Activities	Outputs	Outcomes	Impacts
GOAL 3: To reduce criminal conduct, homelessness, under- and unemployment, and improve participants' standard of living				
(See previous page)	<b>GOAL 3:</b> RC/Cs facilitate a daily activities schedule of individual and group CBT-based programs and services to reduce adverse behavior and conduct and improve stability and resilience; develop Needs & Services Plans with each client; conduct case management sessions with clients, probation, and other stakeholders as needed; Case Managers provide supervision and facilitate living skills, conflict resolution, and recovery-oriented services at the Recovery Residences	<b>GOAL 3:</b> <ul style="list-style-type: none"> <li>Number of clients who: are referred to CBT-based programs and activities at the DSC; are referred to dedicated Recovery Residence Transitional Housing; participate in each of the CBT groups (i.e., Anger Management, Vocational and Employment Preparation, Criminal Thinking, Independent Living Skills, Relationships); move into Recovery Residences Transitional Housing; remain in DSC clients 6 months</li> </ul>	<b>GOAL 3:</b> <ol style="list-style-type: none"> <li>DSC clients will demonstrate increased compliance with using needed referrals to work preparation/work training programs, with 70% complying by Year 1; 80% by Year 2; and 90% in Year 3, as measured by CPI program records.</li> <li>70% of DSC clients who complete the DSC program and/or remain enrolled for 6 months) will report improved anger management, living skills, employment preparation, relationships, and quality of life and less criminal thinking, as measured by a DSC pre/post-program survey.</li> <li>75% of DSC clients will leave treatment with stable housing and 70% with at least part-time employment or engaged in work training programs, as measured by CPI program records.</li> <li>25% of DSC clients completing the DSC program will move into CPI's Recovery Residence Transitional Housing, as measured by CPI program records.</li> <li>DSC clients who complete treatment will have fewer probation violations and lower recidivism rates by 10% compared to DSC clients who do not complete the program, and by 15% compared to all Marin County individuals on probation who receive some level of post-release support, as measured by SO program records and county arrest and conviction data.</li> </ol>	<b>GOAL 3:</b> DSC clients who complete the program will leave with the skills needed to manage their emotional lives and relationships, and will have improved living and employment skills, less criminal thinking, housing and work; with these improved skills and stability in their lives, DSC clients will go on to lead productive lives, contribute to their communities, and remain free of the justice system.