

Shasta County Probation Department Misdemeanor Community Engagement Program Local Evaluation Plan

Board of State and Community Corrections (BSCC)
Prop 47 Cohort 4

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Prepared by

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Section 1 | Project Background

In 2014, California voters passed Proposition 47, the “Safe Schools and Neighborhoods Act,” which aimed to lower rates of incarceration by reclassifying selected felony drug and property crimes as misdemeanors for low-risk offenders with no prior conviction for serious offenses. Cost savings generated through resentencing and reduced spending on correctional services were redirected to a state fund administered by the Board of State and Community Corrections (BSCC). BSCC uses Prop 47 fund to award competitive grants to California public agencies who partner with community-based organizations in providing mental health and substance use disorder treatment and/or diversion programs for individuals involved with the criminal justice system.

BSCC recently awarded its fourth cohort of Prop 47 grants to 27 public agencies across the state, including the Shasta County Probation Department. As a requirement of funding, each BSCC grantee must plan and implement a comprehensive evaluation of their funded programs. The purpose of the evaluation is to monitor the implementation Prop 47 programs and to assess the effectiveness of proposed strategies in achieving behavioral health and criminal justice outcomes. The present document details local plans for evaluating the Shasta County Probation Departments CEP grant program over the three-year project period. The plan is designed as a working document that can be expanded and refined as the project evolves in response to changing needs and circumstances. The evaluation plan is designed to support measurement of proposed goals for the CEP program model and comply with statewide reporting requirements established by BSCC.

Understanding the Need

Shasta County is located in the northern Sacramento Valley along Interstate 5 spanning more than 3,800 square miles. It is the largest county in the region with an estimated 182,000 residents. About two-thirds of the county population resides in one of the three incorporated cities of Redding, Anderson, and Shasta Lake. The balance of the county population lives in small unincorporated communities where infrastructure is more limited, and services are difficult to access.

The county has experienced growing challenges related to substance use, mental health issues, and homelessness that intersect with the criminal justice system. Individuals with unmet behavioral health needs or those facing housing instability often find themselves in violation of the law for low-level property crimes, possession of controlled substances, or quality-of-life offenses. Recent statistics show that Shasta County has the second highest arrest rate in California with 79% of all arrests involving misdemeanor offenses. Sixty-eight percent of people in the county jail are pre-trial and of those, 67% have mental health needs. Shasta County also ranks second highest in the state in the proportion of county residents who are incarcerated in state prisons and has the third highest arrest rate among Black residents, highlighting significant disproportionality. Court observations suggest that low level offenders are often difficult to engage due to an absence of stabilizing factors in their lives. Housing, mental health, and substance use disorder (SUD) treatment services, when available, are often difficult to navigate for hard-to-reach populations. As a result, misdemeanor offenders often escalate to committing felony offenses, exposing them to the felony court process and eventual incarceration in the county jail or state prison system. Within these under resourced populations, mental illness is often unaddressed contributing to physical, emotional, and behavioral problems. Unmet treatment needs often culminate in crisis requiring more intensive services, such as emergency room visits, crisis intervention, law enforcement involvement, and psychiatric inpatient hospitalization, which impose a substantial cost burden.

Homelessness is also a chronic and growing problem in Shasta County. The NorCal Continuum of Care's annual Point in Time count found 1,013 people were homeless in 2023, compared to 793 in 2022. A review of the 2024 Partnership Health Plan Annual Report identified a 6% rate of homelessness statewide within the MediCal population compared to 11.9% for Shasta County. More than half of

homeless individuals experienced chronic homelessness, one-third were diagnosed with SUD, and 6% had severe mental health issues. Behavioral health issues can have serious health and safety consequences. According to the Shasta Substance Use Coalition, fentanyl and other opioids resulted in 224 deaths between 2018-2023. Emergency Medical Services (EMS) distributed Narcan to 1,114 individuals from 2019-2023 to counter the effects of opioid overdose. Adults in the 25-34 age range had the highest incidence of opioid overdose countywide each year.

Shasta County residents also experience disproportionate rates of Adverse Childhood Experiences (ACEs). Forty percent of Shasta County respondents reported 4 or more ACEs in their life history compared to 17% statewide. The most common ACEs were substance abuse, parental separation, and verbal abuse. Research has demonstrated that individuals exposed to ACEs may experience trauma that results in a multitude of long-term negative health and social effects in adulthood.

Shasta County Community Engagement Program (CEP) Model

The Shasta County Probation Department was awarded its second Prop 47 grant in 2024 to reinstate the Shasta County Misdemeanor Community Engagement Program (CEP). The program aims to increase community engagement among misdemeanor offenders and reduce rates of recidivism and reentry into the criminal justice system. The project will cover a three-year implementation timeline spanning from October 3, 2024, to June 30, 2028.

CEP Partners

The Shasta County Probation Department will serve as the lead agency for the CEP grant, with responsibility for management and oversight of the grant. The project will be implemented through a collaborative partnership involving the Shasta Community Health Center (SCHC) and United Way of Northern California as sub-grantees.

- **Shasta Community Health Center (SCHC).** SCHC is Federally Qualified Health Center (FQHC) based in Redding, California with eight locations across Redding, Anderson, and Shasta Lake City. SCHC's mission and purpose is to provide high quality health care to the community with compassion and understanding. SCHC provides primary medical, dental, vision, substance use and mental health treatment, urgent care, specialty consultation, telemedicine, and HIV services. SCHC specializes in health care for the homeless, provides a ready point of access for the developmentally disabled population, and is a primary resource for medical treatment of substance abuse.
- **United Way of Northern California.** United Way is a local, nonprofit community-based organization that serves the nine Northern California counties of Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity. United Way's mission is to fight for the health, education, and financial stability of every person in the community and to be there for the community and its residents during times of crisis. United Way operates 211 NorCal— a free, confidential telephone helpline and website that connects people with information on local resources and provides referrals to health and human services. The 211 NorCal information line is available 24 hours a day, seven days a week.
- **EMT Associates, Inc.** An external evaluation firm, Evaluation, Management, and Training Associates, Inc., will conduct the evaluation of the Shasta County CEP program. EMT is a women-owned small business (WOSB) with more than 30 years of experience conducting policy and evaluation research studies in the behavioral health and criminal justice fields. EMT's mission is to promote and facilitate the use of science-based information to improve social policy and to enhance the resolution of public problems.

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- **Local Management and Oversight Advisory Committee.** The Probation Department has also established a local advisory committee with membership comprised of community stakeholders including criminal justice partners, religious representatives, non-governmental organizations, treatment providers, community citizens, education services, housing services, Tribal communities, and formally incarcerated individuals. This committee will meet on an as needed basis to review grant implementation and data findings as well as to work with the evaluation team to ensure project components are monitored, assessed, and adjusted as needed.

Target Population

The priority population for the Shasta County CEP includes Shasta County residents 18 years and older who have unmet needs for behavioral health treatment and who have a history of involvement with the criminal justice system.

Eligibility Criteria

Eligibility criteria would include any history of law enforcement contact, citation, or arrest for misdemeanor offenses, public nuisance violations (e.g., 10.40.010 RMC, 10.40.020 RMC, and 10.19.020 RMC), with the exception of crimes of violence, child abuse, or sex offenses. Individuals with a history of felony convictions are eligible for CEP services; provided they do not fall under the disqualifying criteria listed above. Those with current arrests or court involvement for felony offenses are ineligible. Other priority populations include clients who are homeless or at risk of becoming homeless. Participants must have stable contact information and must show a willingness to seek treatment to address underlying mental health or substance use disorders (SUD).

Program Goals

The CEP project will provide community outreach, engagement, and case management services to misdemeanor offenders in the justice system who have untreated substance abuse and/or mental health disorders. The program identifies three core goals that aim to address behavioral health treatment needs, reduce housing instability and homelessness, and prevent further criminal behavior, arrest, and/or reentry into the criminal justice system. Each of these goals is described in the section below.

Goal 1 Engage in community outreach using the 211-information line and direct street outreach to identify and refer individuals with a history of justice system involvement and unmet needs for substance use, mental health treatment, and housing services.

The CEP grant will develop referral processes to identify, engage, and enroll participants in services. The project will establish multiple sources of referral, including, but not limited to, client self-referral or walk-in, street outreach, direct partner referrals coordinated through the NorCal United Way 211 telephone helpline or the Shasta County Probation PSS, and referrals from other collaborating agencies, including local community-based service organizations, the County Housing Authority, the Public Defender's Office, the District Attorney's Office, the Shasta County Superior Court, and local law enforcement. Clients with active involvement in the justice system may be identified for the program at any time, including immediately following arrest, prior to the filing of a criminal complaint, or after arraignment to engage clients early on and help them successfully navigate the court process, as needed, and access community services.

The Shasta County CEP project team created a universal referral form to initially screen potential participants for eligibility and to compile basic information to facilitate the referral process between community entities and SCHC. The referral form includes four items to screen clients for program eligibility prior to enrollment. Screening items are listed below:

- Have you ever been diagnosed with a mental health condition (e.g., depression, anxiety, bipolar disorder) or do you currently experience any challenges with your mental health that impact your daily life?
- Have you ever been diagnosed with a substance use disorder (SUD) or has your use of substance ever caused problems for your personal relationships, work life, or health?
- Have you ever been involved with the criminal justice system as the result of a misdemeanor offense?
- Are you currently facing felony charges?

CEP referrals from community partners (e.g., United Way 211 call specialists) will be routed directly to Shasta County Probation using a secure SharePoint site. Probation will verify program eligibility based on arrest record and will forward eligibility information to SCHC before clients can be enrolled in the program. SCHC expects to enroll up to 450 (150 a year) CEP participants and will maintain an active caseload of 90 participants for the duration of the grant funded period.

The CEP grant will support improvements in the United Way 211 system to include the creation of a specific messaging and website access for program participants to link to Partnership Health Plan and other local resources; flyers/handouts regarding resources at community events; the creation of a specific text campaign targeting the need areas for this specific population with real time return texts to clients. United Way will build an automated call menu process into 211 system messaging that collects screen-in criteria and then transfers callers to 24-hour call specialists trained on specific program criteria that can provide individuals with referrals and information for assistance to services. The grant will fund staffing to support two-way communication integration sending/calling participants to remind them of treatment appointments and service coordination opportunities.

Goal 2 Provide comprehensive substance use and mental health treatment, and housing support services to underserved populations.

SCHC will offer comprehensive case planning, management, and assessment services, and an array of direct substance use disorder treatment, mental health services, and housing assistance based on identified client needs.

Client intake and assessment. SCHC utilizes a battery of evidence-based assessment tools as part of standard intake processes to determine the appropriate nature and level of services. Specific assessment tools may include but are not limited to the Texas Christian University Drug Screen V (TCU-V) and/or the American Society of Addiction Medicine (ASAM), and the Adult Substance Use Survey (ASUS). The PSS and SCHC case management staff will be trained in person-centered case management practices, including Motivational Interviewing, Mental Health First Aid, HOPE Theory, and Trauma Informed Approaches. Intake and assessment processes will be used to ensure individuals are enrolled in Medi-Cal and have access to local medical, dental, and mental health services. This program will leverage Medi-Cal and private insurance dollars while providing funds to cover costs of treatment for individuals who are not covered by insurance.

Direct services. Clients who enrolled in the CEP program will have access to an array of community-based services available directly from SCHC.

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- Case planning and ongoing case management
 - SUD detox, outpatient, and Medication Assisted Treatment (MAT)
 - Mental health treatment
 - Food assistance
 - Basic necessities
 - Employment services
 - Health services
 - Housing assistance
 - Transportation assistance
 - Other support

Case managers will also have access to additional community programs to leverage resources for this population as needed.

Housing. SCHC currently utilizes a Rapid Rehousing and CalAIM funding to support housing in the county. Housing resources available to CEP clients will include emergency shelter services, temporary/transitional housing, rental subsidies, credit check and down-payment assistance, resolving prior utility bill concerns and necessities needed to start a new home.

Transportation. SCHC will offer transportation assistance in the form of no-cost access to the local public bus transit system and coordinating transportation through bus passes and benefits through Partnership Health Plan or other insurance plans.

Employment assistance. Case managers will assist individuals as needed with vocational support such as college/certification subsidies, fingerprinting costs, clothing, and other necessary career supplies to support gainful employment.

Goal 3 Engage clients and remove barriers to accessing services through developing relationships and pro-social modeling.

The CEP program model also funds a Peer Support Specialist within the Probation Department who will serve as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and SCHC. Use of peer models to foster trust and connection is recognized as an evidence-based practice to reduce stigma and overcome barriers to engagement. The PSS will engage the clients on a peer level while referring to and walking the client through the process of seeking substance abuse treatment, mental health supports, and navigating transportation and housing services with the eventual goal of stabilizing the individual. Peer support will be vital to ensure that program participants have the necessary support to stay engaged and attend treatment. The PSS will also support court appearances, referrals to residential treatment or sober living, and other services as identified.

Section 2 | Logic Model

Logic models can be used to map program intent and design to the evaluation process and to articulate the logical link between program strategies and activities and their intended outcomes. The CEP logic model is structured to provide measurement of outputs, and short-term and long-term outcomes associated with CEP program implementation. The short-term program outcomes are to provide outreach, engagement, and case management services to misdemeanor offenders to increase access to, retention in, and completion of substance use and mental health treatment and housing support services. The long-term program outcomes are to prevent further criminal behavior, arrest, and/or reentry into the criminal justice system among misdemeanor offenders. Impacts include improved quality of life, improved public safety, reductions in criminal activity and prevalence of homelessness, and reduced systems costs.

See attachment.

Section 3 | **Process Evaluation Methods and Design**

The proposed CEP evaluation is designed to promote program accountability, program improvement, and knowledge development and to advance the work of key partners in achieving project goals. The evaluation plan will fulfill several key functions including: a) clearly articulating and describing the approach developed by project partners b) generating timely and relevant feedback on the implementation process for use in further refining the implementation approach, d) testing the effectiveness of CEP strategies in producing meaningful changes in client and system outcomes, and e) reporting data findings, lessons learned, and recommendations that may be useful not only to state funders and local program staff, but also other agencies seeking to reduce repeat offending and reentry into the criminal justice among misdemeanor offender populations.

The proposed program evaluation will utilize a mixed-methods design that incorporates use quantitative and qualitative data elements and supports both process and outcome measurement components. Evaluation activities will be implemented through a collaborative effort involving evaluation team members, Shasta County Probation, United Way of Northern California, and case managers and clinical staff with SCHC. Data collection activities will be managed locally by program staff who will transfer information to the evaluation team for data cleaning, data integration, analysis, and reporting. Sources of data supporting both the process and outcome evaluation components include referral forms, intake and assessment information, service records, client feedback surveys, key informant interviews, and administrative records extracted from county data systems measuring recidivism events.

Project Management

The evaluation team will use a web-based project management tool, Monday.com, that was designed for managing teams, projects, and tasks. The tool will be used to assist Prop 47 partners in monitoring grant implementation progress, facilitate communication among partners, and store products, resources, and materials, including all relevant evaluation tools. The Monday.com workspace will be organized by specific grant goal areas and objectives. The site will be managed by evaluation team staff who authorize partners to access the site using a secure passcode. Information is stored for each objective and task with staff assignments, targeted deadlines, and completion status indicators.

Training and Technical Assistance on Data Collection Procedures

The evaluation team will train project partners on data collection procedures, data transfer and confidentiality protocols, and use of project management tools to ensure successful implementation of all data collection and reporting requirements. The evaluation team will review transferred data records from project partners (i.e., Probation, SCHC, and United Way) quarterly and will apply data cleaning rules to assess data for quality and completeness. The data cleaning process will focus on verifying client identifiers, identifying any duplicate records, merging data across sources, exploring missing data patterns, and configuring data for analysis and reporting. As part of the data cleaning and validation process, the evaluation team will provide partners with quarterly data receipts that flag any data errors or inconsistencies. Evaluation staff will provide direct technical assistance as needed to resolve any data related questions that arise.

Client Identifiers

CEP participants will be assigned a unique project identifier that combines the two-letter prefix assigned by BSCC to the grant (NH') in combination with the 5-digit Shasta Community Health Center participant ID number. SCHC will assign the case ID to clients upon enrollment into the program and completion of intake assessments. SCHC will share lists of participant ID numbers with Probation to merge administrative records prior to transfer of data to the evaluation team. The evaluation team will be responsible for merging multiple data sources into a consolidated data set for analysis purposes.

Process Evaluation Questions and Data Sources

The **process evaluation** will describe and assess the quality of program implementation and fidelity to the program model. The process evaluation component incorporates a variety of activities including articulating the program logic, documenting differences between the “program-as-planned” and the “program-as-implemented,” identifying strengths, challenges and needs for improvement, and gauging client and stakeholder perspectives. The process evaluation serves several purposes including determining how well programs are functioning, identifying program elements that contribute to success or failure, supporting the interpretation of outcome findings, and providing decision making feedback to the program. The process evaluation will provide the detailed documentation of the program concept and implementation fidelity that will be essential if successful program features are to be replicated elsewhere. The process evaluation answer five key process evaluation questions. These include:

- How effective was the CEP in identifying and referring clients with a history of justice system involvement and unmet needs for substance use and mental health treatment?
- What were the characteristics of clients who enrolled in the CEP?
- How effective was the program at enrolling, engaging, and retaining clients in services?
- What were the most significant challenges or barriers to implementing the CEP program as perceived by participants, key partners, and other project stakeholders?
- What were the most significant accomplishments of the CEP grant program as perceived by participants, key partners, and other project stakeholders?

The process evaluation will utilize the following key data sources:

Referral Form. The CEP referral form will be used to record information from the initial point-of-program contact. The referral form records participant contact information and agency information identifying the source of referral. The referral form includes four items to initially screen clients for program eligibility prior to referral for enrollment. Screening items are used to identify participants with unmet needs for substance use or mental health treatment and a history of justice system involvement for misdemeanor offenses only. The referral form also includes a section with demographic information completed by United Way staff for clients seeking 211 information line resources, but who opt out of a formal program referral. Demographic information will be used to report information to BSCC for one-time intervention clients only who do not formally enroll. The referral form will be integrated into the 211-call system and all captured data will be exported and transferred to Probation staff and the evaluation team.

Upon receipt of a new referral, Probation staff will verify client eligibility and provide data on criminal justice status at the time of intake into the program. Once eligibility has been verified, Probation staff will forward the referral form to SCHC to attempt to contact the referred client, or to enroll clients directly. Once a client has committed to enrolling in the program, SCHC case managers will assign the client a CEP unique identifier.

Intake and Assessment. Eligible clients who agree to participate in the CEP program will establish an appointment date to complete the required assessments and to formally enroll in the program. Clients will complete a variety of assessment tools used as part of the SCHC standard intake process. Information from the intake process will be used to inform case plan development and establish treatment goals for each client. Client assessment information will be recorded in the MCEP tracking log. Information will be used to describe the demographic and social-economic characteristics of participants, the percentage of clients completing assessments, and the number and percentage of clients with a substance use disorder or mental health diagnosis.

MCEP Service Tracking Log Service data will be recorded for each participant encounter and logged in the SCHC MCEP tracking log that is custom designed for the project. Service utilization data will be transferred electronically to the evaluation team on a quarterly basis to monitor the number of individuals receiving services and the types of CEP services being provided. The evaluation team will summarize service utilization data, including participation status, days enrolled, and rates of attrition and retention in services.

Key informant interviews. The evaluation team will conduct key informant interviews at the conclusion of each program year to identify challenges and barriers to implementation, lessons learned, and areas for improvement. The analysis will identify core themes and quotes to illustrate key findings.

Plan, Do, Study Act (PDSA) Cycles

The CEP evaluation will establish a Plan Do Study Act (PDSA) approach to continuous Quality Assurance (QA) that supports progress monitoring and assesses improvable system processes related to systems coordination; outreach, screening, and enrollment; housing placement; and access to SUD treatment and recovery services. The PDSA planning process will identify meaningful performance indicators, determine how PDSA cycles will be applied, and how findings will be communicated to project partners to support changes in management or implementation. PDSA cycles will be implemented semi-annually to identify course adjustments as needed. This may involve coaching and technical assistance to overcome implementation challenges or modifying plans to integrate new strategies or approaches.

Section 4 | Outcome Evaluation Methods and Design

The **outcome evaluation** provides measurement of critical outcomes that are linked to the program intervention and are often reflected in the stated goals and objectives. The purpose of the outcome evaluation is to determine the program's effectiveness in achieving desired changes in conditions and behaviors targeted by the program. The outcome evaluation will be used to answer the following five key outcome evaluation questions:

- How effective was the CEP in connecting clients with unmet needs for substance use and mental health treatment with appropriate treatment services?
- How effective was the CEP in helping clients achieve and maintain employment to promote self-sufficiency?
- How effective was the CEP in helping clients with unmet needs for housing assistance achieve and maintain housing stability?
- How many CEP participants met criteria for successful program completion at the 6-month follow-up indicating attainment of treatment goals?
- Was the rate of recidivism among misdemeanor offenders active in CEP services and was the rate of recidivism lower than the recidivism rate among matched cohorts of previous misdemeanor offenders?

Definitions

The following are definitions adopted by Shasta County CEP partners and the local evaluation team for measurement of program outcomes and state BSCC reporting.

- **Program Completion**

The CEP program has adopted a definition of program completion that combines multiple criteria. The participant (1) must be formally enrolled in and actively participating in program services with at least one direct service contact per quarter (excluding intake and assessment), (2) must have a minimum length of time in treatment of 6 months, and (3) must have achieved at least one behavioral health treatment (substance use or mental health) goal established with an SCHC case manager or clinician during the assessment process. It is anticipated that clients may remain active in the program after achieving program completion status. The evaluation team will continue to meet with SCHC and Probation to review the operational definition to confirm that it is being applied with fidelity and provides reliable measurement of meaningful progress and outcomes.

- **Recidivism¹**

Recidivism is defined locally as any return to custody, filing of a new criminal complaint, new conviction, or reentry into the Misdemeanor Community Engagement Program after completing the program.

The outcome evaluation will rely on the following three major sources of client of data.

- **CEP Participant Feedback Survey**

CEP participants will be invited to complete a brief survey 3 months from the time of intake into the program. The survey will be administered by the SCHC case manager using a QR code that links to an electronic survey form. The survey will capture client feedback regarding their service experiences, including service availability, cultural competency, and quality of staff interactions, as well as perceptions of service impact that could be attributed to participation, including improvement in daily functioning, reductions in behavioral health symptoms, improvements in employment and housing status, and improved quality of life. Completed surveys forms will be submitted electronically to the evaluation team on a quarterly basis for analysis.

- **CEP Service Tracking Log**

Case management and service data will be recorded for each participant encounter and logged in the SCHC MCEP custom-designed tracking tool. The tracking tool will include quarterly status updates completed by the SCHC case manager or clinician indicating whether treatment goals established at intake were successfully met.

- **Administrative Records**

Probation staff will provide administrative records to the evaluation team on a quarterly basis. Records will include dates of recidivism events, including any return to custody, filing of a new criminal complaint, or new conviction for CEP clients and for a matched comparison group of misdemeanor offenders with active cases during the gap period between the Cohort 2 and Cohort 4 grant periods. During the planning phase of the evaluation, the evaluation team will meet with

¹ BSCC defines recidivism as a 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.

Probation staff to discuss the data configuration and clarify any questions pertaining to the proposed analysis.

Data Use Agreement and Data Transfer

EMT will enter into data sharing agreements with the Shasta County Probation Department, SCHC, and United Way to facilitate the transfer of data between the evaluation team and partner agencies. As part of the evaluation planning phase, the evaluation team will work closely with partner agencies to ensure data availability and access and to clarify understanding of data collection and entry processes and data definitions. This step included a formal data review and crosswalk between existing data sources and BSCC reporting requirements to ensure that data systems are configured to support reporting mandates.

Data will be transferred between project partners using a restricted Office 365 SharePoint folder with automatic notifications. Files will be removed immediately following data transfer. Data will be stored at each agency on secure servers in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other pertinent statutes and regulations. CEP client data will only be kept for the duration of the project period, at which point it will be destroyed.

The evaluation team will merge participant data across multiple data sources (e.g., referral forms, service logs, participant feedback forms, and administrative records) using the CEP unique client ID. This process will allow the evaluation team to track CEP client outreach, assessment, service utilization, program completion, and resulting outcomes. No individual-level, identifiable data will be reported.

Hard copy interview notes and survey forms with identifying information will be stored in a locked filing cabinet at partner offices. The evaluation team will create Consent to the Release of Information forms to allow participants to authorize the sharing of information among partners.

Data Management and Analysis

The evaluation team utilizes the R software environment for data cleaning and statistical computing. Both descriptive and inferential statistics will be used to analyze quantitative data and address the evaluation questions listed above. Basic univariate descriptive statistics including calculation of distributions, frequencies, measures of central tendency, ranges, and outliers will be used to examine data validity and reliability and profile individuals receiving Prop 47 related services. Multivariate statistics such as cross tabulations, Chi-square, regression, and ANOVA analyses will be used to examine associations between CEP services and outcomes. The evaluation team is proposing to use survival analysis strategies to evaluate the impact of CEP service receipt on client outcomes and recidivism. The final analysis approach will be determined based on the availability and quality of data obtained, and the most rigorous analysis technique feasible given data constraints.

The evaluation team will use Atlas.ti qualitative software program to review and code qualitative data findings to respond to evaluation questions. Findings will be interpreted for concrete themes and patterns in the data that may have implications for program measurement. Qualitative data will be used to enhance understanding of quantitative findings and identify underlying factors that might help explain results.

Evaluation Timeline

The evaluation of the Shasta County Probation Department CEP Project will be implemented over a three-year time period that corresponds to the duration of the grant funded period. The evaluation subcontract agreement with EMT Associates, Inc. was executed on March 11, 2025, marking the launch of the evaluation timeline. The timeline for conducting the CEP evaluation will correspond to the reporting requirements outlined by the Board of State Community Corrections (BSCC).

The project will include four categories or phases of evaluation activities, including evaluation planning, data collection, analysis, and reporting. The evaluation plan was drafted in March 2025 and will be submitted to Shasta County Probation for review and comment. The evaluation team will incorporate stakeholder feedback and will finalize the evaluation plan document for submission to the Board of State Community Corrections by March 31, 2025.

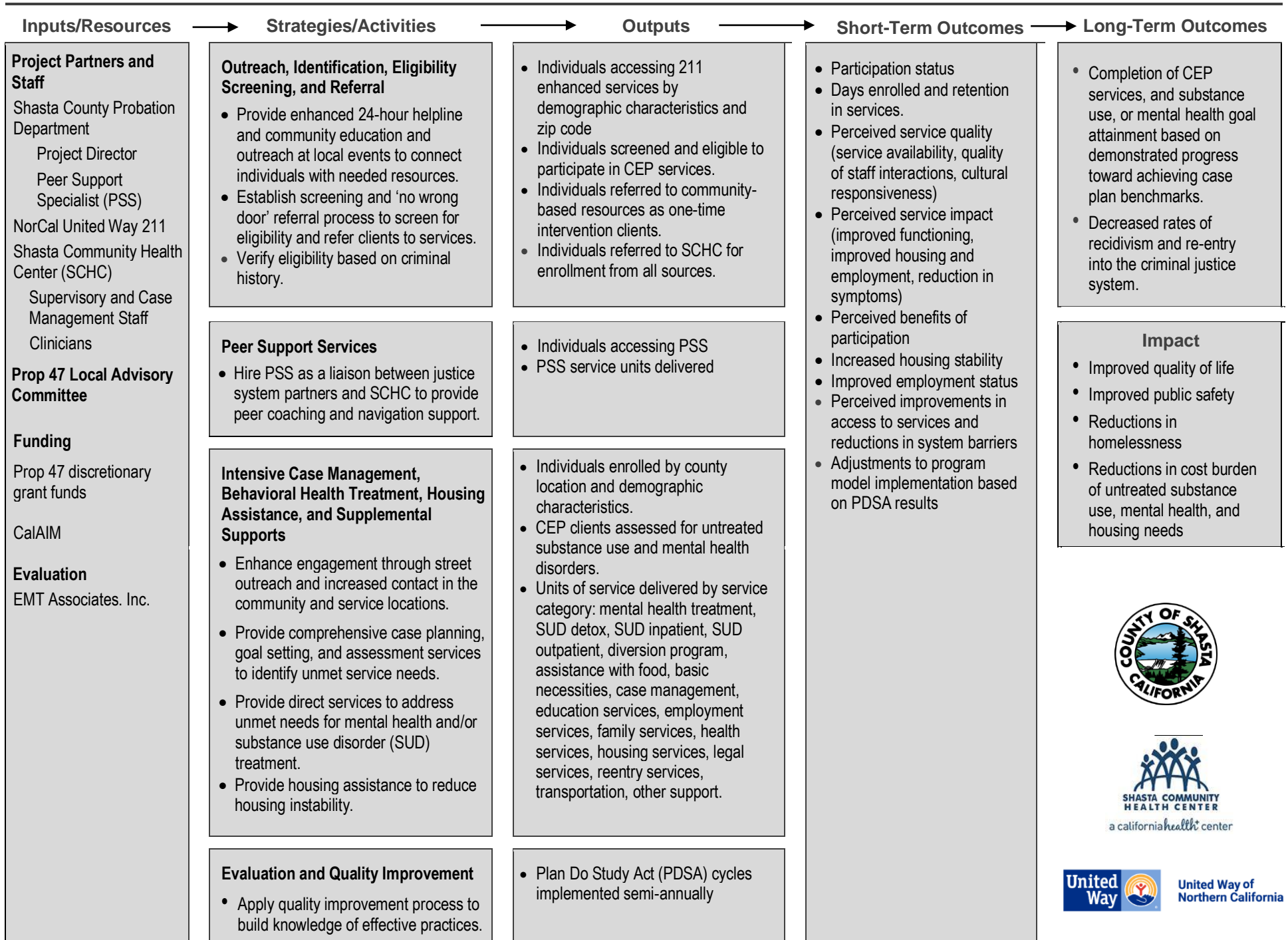
Quarterly reporting. The evaluation team will coordinate with Probation staff and SCHC to integrate source data and prepare and submit quarterly reports according to established formats and timelines. Quarterly reports will include all mandatory fields including *client demographics*, *client participation status*, *employment and housing status*, *utilization of services*, including mental health, substance use disorder, and support services, and *dates of recidivism events*. Clients will be identified using a project-specific unique identifier (e.g., NH56785).

Final evaluation report. The final evaluation report will be submitted by June 30, 2028. The final evaluation report will present findings from the process and outcome evaluations covering the three-year grant period to examine trends and changes that have occurred as a result of implementation. This report will similarly include sections for background, current logic model, methodology, results from both the process and outcome evaluations, study limitations and how they were addressed, conclusions, and recommendations. In addition, the final report will highlight any changes made in evaluation approach that occurred over the study duration. The report will conclude with recommendations for continuous improvement of program implementation.

The evaluation team will also prepare a two-page executive summary that highlights major findings from the evaluation for dissemination to project stakeholders and other relevant audiences. The executive summary will highlight key findings pertaining to project implementation, project purpose, accomplishments, goals achieved, barriers to success and how they were addressed, unintended (positive or negative) outcomes, major findings, and conclusions.

Attachments

Shasta County Probation Community Engagement Program (CEP) Logic Model



United Way of Northern California

Shasta County Community Engagement Project Referral Form

Client ID completed by SCHC staff

Agency Information

Agency Name: _____ **Phone Number:** _____

Staff Name: _____ **Email:** _____

Eligibility Screening

The Shasta County Community Engagement Program offers substance use, mental health, and housing access services for those with a history of involvement in the criminal justice system. Please answer the following questions to help us determine your eligibility to participate.

| | Yes | No |
|--|-----------------------|-----------------------|
| a. Have you ever been diagnosed with a mental health condition (e.g., depression, anxiety, bipolar disorder), or do you currently experience any challenges with your mental health that impact your daily life? | <input type="radio"/> | <input type="radio"/> |
| b. Have you ever been diagnosed with a substance use disorder (SUD) or has your use of substances ever caused problems for your personal relationships, work life, or health? | <input type="radio"/> | <input type="radio"/> |
| c. Have you ever been involved with the criminal justice system as the result of a misdemeanor offense? | <input type="radio"/> | <input type="radio"/> |
| d. Are you currently facing felony charges? | <input type="radio"/> | <input type="radio"/> |

To be eligible to participate, respondents must answer (1) 'Yes' to either questions A OR B, AND (2) 'Yes' to questions C, AND 'No' to question D.

Participant's Contact Information

Name: _____ Birthdate: _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Other Contact Method:

Participant Needs:

Was the participant informed that information will be shared with Shasta County Probation, Shasta Community Health Center, and the CEP program evaluator for eligibility, compliance reporting, and referral purposes only? ☐ Yes ☐ No

Does this participant agree to be referred to the CEP program? ☐ Yes ☐ No

FOR PROBATION STAFF ONLY:

Please provide notes below verifying participant eligibility.

Confirmed Eligibility? ☐ Yes ☐ No

| |
|--|
| |
|--|

**Please transmit a copy to James Goodwine, Division Director, Shasta County Probation
Community Corrections Center and to Shasta Community Health Center.**

For United Way 211 call specialists, please complete the demographic section on following page.

Participant Demographics

Gender:

- | | |
|---|--|
| <input type="radio"/> Gender non-binary | <input type="radio"/> Woman (cisgender) |
| <input type="radio"/> Man (cisgender) | <input type="radio"/> Prefer to self-define: _____ |
| <input type="radio"/> Transgender man | <input type="radio"/> Other: _____ |
| <input type="radio"/> Transgender woman | <input type="radio"/> Prefer not to state |
| <input type="radio"/> Two-spirit | <input type="radio"/> Unknown |

Race/Ethnicity (Select ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic, Latino, or Spanish |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Asian - Japanese | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Native Hawaiian |
| <input type="checkbox"/> Asian - Filipino | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Guamanian |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Samoan |
| <input type="checkbox"/> Asian - Vietnamese | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Other |
| <input type="checkbox"/> Asian - Asian Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian - Laotian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian - Cambodian | <input type="checkbox"/> Other identified ethnic origin, ethnicity, or race |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Decline to state |

Level of education:

- | | |
|---|--|
| <input type="radio"/> Enrolled in high school | <input type="radio"/> College graduate (4-year degree) or higher |
| <input type="radio"/> Enrolled in vocational training | <input type="radio"/> Vocational training certificate or degree |
| <input type="radio"/> Enrolled college (comm. college or 4-yr.) | <input type="radio"/> Other |
| <input type="radio"/> Completed some high school | <input type="radio"/> Unknown |
| <input type="radio"/> High school graduation or GED | <input type="radio"/> Decline to state |
| <input type="radio"/> Completed some college | |

P47 CEP Participation Feedback Survey

- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive.

- Please answer the following questions based on the **LAST 3 MONTHS**. Indicate if you **Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, select "Not Applicable" to indicate that this item does not apply to you.

| Thinking about your participation in the CEP program: | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I was able to get all the services I thought I needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Services were available at times that were good for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Staff were willing to see me as often as I felt it was necessary. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I like the services that I received here. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I felt comfortable asking questions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I felt free to complain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Staff were sensitive to my culture or identity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Staff encouraged me to take responsibility for how I live my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Staff here believe that I can grow, change, and recover. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I would recommend this agency to a friend or family member. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| As a direct result of the services I received: | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | N/A |
| 11. My housing situation has improved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. My employment situation has improved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. My symptoms are not bothering me as much. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I am getting along better with my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I am better able to do things that I want to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I am better to handle things when they go wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I do things that are more meaningful to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. What was the most helpful thing about the CEP services you received?

19. How could CEP services be improved?

Thank you for your feedback!

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