Local Evaluation Plan

Proposition 47 Grant Program, Cohort IV

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Project Time Period:	**October 2024 – July 2028**
Funding Source:	**Board of State and Community Corrections (BSCC)**

Project Background

The City of Anaheim has long recognized the multifaceted challenges posed by homelessness, particularly its intersection with the criminal justice system and substance use disorder. Anaheim has implemented a comprehensive system of care aimed at supporting individuals throughout their transition from street to home, including a Community Care and Response Team (CCRT) to provide immediate outreach and connection to services, and Homeless Assistance Liaison Officers (HALO) that is also able to guide individuals toward resources.

Despite these efforts, the city has observed a persistent cycle of repeat offenses among individuals with acute drug addictions and mental health issues, many of whom are chronically homeless and have been resistant to traditional services. This cycle places a significant burden on both the community and city resources. In response to these pressures and because of the mounting urgency spurred by recent increases in homelessness and the ongoing overdose epidemic, the Anaheim City Attorney's Office (CAO) Prosecution Division launched the Anaheim Collaborative Court: Evaluating Strategies and Solutions (ACCESS) program in January 2023.

ACCESS has found a way to leverage a diverse range of partners from HALO to public defenders to work both in the courtroom and beyond to address needs that would fall through the cracks otherwise. Based on a harm reduction framework, ACCESS prioritizes progress over perfection and starts by building a base of stability that can enable more lasting changes in participants' life circumstances.

Target Population

ACCESS focuses on adult misdemeanor offenders who:

- Have multiple open or pending misdemeanor cases
- Have acute drug addictions.
- Suffer from mental health issues.
- Are chronically homeless.
- Have demonstrated resistance to previous service interventions.
- Or those who are at risk of falling into these categories if not otherwise diverted from the criminal legal system or provided with supportive services.

Participant Eligibility Criteria

The program employs a flexible, harm-reduction approach to determine eligibility, acknowledging the complex and individualized nature of each participant's circumstances. Eligibility is primarily based on:

- Having an open misdemeanor case in Anaheim.
- Assessment of the individual's criminogenic risk and needs.
- Willingness to engage in a structured diversion plan.
- Commitment to work collaboratively with case workers and service providers.
- Residence within the service area of the ACCESS program.

Individuals who may not fall squarely into these categories are also considered on a case-by-case basis. The CAO has some discretion to down-charge cases or accept more serious felony charges as appropriate.

Intervention and Service Determination Process

Upon entry into ACCESS, participants undergo a comprehensive evaluation conducted by a licensed clinician utilizing validated criminogenic risk-need assessments. This evaluation informs the creation of an individualized diversion plan that may include:

- Medical and psychosocial support, including connection to intensive case management and peer mentoring services.
- Evidence-based mental health and substance use treatment, including trauma informed care.
- Workforce development, vocational training, and job placement services.
- Housing placement services.

Participants are required to actively collaborate with assigned case workers to ensure full engagement and adherence to their personalized treatment plans.

Goals and Objectives

The primary goal of ACCESS is to reduce or eliminate repeat offenses among the target population by addressing underlying issues contributing to criminal behavior. Overarching objectives include:

- Expanding access to mental health and substance use treatment.
- Facilitating successful reintegration of participants into the community by addressing issues of housing, employment, and legitimate income streams, substance use needs, and mental health challenges.
- Reducing the number of individuals living in public spaces by connecting participants with stable housing and expanding knowledge about housing resources.
- Reducing rearrest and new conviction rates among participants.

- Alleviating the burden on city resources, including law enforcement and emergency services.
- Improving overall health and well-being through wrap-around services.
- Enhancing overall community well-being and safety.

In addition to these overarching objectives, as part of this grant funding, the ACCESS team has identified three specific goals to be achieved in the next three years:

1. Increase referrals to ACCESS
   a. Expand referral pathways and enhance communication and integration with in-custody arraignment court
   b. Increase the number of ACCESS referrals by 33%
2. Expand treatment and support accessibility
   a. Expedite access to residential treatment beds
   b. Develop individualized diversion plans for the increased volume
   c. Assure participants are linked to appropriate care based on their diversion plans in a timely manner.
3. Improve data collection and technology
   a. Create a strategic plan for program monitoring
   b. Create data collection processes that ensure a successful evaluation
   c. Upgrade platforms for real-time access to key metrics

The CAO, along with their data and evaluation partner, the Center for Justice Innovation (the Center), are continuing the collaborative spirit of ACCESS to extend to the arenas of data tracking and sharing. The strengths of ACCESS, its diffuse and collaborative nature, its flexibility, and its unconventional definitions of success are what have made ACCESS a pillar of the Anaheim criminal justice system thus far. These same strengths present unique challenges to program evaluation that will necessitate an equally collaborative, flexible, and creative approach to evaluation. The overarching plan begins with a process of refining program goals and processes to be as standardized as possible, without fundamentally altering the spirit of ACCESS, and continues as a collaboration between the Center and all stakeholders to ensure that the promise of ACCESS continues to live up to its goals and potential.

ACCESS Logic Model

Inputs/Resources	Activities	Outputs	Outcomes	Impacts
• Proposition 47 funding from BSCC • Trained case managers • Peer mentors • Licensed behavioral health clinicians • Community partnerships with local housing providers, employers, and legal service organizations • Dedicated judge and court part. • Dedicated public defender and city attorney overseeing all ACCESS cases. • Center for Justice Innovation as a data and evaluation partner • Data management and tracking software for participant progress • Street team of peer mentors.	• Conducting comprehensive biopsychosocial assessments for all participants. • Producing individualized diversion plans for each participant. • Connections with services as stipulated in diversion plans. • Ongoing case management. • Facilitating job readiness training and employment placement through employer partnerships. • Coordinating with housing agencies to provide transitional and permanent housing. • Ongoing supervision and updates at court dates. • Hosting legal aid workshops focused on expungement and record sealing.	• Number of participants referred. • Number of participants assessed. • Number of participants enrolled. • Count of participant needs. • Number of connections to providers. • Time between assessment and service connections (e.g., residential treatment bed) • Number of mental health and substance use disorder treatment sessions completed. • Number of participants obtaining gainful employment. • Number of stable housing placements secured for participants. • Number of rearrests while in programming. • Outcomes of court dates. • Number of participants remanded to jail. • Number of participants that reengage. • Number of cases dismissed. • Length of time successfully engaging in program • Number of wraparound services • Number of participants engaged post graduation	**Short-Term:** • Increased engagement in treatment and services. • Enhanced job readiness skills. • Successful housing placements. • Cases dismissed throughout engagement. • Increased connections to legitimate income and benefits. • Increased referrals to ACCESS. • Expedited access to residential beds and other parts of treatment plan. • Improved data collection capacity. **Medium-Term:** • Reduction in criminal justice system involvement. • Increased employment retention. • Housing stability.	• Reduction in recidivism rates among program participants. • Strengthened workforce participation and economic stability within the community. • Enhanced public safety and well-being through holistic rehabilitation efforts. • Reduction in overdose deaths • Reduction in police calls for service

Purpose	Goals
The ACCESS Program seeks to address the critical needs of justice-involved individuals through the implementation of a comprehensive rehabilitation and reintegration initiative. The program is designed to provide services that reduce recidivism, enhance community safety, and support reintegration. The project emerged in response to significant community challenges, including high rates of recidivism, lack of mental health services, substance use treatment gaps, and barriers to stable employment and housing.	• Expanding access to mental health and substance use treatment by increasing ACCESS referrals by 33% and diversifying referral sources. • Facilitating successful reintegration of participants into the community by addressing issues of housing, employment and legitimate income streams, substance use needs, and mental health challenges. Reducing the time it takes to make these connections. • Reducing the number of individuals living in public spaces by connecting participants with stable housing and expanding knowledge about housing resources. • Reducing rearrest rates among participants. • Alleviating the burden on city resources, including law enforcement and emergency services. • Improving overall individual health and well-being through wrap-around services. • Enhancing overall community well-being and safety. • Demonstrating program efficacy through improved data collection.

Process Evaluation

Overview

The Center is well positioned to lead a process evaluation of ACCESS given the groundwork we have established since 2023 for the court to be able to engage in data-driven decision-making. Data experts from the Center's Data Analytics and Applied Research team will work hand in hand with evaluation experts from National Research to implement a mixed-methods process evaluation. More specifically, we will rely on programmatic and administrative data sources to describe the reach and dosage of ACCESS. These quantitative measures will be supplemented by qualitative data sources including interviews with program stakeholders, focus groups with current and former ACCESS clients, and a content analysis of policy and programmatic documents. We describe these research activities in more detail below.

Quantitative Data Collection

Currently, the ACCESS Logic Model has over 15 outputs associated with the theory of change. In a separate phase of this project, the Center will work with ACCESS to update their preliminary logic model. We will then work to align our process measures with the revised logic model to ensure our research activities accurately capture the realities of practice. We anticipate that the process evaluation will rely upon two primary quantitative data sources:

1. <u>Programmatic Data</u> – We will work with ACCESS' community partners at Mariposa to develop and implement a system for tracking metrics related to direct service engagement. Case managers will be asked to submit periodic progress reports on individual clients that coincide with their routine court dates. The progress report will include a count of how many required services have been attended in a given time period (e.g., number of substance use treatment sessions attended since last hearing and corresponding dates) as well as additional services created via wrap-around support (e.g., enrolled in medical benefits: Y/N and corresponding dates). Progress reports will be collected using a standard form and stored in SharePoint. Additionally, we will explore the feasibility of working with Mariposa to enter into a data use agreement to supplement the SharePoint data with additional measures housed within their internal case management system.

2. <u>Administrative Data</u> – We will enter into a data use agreement with the Anaheim City Attorney's office (CAO) to extract legal and administrative measures for ACCESS participants. This will include demographic information as well as measures related to criminal legal system involvement (e.g., charges, open cases, court dates,

convictions, acquittals, and dismissals) prior to and during their ACCESS participation. We will also extract measures related to program reach, including the number of individuals reaching key milestones (e.g., referral, assessment, graduation) and service connections, along with key dates of events. The data is currently maintained in the CAO's case management system, Prosecutor by Karpel.

The two data sources are organized such that they will allow us to track an individual's engagement with ACCESS across time. For example, baseline information from the trained clinician is provided via a referral form completed immediately after the initial court date and recorded in SharePoint. Official legal milestones can be found in Prosecutor by Karpel, including arrest dates, court dates, and the date that programming started. Finally, the progress reports submitted by the community partners via SharePoint will include progress milestones and when they were met. Additionally, formal progress through the ACCESS program will be documented in a post-court date memo. Similar to the progress reports, these will use a standard form and be stored in SharePoint.

Quantitative Data Analysis

We will first explore the accuracy and completeness of ACCESS data sources, both when beginning work on this grant and periodically while data collection is ongoing. A final quality assurance check will be conducted prior to starting our analysis of process measures. We will note data missingness within specific variables and data sources to identify potential evaluation limitations. These limitations will be expanded upon in subsequent activities to distill potential data improvements that should be enacted as part of ACCESS' stated goal of improving data and technology infrastructure. We will then apply descriptive statistics to answer five key questions:

1. What is the population served by ACCESS? In other words, when we examine the characteristics of individuals who encountered the program (e.g., demographics, charges, open cases, etc.) broken down by their program status (e.g., assessed, declined, enrolled, graduated, noncompliant), are there common trends indicative of a clear target population?

2. Have referrals to ACCESS increased since the program launch? By how much? Are there more diverse referral sources identified over time?

3. How long does it take for participants to be linked with key services such as residential treatment beds?

4. What percentage of ACCESS participants are successfully connected with services identified in their individual assessment plans?

5. What are the legal outcomes for participants? How many cases are dismissed, sealed, or expunged because of participating in ACCESS? How long does it take for cases to be dismissed, sealed, or expunged?

6. Has data quality and completeness improved over time?

Depending on the case volume at the point of data extraction, we will explore the feasibility of applying more advanced statistical techniques to further define population characteristics.

Qualitative Data Collection

We will also undertake several research activities focused on documenting the planning and implementation of ACCESS, as well as how various individuals perceive and experience the program. These rich qualitative data sources will provide context for understanding the quantitative findings described above.

1. Policy and Media Scan – We will conduct exhaustive internet searches to gather primary policy documents that help us understand relevant shifts that have happened at the city, county, and state levels to document the broader ecosystem in which ACCESS functions. This process will be supplemented by a local media scan to better understand community needs. The goal of the scan is to establish context for understanding the impetus for ACCESS and how the program has evolved.

2. Programmatic Document Review – We will work with ACCESS stakeholders to collect program documents related to diversion (i.e., referral forms, diversion agreements), resources (i.e., grant proposals or reporting), and operations (i.e., organizational charts). Many of these documents will be gathered during the earlier phase of the work to inform the updated theory of change. However, their role in the process evaluation will provide greater clarity around how ACCESS resources and processes have developed.

3. Stakeholder Interviews – We will work with a programmatic point of contact to identify individuals who have been key to the development and implementation of ACCESS. The point of contact will convene these individuals for one-on-one or group interviews that will be conducted as part of a site visit that we will undertake in Year 2. We will develop a semi-structured interview protocol to standardize data collection across interviewees. The interview protocols will be tailored to each stakeholder's role, with domains informed by the ACCESS theory of change. For example, we will ask stakeholders about program functioning (e.g., referral process, case management, population needs) as well as what they view as the goals,

strengths, successes, and areas for improvement. We anticipate that these interviews will last approximately one hour. Two researchers will conduct each interview, with one serving as a facilitator and the other serving as a notetaker. These interviews will allow us to compare the extent to which there is fidelity to the program model (e.g., Is the referral process functioning as envisioned? Are there additional activities being implemented that are not in the model?) as well as the extent to which there is shared understanding of goals and successes. We will also document the quality of communication between ACCESS and stakeholders and the ease of the referral process, given their priority as stated workplan goals. Additionally, program staff will be asked to describe improvements and persistent challenges in data collection and utilization.

4. Court and Programmatic Observations – During the site visit, we will work with the point of contact to explore opportunities for program observation (i.e., court observations, collaborative meeting). Court observations conducted during the process evaluation will focus on capturing the frequency of specific activities and intermediate outcomes associated with the theory of change. We will develop a checklist to capture the frequency with which events occur (i.e., needs assessment referenced Y/N) and how they are executed (i.e., if yes, how were results used? By whom?)

5. Focus Groups with Program Participants – Another activity we will undertake during the site visit is convening focus groups with former and current ACCESS participants to understand their perceptions of the program. The focus groups will also utilize a semi-structured protocol informed by the ACCESS theory of change with specific emphasis upon understanding how clients experienced the activities, outputs, and outcomes. We will also offer ACCESS stakeholders a chance to review the instrument to ensure we are capturing information that could inform potential changes to the program. We will work with program stakeholders to devise a recruitment strategy that will allow us to verify that focus group participants have been ACCESS participants. This may include direct outreach from ACCESS staff, posting fliers in spaces frequented by participants, and cross-referencing those who sign up against ACCESS records, or actively recruiting upon the conclusion of an ACCESS hearing. We will work with the local point of contact to identify a private location to conduct the interviews, depending on the recruitment strategy. Focus groups will last approximately one hour, and participants will receive a $50 incentive. With participants' permission, focus groups will be recorded for the purposes of transcription. The focus groups will help identify how participants

engage in activities as well as how they define, and experience outcomes related to success.

6. Participant Satisfaction Survey – The findings distilled from site visit activities will be the starting point for the development and implementation of a client satisfaction survey that we will work with ACCESS to create. This process will build the capacity of ACCESS to supplement administrative records with client feedback while establishing data collection protocols that will be used as part of the Center's evaluation. We will conduct basic descriptive analysis of the surveys once a large enough sample has accumulated (n = 50).

Qualitative Data Analysis

We will conduct a content analysis of policy, media, and programmatic documents. Detailed notes from stakeholder interviews and observations will be analyzed thematically to help develop a detailed description of the ACCESS model and how it has evolved over time (e.g., planning, initial implementation, lessons learned). Focus groups with current and former clients will be transcribed, coded, and analyzed to identify patterns in responses across types of individuals (e.g., gender, race, ethnicity, age) and focus group domain (e.g., service engagement, successes, challenges). To augment the qualitative findings, descriptive statistics of closed-ended questions, structured observation data, and client satisfaction surveys will be performed. Finally, we may cull de-identified direct quotes from interviews and focus groups to add depth to the process evaluation findings.

Process Evaluation Management and Oversight

The success of the process evaluation relies on active collaboration between ACCESS partners and the research team. This includes successfully executing data use agreements, sharing the identified data sources, and helping to support the planning and implementation of the site visit. We will work with the site to identify the person best suited to help coordinate all these activities while maintaining objective records of project milestones required for grant reporting (e.g., executed data use agreements, site visit agendas, etc.). We will also explore the site opportunities to present interim findings or feedback to inform operations. For example, a brief or presentation summarizing findings from focus groups may be ready three months after the site visit. Quantitative analysis documenting information related to the activities may come later once data has been acquired, processed, and analyzed, but there may be early feedback about data quality that can improve local capacity. To ensure active lines of communication, we will convene a monthly check-in call with the local point of contact and explore opportunities to bring larger groups together for the purposes of reporting out.

Outcome Evaluation

Overview

This impact evaluation employs a mixed-methods approach to assess the effectiveness of the ACCESS program in providing an alternative pathway for individuals facing multiple misdemeanor charges and experiencing homelessness, addiction, or mental health crises. The evaluation incorporates qualitative methods, such as focus groups, alongside quantitative analyses that include pre-post within-subject comparisons.

Starting with focus groups with program participants and graduates, and in tandem with the efforts described in the process evaluation, we will begin an iterative research process wherein the preliminary qualitative findings are used as the starting point for identifying and prioritizing the outcomes that illustrate the breadth of the ACCESS program's impact. In fully understanding the breadth of the program and centering the outcomes in the experiences of those directly impacted by the program, the research team will be able to more fully understand and operationalize several of the key outcomes assessed in this evaluation. The quantitative evaluation will begin with a pre-post, within-subject analysis that will help to quantify ACCESS' impact on several individual level, pro-social outcomes. As a starting point, we will use the outcomes associated with the currently stated goals of the ACCESS program and will refine them as the qualitative analysis progresses. Specifically, this evaluation will answer the following:

1. Is program participation associated with increases in participants' improvement in housing situations (e.g., from street homeless to transitional housing), obtaining and maintaining employment, connection to benefits, sobriety, and additional outcomes as identified during the earlier phases of research?

2. Does the probability of these outcomes increase with additional exposure to ACCESS programming? Are ACCESS graduates more likely to attain these outcomes than non-graduates? Does the longer the engagement in ACCESS programming, increase the likelihood of attaining these outcomes?

3. Is program participation associated with fewer new arrests and new convictions compared to pre-participation?

4. How do participants describe their experiences in ACCESS programming? What impact do they believe programming has had on their lives?

The research team will further refine and add to these questions if a comparison group is identified. A comparable court-based comparison group would allow the research team to

further investigate differences in court outcomes, such as overall time to case resolution, lasting criminal legal implications, and sanctions.

Defining Success

Success in the ACCESS program is conceptualized within a harm reduction framework, recognizing incremental progress and sustained engagement as meaningful outcomes. Given the highly individualized nature of case plans, success will be evaluated both at an individual level and across common programmatic goals, specifically, success will be operationalized as:

Having completed one or more major milestones:
- Transitioned out of homelessness
- Secured employment
- Completed detox
- Completed 30 days of treatment
- Have had mental health stabilized for 3 consecutive progress reports
  OR
- Having 3 consecutive positive progress reports (positive progress reports mean that the participant was both engaged and the case manager/program staff indicated that the participant was actively working toward their individual programmatic goals.)

Engagement will be operationalized in the following categories:

Engaged: At minimum communicating with either court (e.g., appearing at court dates) OR communicating with case managers/program staff (e.g., check ins, phone calls, attending programming); AND participant continues to demonstrate willingness to accept help in communications with court or case manager as indicated on the post court report and progress report, respectively.

At Risk of Disengagement: Participant has had no communication with either court or case managers/program staff over the past 1–2 progress reports; AND/OR Participant is beginning to show signs of reluctance or ambivalence toward receiving help, as noted in post court reports or progress reports, but has not yet met the threshold for disengagement.

Disengaged: Complete lack of communication with court and program staff for 3 consecutive progress reports; No longer demonstrating willingness to accept help for 3 progress reports. Additional axes of success will be added to this analysis based on interviews with stakeholders, focus groups, and exit surveys that provide the participant

perspective, and court observation. This program brings together a diverse group of stakeholders including the Anaheim Police Department, the court system, trained clinicians, the Anaheim City Attorney, a dedicated public defender, and uses a variety of interventions including support and outreach by a street team, a non-profit tasked with case management, and referrals to address very specific participant needs. Each of these stakeholders potentially observes distinct and meaningful forms of participant success. The first step of this evaluation will be to refine the logic model to better understand the breadth of successes achieved in the ACCESS program.

Qualitative Data Collection and Analysis

The qualitative portion of this analysis serves three related purposes. First, the qualitative data reflects the participant experience in their own words, without this rich and lived understanding of the program, much of the nuance and depth of analysis can be lost and decontextualized. Second, the qualitative data collected explicitly for this impact evaluation and as part of the process evaluation is going to be critical to the iterative research process that seeks to refine the shared definitions of success in the ACCESS program. Beginning with the qualitative portion of this evaluation will allow for more accurate and complete operationalization in the quantitative analysis.

1. Focus Groups with Program Participants – The primary source of qualitative data will be focus groups with former and current ACCESS participants to understand their perceptions of the program. The focus groups will also utilize a semi-structured protocol informed by the ACCESS theory of change with specific emphasis upon understanding how clients experienced the activities, outputs, and outcomes. We will also offer ACCESS stakeholders a chance to review the instrument to ensure we are capturing information that could inform potential changes to the program. We will work with program stakeholders to devise a recruitment strategy that will allow us to verify that focus group participants have been ACCESS participants. This may include direct outreach from ACCESS staff, posting fliers in spaces frequented by participants, and cross-referencing those who sign up against ACCESS records, or actively recruiting upon the conclusion of an ACCESS hearing. We will work with the local point of contact to identify a private location to conduct the interviews, depending on the recruitment strategy. Focus groups will last approximately one hour, and participants will receive a $50 incentive. With participants' permission, focus groups will be recorded for the purposes of transcription. The focus groups will help identify how participants engage in activities as well as how they define, and experience outcomes related to success.

2. Participant Satisfaction Survey – We will advise on the development and implementation of a client satisfaction survey. This will build the capacity of ACCESS to supplement administrative records with client feedback while establishing data collection protocols that will be used as part of the Center's evaluation. This will also include basic descriptive analysis of the client satisfaction surveys referenced above once a large enough sample has accumulated (n = 50).

Focus groups with current and former clients will be transcribed, coded, and analyzed to identify patterns in responses across types of individuals (e.g., gender, race, ethnicity, age) and focus group domain (e.g., service engagement, successes, challenges). Longer text responses to the participant satisfaction survey will be analyzed similarly. To augment the qualitative findings, descriptive statistics of closed-ended questions or structured observation data will be performed. Finally, we may cull de-identified direct quotes from surveys and focus groups to add depth to the evaluation findings. The qualitative data will be analyzed as it is collected to ensure that early findings are incorporated into the larger evaluation design.

Quantitative Data Collection and Analysis

If current trends in volume hold, we estimate there will be approximately 80-100 ACCESS graduates over the next three years, with an additional 300 individuals receiving limited exposure to programming within this timeframe. Data describing these participants and contextualizing their successes will come primarily from two primary quantitative data sources:

1. Programmatic Data – In addition to information collected at initial intake, this will provide a baseline of information on participants. We will work with ACCESS' community partners at Mariposa to develop and implement a system for tracking metrics related to direct service engagement. Case managers will be asked to submit periodic progress reports on individual clients that coincide with their routine court dates. The progress report will include an overview of the types of services engaged in the reporting period, milestones achieved, and level of engagement. Progress reports will be collected using a standard form and stored in SharePoint. Additionally, we will explore the feasibility of working with Mariposa to enter into a data use agreement to supplement the SharePoint data and additional measures housed within their internal case management system.

   a. An early step of this evaluation will be to make sure that the program data aligns with the intended and identified goals of the program, including assessing the participant's housing, benefits, and employment statuses, and self-reported

drug use. These data points will be collected at intake, to reflect the participant's experiences directly before programming began, at regular intervals during programming (i.e., at each court date), at graduation, and by means of a follow-up survey six months post-program participation. The data will be collected using a standardized intake and graduation form and a series of standardized court memos. Data associated with length of successful engagement, time to successful placement, and service provision related to individualized case plans will be provided in detail by case managers as participants are placed and progress through the program. Data collection will be ongoing, but will be sure to include a baseline at program enrollment, throughout programming based on court dates, and will be completed to the best of the case manager's knowledge at program termination (either successful or unsuccessful).

2. Administrative Data – We will enter into a data use agreement with the Anaheim City Attorney's office (CAO) to extract legal and administrative measures for ACCESS participants. This will include demographic information as well as measures related to criminal legal system involvement (e.g., charges, open cases, court dates, and dismissals) prior to and during their ACCESS participation. We will also extract measures related to program reach, including the number of referrals and corresponding dates, individuals assessed, declined, enrolled, graduated, and noncompliant. The data is currently maintained in the CAO's case management system, Prosecutor by Karpel.

    a. The CAO will also be responsible for tracking details pertaining to instances of rearrest and new convictions, both during program engagement and in the twelve-month period following graduation or program termination.

  b. The data provided by the CAO will also provide important control and matching variables if a comparison group is identified. A suitable comparison group will need to resemble the treatment group as closely as possible relative to multiple facets, including current charge, criminal history, count of open charges, housing status, and demographics.

The Center will conduct a within-subject analysis to examine changes in participants' housing, employment, benefits, and contact with law enforcement, comparing status at program start, during programming, and post-programming. The analysis will also analyze differences in program completers and program non-completers. Statistically significant differences within subject outcomes will be determined using t-tests and chi-square tests as appropriate. More sophisticated regression analyses will be employed as necessary. If earlier activities facilitate the identification of a comparison group and sample size is

sufficient, the Center will apply propensity score matching techniques to test the impact of ACCESS on criminal legal system outcomes (e.g., re-arrest, new convictions, charge type).

Causality

Without a counterfactual, we cannot definitively disentangle the impacts of the program and larger unrelated factors, meaning that the within-subject pre-post design will be limited. The limitations of this method will be documented in detail; however, several design and analytic details will also be provided to strengthen and contextualize any statistically significant effects that can reasonably be tied to participation in the ACCESS program. First, the temporal nature of our analysis, comparing participants' situations before they began programming through their leaving, establishes temporal precedence to any significant differences. Second, the strong and thorough logic model will serve as a guiding hypothesis, meaning that in determining association, we also have a theoretical basis for thinking that this association is not merely coincidental. We will also bolster this theoretical argument by assessing the relationship between dosage and effect size. Finally, we will control for known factors that might account for pre- and post-differences to account for internal validity to the best of our ability. The causal argument would be strengthened if an appropriate comparison group can be identified and analyzed, assuming the results from both the pre-post within-subject analysis and the results of the comparison between the potential control and treatment group indicate similar findings and magnitude the argument for internal validity of both methods would be greatly strengthened through that triangulation.