

Local Evaluation Plan Proposal

Community Reintegration Collaboration

Proposition 47 – Safe Neighborhoods and Schools Act Grant Program



THE VILLAGE PROJECT, INC.



Boa Me Na Me Mmoa Wo
("Help Me and Let Me Help You")

Grantee: City of Seaside Recreation Services
(tax ID # 94-6022439)
986 Hilby Avenue
Seaside, California, 93955

In partnership with The Village Project, Inc.
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Seaside, California, 93955

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Project Background

According to the RFP, the needs to be addressed by the Prop 47 program include mental health care and substance use disorder treatment to reduce recidivism. This is consistent with the overarching purpose of the City of Seaside's Proposition 47 Project, the Community Reintegration Collaboration. It is to provide culturally appropriate diversion and case management services to juveniles and adults in the criminal justice system to reduce recidivism in Monterey County. According to a 2022 survey, Monterey County is in a mental health crisis. 71% had difficulty accessing health care, 53% had trouble getting an appointment, 51% had symptoms of chronic depression, and 19% unable to get mental health services. On the top ten identified community health needs, mental health ranked #2, access to health care services ranked #3, and substance use, and housing ranked 6 and 7 respectively. In South Monterey County, 52% worry about making rent, 52% are food insecure, and 40% are personally impacted by substance use. These are significant gaps in services for all of the population. For the population of offenders, the numbers are worse. For women and populations of offenders of color, the numbers are far worse. Consequently, the target population for this project are juveniles and young adults in the criminal justice system in Monterey County who are at the most risk for recidivism, women and young people of color.

The growth and development of young Hispanics in Monterey County are hampered by a myriad of challenges that can significantly impact their transition from incarceration and future opportunities. Many face economic hardships, with families often living in low-income situations that limit access to quality education and extracurricular activities. Language barriers often hinder academic performance and participation in school, leading to feelings of isolation. This is exacerbated by the current fear surrounding immigration status due to new governmental policies may prevent them from seeking help or engaging fully in their communities. Juxtapositioned to the growth of the Hispanic population in Monterey County, the Black population has declined significantly since the closure of Fort Ord. Once a vibrant and integral part of the county's social fabric, the Black population has experienced a steady decrease, driven by factors such as economic displacement, limited access to affordable housing, and the search for better opportunities elsewhere. This decline raises concerns about isolation and the loss of community networks /

support systems that are vital for fostering cultural identity and resilience. Additionally, issues such as racism, discrimination, stereotypes, and social stigma can affect self-esteem and mental health among both African Americans and Hispanics. Addressing these challenges is crucial for empowering those recently released from prison and fostering a more equitable 'out of prison' living environment in Monterey County. With these challenges in mind, the City of Seaside in collaboration with TVPI are working together to implement a project with three specific goals to support men and women of color as they leave the prison system, 1) Reduce recidivism, 2) Improve mental health and well-being, and 3) reduction of substance abuse.

Full wrap around services are the primary interventions and include in jail meet and service introduction sessions, petitions for reclassification, clinical treatment plans and therapy for those struggling with mental illness and/or substance use disorders, plus guidance and support to achieve self-expressed goals through individualized case plans. Reintegration services and support will include petitions for reclassification or dismissal, family reunification and restorative justice negotiations, transitional housing assistance, acquisition of documentation to access jobs, and referrals to training and jobs. The collaborative 'team' that will implement this project includes The Village Project, Inc. (TVPI) that was founded by two social workers who were aware that the people of color the agency would serve, have histories of profound trauma. Racism and other forms of oppression were often primary causes of that trauma, along with other factors such as abuse, neglect, untreated mental illness and other unresolved issues. As a result, the founders developed a policy of providing trauma-informed therapy and other services. Groups such as the Challenges Group for Boys/Young Men, Young Ladies of Empowerment, Grief and Loss, One Circle Group for African American and Latinx former youth rivals, Emotional Emancipation Circles, and the Ambassador Program all use trauma-informed strategies and practices. For this project a Latinx/Indigenous healer was added to offer culturally congruent therapy in South Monterey County. Creating and implementing this full 'wrap around' set of services will be documented and incorporated both process and outcome evaluation (See Logic Model). Potential clients targeted to receive these services will be screened by a thorough intake process that will include a case management intake form, an attitudinal baseline surveys and contracts to insure understanding of and

commitment to the program. This initial intake process will also serve to determine which of the services best meet the need of the client.

Project Logic Model

Figure 1 on the following page represents our logic model for this project. Logic models are valuable tools in program evaluation. They serve the purpose of visually showing a clear and systematic framework for understanding the relationship of the inputs to a project, what work will be done, and the expected outcomes. It helps stakeholders visually see the activities that are expected to lead to desired changes. It allows for a shared understanding of the program's goals and objectives. By sharing the logic model with stakeholders at the onset of a program, it sets up a shared expectation and understanding the work that must be done to fulfil the program's purpose. It is a guide that stakeholders and staff can turn to for better understanding of both the process and outcome evaluations thus making it easier for all to identify key indicators for measuring success and areas for improvement as the project progresses.



Figure 1

Proposition 47 City of Seaside Project - LOGIC MODEL

INPUTS

- Funding from Proposition 47 Grant
- Collaboration between City of Seaside, The Village Project Inc., and other stakeholders
- Staff
- In Kind contributions
- Community agency and support based on past and current community service projects
- Experienced evaluator specializing in assessing impact of community based projects



ACTIVITIES

- Recruitment of staff and participants
- Intake Process
- Provide Clinical Assessment
- Train staff on trauma informed case management
- Offer trauma informed case management to participants
- Provide restorative justice negotiations
- Create treatment plans for self-expressed goals
- Develop personal growth plans
- Launch community awareness campaign
- Provide a range of reintegrative services (housing/mental health/employment/substance abuse treatments/etc.
- Conduct ongoing process and outcome evaluation by collecting the necessary data to ensure activities are being completed as planned and to document changes



OUTPUT

- Number of intake assessments
- Number of participants enrolled in case management
- Number of treatment plans and personal growth plans created and implemented
- Number of clinical /therapy sessions provided
- Number of participants who secured housing
- Number of participants who were able to get health benefits
- Number of participants who reunited with families/were positively connected with 'community'
- Number of evaluation tasks completed (self-reports/surveys/interviews)



OUTCOMES

Short Term

- Fewer rearrests and incarcerations
- Less substance abuse
- Attendance/retention in clinical and treatment sessions
- Positive behavioral changes (self-report and staff feedback)
- Greater collaboration among service providers

Long Term

- Reduced recidivism as indicated by fewer arrests and relapses, and less substance abuse
- Continued attendance/retention in various modes of treatment
- Completion of clinical and personal plans plus discharge plans
- Greater involvement with family and/or community
- Improved mental and physical health



IMPACT

- Less Crime
- Reduced incarceration rate (less cost to taxpayers)
- Fewer homeless / housing stability
- Contribution to community re: employment
- Healthier mental status of participants to enable greater productivity
- More positive community involvement
- More stable family relationships

FIGURE 2

PROPOSED DATA COLLECTION FRAMEWORK

Program Goals	T1 Quarter 1 Baseline Data/ Activities	T2 Quarter 2 Data Collection	T3 Quarter 3 Data Collection	T4 Quarter 4 Data Collection
1) Reduce recidivism.	1. Recruitment #s staff 2. Recruitment #s participants 3. Intake #'s 4. Case Mgmt. #s 5. Clinical Assessment #s	<p><i>Continual collection, reporting and documentation of 'baseline data' described in T1 Quarter 1, as new participants are recruited and assessed</i></p> <p>In each of these three quarters the following data will be collected via document review (including data base program inputs), self-report, survey and interview responses:</p> <ul style="list-style-type: none"> a) # of new participants b) Rearrests c) Drug relapses d) Housing secured e) Treatment outcomes f) Retention in clinical and other professional services g) Updates on personal growth plans h) Discharged participants i) Behavioral changes j) Employment of participants k) Family reunifications l) Community involvement 		
2) Improve mental health and well-being and substance use	6. Self - Assessment #s 7. Treatment Plan #s 8. Personal Growth Plans #s 9. Training Activities			
3) Completion of clinical and personal plans	10. Community Networking and Referral Activities 11. Creation of a data base program for staff data entry			

Process Evaluation Method and Design

The overarching evaluation question of this project is, “Does participation in the wrap around services provided help participants avoid going back to jail, and facilitate their overall well-being to lead them to becoming productive community members?” Since there are a variety of services being provided and our clients come from varying backgrounds, the interaction of these variables will also need to be part of the evaluation. Thus, a baseline assessment of the client plus what type and how often a client receives services are crucial variables to address in answering the overarching evaluation question. Since there are three primary goals of this project: 1) Reduce recidivism; 2) Improve mental health and well-being and substance use; 3) Completion of clinical and personal plans, the following are the key research questions to be investigated:

1. What is the impact of culturally congruent therapeutic services for young men and women who have been recently released from prison?
2. Will completion of these services improve the mental health of participants?
3. Will participation in wrap-around social services (counseling/therapy/housing/restorative justice/family unification) reduce recidivism, alcoholism and drug use, in clients exiting from the prison system?

To answer these questions our research design is both process and outcome focused. The process requires careful documentation of services provided and ongoing feedback regarding milestones toward progress. A shared data base will be created by the service providers to document when and what type of services clients engage to include start dates, attendance dates, completion of surveys, and other client milestones. In addition to regular meetings at their sites, the full project staff will meet quarterly to check in for consistency and share data collection issues and summaries with the evaluator.

Other process variables will be documented and reviewed quarterly. These data will be gathered from staff surveys and client self-report surveys. The data base will include completion of these surveys. A more qualitative assessment of the process will include short interviews and/or focus groups with service providers plus, documents and case file reviews.

Project oversight will be done by the Program Director and one of the founders of the Village Project, Ms. Regina Mason . She will be responsible for coordination of services and activities and will be the lead contact to get surveys and other necessary evaluation data to the evaluator. She, along with the evaluator, will be reviewing the shared data base regularly to ensure compliance and fidelity to the data collection plan of all relevant partners. There will be ongoing analyses of surveys as they are submitted. Both group and individual analyses will be conducted incorporating data from the shared data base, completed surveys, interviews/focus groups and document reviews (see Figure 2 for data collection framework).

Outcome Evaluation Method and Design

The outcome evaluation is a mixed method approach that will include,

- Documentation of participation
- Interview/focus groups
- pre/post survey comparisons and
- case document review

These data will be collected to investigate the impact of services provided and to answer the three research questions presented in the previous section. The criteria for determining participant success in the project include but are not limited to,

- Attendance to therapeutic and/or counseling sessions
- Completion of personal plans
- Staying out of jail
- Less substance abuse
- More positive mental health
- Family reunifications
- Secure housing
- Secure employment
- Connection to family/community

Outcome variables will be a continuation of the data collected for our process analyses and will include the following,

- Staff surveys (Likert scale and open ended questions focusing on targeted clients).
- Staff interviews/focus groups (qualitative data/response content analyses)
- Participant pre/process/post surveys (self-report),
- Data generated from the shared data base program that documents attendance, completion of surveys, recidivism, substance abuse issues, progress and completion of personal plans, and services provided (i.e. housing/health/legal, etc.)
- Document reviews

Many of the survey protocols will include five point Likert scales (i.e. Excellent, Good, Fair, Poor, Very Poor) as response options. These data will be used to generate both descriptive statistics and inferential statistics as described below (See Attachment 1 for sample surveys).

1. Descriptive Statistics: Frequencies
 - a. Participant Self-report and survey data (pre & post separately across all dimensions)
 - b. Staff survey data (pre & post separately across all dimensions)
2. Inferential Statistics: Repeated Measures ANOVA
 - a. Dependent Variables:
 - i. Participant self-report and survey data (pre & post comparison across all dimensions)
 - ii. Staff survey data (pre & post comparison across all dimensions)
 - b. Independent Variables:
 - i. Participant age and other demographic data
 - ii. Number of sessions attended
 - iii. Number and type of services provided

Although for research and evaluation purposes, it is important to collect the aforementioned quantitative data, based on county demographics and our target population, participants will inevitably come to the program with different needs and circumstances. Each will have experienced being incarcerated, however the internal diversity of the group will be vast. Reasons for incarceration, family background and life experiences will vary, thus the qualitative data will also be critical data from which conclusions may be generated. A pseudo case study

approach will be used so that the richness of data generated by ongoing interaction with clients will not be lost in compiling statistical means and only doing group quantitative data analyses.



Dr. Carroll was valedictorian of the Seaside High School class of 1967. She received her B.A., M.A, Ph.D. in Sociology of Education and teaching credentials from Stanford University. Her research focus on African American self-concept and racial perception culminated in her book, *Environmental Stress and African Americans: The Other Side of the Moon*, published in 1998. Dr. Carroll is currently CEO of Carroll Consulting that focuses on program design, implementation and process evaluation, and assessment/evaluation of community based projects. She has served as a consultant on ethnic data collection and reporting, evaluation, community development projects, and diversity with clients including Oakland Unified School District, Kaiser Permanente, Harvard Business School, Urban Strategies Council, Oakland Housing Authority, State of California's Department of Education, the University of California, the Office of the Currency Comptroller, Alameda County, JBS/Aguirre International, The Village Project, Inc., and the National Society of Black Engineers (NSBE). At Aguirre, she served on projects for the Bureau of the Census, and the Department of Homeland Security. In these projects she conducted interviews and focus groups on racial identification; with Muslims across the United States documenting their post 9/11 experiences; and with targeted diverse populations regarding their immigration experiences. She served ten years as the Director for African American Student Development at the University of California, Berkeley, and for three years as the Associate Director of the Center for Research on the Education of Students Placed at Risk (CRESPAR) at Howard University. She also served on the research team that developed and conducted the qualitative data collection and analyses for the University of Michigan Law School's defense of affirmative action policies. Dr. Carroll provided technical assistance and professional development in a comprehensive school reform effort to transform large traditional inner city middle and high schools into smaller learning communities. To extend her work beyond the academic arena, the fall of 2006 she published a handbook based on her previous work focusing on race and stress entitled, *Me and MEES: Musings of a Mad Matriarch*. She had two children, eleven grandchildren and two great grandsons and collaborates with her son and daughter to create children's books and curriculum with an emphasis on literacy through Wordsmith Jr, LLC. She is the Board President of a non-profit, Akira's Book Club, created to partner with schools and organizations to use Wordsmith Jr books for the advancement of literacy in young children.

Attachment 1

Name of Therapist		Date	
		# previous sessions	
Name of Client		Date of Program Entry	

Clinical/Therapeutic Session(s) Assessment

Please rate the client on the following statements	<i>Strongly Agree</i>	<i>Some-what Agree</i>	<i>Neutral</i>	<i>Some-what Disagree</i>	<i>Strongly Disagree</i>	<i>N/A</i>
1. Is consistent in attendance to sessions						
2. Is proactively engaged in sessions						
3. Has developed better coping skills						
4. Is more self-aware of problem issues						
5. Is moving positively toward identified goals						
6. Has improved relationships with family						
7. Has improved relationships with friends						
8. Has become more resilient						
9. Has improved their emotional regulation						
10. Is better at sharing thoughts and feelings						

Additional Comments/Notes:
