San Diego County Community Based Services and Recidivism Reduction (CoSRR) San Diego Misdemeanants At-Risk Track (SMART): Local Evaluation Plan, November 15, 2017

Project Background

Introduction

In compliance with the Board of State and Community Corrections (BSCC) Proposition 47 (Prop 47) Grant requirement, the following is the local evaluation plan (LEP) for the San Diego County Community Based Services and Recidivism Reduction (CoSRR) and SMART project. The San Diego Association of Governments (SANDAG) Criminal Justice Research Division is the outside evaluator and is responsible for conducting the process and outcome evaluation. This local plan describes the project, provides a timeline for implementation, and details the process and outcome research methodology, as well as the process and outcome research to be conducted and proposed analyses.

CoSRR and SMART Project Overview

The passage of Prop. 47, which reduced certain property and drug-related offenses from felonies to misdemeanors, had a substantial effect in San Diego County. As a result of this legislative shift, San Diego County led the state in the number of Prop. 47 petitions, with reductions granted to 20,500 cases. Also, while felony arrests fell by about 5,800 in 2015, compared to 2014, when Prop. 47 passed in November, the number of misdemeanor arrests increased by more than 7,000. The fundamental philosophy of Prop. 47 is that many individuals with these types of charges have underlying alcohol and other drug (AOD) or mental health issues that are better addressed in the community than in the justice system. This project serves adults who have been cited, arrested, booked into jail, and/or charged or convicted of a misdemeanor offense (i.e., either a Prop. 47 eligible or a quality of life offense). The needs of this population are at the root of criminal behavior, contributing to a "revolving door" of engagement with the criminal justice system (e.g., substance abuse, co-occurring disorders, lack of job skills, lack of stable housing).

Based on an analysis of the distribution of populations impacted by Prop. 47, the Central and North regions of San Diego County have been selected as the two geographic areas to implement the program. Over the course of the three-year grant period, this project will employ an evidence-based approach to connect 600 individuals in the misdemeanor system to comprehensive substance use disorder treatment, housing (when needed) and a range of supportive services (e.g., job training, transportation, mental health, educational services). The County of San

Diego is collaborating with the City of San Diego City Attorney's Office (CAO) to oversee the expansion of the City's San Diego Misdemeanant At-Risk Track (SMART) program and the implementation new County program for Community Based Services and Recidivism Reduction (CoSRR). All direct services will be provided by community-based organizations (CBOs) and will serve approximately 210 individuals a year. The core project activities are based on best practices and include assessment based treatment planning and placement, housing support, employment resources, and holistic supportive services to meet the individual's diverse needs.

CoSRR and SMART Goals and Objectives

Utilizing best practices in the field, both programs will use assessment-based case management services to coordinate substance use disorder treatment, housing, and supportive services that best match the clients' needs. Services for CoSRR clients will begin at court with a meeting with a court liaison who will screen eligible clients and schedule their first treatment appointment. SMART clients can enter the program through a variety of different paths including referrals from San Diego Police Department, CAO, outreach workers, or while in local custody pre- or post-adjudication. The goals and objectives of the project are:

Goal 1: Implement a successful and well-coordinated cross-sector approach to meeting the needs of Prop 47 impacted individuals through the CoSRR and SMART projects.

> Objective 1. Engage 300+ project staff and stakeholders in training activities that strengthen individual, organizational, and collaborative capacity throughout the grant period.

> Objective 2. Engage 10+ CBOs with diverse staffing, including system-impacted individuals, in the delivery of project services as contracted or subcontracted partners during the grant period.

Goal 2: Improve capacity to identify and address the needs of Prop. 47 impacted individuals.

> Objective 3: Recruit and assess 400-600 individuals who are impacted by Prop.47 or who have a history of misdemeanor substance abuse.

> Objective 4: Engage 200+ participants and community members in providing feedback each year.

Goal 3: Increase access to services that align with principles of effective practice in criminal rehabilitation and which reduce recidivism for Prop. 47 impacted individuals.

Objective 5: Provide substance abuse treatment and/or connections to mental health services if needed to 400-600 individuals in all project areas over the grant period.

Objective 6: Provide supportive services to 400-600 individuals over the grant period.

Goal 4: Improve public safety outcomes by reducing recidivism of Prop. 47 impacted individuals, including those offenders who have a history of offenses and substance abuse and/or mental health needs.

Objective 7: Reduce the number of arrests, bookings and convictions of program participants.

Evaluation Methodology

Research Design

To assess the CoSRR and SMART project implementation and what effect these efforts had on the participants and the system, SANDAG will conduct a process and outcome evaluation. All required BSCC data and outcomes will be collected and reported. In August 2017, SANDAG research staff started meeting with project staff to refine the initial evaluation design, including identifying consistent data elements to be collected by all programs, how all data elements will be collected and in what data system, how success will be defined, when and where data will be stored, and how the final CoSRR and SMART implementation protocol will align with reporting outcomes. The original proposed evaluation design included a matched historical comparison group. However, after several meetings with partners to discuss the selection process it became evident that self-selection bias (i.e., participant can opt out of the program) could not be controlled for and a different approach was necessary. An alternative method has been proposed and will involve a mixed method, pre-post design that will measure change in recidivism over time (i.e., three-years prior compared to up to three-years post). In addition to this revised quasi-experimental design, the evaluation will identify factors associated with new arrests, bookings and/or convictions and those related to successful program completion and reductions in recidivism using the appropriate level analyses (e.g., Chi-Square statistics, difference of means tests, logistic regression model, and measures of effect size).

Process Measures

The process evaluation will document what program components were employed and if CoSRR and SMART were implemented as designed. Data will be gathered from multiple sources to describe the population served, the referrals and services connected to, level of attrition, type and level of system changes, satisfaction with services and implementation, and lessons learned. The process evaluation will address the following questions:

1. How many staff and stakeholder trainings and outreach were conducted? How many individuals attended? From which agencies or community sector (number and types of participants and training topics)? (Measures Objective 1)
2. What was the level of satisfaction with the trainings, including usefulness, relevance, and delivery of information? (Measures Objective 1)
3. How many and what type of CBO contracts were executed? Did the contracted service providers and staff represent the target population? (Measures Objective 2)
4. How many and what were the characteristics (e.g. demographics, need level, criminal history) of individuals who were offered services and who accepted services? What factors were predictive of engagement? (Measures Objective 3)
5. What was the level of client and community satisfaction with contracted providers? (Measures Objective 4)
6. Of the CoSRR and SMART individuals receiving services, what were the type of services received (e.g. housing, AOD, mental health), including if services match assessed need and the completion status. (Measures Objectives 5 and 6)
7. What factors were related to successful completion of the program (e.g., prior criminal history, services received, treatment dosage)? (Measures Objectives 5 and 6)
8. How many individuals received case management services? How many successfully complete their case plan? (Objective 6)
9. Were CoSRR and SMART implemented as designed? Were there any changes to the design and if so, what were the changes and what were the reasons for the changes? (Measures Objectives 1 – 6)
10. What lessons were learned from these efforts? What challenges or success did the project encounter (Measures Goals 1 – 3)

To address these process research questions, data will be gathered from multiple sources. Table 1 summarizes the data sources that will address each process question.

Table 1

Process Outcomes and Measurements

Process outcomes	Variables	Data Source
Goal 1 - Objective 1: Engage 300+ project staff and stakeholders in training activities that strengthen individual, organizational, and collaborative capacity throughout the grant period.	Number of staff and stakeholders attending, number of agencies represented; number and type of trainings provided; satisfaction level;	✓ Training logs (attendance and agency affiliation); ✓ Survey of training participants
Goal 1 - Objective 2: Engage 10+ CBOs with diverse staffing, including system-impacted individuals, in the delivery of project services as contracted or subcontracted partners during the grant period.	Executed contracts; Extent to which CBOs and their staffing represent community served	✓ County contracts; ✓ Survey of CBOs and project partners
Goal 2 - Objective 3: Recruit and assess 400-600 individuals who are impacted by Prop.47 or who have a history of misdemeanor substance abuse**.**	Number and characteristics of individuals screened, assessed, and files opened. Demographics, criminal history, service needs, referrals and connections to services (i.e., housing, AOD, mental health, case management, and supportive services)	✓ Program screening form (Court Liaison); ✓ CAO case management data system; ✓ SanWITS (Demographics, needs, AOD treatment, AOD completion status); ✓ Treatment Provider Case management logs (Excel or TBD)
Goal 2 - Objective 4: Engage 200+ participants and community members in providing feedback each year.	Level of client and community satisfaction with program implementation.	✓ Participant exit survey; ✓ Focus groups with participants; ✓ Survey and/or focus groups of involved community members and program partners
Goal 3 - Objective 5: Provide substance abuse treatment and/or connections to mental health services if needed to 400-600 individuals in all project areas over the grant period.	Number and characteristics of individuals receiving services; type and level of treatment (i.e., referred, connected and completion status); AOD treatment completion	✓ SanWITS; ✓ Treatment Provider case management logs (Excel or existing database).

	status; number and characteristics of individuals needing a higher level of care (e.g., residential, seriously mentally ill)	
Goal 3 - Objective 6: Provide supportive services to 400-600 individuals over the grant period.	Number and characteristics of individuals receiving supportive services; level of housing services received; Other services received.	✓ SanWITS; ✓ Treatment provider case management logs (Excel or existing database).

Outcome Measures

The outcome measures are individual in nature and will focus on how effective the project was and for whom. The outcome evaluation will address the following question:

1. Did involvement with CoSRR or SMART improve criminal justice outcomes of individuals receiving the services (as measured by arrest, bookings, and or conviction for a new felony or misdemeanor) 6, 12, 24, and 36 months following program completion?

Data will be collected from archival data systems. Due to the three-year grant limit and the considering that individuals may be involved in the project for 2 years, the number of individuals with sufficient post-program time to measure longer term recidivism will be small. One adaption is the possible collection of recidivism data starting from the point of completing AOD services and/or collecting recidivism data during program participation.

Table2

Impact Outcomes and Measurements

Outcome measures	Variables	Data Source
Goal 4 – Objective 7: Reduce the number of arrests, bookings and convictions of participants	Number, level, and type of new arrests, bookings and convictions post program completion	✓ Crime databases (e.g., ARJIS, SD Law, CAO, DA)

Data Collection Sources and Process

To ensure data are available to SANDAG for analysis, a Countywide collaborative agreement is currently being finalized that is the culmination of a rigorous process that has included the evaluation partner undergoing CORI/CLETS training, as well as extensive background checks by the San Diego County Sheriff's Department. The overall Memorandum of Understanding will be signed by representatives by the City of San Diego City Attorney's Office, San Diego County District Attorney's Office, San Diego County Probation Department, San Diego County Sheriff's Department, San Diego County Health and Human Services Agency, and SANDAG and includes, in part, how data will be compiled, how it will be retained and destroyed, and how confidentiality will be ensured. SANDAG also has an on-going data sharing agreement with the San Diego County Chiefs' and Sheriff's Association for access to local crime and arrest information and will be completing additional data sharing agreements for data not included in the Countywide agreement with the San Diego County Public Defender (for case tracking information) and the local CBOs for information not entered into HHSA data systems.

Below is a more detailed description of each of the data points and how data will be collected to address all the research goals. During the startup process, great effort has been taken to use existing databases whenever possible.

Program Screening Form: The referral process for CoSRR will be generated at the first meeting between potential participants and their public defenders at their court date. The public defender informs the participant of his or her eligibility for the program and refers the person to the CoSRR court liaison (staffed by the treatment provider). While the potential participant is waiting for their court appearance, the court liaison will conduct a brief screening to assess if the individual and the program are a good match, and if so, they will schedule an assessment and intake appointment at the treatment program. This form will track the referral process from offer to acceptance to measure the first efforts of engagement. The form will collect individual's characteristics but will be used to track attrition rates. The court liaison will enter the forms into an excel sheet and send to SANDAG using a secure web site.

City Attorney's Case Management System: SMART participants can be referred to the program from several sources (i.e., the courts, San Diego Police Department, Public Defender, City Attorney, and program outreach workers) and all referrals will be entered into the City Attorney's case management system. In addition to referral information, the system will track participants exit date and completion status for AOD treatment and housing. SANDAG will receive downloads from the system on a regular basis.

SanWITS (San Diego's Web Infrastructure for Treatment Services): All demographic, program intake and exit dates, needs (e.g., AOD, mental health, housing), and assessment data, as well as treatment and CoSRR completion status will be entered into SanWITS (San Diego Web Infrastructure for Treatment Services). SanWITS is the County of San Diego Alcohol and Drug Services system that tracks data for CalOMS WITS (California Outcomes Measurement System Web Infrastructure for Treatment Services). This data processing system is designed for reuse by

State substance abuse and mental health services agencies, and supports real-time data processing starting with data collection at treatment clinics. Because SanWITS is a countywide system, all county funded AOD providers have access to it and will be able enter data in a consistent and uniformed manner

Clinical Assessment Data: Once an individual is screened and deemed appropriate for services, the provider will administer a clinical assessment for the appropriate level of care. The assessment will drive the case management plan and the AOD and some supportive needs will be entered into SanWITS. The actual assessments will be determined upon finalization of contracts between the County and the CBO.

Crime Databases: Individual-level criminal history data will be collected by research staff 36-months prior to and up to 36-months post program participation. Level and type of instant offense, as well as prior criminal history will also be collected by research staff. Data collection will include level and type of arrests, bookings, and convictions. The data will be gathered from ARJIS (i.e., arrests), the Sheriff's SD Law system (i.e. bookings) and the CAO and DA systems (i.e., convictions). These data will be the primary source for the outcome evaluation, addressing research questions.

Participant Exit Survey: To gather information on how useful, accessible, and effective participants found the program to be, an exit survey will be given to each participant upon program exit. Because of the time lapse between AOD completion and overall program completion, two exit surveys will be given at different exit points (after AOD and at time of discharge). The former will focus on the participants' experience in treatment and the latter will inquire about the overall CoSRR program. The survey will be provided in both English and Spanish.

Survey of Key Program Partners/Community Members: To solicit information about program implementation, how well CoSRR or SMART were implemented, and if they were implemented as designed, an electronic survey (hardcopy will be available if needed) will be administered to key program staff, partners, and community members at the end of each year. The results will be shared immediately to address any need for corrections or midcourse changes to the program.

Focus Groups: The implementation process will also be assessed by conducting focus groups with both participants and program partners. The focus groups will allow researchers to ask follow-up questions about any concerns or insights they may arise from information gathered via the surveys or form other data being collected during the grant period. Research staff trained in conducting focus groups will conduct each of the groups.

Treatment Provider Service logs: Each community provider will track participant case plan progress using an Excel file or their existing database (this is yet to be finalized). Information will be gathered on assessed needs, referrals, connections, and completion status of linkages to supportive services (e.g., job skills training, mental health, public benefits). No names will be attached to the data and the data will be transferred to SANDAG using an encrypted and secure web site.

Training Documentation: To document efforts to create a coordinated, cross-sector system of care for this population, the type, date, and number of trainings will be tracked using hardcopies or a Sharepoint site (still in planning phase) along with how many staff and from which entities attended each training. Hardcopies will be provided to SANDAG and entered into SPSS for tracking.

Contract Execution: Staff from the Public Safety group will document all contracts executed as part of the project to assess if the project is including a diverse group of service providers and those with staffing that reflect the target population as part of the service delivery system.

Analysis Plan

Analysis will be both qualitative and quantitative in nature. While a randomized control group would provide the most rigorous design, it is not feasible for this project. Therefore, we will employ a single-group, pre-test/post-test design (i.e., comparison of measures before and after CoSRR and SMART participation). Factors related to success, as well as reduction of risks, will be compared over time using the appropriate level analysis (e.g., Chi-Square statistics, difference of means tests, and measures of effect size). Analysis for the outcome evaluation will consist of assessing recidivism on variables identified as factors predictive of recidivism (e.g., criminal history, ethnicity, risk and need level). This assessment will be accomplished through the use of frequency distributions and Chi-Square statistics for nominal measurement (e.g., prior criminal history, education, instant offense, race/ethnicity), and differences of means tests for ratio level data (i.e., age). The analysis will begin with bivariate comparisons using the statistics previously mentioned. These comparisons will be followed with multivariate analysis (i.e., regression) to isolate factors related to success (e.g., reduced recidivism). Process measures will provide a framework for the results for the outcome evaluation and inform the predictive analysis. In addition to brief quarterly reports submitted to the partner and BSCC, the research partner will meet regularly with program staff to help inform the process and allow for any mid-course adjustments. In addition, a two-year preliminary evaluation report will be completed, along with a final Local Evaluation Report, including recommendations and lessons learned.

Summary

The CoSRR and SMART project is intended to improve outcomes for individuals and community safety by reducing recidivism of individuals impacted by Prop. 47 or who have a history of misdemeanor substance abuse offenses by implementing an integrated system of care based on best practices. Specifically, the project aims to address the underlying substance use and mental health needs that are contributing to the

individual's involvement in the justice system. Partnered with housing resources and intensive case management services, CoSRR and SMART intend to link participants to an array of services based on their unique needs, as well as provide them with the support to maintain engagement in the services to improve their quality of life and reduce the risk of recidivating. To measure how well the project achieved its goals and to what effect, SANDAG will conduct both a process and outcome evaluation. Quarterly updates will be provided to program partners to allow for any mid-course adjustments, and a final evaluation report will summarize findings at the end of the grant period.

Program: CoSRR/SMART Logic Model

Situation: CoSRR/SMART intends to fill address the unmet needs of individuals affected by Prop. 47 and misdemeanants with substance use offenses by providing substance abuse treatment and supportive service.

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Short*	*Medium*	*Long*
✓ Local Advisory Committee (AC) with diverse stakeholders ✓ Community interest and participation ✓ San Diego County and City officials' commitment to collaborate on implementing the CoSRR and SMART programs ✓ City and County funding and resources ✓ State grant funding ✓ Committed and expert County and City staff from diverse departments representing justice, health and administration ✓ Experienced local evaluator	✓ Convene 14 or more AC Steering Committee and invite public participation ✓ Collaborate on design and implementation of CoSRR and SMART programs, including executing contracts and agreements with diverse CBOs, implementing procedures for assuring adherence to EBPs, coordination between CARE Center and service providers ✓ County coordinates trainings for provider and stakeholders on EBP, Trauma Informed, and Best-Practices ✓ Gather input from program participants and stakeholders to inform and monitor programs ✓ Design a local evaluation plan to measure success and inform the implementation.	✓ Key stakeholders including staff from City Attorney, District Attorney, Public Defender, Public Safety Group, CBOs, and Behavioral Health Services. ✓ City Attorney's Office ✓ Deliver services through a diverse set of providers that reflect the target population. ✓ 400 – 600 Prop. 47 and/or misdemeanants with substance use offenses. ✓ Train at least 300 program providers and stakeholders on EBP, Trauma Informed, and Best-Practices ✓ Complete at least 200 surveys from program participants and stakeholders. ✓ SANDAG, program stakeholders, contracted CBOs, and program participants.	✓ Implement of project procedures, including identification of actuarial assessments, referral process, linkage to services, and data collection methods. ✓ Provide services to 70 SMART participants annually ✓ Create an expanded and diversified County network of community providers. ✓ Engage Prop. 47 and/or misdemeanants with substance use offenses with substance abuse treatment, case management, and supportive services including housing, mental health care, employment, education, and holistic services ✓ Increase program providers' and stakeholders' understanding of EBP, effective criminal rehabilitation models, and trauma affected individuals. ✓ Use of data to inform implementation based on evaluation and survey results.	✓ Develop a well-coordinated, cross-sector approach to meet the needs of the target population. ✓ Increase access to services with and from providers in the target populations' community. ✓ Increase engagement of target population in substance abuse, housing, mental health and other supportive services. ✓ Use of data and research to understand the target population, impact of program, and lessons learned.	✓ Increase capacity of County and City to effectively respond to the needs of the target population. ✓ Reduce recidivism and further involvement in the justice system by the target population. ✓ Improve understanding of target populations risks and needs.

Assumptions
An underlying tenant of Proposition 47 is that certain individuals with substance use related offenses should generally remain in the community instead of in custody and be provided access to needed substance use treatment and other supportive services.

External Factors
The City of San Diego already had piloted the SMART program and had the capacity to expand the program. The County has a solid history of cross-sector collaboration and a history of adapting systems to meet the needs of diverse populations.