

**Los Angeles County Local Evaluation Plan
December 31, 2019**

Project Background

The Los Angeles County Department of Health Services, Office of Diversion and Reentry's (ODR) Proposition 47 Cohort 2 programming will continue to provide mental health services, substance use disorder treatment, and reentry support services and will begin to provide employment and job training services. The population of focus is those individuals who have encountered the criminal or justice system with mild to moderate mental health and/or substance use disorders.

The aim of the Proposition 47 programs is to end the cycle of recidivism for participants and improve health and economic outcomes. As detailed in ODR's Proposition 47 Project Work Plan, the three key goals of programming for ODR's population of focus are the following:

- 1) Improve behavioral health outcomes by providing intensive case management and navigation services with linkages to appropriate care for mental health and/or substance use disorders, interim recovery housing, stabilization needs, and ongoing support based on individual needs.
- 2) Improve rates of employment by providing access to skills training and paid work experience programs in high-growth sectors that offer career pathways and family-sustaining wages.
- 3) Reduce the rate of recidivism by connecting individuals to programming that will improve behavioral health outcomes, provide stabilizing living environments, and provide careers with family-sustaining wages.

To support these three goals, the Proposition 47 Cohort 2 funding will support the following programming:

Substance Use Recovery Interim Housing. Substance use recovery interim housing will continue to provide individuals a safe housing environment that supports their sobriety and removes them from circumstances that contribute to relapse. Because California's Drug Medi-Cal waiver caps the length of stay in residential substance use treatment at 90 days, interim recovery housing is needed to continue providing housing for clients who are homeless or unstably housed as they transition to outpatient treatment to continue their recovery process. Research shows that ensuring a stable housing environment and preventing crimes of homelessness directly correlates to a reduction in recidivism. Cohort 2 funding will allow ODR to provide an additional 26 substance use recovery interim beds countywide.

Reentry Intensive Case Management Services (RICMS). ODR's Cohort 2 grant will also continue to fund reentry support services. The Reentry Intensive Case Management Services (RICMS) program is a system navigation and care coordination program. The RICMS program was developed based on feedback received through town halls identifying the need for system navigators or intensive case managers who can help clients create their own individualized goals, provide services and peer mentorship to motivate them to achieve those goals, and connect clients to the right government agencies and community-based resources. RICMS will help an additional 1,800 clients create their own individualized goals, support them with achieving those goals, and link them to appropriate services such as mental health or substance use treatment. ODR has contracted with community-based

organizations who provide a wide array of services to improve health outcomes and reduce recidivism for clients. The providers will be funded to carry out the following services (not inclusive list): intensive case management and navigation services, referral and connection to substance use, mental health, and physical health services, housing support services, financial education, and employment and education services.

SECTOR Program. ODR will implement a new employment and training program for the target population called the Skills and Experience for the Careers of Tomorrow or “SECTOR” Program. The objective of the program is to provide 1,500 clients with skills training and/or paid work experience and job placement and retention services in high-growth sectors that offer career pathways and family sustaining wages. To prepare clients for employment and alleviate barriers to employment, participants will also receive job readiness services, linkage to mental health, substance use disorder, cognitive behavioral interventions to improve problem-solving skills and prevent recidivism based on assessed risks and needs, and other supportive services. The justice-involved population experiences higher rates of unemployment due to a lack of opportunity to establish work history or education credentials, legal restrictions on certain occupations, employer bias, and other barriers. Research shows that sector-based approaches to workforce development can improve employment outcomes, and employment can play an important role in reducing recidivism and improve mental health and wellbeing.

RICMS and SECTOR program providers will continue to collaborate closely with Los Angeles County Substance Use Prevention and Control (SAPC) and the Department of Mental Health (DMH) to ensure access to services as needed. Clients with mild to moderate mental health conditions will be referred to the DMH Prevention and Early Intervention program, which is designed to reduce risk factors of stressors while increasing protective factors and skills. Interventions that are particularly relevant for the population of focus include: Seeking Safety, which focuses on those exhibiting high risk behaviors (including drug and sexual behaviors) and trauma-informed care. The services offered through Prevention and Early Intervention will complement those offered through RICMS. The Prevention and Early Intervention services will be funded by the Mental Health Services Act while Cohort 2 funding will be used to screen, refer, and link clients through RICMS and the SECTOR program.

Evaluation Methods and Design

Research Design:

MDRC is currently in a program mapping and assessment phase in which it is determining which of the multiple potential evaluation designs it proposed in its application is best suited to evaluating ODR’s programs, including Proposition 47 funded programs. This assessment will examine the assessment, enrollment, and service coordination practices of ODR-funded services to identify appropriate research designs and establish comparison groups and outcome benchmarks. For some programs, MDRC hopes to be able to conduct a rigorous evaluation using random assignment to determine program impacts. Whenever possible, MDRC’s research design will include using either a control or comparison group as well as a treatment group for evaluating pre and post outcomes, in order to estimate the impact of the program. If a control group cannot be created and no appropriate comparison group can be identified, MDRC will establish pre-determined benchmarks for program success with which to compare participant outcomes.

1. Process Evaluation:

The process evaluation will examine whether services met the identified needs of the target population and whether enrolled clients are able to access the services they need. The process study will use client demographic and participation data collected by program providers along with qualitative feedback from program managers, staff and clients to understand the successes and challenges of implementing program services. In addition to producing a descriptive report, MDRC and its technical assistance partner The Council for State Governments (CSG) Justice Center will use data to produce recommendations to support continuous quality improvement efforts during implementation.

All projects for this cohort will be delivered through contracted community-based service providers. Substance use recovery interim housing will be implemented to provide an additional 26 beds to serve approximately 100 clients per year for a stay of up to 90 days. The process measure for recovery housing is the number of beds created to serve the population of focus. Outcomes measures will include the number of clients that are connected to or maintain connection to substance use treatment, mental health services, workforce or educational services, housing support services, and who are not rearrested or reconvicted. ODR's interim housing provider is managed by the LA County Department of Health Services Housing for Health program. Housing for Health staff track client placement into interim housing through DHS's CHAMP database, an online database created to track case management and client level outcomes.

RICMS will be delivered by 30 community-based organizations. These providers have gradually built up their capacity to serve the total number of clients. The process measure for RICMS is the number of clients who receive RICMS with the goal of serving 1,800 clients. Individual level demographic and participation data will be collected and analyzed through this evaluation. Participants will be tracked and monitored through CHAMP. The database has comprehensive screens that will evaluate and collect information on each client to inform the individualized case plan. Examples of information collected includes the following (non-inclusive list): demographics (age, race/ethnicity/gender), Medi-Cal eligibility, mental health, physical health, and substance use evaluation and information, safety evaluation, housing status, income information, referrals and linkages, and other information depending on client need. Information will be consistently updated as case plans and goals are completed. All referrals, case planning, successful completion of goals, program completion, and program exits will be captured through CHAMP. These are the client level achievement indicators and additional achievement indicators (including recidivism rates and referral to other County agencies) will be captured through service utilization tracked by the Justice Metrics Framework (a county-wide data depository described in more detail in the data sources section of this evaluation plan).

The SECTOR program will be delivered by approximately three to six community-based organizations. These providers will gradually build up their capacity to serve 1,500 clients over the 3-year contract period. The process measure for employment services will be the number of clients who are assessed, enroll, complete an individual career plan, and complete vocational training and/or paid work experience. Demographic data, service receipt, and program outcomes will be collected by the providers. All referrals, career planning, successful completion of goals, program completion, and program exits will be captured at the individual client level. Additional outcome data (including recidivism rates and referral to other County agencies) will be collected through matched data acquired in the County Justice Metrics Framework data depository.

Proposition 47 funded programs performance will be monitored and tracked through active program management and through contracted evaluation services. ODR program managers will monitor the performance of implementing partners through regular check-in calls, site visits, and invoice review, as well as through community participation in the Joint Local Advisory Committee meetings. Beyond this regular management and monitoring, ODR has contracted with MDRC to evaluate all ODR programing in the next five years, including all Proposition 47 funded programs.

2. Outcome Evaluation

The overall project goals are to reduce recidivism, expand access to a robust menu of services, and improve the health and economic outcomes of those who participate. The evaluation will utilize the BSCC's definition of recidivism and will collect additional data to monitor justice-related measures to be determined in collaboration with MDRC.

The outcome measures for substance use recovery interim housing are the number of clients that maintain outpatient treatment and the number of clients that do not recidivate. The criteria for successful completion of the program will be measured through 1) exit to permanent housing and 2) maintaining ongoing connection to outpatient services. The exit to permanent housing and maintenance of services will be measured through episodic data collected in Justice Metrics. The evaluator will pull both the number of the clients that maintain outpatient treatment (data from SAPC) and who do not recidivate (data from Los Angeles Sheriff's Department).

The outcome measures for RICMS are the number of clients that are connected to mental health and substance use treatment, complete their individualized case plans and the number of clients that do not recidivate. The duration of services is 12 months and the eligibility requirements are that a client has been arrested, charged with, and/or convicted of a crime and has a mental health and/or substance use disorder. Criteria for successful completion of the program is based on completion of individualized client care plan, connection to appropriate care for mental health and/or substance use disorders, and reduced recidivism. The evaluator will pull the data to measure these criteria from CHAMP and Justice Metrics, with data collected by providers, DMH, SAPC, and Los Angeles Sheriff's Department (LASD).

Similarly, the outcome measures for the SECTOR program are the number of clients that gain employment, number that gain employment in high-growth sectors, client earnings, number of clients whose wages increase after program completion, the number of clients connected to mental health and substance use treatment, and the number of clients that do not recidivate. The duration of services depends on the career plan but generally will range from 6-12 months and the eligibility requirements are that a client has been arrested, charged with, and/or convicted of a crime and has a mental health and/or substance use disorder. Criteria for successful completion of the program is based on completion of the individualized client care plan, connection to appropriate care for mental health and/or substance use disorders, and reduced recidivism. The evaluator will pull the data to measure these criteria from CHAMP and Justice Metrics with data collected by providers, DMH, SAPC, and LASD. The evaluator also plans to collect employment and earnings data from the California Employment Development Department (EDD).

Data Management:

Several data sources will be used in the evaluation. The Los Angeles County Chief Executive Office maintains a data repository initiative called the Justice Metrics Framework that tracks service utilization across a spectrum of publicly funded health, public health, mental health, social, and corrections services. Data for this project is from the six contributing LA County agencies, Department of Health Services, Department of Mental Health, Department of Public Health, Department of Public Social Services, LA Sheriff's Department, and the Probation Department. The Homeless Management Information System was recently added to the Justice Metrics Framework and tracks individual homelessness status, use of such services as shelters, and transition into temporary and permanent housing. Justice Metrics will allow for the tracking of Prop 47 client service utilization and recidivism outcomes. In addition to the Justice Metrics Framework, ODR utilizes an existing database platform called CHAMP that will be used to track clients enrolled in Interim Housing and Reentry Support Services. CHAMP allows the tracking of assessments, services, and outcomes at the client level. CHAMP assigns an individual client unique identifier (CHAMP ID) and maintains other demographic information that will allow data matching between CHAMP and the Justice Metrics Framework. The contracted providers will be responsible for maintaining and inputting the data points into this platform on weekly basis. The CHAMP information can be pulled at any time but will be utilized on a quarterly basis for the BSCC progress reports and as well as for the evaluation. ODR has entered a data sharing agreement with MDRC which will include provisions to ensure data security.

Table 1. Description of data stored in the Justice Metrics Framework, CHAMP, and other sources

Program	Category of Service	Data Source	Description
Substance Use Recovery Interim Housing	Assessments, Enrollments, referrals and individual	CHAMP	Assessment Date Enrollment start and end date Individual level detail on referrals made and goals met
	Housing services	HMIS	Start date of temporary or permanent supportive housing
Reentry Intensive Case Management Services (RICMS)	Assessments, Enrollments, Referrals and Individual goal achievement	CHAMP + BSCC Tracker	Assessment Date Enrollment start and end date Individual level detail on referrals made and goals met
Skills and Experience for the Careers of Tomorrow(SECTOR) Program	Assessments, Enrollments, Referrals, Employment placement and retention rate, wage change, and individual goal achievement	BSCC Tracker completed by service providers, CHAMP or potential new database to be developed, , CA EDD	Assessment Date Enrollment start and end date Wage at enrollment and completion Job status at enrollment and completion Individual level detail on referrals made and goals met

Table 2. Outcome Measures

Intervention	Target Outcomes	Calculation Methods/Data Sources
Substance Use Recovery Interim Housing	<ol style="list-style-type: none"> 1. Exit to permanent housing 2. Continued outpatient treatment 3. Number of clients who do not recidivate 	<ol style="list-style-type: none"> 1. This will be measured through data collected by HMIS (from Justice Metrics) and CHAMP detailing a move into permanent housing (PH) 2. This will be measured through episodic data collected by SAPC and pulled from Justice Metrics. 3. This will be measured through data from LASD stating whether or not a client has been rearrested
Reentry Intensive Case Management Services (RICMS)	<ol style="list-style-type: none"> 1. Number of clients connected to mental health treatment 2. Number of clients connected to substance use disorder treatment 3. Number of clients that increase their income 4. Number of clients that complete their individualized case plans 5. Number of clients who do not recidivate 	<ol style="list-style-type: none"> 1. This will be measured through episodic data found in Justice Metrics from DMH. 2. This will be measured through episodic data found in Justice Metrics from SAPC. 3. This will be measured by data from CHAMP about client come changes. 4. The number of clients completing their case plans will be calculated through CHAMP data. 5. This will be measured through Justice Metrics data from LASD stating whether a client has been rearrested.
Skills and Experience for the Careers of Tomorrow (SECTOR) Program	<ol style="list-style-type: none"> 1. Number of clients assessed for job readiness and social service needs 2. Number of clients connected to mental health or substance use disorder treatment 3. Number of clients completing their individualized career plans 4. Number of clients who complete a skills training program 5. Number of clients who complete paid work experience program 6. Number of clients placed in high-growth growth sectors for unsubsidized employment 7. Number of clients who experience wage increases 8. Number of clients who do not recidivate 	<ol style="list-style-type: none"> 1. This will be measured through data collected by service providers and tracked in CHAMP or another internal database. 2. This will be measured through episodic data provided through Justice Metrics from SAPC and DMH. 3-7. These will be measured through data collected by service providers and tracked through CHAMP or another internal database and through CA EDD data. 9. This will be measured through Justice Metrics data from LASD stating whether a client has been rearrested.

Table 3. RICMS Logic Model

Input	Activities	Output	Process Outcomes	Impact
<ul style="list-style-type: none"> • Community Based Organizations • Peer Navigators with lived experience known as Community Health Workers (Currently 80+ but growing at a high rate) • Referrals from county jail, Probation Department, CDCR, Long Beach City Jail and the community • Various County and Community resources 	<ul style="list-style-type: none"> • Client recruitment and engagement • Client need assessment and enrollment conducted in CHAMP • Guidance from peer navigators with lived experience • Linkage to the following services: <ul style="list-style-type: none"> ○ Mental Health ○ Substance Use treatment and recovery interim housing ○ Housing ○ Primary Care Physician ○ Employment ○ Other Services • Technical Assistance and coordination of Countywide organizational capacity-building for providers to ensure Continuum of Care • Expanding referral networks 	<ul style="list-style-type: none"> • Increased client enrollment • Creations of tailored individualized care plan goals • Increased access to services for justice involved populations • Increased retention of clients • Increased Capacity of Community Based Organizations and Peer Navigators to provide quality case management • Increased client referrals into RICMS • Increased effort to assess effective policy and practice and make evidence-based, data-driven decisions 	<ul style="list-style-type: none"> • Number of clients enrolled • Number of Clients connected to Mental Health services • Number of clients connected to substance use disorder services • Number of Clients that complete their individualized care plans • Number of clients that increase their income • Number of Clients receiving social services (employment, housing, transportation, food assistance, benefits applications, clothing, ID card, court mandated anger management classes and domestic violence classes) 	<ul style="list-style-type: none"> • Reduced Recidivism • Improved health, social and economic outcomes • Improved public safety • Reduced costs

Table 4. SECTOR Program Logic Model

Input	Activities	Output	Process Outcomes	Impact
<ul style="list-style-type: none"> • Community-based organizations (CBOs) and skills training providers • Career Coaches, Program Managers, instructors, and other employment program staff • Referrals from correctional and community partners • County and community-based resources and services 	<ul style="list-style-type: none"> • Participant recruitment and engagement • Participant job readiness assessment and enrollment tracked through MIS • Resume assistance, interviewing, and soft skills services • Participation in sector-specific skills training and/or paid work experience program within a high-growth sector • Employment-focused Cognitive Behavioral Interventions • 6-12 months of retention-services upon completion of training or paid work experience • Guidance from peers with lived experience • Linkage to mental health, SUD, housing, and other services • Employer engagement to hire participants • Staff training and capacity-building provided to service providers improve effectiveness of service delivery 	<ul style="list-style-type: none"> • Increased participant enrollment • Creation of individual career plans • Increased access to training and paid work experience in high-growth sectors for target population • Increased access to career-track employment and commitment from employers to hire target population • Increased access to supportive services • Increased retention of participants • Increased capacity of CBOs to provide case management and employment services • Improved data reporting and implementation of data-driven policies and practices 	<ul style="list-style-type: none"> • Number of participants enrolled annually • Number of participants completing training and TSJ programs • Number of participants completing their individual career plan • Number of participants attaining employment with a living wage in high growth sectors • Number of participants retaining employment with a living wage in high growth sectors • Number of participants connected to and receiving mental health, SUD, and other supportive services • Number of participants that increase their income 	<ul style="list-style-type: none"> • Increased employment and earnings • Improved health outcomes • Improved public safety • Reduced Recidivism • Reduced costs

Table 5. SECTOR Program Flow

