

Shasta County Probation Department Misdemeanor Community Engagement Program Local Evaluation Plan

Prepared for

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Project Background

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

BSCC recently awarded its second cohort of Prop 47 grants to 23 public agencies across the state, including the Shasta County Probation Department. The Probation Department is using grant funds to establish the Shasta County Misdemeanor Community Engagement Program (MCE), which aims to increase community engagement and access to community-based services among misdemeanor offenders to reduce rates of recidivism and reentry into the criminal justice system.

As a requirement of funding, each BSCC grantee must plan and implement a comprehensive evaluation of their funded programs. The purpose of the evaluation is to monitor Prop 47 implementation and to test the effectiveness of proposed strategies in achieving criminal justice outcomes. The present document details local plans for evaluating the Shasta County Probation Department’s MCE grant program over the three-year project period. The plan is designed as a working document that can be expanded and refined as the project evolves in response to changing needs and circumstances. The evaluation plan was designed to support measurement of proposed goals for the MCE program model and to comply with statewide reporting requirements established by BSCC.

MCE Program Goals

The MCE program provides community outreach, engagement, and case management services to misdemeanor offenders in the justice system who have untreated substance abuse and/or mental health disorders. The program addresses six overarching goals that include:

- Increasing community engagement by mediating changes in anti-social values and attitudes (i.e., criminal thinking);
- Reducing barriers to navigating the court system;
- Increasing access to behavioral health treatment, housing assistance, and pre-trial diversion services and supporting program retention and service completion;
- Improving court attendance among misdemeanor offenders, including those with a history of repeated offenses or failure to appear (FTA);
- Preventing further criminal behavior, arrest, and/or reentry into the criminal justice system; and,
- Reducing secondary exposure to trauma and Adverse Childhood Experiences (ACE) for family members of clients by targeting improvements in behavioral health and wellness, improving family stability, and reducing family involvement with the justice system.

MCE Program Model

The Shasta County Probation Department is implementing the MCE program model through a collaborative partnership with Hill Country Health and Wellness Center (HCHWC), a Federally Qualified Health Center (FQHC) that provides integrated medical, dental, and mental health support services to clients in Shasta County. Hill Country will provide case planning and assessment services to enrolled clients and will refer clients to substance use disorder treatment, mental health services, and housing assistance based on identified needs. Case managers will help clients adhere to their case plans and to navigate the court and community services systems by accompanying them to court hearings, substance use or mental health treatment appointments, and/or meetings with diversionary services.

The MCE program also funds a Probation Assistant (PA) within the Probation Department who will serve as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and Hill Country Health and Wellness. The PA will work with HCHWC to help identify individuals for the program based on eligibility requirements and risk to reoffend. The PA will coordinate with justice system partners to compile lists of prospective clients based on failure to appear (FTA) lists, jail release lists, and contact lists from local defense attorneys and the District Attorney's office. The information will be shared with HCHWC for use in conducting direct outreach and recruitment of clients into the program and initiating the assessment process. The PA will also coordinate information sharing among partners on an ongoing basis and will provide status reports to the court when appropriate. HCHWC is expected to maintain an active caseload of 50 participants for the duration of the grant funded period.

Target population and Eligibility Criteria

The MCE program targets misdemeanor drug and property offenders who have a history of repeat arrests, misdemeanor referrals to the District Attorney's Office, commitments to jail, and/or failures to appear in court. MCE participants must have one or more arrest for misdemeanor property or drug offense within 6 months of project start-up, must have one or more FTA in court, and must have a history of law enforcement contact, citations, or arrests for public nuisance violations (e.g., 10.40.010 RMC, 10.40.020 RMC, and 10.19.020 RMC). Clients may be identified for the program immediately following arrest, prior to the filing of a criminal complaint, or after arraignment. The goal is to engage clients early on to help them successfully navigate the court process and access needed community services.

The priority population includes individuals cited or arrested for violations of section 11377/11350/11364 of the Health and Safety Code who are 18-30 years old, who have a criminal history, who have stable contact information, and who show a willingness to comply. Other priority populations include clients who are homeless or at risk of being homeless, and clients with substance use disorder and or mental health disorders. Client eligibility for participation in the District Attorney's Pre-Filing Diversion/Crime Advocate Program is based on program eligibility criteria.

Local Management and Oversight Advisory Committee

The Shasta County Probation Department has responsibility for management and oversight of the MCE grant program. The Probation Department has also established a local advisory committee with member representation from the Shasta County Health and Human Services Agency (HHSA), the Public Defender's Office, the District Attorney's Office, the Shasta County Superior Court, local law enforcement, the County Housing Authority, local non-profits, and several community members, including past consumers of County services. The committee will meet on an as needed basis to review grant implementation and data findings as well as to work with the evaluation team to ensure project components are being monitored, assessed, and adjusted as needed. Program decisions will be made in conjunction with the Probation Department and Hill Country Health and Wellness with input from HHSA, the Superior Court, the district attorney, the public defender and law enforcement.

Evaluation Methods and Design

The evaluation of the Shasta County MCE program will be conducted by an external evaluation firm, Evaluation, Management, and Training Associates, Inc. The evaluation contract will cover the initial year of the grant with the option to renew for the remainder of the grant funded period upon agreement by the Shasta County Probation Department and the evaluation team. EMT is a women-owned small business (WOSB) with more than 30 years of experience conducting policy and evaluation research studies in the behavioral health and criminal justice fields. EMT's mission is to promote and facilitate the use of science-based information to improve social policy and to enhance the resolution of public problems.

The proposed MCE evaluation is designed to promote program accountability, program improvement, and knowledge development and to advance the work of key partners in achieving project goals. The evaluation plan will fulfill several key functions including: a) clearly articulating and describing the approach developed by project partners b) generating timely and relevant feedback on the implementation process to further refine the implementation approach, c) testing the effectiveness of MCE strategies in producing meaningful changes in client and system outcomes, and d) producing actionable data findings, lessons learned, and recommendations that are useful to state funders and local program staff, and to other agencies interested in replicating promising practices.

The proposed program evaluation will utilize a mixed-methods design that incorporates quantitative and qualitative data elements and supports both process and outcome measurement. Evaluation activities will be implemented through a collaborative effort involving evaluation team members, the PA and criminal justice partners, and administrators and case managers with Hill Country Health and Wellness. Data collection activities will be managed locally by program staff who will transfer information to the evaluation team for data cleaning, data integration, analysis, and reporting. Sources of data supporting both the process and outcome evaluation components include client lists and contact logs, assessment information, service records, client surveys, key informant interviews, and administrative records extracted from county data systems to document recidivism events. Evaluation questions, process and outcome indicators, data sources, and data collection timelines are shown in Attachment A: Shasta County Probation Department MCE Program Process and Outcome Measurement Matrix.

Definitions

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

Diversion Program Completion.

Diversion program completion is defined as completion of assignments given by the District Attorney's Office. Complete exit information will be provided to Hill Country Health and Wellness and the evaluation team on a quarterly basis and will include reason for attrition, such as inability to contact, refusal to participate, failure to complete diversion assignments, or re-arrest.

Mental Health Program Completion

Mental health program completion occurs when the participant is *enrolled in and maintaining treatment services according to their treatment plan.*

Substance Use Disorder Treatment Program Completion

Substance use disorder treatment program completion occurs when the participant completes all tasks and has made satisfactory progress outlined in the criteria of completion.

Recidivism¹

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

MCE clients will complete the program based on the achievement of individual goals determined during the assessment process with Hill Country Health and Wellness. This may include completion of diversion or their Court process or being enrolled in and maintaining treatment services according to their treatment plan. During the evaluation planning phase, the evaluation team will meet with HCHWC and Probation to further operationalize definitions using concrete benchmarks for analysis and reporting.

Client Identifiers

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

¹ BSCC defines recidivism as a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.

Process Evaluation Questions and Data Sources

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

- How effective were MCE outreach efforts at engaging misdemeanor offenders and enrolling and retaining them in case management services?
- How effective was the MCE in enrolling clients in pre-trial diversion services and promoting program retention and completion?
- How effective was the MCE in identifying clients with untreated substance use and mental health disorders and facilitating access to, retention in, and completion of treatment?
- How effective was the MCE in connecting clients with needed housing supports and helping them maintain housing stability?
- What were the most significant challenges or barriers to implementing the MCE program as perceived by key partners and other project stakeholders?
- What were the most significant accomplishments of the MCE grant program as perceived by key partners and other project stakeholders?

The process evaluation will utilize data from several key sources, including the following:

Contact logs and source of referral. MCE participants are identified for the program through various mechanisms, including walk-ins, jail release, referrals from law enforcement, court hearings, and referrals from the Public Defender’s office, and pre-trial diversion. The PA will review referrals, complete the California Static Risk Assessment (SRA) to determine risk to reoffend, select individuals who meet program criteria, and submit referral packets to HCHWC to initiate the outreach process. HCHWC will maintain a contact log that records client contact information, the source of referral, criminogenic risk (e.g., *low, moderate, high risk to reoffend*), dates of contact and outcome of outreach effort (e.g., *unable to contact, declined to participate, enrolled*). Information from contact logs will be used to document the size of the eligible client population, the number of prospective clients contacted through outreach, and the proportion of the eligible client population successfully enrolled in services. Contact logs will be transferred to the evaluation team for quarterly analysis and reporting.

Baseline client assessment. Eligible clients who agree to participate in the MCE program will establish an appointment date to complete the required assessments and to formally enroll in the program. Clients will complete a variety of assessment tools, including assessments used as part of the HCHWC standard intake process. These include the

PRAPARE assessment tool, the Adverse Childhood Experiences (ACES) Questionnaire, and substance use disorder and mental health treatment assessments. The PRAPARE measures social-demographic characteristics, money and resources, and psychosocial assets. Selected constructs on the PRAPARE tool will be reassessed quarterly for state reporting purposes. The ACES questionnaire measures the client's history of exposure to traumatic experiences and will be administered at the time of intake only. Information from the intake and needs assessment process will be used to inform case plan development for each client. Client assessment information will be exported from the EMR and transferred to the evaluation team for quarterly analysis and reporting. Information will be used to describe the demographic and social-economic characteristics of participants, the percentage of clients completing assessments, baseline needs within the client population, and the number and percentage of clients with a substance use disorder or mental health diagnosis.

Service records. Service and referral data will be recorded for each participant encounter and logged in the HCHWC electronic medical record (EMR). Service utilization data will be exported and transferred electronically to the evaluation team on a quarterly basis to monitor the number of individuals receiving services and the types of MCE services being provided. The evaluation team will summarize service utilization data, including calculated dosage, rates of attrition and retention in services, and program completion for state reporting purposes.

Key informant interviews. The evaluation team will also conduct semi-structured telephone interviews with project stakeholders, including the PA, other criminal justice partners, and HCHWC administrators, and case managers. Interviews will be conducted at two timepoints during the project period to inform interim and final evaluation reporting. Interview responses will be coded using Atlas.ti qualitative software to identify challenges and barriers to implementation, program accomplishments, lessons learned, and areas in need for refinement. The analysis will identify core themes and quotes to support and enhance interpretation of quantitative findings.

Outcome Evaluation Questions and Data Sources

The **outcome evaluation** provides measurement of critical outcomes that are linked to the program intervention and are often reflected in the stated goals of the program. The purpose of the outcome evaluation is to determine the program's effectiveness in achieving desired changes in attitudes (e.g., anti-social attitudes and values), conditions (e.g., access barriers), and behaviors (e.g., failure to appear, recidivism) targeted by the program. The outcome evaluation will be used to answer the following four key outcome evaluation questions:

- Were there any positive changes in anti-social attitudes and values among MCE participants that could be attributed to their program involvement?
- Did participants enrolled in MCE case management services perceive reductions in barriers to navigating the justice system or to accessing needed services?
- Did participants who successfully completed MCE case management services (i.e. higher fidelity to the program model) have lower failure to appear (FTA) rates than non-participants or than misdemeanor offenders with lower fidelity to the program model?

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- Did participants who successfully completed MCE case management services (i.e. higher fidelity to the program model) have lower recidivism rates than non-participants or than misdemeanor offenders with lower fidelity to the program model?

The outcome evaluation will utilize data from two key sources.

MCE Client Survey. MCE participants will be asked to complete a brief survey at the time of intake into the program to measure anti-social values and attitudes (i.e., criminal thinking) and perceived barriers and challenges to navigating the criminal justice system and accessing services and supports in the community. The MCE Client Survey will be administered by the HCHWC case manager using a scannable Teleform survey produced by EMT Associates. Completed surveys forms will be scanned into an electronic file format and transferred to the evaluation team on a quarterly basis for analysis.

Administrative records. The MCE PA will provide administrative records to HCHWC and the evaluation team on a quarterly basis. Records will include dates of recidivism events, including any return to custody, filing of a new criminal complaint, or new conviction. During the planning phase of the evaluation, the evaluation team will meet with the PA to discuss the data configuration and clarify any questions concerning the use of data in the proposed analysis.

Data Use Agreement and Data Transfer

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

Data will be transferred to the evaluation team using WinSCP Secure File Transfer Protocol (SFTP). This protocol encrypts the data transferred to the FTP server and prevents unauthorized access during the operation. Data will be password protected using a unique single-use password prior to transfer and data will be removed from the SFTP site once the transfer of records is complete. Data will be stored on a secure server in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant statutes and regulations. Clients will be asked to sign a Consent to the Release of Information to authorize the sharing of health information. MCE client data will only be kept for the duration of the project period, at which point it will be destroyed. Hard copies interview notes and survey forms with identifying information will be stored in a locked filing cabinet at EMT offices.

The evaluation team will merge participant data across multiple data sources using the MCE unique client ID. This process will allow the evaluation team to track MCE client outreach, assessment, service utilization, program completion, and resulting outcomes. No individual-level, identifiable data will be reported.

Data Management and Analysis

The evaluation team utilizes the R software environment for data cleaning, statistical computing, and standard report generation. The data cleaning process will focus on identifying duplicate

records, merging data across sources, exploring missing data patterns and logical inconsistencies, and configuring data for analysis and reporting. As part of the data cleaning and validation process, the evaluation team will document any questions that arise and will communicate with partner agencies to achieve resolution.

Both descriptive and inferential statistics will be used to analyze quantitative data and address the process and outcome evaluation questions. Basic univariate descriptive statistics (e.g., frequencies, measures of central tendency, ranges, and outliers) will be used to assess data validity and reliability and to profile the client population receiving Prop 47 services. Multivariate statistics such as cross tabulations, Chi-square, regression, and ANOVA analyses will be used to examine associations between MCE services and outcomes. The evaluation team will explore the use of a form of survival analysis known as Cox regression to evaluate the impact of MCE service provision on client outcomes and recidivism. Cox regression makes use of the contribution of censored cases (i.e., offenders with no recidivism event) in estimating the effect of a predictor variable like treatment fidelity on recidivism outcomes. The evaluation team will collaborate with the Probation Department to make final determinations regarding analysis technique based on data availability and data quality and will select the most rigorous analysis option available considering data constraints.

The evaluation team will use Atlas.ti qualitative software program to review and code qualitative data findings to respond to evaluation questions. Findings will be analyzed to identify concrete themes and patterns in the data that may have implications for process and outcome measurement. Qualitative data will be used to enhance interpretation of quantitative findings.

Logic Model

The Shasta County MCE logic model provides a tool for mapping the relationships between program strategies and activities and their intended outcomes. The Shasta County Probation MCE logic model is structured to provide measurement of program outputs, and short-term and long-term outcomes associated with MCE program implementation. The detailed MCE program logic model is included as Attachment B: Shasta County Probation Department Prop 47 MCE Program Logic Model. *Outputs* measure the provision of outreach, engagement, case management, and referral services to misdemeanor offenders enrolled in the program. *Short-term outcomes* include changes in anti-social values and attitudes (i.e., criminal thinking), reductions in barriers to navigating the justice system, and improvements in access to, retention in, and completion of pre-trial diversion, substance use and mental health treatment, and housing support services. The *long-term program outcomes* include reducing failure to appear (FTA) rates and preventing further criminal behavior, arrest, and/or reentry into the criminal justice system among misdemeanor offenders. The *long-term impact* of the program is to reduce secondary trauma exposure among family members of offenders. Impacts on family members are presumed and are not included in the measurement model.

Evaluation Timeline

The evaluation of the Shasta County Probation Department MCE Project will be implemented over a three-year timeframe that corresponds to the duration of the grant funded period. The evaluation subcontract agreement with EMT Associates, Inc. was executed on December 18, 2019 marking the start of the evaluation timeline. The evaluation effort will extend through the submission of the final evaluation report due on May 15, 2023.

The project will proceed according to the four phases of evaluation activities, including evaluation planning, data collection, analysis, and reporting. Specific tasks and timelines are shown in Attachment C: Shasta County Probation Department Prop 47 MCE Program Evaluation Timeline. The evaluation timeline is designed to correspond to the reporting requirements outlined by BSCC. Specific evaluation deliverables include the following:

Local evaluation plan. The current evaluation plan was drafted in December 2019 and will be submitted to Shasta County Probation for review and comment in advance of the submission deadline. The evaluation team will incorporate stakeholder feedback and will finalize the evaluation plan document for submission to BSCC by December 31, 2019.

Quarterly reporting. The evaluation team will coordinate with the PA and HCHWC to integrate source data and prepare and submit quarterly reports according to established formats and timelines. Quarterly reports will include all mandatory fields including *client demographics, client participation status, education, employment, and housing status, utilization of services*, including mental health, substance use disorder, diversion program, and support services, and *dates of recidivism events*. Clients will be identified using the project-specific unique identifier (e.g., AB56785). The PA within Shasta County Probation will be responsible for uploading the Prop 47 quarterly reporting spreadsheet to BSCC once the analysis by the evaluation team is complete.

Interim evaluation report. The two-year interim evaluation report will be submitted by August 15, 2021. The report will summarize implementation progress and attainment of preliminary outcomes from the first two years of the Shasta County Probation Department MCE program. The report will be structured to include the program background, the current logic model, a description of the methodology and study limitations, results from both the process and outcome evaluation components, and a summary of lessons learned, conclusions, and recommendations. The interim evaluation report will include a brief executive summary highlighting key evaluation findings.

Final evaluation report. The final evaluation report will be submitted by May 15, 2023. The final evaluation report will summarize findings from the three-year project period. The report will be structured to include program background, the current logic model, a description of the methodology and study limitations, results from both the process and outcome evaluation components, and a summary of lessons learned, conclusions, and recommendations. The evaluation team will prepare a brief, executive summary that highlights major findings from the evaluation to disseminate to project stakeholders and other key audiences. Findings from the final evaluation report will also be summarized in a brief PowerPoint presentation to be presented to the local Prop 47 advisory committee.

Attachment A. Shasta County Probation Department MCE Program Process and Outcome Measurement Matrix

	<u>Evaluation Question</u>	<u>Indicators</u>	<u>Source</u>	<u>Timing/Frequency</u>	<u>Type</u>
1.	How effective were MCE outreach efforts at engaging misdemeanor offenders and enrolling and retaining them in case management services?	<ul style="list-style-type: none"> • Eligible offenders referred to HCHWC • Eligible offenders contacted by case managers by contact outcome (declined, unable to contact) • MCE clients enrolled in case management • Total dosage hours completed per MCE client • MCE clients who successfully completed the program • MCE clients who failed/terminated from the program 	<p>Hill Country Health and Wellness Center Contact Logs</p> <p>Hill Country Health and Wellness Center EMR</p>	Quarterly and annual analyses	Process
2.	Were there any positive changes in anti-social attitudes and values among MCE participants that could be attributed to their program involvement?	<ul style="list-style-type: none"> • Reductions in measures of anti-social attitudes and values (e.g., justification, rationalization, power orientation, entitlement, cold heartedness, criminal rationalization, and personal irresponsibility) (Pre-post comparison between baseline to service completion) 	MCE Client Survey (TCU Criminal Thinking Scale)	Baseline (time of enrollment) Completion of program services	Outcome
3.	Did participants enrolled in MCS case management services perceive reductions in barriers to navigating the justice system or to accessing needed services?	<ul style="list-style-type: none"> • Reductions in measures of barriers to access (e.g., psychological, socio-economic, health or mental health-related, expectations) (Pre-post comparison between baseline to service completion) 	MCE Client Survey	Baseline (time of enrollment) Completion of program services	Outcome
4.	How effective was the MCE in enrolling clients in pre-trial diversion services and promoting program retention and completion?	<ul style="list-style-type: none"> • MCE clients enrolled in pre-trial diversion program. • MCE clients active in pre-trial diversion (retention/attrition). • MCE clients completing pre-trial diversion. 	Shasta County Probation Department/PA	Baseline (time of enrollment) Completion of pre-trial diversion/exit	Process
5.	How effective was the MCE in identifying clients with untreated substance use and mental health disorders and facilitating access to, retention in, and completion of treatment?	<ul style="list-style-type: none"> • MCE clients screened • MCE clients with a substance use disorder or mental health diagnosis • MCE clients referred to substance abuse and mental health treatment • MCE clients confirmed to have initiated services. 	Hill Country Health and Wellness Center EMR	Quarterly and annual analyses	Process
6.	How effective was the MCE in connecting clients with needed housing supports and helping them maintain housing stability?	<ul style="list-style-type: none"> • MCE clients assessed • MCE clients identified with housing instability. • MCE clients referred to housing assistance • MCE clients in stable housing at program completion (Pre-post comparison) 	Hill Country Health and Wellness Center EMR	Quarterly and annual analyses	Process/ Outcome
7.	What were the most significant challenges or barriers to implementing the MCE program as perceived by key partners and other project stakeholders?	<ul style="list-style-type: none"> • Stakeholder perceptions regarding program implementation challenges, lessons learned, and areas needing improvement 	Key informant interviews: Shasta County Probation Hill Country Health and Wellness Center	Interim and final analysis	Process
8.	What were the most significant accomplishments of the MCE grant program as perceived by key partners and other project stakeholders?	<ul style="list-style-type: none"> • Stakeholder perceptions regarding program successes and lessons learned 	Key informant interviews: Shasta County Probation Hill Country Health and Wellness Center	Interim and final analysis	Process

	<u>Evaluation Question</u>	<u>Indicators</u>	<u>Source</u>	<u>Timing/Frequency</u>	<u>Type</u>
9.	Did participants who successfully completed MCE case management services (i.e. higher fidelity to the program model) have lower failure to appear (FTA) rates than non-participants or than misdemeanor offenders with lower fidelity to the program model?	<ul style="list-style-type: none"> • MCE clients with a new failure to appear in court • MCE clients completing case plans 	Shasta County Probation Department/PA HCWHC	Quarterly and annual analyses	Outcome
10.	Did participants who successfully completed MCE case management services (i.e. higher fidelity to the program model) have lower recidivism rates than non-participants or than misdemeanor offenders with lower fidelity to the program model?	<ul style="list-style-type: none"> • MCE clients with a new complaint filed while in the program • MCE clients with a new conviction while in the program • MCE clients completing case plans 	Shasta County Probation Department/PA HCWHC	Quarterly and annual analyses	Outcome

Attachment B. Shasta County Probation MCE Program Logic Model



