

Shasta County Probation Department Misdemeanor Community Engagement Program (CEP)

Two - Year Preliminary Evaluation Report



August 2021

Executive Summary

In 2019 the Shasta County Probation Department was awarded funding from the Board of State and Community Corrections (BSCC), under California's Prop 47 Safe Schools and Neighborhoods Act, to establish the Shasta County Misdemeanor Community Engagement Program (CEP). The project aims to increase 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, grantees 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. Funded grantees are required to submit a two-year interim evaluation report in August 2021. This mid-grant report summarizes the Department's progress toward achieving the goals and objectives outlined in the original proposal.

CEP Program Goals

The CEP 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, or who meet other eligibility criteria. The program addresses the following five overarching goals:

- Increasing access to behavioral health treatment, housing assistance, and pre-trial diversion services and supporting program retention and service completion;
- Increasing community engagement by mediating changes in anti-social values and attitudes (i.e., criminal thinking);
- Reducing barriers to navigating the court system among participating clients;
- Improving court attendance among misdemeanor offenders, including those with a history of repeated offenses or failure to appear (FTA); and
- Preventing further criminal behavior, arrest, and/or reentry into the criminal justice system.

CEP Program Model

The Shasta County Probation Department provides management and oversight of the CEP grant program in coordination with the Shasta Prop 47 local advisory committee. The Shasta County Probation Department is implementing the CEP 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 provides case planning and assessment services to enrolled clients and refers clients to substance use disorder treatment, mental health services, and housing assistance based on identified needs. Case managers 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 CEP program also funds a Probation Assistant (PA) who engages in direct client outreach through the courts and serves as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC.

Evaluation Methods and Design

The evaluation of the Shasta County CEP program is being conducted by an external evaluation firm, Evaluation, Management, and Training Associates, Inc. The program evaluation utilizes a mixed-methods design that incorporates quantitative and qualitative data elements and supports both process and outcome measurement. Evaluation activities are implemented through a collaborative effort involving evaluation team members, the PA and criminal justice partners, and administrators and case

managers with HCHWC. Data collection activities are managed locally by program staff who securely 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 referral forms, intake and assessment information, service records, client surveys, and administrative records extracted from county data systems to document recidivism events.

Evaluation Results

The mid-grant report presents preliminary process and outcome findings from the external evaluation of the CEP Program. The report covers the grant period spanning from January 1, 2020, when CEP services were initiated, through the quarter ending June 30, 2021 (Q7). The following are key findings from the evaluation effort to date:

- The Shasta County Probation Department began identifying and referring CEP clients to HCHWC for enrollment in January 2020. There were 114 prospective clients identified by the PA who met eligibility requirements and who expressed a willingness to participate. Forty-five clients (39%) were ultimately enrolled. Client enrollment was slow in the first 12-months of the grant due to staffing challenges and government closures but has rapidly accelerated since January 2021.
- Within the population of enrolled clients, about 78% were eligible based on a criminal history of misdemeanor drug violations, 43% had a history of failing to appear (FTA) at a court hearing, 28% had a history of homelessness, and 28% had a history of other misdemeanor offenses.
- Once clients were identified for the program and confirmed to meet eligibility requirements, they were referred to HCHWC, where case management staff engaged in further outreach to encourage enrollment. On average, case managers contacted each client 3.8 times before successfully engaging them in services, totaling 150 contacts for those who eventually enrolled.
- There were observed differences between the population of clients who formally enrolled in the program and those in the outreach only population (clients referred but never enrolled). Specifically, the percentage of offenders with a history of drug violations or homelessness was significantly higher in the enrolled population than in the group who received outreach only. Conversely, about 13% of those in the outreach only group had mental health issues listed as an eligibility criterion at the time of referral, compared to none in the enrollment population. CEP clients were ultimately diagnosed with mental health or substance use disorders (SUD). This does indicate that clients with a documented history of mental health challenges may be more difficult to engage in services and may require more intensive outreach from case managers.
- The enrolled CEP population was 62% male and 38% female. The average age of participants was 36.5 years old. About three-quarters (75%) of clients were White, 8% were American Indian, 3% were Black or African American, and 14% were multi-racial. This generally reflects the race/ethnic composition of the larger Shasta County population.
- About 29% of CEP clients never completed high school and nearly three-quarters (73%) were unemployed. Only 16% of clients lived in independent housing. Specifically, nearly half of clients reported that they were homeless (47%), and another quarter (24%) were living in the home of a family member or relative. Seven percent were living in transitional housing and 9% reported that they were temporarily housed through a residential treatment program. The remaining four percent of clients had an unknown housing status.

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- The majority of clients listed zip code areas in and around Anderson or Redding as their areas of residence, with a much small number of clients originating from the more remote northeastern portion of the county near Burney.
 - Case management records documented in the HCHWC Electronic Health Record (EHR) showed that case managers delivered 290 in-person service units to participating clients. After enrolling in the program, about three-quarters of clients (72%) received up to 5 case management contacts, 13% of clients received 6-9 case management contacts, 9% percent received 10-14 contacts, and 4% received 15 or more contacts.
 - Clients received various types of behavioral health and social support services as part of their program participation. All clients received case management services as anticipated. The next most widely utilized categories of services included housing assistance (51%), transportation services (49%), food assistance and other social supports (47%). The least widely utilized support was education services (11%).
 - All clients who are enrolled in the CEP program complete an initial assessment that integrates a battery of behavioral health screening tools. Specific tools include the Public Health Questionnaire-9, GAD-7, Opioid Risk Tool, SBIRT, AUDIT, and the DAST. Based on results of these comprehensive biopsychosocial assessments 15% of clients were diagnosed with a mental health disorder and 18% were diagnosed with a SUD. Clients were referred to community-based behavioral health treatment programs and are monitored by HCWHC case managers for retention in services.
 - Eighty-eight percent of CEP clients (88%) surveyed at the time of intake had previously appeared in court, and 89% had previously missed one or more court dates. About one-third of clients (35%) had a negative experience with the court system at some time in their past that may influence their level of engagement with the court process and their willingness to appear.
 - The most frequently perceived barrier to court attendance was the inability to pay court fees, which was noted by 81.3% of all respondents. Substantial percentages of clients also reported that forgetting about the appointment (66.7%) or not wanting to be seen by anyone they knew (66.7%) were strong impediments to court attendance. This was followed closely by the percentage (58%) who did not have transportation to get to the court appointment. Clients also mentioned that they did not receive any information about their specific court date (50%). This barrier may be particularly significant within the CEP client population where housing instability and transiency are relatively common. This survey will be readministered at program exit to determine whether CEP services impacted clients' real or perceived barriers to court engagement in these areas.
 - Under California law, failing to appear in court may result in a bench warrant and re-arrest and can increase jail time and penalties. Accordingly, a major focus of case management activities was to help clients attend their court dates as scheduled to prevent escalating involvement with the criminal justice system. Among CEP clients, the FTA rate reported on the court outcome tracking tool was 16% indicating that CEP clients failed to appear at 16% of all scheduled dates. This figure compares to an FTA rate of 21% among clients who were eligible for the CEP

Program, but who never formally enrolled. Although the two populations are not presumed to be equivalent, the analysis does present a promising pattern among CEP clients.

- Shasta County Probation has continued to track recidivism events among clients enrolled in the CEP program for evaluation purposes. The number of recorded events to date has been extremely low; further, relatively few clients have had a sufficient time horizon for tracking recidivism due largely to delays in program start-up tied to COVID. The project team and the external evaluator are meeting regularly to discuss the availability of data to support the recidivism analysis and are actively reviewing technical assistance materials made available by BSCC. The recidivism analysis represents an immediate priority and area of focus of grant activities now that client enrollment has begun to accelerate, and data collection processes have become more reliable and streamlined.

Progress Toward Goals

The CEP Program experienced a slower than anticipated start-up due to several implementation challenges, most notably, challenges tied to government shutdowns caused by the COVID-19 pandemic. Temporary court and office closures delayed the number of new clients who were identified for the program, and impeded outreach and recruitment efforts once identified clients were referred. The second major implementation issue involved staffing challenges at HCHWC early on in the implementation timeline. HCHWC was in the process of recruiting and hiring two new case managers for the grant when COVID shutdowns occurred, and only one case manager was hired. Mid-way through the first year, the case manager left HCHWC and was eventually replaced by two new case management staff who now have been successfully integrated into the program. This turnover in staffing created a temporary discontinuity in services, although this has since been resolved with the current staffing configuration. As a consequence of these initial challenges, many of the clients referred during the first year of the program were involved in outreach and engagement efforts only or were considered one-time interventions. The majority of clients who formally enrolled in the CEP Program did not initiate services until January 2021 or later. These current clients are actively utilizing services, and caseloads are approaching the maximum target of 50 enrolled clients. However, the initial delays in program enrollment resulted in no clients to date completing program services, although two clients are approaching graduation. The delays have also limited the capacity of the evaluation team to measure key program outcomes that are monitored over time (intake to completion) or to demonstrate achievement of targeted program goals.

Evaluation Next Steps

Despite early implementation challenges caused by the COVID-pandemic, the Shasta County CEP Program is now on track and has made significant strides to increase program staffing, strengthen implementation quality, and enhance communication and data management practices across partnering organizations. The project team is continuing to formalize criteria for service completion and processes for individual case review to begin graduating clients from the program. The team will continue to use evaluation data to drive quality improvement efforts to help clients access needed services in the community, address underlying behavioral health and housing needs, successfully navigate the court process, and prevent reentry into the criminal justice system.

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 in 2019 to 23 public agencies across the state, including the Shasta County Probation Department. The Probation Department has used grant funds to establish the Shasta County Misdemeanor Community Engagement Program (CEP), which aims to increase 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. Funded grantees are required to submit a two-year interim evaluation report due on August 15, 2021.

This mid-grant report summarizes the Shasta County Probation Department’s progress toward achieving the goals and objectives outlined in the original proposal. The report structure includes an introduction to the program model, a description of process and outcome evaluation methods, results from both the process and outcome evaluation components, and a discussion of evaluation results. The mid-year report includes updated logic model that maps the relationships between program strategies and activities and their intended outcomes.

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CEP Program Model

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substance use disorder treatment, mental health services, and housing assistance based on identified needs. Case managers 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 CEP program also funds a Probation Assistant (PA) within the Probation Department who serves as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA coordinates with justice system partners to identify prospective clients using failure to appear (FTA) lists, jail release lists, and contact lists from local defense attorneys and the District Attorney's office. The information is shared with HCHWC for use in conducting direct outreach to recruit clients into the program. The PA also coordinates information sharing among partners on an ongoing basis and provides status reports to the court concerning clients' progress when requested.

Local Management and Oversight Advisory Committee

The Shasta County Probation Department has responsibility for management and oversight of the CEP grant program. The Probation Department coordinates with a local advisory committee with member representatives 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 meets on an as needed basis to review grant implementation and data findings and to work with the evaluation team to ensure project components are being monitored, assessed, and adjusted as needed. The Prop 47 Advisory Committee most recently met on August 2, 2021 to review findings included in the mid-year grant report and to provide feedback as appropriate.

Evaluation Methods and Design

The evaluation of the Shasta County CEP program is being conducted by an external evaluation firm. Evaluation, Management, and Training Associates, Inc. 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 CEP 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 was developed in December 2019 to guide implementation of the evaluation effort. The evaluation approach as outlined in the formal plan fulfills several key functions including: a) clearly articulating and describing the program model 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 CEP 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, local program staff, and other agencies interested in replicating promising practices.

The proposed program evaluation utilizes a mixed-methods design that incorporates quantitative and qualitative data elements and supports both process and outcome measurement. Evaluation activities are implemented through a collaborative effort involving evaluation team members, the PA and criminal justice partners, and administrators and case managers with HCHWC. Data collection activities are managed locally by program staff who securely 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 referral forms, intake and assessment information, service records, client surveys, and administrative records extracted from county data systems to document recidivism events. The evaluation approach is described in more detail in the next sections.

Process Evaluation Questions and Data Sources

The **process evaluation** describes and assesses 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 a program is 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 CEP outreach efforts in engaging misdemeanor offenders and enrolling and retaining them in case management services?
- How effective was the CEP 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 CEP in connecting clients with needed housing supports and helping them maintain housing stability?
- What were the most significant challenges or barriers to implementing the CEP program as perceived by key partners and other project stakeholders?
- What were the most significant accomplishments of the CEP grant program as perceived by key partners and other project stakeholders?

Data supporting the process evaluation of the Prop 47 CEP Program is generated from several key sources including referral information, HCHWC intake assessments, case management records, and interviews with Probation and case management staff. Each of these data sources and data collection activities are discussed in more detail below:

- ***Referral information.*** CEP participants are identified for the program through various mechanisms, including walk-ins, jail release, referrals from law enforcement, court hearings, referrals from the Public Defender’s office, and pre-trial diversion. The PA reviews court records and identifies individuals who meet program criteria, and then submits referral information, including client contact information, source of referral, and eligibility criteria, to HCHWC to initiate the outreach process. HCHWC maintains a contact log that records dates of contact and outcome of outreach effort (e.g., unable to contact, declined to participate, enrolled). Information from contact logs is 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. Referral information is transferred to the evaluation team for quarterly analysis and reporting.
- ***Client intake assessment.*** Eligible clients who agree to participate in the CEP program establish an appointment date to complete the required assessments and to formally enroll in the

program. Clients complete a variety of assessment tools, including a CEP intake form that aligns with the BSCC SMART Sheet structure and response options, as well as 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. The ACES questionnaire measures the client's history of exposure to traumatic experiences and is administered at the time of intake only. Information from the intake and needs assessment process is used to inform case plan development for each client. CEP intake information is completed on scannable forms that are securely transferred to the evaluation team for analysis and reporting. Information is used to describe the demographic and social-economic characteristics of participants, 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 is recorded for each participant encounter and logged in the HCHWC electronic medical record (EMR). Service utilization data is exported and transferred electronically to the evaluation team to monitor the number of individuals receiving services and the types of CEP services being provided. The evaluation team summarizes 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 conducts semi-structured interviews with project stakeholders, including the PA and HCHWC supervisors and case managers. Interviews are conducted informally as part of regular team check-in meetings, and will be conducted more formally at the conclusion of the grant to inform final evaluation reporting. Formal 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.

The evaluation team, the PA, and HCHWC supervisor and case management staff have met regularly throughout the grant funded period to discuss process findings and to identify areas of strength as well as areas for future focus or need for improvement.

Outcome Evaluation

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 CEP participants that could be attributed to their program involvement?
- Did participants enrolled in CEP case management services perceive reductions in barriers to navigating the justice system or to accessing needed services?

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- Did participants who successfully completed CEP 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?
 - Did participants who successfully completed CEP 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?

Eligibility Criteria for Participant and Comparison Groups

The CEP 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. The priority population includes individuals cited or arrested for violations of section 11377/11350/11364 of the Health and Safety Code. Clients must have a criminal history, must range in age from 18 to 30 years old, must have stable contact information, and must show a willingness to comply with program requirements. Other priority populations include clients who are homeless or at risk of being homeless, and clients with a substance use 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.

CEP 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.

Once eligibility is determined and clients indicate a willingness to participate in the program, they are referred to HCHWC case managers who engage in additional outreach and recruitment efforts to officially enroll clients in the program. According to the original project design, enrollment was to be conducted on a first-come, first-served basis until the program reached the maximum caseload of 50 participants, at which point, new referrals would be waitlisted until new spaces became available. The initial outcome evaluation design would assign waitlisted clients to the comparison group. However, due to COVID related challenges, program enrollment was slower than anticipated and there was no wait list for program services. Instead, the total number of clients enrolled to date remains slightly below the target of 50 enrolled clients. Accordingly, the current comparison group for the outcome evaluation is comprised of clients who met eligibility requirements and were referred to the program, but who were not ultimately enrolled.

Client Identifiers

Misdemeanor offenders who were referred to the CEP were 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 HCHWC participant ID number. HCHWC assigned the case ID to clients upon enrollment into the program and completion of intake assessments. Hill Country shared lists of participant ID numbers with the PA to merge administrative records prior to transfer of data to the evaluation team. The

evaluation team merged multiple data sources into a consolidated data set for analysis and reporting purposes.

Data Collection Activities

The outcome evaluation will utilize data from three key sources.

- **CEP Participant Survey.** CEP participants are 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) that may contribute to a clients' involvement with the criminal justice system. The Participant Survey is administered by the HCHWC case manager using a scannable Teleform survey produced by EMT Associates. Case managers later re-administer the CEP Participant Survey to clients at the time of exit from the program to measure any pre-post changes in attitudes over time. Completed survey forms are securely transferred to the evaluation team and are scanned into an electronic file format for analysis. As of the mid-grant evaluation report submission, 35 clients enrolled in the CEP program (78%) had completed a baseline CEP Participant Survey. No clients have formally exited the program, so there was no comparison data available for mid-grant reporting.
- **Court Experiences Survey.** CEP participants are asked to complete a brief survey at the time of intake to measure their history of court experiences and perceived barriers and challenges to navigating the criminal justice system and accessing services and supports in the community. The CEP Court Experiences Survey is administered by the HCHWC case manager using a scannable Teleform survey produced by EMT Associates. Completed surveys forms are transferred to the evaluation team and are scanned into an electronic file format for analysis. The Court Experiences Survey will be re-administered to clients at the time of exit from the program. Completed survey forms are securely transferred to the evaluation team and are scanned into an electronic file format for analysis. As of the mid-grant evaluation report submission, 18 clients enrolled in the CEP program (40%) had completed a participant survey. No clients had formally exited the program as of the reporting deadline, so there was no comparison data available for mid-grant reporting.
- **Administrative records.** The CEP PA provides administrative records to HCHWC and the evaluation team on a regular basis. Records include tracking of court outcomes (e.g., Failure to Appear) for participant and comparison subjects and 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 Collection Challenges

The evaluation team experienced some initial data collection challenges during the first year of the grant. Incomplete data resulted in part, from both staff turnover at HCHWC that temporarily disrupted data flows, and government shutdowns that limited the program's capacity to successfully engage new clients and collect in-person data. However, since January 2021, the program has been much more successful at enrolling new clients and has streamlined data collection and transfer processes. HCHWC appointed an internal staff person to oversee the data transfer process. This has resulted in a significant improvement in overall data quality and completeness. The evaluation team is meeting monthly with HCHWC staff and the PA to review caseload information, to address any data gaps or inconsistencies, and to define benchmarks for measuring progress success.

Definition of Program Completion

CEP program completion is determined based on the achievement of goals outlined for individual clients in a case plan completed as part of the assessment process with HCHWC. This may include diversion program completion and/or completion of behavioral health treatment services according to a prescribed treatment plan. During the evaluation planning phase, HCHWC and Probation established the following definitions to support measurement of interim outcomes.

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. Case managers monitor mental health program participation and record information on program attendance in the BSCC SMART Sheet.

Substance Use Disorder Treatment Program Completion. Substance use disorder (SUD) treatment program completion occurs when the participant completes all tasks and has made satisfactory progress outlined in the criteria of completion. Case managers monitor program participation and record information on program attendance in the BSCC SMART Sheet.

Additional criteria may be applied by the court on a case-by-case basis to determine whether expectations for participation have been met for each CEP client. These specific criteria may include, but are not limited to:

- Client engagement in case management services or declining need for support;
- Client engagement in recommended services (e.g., making appointments, participation and satisfactory progress);
- Improvements in functioning and self-management as determined by the case manager;
- Attendance at all court dates; and
- Positive court status reports.

The evaluation team, Probation staff, HCHWC and other criminal justice partners will be meeting in August 2021 to further operationalize definitions and benchmarks and to establish a formal process for reviewing client progress. Delays in program start-up and early implementation challenges had delayed this decision process.

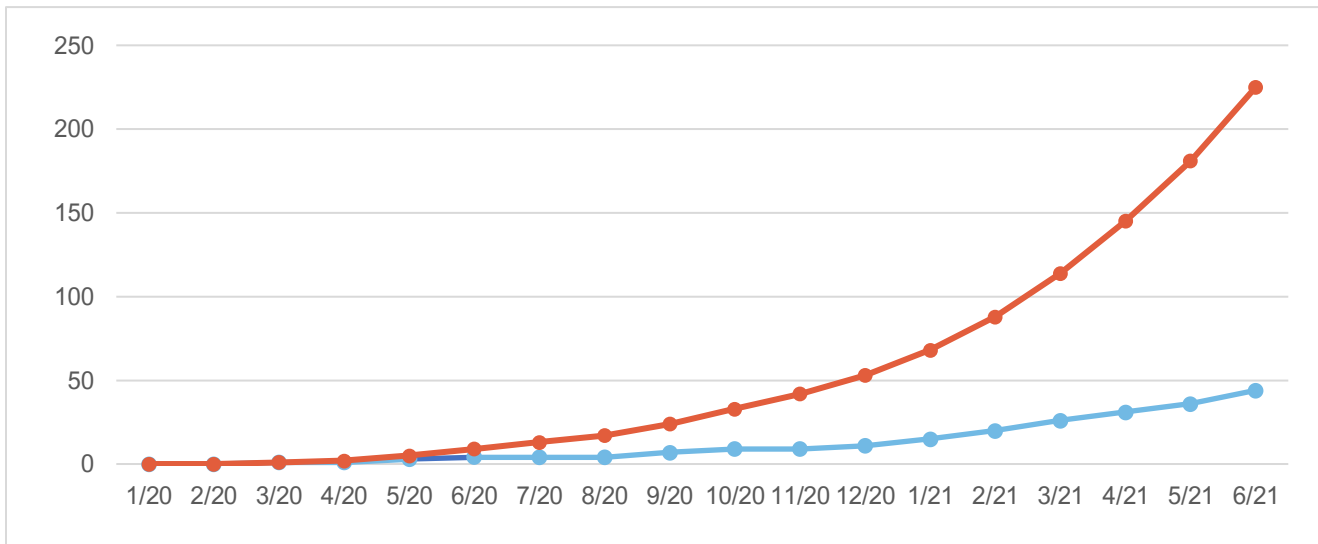
Evaluation Results and Discussion

The next section of the mid-grant report presents preliminary process and outcome findings from the external evaluation of the CEP Program. The report covers the grant period spanning from January 1, 2020, when CEP services were initiated, through the quarter ending June 30, 2021 (Q7).

Participant Characteristics

The Shasta County Probation Department began identifying and referring clients to HCHWC for CEP enrollment in January 2020. Exhibit 1 below shows the number of clients referred and the number of clients enrolled by month since the program's inception. Of the 114 prospective clients who met eligibility requirements and who expressed a willingness to participate, 45 misdemeanants, or 39% of those referred, were ultimately enrolled as CEP clients. Program enrollment was relatively slow in the first few months of implementation while HCHWC was in the process of hiring staff. Shortly thereafter, COVID-19 closures further slowed new enrollments when courts and professional offices were closed. The flow of referrals remained gradual through the entire first year of the grant; however, as the economy reopened and new case management staff were hired, new enrollments began to increase significantly. Specifically, fewer than 5 new clients were enrolled in each of the first five quarters of implementation. That number increased to 15 new clients in Quarter 6 and 18 new clients in Quarter 7. HCHWC expects to maintain an active caseload of up to 50 participants for the duration of the grant funded period.

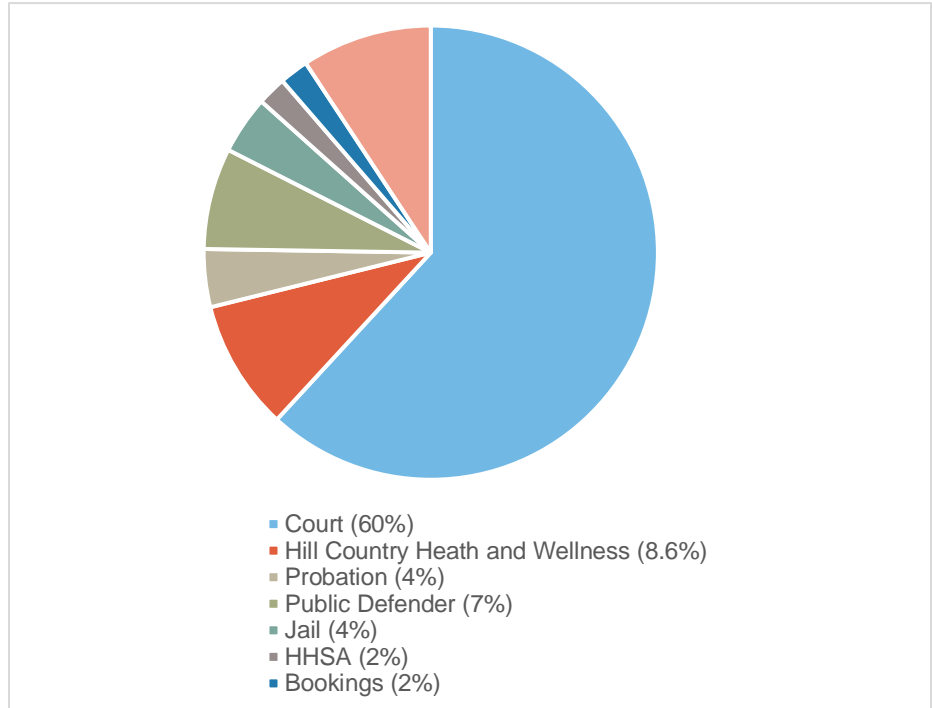
Exhibit 1. Cumulative Number of Clients Enrolled by Month of Enrollment (n=44)



To identify clients for the program, the PA conducted weekly reviews of court calendars and records in databases to determine who would meet program eligibility requirements. The PA would attempt to contact prospective clients prior to their initial court date to confirm attendance and to engage in outreach efforts. As shown in exhibit 2 on the following page, about two-thirds of enrolled clients (60%) were identified by the PA through the courts. Seven percent of clients were identified through the Public Defender's office, 9% were identified by HCHWC through other service connections in the community, 4% were identified through Probation, 6% were identified through the local jail or bookings, and 2% were identified through the Shasta County Health and Human Services Agency (HHS). The remaining 9% had no recorded source of referral.

Exhibit 2. Sources of CEP Referral (n=45)

When reviewing case records, the PA investigated and recorded up to three eligibility criteria for each client. Within the population of enrolled clients, about 78% were eligible based on a criminal history of misdemeanor drug violations, 43% had a history of failing to appear (FTA) at a court hearing, 28% had a history of homelessness, and 28% had a history of other misdemeanor offenses. Most clients were identified for the program based on multiple eligibility criteria.



Comparisons in eligibility criteria between outreach contacts only (never enrolled)

and clients who eventually enrolled in CEP services, revealed key differences between groups. Specifically, the percentages of offenders with a history of drug violations or homelessness were significantly higher in the enrolled population than in the outreach population. Conversely, about 13% of those in the outreach only group had mental health issues listed as an eligibility criterion, but none went on to enroll in the program. This indicates that clients experiencing mental health challenges may be more difficult to engage in services and may require more focused outreach. These differences in characteristics will continue to be monitored and shared with CEP staff to help identify factors that might either motivate or impede engagement and participation.

Once clients were identified for the program and confirmed to meet eligibility requirements, they were referred to HCHWC, where case management staff engaged in further outreach to encourage enrollment. On average, case managers contacted each client 3.8 times before successfully engaging them in services, totaling 150 contacts for those who eventually enrolled. Once clients agreed to enroll in the program, they were assigned to a HCHWC case manager. Program guidelines suggests that clients should be enrolled in the program within 30 days of referral. The average duration from referral to enrollment was approximately 44 days which was close to the designated timeframe, particularly given COVID-related challenges. About 73% of all clients were enrolled within the recommended 30-day window. For clients who agree to enroll, case managers complete a comprehensive intake assessment, develop individualized case plans, and work with each client on an ongoing basis to provide case management services and linkages to providers in the community.

Client information documented through the intake and assessment process, included data on clients' demographic characteristics, such as age, gender, race/ethnicity, and place of residence, as well as educational attainment, employment, and housing status. This information is detailed in the exhibits on the following page.

Exhibit 3. **Educational Attainment among Clients (n=45)**

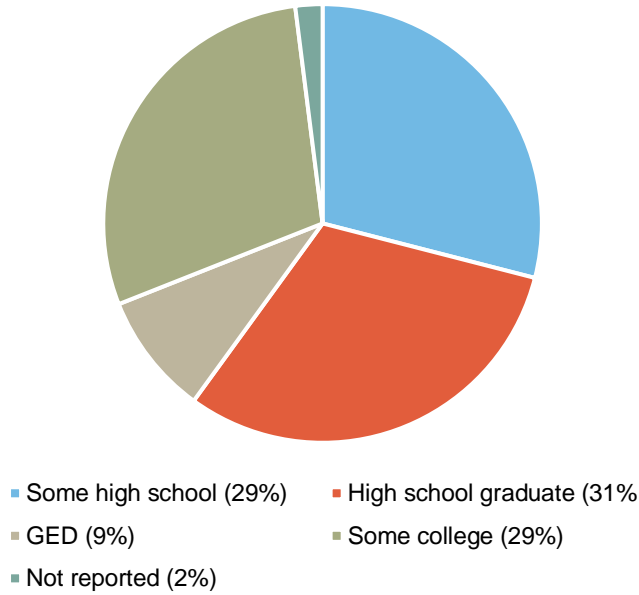


Exhibit 4. **Employment Status among CEP Clients (n=45)**

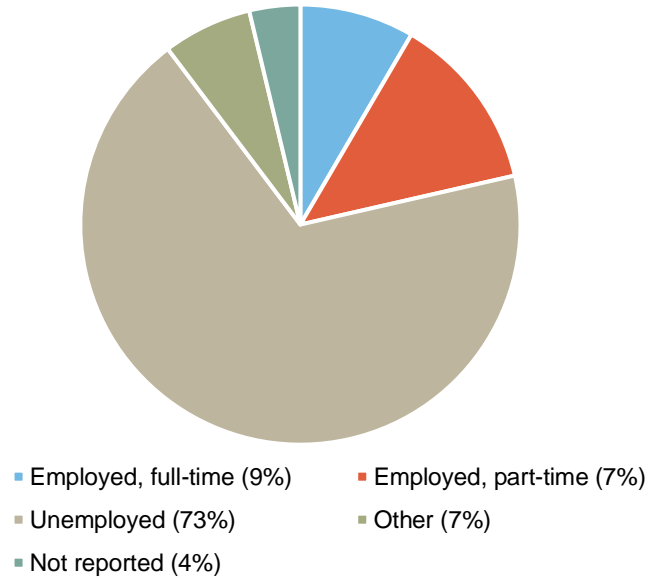


Exhibit 6. **Housing Status among CEP Clients (n=45)**

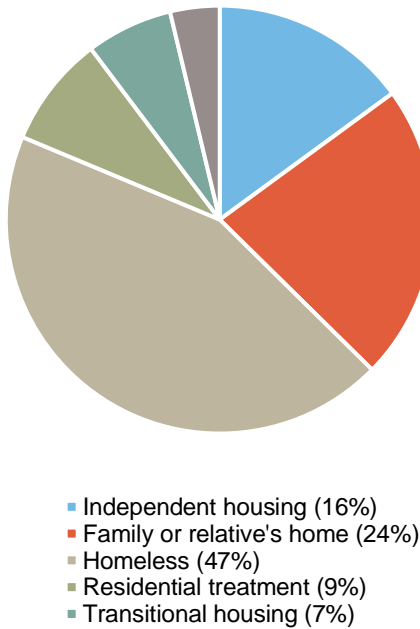
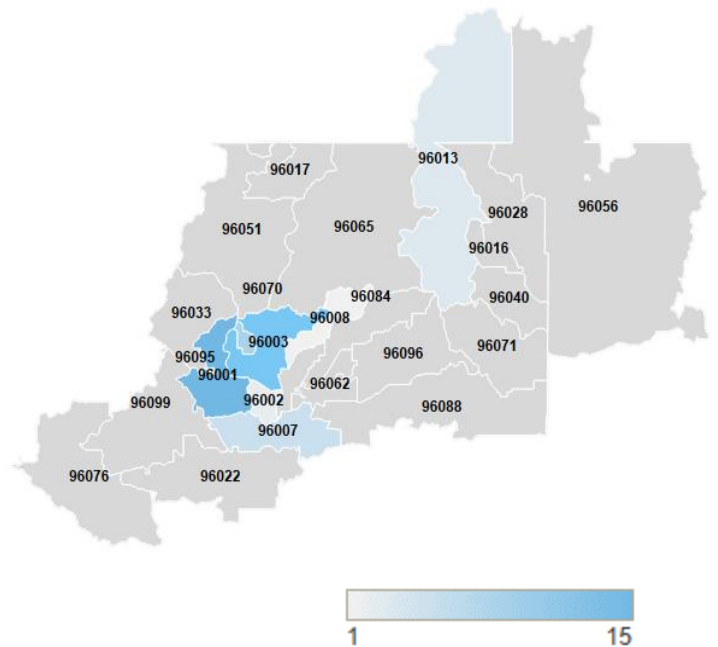


Exhibit 5. **CEP Clients by Zip Code Area of the County (n=45)**



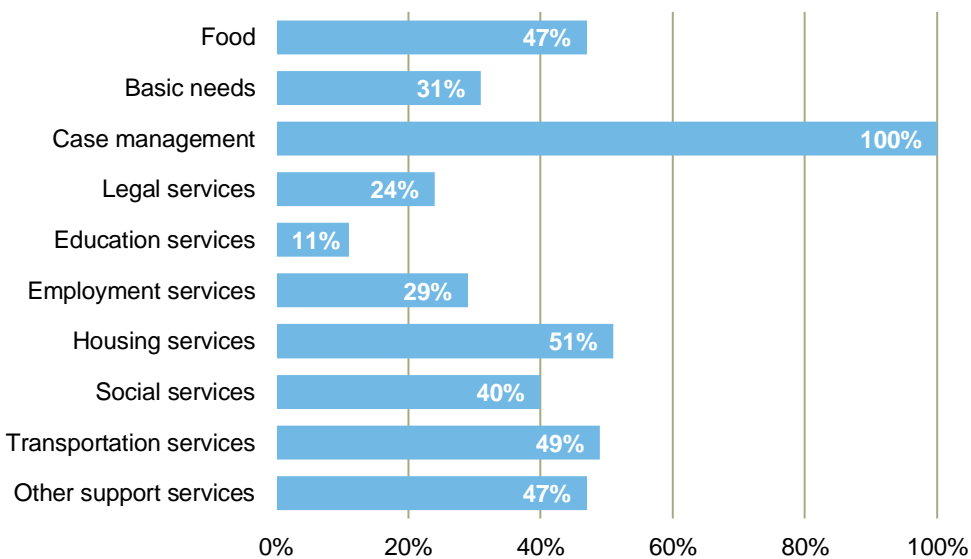
The enrolled CEP population had a higher proportion of male clients (62%) than female clients (38%). The average age of participants was 36.5 years old. About three-quarters (75%) of clients were White, 8% were American Indian, 3% were Black or African American, and 14% were multi-racial. This generally reflects the race/ethnic composition of the larger Shasta County population. About 29% of CEP clients never completed high school and nearly three-quarters (73%) were unemployed. Intake information also revealed that most CEP clients were experiencing housing instability at the time of enrollment. Nearly half of clients reported that they were homeless (47%) and another quarter (24%) were living in the home of a family member or relative. Seven percent of clients were living in transitional housing and 9% reported that they were temporarily housed through a residential treatment program. The remaining four percent of clients had an unknown housing status. The majority of clients listed zip code areas in and around Anderson or Redding as their areas of residence, with a much small number of clients originating from the more remote northeastern portion of the county near Burney.

Service Utilization and Access

The first CEP goal was to increase access to behavioral health treatment, housing assistance, and pre-trial diversion services and to support program retention and service completion. Case management records documented in the HCHWC Electronic Health Record (EHR) showed that case managers delivered 290 in-person service units to participating clients. After enrolling in the program, about three-quarters of clients (72%) received up to 5 case management contacts, 13% of clients received 6-9 case management contacts, 9% percent received 10-14 contacts, and 4% received 15 or more contacts with case managers.

Exhibit 7 below reports the percentage of enrolled clients who received various types of behavioral health and social support services as part of their program participation. As shown in the exhibit, 100% of clients received case management services as anticipated. The next most widely utilized categories of services included housing assistance (51%), transportation services (49%), food assistance and other social supports (47%). The least widely utilized supports was education services (11%).

Exhibit 7. **Categories of Services Utilized by CEP Clients (n=45)**



In addition to direct case management services, HCHWC case managers referred clients to a network of service providers that offer behavioral health treatment, health, education, and employment services. These providers are list in exhibit 8 below.

Exhibit 8. **Referral Network of Community-Based Service Providers**

Behavioral Health Treatment	Health, Education, and Employment Services
<ul style="list-style-type: none"> ■ Mental Health Services ■ North American Mental Health ■ Dunamis Wellness Center ■ Family Dynamics ■ Creekside Counseling ■ Wright Education ■ SUD Treatment Centers ■ Visions of the Cross ■ Empire Recovery Center ■ Shasta Options ■ Humboldt Recovery ■ Waterfront Recovery ■ Recovery Support Services ■ Narcotics Anonymous ■ Alcoholics Anonymous ■ Manter House 	<ul style="list-style-type: none"> ■ Shasta County Health and Human Services <ul style="list-style-type: none"> CalFresh Medi-Cal General Assistance CalWorks ■ SMART Center- Employment assistance ■ One Safe Place ■ Legal Services of California ■ Good News Rescue Mission ■ Shasta Community Health Center ■ Mercy ED Bridge Program ■ Harm Reduction services- Needle Exchange ■ Hill Country CARE Center

Behavioral Health Treatment Needs

One of the core goals for the CEP program and the statewide Prop 47 initiative was to identify clients with untreated substance use and mental health treatment needs and facilitate access, retention in, and completion of treatment services. All clients who are enrolled in the CEP program complete an initial assessment that integrates a battery of behavioral health screening tools. Specific tools include the Public Health Questionnaire-9, GAD-7, Opioid Risk Tool, SBIRT, AUDIT, and the DAST. Based on results of these comprehensive biopsychosocial assessments:

- 15% of clients were diagnosed with a mental health disorder; and
- 18% of clients were diagnosed with a SUD.

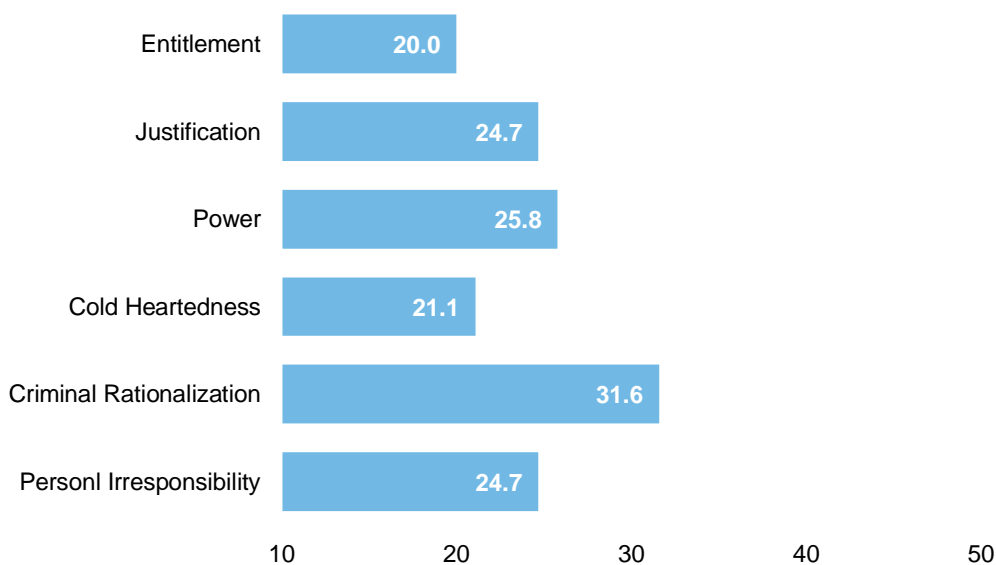
All CEP clients also complete an Adverse Childhood Experiences (ACEs) Questionnaire to assess levels of trauma exposure in childhood which have been linked to negative health outcomes. More than half of all clients screened (56.4%) had one or more Adverse Childhood Experiences (ACEs). The average ACEs score within the CEP client population a 7, indicating a very high level of childhood trauma exposure. Although most clients diagnosed with a behavioral health disorder have only been recently referred to community-based treatment services due to delays in program start-up, the HCHWC case management staff and evaluation team will continue to active track retention in services and treatment program completion as part of an ongoing monitoring and evaluation process.

Antisocial Values and Attitudes

The second CEP program goal was to increase community engagement among CEP clients by mediating changes in anti-social values and attitudes that are associated with patterns of *criminal thinking*. *Criminal thinking* has been defined as the set of “attitudes, beliefs, and rationalizations that offenders use to justify and support their criminal behavior.” Clients’ ongoing relationships with case managers and their engagement with supportive services in the community are designed to reduce these negative thought processes.

Shortly after the intake assessment is completed, CEP clients are administered the Criminal Thinking Scales (CTS), which is a standardized instrument developed in 2005 by Texas Christian University (TCU). The TCU CTS has been widely used in the criminal justice research field to evaluate intervention services. The TCU CTS questionnaire is divided into six multi-item scales or constructs that comprise the core elements of criminal thinking. These include measures of cold heartedness, criminal rationalization, entitlement, justification, personal irresponsibility, and power orientation. Responses to questions are combined into a calculated scale score that ranges in value from a minimum of 10 to a maximum score of 50. Since its initial development, use of the CTS as an evaluation tool has been challenged by mental health practitioners who have raised concerns that selected items might contribute to racial disparities in the criminal justice system. Accordingly, the instrument is now currently under review by TCU and the developers have recommended that certain items be removed from scoring. These adjustments have been incorporated into scoring for the CEP outcome analysis. Exhibit 9 shows the baseline distribution of scores for the population of clients who completed the survey as part of their CEP participation. Clients will be re-administered the survey upon completion of program services to measure any changes in values or attitudes that may be attributable to program participation. Overall, scores fell within a low to moderate range, which is consistent with expectations for non-violent, low level misdemeanor offenders. No follow-up measurements are provided as no CEP clients have formally graduated from the program.

Exhibit 9. **Baseline Measurement of Criminal Thinking** ($n=35$)



Court Experiences

The third goal identified for the CEP Program was to address barriers to navigating the court system among participating clients in order to reduce Failure to Appear (FTA) rates. At the time of intake into the program, clients were administered the custom-designed court experiences questionnaire. The questionnaire is later re-administered upon completion of program services to measure any reductions in real or perceived barriers that may help clients access services in the community, more actively engage in their own case planning, or improve their court attendance.

The first series of items on the questionnaire asks clients to indicate if they had ever appeared in court, failed to appear in court, or had ever had negative experience navigating the court system. Eighty-eight percent of clients (88%) surveyed had appeared at a court appointment in the past and 89% acknowledged that they had previously missed one or more court dates. About one-third of clients (35%) had a negative court experience at some time in the past that may impact their future willingness to appear.

Clients were next given a list of statements about barriers that may have impacted their ability to attend court. Statements were grouped into broad categories that included: informational barriers, structural or financial barriers, health-related barriers, psycho-social barriers, and issues related to fairness and equity. Exhibit 10 on the following page reports the number and percentage of clients who identified each issue as a barrier for them by marking the statement as either 'true' or 'very true'. Also reported is the number and percentage of clients who indicated that the statement was not a barrier for them personally (i.e., the statement was marked as 'not very true' or 'not true at all').

The most frequently perceived barrier to court attendance was the inability to pay court fees, which was noted by 81.3% of all respondents. Substantial percentages of clients also reported that forgetting about the appointment (66.7%) or not wanting to be seen by anyone they knew (66.7%) were strong impediments to court attendance. This was followed closely by the percentage (58%) who did not have transportation to get to the court appointment. Clients also mentioned that they did not receive any information about their specific court date (50%). This barrier may be particularly significant within the CEP client population where housing instability and transiency are relatively common.

Due to initial challenges with client engagement in the first year of the grant period, there were gaps in data for the court experiences questionnaire, so that data was only available for about 40 of all active clients. No follow-up measurements have been administered as no CEP clients have formally graduated from the program. Nevertheless, having knowledge of factors that are most likely to impact clients' ability to attend court appointments can be useful in case management practice by identifying client needs and appropriate resources.

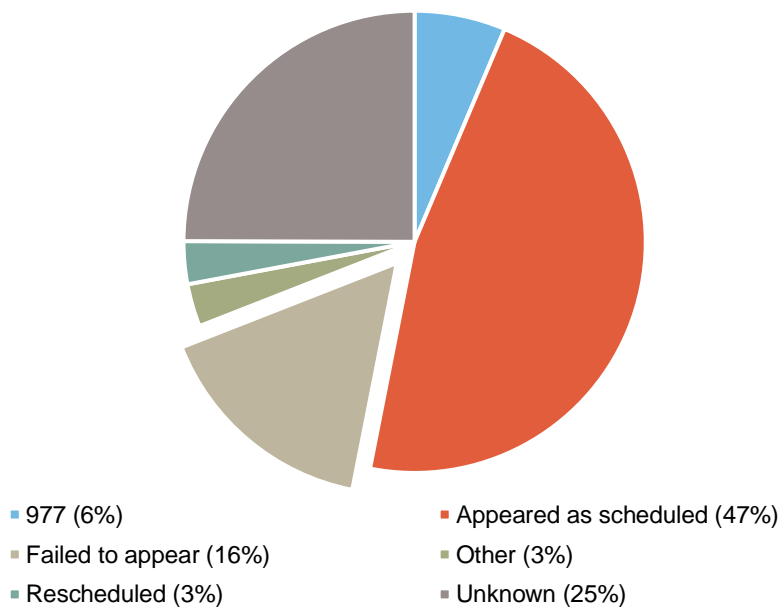
Exhibit 10. **Client Reported Barriers to Court Attendance – Baseline Court Experiences Survey (n=18)**

		N	<i>Identified as a Barrier</i>		<i>Not Identified as a Barrier</i>	
			N	%	N	%
Informational Barriers	I did not receive any information about my court date.	16	8	50.0%	8	50.0%
	The information about my court date was not in my preferred language.	15	0	0%	15	100%
	The information about my court date was too difficult to understand.	16	3	18.8%	13	81.3%
Structural or Financial Barriers	The office hours for the court appointment were not convenient for me	15	2	13.3%	13	86.7%
	I could not attend because of school or work conflicts.	14	4	28.6%	10	71.4%
	I had no transportation to get to the appointment.	17	10	58.8%	7	41.2%
	I had no one to care for my children or other dependents.	12	3	25.0%	9	75.0%
	I could not afford the court fees.	16	13	81.3%	3	18.8%
Health-Related Barriers	I could not attend because of a disability or physical health issue.	17	3	17.6%	14	82.4%
	I could not attend because of an alcohol or drug problem or mental health issue.	18	3	16.7%	15	83.3%
Psycho-Social Barriers	I did not want to be seen by anyone I knew.	18	12	66.7%	6	33.3%
	I did not want my friends, family, or co-workers to find out about my court involvement.	16	5	31.3%	11	68.8%
	I did not think anything would happen to me if I missed the appointment.	15	2	13.3%	13	86.7%
	I forgot about the appointment	18	12	66.7%	6	33.3%
	I felt too anxious about what might happen to me, so I decided not to go.	17	8	47.1%	9	52.9%
	I thought it would be okay since a lot of other people skip their court appointments.	16	2	12.5%	14	87.5%
Perceived Fairness and Equity Issues	I thought it was unfair that I had to go in the first place.	17	4	23.5%	13	76.5%
	I thought the judge would not consider all the facts or find out the whole story.	15	7	46.7%	8	53.3%
	I thought I would not be treated with dignity or respect.	15	4	26.7%	11	73.3%
	I thought the judge would not care about my needs or concerns.	18	7	38.9%	11	61.1%
	I thought I would be treated unfairly.	16	6	37.5%	10	62.5%

Failure to Appear (FTA)

The fourth CEP project goal, which relates to court experiences, is to improve court attendance and reduce FTA rates among misdemeanor offenders, including those with a history of repeated offenses or FTA. Under California law, failing to appear in court may result in a bench warrant and re-arrest and can increase jail time and penalties. Accordingly, a major focus of case management activities is to help clients attend their court dates as scheduled to prevent escalating involvement with the criminal justice system. Among CEP clients, the FTA rate reported on the court outcome tracking tool was 16% indicating that CEP clients failed to appear at 16% of all scheduled dates. This figure compares to an FTA rate of 21% among clients who were eligible for the CEP Program, but who never formally enrolled. Although *client* and *outreach only* populations may not be fully equivalent, the analysis does present a promising pattern among CEP clients. The FTA rate will continue to be monitored on a quarterly basis to determine whether this pattern continues to hold as more clients enroll in and access services through the program.

Exhibit 11. **Failure to Appear Rate among CEP Clients** ($n=45$)



Recidivism Analysis

The final goal of CEP services is to prevent further criminal behavior, arrest, and/or reentry into the criminal justice system. The CEP Program has identified a local definition of recidivism that will be used in future outcome analyses. These analyses will also include the BSCC definition. Each of these definitions are listed below:

- ***Shasta County Probation Local Definition.*** Any return to custody, filing of a new criminal complaint, new conviction, or reentry into the Misdemeanor Community Engagement Program after completing the program.
- ***BSCC definition.*** A conviction of a new crime committed within 3 years of release from custody or committed within 3 years of a placement on supervision for a previous criminal conviction.

Shasta County Probation has continued to track recidivism events among clients enrolled in the CEP program. The number of recorded events has been extremely low and the number of clients with a sufficient time horizon for tracking is also relatively low due to delays in program start-up. The project team and the external evaluator have plans to meet in August 2021 to discuss the availability of data to support the recidivism analysis, so that it can be completed as soon as there is a sufficient sample size to support the analysis. The evaluation team is also actively reviewing technical assistance materials made available by BSCC. The recidivism analysis represents an immediate priority and area of focus of grant activities now that client enrollment has begun to accelerate and data collection processes have become more reliable and streamlined.

Logic Model

The Shasta County CEP logic model provides a tool for mapping the relationships between program strategies and activities and their intended outcomes. The Shasta County Probation CEP logic model is structured to provide measurement of program outputs, and short-term and long-term outcomes associated with CEP implementation (*See Attachment A*). 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, employment assistance, and housing support services. The long-term program outcomes, as noted in the previous discussion, 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 original version of the logic model also included the long-term impact of reducing secondary trauma exposure among family members of offenders. Impacts on family members are presumed and are not included in the measurement model, and so have been excluded from the revised program logic model.

Progress Toward Goals

The CEP Program experienced a slower than anticipated start-up due to several implementation challenges, most notably, challenges tied to government shutdowns caused by the COVID-19 pandemic. Temporary court and office closures delayed the number of new clients who were identified for the program, and impeded outreach and recruitment efforts once identified clients were referred. The second major implementation issue involved staffing challenges at HCHWC early on in the implementation timeline. HCHWC was in the process of recruiting and hiring two new case managers for the grant when COVID shutdowns occurred, and only one case manager was hired. Mid-way through the first year, the case manager left HCHWC and was eventually replaced by two new case

management staff who now have been successfully integrated into the program. This turnover in staffing created a temporary discontinuity in services, although this has since been resolved with the current staffing configuration. As a consequence of these initial challenges, many of the clients referred during the first year of the program were involved in outreach and engagement efforts only, or were considered one-time interventions. The majority of clients who formally enrolled in the CEP Program did not initiate services until January 2021 or later. These current clients are actively utilizing services, and caseloads are approaching the maximum target of 50 enrolled clients. However, the initial delays in program enrollment translated into relatively few clients having completed program services. This also limited the capacity of the evaluation team to measure key program outcomes or to demonstrate achievement of targeted program goals.

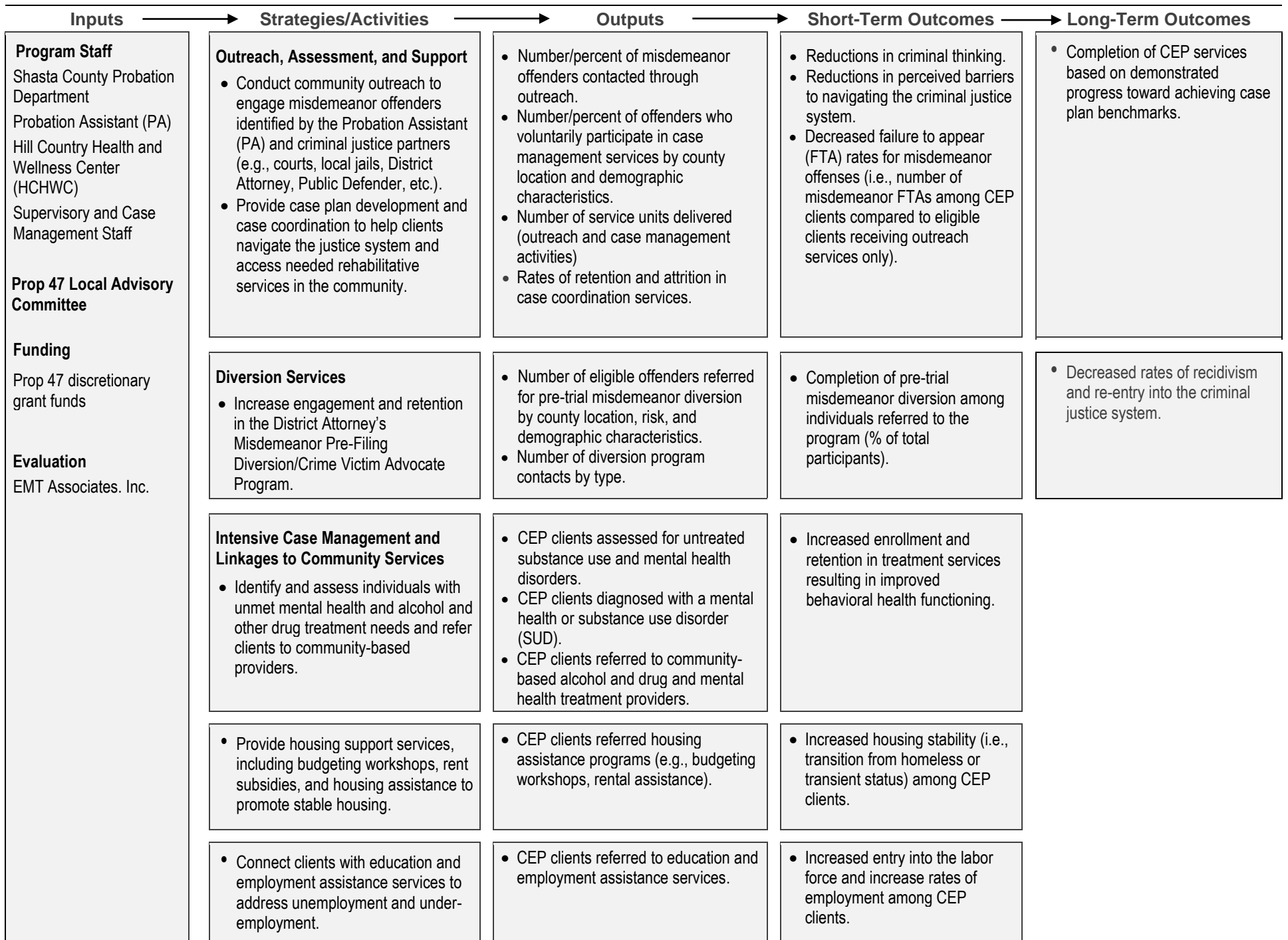
Evaluation Next Steps

Despite early implementation challenges caused by the COVID-pandemic, the Shasta County CEP Program is now on track and has made significant strides to increase program staffing, strengthen implementation quality, and enhance communication and data management practices across partnering organizations. The project team is continuing to formalize criteria for service completion and processes for individual case review to begin graduating clients from the program. The team will continue to use evaluation data to drive quality improvement efforts to help clients access needed services in the community, address underlying behavioral health and housing needs, successfully navigate the court process, and prevent reentry into the criminal justice system.

Attachment A

Shasta County Probation Community Engagement Program (CEP) Logic Model

Shasta County Probation Community Engagement Program (CEP) Logic Model



Attachment B

Shasta County Probation Community Engagement Program (CEP) Grantee Highlight

Shasta County Probation Department Misdemeanor Community Engagement Program (CEP)

Grantee Highlight

The Shasta County Misdemeanor Community Engagement Program (CEP) aims to increase community engagement and access to community-based services among misdemeanor offenders. The goal is ultimately to reduce rates of recidivism and reentry into the criminal justice system.

About the Program

The CEP program model is being implemented through a partnership between Shasta County Probation and 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 offers case planning and assessment services and refers clients to substance use disorder treatment, mental health services, and housing assistance based on identified needs. Case managers help clients adhere to their case plans and to navigate the court and community services systems by accompanying them to court hearings, meetings with diversionary services, and/or behavioral health treatment appointments. The CEP program also funds a Probation Assistant (PA) who serves as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA identifies and engages eligible 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 is shared with HCHWC for use in conducting direct outreach and recruitment into the program and initiating the assessment process.

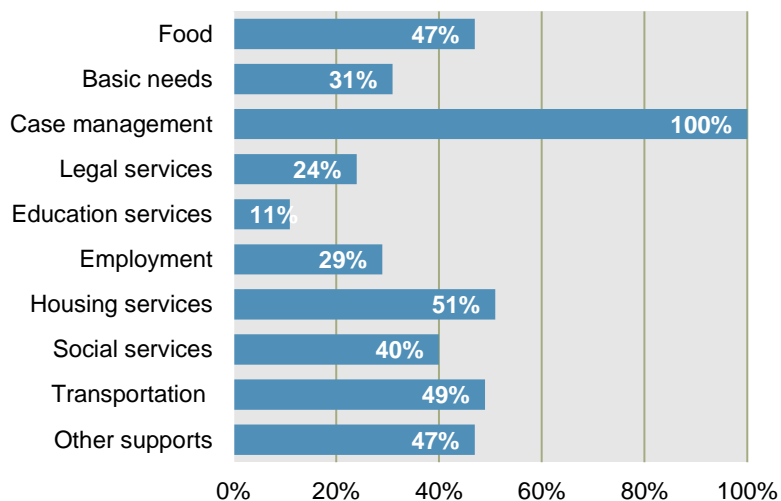


Service Utilization & Outcomes

Despite initial challenges due to the COVID-19 pandemic and related government closures, the Shasta County CEP Program has now successfully recruited and enrolled 45 clients since January of 2020, or about 39% of all clients referred. Case managers have delivered more than 290 in-person contacts with clients addressing a broad range of service needs.

- Sixteen percent of clients were confirmed to have enrolled in substance use disorder (SUD) treatment.
- Seven percent of clients were confirmed to have enrolled in mental health treatment.
- Two clients to date (4%) are preparing to graduate from the program based on progress achieving case management goals and positive court outcomes. Comparisons between clients enrolled in CEP and clients who met eligibility requirements but never enrolled, show that CEP clients had lower FTA rates (16%) than clients who did not benefit from CEP services (21%).

Percent of Clients Receiving CEP Services (n=45)



Attachment C

Shasta County Probation Community Engagement Program (CEP) Data Collection Instruments

Shasta County Community Engagement Project (CEP) Participant Profile

Client ID:

Zip Code:

Today's Date: MM / DD / YYYY

Intake ●
Follow-up ○

Please complete the information below as part of the Shasta County Community Engagement Project (CEP) intake process.

1. Age:

2. Gender:
- Male
 - Female
 - Third gender/non-binary
 - Prefer to self-define
 - Prefer not to state

3. Race/Ethnicity (Select **ALL** that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Hispanic, Latino, or Spanish |
| <input type="checkbox"/> Asian - Japanese | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Asian - Filipino | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Native Hawaiian |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Guamanian |
| <input type="checkbox"/> Asian - Vietnamese | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Samoan |
| <input type="checkbox"/> Asian - Asian Indian | <input type="checkbox"/> Native Hawaiian/Pacific Islander - Other |
| <input type="checkbox"/> Asian - Laotian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian - Cambodian | <input type="checkbox"/> Other identified ethnic origin, ethnicity, or race |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Decline to state |

4. Level of education:

- Some high school
- College graduate
- High school graduate
- Graduate degree
- GED
- Other
- Some college

5. Employment Status:

- Employed, Full-time
- Employed, Part-time
- Not working due to age (under 15 years of age) or full-time student status
- Unemployed
- Other

6. Housing Status:

- Independent living/housing
- Family/relative homes
- Foster care
- Permanent supportive housing
- Bridge housing
- Transitional housing
- Rapid rehousing
- Sober living homes
- Homeless
- Other

7. CEP Program Goals:

- a. Is education a personal goal for this participant? Yes No
- b. Is employment a personal goal for this participant? Yes No
- c. Is housing a personal goal for this participant? Yes No

8. Behavioral Health Assessments:

- a. Was a mental health assessment completed for this participant? Yes No

If "yes", what was the date that the mental health assessment was completed?

/ /

- b. Was a substance use disorder assessment completed for this participant? Yes No

If "yes", what was the date that the substance use disorder assessment was completed?

/ /

Thank you!

Shasta County Misdemeanor Community Engagement Program Participant Survey

Client ID:

--	--	--	--	--	--	--	--

Zip Code:

--	--	--	--	--	--

Today's Date:

M	M
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 /

D	D
---	---

 /

Y	Y	Y	Y
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Intake ●
Follow-up ○

We would like to learn more about the clients we serve and their attitudes and experiences related to the court system. Please take a few minutes to complete the following questions. This information is confidential. No names will be used.

<i>Please indicate how much you <u>AGREE</u> or <u>DISAGREE</u> with each statement.</i>	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
	(1)	(2)	(3)	(4)	(5)
1. You are involved with the court system because you had a run of bad luck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The real reason you are involved with the court system is because of your race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When people tell you what to do, you become aggressive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Anything can be fixed in court if you have the right connections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Seeing someone cry makes you sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You get upset when you hear about someone who has lost everything in a natural disaster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bankers, lawyers, and politicians get away with breaking the law everyday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. You have paid your dues in life and are justified in taking what you want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When not in control of a situation, you feel the need to exert power over others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When being asked about the motives for engaging in crime, you point out how hard your life has been.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. You are sometimes so moved by an experience that you feel emotions you cannot describe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. You argue with others over relatively trivial matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. If someone disrespects you then you have to straighten them out, even if you have to get physical.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. You like to be in control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. You find yourself blaming the victims of some of your crimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. You feel people are important to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. This country's justice system was designed to treat everyone equally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Police do worse things than do the "criminals" they lock up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. You think you have to pay back people who mess with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you AGREE or DISAGREE with each statement.

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
	(1)	(2)	(3)	(4)	(5)
21. Nothing you do here is going to make a difference in the way you are treated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. You feel you are above the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. It is okay to commit a crime in order to pay for the things you need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Society owes you a better life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Breaking the law is no big deal as long as you do not physically harm someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. You find yourself blaming society and external circumstances for the problems in your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. You worry when a friend is having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The only way to protect yourself is to be ready to fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. You are not to blame for everything you have done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Laws are just a way to keep poor people down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Your good behavior should allow you to be irresponsible sometimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. It is okay to commit crime in order to live the life you deserve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Prosecutors often tell witnesses to lie in court.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. You justify the crime you commit by telling yourself that if you had not done it, someone else would have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. You may be a criminal, but your environment made you that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the space below if you would like to share any other comments:

Thank you!

Shasta County Misdemeanor Community Engagement Court Experiences Survey

Client ID:

Zip Code:

Today's Date: / /

Intake
Follow-up

We would like to learn more about the clients we serve and their history of experiences related to the court system. Please take a few minutes to complete the following questions. This information is confidential. No names will be used.

1. Have you ever appeared at a court hearing?

- Yes, once Yes, more than once No I'm not sure

2. If yes, have you ever had a negative experience with a court hearing, for example, feeling like you were treated unfairly or that the judge did not care about your concerns?

- Yes, once Yes, more than once No I'm not sure

3. Have you ever missed a scheduled court hearing (in other words, have you ever failed to appear)?

- Yes, once Yes, more than once No I'm not sure

We would also like to hear about the types of barriers you may have faced in the past that prevented you from appearing at a scheduled court date. Please read each of the following statements and mark how 'true' each statement was for you. If you feel like any of the statements don't apply to you, please mark N/A.

	Very true	Somewhat true	Not very true	Not true at all	N/A
4. I did not receive any information about my court date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The information about my court date was not in my preferred language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The information about my court date was too difficult to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The office hours for the court appointment were not convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I could not attend because of school or work conflicts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I had no transportation to get to the appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I had no one to care for my children or other dependents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I could not afford the court fees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I did not want to be seen by anyone I knew.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I did not want my friends, family, or co-workers to find out about my court involvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I did not think anything would happen to me if I missed the appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I could not attend because of a disability or physical health issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I could not attend because of an alcohol or drug problem or mental health issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very true	Somewhat true	Not very true	Not true at all	N/A
17. I forgot about the appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt too anxious about what might happen to me, so I decided not to go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I thought it would be okay since a lot of other people skip their court appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I thought it was unfair that I had to go in the first place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I thought the judge would not consider all the facts or find out the whole story.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I thought I would not be treated with dignity or respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I thought the judge would not care about my needs or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I thought I would be treated unfairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the space below if you would like to share any other comments:

Thank you!