

Yolo County Connections to CARE (C2C) Local Evaluation Plan

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Contents

- Figures and Tables iv
- Project Background..... 1
 - Introduction1
 - Development of C2C and Program Services.....2
 - Project Goals and Objectives4
- Evaluation Methods 8
 - Process Evaluation Method and Design.....9
 - Outcome Evaluation Method and Design11
 - Data Analysis14
 - Reporting and Dissemination15
 - References17

Figures and Tables

Figures

Figure 1. C2C Logic Model..... 7
Figure 2. Logic Model and RBA Framework..... 8

Tables

Table 1. C2C Goals and Objectives..... 5
Table 2. Process Evaluation Research Questions 9
Table 3. Process Evaluation Measures..... 11
Table 4. Outcome Evaluation Research Questions..... 11
Table 5. Outcome Evaluation Measures 13

Project Background

Introduction

Yolo County established the Connections to CARE (Community, Assistance, Recovery, and Engagement) Program – known as C2C – to expand access to substance use disorder (SUD) treatment and trauma-informed wraparound services for adults with a history of SUD and current/recent justice system involvement, with an emphasis on those experiencing homelessness.

In Yolo County (YC), evidence of cyclical justice system involvement for individuals with unmet SUD and/or housing needs is prevalent. YC analyzed integrated justice, housing, and behavioral health (BH) data and found that from 2017 to 2021, 53 percent (2,941) of individuals with SUD diagnoses had at least two jail bookings, and 24.5 percent (1,056) of individuals in the Homeless Management Information System had at least one jail booking (O’Connell, 2021). Individuals with unmet BH needs are more likely to experience repeated justice system involvement. Of 4,733 unique individuals with jail bookings in YC in 2019, 266 had four or more bookings, and 22 percent of those had a recent SUD diagnosis (O’Connell, 2021). Additionally, YC’s 2019 Point-in-Time (PIT) Count found the number living unsheltered increased from 209 in 2017 to 397 in 2019, and many of these individuals likely have unmet needs (YCHPAC, 2019). Of those living unsheltered, 52 percent reported a prior criminal conviction, 33 percent reported having a SUD, and 15 percent reported a co-occurring disorder (COD) (YCHPAC, 2019). These rates are far higher than the Substance Abuse and Mental Health Services Administration’s estimate for the general population of 7.4 percent with an SUD and 1.4 percent with a COD for the same period (SAMSHA, 2020).

As part of its approach to reduce recidivism for adults with nonviolent offenses, YC has developed many diversion programs, such as its Restorative Justice Partnership (RJP) program; specialty courts like its Addiction Intervention and Mental Health Courts and the Mental Health Diversion program; and the SUD-focused Harm Reduction (HR) Diversion program. However, diversion alone is insufficient to break the cycle of justice system involvement for individuals with unmet BH and/or housing needs. Between 2013 and 2016, 63.5 percent of participants in RJP with an alcohol-related offense were re-arrested for a similar offense, which is significantly higher than the overall 4.8 percent one-year arrest rate for RJP participants with misdemeanor offenses (Whitaker et al., 2018). Additionally, during the 2021 pilot phase of the HR Diversion program, only 10.8 percent of the 323 unique individuals who were eligible for diversion due to a substance-related offense and were referred to SUD treatment enrolled in or continued treatment (Reisig & Larsen, 2021). This rate is even lower for those facing additional barriers, at 6.8 percent for the 117 diversion-eligible individuals who were identified as transient and only

1.5 percent for the 68 diversion-eligible individuals identified as transient with a current/recent probation status (HHSA, 2021). YC stakeholders identified that the pilot program’s lack of tailored outreach and support for those experiencing homelessness or with critical unmet needs contributed to the low engagement rate, which highlights a need for a dedicated support team for those facing these barriers. Despite the availability of diversion opportunities in YC, there is a need to also provide individuals with unmet BH and/or housing needs with intensive case management (ICM) and wraparound services to help reduce their risk of future justice system involvement. Without early intervention services for individuals with unmet needs and low-level offenses, justice system involvement can compound. For example, California admission data on individuals deemed incompetent to stand trial found that 65 percent were unhoused in 2018-2020 and the share with 15 or more prior arrests and with SUD as a primary diagnosis have been increasing to 40 percent and over 10 percent, respectively, as of 2016 (Warburton, 2021). Additionally, many in YC struggle to have their basic needs met with 20.9 percent of residents living in poverty—the highest in California—which can contribute to justice system involvement and demonstrates a need to connect residents to wraparound services (Bohn et al., 2021). Counties like YC need to invest in early intervention programs like C2C that can break this cycle sooner and create downstream impacts for individuals served and for state and local government justice and BH systems.

Development of C2C and Program Services

Yolo County previously received Proposition 47 funds to support their Homeless Neighborhood Court, which connected restorative justice (RJ) participants to a social worker to address housing, self-sufficiency, behavioral health, and physical health needs and Steps to Success (S2S), which connected RJ participants to a collaborative team of community-based providers for ICM, behavioral health services, supportive housing, civil legal services, and peer support. However, those programs were limited by funding and are no longer operated within the county. Though the County continues to offer diversion opportunities, there is now a gap, with no wraparound services to support individuals experiencing homelessness and/or SUD or COD to address their BH needs; increase self-sufficiency, including through access to stable housing; and reduce their future justice system involvement. C2C was designed to address this gap, and the program was designed with input from local stakeholders and informed by the existing data on individuals in the county who have been arrested and/or are experiencing homelessness.

C2C Eligibility

C2C is targeting two populations. The first population – termed the “diversion” cohort – comprises individuals who have been charged with one of several drug-related charges identified by Yolo County. The second population – the “prevention” cohort – will be identified by law

enforcement officers and homeless outreach teams and include individuals with substance use disorder treatment needs. Eligibility will be assessed by the District Attorney's Office (DA).

After the initial screening for eligibility, clients will be referred to CommuniCare+OLE for a pre-enrollment assessment. If the individual agrees to enrollment in CommuniCare+OLE, they will officially be enrolled.

C2C Services

C2C is a wraparound service model that provides a range of supports to program clients. After they are enrolled in the program, participants may receive the following services:

- **Intensive Case Management (ICM):** CommuniCare+OLE will provide ICM services. Case managers will work with enrolled clients to develop individualized case plans and connect them with necessities, identification, and health insurance, among other services.
- **Substance use disorder (SUD) treatment:** Clients will be assessed by CommuniCare+OLE with the American Society of Addiction Medicine (ASAM) Criteria Assessment to determine what the appropriate level of SUD care would be for the individual, though clients can request to be placed in a level of care that is different from that determined by the ASAM Criteria Assessment. Based on the assessment and client input, clients will be referred to an appropriate SUD treatment provider.
- **Mental health treatment:** Clients will also be assessed for mental health treatment needs. Some mental health treatment is available directly through CommuniCare+OLE providers.
- **Peer advocacy:** CommuniCare+OLE employs peer support specialists, who will provide peer mentorship, transportation to appointments, and an accessible support network.
- **Employment services:** CommuniCare+OLE has an employment specialist who can assist in preparing clients to apply for and obtain jobs, as well as non-employment benefits if needed.
- **Housing services:** CommuniCare+OLE participants will have access to housing services through Bay Area Community Services. The details related to housing services are still being determined due to local delays.
- **Know Your Rights Workshops:** C2C clients can participate in Know Your Rights Workshops, which focus on educating individuals about their housing rights. These workshops will be offered to the broader community in Yolo County as well.
- **Legal assistance:** C2C clients will be screened for their eligibility for reduction of charges, sealing charges, and expungement by the Public Defender's Office. YC expects that many C2C clients will not immediately be eligible for these forms of postconviction relief, particularly if they have an open case, but will work with the clients to prepare motions when relevant.

- **Restorative justice (RJ) conferences:** The DA’s office offers restorative justice programming. It is expected that most diversion cohort participants will participate in a restorative justice conference while enrolled in C2C.

Program Completion

Program providers anticipate that participants will be enrolled in the program for at least one year, though they can continue in services if their needs extend beyond one year. The program will use two key criteria to determine whether an individual is ready to complete the program. First, CommuniCare+OLE will be administering the Fenn-Jorstad Self-Sufficiency Matrix (SSM) (Fenn & Jorstad, 2013) upon enrollment and throughout the course of care. When clients have reached a higher level of self-sufficiency, they will be eligible to graduate from the program. The second criterion applies to diversion clients and involves the completion of a restorative justice conference. Diversion cohort participants are also eligible to have their charge(s) dismissed upon completing the program.

Project Goals and Objectives

As outlined in the proposal to BSCC, Yolo County established three goals for C2C:

- 1) Improve behavioral health of participants with identified behavioral health needs through engagement in appropriate services and reduced risks and harms related to ongoing substance use;
- 2) Increase the self-sufficiency of participants through secured stable housing, improved income, reduced civil legal barriers, and enrollment in health insurance;
- 3) Reduce criminal justice system involvement for participants through prevention, diversion, and restorative justice.

Specific objectives associated with each goal are summarized in Table 1.¹ In Figure 1, we present a logic model that depicts the association between program inputs, activities, and expected outcomes, developed in collaboration with the C2C program partners.

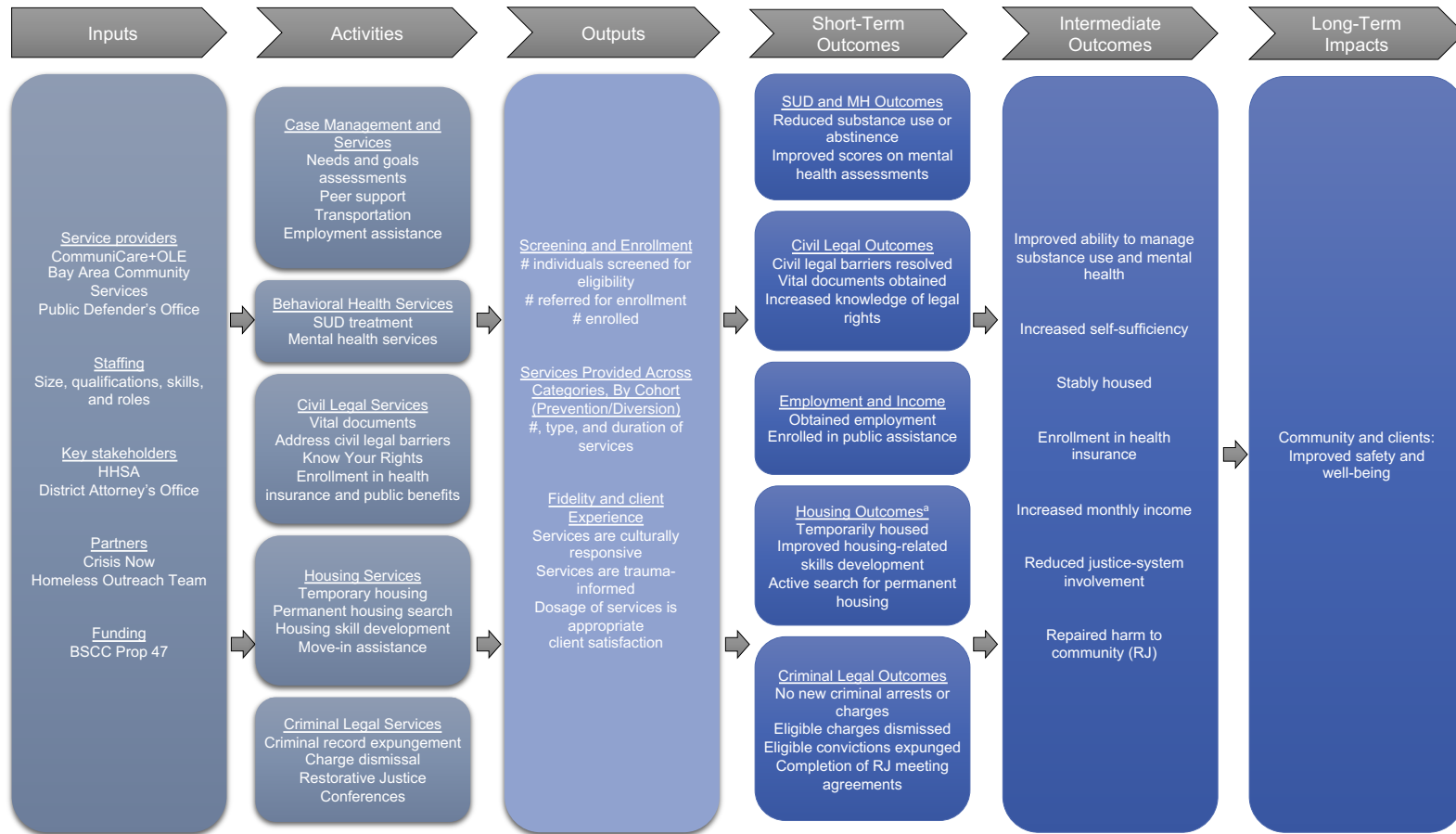
¹ Note that there have been some updates to related to the timeline for service provision and organizations involved (e.g., one of the provider organizations merged with a second organization after the proposal was submitted). Therefore, Yolo County is in the process of reviewing the objectives that appear in Table 1 with the relevant organizations to ensure that they are still applicable. The evaluation team will take any updates to these objectives into account as part of the local evaluation.

Table 1. C2C Goals and Objectives

Goal	Objectives
<p>Improve behavioral health of participants with identified behavioral health needs through engagement in appropriate services and reduced risk/harm related to ongoing substance use</p>	<ul style="list-style-type: none"> • 85 percent of participants enrolled in intensive case management (ICM) with identified SUD needs will engage in SUD treatment services at the level and dosage recommended by the ASAM prior to program exit. • 75 percent of participants enrolled in ICM with identified co-occurring mental health needs will engage in MH treatment services at the level and dosage recommended based on a mental health assessment prior to program exit. • 60 percent of participants enrolled in SUD and/or mental health treatment will report improved ability to manage their SUD or co-occurring disorder symptoms as a result of engagement in treatment as measured by a participant survey prior to program exit. • 70 percent of participants enrolled in SUD and/or mental health treatment will experience improved behavioral health stability as measured by an improvement in their substance abuse and/or mental health rating on the Self-Sufficiency Matrix from intake to program exit.
<p>Increase the self-sufficiency of participants through secured stable housing, improved income, reduced civil legal barriers, and enrollment in health insurance</p>	<ul style="list-style-type: none"> • 60 percent of participants enrolled in ICM with identified housing needs will transition from emergency housing support to permanent housing prior to program exit. • 80 percent of participants who secure permanent housing will remain housed at 6 months post program exit. • 70 percent of participants enrolled in ICM with identified housing needs will experience improved housing stability as measured by an improvement in their housing rating on the Self-Sufficiency Matrix from intake to program exit. • 40 percent of project participants enrolled in ICM without monthly income at enrollment will secure or increase monthly income through employment and/or benefits for which they are eligible prior to program exit. • 80 percent of participants enrolled in ICM with identified civil legal needs will have their civil legal barriers to housing, income, or health insurance enrollment resolved during enrollment as measured by program data on issues resolved through direct legal assistance. • 95 percent of participants who are eligible for but not enrolled in health insurance will be enrolled in health insurance during program participation. • 70 percent of participants enrolled in ICM will experience improved self-sufficiency as measured by an improvement in their self-sufficiency rating on the Self-Sufficiency Matrix from intake to program exit
<p>Reduce the criminal justice system involvement for participants through prevention, diversion, and restorative justice</p>	<ul style="list-style-type: none"> • 95 percent of participants from the prevention and diversion cohorts enrolled in ICM will complete a restorative justice conference and all agreement items from that conference. • 90 percent of participants from the prevention and diversion cohorts enrolled in ICM will not recidivate within 12 months of graduating the program. • 75 percent of participants from the prevention and diversion cohorts enrolled in ICM will not recidivate within 3 years of graduating the program (BSCC definition of recidivism).

Goal	Objectives
	<ul style="list-style-type: none">• 80 percent of participants from the prevention and diversion cohorts enrolled in ICM will not be arrested during program participation.• Participants from the prevention and diversion cohorts enrolled in ICM will experience 50 percent fewer average annual days in jail during program participation, compared to prior 3 years.• Participants from the prevention and diversion cohorts enrolled in ICM will experience 50 percent fewer average annual arrests during program participation, compared to prior 3 years.

Figure 1. C2C Logic Model



Note: A housing provider was selected very recently and the details of housing services are still being determined. The housing services and outcomes are pending updates based on the specific services that will be provided.

Evaluation Methods

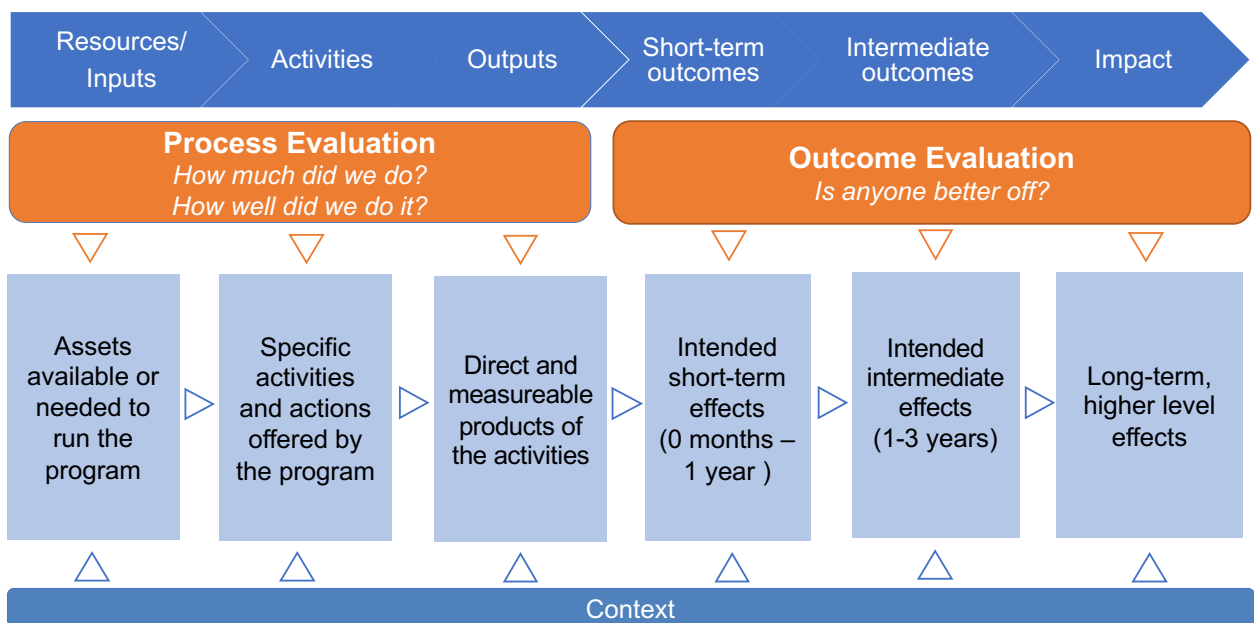
We propose to conduct a mixed methods evaluation, which maximizes validity and allows for a thorough analysis of process and outcome measures, implementation, and overall effectiveness. This approach will also help to identify key barriers and facilitators in achieving C2C objectives.

Yolo County uses the results-based accountability (RBA) framework to structure their evaluation work. The RBA framework answers three key questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

These three questions map directly onto elements of the logic model, as shown in Figure 2, and directly inform the process measures – i.e., the measures of how much the program did and how well it did – and outcome measures – i.e., the indicators of whether clients are better off.

Figure 2. Logic Model and RBA Framework



In the sections that follow, we describe our methods for the evaluation, including the process and outcome evaluation components. We present an overview of our research questions for each component of the evaluation and the anticipated data sources.

Process Evaluation Method and Design

Research Questions

With the process evaluation, we are interested in understanding the research questions summarized in Table 2.

Table 2. Process Evaluation Research Questions

RBA Framework Component	Research Questions
How much did we do?	<ul style="list-style-type: none">• How many potential clients were screened for eligibility?• How many clients were enrolled, and what were their characteristics?• What types of services did clients receive and at what dosage?• How many clients successfully completed the program?
How well did we do it?	<ul style="list-style-type: none">• Was the program model delivered with fidelity?• What barriers and facilitators did program staff encounter when implementing the program?• Were clients satisfied with the services?

Data Sources

We anticipate relying on four data sources to answer these evaluation questions.

Referral data. We will collect aggregate data on referrals made across sources to better understand the volume of individuals who are being referred and assessed for eligibility. Based on discussions with providers, the county expects that the pre-enrollment process may be time consuming – for example, even once someone is initially screened as eligible by the DA, it may take many attempts for CommuniCare+OLE to establish contact with the potential client and conduct a more formal assessment. Therefore, we will collect aggregate data on the volume of referrals.

Program data. A key goal of the evaluation will be to track the demographic characteristics of enrolled clients and the nature and dosage of services that clients receive. We will receive these data directly from C2C service providers, including the intensive case management provider, civil legal service provider, housing provider, and restorative justice provider. We are collaborating with Yolo County to develop a user-friendly mechanism by which providers can submit data on clients to the evaluation team.

Each individual who is enrolled in the program will be assigned a unique study ID, and data will be provided to the evaluation team in a de-identified format using that study ID. This will allow for linkage of data across providers.

Interviews with program staff and stakeholders. Program staff and stakeholders will be an important source of information about how the program is being implemented, whether it is being implemented with fidelity, and what barriers and facilitators to implementation have been encountered.

We will develop a semi-structured interview guide for this procedure. Our interviews will include questions that are specific to the program model that will allow us to address fidelity of implementation. For example, are the referral pathways working as expected? Are participants being linked to services as intended? They will also allow us to assess whether the program is being implemented in a culturally competent, trauma-informed way.

In addition, we will include questions to assess barriers and facilitators to implementation that are based on the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009). CFIR is an implementation science framework that focuses on multiple domains that have the potential to influence implementation of a program. These include characteristics of the intervention; characteristics of the providers and the clients of a program; the inner setting of the organization(s) providing the program; and the outer setting or contextual factors that can influence the program. The framework also captures aspects of the implementation process itself. Examples of the interview topics covered by each CFIR domain appear in Table 2.

Interviews with program clients. It is essential to include the voice of program clients in the evaluation. Even if a program is demonstrating positive effects based on quantitative data, it is important to know if the program is perceived as appropriate, relevant, and effective from the client perspective, consistent with equity principles in program evaluation. It will also enable the identification of unintended effects, positive or negative, which might not be captured by performance metrics or interviews with other stakeholders. We will conduct client interviews twice during the project period, aiming to interview 15 clients at each point. There is evidence that saturation (i.e., the point at which all themes have been identified) can be reached in qualitative research after 12 to 15 interviews with a relatively homogenous sample (Guest, Namey and Chen, 2020). Therefore, we anticipate that, even if we recruit a diverse sample of participants who vary with respect to referral pathway and services received, we will still reach saturation with our 30 client interviews. To identify potential interviewees, we will collaborate with program staff.

Our interviews will include questions to understand the types of services received; client perceptions of the effectiveness and relevance of each service; client perceptions of program staff; barriers and facilitators to participation; recommendations for improvement; and benefits experienced as a results of the program. Participants will be compensated with a \$25 gift card for participation in a 30-45 minute interview.

Process Evaluation Measures

Table 3 summarizes the measures we will use to evaluate C2C implementation. This includes the definition of each measure (i.e., how it will be operationalized); data source(s) that will be used to assess each measure; and the timeline for collection of the data.

Table 3. Process Evaluation Measures

Measure	Definition	Data Source(s)	Timeframe
Individuals enrolled in C2C	Number of individuals screened for C2C eligibility, by cohort Number of individuals enrolled in C2C, by cohort	Referral data	Quarterly
Services provided by C2C	Number of individuals assessed, by service provider Number of individuals receiving services, by service provider Types of services provided, by service provider Dosage of each service provided, by service provider	Program data	Quarterly
Individuals completing C2C	Number of individuals completing services, by service provider Number of individuals exiting without completing services, by service provider Number of individuals completing C2C Number of individuals exiting without completing C2C Number of individuals in the diversion cohort who complete diversion requirements	Program data	Quarterly
Fidelity and participant experience	Services are culturally-responsive Services are trauma-informed Dosage of services aligns with participant needs Participants perceive C2C as meeting their needs and providing relevant services	Interviews with program staff and stakeholders Interviews with C2C participants	Throughout program

Outcome Evaluation Method and Design

Research Questions and Design

The outcome evaluation is designed to assess whether the program helped clients to achieve the desired immediate and mid-term outcomes. With the outcome evaluation, we are interested in understanding the research questions summarized in Table 4.

Table 4. Outcome Evaluation Research Questions

RBA Framework Component	Research Questions
Is anyone better off?	<ul style="list-style-type: none"> • Did clients experience improvements in behavioral health? • Did clients experience increased self-sufficiency? • Did clients have reduced criminal justice system involvement?

One question related to the outcome evaluation is whether we will be able to identify a suitable comparison group. For most or all outcomes of interest, we anticipate that we will have

pre- and post-data so that we can assess change over time within the program participants (e.g., did self-sufficiency increase from the time they enrolled to the time they completed the program?). However, we are still exploring the feasibility of a formal comparison group. Some of the factors that will shape this determination include (a) potential for selection bias and (b) availability of data on the comparison group. For example, there may be people who are referred to C2C who are determined to be eligible, but who CommuniCare+OLE may be unable to reach to conduct an assessment. There may be systematic differences between individuals who cannot be reached and those who can be reached and opt to enroll in the program, and we may not have access to the right variables to correct for in analysis (e.g., though we could consider a propensity score approach that accounted for factors like age, gender, and race and ethnicity, these may not be the factors driving the differences between the two groups. Rather, it may be factors such as symptom acuity or housing instability). Even if we did determine that this would serve as a suitable comparison group, there is the added complication of obtaining outcome data on comparison participants, who would not have consented for their data to be shared with evaluators. Therefore, though we will continue to explore the possibility of a comparison group with C2C, we are prepared for our analysis to be largely observational.

Data Sources

Similar to our approach to evaluating the implementation of C2C, we anticipate relying on both quantitative and qualitative indicators of program outcomes.

Program data. Many of the outcomes of interest will be measured using data submitted by program providers. For example, C2C will be collecting measures of behavioral health and self-sufficiency through their work with clients, which we will be able to leverage for evaluation purposes. In addition, the DA will be able to provide data regarding arrests, convictions, and jail days following program enrollment. There will be certain limitations to these data that we will take into consideration as part of our evaluation. For example, it is likely that the DA will only be able to track jail days within the Yolo County jail system, given the decentralized nature of data tracking across jurisdictions. Similarly, the DA plans to use Department of Justice data to assess arrests and convictions after enrollment in the program, rather than local sources of data that might miss arrests or convictions that take place in other counties, as it has expedited access to these data. However, the DA typically runs rap sheets using an index offense. In the case of the diversion cohort, the arrest that led to their enrollment in the program can serve as the index offense. However, the prevention cohort will not have the same type of index offense, which may pose a challenge in the collection of recidivism data.

Interviews with program staff and clients. Through our qualitative interviews with program staff and clients, we will ask about their perceptions of the effectiveness of the program. For example, this may include benefits to program clients or areas in which the program falls short or could be improved.

Outcome Evaluation Measures

Table 5 summarizes the measures we will use to evaluate the outcomes of C2C. This includes the definition of each measure (i.e., how it will be operationalized); data source(s) that will be used to assess each measure; and the timeline for collection of the data.

Table 5. Outcome Evaluation Measures

Measure	Definition	Notes for Measurement/ Timeline
Short-Term Outcomes		
Reduced substance use or abstinence	Percentage of participants achieving reductions in substance use while enrolled	To be submitted by ICM provider quarterly
Improved scores on mental health assessments	Change over time on any assessments administered upon entry and again during the course of treatment (e.g., PHQ-9)	To be submitted by ICM provider quarterly
Civil legal barriers resolved/vital documents obtained	Percentage of participants who obtain vital documents and/or address other civil legal barriers while enrolled	To be submitted by ICM provider quarterly
Increased knowledge of legal rights	Self-reported knowledge of legal rights following participation in Know Your Rights workshops	
Improved employment and income	Percentage of clients who obtain employment Percentage of clients who enroll in public assistance	To be submitted by ICM provider quarterly
Improved housing ^a	Percentage of clients temporarily housed through C2C	To be submitted by housing provider quarterly
Prevention of criminal legal involvement	Percentage of clients without new arrests and/or convictions after program enrollment	To be submitted by the DA's Office annually
Eligible charges dismissed	Percentage of clients with eligible charges that are dismissed (likely to be relevant specifically within diversion cohort)	To be submitted by the DA's Office quarterly
Applications for postconviction relief	Percentage of clients with petition submitted or documents prepared for postconviction relief (e.g., expungement, resentencing)	To be submitted by Public Defender's Office quarterly
Completion of restorative justice agreements	Percentage of clients who complete their restorative justice agreements	To be submitted by the DA's Office quarterly
Intermediate Outcomes		
Improved ability to manage substance use and mental health	Percentage of participants who report at program exit that C2C helped them to better manage their substance use and mental health	To be submitted by ICM provider quarterly
Increased self-sufficiency	Percentage of participants who have an increase in their overall score on the Self Sufficiency Matrix from entry to exit from the program	To be submitted by ICM provider quarterly
Increase in stable housing ^a	Percentage of participants who secure permanent housing and remain housed 6 months after program completion	To be submitted by service providers
Increased enrollment in health insurance and public benefits programs	Percentage of participants who are eligible for enrollment in public benefits who enroll during the program	To be submitted by ICM provider quarterly

Measure	Definition	Notes for Measurement/ Timeline
Increased income	Percentage of participants who increase monthly income through employment or public benefits	To be submitted by service providers
Reduced criminal justice system involvement	Percentage of participants without new arrests and/or convictions after program exit	To be submitted by the DA's Office annually
Repaired harm to the community	Percentage of clients who participate in RJ conference who report that it helped them to "make things right" with the community Perceptions of outcomes of RJ conference from interviews with staff and participants	Survey administered by DA's office Qualitative interviews conducted throughout program

^a Note that a housing provider was selected very recently and the details of housing services are still being determined. These housing outcomes are pending updates based on the specific services that will be provided.

Data Analysis

In this section, we describe our preliminary analysis plan.

Quantitative Data Analysis

For the quantitative process measures (e.g., demographic characteristics, dosage of services), we anticipate that our analysis will be largely descriptive. For example, we will compute summary statistics such as the percentage of clients receiving each service, or mean and median number of contacts with ICM providers. We may use some inferential statistics to understand whether the provision of services differ by factors such as client demographics (e.g., do clients from certain gender, racial/ethnic, or age groups receive different types or dosages of services?) and referral pathway (e.g., do clients in the prevention cohort receive different services than clients in the diversion cohort?). Methods to investigate questions like these might include calculating simple correlations between variables or multivariate regression models.

Our outcome analysis will depend on factors such as (a) whether there is an established metric for the given outcome; (b) the availability of pre-post data for a given outcome; and (c) whether it is possible to identify a comparison group for certain outcomes. Regarding established metrics, Yolo County has already identified some benchmarks for their outcome measures; for example, they aim for 80 percent of participants who secure permanent housing to remain housed at 6 months post-program exit. Therefore, we will be able to compute housing retention rates and compare rates among program clients to the 80 percent target goal. Similarly, Yolo County has set a goal for 90 percent of C2C participants to not recidivate within one year of completing the program.

Other outcomes may be measured using pre-post analysis. For example, it appears that the Self-Sufficiency Matrix will be administered at program intake and exit; therefore, we could examine whether clients experience significant improvements on the measure during participation. Other outcomes that could be measured using pre-post analyses include monthly income, enrollment in health insurance, and enrollment in public assistance, all of which are

assessed at program intake and exit. Finally, regarding the identification of a comparison group, we will work with C2C stakeholders to determine whether a meaningful comparison group could be identified. It would likely be difficult to collect outcome data from a sample of participants receiving services from the C2C providers who were *not* enrolled in C2C. However, we may be able to work with the DA's office to identify a matched sample with similar offense characteristics to individuals referred through the diversion pathway, for example, and examine whether rates of recidivism differ for program participants. We are exploring these possibilities with Yolo County.

Finally, to the extent possible based on sample size and variability in outcomes, we will explore factors associated with positive outcomes among program participants, drawing on both process and outcome measures. For example, this may include examining whether individual characteristics (e.g., demographics) and aspects of program participation (e.g., referral pathway, dosage of services) are associated with program outcomes.

Qualitative Data Analysis

We will analyze qualitative data using thematic analysis to understand program implementation. Key themes that we expect to result from our qualitative analysis relate to barriers and facilitators to implementation, fidelity of implementation, and perceptions of effectiveness. We will consider using qualitative coding software, such as Dedoose, for the analysis of these data based on the final interview procedures and protocol.

Reporting and Dissemination

The evaluation findings will support Yolo County's efforts to meet reporting requirements and to improve C2C while the program is underway.

Progress reports for BSCC. BSCC requires the submission of quarterly quantitative and narrative progress reports. The evaluation team will work with HHSA to submit de-identified individual level quantitative data to BSCC through their online portal. We will also support HHSA in the submission of the narrative progress report, as several of the progress report fields are relevant to the evaluation data collection (e.g., questions regarding the number of outreach activities and referrals).

Interim summaries for Yolo County. One goal identified by Yolo County is to use evaluation findings to support continuous quality improvement efforts. The evaluation team will provide Yolo County with monthly narrative reports on progress related to program activities, monitoring activities, and fidelity to the C2C model. We are also working with C2C stakeholders to develop a format for regular data summaries, which can be used by providers and the Local Advisory Committee (LAC) to identify pressure points, opportunities for improvement, and things that are working well. Our team will be available to discuss these interim findings with providers and with the LAC during its quarterly meetings.

Final evaluation report. The final evaluation report will be designed to fulfill BSCC's requirements for this deliverable. In the report, we will describe the methodology of the evaluation; report findings of the process evaluation, including quantitative results (e.g., services provided) and qualitative results (e.g., implementation barriers and facilitators); and outcome measures. These findings will be contextualized within the larger literature on programs such as C2C, and we will aim to identify lessons learned and recommendations that can shape this program if it continues past the initial Cohort 3 period. In addition to producing the written final evaluation report, we will collaborate with Yolo County to present findings to relevant stakeholder audiences and to disseminate the report via websites and distribution groups as appropriate.

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