Shasta County Probation Department Misdemeanor Community Engagement Program (CEP)

Final Evaluation Report

Prepared for

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Executive Summary

California voters passed Proposition 47— the "Safe Schools and Neighborhoods Act"— in 2014 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 were 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. The Shasta County Probation Department was awarded Prop 47 funding from BSCC in 2019 to establish the Shasta County Misdemeanor Community Engagement Program (CEP). The CEP aims to increase engagement in 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, BSCC grantees were tasked with planning and implementing a comprehensive evaluation of their funded programs. The Shasta County Probation Department sub-contracted with an external evaluation firm, EMT Associates, Inc., to fulfill the evaluation requirement. The purpose of the evaluation was to monitor Prop 47 implementation and to test the effectiveness of proposed strategies in achieving criminal justice outcomes. The three-year CEP grant program recently concluded in December 2022. The data analysis and reporting were completed in May 2023. The present report summarizes evaluation findings documenting the achievement of the goals and objectives outlined in the original proposal and detailing lessons learned and recommendations from the CEP implementation process.

CEP Program Model

The CEP program model was implemented through a partnership between Shasta County Probation and Hill Country Health and Wellness Center (HCHWC)—a Federally Qualified Health Center (FQHC) located in Redding, CA that provides integrated medical, dental, and mental health support services to clients throughout Shasta County. The project funded a Probation Assistant (PA) who served as a liaison between justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA identified and engaged 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 was shared with HCHWC case managers who conducted direct outreach and recruitment to initiate the enrollment process. Hill Country offered case planning and assessment services, transportation assistance, court advocacy, and referrals to an array of community services based on identified client needs.

CEP Program Goals

The CEP program provided community outreach, engagement, and case management services to misdemeanor offenders in the justice system who had untreated substance abuse and/or mental health disorders, or who met other eligibility criteria. The program addressed 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.

Evaluation Methods and Design

The evaluation of the Shasta County CEP program utilized a mixed-methods design that incorporated quantitative and qualitative data elements and supported both process and outcome measurement. Evaluation activities were 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 were managed locally by Probation and HCHWC program staff who securely transferred information to the evaluation team for data cleaning, data integration, analysis, and reporting. Sources of data supporting both the process and outcome evaluation components included client tracking and referral records, intake and assessment information, service records, client surveys, and administrative records extracted from county data systems to document recidivism events. The evaluation used pre- and post-survey administration to compare client attitudes and values and their court experiences from the time of intake and enrollment to program exit.

Evaluation Results and Discussion

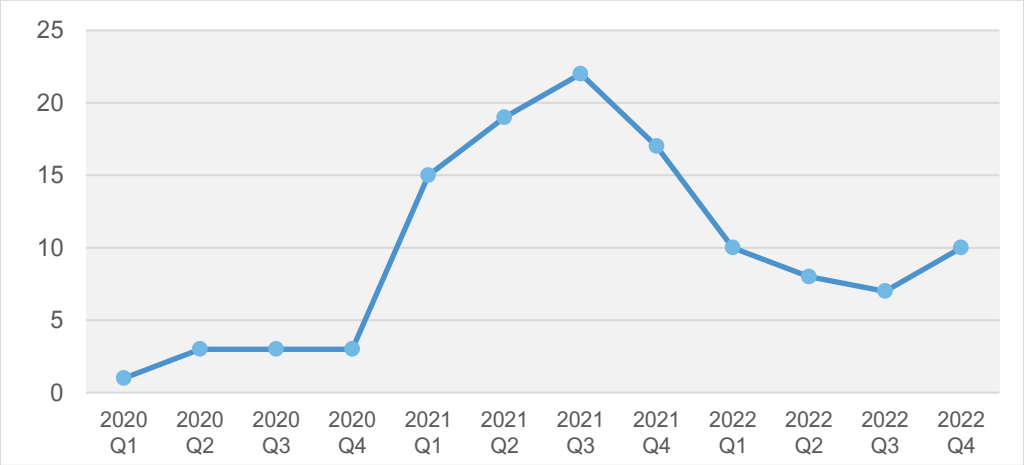
This end-of-grant report presents detailed process and outcome findings from the external evaluation of the CEP Program. The report covers the grant period spanning the three-year time frame from January 2020 to December 2022. The following are key findings from the evaluation effort:

CEP Enrollment and Demographics

- The Shasta County Probation Department began identifying and referring CEP clients to HCHWC for enrollment in January 2020. According to the original project design, referral and 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. Once clients were identified and confirmed to meet eligibility requirements, they were referred to HCHWC, where case management staff engaged in further outreach to encourage voluntary enrollment in the program.

  HCHWC ultimately enrolled 116 clients over the three-year grant period. Client enrollment was slow in the first 12 months of the grant due to early hiring delays and staff turnover, and more notably, due to government closures caused by the COVID-19 pandemic. CEP enrollment accelerated beginning in the second year of the grant as the pandemic slowed and public services began to reopen. New enrollments later declined moving into the third year of implementation as caseloads reached capacity and as the program began to wind down in its final months of implementation.

CEP Clients Enrolled by Quarter of Enrollment



- Given the slower than anticipated uptake in CEP enrollment among referred clients during the early phases of the project, the mid-grant evaluation report included an analysis exploring differences between clients who formally enrolled in the program and those who were referred but never enrolled. The analysis found that 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, the percentage of clients with mental health issues listed as an eligibility criterion at referral was substantially higher in the outreach only population. This may indicate that the presence of mental health issues among misdemeanor offenders acts as a barrier to enrollment and may require more intensive and specialized outreach on the part of case management agency staff.

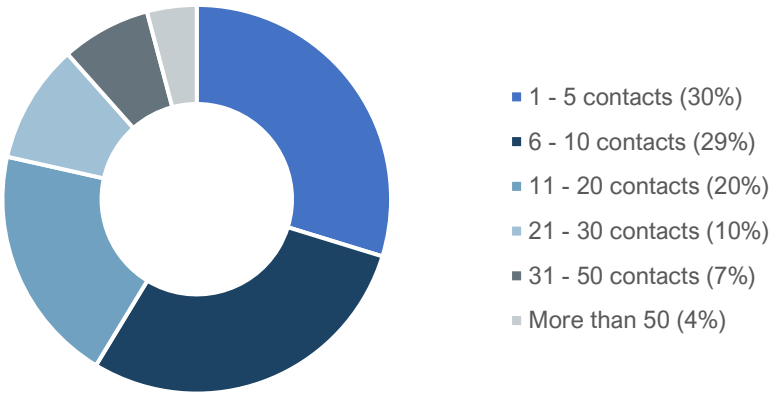
- Of clients who formally enrolled in the CEP program, 56% were male and 44% were female. About 6% of enrolled clients were young adults (18-24 years) and 14% were older adults 55 years and older. The average age of participants was 40.4 years. Eighty-two percent of clients (82%) were White, 4% were Hispanic or Latino, 3% were American Indian or Alaska Native (AI/AN), 2% were Black or African American, and 9% were multi-racial. This generally reflects the race/ethnic composition of the larger Shasta County population.

- The enrolled client population was characterized by low educational attainment, high unemployment, and high rates of housing instability. About 28% of CEP clients never completed high school, and 47% had either graduated from high school or earned a GED but had no college degree or certificate. Sixty-eight percent of enrolled clients (68%) were unemployed. More than half of clients were homeless (55%) at the time of intake, living in cars or on the street, another quarter (25%) were living in the home of a family member or relative, and 5% were in temporary housing situations, such as transitional housing or residential treatment programs. Only 13% of clients were living independently in their own homes.

Case Management and Direct Services

- Case management records maintained in the HCHWC Electronic Health Record (EHR) showed that CEP case managers delivered 1,974 in-person or telephone contacts with participating clients over the three-year grant period. More than two-thirds of clients (70%) had a high level of engagement in CEP services with 6 or more recorded case management contacts. Only one-third (30%) had 5 or fewer contacts indicating a lower level of service intensity. Clients had 14.8 case management contacts on average and had an average duration of enrollment of 9.6 months.

CEP Client Contacts with Case Managers



- Clients utilized an array of behavioral health and social support services as part of their program participation. Almost all clients participated in case management services (88%) and most received transportation assistance (69%), including bus passes and rides to court and service appointments from case management staff. This was a major component of the CEP model, given the program's emphasis on attendance at court hearings and clients' limited access to transportation. The next most widely utilized categories of services included food assistance (57%) and other services to address basic needs (48%). Nearly half of clients also received some form of housing assistance (47%) to address high rates of homelessness and housing instability. However, case managers often noted the challenges of finding permanent or transitional housing solutions given widespread housing shortages in the area. About one-third of clients (32%) received SUD assessment and/or treatment services consistent with the goals of the grant.

- One-third of CEP clients (32%) also benefitted from legal assistance, which included help navigating the court system. Case managers frequently attended court hearings with their clients to advocate on their behalf. This was a core component of the CEP program model. The frequent presence of case managers at court, along with the Probation Department PA contributed to a sense of increased collaboration among judges, other justice system partners, Probation, and HCHWC, which was cited as an important system outcome of the grant.

- The least widely utilized services were employment assistance (20%), education services (4%). and mental health treatment (3%). The need for workforce readiness, job skills training, or job placement was evident within the CEP client population, given low educational attainment and high unemployment; however, these services were not directly supported with grant funds and instead were primarily accessible through community referral. These interventions were often secondary in priority to crisis intervention or stabilizing services that meet clients' essential needs, such as food security and housing, or court advocacy services that aimed to mitigate escalation of justice system involvement. This area represents a future opportunity for expanding and enhancing the CEP program model and strengthening education and employment partnerships in the community.

- All clients who enrolled in the CEP program completed initial assessments that integrate 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 screening tools, more than half of clients went on to receive further SUD assessments and 20% were enrolled in SUD treatment. Clients referred to community-based behavioral health treatment programs were monitored by HCWHC case managers for retention in services. One client successfully completed SUD treatment. Fewer clients enrolled in mental health treatment services.

- One in five clients who voluntarily enrolled in CEP services completed all program requirements and 23% were still enrolled at the close of the grant. HCHWC is actively seeking opportunities for new funding to continue meeting the needs of the CEP client base.

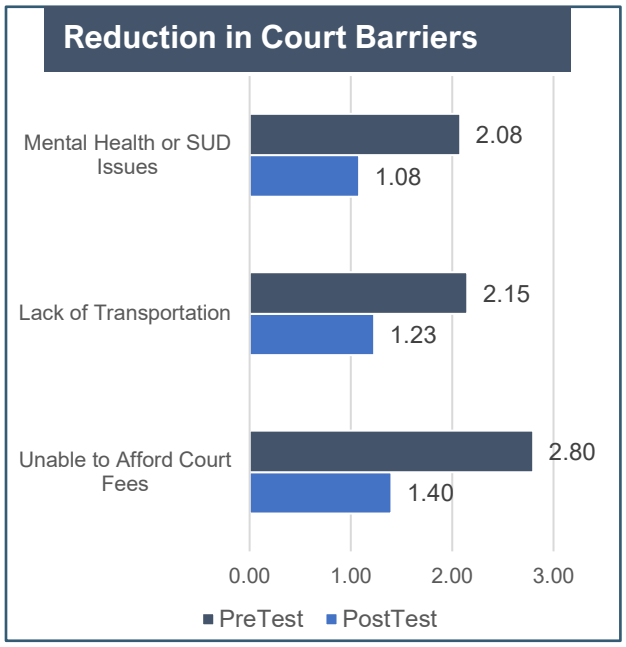
Attitudes and Values

- The CEP program aimed to increase community engagement among clients by changing anti-social values and attitudes that are associated with patterns of criminal thinking—or 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 services in the community were anticipated to reduce these negative thought processes.

- The standardized Criminal Thinking Scales (CTS) questionnaire, administered at enrollment and program exit, was used to measure attitudes and values on six scales comprising the core elements of criminal thinking. These included measures of cold heartedness, criminal rationalization, entitlement, justification, personal irresponsibility, and power orientation. Pre-test scores recorded at baseline fell within a low to moderate range on average, which is consistent with expectations for non-violent, low level misdemeanor offenders. When readministered at program exit, there were no statistically significant differences when comparing measures over time. This may suggest that unmet behavioral health needs combined with challenging life circumstances (e.g., homelessness) play a greater role in driving justice system involvement for CEP clients than anti-social values or attitudes.

Court Experiences

- Another goal of the CEP model was to reduce barriers to navigating the court system to prevent the escalation of charges or additional penalties. Having a history of failure to appear (FTA) in court was one of the key criteria for program eligibility. Ninety-four percent of CEP clients (94%) surveyed at the time of enrollment (*n*=65) had a history of appearing in court, and 88% had missed one or more court dates in the past. About half of clients (53%) reported having a negative experience with the court system, for example, feeling like they had been treated unfairly or that the judge had not cared about their concerns. These experiences may have influenced clients' level of engagement with the court process and their willingness to attend court hearings.



> *"I was treated fairly, and I really liked my judge. I thought he was personal and cared about helping and not just punishment."*

- Clients were given a list of statements related to 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. Respondents were asked to identify how true each statement was for them (from 'very true (3) to 'not true at all' (0).

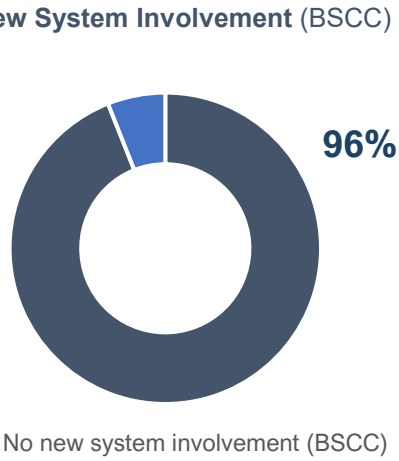
- The most widely perceived barriers to court attendance ('true' or 'very true') were the inability to pay court fees (78%), a lack of transportation (57%), and forgetting about the court appointment (53%). Overcoming these barriers can represent a substantial challenge for individuals experiencing homelessness. Responses also uncovered the widely held perception that the court process was inequitable, with clients reporting barriers, such as thinking that the judge wouldn't care about their needs (45%), anticipating that the judge would be biased (42%), feeling like they would be treated unfairly or without dignity (35%), or generally feeling that the process was unfair. Nearly one-third of clients (30%) also identified barriers associated with a mental health or substance use disorder that had prevented them from attending court hearings. Clients were least likely to express feelings that it was 'okay to skip' or that 'it wouldn't matter' as reasons for failing to comply with court requirements.

- The court experiences questionnaire was readministered when clients exited the program, or at the conclusion of the grant funding period for those who were still enrolled (*n*=21). Pre-post analysis results showed a reduction in perceived barriers to court participation on nearly all constructs measured. Some of the largest, statistically significant reductions were observed on measures of inability to pay court fees, lack of transportation, and mental health or SUD issues. These findings suggest that the CEP played a critical role in removing real or perceived barriers to court participation and also shifted clients' perceptions about the fairness of the court process and the treatment clients' believed they would receive.

Reentry into the Justice System

- The final goal of CEP services was to prevent further criminal behavior, arrest, and/or reentry into the criminal justice system. The CEP Program identified both a local definition of recidivism and a more narrowly defined BSCC definition that were used in the outcome analyses. The Shasta County Probation Department compiled information on recidivism events among clients enrolled in the CEP program based on confidential case records and shared the analyses with the evaluation team. Recidivism event tracking was initially completed both for clients who were enrolled in the CEP program, and clients who were eligible for CEP services and were referred but never enrolled. Due to changes in uptake in enrollment among referred clients over time (e.g., fewer clients opting out) as well as inconsistencies in referral tracking resulting from staff turnover, the viability of using the 'referred but never enrolled' group became more limited. The current analysis only includes clients who were enrolled in CEP services and had a record of case management in the HCHWC EHR.

- Based on the definition of recidivism established by BSCC, there were six CEP enrolled clients who were convicted of new crimes during the time of enrollment in the program. Three clients had a new conviction within 6-9 months of the CEP enrollment date, two clients had a new conviction within 15-16 months, and one had a new conviction at 17 months.



- The Shasta County Probation Department's local definition of recidivism was broader, and included both convictions as well as any new criminal complaint, return to custody, or reentry into the CEP program. Based on the local definition, about half of CEP clients (55%) experienced a recidivism event following enrollment in CEP services. Of those with records available for analysis, 49 (45%) had no further justice system involvement. Clients with a repeat offense had more frequent contact with a CEP

case manager on average (18.7 contacts per participant) than those with no further justice involvement (12.5 contacts). This may suggest that clients with more entrenched service needs who required more case management support are also more likely to reoffend than lower risk clients.

Conclusions and Recommendations

The evaluation of the CEP program highlighted many important program successes. Using Prop 47 funds, CEP partners succeeded in establishing a new and innovative approach to identifying and engaging lower-risk, high need clients involved with the justice system. These are clients for whom unmet housing and behavioral health treatment needs contribute to criminal offending and repeated involvement with the justice system. Importantly, based on state definitions of recidivism, 96% of all clients actively enrolled in the CEP program had no new convictions over the duration of the study period. Using the broader local definition, 45% of clients active in the program had no further justice system involvement.

The project has also impacted individual lives in profound ways. As part of a BSCC site visit, CEP clients were invited to share their stories. One young woman with a history of drug use and court involvement spoke about being homeless at the time of CEP enrollment and actively using substances while pregnant. After working with case managers, she was able to access and complete SUD treatment, find employment and permanent housing, and retain full custody of her newborn. She and her baby are now thriving, she is in recovery, and she credits CEP for a new life trajectory. Other clients shared similar stories about their experiences and expressed their gratitude toward CEP program staff and partners.

The CEP program and community partners also faced several challenges that impacted implementation and outcomes. The CEP Program experienced a slower than anticipated start-up due to government shutdowns caused by the COVID-19 pandemic. Temporary court and office closures delayed the number of new clients who were identified in the initial year of implementation, and impeded outreach and recruitment efforts. Early staffing turnover also created a temporary discontinuity in services, although this was resolved by the end of the first year and case management staff were consistent for the duration of the funding period. However, as a consequence of these initial challenges, many clients who were referred in year one 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.

The program also encountered challenges related to sharing of information across partners. The absence of a more centralized data infrastructure for inter-agency communication, or technology tools for accessing records, often restricted the flow of information, impeded coordination of referrals across partners, imposed excess data burden on staff, and reduced the reliability of outcome measurement or access to real-time data to inform quality improvement efforts. This represents an important area for future investment.

Despite both empirical and anecdotal evidence of program success, the CEP model also had some limitations. For example, the program was not as successful in demonstrating capacity to address, on a large scale, the often intractable, underlying factors that contribute to system involvement among many misdemeanor offenders (e.g., homelessness, mental illness, unemployment, or low educational attainment). Instead, the program focused energy and resources on meeting clients' where they are, addressing crises and essential needs, and mediating factors that contribute to escalating system involvement (e.g., attending court hearings and advocating for clients). CEP services relied largely on case management processes to link clients with existing community-based providers who were not funded under the grant. This may have limited the scope of services accessed by clients and/or limited the ability of case management staff to verify service delivery and outcomes across fragmented provider systems. Similarly, insufficient housing capacity within the larger community system (e.g., housing shortages) meant that client needs for services, such as transitional and permanent housing, often remained unmet. Going forward, an expanded program model that integrates and funds a wider array of direct service providers accompanied by long-term housing solutions driven by state leadership may address these limitations.

In all, the CEP program had a transformative impact on the Shasta County justice system by removing barriers to court participation and changing the way that system and community partners collaborated and collectively advocated for the needs of misdemeanor offenders. The effect of this system change was evident in the relationships that were cultivated across partnering agencies and in client responses to survey questions regarding their court experiences. The program offers a solid roadmap for future funding and programming opportunities.

Project Background

California voters passed Proposition 47, the "Safe Schools and Neighborhoods Act", in 2014 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 were 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. Agencies partner with community-based organizations to provide mental health and substance use disorder treatment and/or diversion programs for individuals involved with the criminal justice system.

BSCC 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 used grant funds to establish the Shasta County Misdemeanor Community Engagement Program (CEP), which aimed 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, BSCC grantees were tasked with planning and implementing a comprehensive evaluation of their funded programs. The Shasta County Probation Department sub-contracted with an external evaluation firm, EMT Associates, Inc., to fulfill the evaluation requirement. The purpose of the evaluation was to monitor Prop 47 implementation and to test the effectiveness of proposed strategies in achieving criminal justice outcomes. The three-year CEP grant program recently concluded in December 2022. The data analysis and reporting were completed in May 2023. The present report summarizes evaluation findings documenting the achievement of the goals and objectives outlined in the original proposal and detailing lessons learned and recommendations from the CEP implementation process.

CEP Program Model

The Probation Department implemented 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 provided case management and direct support services to enrolled clients and referred clients to substance use disorder (SUD) treatment, mental health services, and housing assistance based on identified needs. Case managers helped clients adhere to their case plans and navigate the court and community services systems by accompanying them to court hearings and/or meetings with diversionary services and facilitating access to substance use or mental health treatment services.

The CEP program also funded a Probation Assistant (PA) within the Probation Department who served as a liaison between criminal justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA coordinated with 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 was shared with HCHWC for use in conducting direct outreach to recruit clients into the program. The PA also coordinated information sharing among partners on an ongoing basis and provided status reports to the court concerning clients' progress when requested.

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.

Local Management and Oversight Advisory Committee

The Shasta County Probation Department was responsible for management and oversight of the CEP grant program. The Probation Department coordinated 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 met on an as needed basis to review grant implementation and data findings and to work with the evaluation team to ensure project components were being monitored, assessed, and adjusted as needed.

Evaluation Methods and Design

The evaluation of the Shasta County CEP program was 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 was 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, fulfilled 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 and local program staff, and to 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.

Eligibility Criteria for Participants

The CEP program targeted misdemeanor drug and property offenders who had a history of repeated arrests, misdemeanor referrals to the District Attorney's Office, commitments to jail, and/or failures to appear in court. The priority population included individuals cited or arrested for violations of section 11377/11350/11364 of the Health and Safety Code. Clients had to be 18 years or older, have a criminal history, have stable contact information, and be willing to comply with program requirements. Other priority criteria included having a history of homelessness or housing instability, and/or having a history of substance use and/or mental health disorders. Client eligibility for participation in the District Attorney's Pre-Filing Diversion/Crime Advocate Program was based on program eligibility criteria.

CEP participants were required to have one or more arrests for misdemeanor property or drug offenses within 6 months of project start-up, to have one or more FTA in court, and to 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 were identified for the program immediately following arrest, prior to the filing of a criminal complaint, or after arraignment. The goal was to engage clients early on to help them successfully navigate the court process and access needed community services.

Once eligibility was determined and clients indicated a willingness to participate in the program, they were referred to HCHWC case managers who engaged in additional outreach and recruitment efforts to officially enroll clients in the program.

Client Identifiers

Offenders who were referred to the CEP were assigned a unique project identifier that combined the two-letter prefix assigned by BSCC to the Shasta County grant ('CJ') 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.

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 was designed to answer six key process evaluation questions. These include:

- How effective were CEP outreach efforts at 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?

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

- Referral information. CEP participants were 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 reviewed court records and identified individuals who met program criteria, and then submitted referral information, including client contact information, source of referral, and eligibility criteria, to HCHWC to initiate the outreach process. Referral information was transferred to the evaluation team for quarterly analysis and reporting.
- Client intake assessment. Eligible clients who agreed to participate in the CEP program established an appointment date to complete the required assessments and to formally enroll in the program. Clients completed a variety of assessment tools, including a CEP intake form that aligned 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 was used to inform case plan development for each client. CEP intake information was completed on scannable forms that were securely transferred to the evaluation team for analysis and reporting. Information was 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 contacts were recorded for each participant encounter and logged in the HCHWC electronic health record (EHR). Service utilization data was 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 summarized service utilization data, including calculated dosage, time in services, and program completion for state reporting purposes.
- BSCC Smartsheet. HCHWC also provided access to the BSCC Smartsheet that captured information from case notes not recorded on intake forms, including information on enrollment, attendance, and completion of substance and mental health treatment and diversion programs, changes in housing, education, or employment status, as well as client utilization of specific categories of service.

The evaluation team, the PA, and HCHWC supervisor and case management staff 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.

Definition of Program Completion

CEP program completion was 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 included 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 was defined as completion of assignments given by the District Attorney's Office.

Mental Health Program Completion. Mental health program completion occurred when the participant was enrolled in and maintaining treatment services according to their treatment plan. Case managers monitored mental health program participation and recorded information on program attendance in the BSCC SMART Sheet.

Substance Use Disorder Treatment Program Completion. SUD treatment program completion occurred when the participant completed all tasks and made satisfactory progress outlined in the criteria of completion. Case managers monitored program participation and recorded information on program attendance in the BSCC SMART Sheet.

Additional criteria were applied by the court on a case-by-case basis to determine whether expectations for participation had been met for each CEP client. These specific criteria included, but were 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.

Outcome Evaluation

The outcome evaluation provided measurement of critical outcomes that were linked to the program intervention and were often reflected in the stated goals of the program. The purpose of the outcome evaluation was 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 was 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?

- 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?

The outcome evaluation utilized data from three key sources.

- CEP Participant Survey. CEP participants were 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 was 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 were securely transferred to the evaluation team and are scanned into an electronic file format for analysis.

- Court Experiences Survey. CEP participants were 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 resources in the community. The CEP Court Experiences Survey was administered by the HCHWC case manager using a scannable Teleform survey produced by EMT Associates. Completed surveys forms were transferred to the evaluation team and were scanned into an electronic file format for analysis. The Court Experiences Survey was re-administered to clients at the time of exit from the program. Completed survey forms were securely transferred to the evaluation team and were scanned into an electronic file format for analysis.

- Court records. The CEP PA initially documented court records for CEP clients using a tracking tool developed by the evaluation team. The tracking tool recorded reasons for referral, hearing dates, court outcomes (e.g., Failure to Appear) and recidivism events, including any return to custody, filing of a new criminal complaint, or new conviction. The PA assigned to the CEP program left the Department in January 2022, which resulted in some discontinuity in the data collection process. For the final evaluation report, court records analyzing recidivism were compiled by Probation staff and shared with the evaluation team. The FTA analysis was completed by the evaluation staff using manual searches of public websites.

Comparison Group

Under 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 involved assigning waitlisted clients to a comparison group. However, due to COVID related challenges, program enrollment was slower than anticipated and there was no wait list for program services. The comparison group for the outcome evaluation was later comprised of clients who met eligibility requirements and were referred to the program, but who were not ultimately enrolled. Due to changes in uptake in enrollment among referred clients over time as well as changes in referral tracking tied to staff turnover in the PA role, the viability of using the *referred but never enrolled* group became more limited.

For outcome measurement of anti-social values and attitudes and court experiences, comparisons were made between pre-tests administered at the time of enrollment and post-tests administered at the time of program completion. For measures of courts FTAs, clients who completed program requirements or who remained actively enrolled at the end of the grant were compared to clients who exited the program without completing requirements.

Limitations of the Data

The evaluation team experienced some early data collection challenges due largely to the COVID-19 pandemic and to staff turnover at HCHWC, which together temporarily disrupted data flows and limited the program's capacity to engage new clients and collect in-person data. The program also encountered challenges working with a highly transient service population, which often made locating clients for follow-up data collection difficult once clients were no longer in contact with the program. This resulted in some data loss on pre-post survey measures.

The coordination and sharing of data across multiple agencies also presented substantial challenges in the absence of a centralized data tracking system. The evaluation team relied on simple spreadsheets created for Probation staff to record information on client eligibility criteria, offenses, court dates, court outcomes, and CEP referral information. Referral forms were then transferred from Probation to HCHWC using paper forms to provide information on prospective clients. Clients were assigned a study tracking number after referral at the time of enrollment and study IDs were shared with Probation. Client service contacts were then recorded in the HCHWC EHR, whereas additional client information (i.e., pre and post surveys, and case notes) was maintained separately in client files and was manually copied into the BSCC quarterly Smartsheet. Court and justice system records required manual look-up from an online database, which was time intensive and prone to human error. The overall process was fragmented, imposed a substantial time burden on staff, and often resulted in inaccuracies in client record-keeping. This underscored the need for investment in a more enhanced, centralized, and customizable data infrastructure that could be accessed across partners to facilitate coordination and improve data reliability.

To address data gaps and inconsistencies, the evaluation team met periodically with HCHWC staff and the PA throughout the project period to review caseload information, to resolve data issues, and to define benchmarks for measuring progress success. HCHWC appointed a grant compliance monitor to oversee the data transfer process, which resulted in a significant improvement in overall data quality and completeness over time.

Evaluation Results and Discussion

The next section of the final evaluation report presents process and outcome findings from the external evaluation of the CEP Program. The report covers the three-year grant period spanning from January 2020 to December 2022.

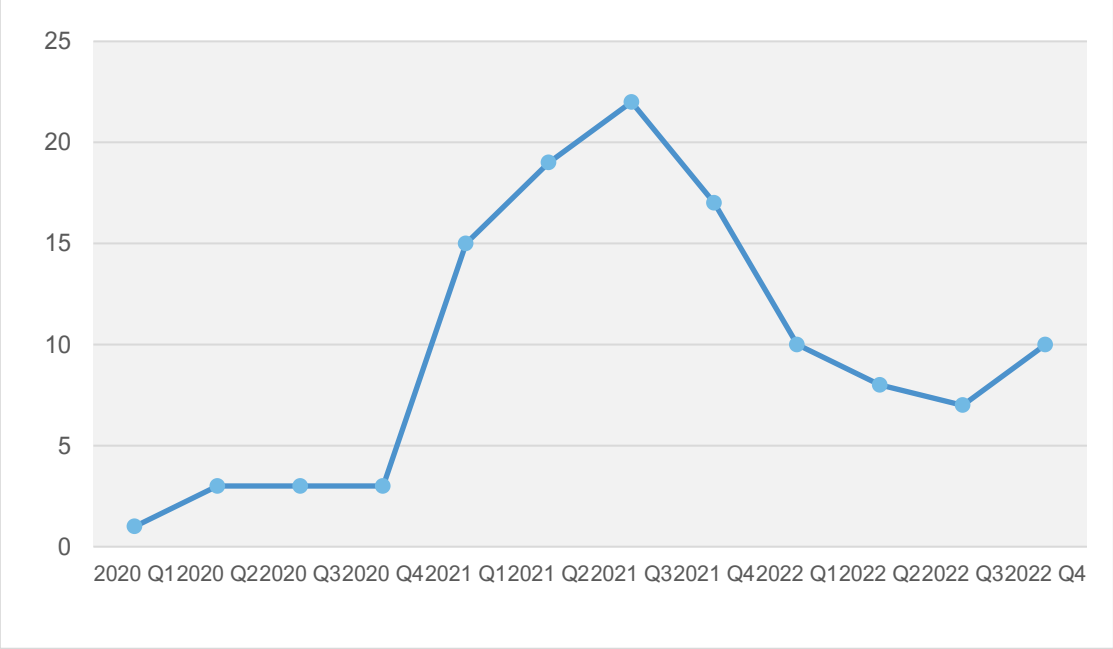
CEP Enrollment and Demographics

The Shasta County Probation Department began identifying and referring clients to HCHWC for CEP enrollment in January 2020. 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.

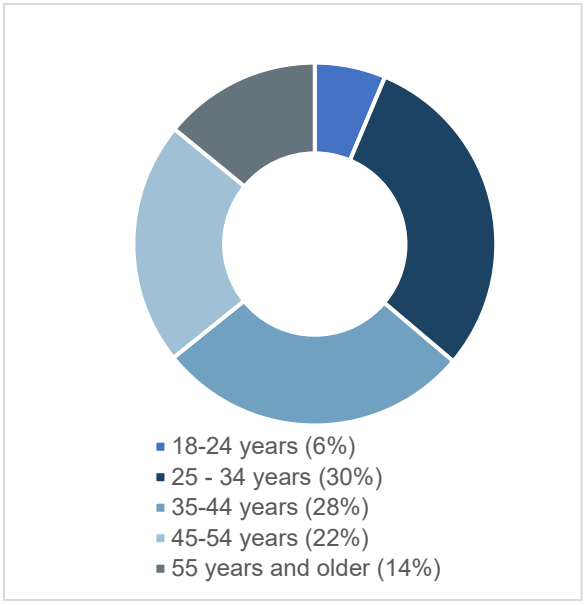
Once clients were identified for the program and confirmed to meet eligibility requirements, they were referred to HCHWC, where case management staff engaged in further outreach to encourage enrollment. Once clients agreed to enroll in the program, they were assigned to a HCHWC case manager. Program guidelines required that participants be enrolled in the program within 30 days of referral. For clients who agreed to enroll, case managers completed a comprehensive intake assessment, developed individualized case plans, and worked with each client on an ongoing basis to provide case management services and linkages to providers in the community.

HCHWC ultimately enrolled 116 clients over the three-year grant period. Client enrollment was slow in the first 12 months of the grant due to early hiring delays and staff turnover, and more notably, due to government closures caused by the COVID-19 pandemic. CEP enrollment accelerated beginning in the second year of the grant as the pandemic slowed and public services began to reopen. New enrollments later declined moving into the third year of implementation as caseloads reached capacity and as the program began to wind down in its final months of implementation.

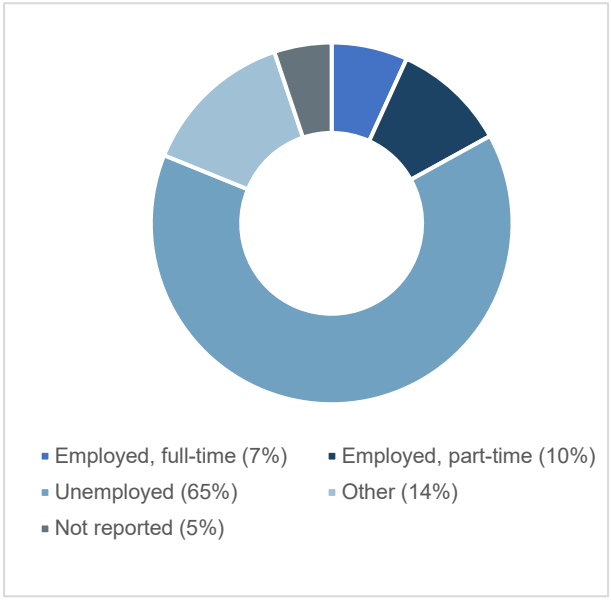
CEP Clients Enrolled by Quarter of Enrollment *(n=116)*



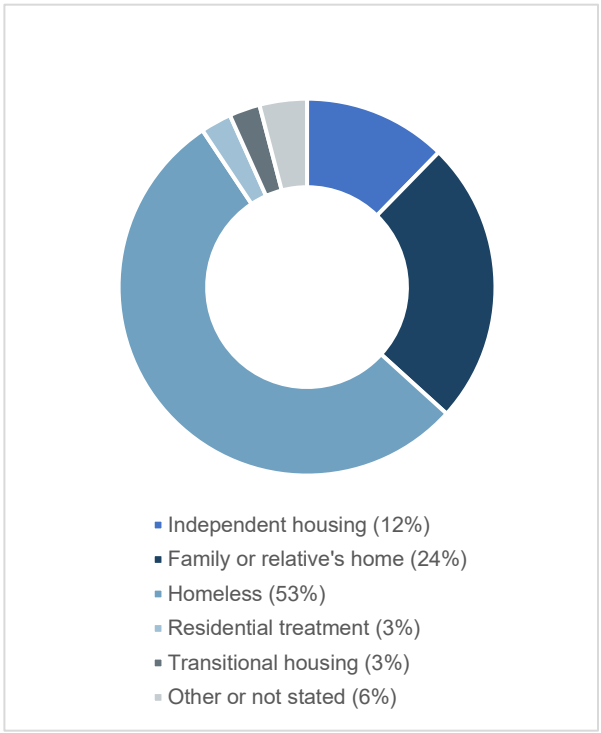
Client Age at Enrollment (*n*=116)



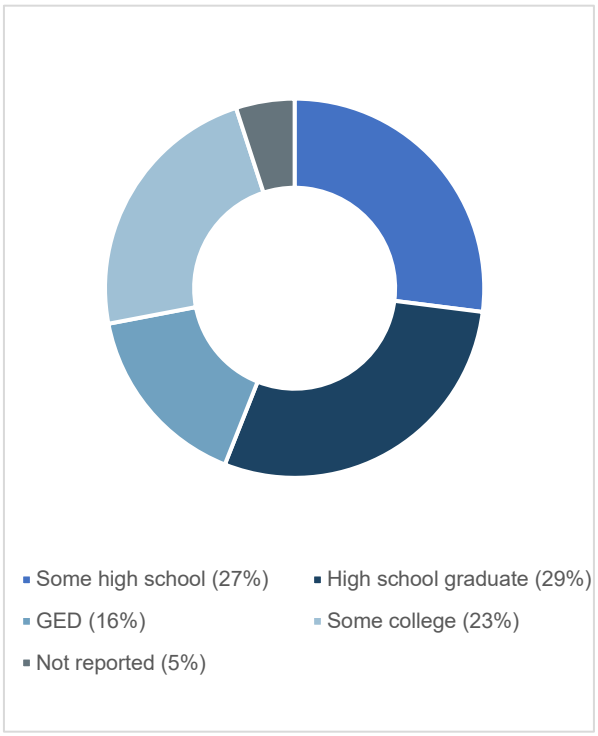
Employment Status at Enrollment (*n*=116)



Housing Status at Enrollment (*n*=116)



Educational Attainment at Enrollment (*n*=116)



Given the slower than anticipated uptake in CEP enrollment among referred clients during the early phases of the project, the mid-grant evaluation report included an analysis exploring differences between clients who formally enrolled in the program and those who were referred but never enrolled. The analysis found that 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, the percentage of clients with mental health issues listed as an eligibility criterion at referral was substantially higher in the outreach only population. This may indicate that the presence of mental health issues among misdemeanor offenders acts as a barrier to enrollment and may require more intensive and specialized outreach on the part of case management agency staff.

As shown in the exhibits on the previous page, 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. Of clients who formally enrolled in the CEP program, 56% were male and 44% were female. About 6% of enrolled clients were young adults (18-24 years) and 14% were older adults 55 years and older. The average age of participants was 40.4 years. Eighty-two percent of clients (82%) were White, 4% were Hispanic or Latino, 3% were American Indian or Alaska Native (AI/AN), 2% were Black or African American, and 9% were multi-racial. This generally reflects the race/ethnic composition of the larger Shasta County population.

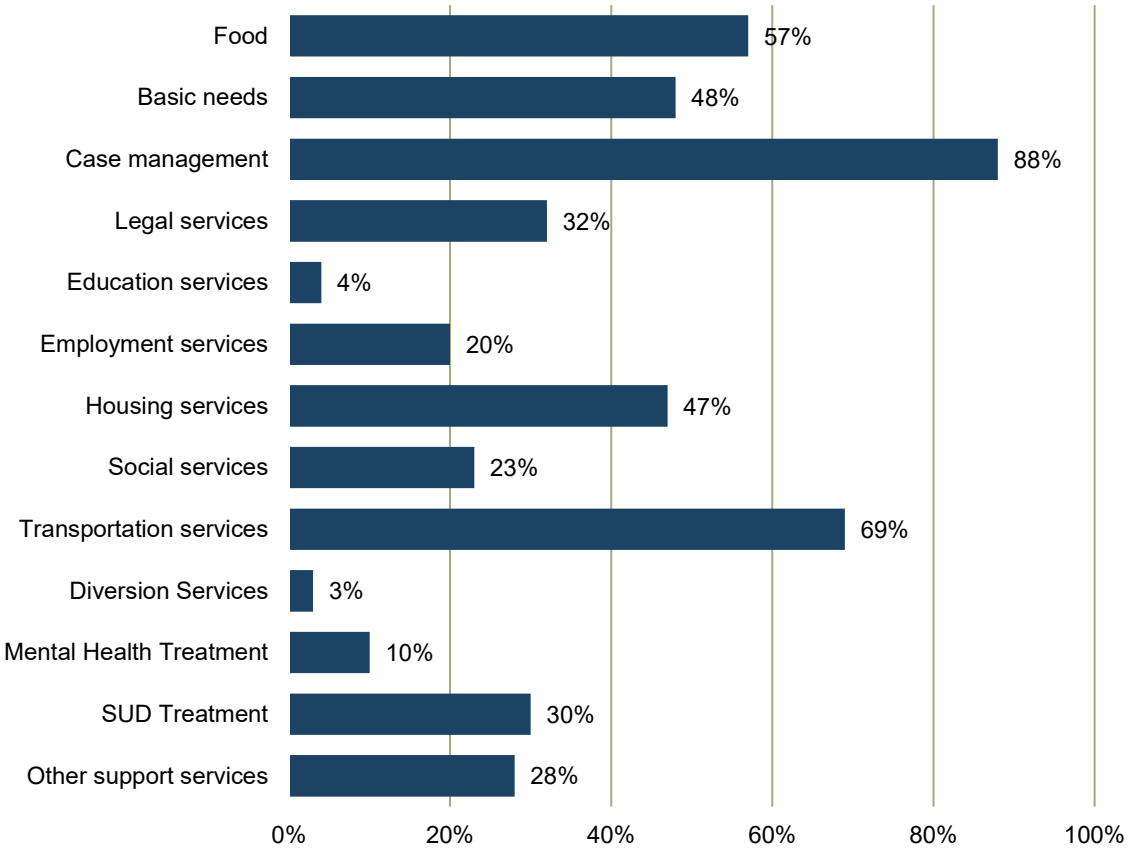
The enrolled client population was characterized by low educational attainment, high unemployment, and high rates of housing instability. About 28% of CEP clients never completed high school, and 47% had either graduated from high school or earned a GED but had no college degree or certificate. Sixty-eight percent of enrolled clients (68%) were unemployed. More than half of clients were homeless (55%) at the time of intake, living in cars or on the street, another quarter (25%) were living in the home of a family member or relative, and 5% were in temporary housing situations, such as transitional housing or residential treatment programs. Only 13% of clients were living independently in their own homes.

Client Case Management and Direct Services

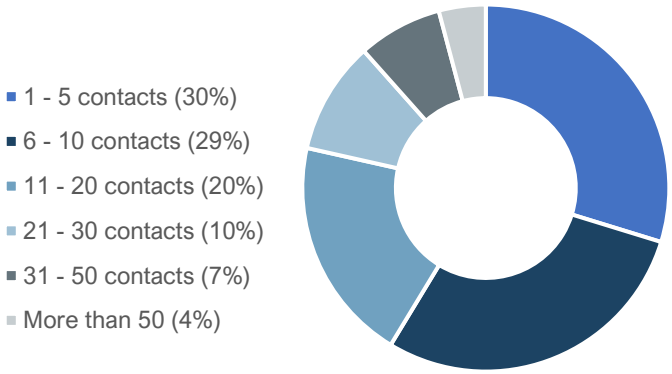
The first CEP goal was to increase access to behavioral health treatment, housing assistance, and pre-trial diversion services and to support program retention and service completion. Case management records maintained in the HCHWC EHR showed that CEP case managers delivered 1,974 in-person or telephone contacts with participating clients over the three-year grant period. More than two-thirds of clients (70%) had a high level of engagement in CEP services with 6 or more recorded case management contacts. Only one-third (30%) had 5 or fewer contacts indicating a lower level of service intensity. Clients had 14.8 case management contacts on average and had an average duration of enrollment of 9.6 months. The longest period of enrollment was 33.6 months.

The first exhibit on the following page reports the percentage of enrolled clients who received various types of behavioral health and social support services as part of their program participation. The second exhibit shows the proportion of clients who received different amounts of service contact.

Categories of Services Utilized by CEP Clients



CEP Case Management Contacts per Participant (*n*=116)

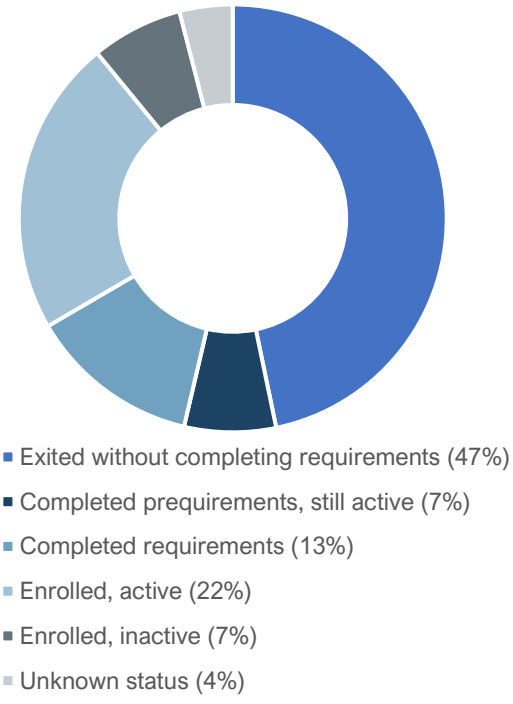


Clients utilized an array of behavioral health and social support services as part of their program participation. Almost all clients participated in case management services (88%) and most received transportation assistance (69%), including bus passes and rides to court and service appointments from case management staff. This was a major component of the CEP model, given the program's emphasis on attendance at court hearings and given clients' limited access to transportation. The next most widely utilized categories of services included food assistance (57%) and other services to address basic needs (48%). About one-third of clients (32%) received SUD assessment and/or treatment services consistent with the goals of the grant. Nearly half of clients also received some form of housing assistance (47%) to address high rates of homelessness and housing instability. However, case managers often noted the challenges of finding permanent or transitional housing solutions given widespread housing shortages in the area. As a consequence, despite several success stories, most CEP clients did not experience major changes in housing status as the result of their participation. One-third of CEP clients (32%) benefitted from legal assistance, which included help navigating the court system. Case managers frequently attended court hearings with their clients to advocate on their behalf. This was a core component of the CEP program model. The frequent presence of case managers at court, along with the Probation Department PA contributed to a sense of increased collaboration and trust among judges, other justice system partners, Probation, and HCHWC, which was cited as an important system outcome of the grant.

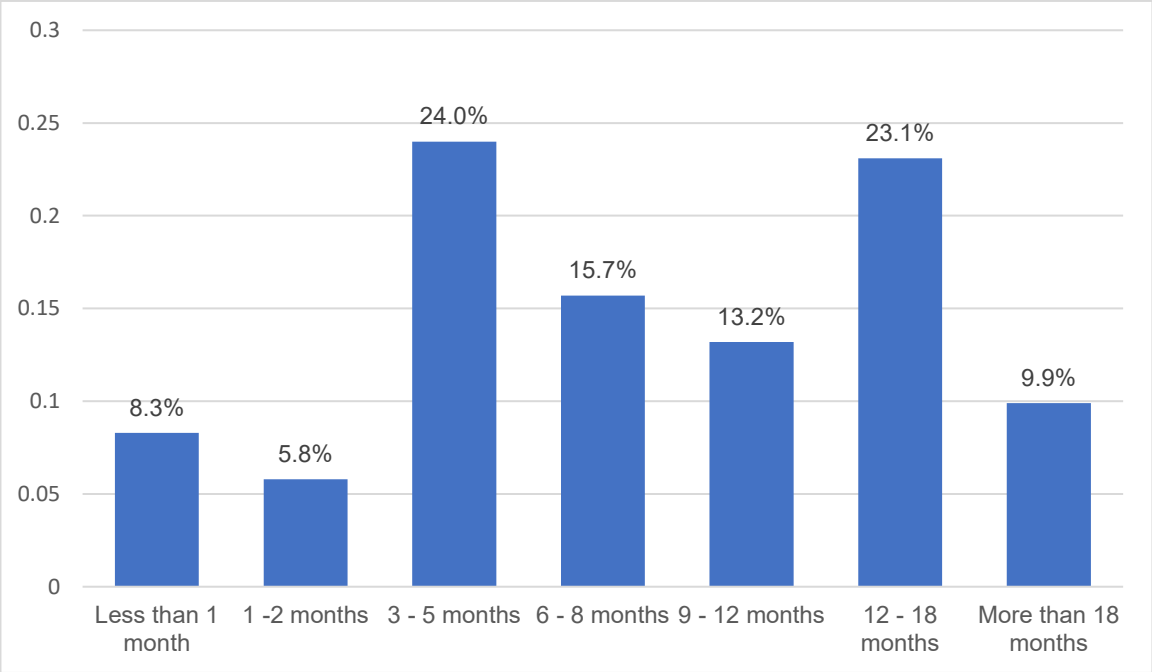
The least widely utilized services were employment assistance (20%), education services (4%). and mental health treatment (3%). The need for workforce readiness, job skills training, or job placement was evident within the CEP client population, given low educational attainment and high unemployment; however, these services were not directly supported with grant funds and instead were primarily accessible through community referral. The exhibit on the following page lists providers in the community who received referrals for CEP clients. These interventions were often secondary in priority to crisis intervention or stabilizing services that met clients' essential needs, such as food security and housing, or court advocacy services that aimed to mitigate escalation of justice system involvement. This area represents a future opportunity for expanding and enhancing the CEP program model and strengthening education and employment partnerships in the community.

One in five clients who voluntarily enrolled in CEP services completed all program requirements and 23% were still enrolled at the close of the grant. At the mid-year evaluation point, few clients had completed program services, in part due to the effects of the COVID-19 pandemic. The evaluation recommendation was to formalize program completion criteria to allow more clients to move off of caseloads once they had achieved program goals. This resulted in more case closures and clients graduating from the program, although many clients still in need of services remained engaged at the conclusion of the grant. HCHWC is actively seeking opportunities for new funding to continue meeting the needs of the CEP client base.

CEP Case Management Contacts per Participant (*n*=116)



Duration of Enrollment among CEP Clients (*n*=116)



Behavioral Health Treatment

- **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**

Health, Education, and Employment Services

- **Shasta County Health and Human Services**
  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

Another core goal of 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 enrolled in the CEP program completed initial assessments that integrated 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 screening tools, clients received further assessment and referrals for enrollment in treatment through HCHWC or other community providers. Clients referred to community-based behavioral health treatment programs were monitored by HCWHC case managers for retention in services.

- 53% of screened clients received more comprehensive mental health and substance use disorder assessments.
- Of those who completed an SUD assessment, 31% were enrolled in an SUD treatment program. One client successfully completed treatment by the close of the CEP grant program.
- Of those who completed more comprehensive mental health assessments, 7% were enrolled in mental health treatment services. None were recorded as completing treatment within the timeline of the grant.

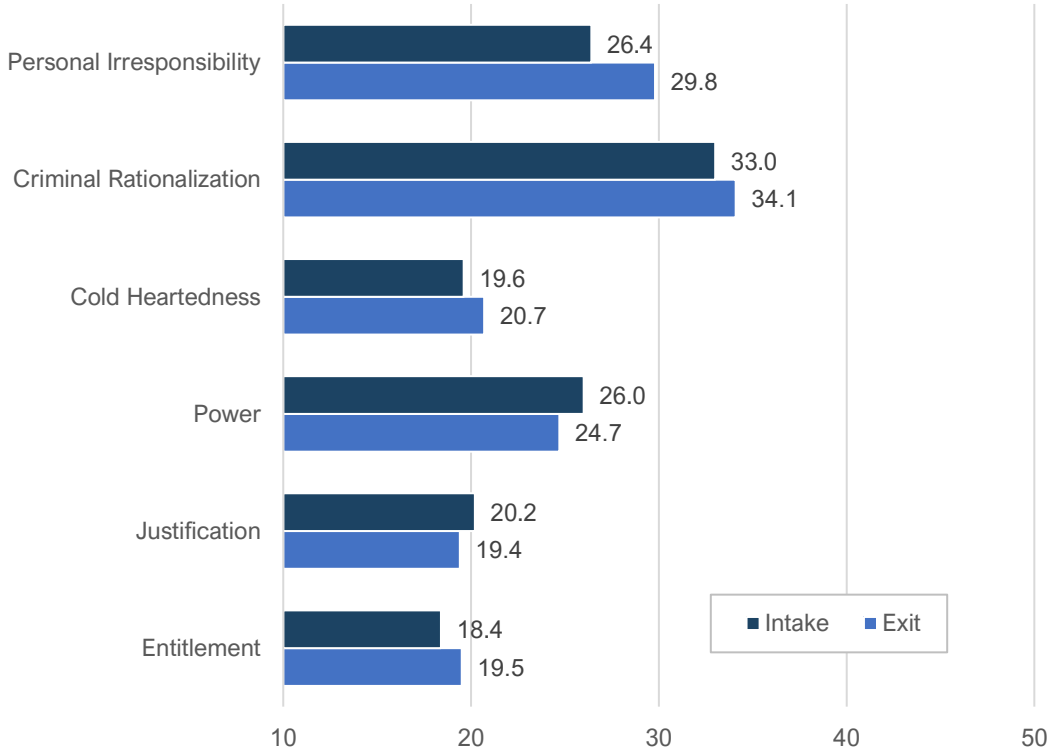
Antisocial Values and Attitudes

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 were designed to reduce these negative thought processes.

Shortly after the intake assessment was completed, CEP clients were administered the Criminal Thinking Scales (CTS), which is a standardized instrument developed in 2005 by Texas Christian University (TCS). 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 included measures of cold heartedness, criminal rationalization, entitlement, justification, personal irresponsibility, and power orientation. Responses to items 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 by removed from scoring. These adjustments were incorporated into scoring for the CEP outcome analysis.

The exhibit on the following page shows the distribution of scores for the population of clients who completed the survey at both pre-test and post-test timepoints as part of their CEP participation. Pre-test scores recorded at baseline fell within a low to moderate range on average, which is consistent with expectations for non-violent, low level misdemeanor offenders. When readministered at program exit, there were no statistically significant differences when comparing measures over time. This may suggest that unmet behavioral health needs combined with challenging life circumstances (e.g., homelessness) play a greater role in driving justice system involvement for CEP clients than anti-social values or attitudes.

Comparison of Anti-Social Values and Attitudes (Pre-Post)

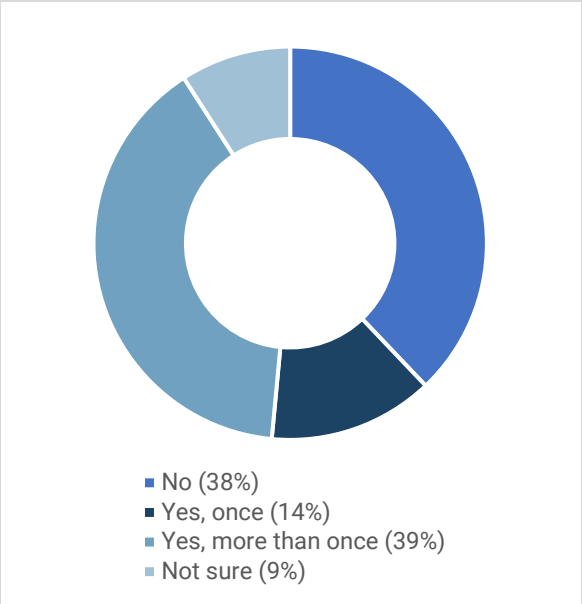


Pre-test administration n = 81; post-test administration (matched) n=17

Court Experiences

Another goal of the CEP model was to reduce barriers to navigating the court system to prevent the escalation of charges or additional penalties. Having a history of failure to appear (FTA) in court was one of the key criteria for program eligibility. Ninety-four percent of CEP clients (94%) surveyed at the time of enrollment (*n*=70) had a history of appearing in court, and 88% had missed one or more court dates in the past. About half of clients (53%) reported having a negative experience with the court system, for example, feeling like they had been treated unfairly or that the judge had not cared about their concerns. These experiences may have influenced clients' level of engagement with the court process and their willingness to attend court hearings.

Any History of Negative Court Experiences (*n*=70)



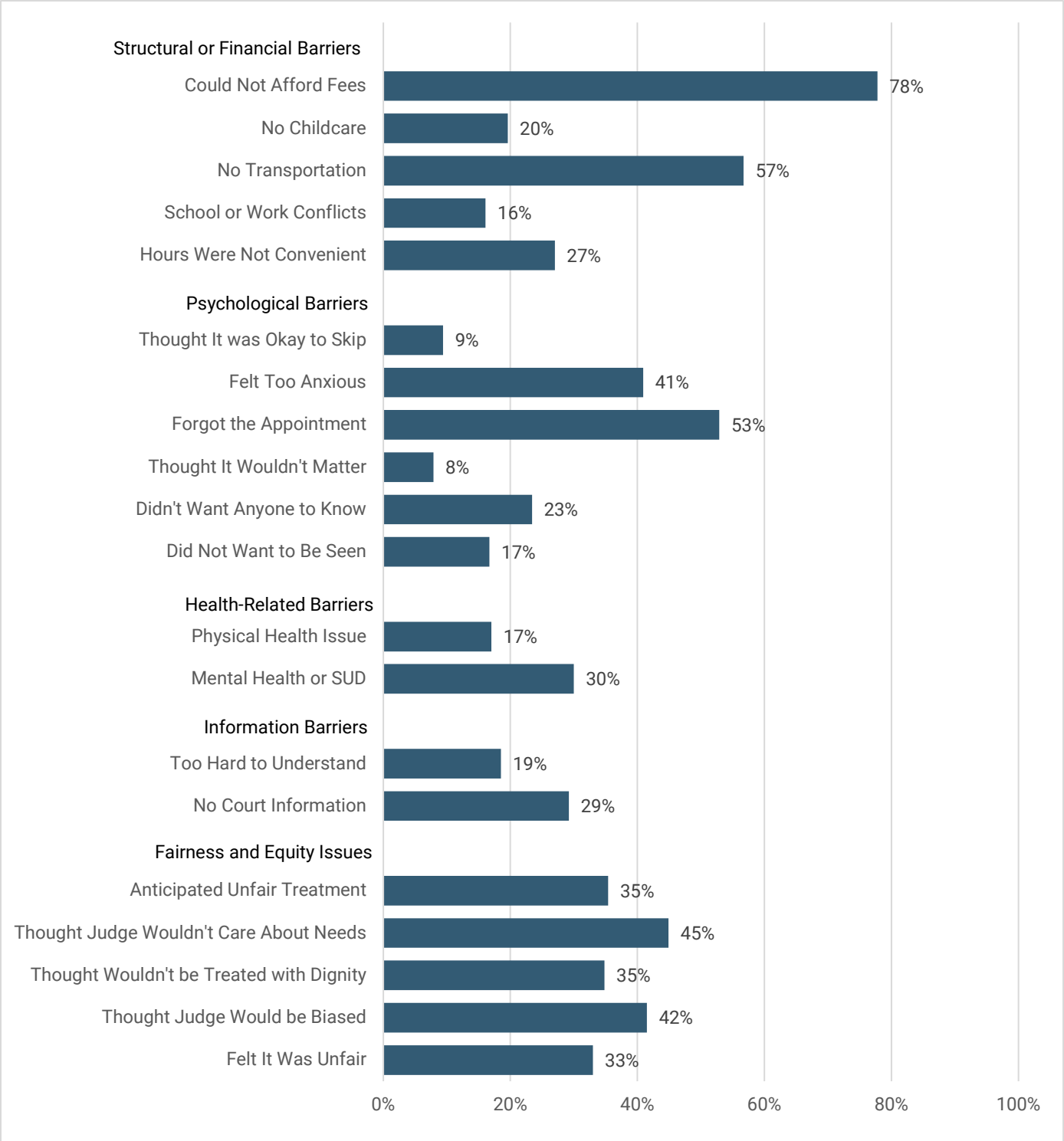
CEP Client Perceptions

"I was treated fairly, and I really liked my judge. I thought he was personal and cared about helping and not just punishment."

"Since I've been with Hill Country, I have not had any problems making my court dates... Hill Country has been able to provide for me and my family—not only transportation to and from my court appointments, but stable temporary housing. If it was not for Hill Country, I'm sure I would be locked up in jail or prison."

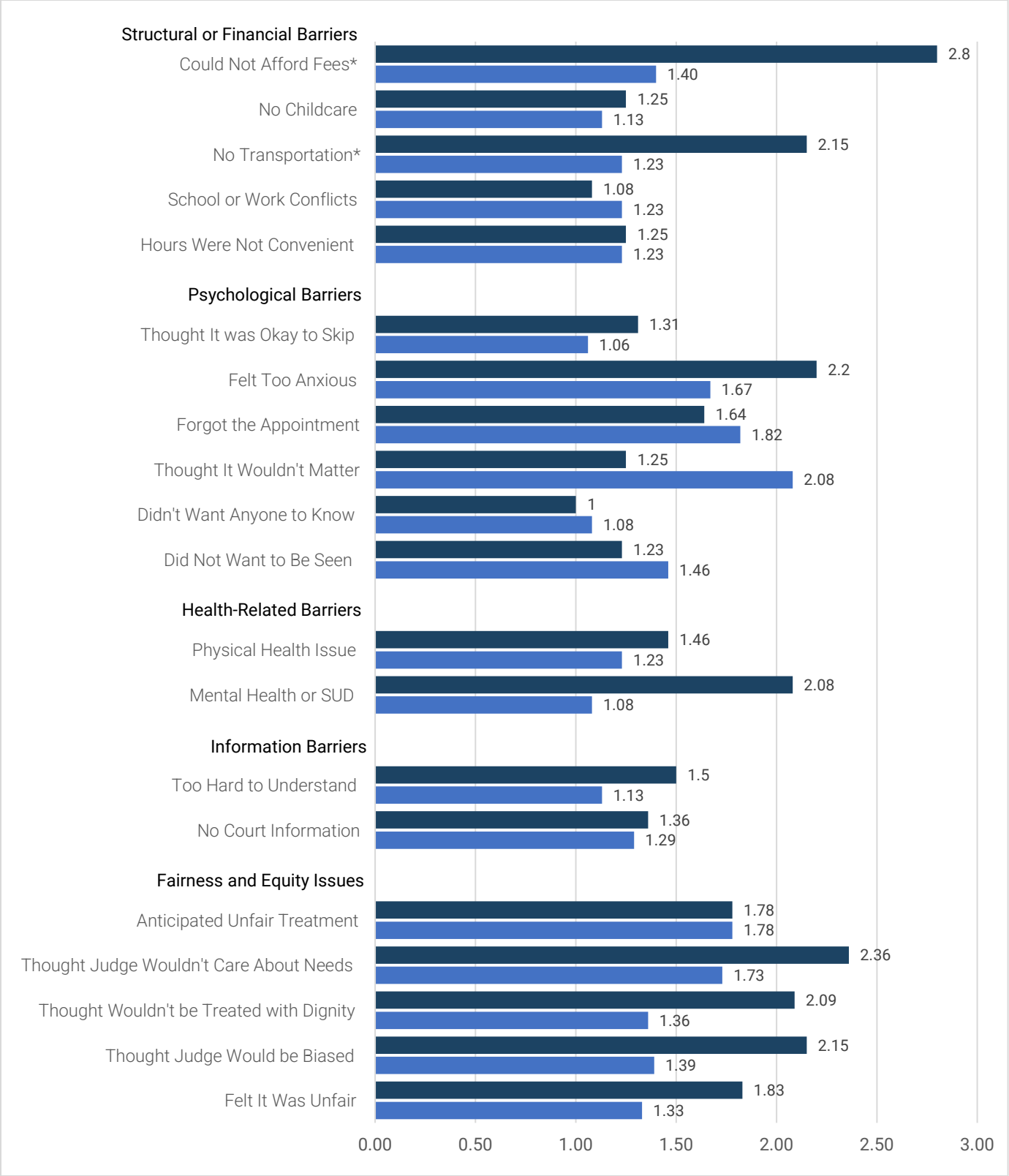
Clients were given a list of statements related to barriers that may have affected their ability to attend court. Statements were grouped into broad categories that included: informational barriers, structural or financial barriers, health-related barriers, psycho-social barriers, and issues related to fairness and equity. Respondents were asked to identify how true each statement was for them (from 'very true (3) to 'not true at all' (0). The most widely perceived barriers to court attendance ('true' or 'very true') were the inability to pay court fees (78%), a lack of transportation (57%), and forgetting about the court appointment (53%). Overcoming these types of barriers can represent a substantial challenge for individuals experiencing homelessness. Responses also uncovered the widely held perception that the court process was inequitable, with clients reporting barriers, such as thinking that the judge wouldn't care about their needs (45%), anticipating that the judge would be biased (42%), feeling like they would be treated unfairly or without dignity (35%), or generally feeling that the process was unfair. Nearly one-third of clients (30%) also identified barriers associated with a mental health or substance use disorder that had prevented them from attending court hearings. Clients were least likely to express feelings that it was 'okay to skip' or that 'it wouldn't matter' as reasons for failing to comply with court requirements. The exhibits on the following pages report the percentage of clients at intake who rated each barrier as 'true' or 'very true' and shows changes in mean ratings over time.

Reported Barriers to Appearing in Court – % Reporting that Statement was "Very" or "Somewhat True"



Pre-test administration n = 70

Reductions in Barriers from Pre- to Post-Test Administration (3 = "Very True" to 0 "Not True at All")



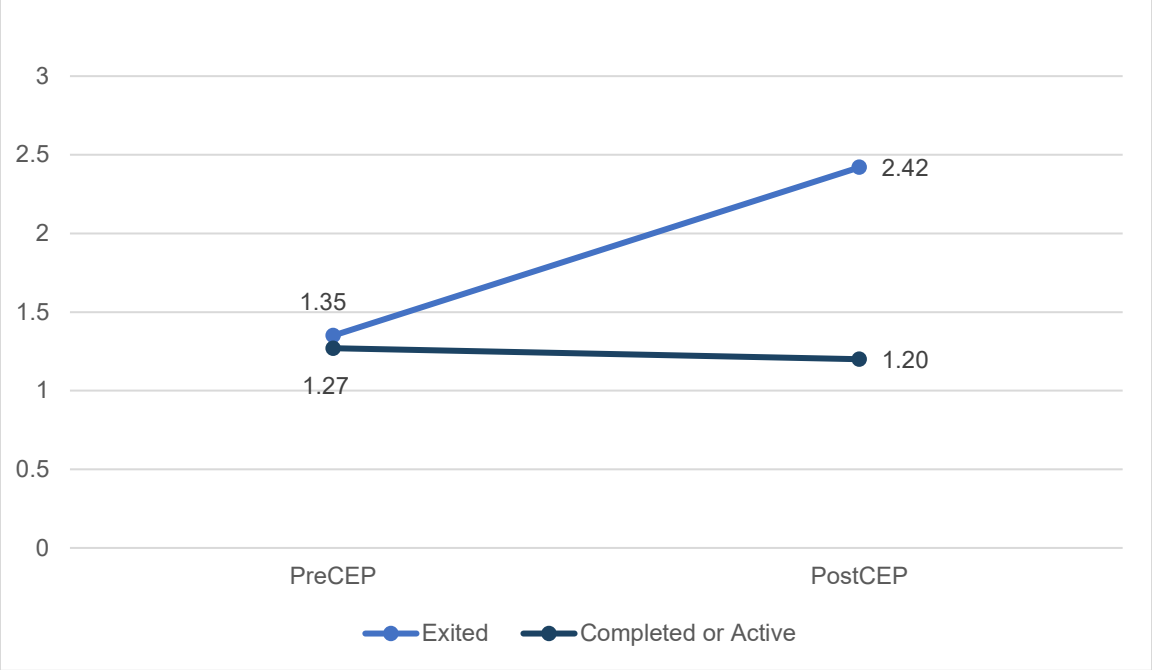
Pre-test administration n = 70; post-test administration (matched) n=26

The court experiences questionnaire was readministered when clients exited the program, or at the conclusion of the grant funding period for those who were still enrolled (*n*=21). Pre-post analysis results showed a reduction in perceived barriers to court participation on nearly all constructs measured. Some of the largest, statistically significant reductions were observed on measures of inability to pay court fees, lack of transportation, mental health or SUD issues, and perceived measures of fairness and equity. These findings suggest that the CEP played a critical role in removing real or perceived barriers to court participation and also shifted clients' perceptions about the fairness of the court process and the treatment clients' believed they would receive.

Failure to Appear (FTA)

The fourth CEP project goal was 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 was to help clients attend their court dates as scheduled to prevent escalating involvement with the criminal justice system. The FTA analysis was completed using a case-by-case search of court records and analyses of FTAs documented in the 6-months prior to CEP enrollment and FTAs documented in the 6-months post-enrollment. The analysis of court records included 93 CEP clients, or approximately 80% of clients with a record of program enrollment. The remaining 20% of clients could not be matched to CEP enrollment information with confidence, and so were excluded from the analysis. Within the analysis sample, primary offenses committed by clients immediately prior to enrollment included possession of a controlled substance (62%), illegal camping (26%), petty theft (4%), and other related offense types (8%). At the time of enrollment, CEP clients had 1.31 FTAs on record. The analysis involved a comparison between the group of enrolled clients who either completed program requirements or were still enrolled at the end of the grant period, with the group of enrolled clients who exited the program prior to completing requirements.

Comparison in Failure to Appear Rate among CEP Client Sub-Groups (*n*=91)



The two groups had comparable rates of FTA prior to CEP enrollment. The comparison of means showed that clients who completed program requirements or were still enrolled in CEP services, had a small reduction in the average number of FTAs from 1.27 prior to enrollment to 1.20 post enrollment. The reduction was not statistically significant. By comparison, the group of clients who exited the program without completing requirements showed a statistically significant increase in FTA from 1.35 prior to enrollment to 2.42 post enrollment. These findings suggest that engaged clients did not experience the same level of escalation of justice system involvement that was observed among clients who were not retained in the program. Although the two groups may not be fully equivalent (e.g., the underlying factors that help some clients remain engaged in services also make them less likely to reoffend), the analysis does present a promising pattern among CEP clients.

Recidivism Analysis

The final goal of CEP services was to prevent further criminal behavior, arrest, and/or reentry into the criminal justice system. The CEP Program identified a local definition of recidivism that was used in the outcome analyses. These analyses also included 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.

The Shasta County Probation Department recorded recidivism events among clients enrolled in the CEP program and shared the analyses with the evaluation team. Recidivism event tracking was initially completed both for clients who were enrolled in the CEP program, and clients who were eligible for CEP services and were referred but never enrolled. Staff turnover within the Probation Department mid-grant resulted in some discontinuity in referral tracking which limited the reliability of records. The current analysis is limited to clients who were enrolled in CEP services and had a record of enrollment and case management in the HCHWC EHR.

Based on the definition of recidivism established by BSCC, there were six CEP enrolled clients who were convicted of new crimes during the time of enrollment in the program. Based on the definition of recidivism established by BSCC, there were six CEP enrolled clients who were convicted of new crimes during the time of enrollment in the program. Three clients had a new conviction within 6-9 months of the CEP enrollment date, two clients had a new conviction within 15-16 months, and one had a new conviction at 17 months.

The Shasta County Probation Department's local definition of recidivism was broader, and included both convictions as well as any new criminal complaint, return to custody, or reentry into the CEP program. Based on the local definition, about half of CEP clients (55%) experienced a recidivism event following enrollment in CEP services. Of those with records available for analysis, 49 (45%) had no further justice system involvement. Clients with a repeat offense had more frequent contact with a CEP case manager on average (18.7 contacts per participant) than those with no justice involvement (12.5). This may suggest that clients with more intensive service needs are also more likely to reoffend.

Conclusions and Recommendations

The evaluation of the CEP program highlighted many important program successes. Using Prop 47 funds, CEP partners succeeded in establishing a new and innovative approach to identifying and engaging lower-risk, high need clients involved with the justice system. These are clients for whom unmet housing and behavioral health treatment needs contribute to criminal offending and repeated involvement with the justice system. Importantly, based on state definitions of recidivism, 96% of all clients actively enrolled in the CEP program had no new convictions over the duration of the study period. Using the broader local definition, 45% of clients active in the program had no further justice system involvement. Results of the FTA analysis further showed that clients who successfully completed CEP program requirements or who were still retained in services, had lower post-enrollment FTA rates than clients who exited the program without completing requirements.

The project has also impacted individual lives in profound ways. As part of a BSCC site visit, CEP clients were invited to share their stories. One young woman with a history of drug use and court involvement spoke about being homeless at the time of CEP enrollment and actively using substances while pregnant. After working with case managers, she was able to access and complete SUD treatment, find employment and permanent housing, and retain full custody of her newborn. She and her baby are now thriving, she is in recovery, and she credits CEP for a new life trajectory. Other clients shared similar stories about their experiences and expressed their gratitude toward CEP program staff and partners.

The CEP program and community partners also faced several challenges that impacted implementation and outcomes. The CEP Program experienced a slower than anticipated start-up due to government shutdowns caused by the COVID-19 pandemic. Temporary court and office closures delayed the number of new clients who were identified in the initial year of implementation, and impeded outreach and recruitment efforts. Early staffing turnover also created a temporary discontinuity in services, although this was resolved by the end of the first year and case management staff were consistent for the duration of the funding period. However, as a consequence of these initial challenges, many clients who were referred in year one 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, truncating the implementation timeline.

The program also encountered challenges related to sharing of information across partners. The absence of a more centralized data infrastructure for inter-agency communication, or technology tools for accessing records, often restricted the flow of information, impeded coordination of referrals across partners, imposed excess data burden on staff, and reduced the reliability of outcome measurement or access to real-time data to inform quality improvement efforts. This represents an important area for future investment.

Despite both empirical and anecdotal evidence of program success, the CEP model also had some limitations. For example, the program was not as successful in demonstrating capacity to address, on a large scale, the often intractable, underlying factors that contribute to system involvement among many misdemeanor offenders (e.g., homelessness, mental illness, unemployment, or low educational attainment). Instead, the program focused energy and resources on meeting clients' where they are, addressing crises and essential needs, and mediating factors that contribute to escalating system involvement (e.g., attending court hearings and advocating for clients). CEP services relied largely on case management processes to link clients with existing community-based providers who were not funded under the grant. This may have limited the scope of services accessed by clients and/or limited the ability of case management staff to verify service delivery and outcomes across fragmented provider systems. Similarly, insufficient housing capacity within the larger community system (e.g., housing shortages) meant that client needs for services, such as transitional and permanent housing, often remained unmet. Going forward, an expanded program model that integrates and funds a wider array of

direct service providers over a longer time horizon, accompanied by long-term housing solutions may address these limitations.

In all, the CEP program had a transformative impact on the Shasta County justice system by removing barriers to court participation and changing the way that system and community partners collaborated and collectively advocated for the needs of misdemeanor offenders. The effect of this system change was evident in the relationships that were cultivated across partnering agencies and in client responses to survey questions regarding their CEP case management and court experiences. The program offers a sound and promising roadmap for future funding and programming opportunities.

Attachments

Shasta County Probation Department Misdemeanor Community Engagement Program (CEP)

Grantee Highlight

The Shasta County Misdemeanor Community Engagement Program (CEP) aimed to reduce rates of recidivism and reentry into the criminal justice system by helping misdemeanor offenders navigate the court system and access community-based services and resources to address unmet housing, mental health, and substance use disorder (SUD) treatment needs.

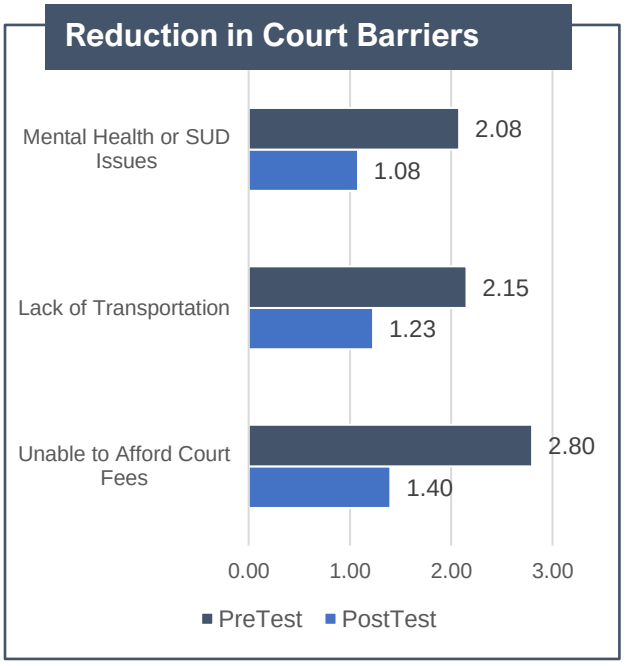
About the Program

The CEP program model was implemented through a partnership between Shasta County Probation and Hill Country Health and Wellness Center (HCHWC)—a Federally Qualified Health Center (FQHC).The project funded a Probation Assistant (PA) who served as a liaison between justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA identified and engaged 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 was shared with HCHWC case managers who conducted direct outreach and recruitment to initiate the enrollment process. Hill Country offered case planning and assessment services, transportation assistance, court advocacy, and referrals to an array of community services based on identified needs.

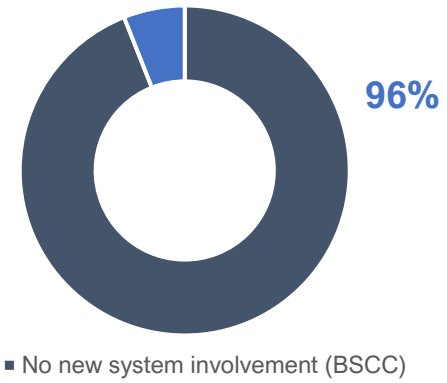
CEP Client Services and Outcomes

The CEP Program successfully recruited and enrolled 115 clients over the three-year grant period. Case managers completed more than 1,974 in-person or telephone contacts with CEP clients addressing a broad range of service needs.

- Clients had 14.8 case management contacts on average and had an average duration of enrollment of 9.6 months.
- One in five CEP clients completed all program requirements and 23% were still active at the close of the grant.
- Nineteen percent of clients accessed SUD treatment and 4% enrolled in mental health services in the community.



No New System Involvement (BSCC)



CEP Successes

The CEP program had a transformative impact on the Shasta County justice system by removing barriers to court participation and changing the way that system and community partners collaborate and collectively advocate for the needs of misdemeanor offenders. The project has also impacted individual lives in profound ways. As part of a BSCC site visit, CEP clients were invited to share their stories. One young woman with a history of drug use and court involvement spoke about actively using and being pregnant and homeless at the time of CEP enrollment. After working with case managers, she was able to access and complete SUD treatment, find employment and permanent housing, and retain full custody of her newborn. She and her baby are now thriving, she is in recovery, and she credits CEP for a new life trajectory.

Shasta County Probation Community Engagement Program (CEP) Logic Model

Inputs	Strategies/Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Program Staff Shasta County Probation Department Probation Assistant (PA) Hill Country Health and Wellness Center (HCHWC) Supervisory and Case Management Staff **Prop 47 Local Advisory Committee** **Funding** Prop 47 discretionary grant funds **Evaluation** EMT Associates. Inc.	**Outreach, Assessment, and Support** • Refer eligible misdemeanants to CEP services (Probation Assistant (PA), courts, local jails, District Attorney, Public Defender, HCHWC, etc.). • Provide case planning and coordination to assess needs and connect CEP clients with community-based services. • Provide CEP client advocacy within the court system.	• Referrals to CEP by eligibility criteria • CEP clients enrolled by demographic characteristics. • CEP case management goals and service contacts: food, basic needs, case management, legal, education, employment, housing, social services, transportation, mental health and SUD treatment, and other supports. • CEP client advocacy within the court system	• Completion of CEP program based on demonstrated progress toward achieving case plan benchmarks. • Reductions in antisocial values and attitudes (CTS). • Reductions in real and perceived barriers to navigating the court system.	• Decreased failure to appear (FTA) rates for misdemeanor offenses following CEP enrollment. • Decreased rates of CEP client recidivism and re-entry into the criminal justice system.
	Diversion Services • Increase engagement and retention in the District Attorney's Misdemeanor Pre-Filing Diversion/Crime Victim Advocate Program.	• Referrals to CEP for pre-trial misdemeanor diversion • CEP clients participating in diversion services.	• Completion of pre-trial misdemeanor diversion among CEP clients.	
	Enhanced Case Management • Assess unmet needs for mental health and substance use disorder (SUD) treatment and refer clients to community-based providers.	• CEP clients assessed for untreated Substance Use Disorder (SUD) and mental health issues. • CEP clients referred to community-based SUD and/or mental health treatment.	• CEP client enrollment and retention in SUD and/or mental health treatment leading to improved behavioral health functioning.	
	• Refer CEP clients to housing assistance (e.g., budgeting workshops, rent subsidies, and transitional housing) to promote housing stability.	• CEP clients referred to housing assistance programs (e.g., budgeting workshops, rental assistance, transitional housing).	• Housing stability among CEP clients (transitions to permament housing)..	
	• Refer CEP clients to education and employment assistance services to address unemployment and under-employment.	• CEP clients referred to education and employment assistance services.	• CEP client labor force participation and employment among CEP clients.	