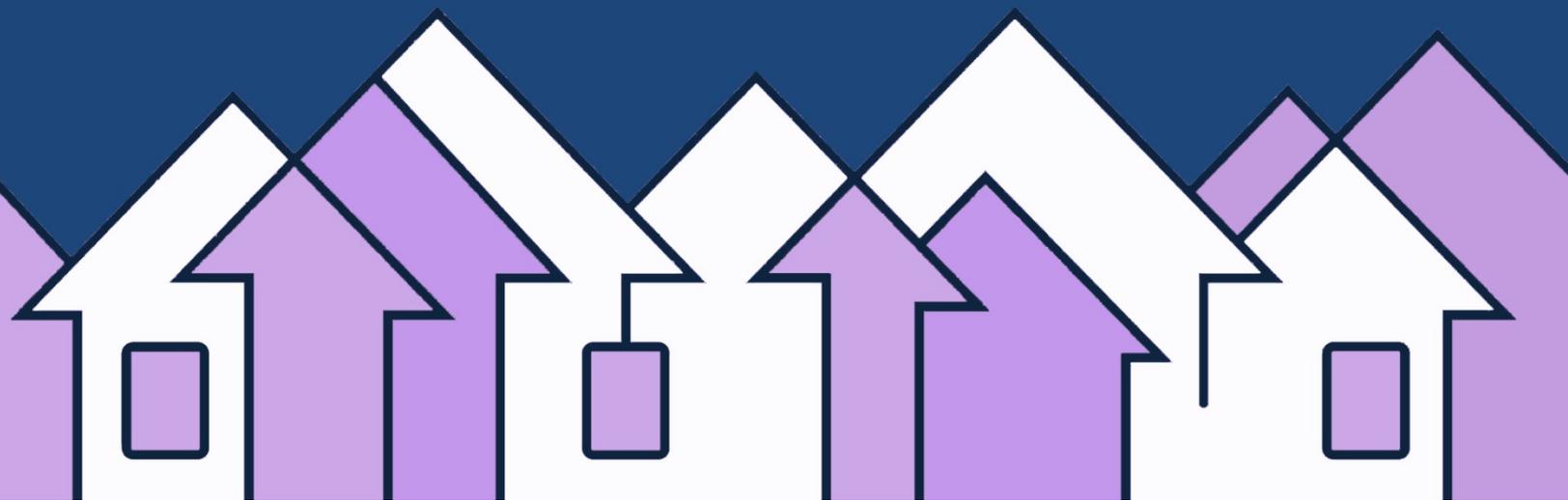


Operation My Home Town Final Evaluation Report 2011-12

Alameda County Sheriff's Office

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Executive Summary

Background

Operation My Home Town (OMHT) is an adult offender reentry program led by the Alameda County Sheriff's Office (ACSO) and funded by a Bureau of Justice Administration's Second Chance Act grant. OMHT offers a continuum of care to inmates in Santa Rita Jail (SRJ) who are at medium- or high-risk of recidivating and are returning to the unincorporated Eden area of Alameda County, with a focus on the distressed Ashland/Cherryland communities. The goal of OMHT is to reduce recidivism among the target population and thereby enhance public safety.

From October 2011 through December 2012, OMHT piloted the following program components with 60 participants, in an effort to help them re-enter the community successfully and decrease the likelihood that they would recidivate and be re-incarcerated.

- ✚ The use of a special "Reentry Based Incarceration" housing unit in SRJ for the OMHT cohort
- ✚ Development of individualized re-entry/transition plans
- ✚ One-on-one case management spanning the in-custody and post-release phases, and
- ✚ Provision or linkages to other pre-and post-release services aligned to each participant's re-entry plans.

OMHT is staffed by case managers from the ACSO Youth & Family Services Bureau, working with staff from its Inmates Services unit, the county Probation Department, and contracted service providers. The program is guided and monitored by a broad-based, multi-agency OMHT Steering Committee.

ACSO engaged Hatchuel Tabernik & Associates to conduct an independent evaluation of OMHT. This report, based on that evaluation, describes the population who received services and amount of services received; documents the program's impact on participant recidivism and baseline crime rates within Eden Area communities; summarizes the lessons learned and systems-level barriers encountered and resolved during this grant period; and provides recommendation to guide the further development and enhancement of OMHT.

Report Highlights

Overall, data from a wide range of sources pointed to a successful first year for OMHT, especially given the complexity of launching and managing a startup reentry program at SRJ.

Provision of Services

One of OMHT's primary goals was to provide pre-and post-release services guided by one-on-one intensive case management. During OMHT's first year:

- ✚ While at SRJ, 60 individuals were connected with a case manager and received pre-release services while in custody.
 - Clients had an average of six in-person consultations and a cumulative 3.5 hours with their case manager.
 - Clients participated in programming at SRJ for an average of almost three months.
 - The top three program activities in terms of enrollment numbers were: cognitive-based services (85%), mental health services (81%), and substance abuse treatment services (73%).

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- The top three program activities as ranked by participants were: 1) substance abuse treatment services; 2) developing a reentry plan with the case manager; and 3) individual or group counseling with the case manager.
- ✚ 44 individuals who were released from SRJ remained in contact with their case manager and received post-release services and referrals.
 - Clients had an average of seven in-person consultations and a cumulative 5 hours with their case manager.
 - Clients participated in programming in the community for an average of 4½ months.
 - The top three program activities in terms of enrollment numbers were: mental health services (77%), anger/stress management (77%), and cognitive-based services (75%).
 - The top three referral community-based organizations were: Deputy Sheriffs' Activities League (DSAL), Niroga Institute, and Youth Employment Partnership.
 - Less than a quarter (23%) of released individuals had completed the program¹ by December 31, 2012.

Participant Outcomes

It is important to note that analyses presented in this report were conducted on a small number of clients who been enrolled in the program (n=60), and had been released from SRJ (n=47) before December 31, 2012. Consequently, the participant and community outcomes highlighted in this report should be considered preliminary and non-conclusive.

- ✚ Among clients who had been out of jail for at least six months by December 31, 2011 (n=22), none had recidivated within the first month; 9% had recidivated within three months; and 14% recidivated within six months.²
- ✚ Among the 44 released individuals:
 - Almost all (89%) secured safe and stable housing.
 - One-third (34%) obtained employment. For many it took 6-9 months to find a position.
 - Only 4% started to fulfill their legal child support obligations; however this was likely due to the low employment rate.
- ✚ For clients assessed as needing substance abuse or mental health treatment, half received the recommended dosage.

Community Outcomes

Since OMHT had only completed its first year of operation and relatively few individuals have yet to be fully served, the impact would not be expected to be large or significant. Data available in June 2013 showed there were slight reductions in 2012 violent crime rates (per 1,000 residents) in Ashland and Cherryland from the baseline year of 2011. In all of the unincorporated regions of Alameda County, there was no change in violent crime rates from 2011 to 2012.

Systems-Level Changes

For OMHT to succeed, a critical factor was addressing the systems-level barriers that in the past had challenged and limited outside agencies in providing reentry services to individuals in custody at SRJ.

¹ Another 39% of those released were dropped from the program either due to lack of engagement with the case manager, or due to court-criminal involvement impeding their ability to receive additional post-release services

² This evaluation used the Second Chance Act grant program's definition of recidivism: *a return to jail/prison due to a violation of probation and/or conviction for a new offense committed after release in the community.*

Executive Summary

Accomplishments derived from the efforts of the OMHT Steering Committee and staff were:

- ✦ A team of ACSO case managers based at SRJ who can provide evidence-based services to individuals both pre- and post-release, and can navigate the jail infrastructure;
- ✦ Creation of a special RBI unit within SRJ to facilitate the delivery of evidence-based pre-release service and foster a cohort-based mentality for individuals returning to the same communities and seeking to change their lives for the better;
- ✦ Increased collaboration between public agencies which in the past worked in silos – ACSO, Probation Department, District Attorney’s Office, the Public Defender’s Office, and the Health Care Services Agency – by bringing them to the same table to discuss and coordinate reentry and rehabilitation for individuals at SRJ; and
- ✦ Bringing community-based organizations to the table to provide additional opportunities for individuals leaving SRJ and returning to Eden area communities: Niroga Institute, Seventh Step Foundation, and the Youth Employment Partnership.

Recommendations

Based on the evaluation of OMHT during its pilot period, HTA evaluators recommend the following measures to further develop and enhance OMHT aligned with the principles of evidence-based practices for reentry programs from the National Institutes of Correction (NIC, 2004): 1) adopting a validated, widely used clinical assessment to assess and recommend targeted program services; 2) focusing efforts on enhancing intrinsic motivation of clients; 3) endorsing a minimum-level of program services customized to clients’ needs ; and 4) regularly skill-training program staff with directed practice in using cognitive-behavioral treatment methods.

In addition, since participant and community results in this report are preliminary, HTA believes it is especially important for ACSO to continue prioritizing evaluation to assess the impact these programs and services are having on participants, as well on systems-level collaboration and functioning. HTA recommends continuing collecting data to address the following evaluation questions for which we only have preliminary evidence.

- ✦ What is the effect of OMHT on recidivism and public safety?
- ✦ What is the program’s long-term effect on participant’s housing stability, substance abuse, mental health and employment?
- ✦ What are the barriers and lessons learned during the process of program implementation and collaboration?

Finally, HTA recommends that ACSO leaders explore the following additional questions during higher level planning and in subsequent evaluations using a mixed methods approach.

- ✦ To what degree, does the “system” need to change in order to embrace rehabilitation oriented programming while still performing the necessary incarceration function?
- ✦ How do public and community agencies addressing behavioral health and public safety intersect in the reentry process? How can they work together most effectively, while learning best practices from each other?
- ✦ How will changes brought on by AB109 (i.e., “re-alignment”) and other related state legislation impact the conversation about the efficacy of reentry service provision and utilization?

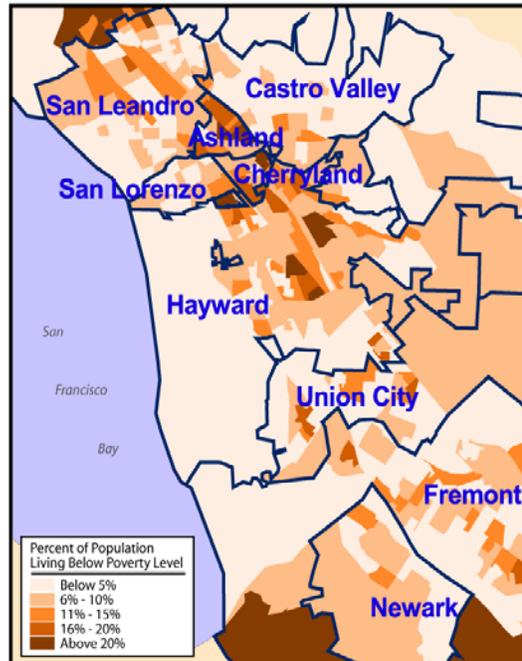
Introduction

Unincorporated Communities in Alameda County

In Alameda County, over 65% of parolees/probationers return to Oakland, Hayward, or the unincorporated areas of what is called the Eden Area, including, most notably, the communities of Ashland and Cherryland. Of the county's approximately 22,000 reentering former inmates in 2010, the ACSO has documented that at least 8,000 (36%) lived in or within three miles of the unincorporated communities of Ashland and Cherryland.³ This is an astonishingly disproportionate number, considering that the Eden Area is home to only 8.5% of the county population (Alameda County Board of Supervisors, 2008).

In Ashland and Cherryland, 40% of households have incomes below \$30,000 and the per capita income is \$17,652, 19% below the county average (See Map 1). Among residents of the Eden Area, the surrounding unincorporated area of Alameda County, 43% speak a language other than English at home. Many residents work multiple low-wage, no-benefit jobs to support their families. The Eden Area communities have some of the highest school dropout, unemployment, teen pregnancy, infant mortality, and chronic diseases rates (e.g., asthma, diabetes, and HIV/AIDS) than any other communities in the county. This is a geographic area in which the stresses of everyday life contribute to antisocial behavior.

Map 1: Population living below poverty level in southern Alameda County



Source: American Community Survey, 2005

Santa Rita Jail in Dublin, California

Santa Rita, the third largest correctional facility in California and fifth largest in the nation, is the only California facility accredited by the American Correctional Association. The average stay is 20 days because 87% of the 4,000 inmates are either awaiting trial or sentencing or have been sentenced to state prison and are awaiting transfer. Santa Rita's sentenced population consists of an average of 900 people on any given day.

However, Assembly Bill 109 (i.e., "re-alignment") shifted the responsibility for many low- to moderate-risk offenders from the state to the counties; thus, it is anticipated that the sentenced population at Santa Rita will grow in the coming years. This and other state reforms seek to reduce the number of people incarcerated by reducing the responsibility of the state and counties to incarcerate and supervise people convicted of minor crimes or violations of parole/probation. These reforms are inadequate and incomplete because they fail to deal with the needs of people who are incarcerated, their reentry needs, and the challenges of the communities to which they return.

³ ACSO database, 2010-11. The ACSO Eden Township Substation patrols five sectors which includes the unincorporated regions of San Lorenzo, Ashland, Cherryland, and Castro Valley which were targeted in this grant.

Individuals released from the Alameda County jails, such as Santa Rita, typically lack education, have been unemployed or underemployed for their entire adult life, have a high incidence of mental illness and substance abuse, and experience poor health. If these issues are not dealt with during incarceration, it is unlikely that they will be dealt with upon release. If nothing changes in their lives, there is little likelihood that they will stay out of the criminal justice system.

Basic challenges with mental health, substance abuse and addiction, physical health, and inadequate food and shelter must be addressed for these individuals to function productively in their lives, families and communities. Furthermore, in the current economic climate, earning a living wage is a challenge for a large portion of the population at large, even if they have no criminal record. The stress and frustration of competing with individuals who have no criminal record for a finite set of job opportunities is daunting. Job training and employment services leading to entry into the workforce are absolutely critical if these formerly incarcerated individuals are to establish a healthy lifestyle and make a contribution to family and community life. Additionally, evidence-based, supportive services provided by professionals can potentially make all the difference for this population, many of whom have not experienced sustained therapeutic service delivery.

Purpose of This Report

Funded by the Bureau of Justice Administration (BJA) Second Chance Act Adult Offender Reentry Program for Planning and Demonstration Project funds, the **Operation My Home Town (OMHT) program** provided an assessment-based continuum of care to medium and high risk inmates in Santa Rita Jail (SRJ) and post-release to decrease the likelihood that they would be re-incarcerated. Building on the infrastructure and lessons learned from the Probation-led Second Chance Act Reentry Program in 2010, OMHT provided one-on-one case management to a total of 60 men and women, and provided or connected these individuals with both pre-and post-release services aligned to their individualized re-entry/transition plans, in an effort to streamline re-entry into the community and reduce overall recidivism for this targeted population.

The Alameda County Sheriff's Office (ACSCO), the lead agency for OMHT, is a full service law enforcement agency accredited through the Commission on Accreditation for Law Enforcement Agencies (CALEA) and the American Correctional Association (ACA). The ACSO operates two detention facilities: SRJ located in Dublin, and the Glen Dyer Detention facility located in downtown Oakland. SRJ is the primary facility that houses most people arrested or convicted of crimes in the county and is located in Dublin, CA. OMHT programming was based in SRJ.

A local social research evaluation firm, Hatchuel Tabernik & Associates (HTA) was contracted to conduct an evaluation of the OMHT program during the fifteen-month grant-funded period. To this end, this report aims to summarize the formative lessons learned and barriers encountered during this grant period, describe the population who received services and amount of services received, and to document the initial program impact on participant recidivism and baseline crime rates within the Ashland/Cherryland area.

It is important to note that this report only covers a fifteen-month period of program services provided to a total of 60 clients, of whom only 47 had been released before December 31, 2012. Given the extremely small sample size and the fact that most clients had not yet had an opportunity to fully engage in the program, the results presented in this report should be considered as preliminary and non-conclusive.

Description of OMHT Intervention

Program Elements

ACSO staff working with the Youth & Family Services Bureau (YFSB) introduced new elements into the County's current re-entry processes. These included both new or enhanced individual-level reentry services as well as system-level changes.

Individual-level interventions:

1. Administering an assessment that measures the risk of recidivism as well as the service/treatment needs;
2. Engaging the inmate in making a choice to seek a better life through motivational interviewing;
3. Placing the inmate in the Re-entry Based Incarceration (RBI) housing unit within SRJ which provides intensive cognitive behavioral interventions as a core part of programming;
4. Assigning a YFSB clinical case manager who:
 - a. Helps the inmate develop an Individualized Reentry Plan while at SRJ;
 - b. Facilitates the provision of pre-release services while at SRJ;
 - c. Mitigates risk of immediate relapse by assisting in transition from SRJ to community;
 - d. Provides uninterrupted delivery of post-release services until reentry goals were achieved for up to one year from the release date.
5. Supporting a comprehensive range of referral services for offenders, including mental health/substance abuse treatment, employment services, transitional housing, and other support services.

System-level interventions:

1. Developing a reentry team consisting of agency staff, Probation staff, and CBO providers;
2. Creating the RBI housing unit within SRJ to permit cohort-based, intensive cognitive behavioral interventions;
3. Improving the classification system at SRJ to allow more inmates to participate in programming and ensuring service providers have access to inmates at SRJ;
4. Building on existing countywide collaboratives and leveraging funding streams (e.g., Medi-Cal funding).

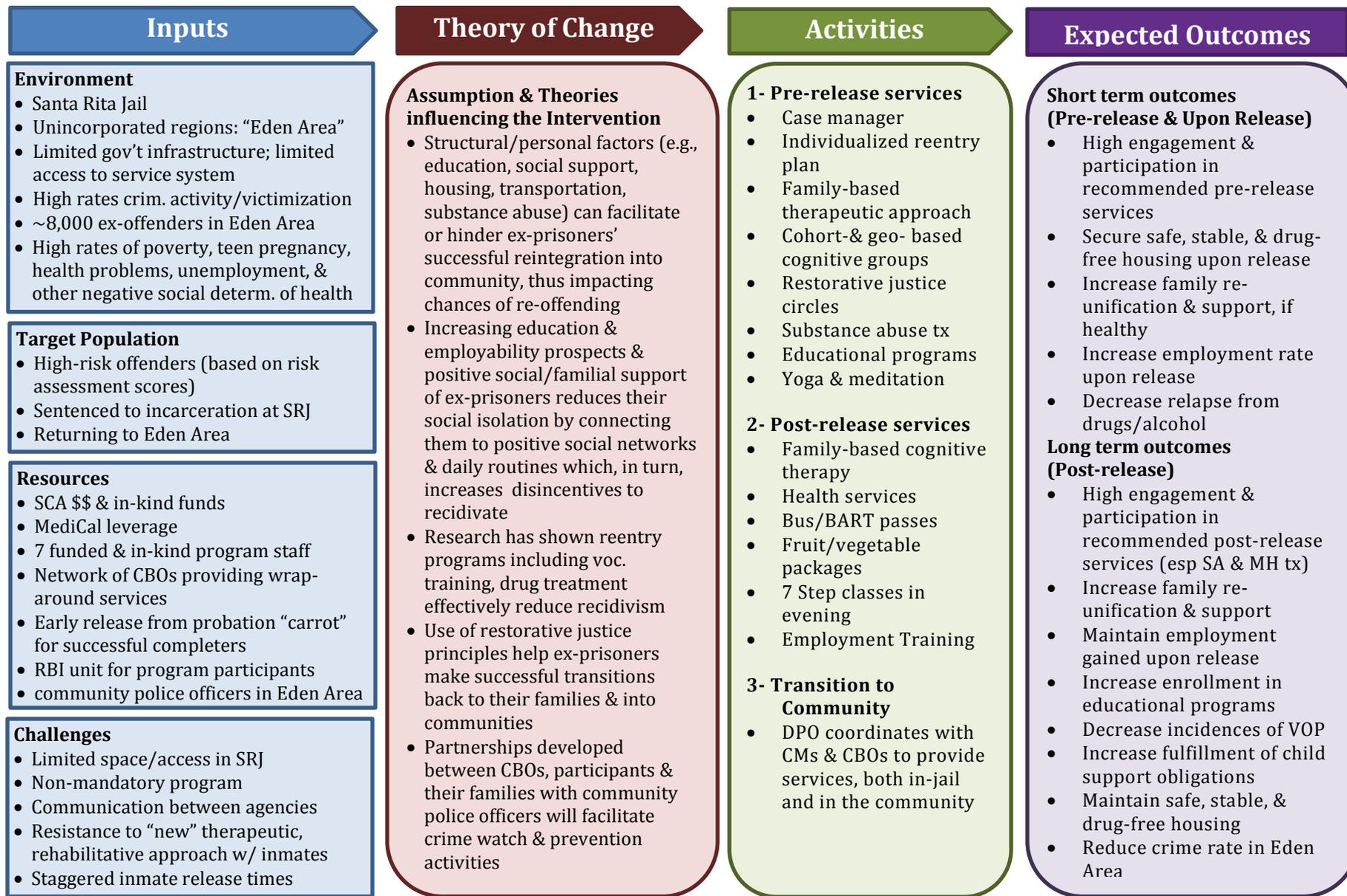
Theory of Change & Logic Model

A logic model is an outcomes-based approach to program planning and evaluation. It is a logical and visual way to present the relationships among the **resources** available to operate a program, the **activities** planned, and the **changes or results** the program hopes to achieve. It provides a roadmap from identified needs to planned work, and finally to the intended results.

Logic models provide stakeholders with a common understanding and language. The Logic Model clarifies the difference between activities – *what you do* – and outcomes – *the impact you have*. Finally, the **Theory of Change** within the Logic Model creates a chain of reasoning from resources through outcomes that is used to test assumptions and inform the evaluation.

OMHT's program logic model (see Figure 1) was the result of extensive conversations between members of the OMHT steering committee and the program evaluator, Dr. Danielle Toussaint of HTA. This collaboration permitted a collective understanding of the chain of logic from program design to expected end outcomes. The resulting logic model anchored the evaluation plan presented in this document, and described in more detail on the next page.

Figure 1: Operation My Home Town Logic Model



Partner & Outside Agency Roles

Multiple organizations were involved and contributing vital services to this project. The roles are outlined below.

1) ACSO: Lead Agency & Oversight of SRJ

ACSO administered grant reporting, fiscal management, and subcontracting under the oversight of Lieutenant Melanie Ditzenberger, Inmate Services Manager at the Sheriff's Office. ACSO was also responsible for coordinating outside reentry program providers, scheduling program classes, facilitating participant/case manager contacts within SRJ, and ensuring inmate access to the RBI housing unit and program activities. Lt. Ditzenberger co-led the grant and project administration with Andrea Mueller of the YFSB.

2) YFSB: Pre-/Post-Release Case Management Services

A division of ACSO, YFSB provided intensive pre- and post-release intensive case management services, under the supervision of Andrea Mueller, Supervisor. The three program case managers assisted participants in developing a written Individualized Reentry Plan and provided cognitive-based mental health services through individual and family counseling. Ms. Mueller shared responsibility with Lt. Ditzenberger for grant and project administration.

3) Alameda County Probation Department, Adult Services Division: Probation Supervision

The Probation Department was responsible for introducing inmates to the program, guiding them through transition/reentry planning, coordinating their access to program services, and ensuring their compliance to the terms of their probationary release in the community. Deputy Probation Officer Greg McLean, stationed at SRJ, played a critical part in identifying and enrolling eligible participants into the program.

4) Tri-Valley Regional Occupational Programs (ROP): Pre-Release Educational / Vocational Programs

The Tri-Valley ROP, a branch of the Pleasanton Unified School District, provided educational and vocational programs at SRJ through Inmate Services. Programming included: parenting classes; anger management classes; ESL classes, GED preparation/test-taking, and literacy tutoring; ROP certificate courses in food service, cosmetology, barbering, & commercial baking; employability classes; and restorative justice circles.

5) Community-Based Agencies providing Contracted or In-Kind Pre-Release Services

- **Niroga Institute:** Yoga, Stress Release, and Emotion Regulation Techniques

6) Community-Based/Public Agencies providing Contracted or In-Kind Post-Release Services

- **Alameda County Health Care Services Agency:** Links to Medical/ Dental Care, Substance Abuse/ Mental Health Treatment Services
- **Deputy Sheriff's Activities League (DSAL) Dig Deep Farms:** Fresh Fruit/Vegetable Packages
- **DSAL Exercise is Medicine:** Recreation/Exercise programs
- **Niroga Institute:** Yoga, Stress Release & Emotion Regulation Techniques
- **Oakland Youth Employment Partnership:** Vocational & Employability classes

- **Seventh Step Foundation:** Anger Management, Domestic Violence, & HIV/AIDS awareness classes; Transitional Sober Living Housing; Career Planning, and Job Preparation for Men

7) Community-Based/Public Agencies providing Post-Release Services upon Referral⁴

- **Alameda County Workforce Investment Board:** Employability classes; referrals to Employment Opportunities
- **East Bay Community Law Center:** Legal services/assistance
- **Eden Area One-Stop:** Links to Transitional Housing; Cognitive Therapy; Financial Literacy, Credit Counseling; Mental Health Services
- **Hayward Adult School:** GED Preparation/Test-taking; High School Diploma Classes

Target Population

The population targeted by this grant was adult inmates who had been sentenced to incarceration at SRJ, had been assessed as “high-risk,” and would be released under probation supervision to the targeted communities of Ashland/Cherryland, and the surrounding Eden Area. More details on the participants and how they were recruited, selected, and enrolled are provided below in the Evaluation Methodology section.

Evaluation Methodology

Evaluation Design

The overall purpose of this evaluation was to determine the effectiveness and impact of the **OMHT program** on reducing recidivism rates of individuals participating in the program, as well as improving public safety in the targeted communities. Hence, the evaluation strategy focused on two goals: 1) to understand how the program was implemented and how activities lead to outcomes (**process evaluation**); and 2) to assess the impact of the program on short-term and longer-term objectives and outcomes (**outcome evaluation**).

For the process evaluation, HTA used a **mixed methods evaluation design** to evaluate the program and employ findings for decision-making and programmatic change. For the outcome evaluation, HTA utilized a **quasi-experimental study design** that compared the recidivism rate for the participants engaged in program services with a comparison group receiving treatment as usual. The analyses considered any baseline differences between the study groups and its effect on expected outcomes. This study design also employed mixed methods to understand differences between the groups on expected outcomes, if any.

The following research questions (RQ) guided the overall evaluation:

Process Evaluation

- RQ1.** Were program activities accomplished as initially planned?
- RQ2.** What were the barriers and lessons learned during implementation?
- RQ3.** What are participants’ re-entry needs?

⁴ These agencies were listed in the grant application as potential sources of partnership for provision of post-release programming, as needed.

Outcome Evaluation

- RQ4.** Were probationers' needs being met?
- RQ5.** What is the effect of the program on recidivism and public safety compared to treatment as usual? (i.e., expected outcomes in logic model)
- RQ6.** Is there variation in program success by re-entry risk/needs, and by level of engagement in re-entry services?

For RQ5, the following outcomes from the logic model were assessed:

Pre-Release Outcomes

- High engagement & participation in recommended pre-release services
- Secure safe, stable, & drug-free housing upon release
- Increase family re-unification & support, if healthy
- Increase employment rate upon release
- Decrease relapse from drugs/alcohol

Post-Release Outcomes

- High engagement & participation in recommended post-release services
- Increase family re-unification & support
- Maintain employment gained upon release
- Increase enrollment in educational programs
- Decrease incidences of violations of probation
- Increase fulfillment of child support obligations
- Maintain safe, stable, & drug-free housing
- Reduce crime rate in the Eden Area
- Decrease recidivism rates for program participants

Program Enrollment

The process taken to enroll participants in the program was as follows:

ELIGIBILITY → SELECTION → INTAKE & ASSESSMENT

Eligibility. On a weekly basis, the deputy probation officer reviewed a census of incarcerated individuals at SRJ, and assessed whether they were eligible for the OMHT program.

The eligibility requirements for the participants were:

- Serving felony probation;
- Physically in custody at SRJ;
- Resident of the targeted areas; and
- High-risk⁵, as determined by Alameda County Probation Department's Risk Assessment

⁵ Initially, the grant application specified that only high-risk individuals would be directed to the OMHT program. But after six months of implementation and very low recruitment, the Steering Committee decided to also include medium risk offenders.

The Alameda County Probation Department's Risk Assessment is newly developed in collaboration with the National Center for Crime and Delinquency, in Oakland, CA (NCCD). This assessment is intended to assess the risk for recidivism for violent offenses, so that higher level supervision can be prioritized to probationers at the highest risk for re-offending *and* committing violent offenses. The assessment was piloted in December 2011, and implemented agency-wide in February 2012.

During the pilot phase, it was noted by Probation that women, who are less likely to commit violent offenses, were scoring much lower than men, on average. To avoid effectively eliminating most women from the eligibility pool, the OMHT's Steering Committee developed additional risk/need items to ensure adequate representation by women. These additional criteria were as follows.

If inmate is FEMALE:

1. Has the inmate ever been involved with Child Protective Services (CPS)? (If YES, add 1)
2. How many children are living with her at home? (If 2+ children, add 2; If 1 child, add 1)
3. Has the inmate ever been arrested/charged with prostitution? (If YES, add 1)
4. Has the inmate ever been a victim of domestic violence? (If YES, add 1)

Each "yes" response added 1 additional point to the total risk score from Probation's Risk Assessment, with a possibility of up to five additional points.

Selection & Creation of Comparison Group. If the DPO determined that the inmate was eligible according to the criteria outlined above, then this individual was approached and asked to enroll in the OMHT program. If the individual agreed, he/she was asked to sign a "consent to research" form and assigned a case manager.

If the individual declined enrollment, then he/she was assigned to the comparison group. In some cases, the DPO elected not to enroll an eligible individual if there were other factors precluding full participation in the program, such as a jail classification that did not permit meeting with the case manager and receiving pre-release program services.

From November 2011 through December 2012, a total of 89 individuals were deemed eligible for OMHT services. Of these individuals, 67% (n=60) were enrolled in the program, and 33% (n=29) were assigned to the control group. Of those assigned to the control group (n=29), 65.5% had declined enrollment, and the remaining 34.5% had been diverted from the program at the discretion of the DPO. (In the majority of these cases, the DPO noted that the inmate was released before contact was made.)

Although slightly more peers resided in Ashland/Cherryland and slightly fewer peers were assessed as high-risk, there were no statistically significant differences at baseline between participants and their control group peers on demographics and baseline outcome variables (see Table A.I). Hence the two groups were considered statistically equivalent and comparable on the baseline demographics and outcomes measured.

However since the groups were not randomly assigned, there always exists the possibility that peers differ from participants on some unmeasured baseline demographic or outcome variable. For example, peers may have declined to enroll in the program because they perceived the services were unnecessary -- they may have already had a job lined up, a source of income, or a supportive family willing to take them in after they left the jail.

Intake & Assessment. During the intake process, the participant met with the assigned case manager. Following an initial assessment, case managers developed an Individualized Reentry Plan to give the participant the best chance of a successful transition from jail to the community. A validated risk/needs assessment was not used during intake; case managers typically engaged in Motivational Interviewing to assess and establish the clients' needs upon reentry.

Methods & Data Sources

The mixed method data sources used for both the process and outcome evaluation are listed below. The data sources, methods, and data collection plan are described in greater detail in Table B.1 and Figure B.1 in Appendix B. Copies of the instruments and protocols used are provided in Appendix C.

1. Eligibility and enrollment data (N=89)
2. Recidivism outcome data (N=72)
3. In-jail service delivery data (N=59)
4. Post-release service delivery data (N=44)
5. Other outcomes (e.g., child support, substance abuse) data (N=44)
6. Participant survey baseline data (N=16)
7. Key stakeholder interviews (N=10)
8. Crime rate data for unincorporated areas of Alameda County (2011 & 2012)
9. Partner and steering committee meeting notes

Analyses

Consistent with the use of mixed methods, a variety of analyses (both statistical and non-statistical) were employed to answer the research questions. In addition, analyses compared recidivism outcomes between participants and non-participants to assess program impact over “business-as-usual.” The choice of analyses depended on whether quantitative or qualitative data is examined, as well as the specific question being addressed. However, independent sample t-tests and chi-squares were predominately used in almost all of the analyses.

Statistical analyses for this report included the calculation of a p-value and in some of the recidivism analyses, an eta squared. Calculating the p-value is used to ensure, as much as possible, that the difference in means is not due to chance, but in fact represents a significant or meaningful difference. In this study, a p-value of .05 or less was considered to represent a statistically significant difference. Where a p-value indicates whether the finding is significant, an eta squared indicates the magnitude of the difference between means, or whether the difference has any practical or theoretical significance (Pallant, 2005). This is called the “effect size,” and the following guidelines are typically used to interpret the strength of eta squared values: .01=small effect; .06=moderate effect; and .14=large effect (Cohen, 1998).

Finally, results from statistical analyses with sub-samples smaller than 10 individuals are not reported here. Generally, sub-samples of this size are considered insufficient to draw conclusive findings, especially when it is unknown as to whether the underlying population of the concept being measured is normally distributed.

Key Evaluation Findings

Progress of Implementation

Following notice of the grant award in late October 2011 and in the first quarter (October – December 2011), a Steering Committee, comprised of key representatives from ASCO, Probation, YFSB, and HTA, met in mid-November and mid-December to plan out the program for the following year. At this time, key points of planning included: which risk assessments to use; how to select participants from the pool of eligible individuals at SRJ; how to collect and enter data on participants, and evaluate program efficacy; what services to offer both pre- and post-release; setting up the infrastructure for a new RBI housing unit within SRJ and ensuring case manager access to individuals residing in the unit; and setting up contracts with outside sub-contractors providing program and evaluation services, and MOUs/cooperative agreements with other Alameda County public agencies providing program services and systems support. During this period, a deputy sheriff was assigned to the RBI unit in SRJ, a deputy probation officer was assigned as the primary probation officer for OMHT clients and provided a desk in SRJ, and three case managers (MFT interns) were hired and began training with YFSB Supervisor Andrea Mueller. Initially, Lt Mark Flores was going to be the project director, but he was re-assigned to Operations in early December. His successor in Inmate Services, Lt Melanie Ditzenberger, was assigned as the project director, and remained in that role until the end of the grant period. Ms. Mueller of YFSB was assigned to co-lead the project with Lt. Ditzenberger. The case managers began to meet with potential clients in late December. The evaluation was launched during a meeting in late December.

In the second quarter (Jan-Mar 2012), HTA finalized the evaluation and data collection plans and also created and distributed necessary enrollment forms, baseline and follow-up case manager service forms, and participant pre-release surveys. A simple data system was created in Excel to enter data and generate simple quarterly data reports addressing required performance data for the Department of Justice. During this period, the deputy probation officer began selecting and enrolling clients into the program, OMHT case managers began providing pre- and post-release services.

At this time, key points of discussion during steering committee meetings were: finding space in the RBI unit to conduct program activities; ensuring that eligible inmates had access to the RBI unit; and dealing with the impact of Probation adopting a new risk assessment tool – which was being used to select “high risk” individuals for this program. First, Lt Ditzenberger and Inmate Services worked to create a space in the RBI unit for case managers to hold groups, conduct interviews, and so forth with program participants. Second, she also worked with Classification to problem-solve how eligible inmates could gain access to the newly created RBI unit. For some clients, it was easily understood why they could not be moved; the RBI unit was a minimum-security pod; and inmates classified as maximum-security could not move to the RBI unit. But in other cases, the reason was less clear. Lt. Ditzenberger worked to open a line of communication between OMHT program staff and Classification so that a favorable solution could be reached. (In some cases, the inmate could be re-classified; in other cases, it was determined that there were no barriers to moving the inmate to the RBI unit.) Third, a big issue during this period was related to Probation changing their risk/needs assessment tool (described in the methods section earlier). Concerns were raised that not enough inmates, and women, in particular, could qualify for the program since the criteria on the new assessment was more focused on identifying “high risk” individuals, rather than “high need” individuals. (The distinction being that “high risk” individuals were predicted to commit serious and

violent felonies, whereas “high need” individuals were predicted to commit less serious, non-violent crimes; yet they were likely to return to jail if their needs, i.e., substance abuse/addiction, homelessness, and unemployment were not immediately addressed.) Therefore the committee decided to adjust the eligibility requirements. Finally during this period, the co-project directors conducted outreach to recruit community-based organizations located in the targeted area to ensure that a continuum of services would be offered post-release and in the community. Representatives from Public Health were also invited to meetings.

In the third quarter (April –June 2012), key topics during steering committee meetings were: general assistance eligibility for clients; initial concerns that the case managers were letting the clients drive the process and choose program activities, rather than the case managers encouraging the clients to take classes that would be beneficial for them; and pursuit of a no-cost extension for the grant so that services could run through December 2012, rather than ending in September 2012. Contracts and MOUs were finalized at the end of this quarter. Since the principal OMHT program staff were county employees, this delay in contracting did not result in any notable impact on service delivery. The District Attorney’s Office and Public Defender’s Office were invited to participate in the steering committee and partner meetings, and began attending in June 2012.

During this period, enrollment began to increase and the newly contracted CBOs were becoming more involved with clients both pre- and post-release. At first, there were some issues related to the CBO program staff figuring out how to identify OMHT clients and then communicating with the OMHT case managers and DPO about program services being provided. For example, Niroga Institute started holding yoga classes at the jail in March and April, but the case managers did not realize they had started the classes until notified during a partner meeting.

In the fourth quarter (July – September 2012), key points of discussion were: maximum-security clients not being able to reside in the RBI unit (i.e., the inherent conflict in recruiting high risk individuals yet excluding maximum-security clients from full program participation; how to scale up the program to serve more inmates; use of stipends to encourage utilization of post-release services; and finding funding to help OMHT clients with post-release housing and transportation costs.

In the fifth quarter (October – December 2012; no-cost extension period), new enrollments began to ramp down as grant period was ending. Key points of discussion during this period were: the immediate impact that the end of the grant period would have for case managers and sub-contracted partners; the wrap-up of data collection and evaluation activities; and how healthcare funds and AB109 funds could be leveraged to support and possibly scale-up the program. By the end of the period, ACSO secured continued funding to support the case managers, the DPO at the jail, and the deputy sheriff at the RBI unit. The co-project directors and members of the steering committee were actively pursuing funds for program expansion and continuation.

Baseline Status and Reentry Needs of Participants

Of those who participated in the OMHT program (n=60) (see Table A.1):

- 93.3% were male;
- 41.7% were White;
- 36.7% were African American;
- 25.0% were Hispanic/Latino;
- 35.0% resided in Ashland/Cherryland or the Eden area;

- 61.7% resided in San Lorenzo, Castro Valley, or unincorporated Hayward;
- 33.9 years was the average age; and
- 53.3% were assessed as medium-risk, and 45% as high-risk, according to the Alameda County Probation Department's Risk Assessment

As mentioned previously, clinical case managers assessed each client for their needs during their initial client meeting. During this assessment, no validated risk/needs assessment developed for this population such as the LS/CMI was used⁶. As such, case managers assessed almost all incoming clients (i.e., >95%) as needing the following services: cognitive-based (97%); mental health (98%); and substance abuse (97%). In addition, the majority were also assessed as needing other services, such as education (90%); family counseling (90%); restorative justice circles (90%); employment (88%); anger/stress management (88%); mentoring/peer support (88%); life skills training (86%); other structured pro-social activities (81%); and employment (69%). Conversely, very few clients were assessed as needing faith-based services (10%), or other pro-social services (17%).

Literature has demonstrated that dynamic domains such as antisocial personality and drug abuse disorder are strong predictors of recidivism (Gendreau, Little & Goggin, 1996). For clients who were assessed as needing substance abuse treatment⁷, the predominant primary problem drugs were alcohol (35%) and methamphetamines (32%). For clients assessed as needing mental health treatment⁸, the predominant primary mental health issue was depression (43%). Interestingly, none of the clients were assessed as having anti-social personality disorder, and very few were assessed as having a substance abuse disorder (7%), or co-occurring mental health and substance abuse disorders (11%).

Based on the participant pre-release survey⁹, educational attainment was very low – one-third had not yet completed high school and 56% had either graduated from high school or had earned a GED. Very few had any post-secondary education.

While few clients reported being “very troubled” about returning home, many were “somewhat troubled”. The issues of most concern were supporting themselves financially (81% were very or somewhat troubled), getting transportation (74%), finding and keeping a job (63%), their living situation (62%), completing their education (56%), getting legal assistance (56%), finding a safe place to live (50%), and addressing drug and alcohol problems (50%). When clients were asked to rank these concerns about reentry¹⁰, the top five concerns were:

⁶ At the beginning of the project, the three case managers and case manager supervisor stated that they would use “motivational interviewing” techniques as the evidence-based practice in assessing clients and determining their needs for reentry, and to recommend follow-up services.

⁷ The items on primary problem drugs and primary mental health issues were asked on the case manager follow-up surveys, and therefore, data is only available on the 44 participants who had been released by 12/15/2012 and for whom these items were completed.

⁸ Ibid.

⁹ Before their release from jail, case managers were to ask their clients to complete a participant “transition home” survey. Due to the last minute nature of client's release dates and competing priorities for case managers, only 16 of 47 released participants completed the survey. While respondents had a higher age (mean=40 years) than the average OMHT client age (mean=34 years), the variables of race, ethnicity, and gender were comparable to the participant population.

¹⁰ Each item was weighted by the ranking received and then summed across the item to produce an overall weighted score per item. For example, if “finding a job” was ranked as #1 by a respondent, it received a value of 5; if it was

1. Finding or keeping a job
2. Supporting themselves financially
3. Drugs/alcohol
4. Getting legal assistance
5. Completing their education

Interestingly, while clients were concerned about establishing financial independence and finding work, only 37% stated they planned to look for a job or work immediately upon release from jail. Most stated they were going to focus on their “personal health” or their education first. Two-thirds acknowledged that their criminal record and transportation was going to be a barrier to finding a job.

Case managers reported that on average, clients’ immediate family members and their spouses/partners were the most supportive of a pro-social, sober lifestyle for the client, whereas close friends were considered to be the least supportive. Clients agreed with this assessment, and they also included their case manager, other service providers, and probation/court officials as very supportive of achieving a pro-social, sober lifestyle. When asked directly, many clients cited specific family members as being the biggest source of positive support for them when they return home. As part of the treatment process, the program’s case managers reached out and worked closely with the client’s close family circle to increase the likelihood of success for the client as well as identify health or court programming that could prove useful.

Participant Engagement and Satisfaction with Reentry Program Services

Pre-Release Case Management & Program Services. While in custody, 59 of 60 clients received a combination of intensive case management and other program services based at SRJ.¹¹

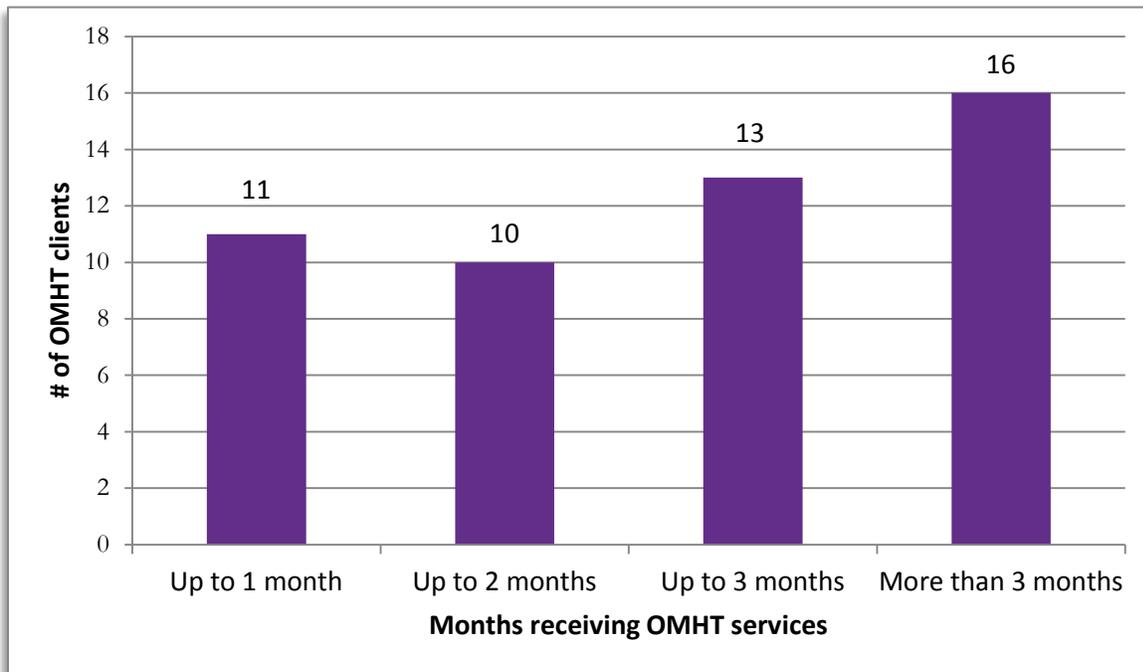
On average, case managers conducted six “face-to-face” consultations per client, consisting of cumulative average of 3.5 hours per client. (This is the equivalent of six 35-minute sessions per client.) In addition, case managers self-reported a high level of engagement and involvement from the client during these consultations (mean of 2.9, with a range of 0 to 3). As demonstrated in Figure 2, most clients were in the OMHT program for about 80 days, or almost three months.¹²

ranked as #2, it received a value of 4; and so on. These values were added across respondents and given a total score. Then, these items were ranked by their total weighted score.

¹¹ One client from the 2nd Chance re-entry program run by Probation in the previous year was “rolled over” directly into post-release OMHT services. He did not receive any OMHT pre-release services, as he was already in the community when OMHT started program services.

¹² Months receiving pre-release services were determined by calculating difference between the OMHT enrollment date and SRJ release date. In some cases, the enrollment date occurred at the same time or after the release date, and in other cases, clients had missing data. Hence only 50 clients of the 59 receiving services are represented in Figure 2.

Figure 2: Months Receiving OMHT Services While in Custody (N=50)



Outside of case management, many participants were enrolled in direct pre-release program services based at SRJ. (Direct pre-release program services were any jail-based activities delivered by the Sheriff's Office Inmate Services program, YFSB, and one of the sub-contracted partners (i.e., Tri-Valley ROP, and Niroga Institute)). For various reasons, less than half of the clients (47%) had access to the RBI unit, which may have impacted some clients' ability to enroll in and attend SRJ-based programs and services. More than half of the participants were enrolled in cognitive-based services (85%), mental-health services (81%), substance abuse services (73%), life skills training (66%), anger/stress management (63%), and employment services (59%). Less than half of clients were enrolled in educational services (41%), and family counseling (31%). Very few clients were enrolled in mentoring/peer support groups (17%), restorative justice circles (12%), other structured activities (5%), and faith-based services (2%). Yet in all of these activities, the average client engagement was rated by case managers as high (mean of 2.8-3, with a range of 0 to 3).

In addition, clients were referred to other "non-program" activities, i.e., jail-based activities NOT delivered by the Sheriff's Office Inmate Services program, YFSB, and one of the sub-contracted partners (i.e., Tri-Valley ROP, and Niroga Institute). Clients were most often referred to other structured pro-social activities (39%), housing services (37%), additional substance abuse treatment programs (34%), educational services (32%), and employment services (29%). Also, many clients and their families were referred to the Niroga Institute (90%), Deputy Sheriff's Activities League (DSAL) Dig Deep Farms (86%), DSAL Exercise is Medicine (88%), and the Oakland Youth Empowerment Partnership (58%). The clients were encouraged to contact these organizations after they left SRJ, and the clients' families were encouraged to participate in DSAL activities even before their family member had been released from SRJ.

Satisfaction with Pre-Release Programming. In general, respondents rated the pre-release services they received as being very or somewhat useful to them. The two program components considered

to be very useful by almost all clients was the individual/group counseling they received from their OMHT case manager (100%), and the anger management programming (90%). Clients were also asked to rank the programs at SRJ in order of how useful the program or activity was to them. The top five ranked programs or activities were:

1. Substance abuse treatment (e.g., DEUCE)
2. Developing a transition/case plan with the OMHT case manager
3. Individual/group counseling with the OMHT case manager
4. Anger management
5. Transformative life skills training (i.e., yoga, meditation)

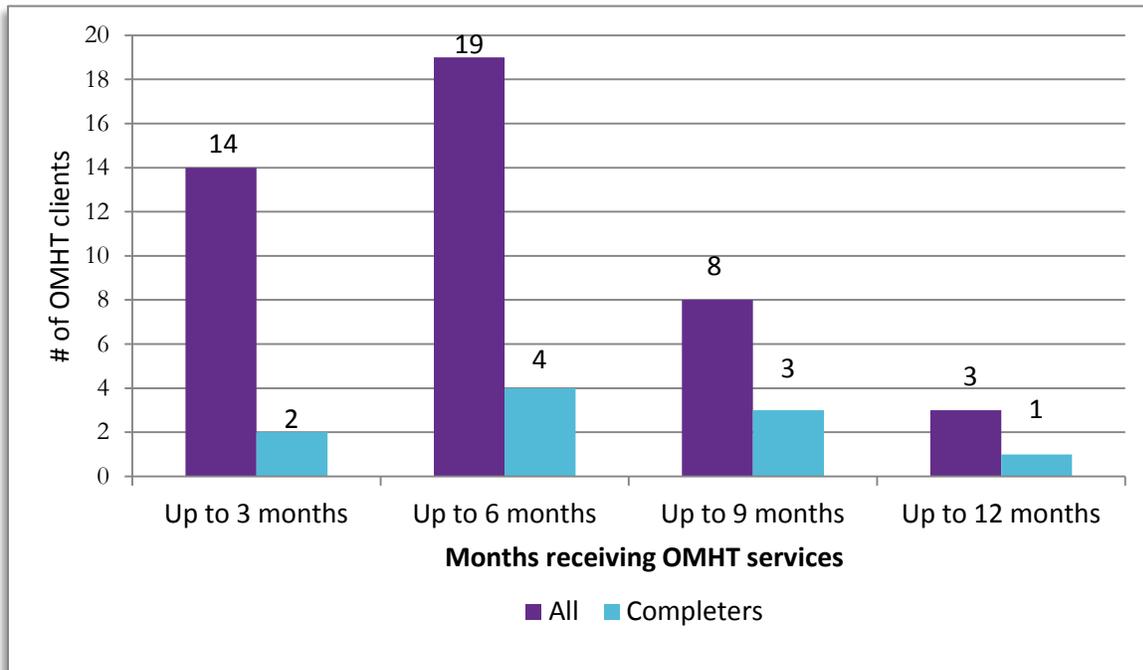
Post-Release Case Management & Program Services. Forty-four of 47 released individuals received case management and other program services, most of which were based in the unincorporated regions of Ashland/Cherryland.¹³ Clients had an average of seven “face-to-face” consultations with their case manager, consisting of a cumulative average of 5 hours. (This is the equivalent of seven 41-minute sessions per client.) Case managers reported that, on average, clients were moderately engaged and involved during these consultations (mean of 2.2, with a range of 0 to 3).

Relative to participation in pre-release programming, enrollment and engagement in program services declined. Yet more than half of the clients still enrolled in mental health services (77%), anger/stress management (77%), cognitive-based services (75%), life skills training (70%), and substance abuse services (64%). Reported engagement in these program services were assessed moderate to high overall. As shown in Figure 3, most clients received OMHT post-release services for up to six months.

Clients were also referred to other non-program activities, especially employment (73%), educational (64%), and housing services (61%) since these were not direct program activities. In addition, many clients were referred to substance abuse services (64%), mentoring/peer support groups (55%), and other structured activities (50%). Clients were also referred to specific service providers: DSAL Dig Deep Farms (80%), DSAL Exercise is Medicine (75%), Niroga Institute (73%), and the Oakland Youth Employment Partnership (68%). A number of clients were referred to specific substance abuse providers – most likely those centers closest to their residence or fit the client’s particular needs (e.g., Options Recovery Services, Seventh Step).

¹³ Three released clients did not receive services -- one dropped out of the program during pre-release services, and two were enrolled directly into a residential substance abuse program upon release from jail.

Figure 3: Months Receiving OMHT Services Post-Release (N=44)



Program Completion. At the beginning of the grant program, program administrators and case managers decided that clients would be considered to have successfully completed the OMHT program if the client:

- Participates in services identified in their transition/reentry plan deemed as necessary for successful reentry;
- Engage in these services to a moderate or high level;
- Meet and communicate with their case manager regularly; and
- Comply with conditions of their probation.

By the end of the program year, case managers reported that 23% of the released participants had completed post-release program requirements. The most common reason given for the client not completing the program was that the client had not yet completed all services on their re-entry plan (27%) followed by lack of engagement (23%), court-criminal involvement (9%), and absconding (7%). Typically, “completers” finished the program within seven months (see Figure 3) which was about one month longer, on average, than most clients engaged in post-release services.

Preliminary Results: Effectiveness of Program on Recidivism Rates

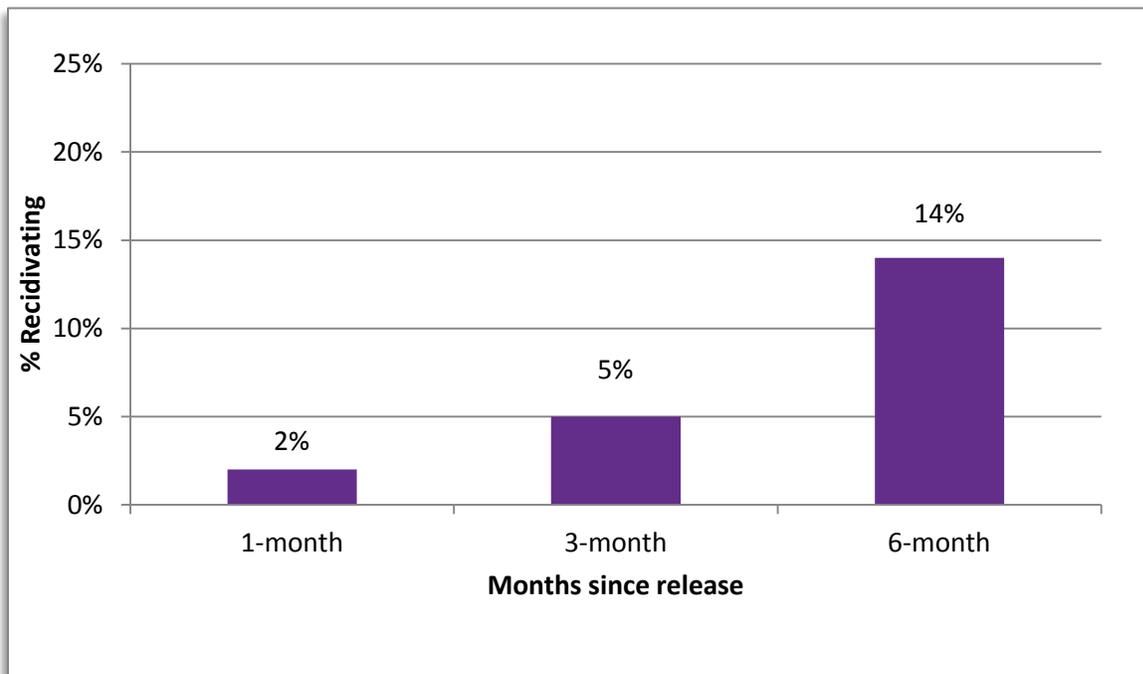
Follow-up Recidivism Rates. This study uses the Second Chance Act’s grant program’s definition of recidivism -- *a return to jail/prison due to a violation of probation and/or conviction for a new offense committed after release in the community*. This measure refers to the time period following the participants release from SRJ up through December 31, 2011. As of this report, the longest period of time that recidivism rates could be calculated for a numerically-sufficient sample size was six months. Data was collected for both participants and non-participants but due to the extremely small sample sizes, the non-participant data is not presented here. (Preliminary statistical comparisons and effect sizes

are reported in Tables A.27-A.28 of the Appendix.) Recidivism data are based exclusively on official criminal records tracked in CRIMS, which the lead deputy probation officer retrieved for this study.

Since participants were released from jail at different times throughout the program year, it is most useful to take into account the length of time an individual spent in the community. For example, an individual who was released in May 2012 cannot be compared equally with an individual who was released in December 2012 in regard to recidivism committed before December 31, 2012. The first individual would have spent up to seven months in the community, whereas the second individual would have spent less than one month in the community.

Consequently, recidivism rates in this study are calculated as if they were follow-up rates. That is, they are calculated as if the researcher had individually followed up with each client at 1-, 3-, and 6-months following their release date from SRJ¹⁴. Figure 4 presents recidivism rates for participants adjusted for time spent in community.

Figure 4: Follow-up Recidivism Rates for Participants at 1-, 3-, and 6-Months Post-Release (N₁=47; N₃=37; N₆=22)



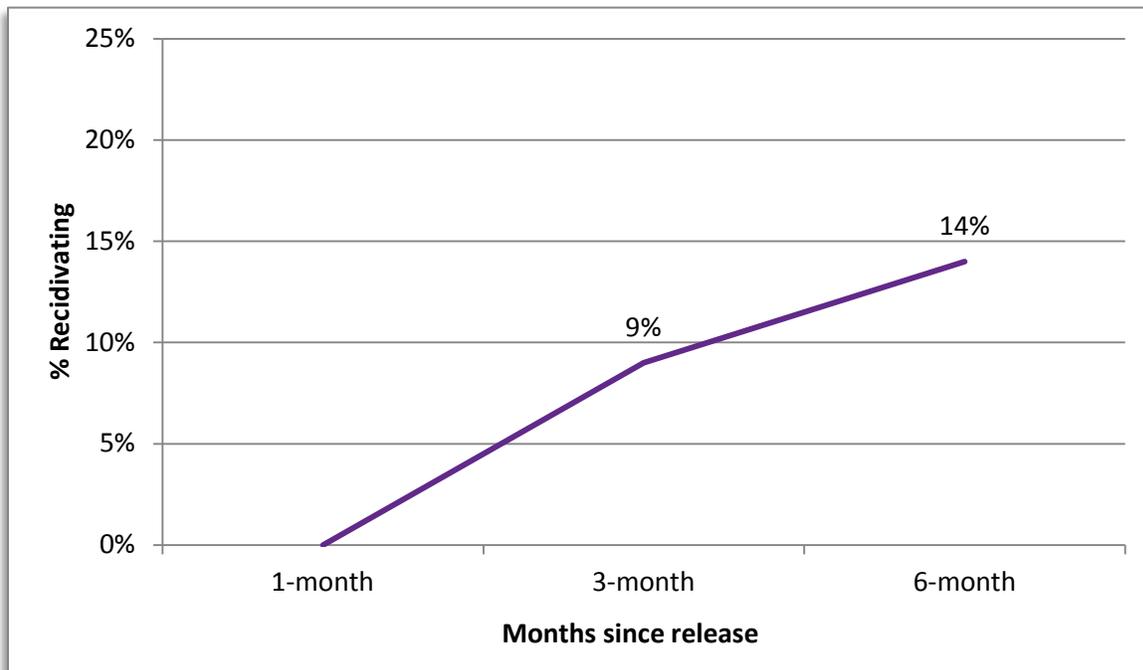
At one month post-release, only 2% of 47 participants in the community at least one month had recidivated; and at three months post-release, 5% of 37 participants in the community at least three months had recidivated. By six months post-release, 14% of 22 participants in the community at least six months had recidivated. (Effect sizes are reported in Tables A.27-A.28 in the Appendix.)

Cumulative Recidivism Rates within Six Months. To address the extent to which the program may have delayed time to recidivate, we also examined cumulative recidivism rates for participants

¹⁴ Denominator=# of individuals whose time elapse between release date and end of program year was >30 days, >90 days, or >180 days. Numerator= # of individuals who recidivated within 30 days, 90 days, etc. from release

for whom at least six months had elapsed since their release (N=22). Again, as in the previous analysis, data was collected for both participants and non-participants, but due to extremely small sample sizes (i.e., 22 participants and 11 peers), the non-participant data is not presented here. (Preliminary statistical comparisons and effect sizes are reported in Tables A.29 of the Appendix.) Figure 5 presents the cumulative recidivism rates. For those clients who had been out of jail for at least six months, none had recidivated within the first month, 9% had recidivated within three months, and 14% had recidivated within six months.

Figure 5: Cumulative Recidivism Rates for Participants Released for at least Six Months (N₆=22)



Preliminary Results: Effectiveness of Program on Other Outcomes

In part to fulfill specific federal grant reporting requirements, other non-recidivism outcomes were tracked and logged by case managers for each program participant while they were in the program. These outcomes included individuals who: obtained and then maintained employment for up to six or more months; obtained high school diplomas, GEDs, or post-secondary degrees or certificates; obtained and then maintained housing for up to six or more months; paid child support; and engaged in recommended substance abuse or mental health treatment and dosage.

By the end of the program, 34.1% of 44 released participants had obtained employment. Most clients were in the program for at least six to nine months before they obtained employment. Only three of the 44 released participants had remained employed for three or more months, and just one client was employed for six or more months.

However it should be noted that not all clients had been receiving program services for the same period of time. For the three clients who had been employed for three or more months, only nineteen clients had been receiving program services for more than three months. This indicates that

16% of participants had maintained employment for three or more months. Similarly for the one client who remained employed for six or more months, only eight clients had been receiving program services for more than six months, which indicates that 13% of clients maintained employment for six or more months.

By the end of the program, the majority of participants (88.6%) had secured safe and stable housing, typically within the first three months.

Very few outcomes related to education were seen during the program period. While many clients had not graduated from high school, none obtained a GED certificate or high school diploma while they were receiving program services. In addition, only four percent of the 44 released participants had fulfilled or started to fulfill their legal child support obligations. Lack of success in this area is likely related to the low employment outcomes.

Most participants had been assessed as needing substance abuse and/or mental health treatment (84.1% and 100%, respectively) upon their initial meeting with their case manager. There was a high rate of follow through of treatment for those individuals. For clients assessed as needing substance abuse treatment, 62% enrolled in treatment post-release, and 46% received the recommended treatment dosage. Similarly, 68% of participants needing mental health treatment enrolled in treatment post-release, and 50% received the recommended treatment dosage. Whether the clients improved in mental health symptoms or their use of substances was not collected quantitatively, however many case managers cited anecdotally that their clients were showing improvement.

Individual Success Stories. In addition to the quantitative outcome data presented above, individual success stories were collected from the program case managers and partners.

From one of the program case managers (1/23/2013):

When I met "John" and interviewed him for [possible] participation in Operation My Hometown, [he was] a 47-year old, career criminal, and [drug] addict [who had been] incarcerated in Santa Rita Jail on domestic violence charges. Initially, he was suspicious of the program, but after I visited him on several occasions, he decided to sign up...

John's reentry plan was to make amends to his wife and [help her] raise their three-year old daughter, [enroll] into a drug rehabilitation program, obtain housing, and [start] college [course work]. [Since I've worked with him], John has accomplished all of the goals he's set out to do... [Based on his progress], the court-imposed ten-year stay away order based on John's domestic violence charge has been modified so he can live with his family once again. Through the good graces of the Building Futures housing program, he and his family are in a one bedroom apartment which is perfect for their needs at this time.

John is in phase two [at the drug rehabilitation program], and he tests clean weekly. [And] he has started taking classes at [a local community] college.

Another program case manager shared a story told to her by a Dig Deep Farms program staff member (1/23/2013):

“Joe” ended up in Santa Rita Jail because of a domestic dispute, [but] he has been in [and out of] prison [from an early age]. He has several children by several mothers, but has been estranged from them for years...one son is on his way to prison. Joe [said he] would like to stop the cycle...

[He] has demonstrated a commitment and dedication to Dig Deep Farms... that [even] some of our own staff members lack. He rides his bike here every day and is typically the first one here...before me sometimes. He is not fazed by weather or quantity of work...he gives his all regardless.

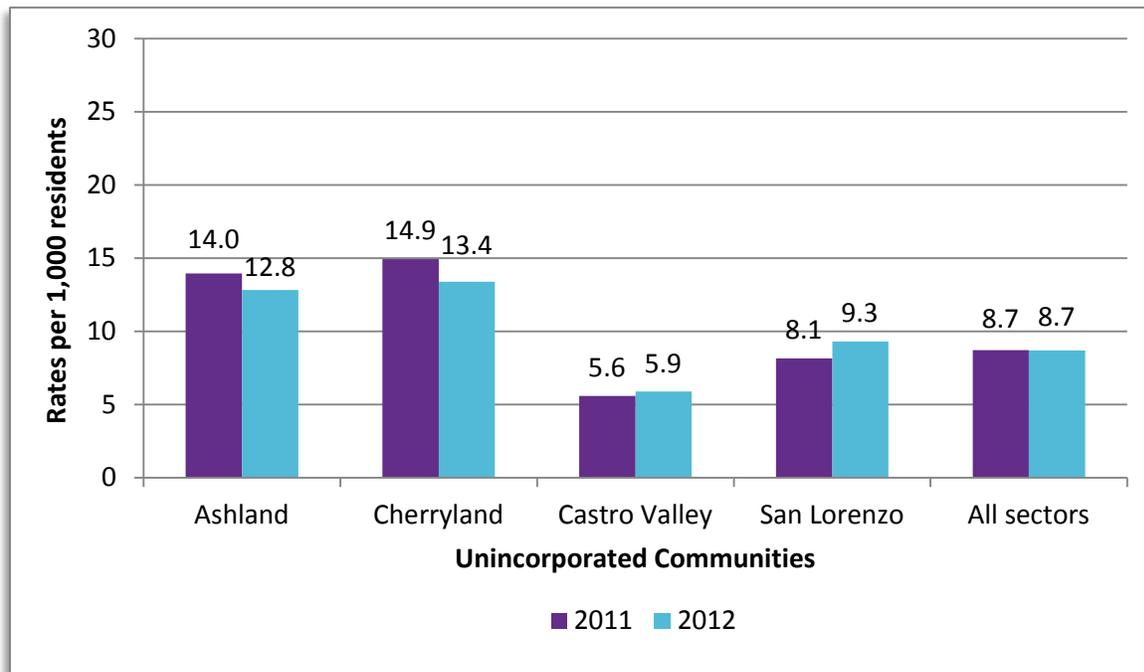
He has taken a mentoring role with some of the other ... team members as he can see himself in some of them and want to ensure that they stay on the right track. He has started coaching basketball on the side and has expressed interest in helping to coach some of our youth in our various recreation programs through the Deputy Sheriffs’ Activity League (DSAL).

Joe gets the bigger picture and ... knows the importance of having healthy habits, a work routine and a productive day... He is on the right track and has become a real asset to Dig Deep Farms and this community...”

Preliminary Results: Effectiveness of Program on Public Safety in Community

Since the program has only completed its first year of operation (i.e., as a case management model staffed with “in-house” credentialed counselors) and relatively few individuals have been served, the impact would not yet be expected to be large or significant. As shown in Figure 6, there was no change in violent crime rates (i.e., murder, robbery, and aggravated and simple assault) from 2011 to 2012 in the targeted unincorporated communities as the rates remained static at 8.7 violent crimes per 1,000 residents. However, Ashland and Cherryland showed slight decreases in the violent crime rates.

Figure 6: Violent Crime Rates (per 1,000 residents) in Unincorporated Communities in Alameda County



Discussion

At the end of the grant period, HTA conducted interviews with key program stakeholders to solicit their perspectives regarding promising program components and to understand the challenges that were faced and overcome during the program implementation. These promising practices and challenges were then compared and summarized through the lens of other qualitative data and the quantitative data findings.

Promising Program Components/Elements

Input from a multi-sector collaborative group. OMHT received input from a variety of organizations both in the planning and implementation phase. The Steering Committee which met monthly was co-led by the Sheriff’s Office Inmate Services Department and the Youth and Family Services Bureau, and included high-level representatives from key public agencies (i.e., Probation Department, and the Tri-Valley Regional Occupational Program) and one non-profit organization (i.e., Deputy Sheriff’s Activities League). All program partners were invited to quarterly partners meetings to discuss implementation and preliminary evaluation findings and these meetings included representatives from the Alameda County’s District Attorney’s Office, the Public Defender’s Office, and the Alameda County Health Care Services Agency, as well as local community-based organizations who provided services (e.g., Niroga Institute, Seventh Step Foundation, and Oakland Youth Employment Partnership).

High level of collaboration between program partners. As reported by key stakeholders and observed by the evaluator during meetings, programmatic “silos” did not seem to be an issue during this implementation. This may have been due in part to the majority of key players were working

from “inside the system” and with a deep understanding of law enforcement culture. It may have also been because several of the individuals working on the project have worked together previously and brought a strong sense of “program buy-in” from the beginning. This group did not need to be sold on the need for this kind of program.

Key program staff members were based at the Jail. If problems around access to inmates arose, the lead agency, that is, ACSO’s Inmate Services Unit, was able to quickly address them. The assigned case manager, who was also an ACSO employee, served as a single point of contact for program services, and had ability to advocate directly for client services with Inmate Services staff. (Being an ACSO employee mitigated the usual issues of trust and access.) Since the lead deputy probation officer was based at the jail, case managers were able to immediately discuss and address client issues. Also as ACSO employees, case managers were allowed to move freely about the jail without a deputy escort which is not the case with staff from community-based organizations working in the jail. This level of communication did not always guarantee a decision that met the case manager’s hopes, but it ensured that a decision was made quickly and clearly.

Creation of the RBI unit within the Jail. A special, minimum-security housing unit in SRJ called the RBI (Reentry Based Incarceration) housing unit was reserved for male OMHT participants while serving their sentence. It was designed to facilitate case management consultation and pre-release program services by grouping men with the same classification and security levels in the same area of the jail¹⁵. Case managers would be able to visit with several clients on one given day in one part of the jail, rather than visiting clients all over the enormous jail facility and having to wait for deputies to escort them to higher security areas of the jail. While ACSO’s Classification Unit staff needed to err on the side of caution in terms of assigning security levels, OMHT’s program staff (Inmate Services staff, the RBI deputy, the case managers, and the deputy probation officer) were able to work with the Classification staff to try to get enrolled clients access to the RBI unit.

Program Challenges Addressed and Overcome

Delay in start-up combined with short implementation period. Even though much had been learned when Probation was the fiscal and program lead on this grant, planning was still needed from the start as new public agencies and community-based organizations figured out processes for enrollment, delivery of program services, and referrals. Additionally, it took up to six months to get contracts established with local organizations to provide services and to get MOUs approved between participating Alameda County public agencies. If the grant funding had extended longer than one year, this delay could have been ameliorated. But since it was not, the program could not serve more than the targeted number of participants over the projected time span which in turn affected the ability of the evaluation to measure program impact on key outcomes (e.g., recidivism rates over 12 months).

Differences in treatment approach. Initially some differences arose over the therapeutic approach of Marriage Family Therapy (MFT)-trained case managers and the “rehabilitative” approach espoused by law enforcement and project leads. There were initial concerns that case managers were spending too much time in psychotherapeutic pursuits and/or listening to clients rather than

¹⁵ If an OMHT participant was not classified at a minimum security level, then the OMHT program staff would work with the Classification Unit to try to get his security level reclassified to minimum level.

directing them or strongly encouraging them to find employment, housing, etc. However, these concerns were addressed in Steering Committee meetings from the start and throughout the project. Project leads and the evaluator worked with case managers to ensure the program was being implemented as planned. Much improvement was seen by the end of the grant year.

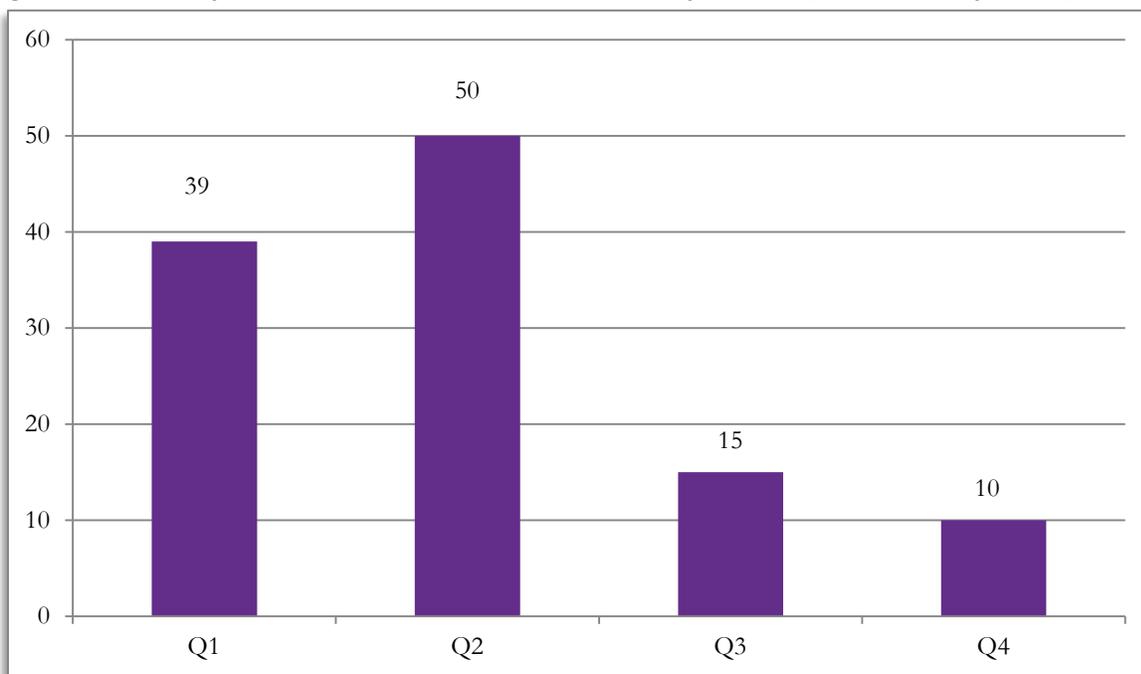
Speeding up the enrollment process. Initially, enrolling inmates was a slow process; after the deputy probation officer generated a list of eligible clients, each inmate had to be individually recruited and screened by the OMHT case manager. The jail's classification system typically restricted access to the highest risk clients; however, OMHT case managers, as ACSO employees, had permission to enter maximum security sections of the jail without a deputy escort. Yet it took some time for ACSO deputies to recognize and trust the case managers, and for case managers to understand the rules, practices, and procedures required of them when visiting potential clients in the jail. By the end of the grant period, OMHT program staff also reported that the recruitment/enrollment process could take up to two weeks. As seen in Figure 7, the average number of days to enroll individuals (after referral) was dramatically reduced from the beginning of the grant period to the end from an average of 40-50 days to an average of 10 days.

In addition, it was suspected that because of post-conviction incarceration requirements¹⁶, a number of eligible individuals may have been released due to time served before they could be recruited. However, this assertion could not be verified with the available data. It was also noted that the Probation Department's new risk assessment tool classified fewer individuals as "high-risk" than was expected by program staff. After an initial six months of lower than expected enrollment, the Steering Committee decided to expand the enrollment criteria to include "medium-risk" individuals as well¹⁷. This promptly resulted in a larger pool of inmates eligible for program services. This combined with acceleration in the enrollment process resulted in an overall increase in the number of individuals enrolled in the program.

¹⁶ The Second Chance Act grant funds can only be spent on offenders who are post-conviction, meaning that inmates who are awaiting sentencing cannot be enrolled into the program.

¹⁷ When developing the tool, the Probation Department *wanted* fewer individuals to be classified as high-risk so they could assign higher supervision requirements to individuals at the highest likelihood of committing violent felonies. The Probation Department previously used the LS/CMI which assesses both risk and need, and it was believed by Probation that too many probationers were being classified as high-risk and being assigned costly supervision due to their very high needs, not their actual likelihood of committing a violent felony.

Figure 7: Mean Days from Referral to OMHT Enrollment by Quarter (Oct 2011 –Sept 2012)



Provision of services to clients. Once clients were enrolled, it proved challenging to engage clients in all the recommended and available pre- and post-release services. Sometimes this was due to personal motivation, but often it was due to structural limitations, especially during early stages of program development. For example, inmates classified as “maximum security” could not be housed in the RBI unit or could not participate in certain programming while at SRJ. Inmate Services and the case managers worked closely with Classification to change some clients’ classifications (to allow for residence in the RBI unit) when possible, but it was necessary for Classification to err on side of caution to protect jail staff. Some program staff believed that the post-conviction incarceration requirements¹⁸ shortened the time for clients to receive pre-release services, although, on average, over half of the OMHT clients received more than two months of program services while at SRJ (see Figure 2).

The lack of enhanced post-release program services was possibly related to a participation rate of less than 100%. While case management consultations were always available, housing, educational, and employment services were not available as direct program services, and it was difficult for case managers to find low-cost or free services to which they could refer clients. To ensure engagement in recommended post-release activities, case managers needed a variety of established programs to refer clients and the ability to “drop off” their clients at the specified program site. The case managers could not possibly provide all the education, housing, and employment services required. The development of shallow subsidies for housing, such as providing a short-term loan to cover the first month’s rent and security deposit to allow two participants to share an apartment, was one creative solution to address the lack of residential options. However, other options were in short supply, and may have indirectly affected the post-release engagement rate.

¹⁸ See footnote 14.

Several clients turned down the opportunity to be housed in the RBI unit, because they felt they had a satisfactory situation in another part of the jail. Other clients had various reasons for not participating fully in all available post-release activities available to them. To address this issue, DSAL provided incentives to “select” OMHT participants to reward them for participating in multiple components of the program, especially post-release¹⁹.

Specific Programmatic Recommendations

Since the program has only completed its first year of operation and relatively few individuals have been served, the outcome results presented in this report should be considered preliminary. At this time, the preliminary results indicate that the OMHT participants had relatively low six-month recidivism rates. Therefore, HTA recommends continuing to enhance and further develop components of the current program to ensure alignment with best practices and to reduce recidivism rates. The recognized eight principles of evidence-based practices for reentry programs from the National Institutes of Correction are (NIC, 2004):

1. Assess actuarial risk and needs.
2. Enhance intrinsic motivation.
3. Target interventions in corrections (risk, need, treatment/responsivity, dosage).
4. Skill-train with directed practice (use cognitive-behavioral treatment methods).
5. Increase positive reinforcement.
6. Engage ongoing support in natural communities.
7. Measure relevant processes and practices.
8. Provide measurement feedback.

The components that HTA recommends expanding upon are related to the first four.

Assess actuarial risk and needs. Currently, the program uses the Alameda County Probation Risk Assessment to determine eligibility and suitability for OMHT. However, the case managers do not use this tool²⁰, or separate validated assessment instrument(s) to determine the participant’s treatment needs, especially those criminogenic factors associated with their offending. HTA would recommend that a widely used risk/needs instrument validated for this population, such as the LS/CMI, be used to determine treatment needs and match appropriate program services and case management dosage. Such an instrument would also ensure reliability between case managers in determining needs and recommending services.

¹⁹ In July 2012, the Steering Committee rolled out a stipend plan using CalWorks funds which would pay out up to \$1,500 for 12 clients and up to \$145 for 48 more clients. A total of 60 OMHT clients were eligible to receive some money. The stipend plan would pay out cash amounts each time clients completed particular tasks, such as attending a designated number of classes/sessions; regular attendance and participation in the Dig Deeps Farm internship program; getting an ID card; and passing the CA driving test, among others.

²⁰ The DPO currently shares the Probation Risk Assessment overall score with the case managers, but not results to each of the 11 items. However, there would be some limitations to using the Probation Risk Assessment to assess treatment needs, as it is based primarily on legal-oriented static factors, such as age at first conviction, number of prior probation revocations, and number of felony juvenile findings or adult convictions among others. There are a few dynamic factors that touch on current employment, alcohol and/or drug use, housing stability, and companions/peer relationships, but these are not fleshed out in the way that a more clinical-based tool or assessment would.

Enhance intrinsic motivation. Case managers currently use Motivational Interviewing techniques to initiate and maintain behavior changes with clients – many of whom may be unlikely to want to change their behaviors simply because they are told they should. Yet, the program experienced continued challenges in recruiting and engaging clients into OMHT programs. Incentives were one way that program staff tried to increase extrinsic motivation, although the effectiveness of this method was not examined during this evaluation. Regular “booster” trainings in Motivational Interviewing for program staff may be another way to confirm that principles of Motivational Interviewing are being consistently used and implemented with clients.

Target intervention in corrections. The principle of targeting interventions has four components: risk principle, need principle, treatment/responsivity principle, and program integrity/fidelity principle. The goal of these principles is to match the appropriate treatment and dosage with the risk and needs of the offender (Judicial Council of California, 2012). For example, high-risk offenders should receive more intensive programming and for longer periods of time than low-risk offenders (Lowenkamp, Pealer, Smith, & Latessa, 2006).

In alignment with these principles, the adoption of a jail-based cognitive-behavioral treatment curriculum should be considered as a new supplemental component of programming. This curriculum should focus on changing the criminal thinking patterns, social skills, and problem solving skills of medium- and high-risk offenders and the challenges that such individuals typically face during reentry (e.g., family reunification, budgeting and financial stress). This work should be continued post-release in an after-care setting (Fletcher, 2007; Burke, Herman, Stroker, & Giguere, 2010). Many “off-the-shelf” evidence-based programs exist, such as Thinking for a Change (T4C)²¹, and have been proven to work on reducing reoffending for this targeted population. During case management consultations, both pre- and post-release, messages from this curriculum should be reinforced with the client. Promoting such a curriculum at the jail and then post-release would also strengthen the cohort-based model that the program staff is trying to achieve – inmates at the RBI unit would take these classes together and then continue the classes in an after-care setting.

To the extent possible, educational, employment, and substance abuse services need to be an integral component of the program, both pre- and post-release. According to the National Institute of Corrections, 40 to 70 percent of high risk offenders’ free time should be occupied with prescribed services, such as treatment or employment or education assistance (NIC, 2011). Given that all clients in the program are medium or high risk individuals, a minimum-level of program services, combined with a richer mix of services (housing, employment, and education) should be built into the program. These services should be integrated into the program and still allow for customization and targeting of interventions as needed. It is not enough to refer clients to a limited number of existing programs, some of which do not have sufficient openings. Clients need to be directly enrolled in programming that aims to teach the skills necessary to change criminogenic thinking; obtain and keep employment; stay away from drugs and alcohol; and avoid negative peers and situations which lead to re-offending.

²¹ Developed by Barry Glick, Jack Bush, and Julian Taymans in cooperation with the National Institute of Corrections, the T4C program is an evidence-based cognitive behavioral curriculum that can be delivered by trained facilitators to correctional clients. Studies have shown that, when implemented with fidelity, T4C can reduce recidivism. More information can be found at <http://nicic.gov/t4c>.

Skill-train with directed practice. Revisiting the training schedule for case management and other program staff would be a way to ensure that those who are providing the program are properly trained about the program and theories behind it. The training schedule should include regular “booster” sessions in Motivational Interviewing, cognitive behavioral methods and techniques (i.e., role-playing, practicing), and other evidence-based practices underlying the OMHT program.

Conclusion and Future Directions

The literature supports the premise that public safety efforts are more likely to succeed if officials focus on prevention, intervention, and punishment equally and in an integrated, holistic fashion (NLC, 2012). The OMHT program with its focus on supporting individuals leaving SRJ and reentering the targeted communities is, and should be, only one piece of a multi-faceted strategy to make the targeted communities safer. ACSO has begun this multi-faceted work with the OMHT program by addressing and overcoming system barriers, with the following activities:

- Increasing collaboration between public agencies, who in the past worked in silos -- ACSO, Probation Department District Attorney’s Office, the Public Defender’s Office, and the Health Care Services Agency – by bringing them to the same table to discuss reentry and rehabilitation for individuals at SRJ;
- Bringing community-based organizations to the table to provide additional opportunities for individuals leaving SRJ and returning to the Ashland, Cherryland, and Eden Area: Niroga Institute, Seventh Step Foundation, and the Youth Employment Partnership;
- Developing a team of ACSO case managers based at SRJ who can provide evidence-based services to individuals both pre- and post-release, and can navigate the jail infrastructure; and
- Creating a special RBI unit within SRJ to facilitate the delivery of evidence-based pre-release service and foster a cohort-based mentality for individuals returning to the same communities and seeking to change their lives for the better.

With the changes that AB 109 and similar state legislature has already initiated, ACSO is at a crossroads for planning and implementing additional new evidence-based programs and services that together can reduce recidivism, and ultimately increase public safety for residents of the unincorporated areas of Alameda County. Since the results in this report are preliminary, it is especially important for ACSO to continue prioritizing evaluation to assess the impact that these programs and services are having on participants, as well on systems-level collaboration and functioning. HTA recommends continuing collecting data to address these key evaluation questions for which we only have preliminary evidence:

- ✚ What is the effect of OMHT on recidivism and public safety?
- ✚ What is the program’s long-term effect on participant’s housing stability, substance abuse, mental health and employment?
- ✚ What are the barriers and lessons learned during the process of program implementation and collaboration?

Finally, HTA recommends that ACSO leaders explore the additional following questions during higher level planning and in subsequent evaluations using a mixed methods approach:

- ✚ To what degree, does the “system” need to change in order to embrace rehabilitation oriented programming while still performing the necessary incarceration function?
- ✚ How do public and community agencies addressing behavioral health and public safety intersect in the reentry process? How can they work together most effectively, while learning best practices from each other?

- ✦ How will changes brought on by AB109 (i.e., “re-alignment”) and other related state legislation impact the conversation about the efficacy of reentry service provision and utilization?

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