

**Los Angeles County Local Evaluation Plan
March 15, 2023**

Project Background

The Los Angeles County Justice Care and Opportunities Department (JCOD), Reentry Services Proposition 47 Cohort 3 programming will continue to provide mental health services, substance use disorder treatment, reentry support services and employment and job training services. The population of focus is those individuals who have encountered the criminal or justice system with mild to moderate mental health and/or substance use disorders.

The aim of the Proposition 47 programs is to end the cycle of recidivism for participants and improve health and economic outcomes. As detailed in JCOD Reentry Services Proposition 47 Project Work Plan, the three key goals of programming for JCOD Reentry Services population of focus are the following:

- 1) Improve behavioral health outcomes by providing intensive case management and navigation services via one-one-one engagements with Community Health Workers, Career Coaches, and certified Peer Support Specialists, linkages to in-house or externally provided mental health and/or substance use disorders treatment, and cognitive behavioral intervention group sessions to develop and practice problem-solving skills.
- 2) Improve rates of employment by providing access to skills training and paid work experience programs in high-growth sectors that offer career pathways and family-sustaining wages.
- 3) Reduce the rate of recidivism by connecting individuals to programming that will improve behavioral health outcomes, provide stabilizing living environments, and provide careers with family-sustaining wages.

To support these three goals, the Proposition 47 Cohort 3 funding will support the following programming:

Reentry Intensive Case Management Services (RICMS). The Reentry Intensive Case Management Services (RICMS) program is a system navigation and care coordination program. The RICMS program was developed based on feedback received through town halls identifying the need for system navigators or intensive case managers who can help clients create their own individualized goals, provide services and peer mentorship to motivate them to achieve those goals, and connect clients to the right government agencies and community-based resources. With Cohort 3 grant funds and leveraged funding from the American Rescue Plan Act, RICMS will help 10,000 clients over the 3-year grant term create their own individualized goals, support them with achieving those goals, and link them to appropriate services such as mental health or substance use treatment. JCOD Reentry Services has contracted with community-based organizations who provide a wide array of services to improve physical and behavioral health outcomes and reduce recidivism for clients. The providers will be funded to carry out the following services (not inclusive list): intensive case management and navigation services through one-on-one engagement with Community Health Workers or certified Peer Support Specialists, referral and connection to substance use, mental health, and physical health services, housing support services, financial education, and employment and education services.

SECTOR Program. JCOD Reentry Services will also continue to fund the employment and training program for the target population called the Skills and Experience for the Careers of Tomorrow or

“SECTOR” Program, currently operated by five contracted community-based organizations. The objective of the program is to provide 1,500 clients with skills training and/or paid work experience and job placement and retention services in high-growth sectors that offer career pathways and family sustaining wages. To prepare clients for employment and alleviate barriers to employment, participants will also receive one-on-one career coach engagement services, job readiness services, linkage to mental health, substance use disorder, cognitive behavioral interventions, which is a mental health service to improve problem-solving skills and prevent recidivism based on assessed risks and needs, and other supportive services. The justice-involved population experiences higher rates of unemployment due to a lack of opportunity to establish work history or education credentials, legal restrictions on certain occupations, employer bias, and other barriers. Research shows that sector-based approaches to workforce development can improve employment outcomes, and employment can play an important role in reducing recidivism and improve mental health and wellbeing.

Evaluation Methods and Design

The Cohort 3 evaluation will build off existing research and analysis conducted by MDRC on RICMS and SECTOR for the Cohort 1 and 2 Prop 47 grant programs. The Cohort 3 report will include a review of the program designs, highlight key changes associated with the Cohort 3 grant, and present outcomes analyses on Cohort 3 participants.

1. Process Evaluation:

The process evaluation will examine whether RICMS and SECTOR services met the identified needs of the target population and whether enrolled clients are able to access the services they need. The process study will use client demographic and participation data collected by program providers in the Comprehensive Health Accompaniment Management Platform (CHAMP) database, along with qualitative feedback from program managers, staff and clients, collected via site visits, interviews, and a client survey, to understand the successes and challenges of implementing program services. The qualitative feedback will be included in the final report to highlight factors that helped facilitate implementation or created barriers to successful implementation.

RICMS will be delivered by 15-20 community-based organizations. These providers have gradually built up their capacity to serve the total number of clients. The process measure for RICMS is the number of clients who receive RICMS with the goal of serving 10,000 clients over the 3-year grant period. Individual level demographic and participation data will be collected and analyzed through this evaluation. Participants will be tracked and monitored through CHAMP, where data on enrolled clients is collected on a weekly basis. The database has comprehensive screens that will evaluate and collect information on each client to inform the individualized care plan. Examples of information collected includes the following (non-inclusive list): demographics (age, race/ethnicity/gender), Medi-Cal eligibility, mental health, physical health, and substance use evaluation and information, safety evaluation, housing status, income information, referrals and linkages, and other information depending on client need. Information will be consistently updated as care plans and goals are completed. All referrals, case planning, successful completion of goals, program completion, and program exits will be captured through CHAMP. Program completion is defined as the completion of an individualized client care plan and connection to appropriate care for mental health and/or substance use disorders. These are the client level achievement indicators and additional achievement indicators (including recidivism rates and referral to other County agencies) will be captured through service utilization tracked by the Justice

Metrics Framework (a county-wide data depository described in more detail in the data sources section of this evaluation plan).

The SECTOR program will be delivered by approximately five community-based organizations. These providers have built up their capacity to serve 1,500 clients over the 3-year grant period. The process measure for employment services will be the number of clients who are assessed, enroll, participate in mental health, substance use disorder, and peer support services, and complete vocational training and/or paid work experience. Demographic data, service receipt, and program outcomes will be collected by the providers in CHAMP on a weekly basis. All referrals, one-on-one career coach engagements, training/PWE program completion, and program exits will be captured at the individual client level. Additional outcome data (including recidivism rates, employment and earnings, and receipt of mental health and substance use disorder services through other County agencies) will be collected through matched data acquired in the County InfoHub/Justice Metrics Framework data depository. Participants are considered program complete once they have completed a training or paid work experience program OR have obtained unsubsidized employment after enrollment.

Proposition 47 funded programs performance will be monitored and tracked through active program management and through contracted evaluation services. JCOD Reentry Services program managers will monitor the performance of implementing partners through regular check-in calls, site visits, and invoice review, CHAMP data reports and dashboard reviews, as well as through community participation in the Joint Local Advisory Committee meetings.

2. Outcome Evaluation

The overall project goals are to reduce recidivism, expand access to a robust menu of services, and improve the health and economic outcomes of those who participate. The evaluation will utilize the BSCC's definition of recidivism and will collect additional data to monitor justice-related measures to be determined in collaboration with MDRC. MDRC will determine whether recidivism was lower at the end of the project by analyzing the number of participants who are reconvicted 12 months following their program enrollment date. Additional outcome measures are detailed in Table 2 below.

For RICMS, MDRC will use CHAMP and InfoHub/Justice Metrics Framework data to analyze outcomes over time for RICMS clients. Because a comparison group will not be possible for the Cohort 3 evaluation, this analysis will not be able to determine whether changes in outcomes were caused by the program. The outcome measures for RICMS are the number of clients that are connected to mental health and substance use treatment, complete their individualized care plans and the number of clients that do not recidivate. The duration of services is 4 to 6 months on average. However, clients can receive services up to 12 months depending on their care plan needs. The eligibility requirements are that a client has been arrested, charged with, or convicted of a less serious crime and has a mental health and/or substance use disorder. Criteria for successful completion of the program is based on completion of individualized client care plan, connection to appropriate care for mental health and/or substance use disorders, and reduced recidivism. MDRC will pull the data to measure these criteria from CHAMP and InfoHub/Justice Metrics Framework, with data collected by providers, DMH, SAPC, and Los Angeles Sheriff's Department (LASD).

Because a quasi-experimental analysis was conducted on RICMS for the Cohort 2 evaluation and not on SECTOR, the Cohort 3 evaluation will explore the possibility of conducting a quasi-experimental analysis for SECTOR. The design hinges on SECTOR providers being able to collect data on individuals who were

eligible for the SECTOR program but ultimately chose not to enroll in the program or dropped out soon after enrolling, in order to establish a comparison group to compare program participant outcomes. MDRC and JCOD's program team will explore the feasibility of implementing data collection and participant consent process changes for this purpose. While the proposed design would allow for a more rigorous analysis of outcomes, it will not allow MDRC to establish causality due to data limitations. Because the SECTOR program is not currently oversubscribed, a randomized control trial is not possible. Additionally, the pool of individuals who were eligible for SECTOR but did not enroll, or who dropped out early in the program, may be too small to proceed with a well-designed matched comparison analysis.

The outcome measures for the SECTOR program are the number of clients that complete training or paid work experience to gain industry recognized skills and credentials, number that gain employment, number that gain employment in high-growth sectors, client earnings, number of clients whose wages increase after program completion, the number of clients receiving internal or external mental health and substance use treatment and services, and the number of clients that do not recidivate. The duration of services depends on the career plan but generally will range from 6-12 months and the eligibility requirements are that a client has been arrested, charged with, and/or convicted of a less serious crime and has a mental health and/or substance use disorder. Criteria for successful completion of the program is based on completion of the individualized client care plan, connection to appropriate care for mental health and/or substance use disorders (internal or external), and reduced recidivism. MDRC will pull the data to measure these criteria from CHAMP and InfoHub/Justice Metrics with data collected by providers, DMH, SAPC, and LASD. MDRC will also explore the possibility of collecting employment and earnings data from the California Employment Development Department (EDD).

In addition to analyzing administrative data, MDRC will also conduct a survey of SECTOR program participants and eligible individuals who chose not to enroll. The survey will enable MDRC to gather richer information from program participants and non-participants alike including:

- Richer employment and earnings information including for participants and non-participants
- Captures perspective of participants and eligible people who did not participate
- Better understanding of the "active ingredients" of program, drivers of program participation, and, how to target program
- Gather self-reported well-being, mental and physical health, and income measures not captured in InfoHub
Gain deeper and more systematic understanding of individual's perspectives, goals, needs, social capital/supports
- Better understanding of why/how people left the program and their assessment of program and goal attainment

Data Management:

Several data sources will be used in the evaluation, as detailed in Table 1. The Los Angeles County Chief Executive Office maintains a data repository initiative called the Justice Metrics Framework that tracks service utilization across a spectrum of publicly funded health, public health, mental health, social, and corrections services. LA County agencies contributing data to the Justice Metrics Framework include Department of Health Services, Department of Mental Health, Department of Public Health, Department of Public Social Services, LA Sheriff's Department, and the Probation Department. The Homeless Management Information System was recently added to the Justice Metrics Framework and tracks individual homelessness status, use of such services as shelters, and transition into temporary and

permanent housing. Justice Metrics will allow for the tracking of Prop 47 client service utilization and recidivism outcomes.

In addition to the Justice Metrics Framework, JCOD Reentry Services utilizes an existing database platform called CHAMP that will be used to track clients enrolled in RICMS and SECTOR. CHAMP allows the tracking of assessments, services participation, and outcomes at the client level. CHAMP assigns an individual client unique identifier (CHAMP ID) and maintains other demographic information that will allow data matching between CHAMP and the Justice Metrics Framework. The contracted providers will be responsible for maintaining and inputting the data points into this platform on a weekly basis. The CHAMP information can be pulled at any time but will be utilized on a quarterly basis for the BSCC progress reports as well as for the evaluation. JCOD Reentry Services has entered a data sharing agreement with MDRC which will include provisions to ensure data security.

Table 1. Description of data stored in the Justice Metrics Framework, CHAMP, and other sources

Program	Category of Service	Data Source	Description
Reentry Intensive Case Management Services (RICMS)	Assessments, Enrollments, Referrals, and Individual goal achievement	CHAMP	Assessment Date, Enrollment start and end date, Individual level detail on referrals made and goals met
	Mental Health and Substance Use Disorder service utilization, recidivism data	InfoHub/Justice Metrics Framework	Service utilization date, type/level of service, reconviction date
Skills and Experience for the Careers of Tomorrow (SECTOR) Program	Assessments, Enrollments, Referrals, Job Readiness, Mental Health, Substance Use Disorder, and other Supportive Services, Employment placement and retention rate, wage change, and individual goal achievement	CHAMP, client survey	Assessment Date Enrollment start and end date Wage at enrollment and completion Job status at enrollment and completion Individual level detail on referrals made and goals met
	Mental Health and Substance Use Disorder service utilization, recidivism data	InfoHub/Justice Metrics Framework	Service utilization date, type/level of service, reconviction date

Table 2. Outcome Measures Intervention

Intervention	Target Outcomes	Calculation Methods/Data Sources
Reentry Intensive Case Management Services (RICMS)	<ol style="list-style-type: none"> 1. Number of clients receiving Community Health Worker engagement services. 2. Number of clients connected to mental health treatment 3. Number of clients connected to substance use disorder treatment 4. Number of clients that complete their individualized care plans 5. Number of clients who do not recidivate 	<ol style="list-style-type: none"> 1. This will be measured through data collected in CHAMP by service providers. 2. This will be measured through episodic data found in Justice Metrics from DMH. 3. This will be measured through episodic data found in Justice Metrics from SAPC. 4. The number of clients completing their care plans will be calculated through CHAMP data. 5. This will be measured through Justice Metrics data from LASD or the courts stating whether a client has been rearrested or reconvicted.
Skills and Experience for the Careers of Tomorrow (SECTOR) Program	<ol style="list-style-type: none"> 1. Number of clients assessed for job readiness and social service needs 2. Number of clients connected to internal or external mental health or substance use disorder treatment 3. Number of clients completing job readiness services 4. Number of clients who complete a skills training program 5. Number of clients who complete paid work experience program 6. Number of clients placed in high-growth growth sectors for unsubsidized employment 7. Number of clients who experience wage increases 8. Number of clients who do not recidivate 	<ol style="list-style-type: none"> 1. This will be measured through data collected by service providers and tracked in CHAMP or another internal database. 2. This will be measured through data collected in CHAMP and episodic data provided through Justice Metrics from SAPC and DMH. 3-8. These will be measured through data collected by service providers and tracked through CHAMP, the client survey, and through CA EDD data. 9. This will be measured through Justice Metrics data from LASD or the courts stating whether a client has been rearrested or reconvicted.

Table 3. RICMS Logic Model

Input	Activities	Output	Process Outcomes	Impact
<ul style="list-style-type: none"> • Community Based Organizations • Community Health Workers and Peer Support Specialists with lived experience (Currently 80+ but growing at a high rate) • Referrals from county jail, Probation Department, CDCR, Long Beach City Jail and the community • Various County and Community resources (such as, but not limited to; Project 180 and LA Public Defender’s office) 	<ul style="list-style-type: none"> • Client recruitment and engagement • Client needs assessment and enrollment conducted in CHAMP • One-on-one engagement with CHWs and Peer Support Specialists with lived experience • Linkage to the following treatment services: <ul style="list-style-type: none"> ○ Mental Health ○ Substance Use treatment and recovery interim housing ○ Housing ○ Primary Care Physician ○ Employment ○ Other Services • Technical Assistance and coordination of Countywide organizational capacity-building for providers to ensure Continuum of Care • Expanding referral networks 	<ul style="list-style-type: none"> • Increased client enrollment • Creations of tailored individualized care plan goals • Increased access to services for justice involved populations • Increased retention of clients • Increased Capacity of Community Based Organizations and Peer Navigators to provide quality case management • Increased client referrals into RICMS • Increased effort to assess effective policy and practice and make evidence-based, data-driven decisions 	<ul style="list-style-type: none"> • Number of clients enrolled • Number of Clients connected to Mental Health services • Number of clients connected to substance use disorder services • Number of Clients that complete their individualized care plans • Number of clients that increase their income • Number of Clients receiving social services (employment, housing, transportation, food assistance, benefits applications, clothing, ID card, court mandated anger management classes and domestic violence classes) 	<ul style="list-style-type: none"> • Reduced Recidivism • Improved physical and behavioral health, social and economic outcomes • Improved public safety • Reduced costs

Table 4. SECTOR Program Logic Model

Input	Activities	Output	Process Outcomes	Impact
<ul style="list-style-type: none"> • Community-based organizations (CBOs) and skills training providers • Career Coaches, Program Managers, instructors, and other employment program staff • Referrals from correctional and community partners • County and community-based resources and services 	<ul style="list-style-type: none"> • Participant recruitment and engagement • Participant job readiness assessment and enrollment tracked through MIS • One-on-one engagement with Career Coaches and Peer Support Specialists with lived experience • Participation in sector-specific skills training and/or paid work experience program in a high-growth sector • Employment-focused Cognitive Behavioral Interventions • 6-12 months of retention-services upon completion of training or paid work experience • Linkage to internal or external mental health, SUD, housing, and other services • Employer engagement to hire participants • Staff training and capacity-building provided to service providers improve effectiveness of service delivery 	<ul style="list-style-type: none"> • Increased participant enrollment • Creation of individual career plans • Increased access to training and paid work experience in high-growth sectors for target population • Increased access to career-track employment and commitment from employers to hire target population • Increased access to supportive services • Increased retention of participants • Increased capacity of CBOs to provide case management and employment services • Improved data reporting and implementation of data-driven policies and practices 	<ul style="list-style-type: none"> • Number of participants enrolled annually • Number of participants completing training and PWE programs • Number of participants completing their individual career plan • Number of participants attaining employment with a living wage in high growth sectors • Number of participants retaining employment with a living wage in high growth sectors • Number of participants connected to and receiving mental health, SUD, and other supportive services • Number of participants that increase their income 	<ul style="list-style-type: none"> • Increased employment and earnings • Improved behavioral health outcomes • Improved public safety • Reduced Recidivism • Reduced costs