

City & County of San Francisco

**Office of the Controller**

City Services Auditor

**Adult Probation Department  
Reentry Division  
CASC Program Analysis**

August 30, 2017



**CONTROLLER'S OFFICE**

**CITY SERVICES AUDITOR**

The City Services Auditor (CSA) was created within the Controller's Office through an amendment to the City Charter that was approved by voters in November 2003. Under Appendix F to the Charter, CSA has broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmark the City to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and website and investigate reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

Project Team: Randle McClure, Project Manager  
Kendra Froshman, Performance Analyst  
Kyra Sikora, Performance Analyst

## Table of Contents

EXECUTIVE SUMMARY .....	4
APD and CASC BACKGROUND.....	6
IMPLEMENTING EVIDENCE-BASED PRACTICES IN SAN FRANCISCO .....	7
Recommendation #1: Increase client engagement hours .....	9
Recommendation #2: Ensure that CASC case planning and services address the criminogenic needs of clients .....	15
Recommendation #3 Enhance the CASC’s capacity to handle clients with mental health and substance abuse issues .....	19
Recommendation #4: Develop and implement an effective data reporting system .....	23
Recommendation #5: Conduct annual fidelity assessments of the CASC .....	25
Recommendation #6: Long term - Create specialized client tracks for service provision.....	27
CONCLUSION.....	31
APPENDICES .....	32

## EXECUTIVE SUMMARY

In preparation for the San Francisco Adult Probation Department's (APD) upcoming Request for Proposal (RFP) for reentry services, APD requested that the Controller's Office, City Performance Unit, conduct a program assessment of services provided at the Community Assessment and Services Center (CASC). The CASC, which opened in June 2013, is a one-stop reentry center that bridges APD probation supervision with comprehensive services including case management, cognitive behavioral interventions, employment, education, barrier removal, health care enrollment and income benefits acquisition assistance.

City Performance developed an analytical approach to assess reentry services at the CASC. The approach consisted of the following four elements:

1. Research on evidence-based practices in the field of reentry services and other related fields.
2. Benchmarking and best practice interviews with peer probation systems that share a commitment to implementing evidence-based practices.<sup>1</sup>
3. Interviews and focus groups with key stakeholders from APD, the current CASC vendor - Leaders in Community Alternatives (LCA), the Department of Public Health (DPH), the Human Services Agency (HSA) and partner organizations that provide on-site and off-site support.
4. Interviews with CASC clients.<sup>2</sup>

Based on this assessment, City Performance found several areas where CASC service provision could be enhanced to strengthen adherence to evidence-based practices and improve client outcomes. The recommendations included in this report reflect findings based on research done from July to September of 2016. New information gathered outside of the original time period can be found in footnotes throughout the report. Stakeholders report that San Francisco has a challenging reentry environment due to a large number of high risk probationers<sup>3</sup> with high rates of homelessness, mental health issues and drug addiction. In this environment, the CASC has struggled to motivate clients to maintain the necessary attendance levels that allow for many evidence-based practices to have an impact on recidivism rates. Furthermore, City Performance found other areas where the CASC could improve adherence to best practices in the field including during case planning, client tracking, and mental health and substance abuse support. Finally, the CASC has struggled to maintain a consistent and effective data tracking system across programs which has affected its ability to monitor program performance and measure impact. The first three years of the CASC focused on initiating a wide array of new community services while aligning law enforcement and support services. The recommendations in this report can serve as a guide for Adult Probation Department to deepen the work of the CASC as it matures as the cornerstone of reentry services in San Francisco.

---

<sup>1</sup> For a list of peer probation systems, see Appendix A.

<sup>2</sup> For a list of stakeholder interviews, see Appendix B.

<sup>3</sup> APD reports that 85% of probationers who were transferred from state prison are high risk compared to between 55%-75% in California overall. For more information see footnotes 16 and 17.

This report provides six high level recommendations based on findings from City Performance research, interviews, and focus groups that APD can incorporate into the upcoming RFP for reentry services.

City Performance recommends that the CASC adopt the following practices:

- 1. Increase client engagement hours.**
  - a. Enhance intrinsic motivation through using the therapeutic community model.
  - b. Require case managers to spend more time with clients outside of the CASC.
  - c. Increase case manager engagement for clients in custody.
  - d. Require case managers to assume intake responsibilities at the CASC.
  - e. Choose dosage targets and use in probation plans.
- 2. Ensure that CASC case planning and services address the criminogenic needs of clients.**
  - a. Require alignment between Individual Treatment and Rehabilitation Plan (ITRP), Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment and all other client reentry planning.
  - b. Host joint training sessions for CASC case managers, APD staff and subcontractors to ensure that all parties have a uniform understanding of program goals.
  - c. Provide CASC case managers with greater access to the client's COMPAS assessment.
  - d. Provide greater access for subcontractors to the criminogenic and mental health needs of their clients before the client accesses their services.
  - e. Require case managers to attend all collaborative meetings about clients, including case conferences and bi-weekly client case management meetings.
- 3. Enhance the CASC's capacity to handle clients with mental health and substance abuse issues.**
  - a. Expand and streamline CASC capacity for handling clients with mental health issues.
  - b. Hire case managers that have more experience handling mental health cases.
  - c. Train current case managers in de-escalation tactics and mental health awareness.
  - d. Collaborate with county jails, APD Probation Officers, and CASC case management to develop a standard process for transferring clients with mental health issues to ensure continuous care.
- 4. Develop and implement an effective data reporting system.**
  - a. Create and maintain a data dictionary.
  - b. Track and analyze client level dosage data.
  - c. Track data points that give information on program performance.
- 5. Conduct annual fidelity assessments of the CASC.**
- 6. Long Term: Create specialized client tracks for service provision.**
  - a. Create client tracks based on criminogenic risk level.
  - b. Pursue programming by gender as outlined in the Women's Community Justice Reform Blueprint and consider creating client tracks by gender.
  - c. Create client tracks by age.

## APD and CASC BACKGROUND

The Adult Probation Department contributes to public safety via court services, evidence-based supervision, and treatment and referral functions. APD operated with a total budget of \$34,174,858 and had a total of 151 FTEs serving the department in FY2015-2016.<sup>4</sup> The department provides services through five main divisions:

- 1) Pre-sentence investigations: prepares pre-sentencing investigative and supplemental reports to the Superior Court when a defendant is charged with a felony offense. The reports include an evidence-based risk and needs assessment to aid the courts in sentencing decisions. Support staff maintains the official department records for clients and processes reports.<sup>5</sup>
- 2) Community Services Supervision: provides supervision services, wrap-around care, and treatment services to promote clients' success and ensure compliance with the terms and conditions of their probation. Specialized Intensive Services Units closely monitor high-risk probationers who have committed gang, sex, drug, or domestic violence offenses.<sup>6</sup>
- 3) Post-Release Community Supervision: provides intensive supervision of the post release community supervision population. The Pre-Release Team coordinates the release of inmates from the county jail or state prison to County Community Supervision.<sup>7</sup>
- 4) Reentry: coordinates a seamless continuum of care and support to probationers and SF residents with criminal histories to increase successful outcomes, and to reduce recidivism and victimization.<sup>8</sup>
- 5) Administrative Services: provides fiscal management, personnel and payroll services, grants and contract administration, operational and performance analysis, capital improvements, and management information services.<sup>9</sup>

As of December 2016, 68% of adult probationers were on probation for felony cases, and approximately half of all active probationers were between the ages of 18 and 35 years old.<sup>10</sup> Male probationers comprise 84% of the probation population, while female probationers comprise 16% of the population. APD is not currently able to track transgender probationers.<sup>11</sup>

The Community Assessment and Services Center (CASC) has been operated by Leaders in Community Alternatives (LCA), in coordination with APD's Reentry Division, to provide supervision and wrap-around services to formerly incarcerated adults and Transitional Age Youth (TAY). APD created the CASC in response to Assembly Bill 109, which transferred responsibility for all non-violent, non-serious, non-sex probationers to the county level. Today, the CASC provides case management, benefits acquisition

---

<sup>4</sup> [Mayor's Budget Book, 2015-2016 & 2016-2017](#)

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> APD Demographic Dashboard as of December 2016

<sup>11</sup> APD Demographic Dashboard as of December 2016

assistance, and reentry classes, such as Thinking for a Change and Anger Management, to probationers and other people involved in the criminal justice system. Probationers receive services and classes via referral from their Probation Officers.

## IMPLEMENTING EVIDENCE-BASED PRACTICES IN SAN FRANCISCO

In the past several years, APD has adopted Evidence-Based Practices (EBPs) as the primary framework for probation supervision and service delivery. EBPs provide professionals with a model for applying empirical, outcomes-based research to professional practice. In the community corrections field, EBPs provide reentry service providers with a model for community supervision that is based on empirical evidence regarding which practices reliably reduce recidivism among probationer populations. Empirical research demonstrates that those programs that maintain fidelity to evidence-based practices are more successful at reducing recidivism than those programs that do not.<sup>12</sup> The National Institute of Corrections<sup>13</sup> identifies eight core principles of effective intervention that jurisdictions have used as a model in shaping their reentry services. APD included these core principles in its 2012 Request for Proposals (RFP) to create the CASC:

1. **Assess Actuarial Risk/Needs:** develop and maintain a complete system of ongoing probationer risk screening/triage needs assessments.
2. **Enhance Intrinsic Motivation:** staff should relate to probationers in interpersonally sensitive and constructive ways to enhance intrinsic motivation in probationers.
3. **Target Interventions:** interventions should be targeted to the client's risk and need levels, and should be responsive to clients' temperament, learning style, motivation, gender and culture.
  - a. *Risk Principle:* prioritize supervision and treatment for higher risk probationers.
  - b. *Need Principle:* target interventions to criminogenic needs.
  - c. *Responsivity Principle:* target interventions based on temperament, learning style, motivation, gender, and culture when assigning clients to programs.
  - d. *Dosage:* provide the appropriate number of intervention hours based on risk level
4. **Skill Train with Directed Practice:** develop communication skills and positive behavioral attitudes among offenders through role playing and positive reinforcement.
5. **Increase positive reinforcement:** apply higher ratios of positive reinforcements to negative reinforcements.
6. **Engage Ongoing Support in Natural Communities:** realign and actively engage family members and friends in the probationers' communities to reinforce new positive behaviors among probationers.
7. **Measure Relevant Processes/Practices:** accurately document case information and provide a valid mechanism for measuring outcomes.

---

<sup>12</sup> [Lowenkamp, C. T., Latessa, E. J., Smith, P. \(2006\). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. \*Division of Criminal Justice University of Cincinnati\*, 5 \(3\), 201-220.](#)

<sup>13</sup> The National Institute of Corrections is an agency within the U.S. Department of Justice, Federal Bureau of Prisons. <http://nicic.gov/aboutus>

8. **Provide Measurement Feedback:** enact a quality assurance system that maintains and enhances fidelity to evidence-based practices.<sup>14</sup>

While all stakeholders City Performance interviewed<sup>15</sup> were interested in using EBPs to reduce recidivism, stakeholders reported several factors that create significant challenges to EBP implementation in San Francisco:

- The CASC uses a day reporting center model where clients have full freedom of movement instead of a residential reentry program where clients must receive a certain amount of hours of treatment. By its very nature, the day-reporting model guarantees fewer hours of evidence-based interventions compared with the residential treatment model.
- Stakeholders report that there are high rates of homelessness, mental health conditions and addiction among San Francisco probationers which create significant challenges for probationers to consistently access services.
- Stakeholders report that San Francisco has large number of high risk probationers compared with other California counties. APD reports that 85% of probationers who were transferred from state prison are high risk<sup>16</sup> compared to between 55%-75% in California overall.<sup>17</sup>
- Adult Probation, along with several other City departments in San Francisco, have a commitment to rehabilitation over incarceration. In practice this means that the department limits the types of circumstances in which probation officers order clients back to jail. While some stakeholders reported that this practice may impact client attendance at the CASC, studies have shown that punishment alone does not lead to ongoing reduced recidivism.<sup>18</sup>

While these challenges are formidable, EBPs remain the gold standard for the sector based on over a decade of research in multiple settings for the best ways to reduce recidivism. Additionally, City Performance interviews with other jurisdictions show that EBPs are used in other jurisdictions that face similar challenges of homelessness and substance abuse. City Performance found that the CASC has an opportunity to use new methods to align its service provision to the principles of evidence-based practices, specifically around principles of enhanced intrinsic motivation, target interventions and dosage, measuring relevant processes/practices, and providing measurement feedback. The following recommendations outline additional steps that the CASC vendor can take to better adhere to EBPs within San Francisco's unique context.

---

<sup>14</sup> <http://nicic.gov/theprinciplesofeffectiveinterventions>

<sup>15</sup> See Appendix B for a complete list of interviews.

<sup>16</sup> [Three Years of Realignment in San Francisco \(2015\) p. 17](#)

<sup>17</sup> [An Updated CPOC Adult Probation Business Model to Improve Criminal Justice Outcomes in California \(2014\) p. 4](#)

<sup>18</sup> [Lowenkamp, C. T., Latessa, E. J., Smith, P. \(2006\). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. \*Division of Criminal Justice University of Cincinnati\*, 5 \(3\), 201-220.](#)



## **Recommendation #1: Increase client engagement hours**

Several studies suggest that increases in the amount of hours that probationers engage in evidence-based-interventions can have a significant effect on reducing recidivism. Additionally, higher risk probationers need more hours of intervention in order to impact their chances of recidivating.<sup>19</sup> This is often referred to as dosage, or the number of hours of interventions a probationer must receive in order for those interventions to have an impact on recidivism. Some literature even suggests that counties should create probation terms based on a certain number of dosage hours rather than a set period of probation time. In addition to impacting recidivism levels, without increased probationer participation, there are not enough people accessing services to create targeted interventions such as client tracking through separate classes and groups based on risk level, gender, etc. APD faces several challenges in maintaining sustained probationer engagement in order to deliver an adequate number of treatment hours that will impact recidivism. Given these barriers, the CASC vendor must have a specific strategy to increase and maintain client engagement. The following recommendations address these issues.

### ***A. Enhance intrinsic motivation through using the therapeutic community model***

The primary venue which probationers receive interventions is through attendance on-site at the CASC. Therefore, it is imperative that the CASC vendor is able to motivate probationers to come to the CASC and participate in the range of services offered. In the field of EBPs, this is referred to as “enhancing intrinsic motivation” and it describes the methods that staff can use to increase a probationer’s internal motivation to make changes in their lives. While both Probation Officers and CASC staff regularly engage in motivational interviewing, a key component of intrinsic motivation, there are several other strategies that CASC staff can use to enhance intrinsic motivation in clients.

Research shows that U.S. prison inmates have far higher rates of substance abuse and mental health conditions than the general population.<sup>20</sup> There has been a trend to integrate effective treatment methodologies from these fields with criminal justice. One strategy that is used in the field of mental health and substance abuse is the model of therapeutic communities.<sup>21</sup> Therapeutic communities emphasize social learning and mutual self-help, where other program participants are given leadership opportunities to aid in their peers' recovery. It emphasizes developing and fostering a community of probationers and staff in which probationers are encouraged to help themselves and others while using the community as part of their treatment.<sup>22</sup>

Some stakeholders were concerned that the space in the CASC where clients congregate and interact is underutilized and unsupportive for probationers. For example, one person commented that “no one is talking to people in the [communal] tables.” These stakeholders cited this as a key reason why there was low attendance at the CASC. The therapeutic model also discusses the importance of the milieu, which can refer both to the physical environment and the culture of a space. Mental health literature suggests

---

<sup>19</sup> [Dosage Probation: Rethinking the Structure of Probation Sentences \(2014\). Center for Effective Public Policy](#)

<sup>20</sup> [Therapeutic Communities: How Are Therapeutic Communities Integrated into the Criminal Justice System? National Institute on Drug Abuse.](#)

<sup>21</sup> [Ibid.](#)

<sup>22</sup> <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=90>

that creating a therapeutic community or milieu can help treatment of individuals with mental illness in day treatment settings by creating a sense of belonging, safety and participation.<sup>23</sup>

**City Performance recommends that the CASC vendor use the therapeutic community model by creating peer leadership opportunities, increasing interactions between case managers and probationers, and producing more events.** In the therapeutic community model ex-offenders are given opportunities to act as role models and lead social learning activities. The vendor should provide opportunities for probationers to assume leadership by helping organize activities, meal preparation for fellow probationers, or assuming responsibility for coordinating community events. These types of activities help foster relationships, provide an opportunity to model positive behaviors, and can build mentorship within the CASC.<sup>24</sup> Additionally, several stakeholders recommended that case managers should spend more time interacting with probationers on the floor and creating more community events that will draw clients in to participate such as art or exercise. This can also serve to activate the milieu, creating a more engaging environment for probationers to spend time in. Although these types of community-building mechanisms are an important aspect of developing motivation, they are not a replacement for prioritizing evidence-based interventions that focus on risk factors and include cognitive behavior therapy components.

Finally, several stakeholders discussed the difficulty of working with clients who are on the CASC “watch list.” Clients on the watch list are prohibited from accessing CASC services because they presented a significant behavioral issue while at the CASC. APD staff report that they often have to meet their clients outside of the CASC security doors and accompany them through the space in order to meet with their clients in their offices on the second floor. Findings from best practice interviews indicate that other reentry programs have developed protocols for clients to regain entry to reentry services over time. **City Performance recommends that the CASC create a clear policy regarding how clients can regain entry to CASC services after an episode in which they have to be removed from the CASC.**

### ***B. Require case managers to spend more time with clients outside of the CASC***

Research demonstrates that the case manager’s development of a consistent relationship with probationers influences the probationers’ likelihood of continuing to engage in services.<sup>25</sup> There are several places where CASC case managers could expand their engagement with probationers to strengthen new and ongoing relationships and raise client dosage numbers.

City Performance found that most of case manager engagement with clients is inside the CASC. **City Performance recommends that CASC case managers utilize elements of the Assertive Community Treatment (ACT) model, an evidence-based treatment model which prioritizes providing support in the field, in order to raise client dosage rates.**<sup>26</sup> Originally designed for people with severe mental

---

<sup>23</sup> Lipton, D., Pearson, F.S., Cleland, C.M., Yee, D. (2002). The effects of therapeutic communities and milieu therapy on recidivism. In McGuire, J, *Offender Rehabilitation and Treatment: Effective programmes and policies to reduce re-offending*. (39-78) West Sussex: John Wiley & Sons Ltd.

<sup>24</sup> [Therapeutic Communities: How Are Therapeutic Communities Integrated into the Criminal Justice System? National Institute on Drug Abuse.](#)

<sup>25</sup> [Dosage Probation: Rethinking the Structure of Probation Sentences \(2014\). Center for Effective Public Policy](#)

<sup>26</sup> <https://www.centerforebp.case.edu/client-files/pdf/actoverview.pdf>

illness, ACT has been shown to be effective on the most high risk users of multiple systems who are regularly involved in the criminal justice system. In this model, case managers would prioritize visiting clients where they live or spend their time, driving them to appointments and supporting them in other tasks. In the traditional ACT model, team members will likely spend more than 80 percent of their time in the community. Citywide Case Management (Citywide), a DPH and APD-contracted psychiatry program that provides comprehensive and intensive outpatient clinical case management services to clients with serious mental health issues, uses this model for clients with severe mental illness by meeting clients in the field and accompanying them to various appointments and court dates.

Although this level of support may not be necessary for probationers with lower-level needs, those with some degree of mental illness and addiction may still benefit from interventions based on the ACT core principles, such as meeting clients in the field and helping them complete basic goals. This may also serve as an opportunity to inform other community members about the services provided in the CASC. This assertive outreach strategy is being used in other counties as well. For example, Probation Officers in San Diego County working with clients on Mandatory Supervision spend a majority of their time in the field.

### *C. Increase case manager engagement for clients in custody*

City Performance found low levels of attendance for probationers recently released from the Reentry Pod, a pod in Jail #2 created by the Sheriff's Office in 2013 to provide continuity across pre- and post-release services.<sup>27</sup> Currently, the in-custody outreach consists of the CASC Intake Coordinator's visits to the Reentry pod to inform probationers about the CASC. Despite these activities, many probationers leaving the Reentry Pod do not become consistent CASC clients. CASC reporting numbers showed that of the 144 clients referred from the Pod in FY13, 58 (40%), enrolled in the CASC, demonstrating that there is a significant attendance drop off period once a client is released from custody.<sup>28</sup>

Research indicates that there is a critical time period between the end of a person's jail sentence and the beginning of his or her probation that has a significant impact on recidivism rates. Specifically, the literature emphasizes the need for a "strong community hand-off component, particularly at the moment of release, that ensures continuity of care between in-jail and community-based programs and services."<sup>29</sup> Research indicates that when probationers' assigned case manager makes contact with them while they are still in jail, it allows the case manager to build a relationship of trust which improves the chances that the client follows through with accessing services in the community once they are released.<sup>30</sup> Findings from qualitative interviews suggest that the CASC has an opportunity to further engage clients during the critical window of time just before their release to probation. One way to further engage these clients is to expand outreach and case management engagement to clients in custody.

---

<sup>27</sup> [http://www.sfsheriff.com/files/SFSD\\_PR\\_RM\\_02\\_26.pdf](http://www.sfsheriff.com/files/SFSD_PR_RM_02_26.pdf)

<sup>28</sup> FY13 CASC Annual Report, APD. This information was not tracked consistently in FY14 and FY15.

<sup>29</sup> [Warwick, K., Dodd, H., Neusteter, S.R. \(2012\). Case management strategies for successful jail reentry.](#)

<sup>30</sup> Ibid.p. 6

**City Performance recommends that CASC case managers begin interventions and relationship-building with clients while they are still in custody.** Instead of using the Intake Coordinator as the primary point of contact for people in jail, CASC case managers, working in conjunction with APD, should spend time with people still in custody to build relationships with clients who are going to be released. This would include activities such as initiating (or continuing) post-release case plans, brainstorming barrier removal strategies such as connecting the client with services, and beginning housing and other applications as appropriate. According to a 2015 report reviewing San Francisco’s reentry services after three years of re-alignment, a majority of people in the Reentry Pod are in custody for probation violations.<sup>31</sup> For those probationers cycling in and out of jail, having CASC case managers in the jails could provide consistency as well.

Finally, **City Performance recommends that the CASC vendor work closely with Jail staff to coordinate transportation of probationers from jail to the CASC on their release date and trouble-shoot issues as they arise.** San Diego County reports that “our number one goal is that we’re actually picking people up.” They do this by contracting with a vendor to transport probationers from prisons all around the state as well as local jails to their facility. The CASC vendor should meet regularly with the Sheriff’s department in order to review the percentage of probationers who have been transported to the CASC upon their release and problem-solve situations which this transportation was not successful.

#### *D. Require case managers to assume intake responsibilities at the CASC*

Findings from qualitative interviews as well as the program data suggest that many clients stop engaging at the CASC during the period of time between when clients arrive at the CASC for intake and when they become connected to services. Intake numbers show that of the 818 probationers that enrolled<sup>32</sup> in the CASC in FY13, 35 percent engaged in CASC services after their initial intake. In FY14, 49 percent of probationers engaged in services and in FY15, 52 percent<sup>33</sup> of probationers engaged in services (See Figure 1). While this number has increased over time, there is still a significant drop off rate between intake and service provision.<sup>34</sup>

---

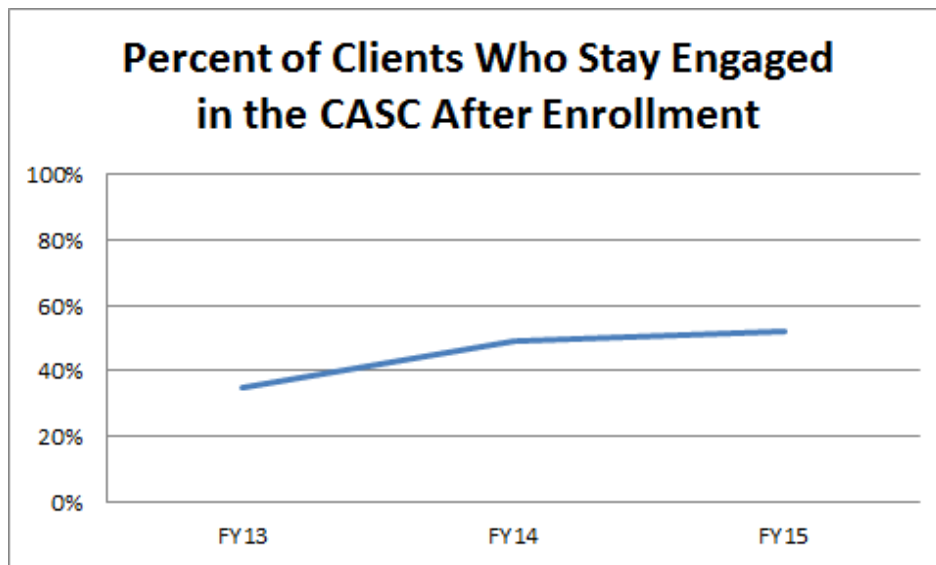
<sup>31</sup> [Three Years of Realignment in San Francisco \(2015\)](#)

<sup>32</sup> Enrolled is the term used in the CASC Access database for when a client completes intake

<sup>33</sup> FY13, FY14, FY15 CASC Annual Report, APD. There are several limitations to the CASC reporting data, including changing data definitions. For a more in-depth discussion of these limitations see Recommendation #4: Develop and implement an effective data reporting system.

<sup>34</sup> While benchmarking around these numbers is outside the scope of this assessment, APD could survey other similar counties to examine engagement and attendance numbers in order to create appropriate targets.

Figure 1: Continued Client Engagement



Currently, the Intake Coordinator meets with clients who come to the CASC for an initial evaluation in order to review the client’s needs. The Intake Coordinator then meets with the Clinical Supervisor, who will review the probationer’s documentation if available, to decide whether the client should be referred to intensive case management, barrier removal only, or other services. Once the decision is made, the Intake Coordinator pairs the client with an available Case Manager or a Barrier Removal Specialist.

**In order to retain as many probationers as possible, City Performance recommends that CASC case managers conduct intake.** If CASC case managers conduct intake with probationers, they are able to start building a relationship immediately with new clients and begin their treatment plan. Additionally, during this initial conversation, the CASC case manager can plan a second contact with the client and discuss how to keep the client coming in on a consistent basis and making their appointments. If an immediate meeting with a case manager is not possible, then the wait time should be minimized. Multnomah County tracks the speed at which probationers complete intake and are placed with a Probation Officer. The CASC does not have a similar metric to track the length of time between intake and the first service appointment. For more discussion on tracking intake and attendance hours see Recommendation 4.

***E. Choose dosage targets and use in probation plans***

City Performance found that the CASC does not currently set targets for how many hours probationers should receive of evidence-based treatments. Although evidence is inconclusive about the exact number of hours that are needed to reduce recidivism among offenders, several studies have shown that high risk probationers need more dosage hours than low risk probationers, and that recidivism rates tend to lower after 200-300 hours of intervention.<sup>35</sup> Until there is more research, counties are making internal decisions about dosage targets that fit within this range. For example, Santa Cruz County has set a

<sup>35</sup> [Dosage Probation: Rethinking the Structure of Probation Sentences \(2014\). Center for Effective Public Policy](#) p.

dosage goal of 200 hours for high risk probationers. The Dosage Conceptual Model (see Figure 2) provides one set of standards that counties can use to set appropriate dosage targets. **City Performance recommends that APD make an internal decision about dosage targets that indicates how many hours each probationer should receive based on risk level, with high risk probationer receiving between 200-300 hours of intervention.**

Second, in order to track dosage, **City Performance recommends that APD decide which kinds of interventions and interactions with probationers qualify as dosage hours and assign dosage amounts for different kinds of interventions.** Research suggests that one-on-one conversations with probation officers or case managers qualify as dosage hours if the officer or case manager is using “risk-reducing interventions,” such as motivational interviewing. Other aspects of tracking are more subjective. For example, case managers or facilitators who notice a probationer is disengaged during a session can choose not to ‘count’ that session toward client dosage tracking.<sup>36</sup> Additionally, localities can decide whether certain programs they offer qualify as dosage hours. For example, Santa Cruz County decided 12-step programs did not qualify as dosage unless they were a part of an established drug program.

Third, **City Performance recommends that APD officers use dosage targets in their probation plan.** Research suggests that probation officers should assign probationers with an optimal amount of intervention hours, including frequency and duration of various interventions. Putting dosage targets in a probation plan ensures that there is a way to track whether the probationer is not only engaging in the activities involved in their plan, but they are engaging sufficiently to meet their dosage goals.<sup>37</sup> APD officers can meet initially with the CASC Case Manager to determine the dosage targets and the appropriate interventions to reach dosage targets based on the probationers risk level and criminogenic need. This meeting is also an opportunity to brainstorm how to address barriers probationers may encounter in meeting their dosage targets. In order to roll out this new component of probation planning, APD will need to train probation officers and CASC staff on how to incorporate dosage numbers into ITRP and CASC case plans.

Finally, **City Performance recommends that APD engage the vendor to track dosage hours in the CASC Access database and report on these targets.**

---

<sup>36</sup> Ibid. p. 14

<sup>37</sup> Ibid.

Figure 2: Dosage Conceptual Model<sup>38</sup>

Dosage Conceptual Model				
Risk Level	Dosage Target	Likely Duration	Illustration	
			Dosage Hours Delivered by Corrections Professional	Dosage Hours Delivered through Referral Services
Moderate risk	100 hours	12 months supervision (52 weeks) with 12 months services (52 weeks)	45 minutes/ 2 weeks for 12 months Total hours: 19.5	90 minutes/week for 12 months Total hours: 78
Moderate/ high risk	200 hours	18 months supervision (78 weeks) with 15 months services (65 weeks)	45 minutes/week for 12 months + 45 minutes/2 weeks for 6 months Total hours: 49	3 hours/week for 9 months + 90 minutes/week for 6 months Total hours: 156
High risk	300 hours	24 months supervision (104 weeks) with 18 months services (78 weeks)	45 minutes/week for 24 months Total hours: 78	6 hours/week or 24 hours/4 weeks for 6 months + 90 minutes/week or 6 hours/4 weeks for 12 months Total hours: 234

## Recommendation #2: Ensure that CASC case planning and services address the criminogenic needs of clients

Qualitative interviews with CASC management, case managers, and clients indicate that the CASC has an opportunity to further adhere to the third evidence-based practice: target interventions. The target interventions principle states that interventions should be targeted to the client’s risk and need levels, and should be responsive to clients’ temperament, learning style, motivation, gender and culture. City Performance found that the CASC is not consistently using the client’s probation assessments to inform reentry case planning, which may result in less targeted interventions for probationers.<sup>39</sup>

<sup>38</sup> Ibid.

<sup>39</sup> Additional recommendations for targeting interventions can be found in Recommendation #6: Long-Term Recommendations: Create client tracks by gender and age.

The vendor at the CASC should ensure that case planning addresses the criminogenic needs of its clients. Research indicates that the most successful reentry programs use interventions that address behaviors and life factors that most strongly correlate with recidivism.<sup>40</sup> These factors are typically referred to as “criminogenic needs.”

The National Institute of Corrections identifies eight core criminogenic needs:<sup>41</sup>

- (1) the presence of antisocial behavior: early and continuing involvement in antisocial activities
- (2) antisocial personality pattern: adventurous, weak self-control, restlessly aggressive
- (3) antisocial thinking: attitudes, values, and beliefs that reinforce antisocial behavior
- (4) antisocial associates: close association with criminals and relative isolation from law-abiding individuals
- (5) family and/or marital risks: poor relationship quality with family and/or spouse
- (6) presence of poor interpersonal relationships at school and/or work: poor interpersonal relationships within school or work setting
- (7) leisure and/or recreation: low levels of involvement or satisfaction with non-criminal leisure activities
- (8) substance abuse: abuse of alcohol or other drugs

When reentry programs focus their interventions on criminogenic factors, it consistently produces better outcomes.<sup>42</sup> In addition, research suggests that when program interventions target three or four more criminogenic needs than non-criminogenic needs, it can result in more significant reductions in recidivism.<sup>43</sup>

Probation Officers currently use two tools to assess their clients and create case plans that address criminogenic needs (See Figure 3). First, Probation Officers work with a client to complete the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) tool, a comprehensive assessment tool that identifies the client’s strengths, weaknesses and criminogenic risk factors. Upon completing this assessment, the Probation Officer then creates the client’s Individual Treatment and Rehabilitation Plan (ITRP), which addresses the criminogenic needs identified in the client’s COMPAS. The ITRP provides a road map for client case management. Probation Officers identify one to three goals that address the client’s criminogenic needs, and then outline the activities that clients must complete to achieve these goals. The Probation Officer may then refer his or her client to reentry services at the CASC to accomplish particular goals and activities outlined in the client’s ITRP.

---

<sup>40</sup> [Osher, F., D’Amora, D., Plotkin, M., Jarrett, N., Eggleston, A. \(2012\). Adults with Behavioral Health Needs Under Correctional Supervision](#)

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.



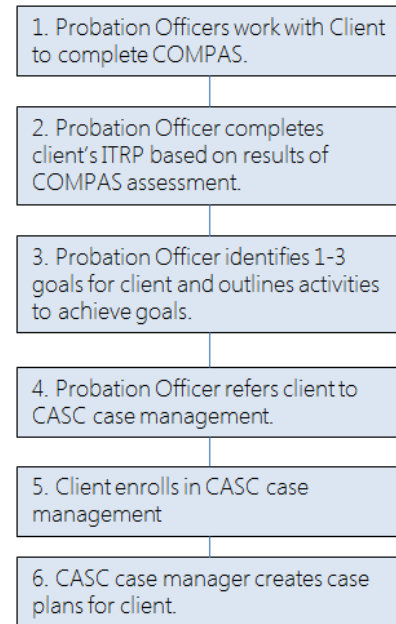
Once the client is enrolled in the CASC and connected to case management, the CASC case managers will develop case plans for the client. Every probationer referred to CASC case management works with both a Probation Officer and a CASC case manager to complete his or her probation goals. CASC case managers work with the client to identify personal goals and then create case plans pertaining to those goals. Clients can have multiple case plans over the time of their probation that could address short-term, non-criminogenic goals – such as obtaining a driver’s license or improving general health – or criminogenic factors – such as criminal thinking – by requiring that the client attend *Thinking for a Change* classes. CASC case managers reported that, while they often review the client’s COMPAS and ITRP before creating case plans, the goals outlined in the case plans do not always align with the client’s criminogenic needs.

Probation Officers reported that they often create ITRPs that address the client’s core criminogenic needs; then, when the CASC case manager creates the client’s CASC case plans, they instead often focus on short-term, non-criminogenic needs. CASC Case Managers assert that clients are often not motivated to complete their ITRP goals, so they focus on easier, short-term goals, such as obtaining a driver’s license or healing a wound, instead. APD reports that the CASC case plans underestimate the client’s capacity to achieve goals related to the findings from his or her COMPAS and ITRP assessments.

City Performance found that this issue is not unique to San Francisco reentry services. Staff from Santa Cruz County Adult Probation reported experiencing similar challenges with narrowing the scope of their service provision to addressing only the criminogenic needs of their clients. Unlike San Francisco, Santa Cruz County’s Adult Probation Department refers clients to offsite reentry services operated by nonprofit providers.

Santa Cruz County’s approach to case planning is not just grounded in research on national evidence-based practices; it is also grounded in research specific to the Santa Cruz reentry population. In 2013, George Mason University researchers collaborated with Santa Cruz APD staff to conduct an assessment of Santa Cruz reentry services using their Risk, Need, and Responsivity (RNR) Simulation Tool.<sup>44</sup> The tool allows researchers to provide jurisdictions with scores based on the jurisdiction’s adherence to the risk, need and responsivity principles of evidence-based practices. Findings from this study indicated that the greatest criminogenic needs among Santa Cruz’s probation population were criminal thinking and criminal behaviors. Santa Cruz was then able to use these findings to inform their approach to case management. For example, a Santa Cruz County official noted, “Contractors are coming from a specific discipline, and they’re accustomed to meeting the needs of their clients. We are frequently in the

**Figure 3: Client Intake and Case Plan Creation Process**



<sup>44</sup> [Risk-Needs-Responsivity \(RNR\) Simulation Tool](#)

position of explaining to contractors that we are trying to meet the needs that are criminogenic that reduce recidivism.”

The following recommendations will assist the CASC with ensuring that case planning addresses the criminogenic needs of clients:

***A. Require alignment between ITRP, COMPAS and all other client reentry planning***

Results from qualitative interviews suggest that an opportunity exists to align all aspects of reentry planning between APD and the CASC. While Probation Officers and non-sworn staff noted that case plans do not frequently address client criminogenic needs, CASC case managers also noted that they occasionally do not receive the ITRP or COMPAS assessment prior to receiving a client at intake. APD and the CASC should collaborate to develop standard procedures for CASC case planning so that reentry plans address the client’s most significant criminogenic needs.

***B. Host joint training sessions for CASC case managers, APD staff and subcontractors to ensure that all parties have a uniform understanding of program goals***

City Performance’s findings indicate that the CASC has an opportunity to clarify its service provision goals among service providers and APD staff by developing a clear and consistent messaging strategy around recidivism reduction. Probation Officers reported that cross-training CASC case managers on the COMPAS and ITRP tools could help align case planning and further enhance communication between Adult Probation and CASC case managers about client progress. Similarly, the CASC could create opportunities for Probation Officers to job shadow CASC Intake Coordinators and case managers during client intake process, allowing Probation Officers to gain a clearer understanding of that process.

***C. Provide CASC case managers with greater access to the client’s COMPAS assessment***

Both Probation Officers and CASC case managers reported that it would benefit CASC case managers to have greater access to the Probation Officer’s COMPAS assessment and case planning tools. While they already have access to the results of the COMPAS assessment, CASC case managers do not have access to the questions that comprise the COMPAS assessment. As one case manager noted in referencing the COMPAS assessment, “Clients may be asked the same question three times - I’m not familiar with the questions [Probation Officers] ask; [we] only see the results.”

***D. Provide greater access for subcontractors to the criminogenic and mental health needs of their clients before the client accesses their services***

Subcontractors also need to be aware of the criminogenic needs of clients to better support the client in achieving his or her case plan goals. Subcontracted community partners reported that they have no access to the client’s prior mental or behavioral health history when the client begins accessing services. To address this concern, **City Performance recommends that the CASC develop a system of communication where subcontractors are notified about clients’ criminogenic and behavioral health needs before the subcontractor begins working with the client.**

### ***E. Require case managers to attend all collaborative meetings about clients, including case conferences and bi-weekly client case management meetings***

Currently, the Clinical Supervisor is the only CASC representative attending both client case conferences and bi-weekly client case management meetings. Case conferences provide CASC case managers and APD with an additional opportunity to ensure that all reentry staff members are aware of the criminogenic needs of each probationer. Sworn staff, non-sworn staff and CASC case managers all reported that they would benefit from having CASC case managers regularly attend both the client case conferences and the bi-weekly client case management meetings. As one Probation Supervisor noted, “In the Transitional Age Youth unit, we had worked out a deal where we had a shared spreadsheet and we also required regular progress reports from case managers. There was an oversight mechanism. Case managers would come over once a week to support the fact that we're working together and to make sure that communication is continuous. Once we set these processes, naturally on their own they'd make their way over here. [It's important to] have an expectation of both sides.” For those clients on general supervision, **City Performance recommends that the CASC and APD adopt standard practices for Probation Officers and CASC case managers to meet regularly to discuss client progress.** During these meetings, Probation Officer's and CASC Case Managers can discuss dosage rates and problem-solve challenges with various probationers.

### **Recommendation #3 Enhance the CASC's capacity to handle clients with mental health and substance abuse issues**

Given the serious mental health and substance abuse needs that so often present themselves in San Francisco's probationer population, City Performance recommends that the CASC adopt a system of service provision that is tailored to clients' criminogenic risk but also systematically addresses the needs of clients' co-occurring mental health and substance abuse disorders (CODs).

Probation clients who present serious mental health issues have a number of services available to them upon their release from custody. First, clients with the most serious mental health issues may be able to access one of 90 spots for probationers at Citywide Case Management (Citywide). The Citywide program offers probationers with mental health issues employment services, substance abuse treatment classes, peer support services, *Thinking for a Change* classes that are tailored to their needs health needs, hygiene groups, onsite patient psychiatric nurse support, and comprehensive case management from case managers with extensive clinical experience with forensic populations. Stakeholders generally provided favorable feedback regarding Citywide Case Management services, but were frustrated by the 90-spot limit and want more capacity for probation clients. In addition to Citywide Case Management, clients may also have the opportunity to engage in talk therapy onsite at the CASC with DPH Therapists. Qualitative interviews also suggest that clients may receive clinical mental health support while in custody.

Qualitative interviews indicate that the CASC, including both vendor staff and subcontractors, do not currently have the operational expertise nor staffing experience to handle clients with serious mental health or substance abuse issues. First, multiple stakeholders reported that CASC management has

prohibited certain clients who presented a significant behavioral issue while onsite at the CASC from accessing case management services. Many of the clients who are permanently banned from accessing CASC services have severe mental health issues. Improving the CASC's capacity to accommodate clients with mental health issues could decrease the occurrence of potential behavioral incidents.

Second, subcontractors report that they frequently receive referrals for clients who they believe have too high of a mental health or substance abuse need, as their behavioral health issues limit service providers' ability to provide services for them. Third, CASC staff also report that Probation Officers frequently refer clients who they believe have too high of a mental health or substance abuse need to CASC case management, which may contribute to low client attendance rates. Findings from client interviews corroborate these claims. One client noted that he feels as though his significant issues with post-traumatic stress disorder (PTSD) are often too intense for the rest of his therapeutic group to handle. Probation Officers also highlighted this concern, reporting that veterans with PTSD do not typically do well in these larger therapeutic group settings.

City Performance recommends the following possible options for enhancing mental health capacity at the CASC:

***A. Expand and streamline CASC capacity for handling clients with mental health issues***

**City Performance recommends that the CASC expand its clinical capacity for providing out-of-custody behavioral health care onsite.** Multiple Probation Officers noted that it would be helpful to have a clinician onsite at the CASC who could write prescriptions for clients with medication needs and care for clients with behavioral health needs who are out of custody.

In addition to adding clinical capacity onsite at the CASC, APD reports that it would benefit from streamlining the referral process for clients with mental health issues. APD suggests that Probation Officers should refer clients to case management, and CASC case managers should then conduct a clinical assessment and triage the client. This process would streamline mental health referrals by making the CASC the centralized hub for mental health referrals.<sup>45</sup>

***B. Hire case managers who have more experience in handling mental health cases***

Probation Officers and Supervisors noted that it would be helpful to have case managers onsite who have experience interacting with clients who have significant mental health needs. During a focus group, four of 10 probation officers specifically mentioned that they wished CASC staff had more experience handling clients with mental health issues. **City Performance recommends that the CASC hire case managers that have significant experience or qualifications in this line of work,** such as:

1. Master's Degree in Social Work
2. 2-3 years of experience in outpatient services
3. History of working with criminal justice-involved populations
4. Understanding of the mental health system

---

<sup>45</sup> APD is currently in the process of strengthening its partnership with DPH to further streamline service delivery to APD clients.

### *C. Train CASC case managers in de-escalation tactics and mental health awareness*

Noting current issues with CASC clients being prohibited from accessing services because of behavioral issues, Supervising Probation Officers, non-sworn staff, and Probation Officers highlighted that the next CASC vendor has an opportunity to train staff in de-escalation and mental health awareness practices. Stakeholders also reported that the CASC has an opportunity to increase cultural competency and professionalism among CASC staff. **City Performance recommends that current CASC staff receive training on these practices to help reduce the number of significant behavioral incidents that require Probation Officer intervention.**

### *D. Collaborate with county jails, APD Probation Officers, and CASC case management to develop a standard process for transferring clients with mental health issues to ensure continuous care*

In addition to enhancing the CASC's capacity to handle clients with mental health issues, findings from a focus group with Probation Officers indicate that APD and the jails do not adequately communicate clients' mental health or substance abuse needs when they transition clients from custody to probation. According to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>46</sup> on screening and assessment of co-occurring disorders (CODs) in the justice system, "a major concern is that the justice system does not have a built-in mechanism for personnel to identify individuals with these types of behavioral health issues, and there is all too often a failure to effectively screen and assess people with CODs who are in the justice system."<sup>47</sup>

Research suggests that the absence of screening for CODs can undermine program success, promote recidivism, and increase likelihood of substance abuse relapse.<sup>48</sup> SAMHSA recommends that the screening process for CODs occur at the earliest possible intercept in the correctional process to ensure that clients' behavioral health needs are addressed in decisions related to their criminal term.

SAMHSA recommends that screening and assessment for CODs among probationers should include the following elements:

- (1) Criminal risk level
- (2) History of mental or substance use disorders and prior treatment
- (3) Functional assessment related to mental health and substance use disorders, including history of interactions between disorders and the effects of these disorders on justice-related behaviors
- (4) Functional impairments related to the CODs that may influence ability to participate in different types of treatment or supervision services,
- (5) Other psychosocial factors that may affect engagement and participation in these services.

County jails conduct a preliminary screening for mental health and substance abuse issues when the client enters custody. Probation Officers report that many of their clients are referred to community

---

<sup>46</sup> [Screening and Assessment of Co-Occurring Disorders \(2015\). Substance Abuse and Mental Health Services Administration.](#)

<sup>47</sup> [Ibid.](#)

<sup>48</sup> [Ibid.](#)

service providers and receive prescriptions for mental health medication via Jail Psychiatric Services and Jail Aftercare. An assessment of this screening and care provision process in San Francisco County jails falls outside of the scope of this CASC program assessment. However, APD and the CASC could collaborate with Jail Psych and other agencies to determine if the current process for screening and assessment includes the five elements outlined in SAMHSA's recommendations. If the screening processes that occur at earlier intercepts in the criminal justice process adequately address the five elements within SAMHSA's recommendations, APD and the CASC still have a significant opportunity to improve the process by which jail providers communicate the results of their screening and assessments to APD Probation Officers and CASC staff.

Qualitative interviews suggests that information about clients' in-custody mental health care is not communicated to APD and the CASC. For example, one Probation Officer who works in Intensive Supervision and Collaborative Courts noted that APD and the CASC do not consistently receive information about clients' mental health and substance abuse needs that may have been obtained during previous intercepts in the correctional process. APD and the CASC are frequently in the position of having to "reinvent the wheel" regarding understanding their clients' mental health and substance abuse needs when they reach the CASC. Additionally, Probation Officers and case managers may be unaware that clients who had previously been taking medication to address mental health issues had their medication recently discontinued by correctional staff at earlier intercepts. Jail Medical and Jail Psych may discontinue prescriptions because staff members believe clients may be under the influence of street drugs or abusing their prescription, but will not notify APD or the CASC of the client's previous medication history. Furthermore, it is not standard policy for Probation Officers to coordinate with jail aftercare to secure prescriptions for clients once they leave custody. Last, Jail Psych, Probation Officers and community care providers do not regularly meet to create transition plans for clients that address the client's mental health and substance abuse needs.

To address these concerns, **City Performance recommends that the CASC adopt a number of practices to better coordinate care for probationers with CODs.** First, APD and the CASC could require that clients be assessed for CODs before leaving jail for probation and provide this assessment information to APD Probation Officers and CASC case managers before the client arrives at the CASC. Second, APD and the CASC vendor should require Probation Officers, community providers, CASC staff and Jail Aftercare to meet and develop a treatment plan for every probationer with CODs leaving jail custody for probation to ensure that clients do not have a break in treatment when they transition. Finally, APD and the next CASC vendor could ensure that clients receive a 30-day prescription and a 5-day supply of medication upon release from custody by communicating this requirement to all Probation Officers and CASC staff.<sup>49</sup>

---

<sup>49</sup> Greifinger, R. Public Health Behind Bars: From Prisons to Communities. (2007).

## **Recommendation #4: Develop and implement an effective data reporting system**

As a part of the assessment of the CASC, City Performance reviewed the quarterly and annual reports that LCA sent to APD, which included both narrative and quantitative reporting over particular time periods. Unfortunately, because of several data limitations, most of the data was not usable for analysis. The following recommendations aim to create a more accurate and useful system for collecting data at the CASC. Some limitations include:

- Inconsistent definitions of data points over time
- Use of a point-in-time data collection system to track most client activity, making it difficult to ascertain true client activity in a given month or trends in how individual clients are responding to various interventions they are receiving at the CASC.
- Missing data for some quarters
- Outcomes measurements (e.g., job placements, GED completion, etc.) only reported annually, so there are only a small number of available data points.

### ***A. Create and maintain a data dictionary***

City Performance found that the CASC had been using inconsistent definitions of data points over time, which makes the data unreliable for tracking long-term trends. Turnover among CASC leadership also made it difficult for City Performance to obtain explanations about how previous definitions matched with new data definitions. Additionally, the CASC changed the way it tracked particular client groupings over time (i.e., probationers who attended CASC classes vs. probationers who attended subcontractor classes), which also made it difficult to compare data over time.

**City Performance recommends that the CASC vendor create a data dictionary which outlines the definition of each data point and how it is tracked in the current database.** Creating a data dictionary will enhance institutional memory when there are staff changes and ensure that all stakeholders have a clear and consistent understanding of how data points are understood and tracked. **Next, City Performance recommends that APD limit the changes in definition or tracking methods for key data points** such as Referrals, Enrolled, Active and Successful Exits in order to allow better tracking of these indicators over time.

### ***B. Track and analyze client level dosage data***

City Performance found that while the CASC collects a robust level of client data, including the number of hours that clients spend with case managers and in classes, there is no systematic way that these hours are tracked, monitored and reported on. The CASC vendor should take steps to track these data in order to allow APD to monitor that clients are receiving the appropriate number of dosage hours as well as analyze which classes, outreach methods, or case managers are most effective in maintaining dosage hours.

**City Performance recommends that APD and the CASC work together to create a short-term dosage tracking pilot to test dosage tracking and work through challenges.** As part of this pilot, APD can select several interventions to track (e.g., Thinking for a Change, meetings with Probation Officers and or CASC

Case Managers) and decide how many hours each intervention merits. Next, APD can work with the CASC vendor to create a method to track this information. Ideally, APD or the CASC vendor will be able to build out the existing database so that dosage hours are automatically calculated when a case manager inputs attendance information for a particular activity or session and these hours can be aggregated for reports. Once the system has been tested with a few APD and CASC staff, APD should expand this method to all other forms of interventions that “count” towards client dosage, build out the database and provide trainings for all staff.<sup>50</sup>

**In addition to internal tracking, City Performance recommends that the CASC choose a method to capture dosage information from subcontractors either through collecting rosters or allowing subcontractor community partners to enter this information into the database directly.** In addition to tracking time that a probationer has with their probation officer, their case manager and in workshops, the CASC vendor should also collect dosage numbers from sub-contracted community partners that use evidence-based interventions with probationers. The vendor can use several methods to collect and compile external dosage information. Santa Cruz County counts dosage services across different types of programs by requiring that all providers submit weekly rosters that show the number of hours of service.

### *C. Track data points that give information on program performance*

**City Performance recommends that APD develop output and outcome measures that will produce data that can be analyzed to inform program decisions and measure impact.** Output measures count various agency activities, such as class attendance, or the quantities of goods and services produced or amount of work completed. **City Performance recommends that the CASC prioritize creating output measurements to track client attendance.** Results from stakeholder interviews and data analysis indicate that the CASC is not engaging with a significant portion of the probation population in San Francisco.<sup>51</sup> The low utilization rates are the primary barrier for the CASC to implement some evidence-based practices.<sup>52</sup> For example, without data that provide a clear understanding of probationer engagement levels, APD will not be able to determine if program improvements have increased client engagement levels or analyze the causes of changes in client engagement levels over time. In order to track this issue, the CASC could track the percentage of total probationers engaged in CASC services at a point in time and track which probationers continue to return to the CASC after their initial enrollment.

There are other ways that APD can collect output measurements that provide meaningful program information. In Multnomah County Oregon, there is a data team within the parole and probation department that creates dashboards to monitor key performance indicators such as the time between intake and the first PO visit. They have also created a communication tool between probation officers and staff in the day reporting center that uses a green-yellow-red indicator to show how someone is

---

<sup>50</sup> For more information on choosing dosage levels see Recommendation #1 E. Choose dosage targets and use in probation plans.

<sup>51</sup> See Recommendation #1 D. Require case managers to assume intake responsibilities at the CASC

<sup>52</sup> See Recommendation #6: Long term - Create specialized client tracks for service provision



doing in the center. If a probation officer sees that someone in their caseload has a ‘red light,’ it triggers a conversation.

**City Performance also recommends that the CASC expand the number of outcome measurements that are tracked and analyze these measures on a regular basis.** Outcome measures refer to the results, benefits, or effectiveness of an activity or program for the program recipients.<sup>53</sup> In order to test whether the interventions at the CASC are having the intended impact, APD should be tracking and reviewing outcomes measurements on a regular basis. The most important outcome measurement is recidivism rates, and APD should review overall recidivism rates as well as look for similarities between probationers who have not recidivated. Additionally, interviews with peer jurisdictions indicate that it is useful for jurisdictions to track outcomes of specific program components to reflect on whether the programs are having the intended impact. Gathering this data often includes engaging in regular client assessments in order to evaluate improvements or changes in clients’ risk and criminogenic needs based on which interventions they have received. These assessments allow jurisdictions to determine whether or not the variety of programs and services offered to probationers is having an effect.

APD can build upon outcome measurements that other counties have started. For example, in addition to tracking how many clients enrolled, dropped and completed Thinking for a Change classes (output measures), Santa Cruz County uses pre- and post-client self-assessments, a staff observational survey and probation violation records to track improvement in cognitive and behavioral areas including increased pro-social behavior and cognition, utilization of problem-solving, self-control, and communication skills and negative behavioral incidents. These type of assessment tools already exist and are available for Thinking for a Change classes, substance use treatment, workforce and job placement, and educational programming.<sup>54</sup> Additionally APD could use outcome measurements for tracking mental health outcomes. For example, in addition to asking the vendor to identify clients with mental health needs at intake, APD could ask the vendor to track the percent of participants fully compliant or who have improved their compliance with mental health medications, the percent of participants who report improved mental health and the change in negative behavioral incidents attributable to mental illness.

The next step after tracking is to analyze the data, look for trends, and use the data as a discussion point in regular meetings with the primary vendor and subcontractors about what is working and how to address barriers. APD staff can create dashboards of the most meaningful data points and use these to inform ongoing discussions.

---

<sup>53</sup> [Guide to Good Measures](#)

<sup>54</sup> For a full list of Santa Cruz County’s outcome measures, see Appendix C.

## **Recommendation #5: Conduct annual fidelity assessments of the CASC**

One of the National Institute of Corrections' core principles is that probation departments enact a quality assurance system that maintains and enhances fidelity to evidence-based practices. City Performance found that several counties were using the Evidence-based Correctional Program Checklist (CPC) produced by Dr. Edward J. Latessa at the University of Cincinnati as their preferred tool to examine fidelity to evidence-based practices on an annual basis. **City Performance recommends that APD engage in this assessment in order to compare their reentry programming to other similar jurisdictions and to regularly evaluate fidelity to evidence-based practices over time.** As the previous discussion outlines, San Francisco has unique challenges to implementing evidence-based practices. However, the categories on this checklist seem applicable despite these challenges. The assessment evaluates program leadership, staff experience, probationer assessments, treatment characteristics including matching treatment and probationer, rewards vs. punishments, and skills modeled, as well as quality assurance methods. There is value in using a standard tool that many counties are using to review the CASC, as it provides a benchmarking mechanism through which the CASC can compare its performance to other jurisdictions.<sup>55</sup>

---

<sup>55</sup> For an example of the CPC, see Appendix D.

## Recommendation #6: Long term - Create specialized client tracks for service provision

APD is aware that creating specialized client tracks for service provision is an evidence-based practice,<sup>56</sup> but notes that it does not currently have enough clients that fall into specific risk, gender, or age categories to warrant providing entirely separate services for clients. The CASC has attempted to provide gender-specific classes and currently provides some classes for TAY probationers specifically, but does not provide entirely separate tracks for service provision based on criminogenic risk, gender, or age. City Performance recommends that the CASC consider a long-term plan to adopt the following recommendations for creating specialized client tracks for service provision.

Before adopting the practice of providing separate services based on these characteristics, APD must determine (1) what percentage of the total probationer population is currently engaging with services at the CASC, and (2) how to increase the percentage of total probationer population engaging with services at the CASC. The pursuit of the following long-term goals is contingent upon the CASC increasing the rate of probationer engagement.

Qualitative interviews with CASC management, case managers and clients indicate that the CASC should further tailor programs to risk and responsivity principles in its reentry service provision. According to the National Institute of Corrections, the risk principle states that interventions should prioritize supervision and treatment resources for higher-risk probationers.<sup>57</sup> The responsivity principle states that reentry service interventions should be responsive to temperament, learning style, motivation, culture and gender when assigning programs.<sup>58</sup> **City Performance recommends that the CASC develop a more advanced system of sorting clients based on risk level, mental health needs, substance abuse needs, gender and age, and then target service provision based on those needs.**

### *A. Create client tracks based on criminogenic risk and administer services based on those tracks*

Grounded in strong empirical findings, the risk principle states that correctional interventions should be matched to the probationer's risk level with the most intensive interventions administered to the probationers who have the highest likelihood of recidivating.<sup>59</sup> Findings from interviews with CASC staff indicated that the CASC currently mixes risk levels when administering reentry services, allowing high-risk probationers to attend classes with lower-risk probationers. Research demonstrates that mixing low-risk probationers with high-risk probationers in reentry programs tends to increase the failure rate of low-risk clients.<sup>60</sup> Findings from qualitative interviews suggest that the recent opening of to the CASC to anyone involved in the criminal justice system may further complicate the CASC's ability to adhere to

---

<sup>56</sup> Creating specialized client tracks for service provision aligns with the target interventions principle of evidence-based practices, which states that interventions should be targeted to the client's risk and need levels, and should be responsive to clients' temperament, learning style, motivation, gender and culture.

<sup>57</sup> <http://nicic.gov/theprinciplesofeffectiveinterventions>

<sup>58</sup> Ibid.

<sup>59</sup> [Dosage Probation: Rethinking the Structure of Probation Sentences. \(2014\). Center for Effective Public Policy.](#)

<sup>60</sup> Latessa, E., Lowenkamp, C., What are Criminogenic Needs and Why are they Important? (2005).

the risk principle. Staff reported that the CASC has not developed clear and consistent guidelines for how the administration of services to justice-involved people differs from the administration of services to the CASC's core clients: high and low risk probationers. **City Performance recommends that the CASC develop separate classes and programs for high and low-risk probationers, as research demonstrates that mixing these groups increases the likelihood of failure among low-risk offenders.**

*B. Pursue programming by gender as outlined in the Women's Community Justice Reform Blueprint and consider creating client tracks by gender.*

**Once the CASC increases its levels of probationer engagement, City Performance recommends that the CASC develop specific female-centered classes, and develop mechanisms to ensure that women feel safe at the CASC.** Research indicates that women's criminal justice needs differ greatly from men's,<sup>61</sup> as addressing other needs such as access to childcare, protection from violence by intimate partners, material and social concerns, and comprehensive case management are associated with positive outcomes for women in the criminal justice system.<sup>62</sup>

APD outlined its approach to gender responsiveness in community justice in the Women's Community Justice Reform Blueprint: A Gender-Responsive, Family-Focused Approach to Integrating Criminal and Community Justice in 2013 ("Blueprint").<sup>63</sup> While community corrections stakeholders may be successfully adopting the cross-agency, gender-responsive strategies outlined in the blueprint, City Performance found that the CASC has an opportunity to improve the gender responsiveness of its service provision.<sup>64</sup>

Evidence-based practices suggest that providing programming that meets specific, women-centered needs leads to successful outcomes in reentry service provision.<sup>65</sup> City Performance conducted an analysis of the CASC calendars of services over a six-month period between January and July 2016 to determine the percentage of dosage hours reserved for women-centered programming. Each monthly calendar of CASC services includes a list of all classes offered by the CASC and the times at which the classes are offered. The calendar also includes an indicator for which classes are gender-specific, and which classes allow both men and women. To determine the amount of programming hours reserved for women-centered classes, City Performance calculated the total monthly programming hours displayed on each monthly calendar and the monthly programming hours reserved for women only.

The results of this analysis indicated that the CASC reserved eight percent of the total programming hours for women over the six-month period.<sup>66</sup> The most recent data on women probationers shows that

---

<sup>61</sup> [Bloom, B., Women in California's County Justice Systems. \(2015\)](#)

<sup>62</sup> O'Brien, P. *Making it in the "free world": Women in transition from prison*. Albany, NY: State University of New York Press. (2001).

<sup>63</sup> [Bloom, B., Women in California's County Justice Systems. \(2015\)](#)

<sup>64</sup> APD is currently in the process of enhancing its women gender-responsive services. APD reported that it will be hiring a Women's Gender-Responsive Coordinator in the near future who will work internally and citywide to implement the strategies outlined in the Blueprint.

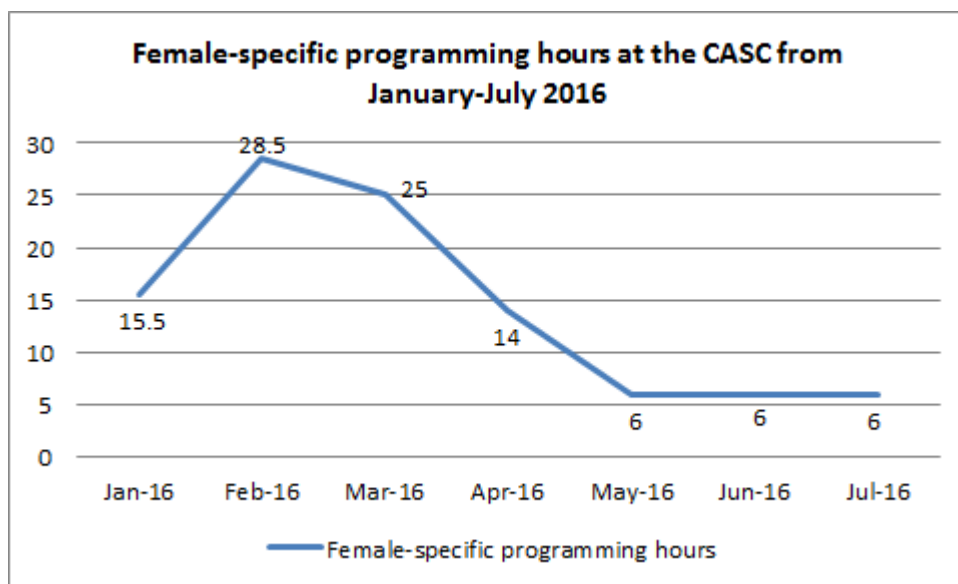
<sup>65</sup> [Ibid.](#)

<sup>66</sup> The CASC provides co-ed programming that was excluded from this analysis, as best practice research indicates that programming should ideally be gender-specific.

women comprise approximately 16 percent of the total probationer population in San Francisco as of December 2016.<sup>67</sup> These findings indicate that there is a mismatch between the share of women on probation and the share of programming hours available to them at the CASC.

City Performance also found that, while women-centered programming comprised eight percent of the total hours, the number of women-centered hours provided by the CASC varied widely from month to month. Women-centered programming hours increased to 28.5 hours during the month of February 2016 and declined to just six hours during the month of May (See Figure 4). Further analysis of the CASC calendar of services indicates that the CASC stopped providing the women-centered Anger Management, Women Rising, and Reinventing, Empowering, Nurturing, Educating Women (RENEW) programs at the end of April 2016. The Women’s Drop-in Group is the only women-centered program that remained on the CASC program calendar starting in May 2016 to present. While the CASC offered women-centered programming at the beginning of its operation, APD reports that only one or two women attended these classes. The CASC stopped providing women-only classes because of these low attendance rates.

Figure 4



Findings from qualitative interviews indicate that Probation Officers and clients would like to see more women-centered programming and services at the CASC. As one Supervising Probation Officer noted, “Downstairs is not a safe environment for women. Given that the population downstairs is primarily men, there’s nothing friendly about it for them. [I’ve] heard from women that they’d rather go to Women’s Resource Center, [which is] women-focused.”

### *C. Create client tracks by age*

While the CASC tailors some classes to transitional age youth (TAY) specifically, TAY clients also attend classes with older probationers. The responsiveness principle states that probationer services should be

<sup>67</sup> APD Demographic Dashboard as of December 2016

matched to probationer’s developmental stages, motivational stages, and learning styles.<sup>68</sup> APD and CASC staff acknowledged both the benefits and the pitfalls of conducting programming that includes all age groups together. While one Supervising Probation Officer noted that “the biggest issue with the CASC [is that] it puts the 60-year olds and the 19-year olds in the same class,” others reported that it benefits younger clients because it may provide clients with further knowledge from probationers who have already been through the probationary process.”<sup>69</sup> While some APD staff noted that separating clients by age is in the TAY client’s best interest due to concerns about trauma, other APD staff report that having only TAY students in the same classroom may not be in their best interest, as it has proven to be a distraction for TAY clients. Given that the CASC does not currently serve enough TAY clients to comprise a full 8-12 person class, **City Performance recommends that if the CASC receives more TAY clients in the future, it should consider creating client tracks by age to further adhere to evidence-based practices.**

---

<sup>68</sup> EBP p. 5

<sup>69</sup> Further data analysis is needed to confirm .

## CONCLUSION

San Francisco's high rates of homelessness, addiction, and mental health issues make it a challenging environment for the CASC staff to increase intrinsic motivation of probationers to access CASC services and meet the dosage hours needed to reduce recidivism. Additionally, current issues with a lack of mental health proficiency and insufficient data collection systems continue to produce barriers to effective analysis and implementation of evidence-based practices.

In light of these barriers, APD has an opportunity to adopt innovative methods of reentry service provision that respond to the issues facing probationers in San Francisco while also adhering to an evidence-based approach. By adopting aspects of the therapeutic community model at the CASC, engaging in stronger outreach efforts, meeting clients outside of the CASC, and developing dosage targets in case plans, APD and CASC staff should be able to raise client dosage levels. Through targeting interventions by criminogenic need and enhancing CASC capacity for handling clients with mental health issues, the CASC may be able to decrease the criminogenic needs of clients. By improving the CASC's capacity for data collection and analysis and by engaging in an annual fidelity assessment, APD will be able to learn which strategies are most effective for probationers which can then inform program decisions to continue to strengthen the center. Finally, once the CASC has increased client dosage levels and engaged with a greater percentage of the SF probation population, the CASC will be able to create client tracks for service provision to improve client outcomes. By following these recommendations, APD has an opportunity to further reduce recidivism among probationers and advance its mission to achieve excellence in community corrections.

## APPENDICES

### Appendix A: Peer Probation Research

County	Interview Date	Name, Title
Multnomah County	8/2/2016	Community Justice Manager
Santa Clara County	8/8/2016	Director of Office of Reentry Services
San Diego County	8/16/2016	Division Chief of Post Release Offender Division
Santa Cruz County	9/20/16	Senior Departmental Administrative Analyst



## Appendix B: Stakeholder Interviews

Stakeholder Group	Position	Session Type	Meeting Date
<b>Adult Probation Department</b>	Reentry Division Director	Consultation	Ongoing
	Supervising Probation Officer	Interview	8/23/2016
	Supervising Probation Officers (3)	Focus Group	9/8/2016
	Deputy Probation Officers (9)	Focus Group	9/15/2016
	Reentry Services Coordinators (2)	Focus Group	9/8/16
<b>Leaders in Community Alternatives</b>	Program Director	Interview	8/24/2016
	Clinical Supervisor/Manager level	Interview	8/24/2016
	Intake Coordinator (2)	Interview	8/24/2016, 9/19/2016
	LCA Case Manager	Interview	9/7/2016
	Senior Ex-Offender Program Case Manager	Interview	9/7/2016
	CJC Case Manager	Interview	9/7/2016
<b>DPH</b>	Care Coordinator Therapists (2)	Focus Group	9/14/2016
<b>HSA</b>	Benefits Specialist	Focus Group	9/14/2016
<b>UCSF/Citywide Case Management Forensic Program</b>	Clinical Supervisor Clinical Social Worker II	Focus Group	9/19/2016
<b>Housing Providers: Senior Ex-Offender Program, Tenderloin Housing Clinic, Recovery Survival Network, Phatt Chance</b>		Focus Group	9/22/2016
<b>America Works (employment) 5 Keys (education)</b>	Employment Specialist Assistant Director/Manager	Focus Group	9/23/2016
<b>Probationers (2)</b>		Interview	9/21/2016

## Appendix C: Santa Cruz County Outcome Measures

### AB109 Treatment and Intervention Services: Common Outcomes

[DRAFT April 6, 2016]

<i>Service Area</i>	<i>Proposed Outcome Measures</i>	<i>Data Source/Standard Instruments</i>
1. Programs Addressing Criminal Thinking Behaviors and Identity	<ul style="list-style-type: none"> <li>• Pre/post improvement in cognitive and behavioral areas including increased pro-social behavior and cognition</li> <li>• Pre/post improvement in utilization of problem-solving, self-control, and communication skills</li> <li>• Pre/post decreases in negative behavioral incidents</li> </ul>	<p>Self-report data (Subcommittee to select or adapt from: TCU Criminal Thinking Scales; How I Think Questionnaire; Truthought Thinking Error Survey; Social Problem-Solving Inventory-Revised)</p> <p>Staff observational survey</p> <p>Jail disciplinary incident logs/Probation violation response grid</p>
2. Substance Use Disorder Treatment and Recovery Maintenance	<ul style="list-style-type: none"> <li>• Number/percent of participants who complete assigned treatment episode</li> <li>• Number and percent reporting 30-day abstinence at program discharge</li> <li>• Pre/post improvement in social support for recovery</li> <li>• Number/percent of participants with Recovery Maintenance plan</li> <li>• Number/percent of participants engaged in post-treatment continuing care following discharge</li> <li>• Number/percent of participants improving one or more stages during recovery maintenance services</li> </ul>	<p>California Outcomes Measurement System (CalOMS)/Avatar</p> <p>RMS Stage of Recovery Questionnaire</p>
3. Workforce and Job Placement Services	<ul style="list-style-type: none"> <li>• Number/percent of participants hired (new job)</li> <li>• Number/percent of participants still employed at 90 days (retention)</li> <li>• Number/percent of participants who improve their earnings/compensation or employment stability</li> </ul>	<p>Participant and employer questionnaires</p>
4. Educational Programming	<ul style="list-style-type: none"> <li>• Pre/post improvement on standardized educational assessment</li> <li>• Number/percent of participants attaining high school diploma or equivalency</li> </ul>	<p>Comprehensive Adult Student Assessment System (CASAS); ACE Affective Development</p>

<i>Service Area</i>	<i>Proposed Outcome Measures</i>	<i>Data Source/Standard Instruments</i>
5. Mental Health Care	<ul style="list-style-type: none"> <li>• Number/percent of participants passing one or more achievement tests (GED) or earning academic credits</li> </ul>	Scales HSD/GED/HiSET/Post-secondary course credit
	<ul style="list-style-type: none"> <li>• Pre/post improvement on standardized assessment of mental health and social functioning</li> </ul>	ASAM
	<ul style="list-style-type: none"> <li>• Number/percent of participants who access sustainable mental health services and/or support</li> </ul>	Brief Symptoms Inventory Assessment
	<ul style="list-style-type: none"> <li>• Number/percent of participants fully compliant with mental health medications (or, pre/post improvement in mental health medication compliance)</li> </ul>	Staff observational survey
	<ul style="list-style-type: none"> <li>• Number/percent of participants who report improved mental health</li> <li>• Pre/post decrease in negative behavioral incidents attributable to mental illness</li> </ul>	Jail disciplinary incident logs/Probation violation response grid Adult Strengths and Needs Assessment (ANSA)
6. Family Involvement	<ul style="list-style-type: none"> <li>• Pre/post improvement in father involvement and co-parenting</li> </ul>	Supporting Father Involvement Assessment (SFI)
	<ul style="list-style-type: none"> <li>• Pre/post improvement in parenting knowledge and skills</li> </ul>	Fathering Inventory
	<ul style="list-style-type: none"> <li>• Pre/post improvement in communication skills</li> </ul>	NVC Assessment
7. Housing Support	<ul style="list-style-type: none"> <li>• Number/percent of participants with secure housing during community supervision</li> </ul>	Correctional Assessment and Intervention System
	<ul style="list-style-type: none"> <li>• Pre/post improvement in housing stability</li> </ul>	
8. Reentry Planning and Community Support	<ul style="list-style-type: none"> <li>• Number/percent of participants with a written, dynamic reentry plan based on assessed criminogenic needs</li> </ul>	Universal reentry plan and review logs
	<ul style="list-style-type: none"> <li>• Number/percent of participants linked to sustainable resources for community support</li> </ul>	
	<ul style="list-style-type: none"> <li>• Number/percent of participants who complete at least half of their reentry plan 90-day benchmarks</li> </ul>	
9. Community Education and Engagement	<ul style="list-style-type: none"> <li>• Number/percent of employers in the community that hire formerly incarcerated individuals</li> </ul>	Employer surveys
	<ul style="list-style-type: none"> <li>• Number/percent of eligible individuals who successfully utilize legal record change remedies</li> </ul>	Participant and program records

## AB109 Treatment and Intervention Services: Contract Outcomes

[DRAFT June 15, 2016]

<i>Service Area</i>	<i>Contractor/ Program(s)</i>	<i>Outcome Objectives</i>
1. Programs Addressing Criminal Thinking Behaviors and Identity	Volunteer Center <i>Thinking for a Change Courage To Change</i>	<ul style="list-style-type: none"> <li>• 60% of clients will display improvement in cognitive and behavioral areas as demonstrated by a pre and post assessment tool.</li> <li>• 60% of clients will display improvement in utilization of problem solving, self-control and communication skills as demonstrated by a pre and post assessment tool.</li> <li>• 60% of clients will display a decrease in self-serving bias, as measured by a staff observational survey.</li> </ul>
	Encompass Community Services <i>Gender-Specific Programming Anger Management</i>	<ul style="list-style-type: none"> <li>• 70% of clients who complete Women’s or Men’s program will demonstrate cognitive and behavioral improvement over time in areas including mental stability, pro-social behavior and cognition, and sobriety, as measured by pre/post questionnaires.</li> <li>• 70% of clients who complete Women’s or Men’s program will demonstrate cognitive and behavioral improvement over time in areas including mental stability, pro-social behavior and cognition, and sobriety, as measured by program staff pre/post observations.</li> <li>• 90% of clients who complete Women’s or Men’s program will be free from any jail disciplinary incidents that result in a loss of good work time during the 30 days following program completion.</li> <li>• 90% of clients who participate in continuing care for a minimum of 60 days following release will complete at least 25% of their reentry plan benchmarks.</li> <li>• 60% of clients will display improvement in cognitive and behavioral areas as demonstrated by a pre and post assessment tool</li> <li>• 60% of clients will display improvement in utilization of problem solving, self-control and communication skills as demonstrated by a pre and post assessment tool.</li> <li>• 60% of clients will display a decrease in self-serving bias, as measured by a staff observational survey</li> </ul>
2. Substance Use Disorder Treatment	Janus of Santa Cruz Encompass Community Services	<p>(To be negotiated in HSA/ADP contract)</p> <ul style="list-style-type: none"> <li>• Number/percent of participants who complete assigned treatment episode</li> </ul>

<i>Service Area</i>	<i>Contractor/ Program(s)</i>	<i>Outcome Objectives</i>
and Recovery Maintenance	<i>Residential, IOT, OT, DUI Sobriety Works, SLE Matrix Model, IOT, SLE</i>	<ul style="list-style-type: none"> <li>• Number and percent reporting 30-day abstinence at program discharge</li> <li>• Pre/post improvement in social support for recovery</li> <li>• Number/percent of participants with Recovery Maintenance plan</li> <li>• Number/percent of participants engaged in post-treatment continuing care following discharge</li> <li>• Number/percent of participants improving one or more stages during recovery maintenance services</li> </ul>
3. Workforce and Job Placement Services	<i>Community Action Board  Jail to Jobs</i>	<ul style="list-style-type: none"> <li>• 65 (52%) of clients will secure an internship and/or job placement</li> <li>• 50 (40%) of clients will retain internship/placement for three months or more</li> <li>• 30 employers will provide internship placements or unsubsidized employment opportunities for individuals in reentry</li> </ul>
4. Educational Programming	<i>Santa Cruz County Office of Education  HSD/HSE Education</i>	<ul style="list-style-type: none"> <li>• 15% of participants with adequate existing credits and time in custody will acquire a high school diploma</li> <li>• 15% participants working towards high school equivalency testing will complete one or more subject area tests, and 10% will complete all tests and attain their HSE</li> <li>• All in-custody students who participate for a minimum of 30 weeks will earn 12 or more units towards HSD</li> <li>• 75% of participants who complete a minimum of 80 hours of instruction will demonstrate an improved CASAS score in reading, math or listening; 50% of participants who complete a minimum of 160 hours of instruction will demonstrate an increase of one or more ABE levels as measured by CASAS.</li> </ul>
5. Mental Health Care	<i>Volunteer Center Literacy Project Educational Assessment and Tutoring Encompass Community Services  ReTurn Project</i>	<ul style="list-style-type: none"> <li>• 50% of Literacy Program students who receive at least 20 hours of tutoring will make a grade level gain in math or reading or a measurable improvement in writing on a standardized exit test.</li> <li>• 50% of students who pre-test as test-ready will pass one or more HiSET tests.</li> <li>• Upon discharge, 60% of AB109 clients will report successful integration in the community, as measured by client success in realizing reintegration goals set at intake;</li> <li>• Upon discharge, 60% of AB109 clients will show improvement in at least one of the following areas: life functioning, behavioral health needs, risk behaviors, or overall personal strengths, as measured by improvement</li> </ul>

Service Area	Contractor/ Program(s)	Outcome Objectives
6. Family Involvement	<ul style="list-style-type: none"> <li>Encompass Community Services</li> </ul>	<p>in ANSA domain scores;</p> <ul style="list-style-type: none"> <li>Upon discharge, 25% of AB109 clients who have a PTSD diagnosis at intake will show a decrease in their PTSD symptom severity, as measured by decrease in their total severity score on the PCL-C post-assessment.</li> <li>30% of clients will demonstrate increased non-violence communication skills</li> <li>30% of clients will report increased parenting awareness, knowledge, and skill</li> <li>30% of clients will report increased father involvement and co-parenting.</li> </ul>
7. Housing Support	<p>Encompass Community Services</p> <p><i>River Street Shelter</i> <i>Gemma House</i></p>	<ul style="list-style-type: none"> <li>100% of Gemma House clients will be screened and assessed for appropriate treatment matching (ASAM);</li> <li>80% of clients who have enrolled in the program will complete individualized treatment plan goals as developed from the ASAM assessment;</li> <li>60% of clients will report an increase in the number of days on which they did not use substances.</li> </ul>
8. Reentry Planning and Community Support	<p>Volunteer Center of Santa Cruz County</p> <p><i>Reentry Planning and Benefits Assistance</i></p> <p>Barrios Unidos of Santa Cruz</p> <p><i>Reentry Peer Mentoring</i></p>	<ul style="list-style-type: none"> <li>90% of 1170 (split-sentenced) inmates referred to the program within 60 days prior to release will develop a written reentry plan aligned with their probation assessment, in-custody services, and court-ordered terms of release and supervision.</li> <li>80% of PRCS clients referred to the program will develop a written reentry plan aligned with their probation assessment and terms of release and supervision.</li> <li>60% of all clients with written reentry plans will complete at least half of their reentry plan 90-day benchmark goals.</li> <li>90% of AB109 clients referred who meet need and eligibility requirements for benefits assistance will apply for support from at least one public benefit program.</li> <li>70% of clients will report progress toward community reintegration within 90 days following release as evidenced by employment, public benefits, or family and community support.</li> <li>At least 70% of clients served will participate for a minimum of three months</li> <li>80% of clients who participate for at least three months in the Barrios Unidos AB109 program will demonstrate increased capacity for pro-social life strategies, self-control and problem-solving skills as measured by pre/post surveys.</li> </ul>

<i>Service Area</i>	<i>Contractor/ Program(s)</i>	<i>Outcome Objectives</i>
9. Community Education and Engagement	United Way of Santa Cruz County  <i>Community Engagement and Education</i>	<ul style="list-style-type: none"> <li>• 70% of clients who participate for at least three months in the Barrios Unidos AB109 program will demonstrate gains in pro-social relationships, resource access, and connection to pro-social groups and institutions, as measured by pre/post social capital assessments.</li> <li>• The CEEW's social media/website will receive a minimum of 5,000 visits (hits) during the funding period</li> <li>• A minimum of 50 service providers and 30 AB109 clients will attend record change workshops</li> <li>• Record change workshop client participants will demonstrate pre-to-post increases in knowledge of legal remedies, the steps to take, and how to actively benefit from records change/clearance in areas such as employment and housing</li> <li>• Record change workshop service provider participants will demonstrate pre-to-post increases in assisting their clients to understand, access, and benefit from records change/clearance</li> <li>• A minimum of 25 employers will be trained to increase capacity and commitment to hiring individuals with criminal records</li> </ul>

**Appendix D: Dr. Latessa's Evidence-based Correctional Program Checklist**

**EVIDENCED BASED CORRECTIONAL PROGRAM CHECKLIST (CPC) SCORING SHEET**

Name of Program: \_\_\_\_\_ Program serves: \_\_\_ Males \_\_\_ Females \_\_\_ Both  
 Location (include state): \_\_\_\_\_ Check program type: \_\_\_ Adult \_\_\_ Juvenile  
 Type of Program: \_\_\_\_\_ (e.g. institutional, halfway house, day reporting, etc.)  
 Primary Treatment: \_\_\_\_\_ (e.g. substance abuse, sex offenders, general, etc.)  
 \_\_\_ 1<sup>st</sup> Assessment \_\_\_ 2<sup>nd</sup> Assessment \_\_\_ 3<sup>rd</sup> Assessment \_\_\_ 4<sup>th</sup> Assessment \_\_\_ 5<sup>th</sup> Assessment  
 Date of Assessment: \_\_\_\_\_ Name of Assessor(s): \_\_\_\_\_

**1. Program Leadership and Development** **Check if verified by two or more sources**

- 1.1 PD Qualified \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.2 PD Experienced \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.3 PD Selects Staff \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.4 PD Trains Staff \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.5 PD Supervises Staff \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.6 PD Conducts Program \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.7 Literature Review Conducted \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.8 Pilot Interventions \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.9 Valued by CJ Community \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.10 Value by At-large Community \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.11 Funding adequate \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.12 Funding stable past 2 years \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.13 Program 3 years or older \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 1.14 Gender of groups \_\_\_\_\_ 0, 1 or N/A \_\_\_\_\_

SCORE \_\_\_/\_\_\_

**2. Staff Characteristics**

- 2.1 Staff Education \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.2 Relevant Experience \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.3 Staff selected for skills & values \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.4 Regular Staff meetings held \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.5 Assessed on Service Delivery \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.6 Clinical Supervision \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.7 Staff Trained on program \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.8 On-going Training \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.9 Staff input \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.10 Staff support treatment goals \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 2.11 Ethical Guidelines for staff \_\_\_\_\_ 0 or 1 \_\_\_\_\_

SCORE \_\_\_/\_\_\_

**3. Offender Assessment**

- 3.1 Appropriate Clients \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.2. Exclusionary criteria followed \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.3 Risk Factors Assessed \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.4. Risk Methods \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.5 Risk Level Defined \_\_\_\_\_ 0 or 1 \_\_\_\_\_
  
- 3.6 Need Factors Assessed \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.7 Need Methods \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.8 Need Level Defined \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.9 Responsivity Assessed \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.10 Responsivity Methods \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.11 Responsivity Defined \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 3.12 Program Targets higher risk \_\_\_\_\_ 0 or 3 \_\_\_\_\_
- 3.13 Validation Risk/Needs \_\_\_\_\_ 0 or 1 \_\_\_\_\_

SCORE \_\_\_/\_\_\_



**4. Treatment Characteristics**

4.1 Criminogenic targets	___ 0 or 1	___
4.2 Criminogenic target density	___ 0 or 1	___
4.3 Type Treatment	___ 0,1or 3	___
4.4 Length Treatment	___ 0 or 1	___
4.5 Location monitored	___ 0 or 1	___
4.6 Manual developed	___ 0 or 1	___
4.7 Manual followed	___ 0 or 1	___
4.8 Involvement 40-70%	___ 0 or 1	___
4.9 Groups separated by risk	___ 0 or 1	___
4.10 Intensity varies by Risk	___ 0 or 1	___
4.11 Match Treatment and offender	___ 0 or 1	___
4.12 Match Staff and offender	___ 0 or 1	___
4.13 Match Staff and program	___ 0 or 1	___
4.14 Offender Input	___ 0 or 1	___
4.15 Use Appropriate Rewards	___ 0 or 1	___
4.16 Ratio Favors Rewards	___ 0 or 1	___
4.17 Procedures for rewards	___ 0 or 1	___
4.18 Appropriate punisher	___ 0 or 1	___
4.19 Procedure for Punishment	___ 0 or 1	___
4.20 Negative Effects	___ 0 or 1	___
4.21 Completion Criteria	___ 0 or 2	___
4.22 Completion rate	___ 0 or 1	___
4.23 Skills Modeled	___ 0 or 1	___
4.24 Skill training	___ 0 or 1	___
4.25 Graduated practice	___ 0 or 1	___
4.26 Groups monitored by staff	___ 0 or 1	___
4.27 Group size	___ 0 or 1	___
4.28 Significant Others trained	___ 0 or 1	___
4.29 Discharge planning	___ 0 or 1	___
4.30 Aftercare provided	___ 0 or 1	___
4.31 Quality aftercare	___ 0 or 1	___

SCORE \_\_\_/\_\_\_

**5.0 Quality Assurance**

5.1 Internal Quality Assurance	___ 0 or 1	___
5.2 External Quality Assurance	___ 0 or 1	___
5.3 Client Satisfaction	___ 0 or 1	___
5.4 Offenders reassessed	___ 0 or 2	___

**Appendix E: Recommendations for Tracking Service Delivery at the CASC**

<b>Recommendation</b>	<b>Metric</b>
Require case managers to spend more time with clients outside of the CASC	Number of hours that case managers meet with clients offsite. Monitor whether clients who receive more visits offsite have more total dosage hours
Increase case manager engagement for clients in custody	% of probationers who will be released in 3-6 months who are contacted while still in custody
	% of probationers who are transported to the CASC upon their release
Require case managers to assume intake responsibilities at the CASC	% of clients who complete intake (In database as 'enrolled') are successfully connected to services (in database as 'active')
	Amount of time between when a client completes intake and when they have their first service appointment.