Sonoma County Probation Department's Day Reporting Center 2015 - 2020

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I. Introduction

Background

The Sonoma County Criminal Justice System Master Plan of 2009 identified an Adult Day Reporting Center (DRC) as a key need, envisioning that it would act as a hub for evidence-based programming for adults to be supervised by the Probation Department upon reentry from prison or jail into the community. The California Public Safety Realignment Act of 2011 ("AB 109") increased the County's need to focus on reentry by reassigning certain categories of convictions from state parole oversight to supervision by county probation departments. For these reasons, the Sonoma County Adult Day Reporting Center was established in 2012 with the aim to serve individuals at high-risk to reoffend with the overarching goal of reducing recidivism in this population.

In January 2015, the Probation Department took over the operation of the DRC from its initial, contracted operator in order to improve coordination and integration of the DRC program with Probation supervision and to improve the quality of services delivered. The DRC is now staffed by Probation Officers and other Department employees. This facilitates close collaboration with co-located system partners and service providers, creating a service center for those formerly-incarcerated individuals most in need of the programs and support that are designed to foster behavior change and increase positive outcomes.

Also in 2015, progress with the Sonoma County Criminal Justice System Master Plan was assessed. The resulting 2015 Update found that the DRC was a potent and cost-effective program in meeting the needs of the target population and potentially reducing jail days. Because of this, a larger Community Corrections Center, which had been a component of the 2009 Master Plan, was found to be unnecessary.

Report purpose and structure

This summary report of the Sonoma County DRC includes the available data from the more than six years it has been operated by the Probation Department, from January 2015 through December 2020. It provides the foundation for ongoing annual report updates.

The intended audience of the report includes the Community Corrections Partnership, Sonoma County justice partners, the Probation Department, community service providers, and interested members of the public. Its purpose is to provide an understanding of DRC operations, to share its successes and challenges, and to propose areas on which to focus future work.

The next section presents an overview of the design and operational structure of the DRC. The third section provides counts on the DRC population as it flows from intake through to exit and includes demographic information about DRC participants. Section four highlights the programs conducted at the DRC along with outcomes

data. The report concludes with a summary of open questions about DRC operations and outcomes as well as some ideas for future steps.

DRC Evaluations

The DRC was evaluated four times by a third party, Resource Development Associates (RDA). In 2018, RDA conducted a process evaluation of the DRC followed by a 2019 outcomes evaluation. RDA also conducted evaluations on two programs being implemented at the DRC by partner organizations: the Program-Level Evaluation of California Human Development in 2019 (regarding the outpatient substance use disorder treatment program at the DRC) and the Program-Level Evaluation of Employment Services: Job Link at the DRC (2020). The evaluation reports are available electronically or as hard copies upon request: probationdrc@sonoma-county.org or 707-565-8041.

II.   DRC Design and Operations

Design of the Sonoma County Probation Adult Day Reporting Center

The design of the DRC rests on a significant body of research evidence about how best to achieve the goal of recidivism reduction.[1] Its central strategies are built within the Risk-Need-Responsivity (RNR) framework, which has been shown to be effective in guiding community corrections work and reducing recidivism. The RNR framework promotes four principles:

- The Risk Principle: People convicted of crimes should be assessed using a validated risk assessment tool and individuals at greater risk of reoffending should receive more intensive interventions, while those at lower risk of recidivating should receive less intensive interventions, if any.
- The Needs Principle: Evidence-based interventions should be used that address the criminogenic risk factors that are amenable to change. These dynamic risk factors are antisocial behavior, antisocial personality, antisocial attitudes, pro-criminal associates, substance abuse, family/marital issues, education/employment problems, and lack of pro-social leisure/recreation activities.
- The Responsivity Principle: There are two types of responsivity. "General responsivity" states that interventions should use approaches that are most effective at eliciting behavior change and that cognitive behavioral and cognitive-social approaches are best suited to teaching people new behaviors. "Specific responsivity" means that interventions should be delivered in a manner that is meaningful to the individual, which sometimes means using appropriate modifications. In addition, an individual's key stabilization factors (housing, mental health, etc.) should be addressed in order to promote success with the interventions that address criminogenic needs.
- Fidelity to program models: The creators of the RNR model added the principle of fidelity to program models after having found that the quality of program implementation is also crucial to recidivism reduction. Research shows that even a program based on solid research evidence can do more harm than good in terms of recidivism outcomes when it is carried out in poor quality or does not conform to the program's tested model.

Using the RNR framework as a basis, central strategies of the DRC are: collaboration with key partners; use of evidence-based programs, practices, and policies; choosing programs and services based on their effectiveness with promoting behavior change; success-driven supervision that is oriented toward rehabilitation, provides an effective blend of incentives and sanctions, and is characterized by clear and

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[1] The Center for Effective Public Policy presents an excellent summary and discussion of the research that informed the design of the DRC in it 2007 publication, Increasing Public Safety Through Successful Offender Reentry: Evidence-Based and Emerging Practices in Corrections, Sections 5 and 6, pp. 70-157.

frequent communication (including Motivational Interviewing[2] techniques); and effective case management. Effective case management is informed by risk and needs assessments, is individualized, and is developed and regularly updated by a team that includes the supervising Probation Officer, the assigned DRC Probation Officer, and the participant.

Another important aspect of the design of the DRC is its Program Values, which are safety, respect, care and concern for others, positive achievement, and having a say. The Program Values are trauma-sensitive and conform to the principles of procedural justice. Since June 2017, DRC staff solicits regular feedback from the participants through periodic and exit surveys about various aspects of participants' experience at the DRC, including how well staff members practice the Program Values. Through the end of 2020, a total of 687 feedback surveys were completed: 508 by continuing participants and 179 by exiting participants. The following graph presents some of the combined survey responses of both groups related to the Program Values. Between 87% and 98% of the respondents rated their experience at the DRC in the top two categories for each of the Program Values, as exemplified by this selection of survey questions.

At the DRC, how SAFE did you feel…	Very safe	Mostly safe	A little unsafe	Very unsafe
… to be in the DRC building with the others who were there?	80%	16%	3%	1%
… to talk with your DRC PO about how things are going?	78%	19%	2%	1%
RESPECT	Very true	A little true	Somewhat true	Not at all true
DRC staff treat me with respect.	92%	6%	1%	1%
CARE AND CONCERN FOR OTHERS	All the time	Often	Sometimes	Not very often/ Not at all*
Staff have encouraged me to think about how I treat other people.	65%	22%	8%	5%
I have practiced skills that will help me treat others well.	65%	27%	7%	1%

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[2] Motivational Interviewing is an evidence-based practice. Its components include expressing empathy, developing discrepancy between negative behaviors and desired goals, rolling with resistance to change, and supporting self-efficacy.

POSITIVE ACHIEVEMENT	Very true	A little true	Somewhat true	Not at all true
I have learned skills that can help me stay out of trouble in the future.	81%	14%	4%	1%
HAVING A SAY	Very true	A little true	Somewhat true	Not at all true
Staff have really listened to my input.	79%	15%	5%	1%

* There were five possible responses in the "Care and Concern for Others" section of the participant feedback survey. This column combines the answers from the two lowest rankings, "Not very often" and "Not at all."

The program values are reflected in the physical space of the DRC, which was set up to provide a bright, safe and comfortable environment that is conducive to learning and positive behavior change. The DRC is open Monday through Friday from 9:00 AM to 7:30 PM. Current and past participants are welcome to drop in to get free coffee, water, snacks or a warm meal, or just to hang out. Staff is always ready to provide help and encouragement.[3]

Programs offered at the DRC

The Probation Department drew on some important principles in selecting programs for the DRC. Those principles are highlighted in the National Implementation Research Network (NIRN) model of implementation science as key areas of analysis in choosing a program: What is the **need** for the program? Does the program being considered have sufficient **evidence** of its effectiveness? Does the program **fit** with the implementing agency's culture, priorities, and other initiatives? **Usability** - is the program well-defined and appropriate for the setting and the target group? Does **capacity** exist (or can it be developed) to implement the program? What types of **supports** are needed to implement the program? The question of capacity was especially important in choosing programs that fit well with the Probation Department's ability to implement them.

The programs and services selected for implementation at the DRC demonstrate the following characteristics. They:

- Are based on research evidence
- Adhere to Core Correctional Practices (establish a quality, collaborative relationship with the formerly incarcerated individual; use the behavioral practices of reinforcement, disapproval, and the effective

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[3] These offerings were temporarily on hold starting in March 2020 due to the COVID-19 pandemic restrictions.

use of authority; apply cognitive restructuring methods; provide structured skill building; and develop problem-solving skills)
- Meet standards of quality and integrity (fidelity to the model)
- Reduce barriers and address practical needs.

During the time period covered in this report, the DRC programs and services included:[4]

- **Cognitive Behavioral Interventions – Core Adult** (CBI-CA) – This curriculum targets all criminogenic needs for adult populations. Cognitive behavioral strategies aim to increase positive behaviors, reduce undesirable behaviors, and promote self-control by learning how one's thoughts and emotions affect behavior and then practicing self-awareness and skills related to problem-solving, communication, and relaxation.
- **Aggression Replacement Training**© (ART) – ART is an evidence-based program that uses a cognitive-behavioral approach to teach social skills, anger management, and moral reasoning.
- **Advanced Practice** (AP) – This course provides an additional opportunity to practice the skills learned in other programs.
- **Team Case Planning** – The preparation of individualized case planning and management by a team that includes the DRC participant, the supervision Probation Officer, the DRC Probation Officer, and (when appropriate) service providers. The participant's voice is key to this evidence-based approach.
- **Mental health assessment** – Mental health assessments are conducted at the DRC and referrals are made to external providers.
- **Outpatient substance use disorder treatment** – Substance abuse assessments are conducted at the DRC and outpatient group treatment is provided there by a community partner.
- **Job Link employment services** – Job Link provides employment and training services and is run by the Sonoma County Human Services Department. A Job Link employee is co-located at the DRC.
- **High School completion and adult education** – A community partner co-located at the DRC provides classes, individual tutoring, and testing services.
- **Public benefits application assistance and eligibility services** – A co-located Department of Health Services employee provides application assistance for Medi-Cal, SSI, and other public benefits. A dedicated Human Services Department Eligibility Worker fast-tracks applications to Medi-Cal on behalf of DRC Participants.
- **Parenting classes** – A community partner provided the evidence-based Triple P Parenting Program at the DRC. Free childcare was provided during in-person classes. Spanish-speaking participants could attend Triple P classes in Spanish for free at the community partner's offices.

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[4] During the COVID-19 pandemic, programs have been delivered online.

- **Hot meals** – The Juvenile Hall kitchen prepared hot meals that were served for free at the DRC three times per week.

Section IV of this report presents more complete descriptive information about the programs as well as data on participant attendance and outcomes.

Staffing

The DRC stands under the direction of an Adult Probation Division Director. A Probation Officer Supervisor is responsible for DRC staff and daily operations. Typically, about six Probation Officers and three Probation Assistants work directly with DRC participants. (Staffing numbers can fluctuate, depending on the needs of the Department.) The Probation Officers and Probation Assistants receive thorough training on delivering the evidence-based programs offered at the DRC. In an effort to make all participants feel safe and comfortable, the DRC maintains a balance between male and female Probation Department and co-located staff members. In addition, at least one DRC staff member is a bilingual English/Spanish speaker.

The Probation Department's Program Planning, Implementation and Evaluation Team provides support to the DRC and its programs. One of the Team's Administrative Aides maintains the DRC database and creates regular reports on the extensive data collected on participation at the DRC and on program outcomes.

III.   DRC Participation and Participants

DRC Population by Year

Typically, individuals become DRC participants through court order or referral by their supervising Probation Officer. The DRC has the capacity at any point in time to work with 150 participants. During 2015, the first year that the Sonoma County Probation Department ran the DRC, the number of unduplicated DRC participants was 322. The DRC population grew steadily each year until it peaked at 552 in 2018. The number of unique participants within the year 2019 dropped from that high point to 469. There was an even larger drop in the number of participants in 2020, down to 317 due to the COVID-19 pandemic, when the DRC closed in March of that year and could only provide classes and services remotely. It is also possible that the natural disasters that affected our county (the major wildfires of 2017 and 2019, as well as the flooding of 2019) also had a dampening effect on DRC participation.

All Participants, Unduplicated Within Each Year
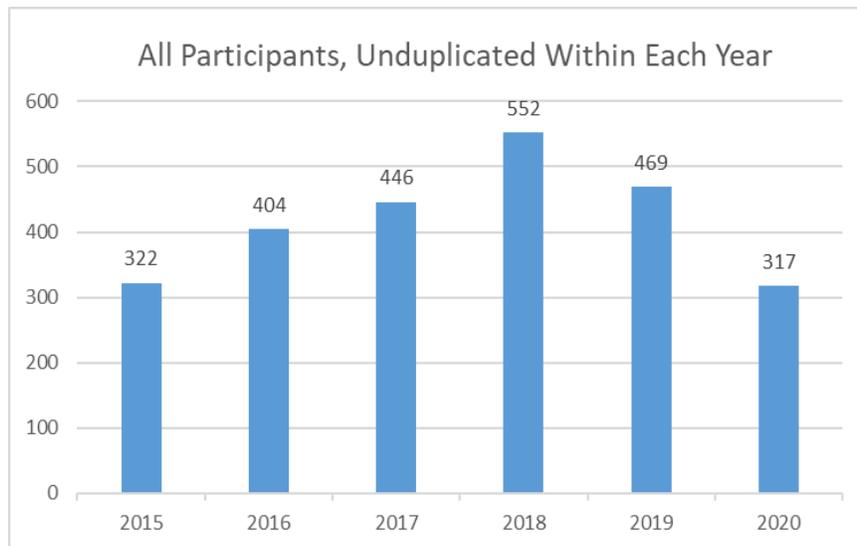
During the six-year period, the total number of unique participants was 1,280.

Demographics

As shown in the table below, the majority of the DRC participants and Probation supervisees as a whole are male and white. However, there are a couple of notable differences in demographic composition between the two groups. The proportion of females is even lower in the DRC population as it is in the overall supervisee population, which can present a challenge in providing adequate programming that focuses on women. The difference between Hispanic participation in the DRC compared to the proportion of Hispanic supervisees is even larger. Reasons for this disparity are important to identify and address, including whether language plays a role (i.e., English versus Spanish).

The ages of DRC participants at the beginning of their DRC participation ranged from 18 to 76 years with the median age being 33.

| Participant Characteristic	DRC Participants 2015-2020	All Probation Supervisees 2015-2020
Gender		
Male	83%	80%
Female	17%	20%
Race / Ethnicity		
Non-Hispanic White	61%	56%
Hispanic	25%	31%
Black	9%	8%
Asian / Pacific Islander	2%	2%
American Indian	2%	1%
Other	1%	2%

Supervision Type

As noted earlier, a main reason for establishing the DRC was to serve people formerly served by the California prison system – a change brought about in 2011 by then Assembly Bill 109 (AB109). AB 109 established two new forms of community supervision in addition to "regular" or Formal Probation: Post Release Community Supervision (PRCS) and Mandatory Supervision. PRCS replaces some parole supervision overseen by the state correctional system and carried out by parole officers with probation, which is overseen by the county court system and carried out by probation officers. Mandatory Supervision (MS) is part of a sentence imposed by the court (for certain classes of crimes) that includes both a prison term to be served in county jail plus a subsequent, set period of community supervision.

The pie chart shows the proportions of DRC participants by type of community supervision. Over half of the individuals enrolled at the DRC during the period covered by this report were on formal probation. Of the 43% of participants who were AB 109 enrollees, nearly two-thirds were on Post Release Community Supervision and about one-third were serving a Mandatory Supervision sentence.

**Participants by Supervision Type, 2015-2020
(n=1,280)**

PRCS
28%

Formal
Probation

AB 109
43%

MS
15%

57%
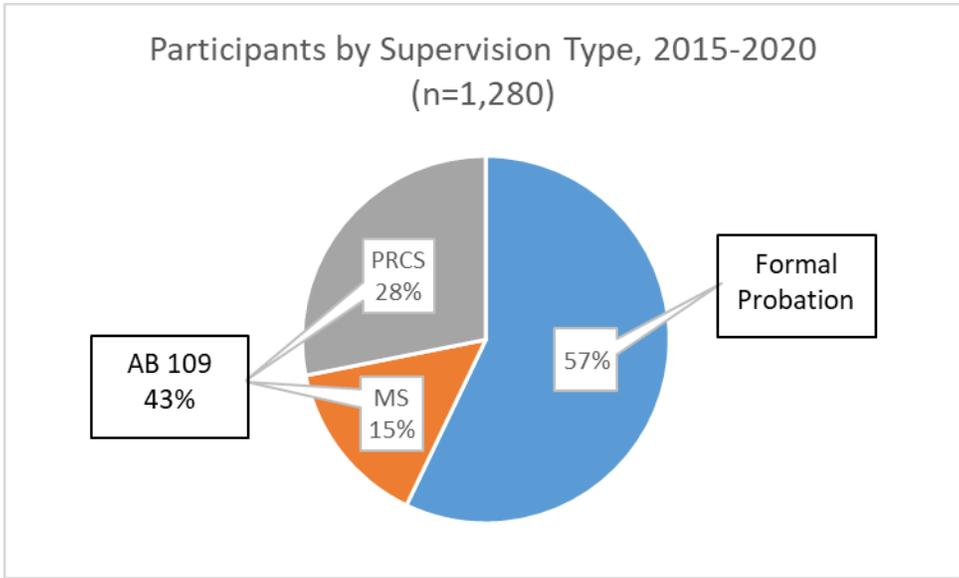
Assessed Risk Level

By program design, the Probation Department prioritizes DRC participation for supervisees assessed to be at high or moderate risk to commit a new crime. The following graph shows the proportions of DRC participants by their assessed risk level at the time of their intake into the DRC. Nearly two-thirds of participants were at a high risk to recidivate while less than one in ten were at a low risk. A small group (4%) had not been assessed within the previous six months at the time they enrolled.

**Participants by Assessed Risk Level, 2015-2020
(n=1,280)**

4%

9%

24%

63%

■ High ■ Moderate ■ Low ■ Not Assessed
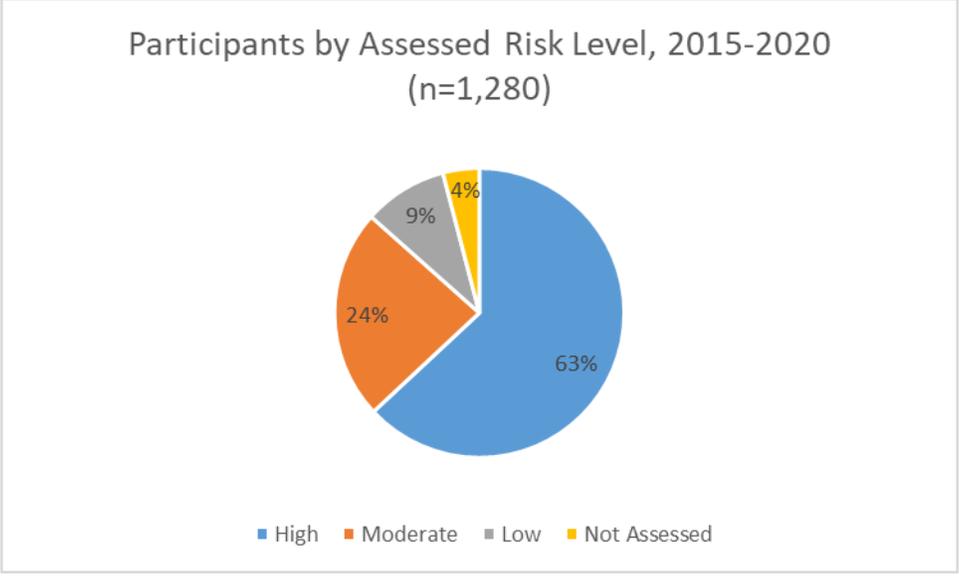
As mentioned earlier, the DRC is designed to serve individuals at high or moderate risk of recidivating, so it might seem surprising that one-eighth (13%) of enrollments comprise individuals who were assessed at low risk or were not assessed at all. This is because the level of assessed risk does not always correspond directly with the assigned level of supervision. All but two of the 52 <u>unassessed</u> individuals were "AB

109" supervisees (PRCS and MS supervisees), who are presumed to be appropriate for DRC participation. Of the 120 individuals assessed at low risk to recidivate, but who were assigned to a moderate or high level of supervision, 54 of them were "AB 109" supervisees – again, presumed appropriate. Another 66 of the "low-risk" supervisees were on Formal Probation and over half of those (35 individuals) were placed in a higher risk category due to extenuating factors, such as the nature of their offense (e.g., a sex offense). The Supervisor of the DRC reviews all referrals of low-risk individuals to ensure that they are appropriate for participation.

Enrollments, Suspensions and Reengagements

Not everyone who enrolls in the DRC completes their programming. And not everyone who leaves the DRC leaves permanently. This subsection presents information on enrollments, suspensions and reenrollments. The next subsection takes up exits.

Prior to January 2017, clear distinctions were not made between departures from the DRC that were long-term or permanent and those that might be temporary. Since the beginning of January 2017, a departure from the DRC has been classified as a suspension when it is not for a reason that would prevent a return within twelve months (such as a prison sentence or completion of the probation term). Suspension status is usually initiated when the individual has not attended scheduled meetings with Probation Department staff and/or attended assigned programs for two weeks. If the individual does not return to the DRC within one year of their departure, the suspension status is changed to "exited," and a reenrollment within twelve months is considered a "reengagement."

The following table displays the numbers of enrollments and reengagements by year, as well as the numbers of unique participants within each year. As shown, "enrollments" were quite high in comparison to unique participants in 2015 and 2016; in later years, some number of those "enrollments" would have been classified as "reengagements." Note that enrollments never equal unique participants within the year, because some of the participants are continuing from the previous year and/or, for the years 2017-2020, are reengaged instead of being newly-enrolled.

	2015	2016	2017	2018	2019	2020
Unique participants within the year	322	404	446	552	469	317
Enrollments	353*	328	295	272	196	98
Reengagements	n/a	n/a	94	147	105	48

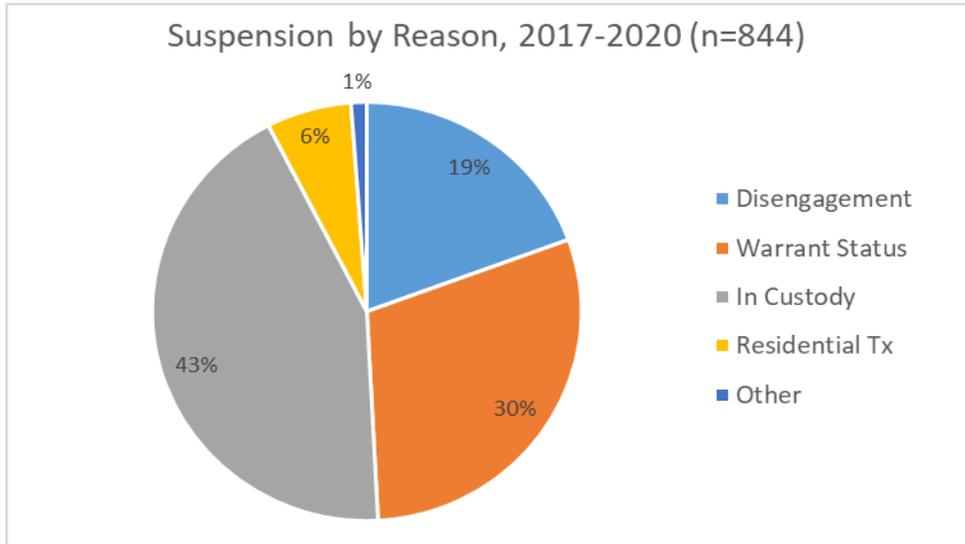* The enrollment period for 2015 began in November 2014.

The following graph shows the numbers of suspensions next to the numbers of reengagements for the years 2017 through 2020, when those categories were in effect. Like the above table, the graph demonstrate that there has been a lot of "churning" amongst DRC participants. In 2017 there were 256 suspensions and 94 reengagements; in 2018 the DRC experienced 280 suspensions and 147

reengagements; in 2019 there were 214 suspensions and 105 reengagements; and in 2020 there were 94 suspensions and 48 reengagements. (Note that neither suspension nor reengagements represent unique individuals: a single individual might be suspended and reengaged multiple times.) Over the four-year period, with 844 suspensions and 394 reengagements of DRC participants, the reengagement rate was 47%.

Another important thing to note is that the social-distancing requirements set in place as a response to the pandemic meant the DRC building was closed to participants on March 13, 2020 and remained closed throughout the rest of the year. Starting in April 2020, all DRC classes and programs moved online, which presented an insurmountable barrier for some participants, particularly at the beginning of the shutdown. Therefore, the suspension "clock" was stopped on March 13, as well.
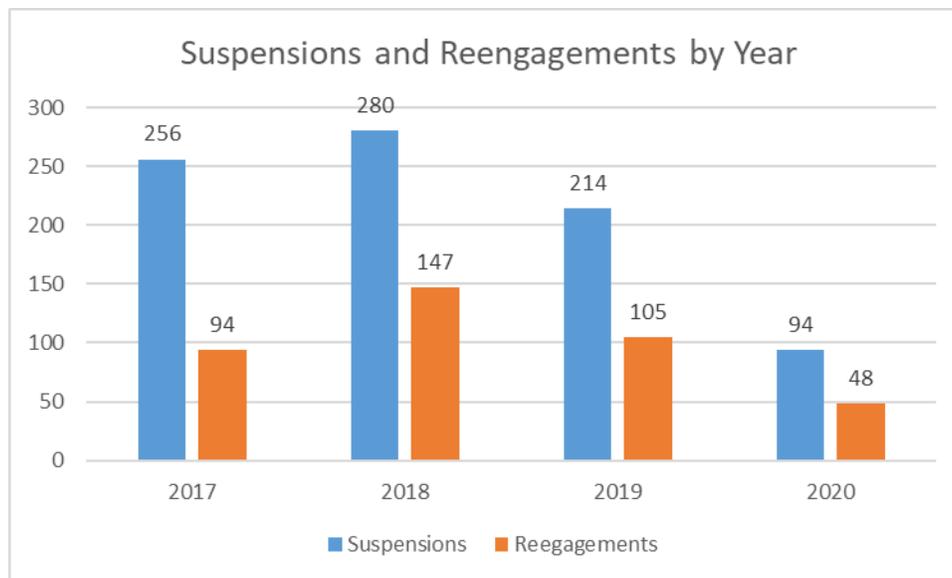
There were four main reasons for suspensions, as shown in the following pie chart. The most common reason for suspension was being in custody, comprising 43% of the suspensions from 2017-2020. A return to detention could be a relatively brief stay for a violation of probation or a sentence for a new crime. The next most common reason at 30% of suspensions was warrant status, meaning the supervisees were not showing up to court dates or mandated appointments with the Probation Department (and possibly had absconded or ended up re-incarcerated). The 20% of suspensions classified as "disengagement" occurred when the supervisees stopped coming to their DRC programming for more than two weeks. In contrast to the three most common reasons, the fourth (6%), residential treatment, is a neutral reason for suspension; in this case, DRC participants are placed in suspension status while they attend residential treatment (Tx) and the intention is for them to reengage when they complete it. Various other reasons account for one percent of suspensions.

Suspension by Reason, 2017-2020 (n=844)

- Disengagement — 19%
- Warrant Status — 30%
- In Custody — 43%
- Residential Tx — 6%
- Other — 1%

On the whole, 47% of suspensions result in a reengagement, and most demographic categories experienced a reengagement rate between 40% and 49%. The main exception is the reengagement rate by supervision type.[5] Individuals on formal probation made up 53% of the DRC enrollments from 2017-2020 and accounted for 374 suspensions (44% of all suspensions); their 145 reengagements exhibited the lowest <u>rate</u> of reengagement at 39%. Individuals released from a prison term to community supervision by probation (PRCS) accounted for 31% of DRC enrollments and 349 (or 41%) of the suspensions. They had the highest number (198) and rate of reengagement (57%). Finally, the 16% of DRC enrollments of those serving Mandatory Supervision (the second half of a sentence that included a prison term) accounted for 113 suspensions (13%) and had a reengagement rate of 42%.

Supervision Type	% Enrollments 2015-2020	Suspensions	Reengagements	Reengagement Rate
Formal Probation	53%	374	145	39%
Post-Release Community Supervision (PRCS)	31%	349	198	57%
Mandatory Supervision (MS)	16%	113	48	42%
Totals	**100%**	**836**	**391**	**47%**

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[5] Additional exceptions are participants aged 18-19 years (with a reengagement rate of about 57%) and those in the racial category "Other" (about 63%). However, they also represent only small proportions of total enrollment, at 1% and 4%, respectively.

It is interesting to note that the ratio of suspensions to number of participants has steadily dropped from 2017 to 2020 (although the large drop during the COVID-19 pandemic can be attributed to having stopped the suspension "clock" in mid-March). At the same time, the reengagement rates remained quite strong from 2018 to 2020. The following table displays this information.
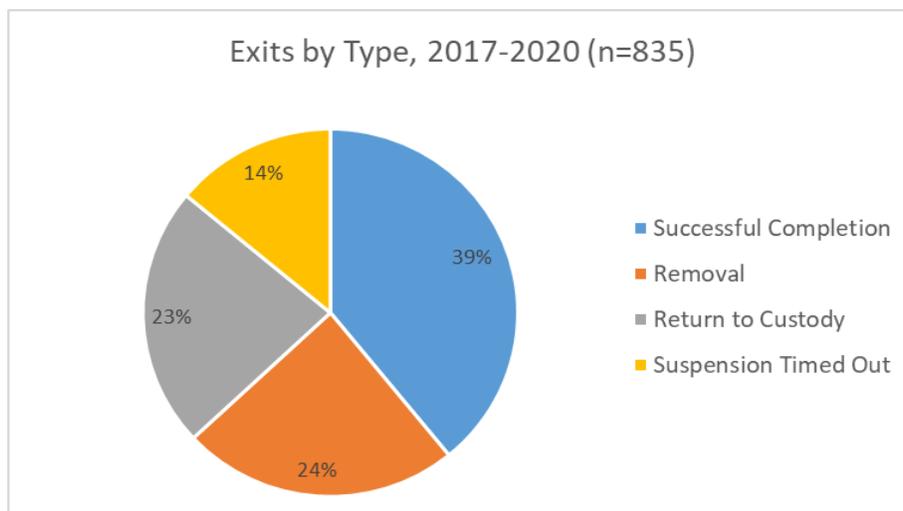
Year	Participants	Suspensions	Ratio Suspensions to Participants*	Reengagement Rate
2017	446	256	57:100	37%
2018	552	280	51:100	53%
2019	469	214	46:100	49%
2020	317	94	30:100	51%

* A single participant might be suspended more than one time in a year; therefore suspensions do not necessarily represent unduplicated participants, whereas the participant counts do represent unduplicated individuals within the year.

Exits

From 2017 through 2020, 835 individuals exited the DRC. Nearly two in five of the participants who exited did so successfully, meaning they completed their DRC programming and "graduated." A small number of individuals chose to complete their DRC programming even after the end of their probation term.

The following pie chart shows all types of exits from the DRC between 2017 and 2020. Thirty-nine percent of exits represent successful completion of the DRC Program. Twenty-four percent of the exits were counted as removal, which could mean their term of probation ended before they completed their DRC programming (including by reason of moving to a new jurisdiction and completing their probation there). Twenty-three percent of the exits from the DRC represent returns to custody, incurring an absence from the DRC of more than twelve months. The least common exit type at 14% was a suspension that did not result in a return to the DRC within twelve months.

Exits by Type, 2017-2020 (n=835)

- Successful Completion 39%
- Removal 24%
- Return to Custody 23%
- Suspension Timed Out 14%

IV. DRC Program Implementation, Attendance, Dosage and Outcomes

Program Implementation

The Probation Department leadership draws on implementation science in conducting DRC programs, just as it had with the overall design of the DRC and the use of the project selection criteria (see Section II). In the implementation phase, the main tool is the National Implementation Research Network (NIRN) system of "Implementation Drivers" to achieve maximal program outcomes.[6]

According to the NIRN model, there are three types of implementation drivers. The **Competency Drivers** are the selection of staff members, training, and ongoing coaching. **Organization Drivers** include data systems that support decision-making, administrative systems that facilitate effective implementation, and the creation and maintenance of a supportive organizational environment for the program. **Leadership Drivers** are the guiding strategies that manage a successful change process by keeping a good balance between the focus on Competency Drivers and the focus on Organization Drivers. When the three types of drivers are functioning optimally, program fidelity is maximized, which in turn leads to superior outcomes.

The Implementation Drivers schema is especially evident in the DRC operations with the emphases on training, ongoing coaching, regular fidelity assessment by a supervisor and through self-evaluation, and data-driven monitoring/decision-making.

All members of the DRC staff receive certification-level training as facilitators of the core evidence-based programs offered at the DRC. The Probation Department has invested in developing in-house trainers who provide the initial training, regular booster training sessions, and one-on-one coaching on the facilitators' delivery of the curricula. The facilitators are assessed through routine, direct observation of their delivery and through ongoing self-assessment, and the trainers provide individualized feedback on strengths and areas needing improvement. When issues are noted that affect a number of facilitators, they are discussed in the weekly DRC staff meetings and/or in a regular program team meeting, which includes DRC leadership and members of the Department's Program Planning, Implementation and Evaluation Team.

Thorough data is collected and regularly analyzed on all aspects of participants' attendance, their outcomes assessments, and their satisfaction with DRC services. The satisfaction survey asks participants a few times throughout their DRC programming and at exit from the DRC: 1) how useful they found their programs to be, and 2) how effective the program facilitators were as teachers of the program material (amongst other questions about their DRC experience). Again, the program

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[6] Complete information about the Implementation Drivers is at https://nirn.fpg.unc.edu/module-2/implementation-drivers (viewed on 5/16/2021).

team discusses any issues that are evident in the data and use them for problem-solving and ongoing program improvement.

Program Attendance and Outcomes

Programs that use cognitive behavioral approaches constitute the central pillar of DRC programming: Cognitive Behavioral Interventions – Core Adult (CBI-CA), Advanced Practice (AP), and Aggression Replacement Training (ART). DRC staff facilitate these three programs, while partner organizations provide additional programs and services: outpatient group treatment for substance use disorder, employment services, educational services, and parenting classes with childcare available. Together, these programs help to address the top eight criminogenic needs. Team Case Planning meetings are another evidence-based practice that is implemented at the DRC and are key to selecting, managing, and coordinating programming and services for each participant. This section presents, one by one, a brief description of the program, the data on enrollment and completion, and, when available, the information on participants' outcomes.

Please note that, for most of the measures in this section, the data analyzed dates from 2017 and does not include the years 2015 and 2016, because of lack of comparability in the data. Also, the DRC serves some non-DRC participants with employment services, educational services, and parenting classes; however, this section presents the data exclusively for DRC participants.

## Cognitive Behavioral Interventions – Core Adult (CBI-CA)

Cognitive behavioral strategies aim to increase positive behaviors, reduce undesirable behaviors, and promote self-control by learning how one's thoughts and emotions affect behavior and then practicing self-awareness and skills related to problem-solving, communication, and relaxation. This evidence-based, 55-session, group curriculum was developed by the University of Cincinnati Corrections Institute to broadly target all criminogenic needs for adult populations.

As implemented at the DRC, each CBI-CA group meets for two 90-minute sessions per week. The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skill development and teaches participants strategies to manage risk factors. Participants must attend each session and complete all assigned class work and homework in order to complete the program successfully. If any sessions are missed, the participant must schedule make-up sessions in order to graduate. The curriculum covers:

- Pre-treatment: Motivational Engagement
- Motivational Engagement
- Introduction to Cognitive-Behavioral Interventions
- Cognitive Restructuring
- Emotional Regulation
- Understanding Behavior Patterns
- Choosing Behavior Responses

- Problem-Solving
- Planning Your Future
- Success Planning

Of the 574 DRC participants who completed CBI-CA from 2017 through 2020, 266 successfully completed the program, for a completion rate of 46%. Of the non-completers, 215 failed to complete or were removed from the program and 56 exited the DRC prior to completion. Thirty-seven of the participants (or 6%) did not complete "with reason." Common reasons include the participant needing to complete Substance Use Disorder Treatment first, being enrolled in more programs than was manageable, being unable to participate remotely in 2020 during the COVID pandemic, or some other change in their case plan that removes the CBI requirement, at least temporarily. In many cases, the participant might return to CBI at a later date.
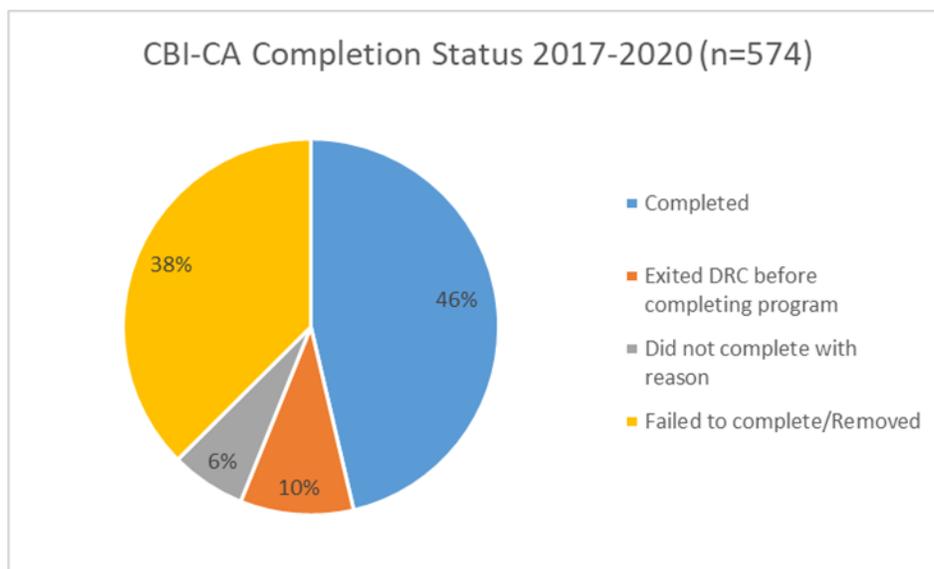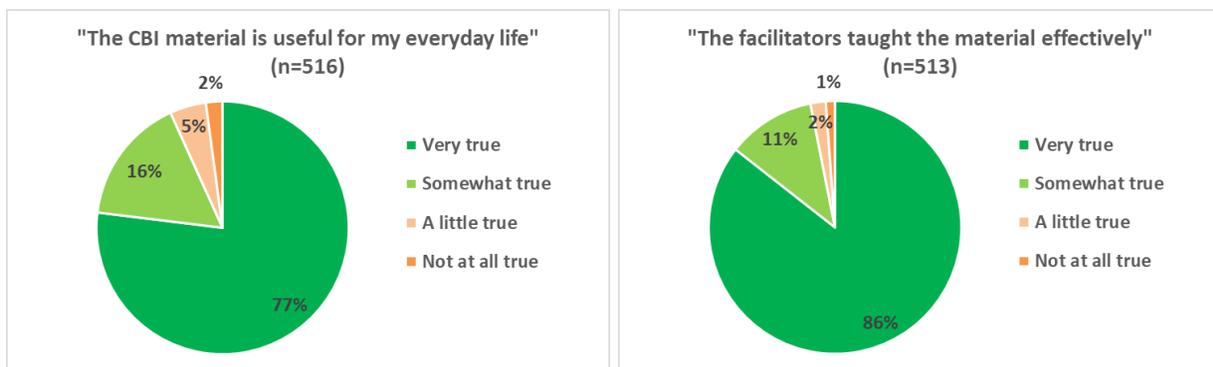

The Criminal Sentiments Scale assesses criminal attitudes towards the law, the court, police, and people who violate the law, as well as to what degree individuals identify with others who commit crime. The DRC administers the Criminal Sentiments Scale toward the beginning of participation (after the Pre-Treatment Module and during the Motivational Engagement Module) and again when participants complete CBI-CA. The pre- and post-program scores are compared to assess the outcome for participants.

9.2% Decrease in Criminal Sentiments Scores

(n=108, p<.01)

There were 108 paired pre-/post-Criminal Sentiments Scales collected between January 2017 and December 2020. The analysis of these assessments revealed an
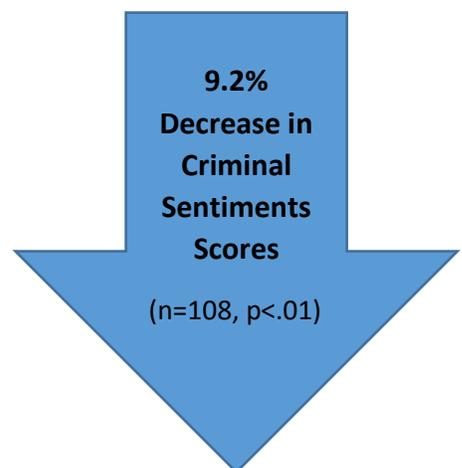
average of a 9.2% decrease in scores on criminal attitudes for DRC participants who completed the program. This finding is statistically significant ($p < .01$). However, as determined by a statistical method, the effect size of the decrease is relatively small (Cohen's $d = 0.30$).

From June 2017 through the end of 2019, the DRC participant feedback survey provided over 500 responses regarding perceptions on the value of the CBI curriculum and the quality of its delivery. Most respondents reported a high degree of satisfaction with the program, as the following pie charts show: 93% of the responses were positive reports on the usefulness of the CBI material (77% "very true" and 16% "somewhat true") and 97% gave positive marks to the effectiveness of the facilitators (86% "very true" and 11% "somewhat true").
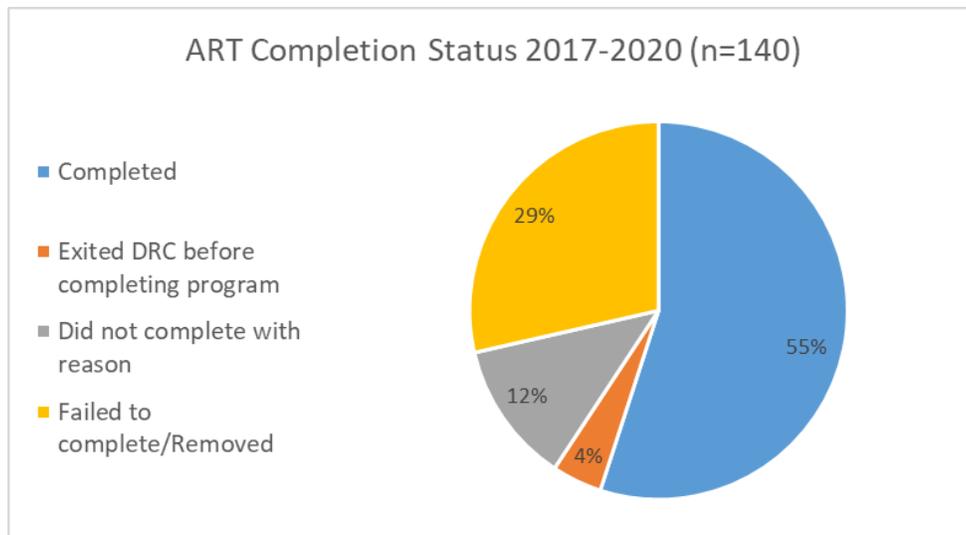

"The CBI material is useful for my everyday life" (n=516)

2%, 5%, 16%, 77% — Very true, Somewhat true, A little true, Not at all true

"The facilitators taught the material effectively" (n=513)

1%, 2%, 11%, 86% — Very true, Somewhat true, A little true, Not at all true

Aggression Replacement Training (ART)

ART is an evidence-based, cognitive-behavioral treatment program to promote prosocial behavior by addressing factors that contribute to aggression. While ART was designed for work with adolescents, the Probation Department worked with the program developers to adapt it appropriately for the DRC's adult participants.

ART consists of three components, with 10 sessions in each component: Skillstreaming, Anger Control, and Moral Reasoning. In the group sessions, participants gain tools that allow them to solve problems, make decisions, and interact positively in social situations. This curriculum is taught in two sessions per week for one and a half hours each. Participants must attend each session and complete all assigned class work and homework in order to complete the program successfully.

Of the 140 DRC participants who completed ART from 2017 through 2020, 77 successfully completed the program, for a completion rate of 55%. Of the non-completers, 40 (29%) failed to complete or were removed from the program and 6 (4%) exited the DRC prior to completion. Seventeen of the participants (or 12%) did not complete, either because their case plan was changed and they no longer were required to attend ART or they were unable to participate remotely in 2020 during the COVID pandemic.

ART Completion Status 2017-2020 (n=140)

- Completed
- Exited DRC before completing program
- Did not complete with reason
- Failed to complete/Removed

55%
29%
12%
4%

ART uses three pre-/post- assessments to evaluate participant outcomes:

- The How I Think Questionnaire (with the categories Self-Centered, Blaming Others, Minimizing/Mislabeling, and Assuming the Worst)
- The Aggression Questionnaire assesses the use of physical aggression, verbal aggression, anger, hostility, and indirect aggression
- The Skillstreaming Checklist examines the use of prosocial skills.

The following table presents the results of the assessments.

Assessment Tool	Measurement Areas	Pre/Post Change
How I Think Questionnaire **measures self-serving cognitive distortions** **(n=60)**	Self-Centered	Scores declined by 5.0%*
	Opposition-Defiance	Scores declined by 2.3%*
	Blaming Others; Minimizing/Mislabeling; Assuming the Worst; attitudes towards Physical Aggression, Lying, and Stealing	No statistically significant change
Aggression Questionnaire **(n=57)**	Physical Aggression	Scores declined by 2.5%**
	Verbal Aggression, Anger, Hostility, and Indirect Aggression	No statistically significant change
Skillstreaming Checklist **(n=76)**	Use of the Prosocial Skills taught in ART	Scores increased by 16.3%*

* Statistically significant (p<.01)
** Statistically significant (p<.05)

The ART pre/post assessments showed some improvement in behavior and attitudes among participants who completed the program. The largest improvements were registered in the use of prosocial skills, as measured by the Skillstreaming Checklist: participants demonstrated a 16.3% increase in the use of the prosocial skills they learned in ART, which is a statistically significant change (p<.01). This increase in use of skills also had an effect size in the medium-to-large range (Cohen's d = 0.63). The pre/post How I Think Questionnaire showed some improvement in the categories Self-Centered (scores declined by 5.0%) and Opposition-Defiance (scores declined by 2.3%), both of which are statistically significant (p>.01); however none of the changes scored in the areas of Blaming Others, Minimizing/Mislabeling, Assuming the Worst, or in attitudes towards Physical Aggression, Lying, or Stealing were statistically significant. Finally, the pre/post Aggression Questionnaire found a statistically significant pre- to post-program decline in scores of 2.5% in Physical Aggression (p<.05), but no significant changes in Verbal Aggression, Anger, Hostility, or Indirect Aggression. Moreover, the statistically-significant changes in scores on the How I Think Questionnaire and the Aggression Questionnaire had only small effect sizes (Cohen's d ranged from 0.20 to 0.27).

The DRC participant feedback survey (June 2017 through December 2020) provided 187 responses regarding perceptions on the value of the ART curriculum and the quality of its delivery. Most respondents reported a high degree of satisfaction with the program, as the following pie charts show: 94% of the responses were positive reports on the usefulness of the ART material (74% "very true" and 20% "somewhat true") and 95% gave positive marks to the effectiveness of the facilitators (82% "very true" and 13% "somewhat true").
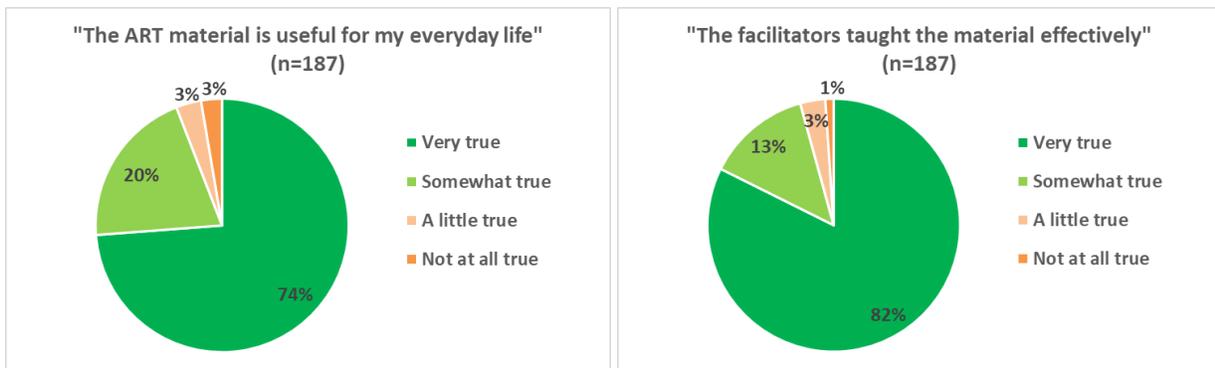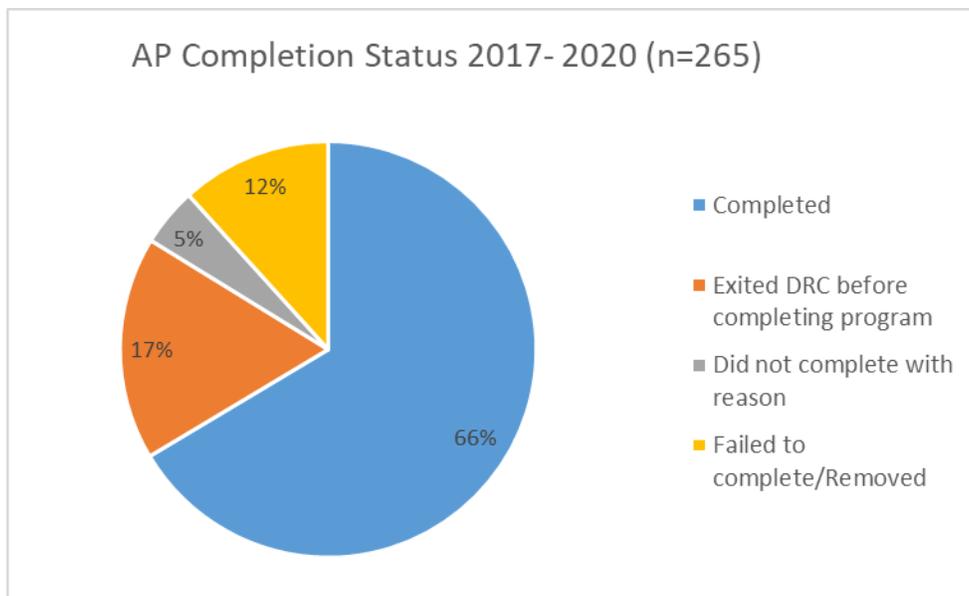

Advanced Practice (AP)

The Advanced Practice (AP) curriculum provides a structured way to assist individuals in practicing skills learned through core programming in a progressively more challenging way through the use of more difficult situations with increased pressure. Group members continue to practice cognitive restructuring, emotion regulation, social skills, and problem solving throughout their participation. The

curriculum consists of four levels of challenge for the group member: Graduated Practice, Skill Selection, Multiple Skills, and Unguided Practice.

Of the 265 DRC participants who participated in Advanced Practice from 2017 through 2020, 176 successfully completed the program, for a completion rate of 66%. Of the non-completers, 31 failed to complete or were removed from the program and 46 exited the DRC prior to completion. Twelve of the participants (or 5%) did not complete "with reason." Common reasons include the participant needing to complete Substance Use Disorder Treatment first, being enrolled in more programs than was manageable, being unable to participate remotely in 2020 during the COVID pandemic, or some other change in their case plan that removes the CBI requirement, at least temporarily. In many cases, the participant might return to CBI at a later date.

AP Completion Status 2017- 2020 (n=265)

- Completed — 66%
- Exited DRC before completing program — 17%
- Did not complete with reason — 5%
- Failed to complete/Removed — 12%

Outpatient Substance Use Disorder Treatment

Substance Use Disorder Treatment is an essential program component at the DRC. Designed to support participants in achieving a life free from mind-altering substances, Outpatient Treatment provides individual assessments and group counseling at the DRC for those with alcohol and other chemical dependency problems.

Outpatient treatment services are provided at the DRC by a community based agency partner. From 2015 through 2017, two community partners conducted the outpatient groups: California Human Development (CHD) and Drug Abuse Alternatives Center (DAAC). Since 2017, CHD has been the sole provider at the DRC, and in 2019, CHD changed the curriculum to the Matrix Model for Criminal Justice Settings and changed the frequency of group meetings from once weekly to twice weekly.

CHD conducts the current curriculum, the Matrix Model for Criminal Justice Settings (CJ), in two 1-1/2 hour sessions per group each week. The curriculum is divided into two phases: Early Recovery Skills (8 sessions) and Relapse Prevention (32 sessions). With a frequency of two group meetings per week, an individual can complete the program in about 20 weeks. The following table shows the total enrollment and completion rates for the different programs conducted over time by CHD.

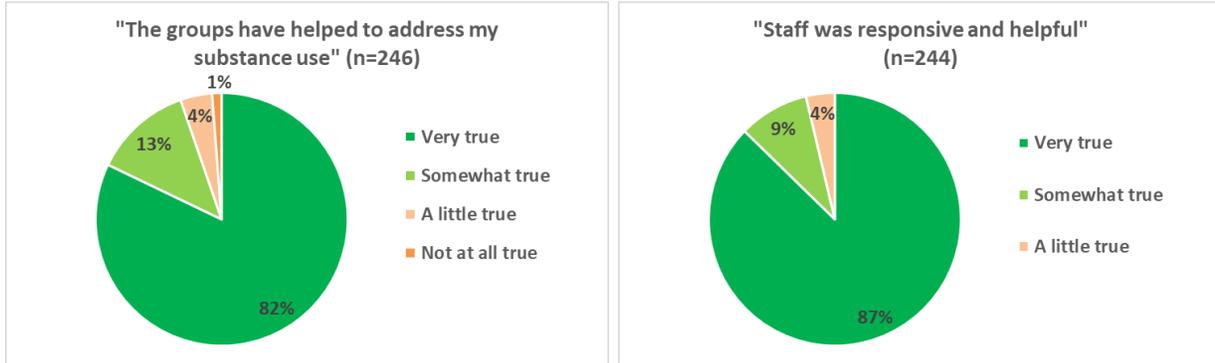| Completion Status	Outpatient Treatment Group (2017-2018)	Matrix CJ: Early Recovery Skills (2019-2020)	Matrix CJ: Relapse Prevention (2019-2020)
Completed	91	47	20
Exited DRC before completing program	26	0	2
Did not complete with reason	14	4	11
Failed to complete/Removed	160	9	25
Total Enrollment	**291**	**60**	**58**
Completion Rate	**31%**	**78%**	**34%**

An April 2019 evaluation of CHD's Outpatient Treatment Program found that:[7]

- CHD outpatient treatment incorporates evidence-based assessments, theoretical models, curricula, therapeutic practices, and fidelity measures. However, there are barriers to implementing the program with the course components, dosage, and frequency recommended by substance use treatment literature. [...]
- Probation, Behavioral Health, and CHD operate a clear process to refer, assess, and enroll clients in outpatient treatment. [...] Program disruptions due to returns to custody, suspension, or termination of probation can prevent continuity of services. [...]
- CHD participants indicated improvements in knowledge, attitude, skills, and self-efficacy since starting outpatient treatment, as well as increased financial, familial, and housing stability. [...]
- CHD outpatient treatment classes at the DRC are an essential part of an integrated system of services that support participants' successful recovery from drug and/or alcohol addiction.

In addition to the third-party evaluation of CHD's Outpatient Treatment Group program, the DRC participant feedback survey collected over 240 responses regarding perceptions on the value of CHD's outpatient substance use disorder treatment groups and the quality of their delivery. Most respondents reported a high

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[7] *Program-Level Evaluation of California Human Development. Sonoma County AB 109 Evaluation.* Resource Development Associates, April 2019; p. 3.

degree of satisfaction with the program, as the following pie charts show: 95% of the responses were positive reports on the usefulness of the outpatient group experience in supporting individuals in addressing their substance use (82% "very true" and 13% "somewhat true") and 96% gave positive marks to the effectiveness of the facilitators (87% "very true" and 9% "somewhat true" – and no reports of "not at all").

"The groups have helped to address my substance use" (n=246)
1%
4%
13%
82%
■ Very true
■ Somewhat true
■ A little true
■ Not at all true

"Staff was responsive and helpful" (n=244)
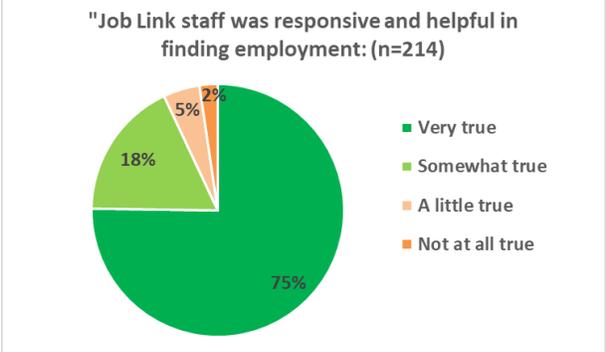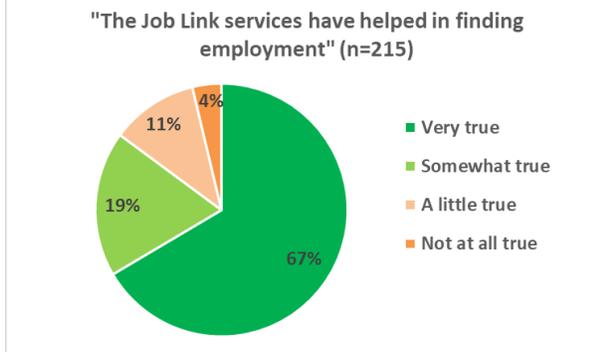4%
9%
87%
■ Very true
■ Somewhat true
■ A little true

Employment Services

Stable employment is a protective factor against reoffending. Embedded Human Services Staff of the Job Link program provide a variety of resources and services to assist DRC participants in obtaining employment. Services include individual assessment of job skills and history, as well as group workshops and individual guidance on job search techniques, resume writing, and interviewing skills.

From the time Job Link began collocated services at the DRC in March 2015 through calendar year 2020, 434 unique DRC participants have received employment related services at the DRC. At least 23% of DRC participants who received Job Link services (98 of 434 individuals) obtained employment; however, since these data are not consistently collected, they are likely underreported.

An April 2020 evaluation report[8] found that "[t]he accessibility of the location [in the DRC], approachability of Job Link staff, and Job Link's employer relationships facilitate participant engagement and support job attainment." In corroboration of this statement, over 210 DRC feedback surveys administered to recipients of Job Links services from mid-2017 through calendar year 2020 expressed positive opinions of the services received. "The Job Link Services have helped in finding employment" received 86% positive ratings (65% "very true" and 19% "somewhat true"), and 93% of ratings on the responsiveness and helpfulness of Job Link staff were also positive (75% "very true" and 18% "somewhat true").

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[8] *Program-Level Evaluation of Employment Services: Job Link at the DRC. Sonoma County AB 109 Evaluation.* Resource Development Associates, April 2020; p. 17.

"The Job Link services have helped in finding employment" (n=215)

- Very true — 67%
- Somewhat true — 19%
- A little true — 11%
- Not at all true — 4%

"Job Link staff was responsive and helpful in finding employment: (n=214)

- Very true — 75%
- Somewhat true — 18%
- A little true — 5%
- Not at all true — 2%

Educational Services

High School graduation or its equivalent is required by many employers, while the lack of educational and work achievement has been identified as one of the eight main criminogenic needs that, when met, helps to reduce recidivism.[9] Participants receive an assessment of educational attainment and need and, based on the findings, can receive individual assistance in navigating the educational system as well as training towards completing their High School Diploma or High School Equivalency.

Over time, three different organizations have provided education services at the DRC. Sonoma County Office of Education provided services at the DRC in 2015 and 2016. From 2017 through spring semester 2019, the provider was Santa Rosa Junior College. Since Fall 2019, the non-profit Five Keys has been the provider.

Because Five Keys took over the program just a short time before the pandemic closed the DRC, the program was able to graduate just one participant before the end of 2020. Similarly, only three participant feedback surveys were conducted during Five Keys' tenure at the DRC, but all three provided responses of "very true" for the statements, "The services I received were helpful in preparing for the GED" and "The staff have been responsive and helpful in assisting me with preparing for the GED."

Parenting Classes

Child-Parent Institute (CPI) is the provider of the Triple P Parenting Program, an evidence-based intervention. From June 2017 through June 2018, CPI staff held a one-and-a-half hour class about every four to six weeks. During that time, CPI served 20 unique DRC participants.
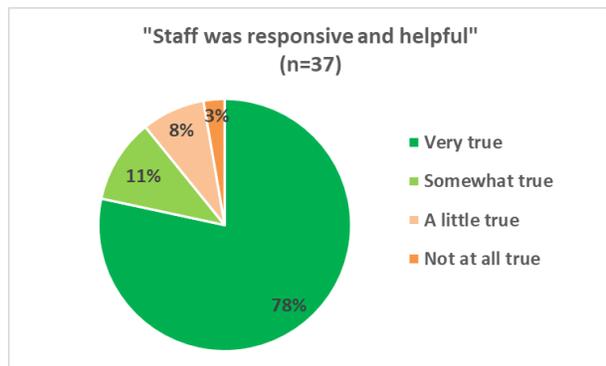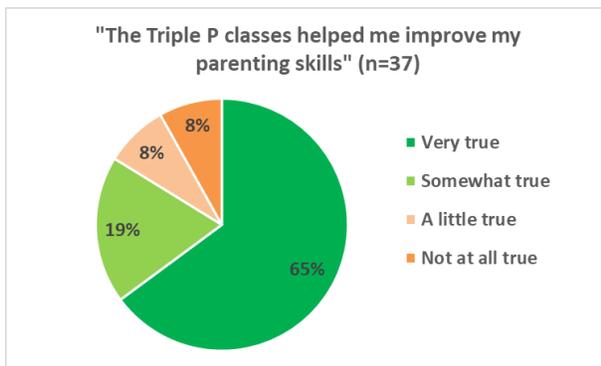
Starting in June 2018, CPI has conducted weekly 90-minute Triple P classes on Friday evenings. Class duration ranges from 2 to 8 weeks and each covers a different parenting topic, such as parenting teenagers, parenting toddlers, dealing with your child's anxiety, etc. The in-person classes included free childcare, funded through a

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[9] Davis, Lois & Bozick, Robert & Steele, Jennifer & Saunders, Jessica & Miles, Jeremy. (2013). Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults.

grant awarded to the Probation Department, which came to an abrupt halt in mid-March 2020 due to the social distancing requirements of the COVID-19 pandemic. Once CPI was able to transition to offering the classes online, the groups started back up in June and continued as a remote offering through the end of 2020.[10]

The weekly Triple P program that started in June 2018 is distinct from most other DRC programs in two ways. First, more non-DRC participants attended than regular DRC participants: from June 2018 through December 2020, CPI served 84 unique Probation Department clients (a mix of court-ordered and voluntary class participants), only 33 of whom were DRC participants; the remaining 51 were non-DRC participants. Second, the Probation Department paid for Spanish-speaking supervisees to attend Spanish-language classes at CPI (pre-pandemic). Probation clients whose work schedules prevented them from attending the classes at the DRC were also allowed to attend classes at CPI at the Probation Department's expense.

The DRC feedback survey provided 37 responses to the statements, "The services I received have been helpful in improving my parenting skills" and "The staff have been responsive and helpful in assisting me with improving my parenting skills." The feedback surveys are administered a few times during the year for current DRC participants and at exit, so the surveys do not represent unique respondents. That is why there were 37 surveys completed, when only 33 DRC participants attended the parenting classes. 84% of the responses rated the parenting classes as helpful in improving parenting skills (65% "very true" and 19% "somewhat true"), while 89% rated the responsiveness and helpfulness of the staff providing the classes positively (78% "very true" and 11% "somewhat true").

"The Triple P classes helped me improve my parenting skills" (n=37)
- Very true — 65%
- Somewhat true — 19%
- A little true — 8%
- Not at all true — 8%

"Staff was responsive and helpful" (n=37)
- Very true — 78%
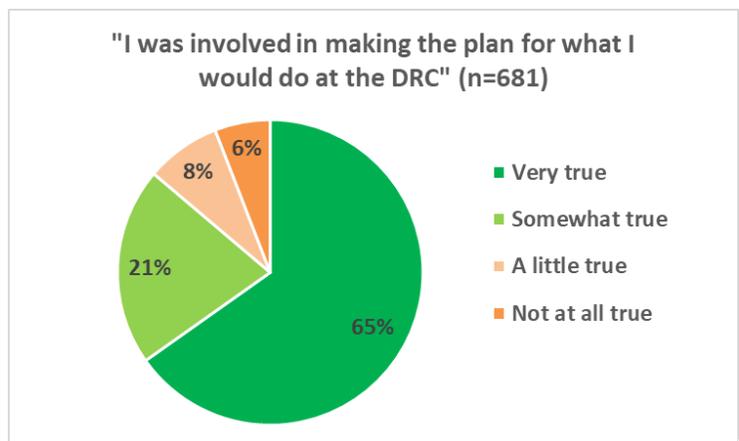- Somewhat true — 11%
- A little true — 8%
- Not at all true — 3%

Team Case Planning

In the effort to provide and coordinate effective programming and services for individuals reentering the community, the DRC uses a collaborative team case-planning approach. One case plan, which as often as possible is initiated in custody, follows the individual transitioning into the DRC and beyond. The objective is to

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[10] Unfortunately, the Triple P classes ended in June 2021 due to the end of the grant funding that had supported the program.

avoid duplicative or contradictory case management activities that occur post-release.

When an individual is referred to the DRC (ideally upon release from jail or prison), an intake meeting takes place in which the new participant and a DRC PO collaborate to plan a comprehensive course of action and goals. This plan is based on the criminogenic needs and protective factors identified in the needs assessment, input from the supervision PO, and additional mental health and substance abuse assessments. The participant's voice is included in selecting services and activities to address his or her criminogenic needs and to support the transition to the community. This inclusion encourages ownership of the process and enhances intrinsic motivation. As the following pie chart shows, in 86% of 681 DRC feedback surveys, the participants rated their involvement in their case plan positively (65% "very true" and 21% "somewhat true").

"I was involved in making the plan for what I would do at the DRC" (n=681)

- Very true — 65%
- Somewhat true — 21%
- A little true — 8%
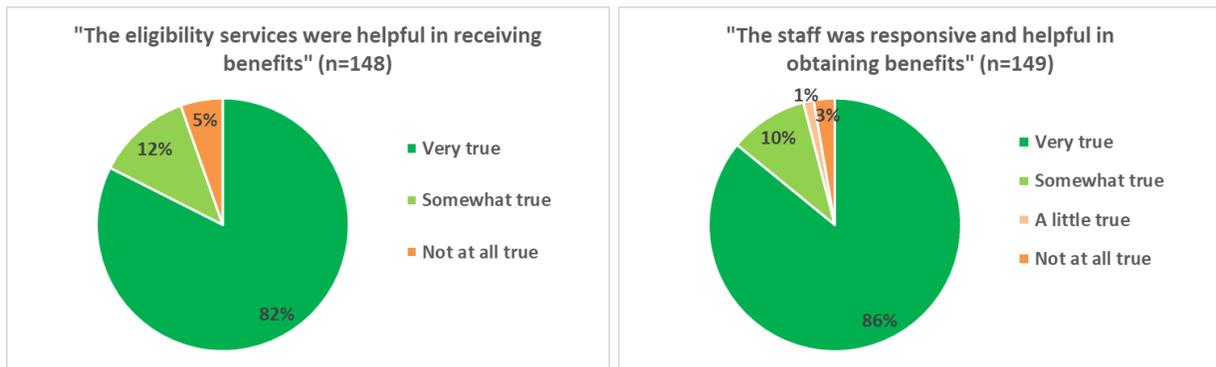- Not at all true — 6%

Team Case Planning (TCP) meetings are supposed to involve the participant, the DRC PO, the supervision PO, and any service providers; the meetings are supposed to be held regularly about every 90 days to evaluate participant progress and engagement and to make changes to the case plan as appropriate. This has proven to be a challenge. From the beginning of 2017 through the closure of the DRC in March 2020, 646 TCPs were conducted. Of those, a supervising Probation Officers was in attendance only 37% of the time (238 meetings). However, the participation of supervising POs improved greatly starting in November 2019, and from that month through mid-March 2020 was 90%. Nonetheless, this is an area that should be watched in the future to ensure those gains of supervising PO participation in TCP meetings are not lost.

An Additional Service: Public Benefits Application Assistance
Human and Health Services staff provide eligibility services to assist DRC participants in obtaining and maintaining public assistance benefits to which they may be eligible, including Medi-Cal, CalFresh (food stamps), General Assistance, SSI, and public housing assistance. Until the March 2020 shut-down due to the pandemic, the application assistance staff was collocated in the DRC.

Access to healthcare, housing, and needs-based food supplements are stabilizing factors. Participants with potential disabilities receive assistance in applying for supplemental disability-based income. The process to apply for public benefits can be daunting, and lack of knowledge about the benefits one might be entitled to is a barrier to receiving them.

The DRC participants who received application assistance generally held a positive view of them. In the nearly 150 DRC feedback surveys completed by them, 94% reported positive experience in receiving benefits (82% "very true" and 12% "somewhat true"), as well as 96% reporting positive experience with the application assistance staff (86% "very true" and 10% "somewhat true").

"The eligibility services were helpful in receiving benefits" (n=148)

- Very true — 82%
- Somewhat true — 12%
- Not at all true — 5%

"The staff was responsive and helpful in obtaining benefits" (n=149)

- Very true — 86%
- Somewhat true — 10%
- A little true — 3%
- Not at all true — 1%

Dosage

In reference to interventions, "dosage" is the amount of time an individual participates in programming. For people involved in the criminal justice system, research shows that the ideal amount of dosage varies for different levels of risk to recidivate, and that the closer one gets to their ideal amount of dosage, the less likely they are to reoffend. In accordance with the Risk-Need-Responsivity Model, individuals at high risk to recidivate need a higher dosage than individuals at moderate risk, while individuals at low risk to reoffend tend to do better without programming. Although more research is needed regarding the ideal amounts of dosage for individuals at moderate to high risk to recidivate, the literature suggests that the appropriate amounts of dosage for people on community supervision are 100 hours for people at moderate risk to recidivate, 200 hours for people at moderate-to-high risk, and 300 hours for people at high risk.[11]

The thorough tracking and collection of data in the DRC database allows for an accurate calculation of dosage that occurs at the DRC – but not of programming and activities that occur outside the DRC. Because of the intensity of programming at the DRC, it is a good assumption that the reported dosage hours represent much

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[11] Carter, Madeline M. and Sankowitz, Richard J. *Dosage Probation*. The Center for Effective Public Policy, 2014.
Please note that the Sonoma County Probation Department uses only the categories Moderate Risk and High Risk.

– but not all – of the intervention hours received by the participants. The following pie graph shows the amount of dosage at exit for all participants who left the DRC from the beginning of 2017 through the end of 2020.

Dosage at Exit, 2017-2020 (n=835)

- Less than 10 Hours
- 10-44 Hours
- 45-89 Hours
- 90+ Hours
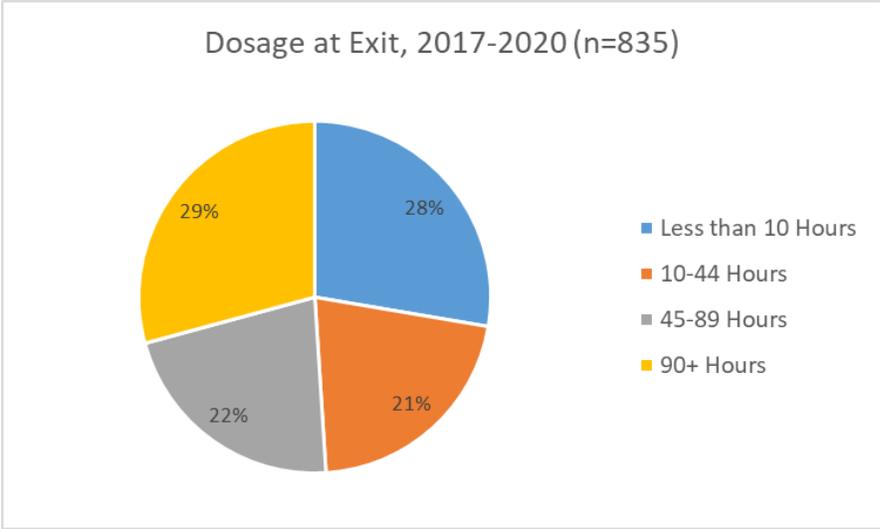
Nearly three out of ten participants (29%) had received 90 or more hours of programming at the DRC by the time they exited. Similarly, nearly three of ten participants (28%) had received less than 10 hours at exit. The other participants had received between 10 and 90 hours of programming: 21% had received between 10 and 44 hours of dosage at the DRC and 22% had received between 45 and 90 hours. The rates of dosage achieved at the DRC are much lower than the rates suggested by the literature (100-300 hours). The main reason for this is that the duration of programming at the DRC and/or the duration of the individuals' term of probations supervision do not allow for the attainment of the suggested dosage hours. Additionally, research is being conducted at the DRC as a randomized controlled trial. The research is investigating whether people leaving with mental health challenges can benefit from participating in a Cognitive-Behavioral Intervention. (About half of the DRC participants have experienced mental health challenges.) For nearly 45 months, DRC participants were screened for mental health challenges and randomly assigned to the study group (who participated in CBI-CA) and the control group. The control group were excluded from participating in CBI-CA, but were able to receive services at the DRC and participate in other programming, if appropriate. More information about the research project can be found in the text box and in the appendices.

The following two column graphs present the data dosage for DRC participants who exited from 2017 through 2020. The first graph displays the level of risk to reoffend as assessed at enrollment into the DRC. It shows that the DRC performed well at providing the highest amounts of dosage to high-risk individuals and the lowest number of dosage hours to low risk individuals (remember that the majority of individuals assessed at low risk to reoffend were nonetheless referred to the DRC

Randomized Controlled Trial of Cognitive Behavioral Interventions at the DRC

The Cognitive Behavioral Interventions-Core Adult (CBI) program at the DRC is being studied to see how well it helps to reduce recidivism among participants living with mental health challenges. A second agency is also part of the study: a mental health court in San Francisco.

Two University of California professors, Dr. Jennifer Skeem at UC Berkeley and Dr. Susan Turner of UC Irvine, are conducting the research. The study is funded by the Laura and John Arnold Foundation.

Participation in the study was voluntary. At their DRC intake meeting, a UCB research assistant screened individuals for mental health needs. If the individual had mental health needs and agreed to participate in the study (participation is strictly voluntary), they were randomly assigned to the study group or to the control group.

The study assignment process was conducted from 12/23/2016 through 8/30/2020. A total of 369 participants were randomized: 185 were assigned to the intervention group to participate in CBI; 184 were assigned to the control group and did not receive CBI, but could participate in other DRC programs and services. Because the DRC does not have the capacity to provide CBI to everyone who needs it, a control group is not considered unethical.

Currently, the data is being analyzed and the research report is expected soon and we look forward to the findings on CBI's effectiveness for individuals living with mental health challenges.

because they were in community supervision due to their AB 109 status or due to the nature of their offense).

Exits by Risk Level and Dosage Hours, 2017-2020 (n=802*)
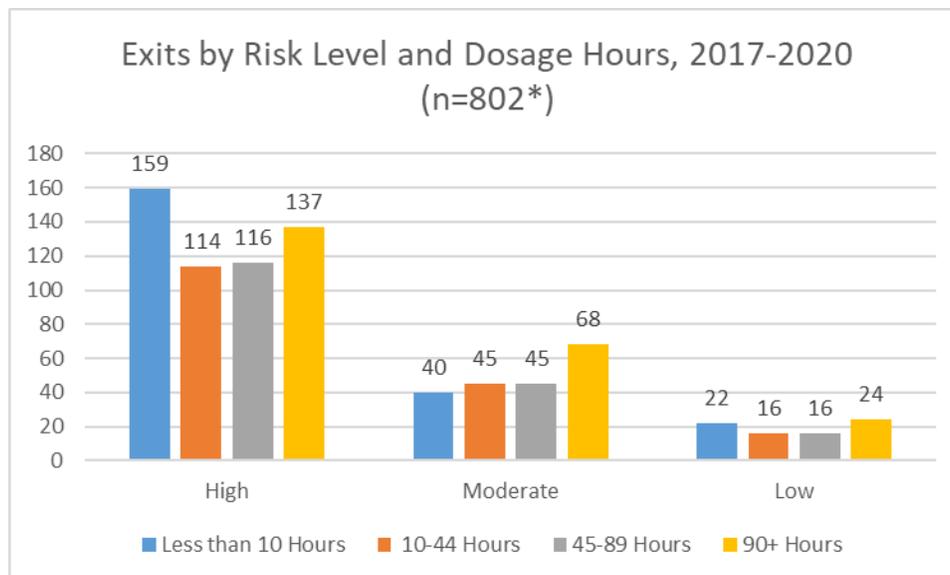
* The exits of 33 individuals who were not assessed at enrollment into the DRC are excluded.

The second graph shows DRC completions by type and dosage level. Successful completions were associated with higher amounts of dosage hours, which is not surprising. Please note that a very small number of people (11) completed the DRC successfully in less than 10 hours. This is because they were not assigned to a

program, but instead became part of the control group for research being done at the DRC, mentioned above. (See the text box.) They also may have accessed some services at the DRC without participating in programming.

Exits by Type and Dosage Hours, 2017-2020 (n=835)
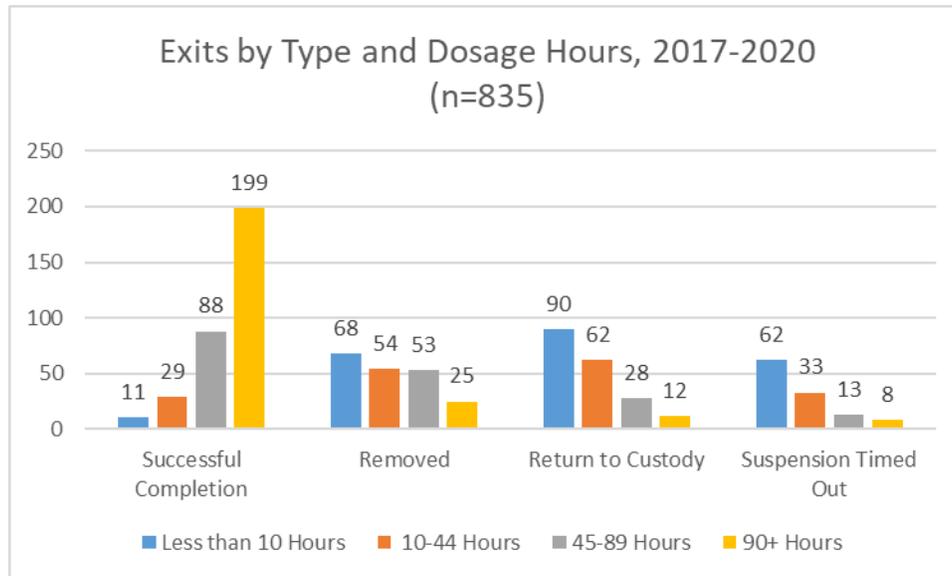
Recidivism[12]

In 2019, an external evaluator, Research Development Associates (RDA), performed a recidivism analysis using the data on 921 DRC participants from 2015 through July 2018 and applying survival analysis. Survival analysis calculates the probability that an individual will recidivate over time.

To compare DRC participants with non-participant probationers, the researchers employed the statistical practice of propensity score matching to try to come up with groups that were otherwise as similar as possible. RDA did not find a meaningful difference in the rates of recidivism for DRC participants compared to similar individuals under Probation Department supervision who did not attend the DRC. As the researchers noted, although they controlled for observable characteristics (e.g., risk level, criminogenic needs), it is possible that the comparison and treatment group have unobserved differences that are partially responsible for different recidivism outcomes. In particular, they did not know what criteria probation officers consider when making DRC referrals, and these criteria could not be controlled for in the analysis.

However, RDA did find that the more dosage hours a participant had through the DRC, the less likely they were to recidivate.

For the purposes of the evaluation, the 921 DRC participants were grouped into four categories based on the number of hours of programming they received at the DRC:

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[12] Most of this subsection is taken from: *Sonoma County AB 109 Day Reporting Center Outcome Evaluation.* Resource Development Associates, 2019.

10-29 hours of programming was considered low dosage, "medium dosage" was applied to 30-59 hours, and 60 or more hours was labeled as high dosage. The fourth category was for supervisees who enrolled at the DRC, but discontinued participation before they had accumulated 10 hours of programming, in order to create a comparison group.

The following graph shows the estimated rate at which recidivism occurred after participants reached their dosage level. The estimates used observed recidivism data and adjusted for differences in probation supervision type, race, and risk level to isolate the impact of DRC dosage.[13] The figure has four lines that form curves, one for each dosage category. The vertical (or Y) axis, indicates the proportion of people who survived (e.g., did not recidivate) over time. The value is a fraction that runs from one at the top to zero at the bottom, representing 100% survival to 0% survival. A survival curve always begins with 100% survival at day 0. For this analysis, day 0 was when individuals reached their dosage category (e.g., for an individual in the medium dosage group, day 0 is the day that he or she received 30 DRC hours). The more gradual the slope of the curve, the fewer individuals that are estimated to recidivate over time. If an individual never recidivates, he or she is considered to have "survived" the entire two-year time period.
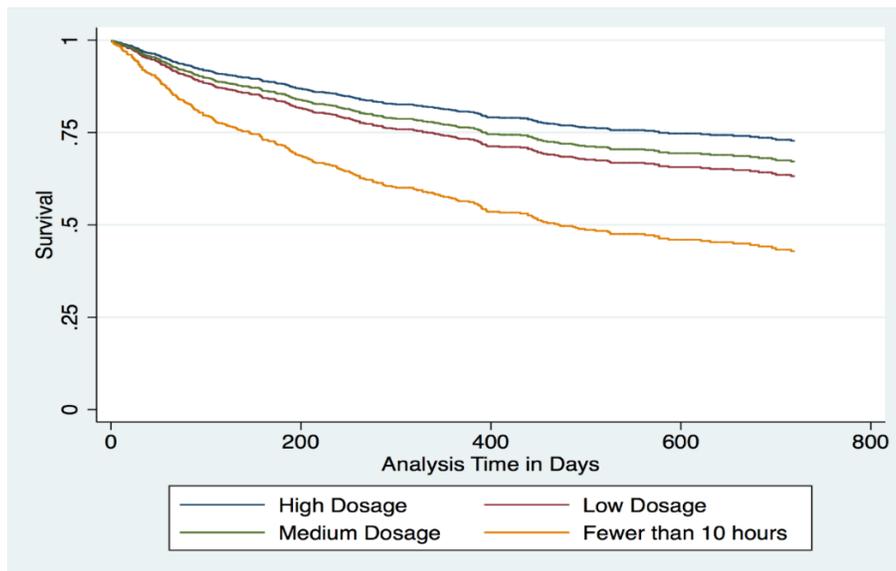
As shown in the graph, DRC participants with higher dosage levels were less likely to recidivate within two years compared to participants with lower dosage levels. The high dosage group (blue line) has lower recidivism than all other dosage groups, with recidivism slightly increasing as dosage levels decrease. This difference in

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[13] These times were also adjusted for time in custody, because it is assumed that individuals were not at risk of being charged with a new offense while detained.

recidivism is statistically significant between the high dosage group and participants with less than ten hours, as well as the medium dosage group and participants with less than ten hours. DRC participants that received high dosage were 58% less likely to recidivate than DRC participants who received less than ten hours. DRC participants with medium dosage were 34% less likely to recidivate than DRC participants who received less than ten. The probability of recidivating within two years was approximately 25% for those in the high dosage group, compared to about 60% for those with less than ten hours of course completion.

In addition to analyzing the association of recidivism with DRC dosage, RDA examined the association between individual characteristics and recidivism. The analysis found low risk individuals had a significantly lower likelihood of recidivating compared to moderate risk individuals, and high-risk individuals had a significantly greater likelihood of recidivating than low- or moderate-risk individuals. Individuals on formal probation also had a significantly lower likelihood of recidivating when compared to individuals on Mandatory Supervision. Other characteristics, such as race, were not associated with any change in the likelihood of recidivism, holding other factors constant.

Overall, recidivism analyses suggest that DRC services may decrease recidivism.

V.   Open Questions and Future Directions

Open questions remain in the area of referral and participation rates. While the DRC has the capacity to serve 150 individuals at any point in time, participation often falls below that. DRC leadership has tried various approaches to encourage referrals, and for a time following the introduction of each new approach, referrals increase. So the question is: what are the reasons for or barriers to initiating a referral by the supervising PO to the DRC?

DRC leadership has discussed developing strategies for supervising POs to use to initiate a referral. Also, because a referral to the DRC has often been initiated as a response to a violation of the terms of probation, another approach is to have the POs make the referrals as a matter of course, and not wait for a violation. The usefulness of providing supports and programming early in a term of probation has been confirmed by research. Finding effective ways to increase the number of referrals to the DRC continues to be a focus for DRC leadership going forward.

Relatedly, this report notes that Hispanic individuals participate in the DRC in disproportionately low rates. DRC leadership is committed to investigating the reasons for this and to increase the participation level of Hispanic individuals.

Another issue related to referrals and participation rates is the number of DRC participants who have been assessed as being at low risk to reoffend. As noted in this report, the DRC supervisor reviews each referral of an individual in this category. However, it could be useful to look at this group of individuals as a whole to learn more about them, whether certain demographic groups are being treated disparately, and how these individuals are faring through DRC participation.

Another area to examine is the Team Case Planning (TCP) meetings. During most of the period covered by this report, the rate of participation of supervising POs has been relatively low and the meetings have not been carried out in accordance with the 90-day frequency goal. DRC leadership has found ways to improve the number of TCP meetings attended by the supervision POs. It will be useful to continue investigating barriers to conducting TCP meetings and develop solutions. DRC leadership is actively considering lengthening the time between the meetings beyond the current 90 days and plans to set clear expectations about the meetings to the supervision POs.

Finally, this report presents some information about the randomized controlled trial of Cognitive Behavioral Interventions (CBI) that has been conducted at the DRC (and additional information is attached as an appendix). The study has not yet concluded. When the research report comes out, DRC leadership will consider how the findings affect the implementation of the CBI program.

Appendices

1. DRC Feedback Survey questions.

2. Information about the research on Cognitive Behavioral Interventions conducted at the DRC.

Appendix 1: The DRC Participant Feedback Survey Questions

Safety: At the DRC, how safe has it felt for you to…
- Be in the DRC building with the others who were there?
- Actively participate in group?
- Talk with your DRC PO about how things are going?
- Is there anything you would like us to know about safety at the DRC?

Respect: At the DRC, how true have these statements been for you?
- Staff treated me with respect.
- Other participants treated me with respect.
- If someone was disrespectful, staff did a good job in stopping it.
- I treated others with respect.
- Is there anything you would like us to know about respect at the DRC?

Care and Concern for Others: At the DRC…
- Staff encouraged me to think about how I treat other people.
- I practiced thinking about how I treat other people while I was at the DRC.
- I practiced skills that will help me treat others well.
- Is there anything you would like us to know about care and concern for others at the DRC?

Positive Achievement: How true are these statements for you?
- At the DRC, I learned skills that can help me stay out of trouble in the future.
- I am confident that I can use these skills in my life.
- I have been connected to services to help me succeed.
- Is there anything you would like us to know about positive achievement at the DRC?

Having a Say: How true are these statements for you?
- I was involved in making the plan for what I would do at the DRC.
- Staff really listened to my input.
- Is there anything you would like us to know about having a say at the DRC?

Intake Process: How true are these statements for you?
- The program expectations were explained to me.
- I was able to provide input about the services I would participate in.
- Staff were welcoming and answered my questions.
- Is there anything you would like us to know about the intake process at the DRC?

DRC Staff: How true are these statements for you?
- DRC staff have communicated with me well.
- DRC staff have been available to me.
- DRC staff have answered all of my questions.

CBI: Have you participated in Cognitive Behavioral Interventions (CBI) group sessions?
(If yes) How true are these statements for you?
- The material I have learned is useful for my everyday life.
- The facilitators are effective in teaching the material.
- Is there anything you would like to tell us about the CBI program?

ART: Have you participated in Aggression Replacement Training (ART) group sessions?
(If yes) How true are these statements for you?
- The material I have learned is useful for my everyday life.
- The facilitators are effective in teaching the material.
- Is there anything you would like to tell us about the ART program?

Job Link/Employment Services: Have you participated in individually or in a group with JobLink/Employment Services?
(If yes) How true are these statements for you?
- The services I have received have been helpful in finding employment.

- The staff have been responsive and helpful to me in finding employment.
- Is there anything you would like to tell us about the employment services?

Eligibility (Medi-Cal, CalFresh, CalWorks, SSI/SSP): Have you met with an Eligibility Worker at the DRC?

(If yes) How true are these statements for you?
- The services I have received have been helpful in receiving benefits.
- The staff have been responsive and helpful to me in obtaining benefits.
- Is there anything you would like to tell us about eligibility services?

GED Preparation/Education Services: Have you participated in GED Preparation or education activities at the DRC?

(If yes) How true are these statements for you?
- The services I have received have been helpful in preparing for the GED.
- The staff has been responsive and helpful in assisting me with preparing for the GED.
- Is there anything you would like to tell us about the education services?

Substance Abuse Treatment Services: Have you met with a counselor for a substance abuse treatment assessment?

(If yes) How true are these statements for you?
- The services I have received have been helpful in assessing my need for substance abuse treatment.
- The staff have been responsive and helpful when assessing me for treatment.
- Is there anything you would like to tell us about the assessment for substance abuse treatment?

Outpatient Substance Abuse Treatment: Have you participated in outpatient substance abuse treatment groups and/or individual substance abuse treatment meetings?

(If yes) How true are these statements for you?
- The services I have received have been helpful in addressing my substance use.
- The staff have been responsive and helpful in assisting me with addressing my substance use.
- Is there anything you would like to tell us about the outpatient substance abuse treatment groups?

Parenting Classes: Have you participated in parenting classes at the DRC?

(If yes) How true are these statements for you?
- The services I have received have been helpful in improving my parenting skills.
- The staff have been responsive and helpful in assisting me with improving my parenting skills.
- Is there anything you would like to tell us about the parenting classes?

Appendix 2: Information about the research on Cognitive Behavioral Interventions conducted at the DRC

Studying UCCI's CBI Course at Sonoma County's Adult Day Reporting Center

January 2017

What is the study?

- The Cognitive Behavioral Interventions for Community Corrections (CBI) course at the Adult Day Reporting Center is being studied to see how well it works to reduce recidivism among justice-involved individuals living with mental health impairment. About half the people participating in the DRC have a mental illness.
- The researchers hope to increase the evidence base for what works with this population, which right now is thin.
- To accomplish this, the study will compare recidivism outcomes of people living with mental health challenges who got the CBI curriculum with those who did not, randomly assigning people to CBI (the experimental group) or No CBI (the control group).

Why Sonoma?

- The University of Cincinnati Corrections Institute (UCCI) recommended Sonoma County Probation to the researchers because of the high quality of our CBI implementation.
- A mental health court in San Francisco was also recommended for the study, and our certified CBI trainers recently provided CBI training for their new staff.

Who's doing the study?

- Dr. Jennifer Skeem from UC Berkeley and Dr. Susan Turner from UC Irvine are running the study. Both are highly-respected, well-known criminal justice researchers.
- The four-year study is funded by a grant from the Laura and John Arnold Foundation.

Who is eligible to participate in the study?

- People referred to the DRC who have a mental illness are eligible. A brief mental health screening will be done by a research assistant at the DRC to determine eligibility.
- Participation in the study is voluntary. UC Berkeley will provide incentives to help participants stay engaged in CBI and finish it.

Why is a Control Group OK?

- Probation currently does not have the capacity to provide CBI to everyone who could use it, and that situation allows the creation of a control group. The DRC will remain full to capacity, serving as many people as possible.
- For eligible people at the DRC, assignment to CBI or No CBI will be random. Those assigned to the CBI study will participate as usual in DRC services, including CBI. Those assigned to the control group will also participate in DRC services, but not CBI. The goal is to have CBI or No CBI be the only difference between the two groups.
- People in the No CBI group will still receive other DRC services as appropriate, including mental health and substance abuse services, case coordination, employment and education services, parenting classes, restorative justice services, and Aggression Replacement Training.

Why is random assignment important?

- There's a danger of accidentally compromising the study by selecting participants that do not make up a truly representative sample of the eligible population. Random assignment reduces the possibility of inaccurate results due to selection bias.