County of Orange, California
Community Corrections Systems of Care
2025 Vision Data Plan

March 2021

LeCroy & Milligan
ASSOCIATES, INC.

Community Corrections Systems of Care
Data Measurement Plan
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About LeCroy & Milligan Associates, Inc.:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LMA has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs. The evaluation team for this project includes Joanne Basta, Ph.D., Rachel Rios-Richardson, MSW, and Darcy Richardson, MBA.

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Table of Contents

Executive Summary

The County of Orange (OC) developed a comprehensive vision and plan called the "Integrated Services 2025 Vision" (2025 Vision) designed to prevent and reduce the rate at which individuals become involved in the justice system and support success with appropriate treatment and services. It originated from their initial work with Stepping Up, a national initiative to reduce the number of individuals with mental illness in jails. The 2025 Vision is conceptualized by five "pillars" that comprise the Community Corrections System of Care: Prevention, Courts, In-Custody, Reentry, and Juveniles and Transitional Age Youth (TAY). LeCroy and Milligan Associates, Inc. (LMA) was contracted on September 1, 2020 to provide research and technical assistance consulting services on developing performance measures for the 2025 Vision that was created and began implementation in 2019.

The LMA Team primarily focused on what key or "core" outcome indicators should be used to measure success of the 2025 Vision. The measurement plan contains two parts, The 2025 Vision Data Plan and The 2025 Vision Core Indicator Tables (in Excel). The first part is this report, which describes the methodology, conceptualization and process the LMA Team conducted to recommend new measures and is meant to be reviewed in tandem with the set of indicator tables. The second part, The 2025 Vision Core Indicator Tables, is the addendum to this report, which is an Excel file that presents the 2025 Vision's original measures for comparison to the LMA Team's recommended measures. Based on our analysis, LMA recommends that the 2025 Vision stakeholders initially focus on a set of 45 "Core" outcome indicators to measure the 2025 Vision. We also provide a broader list of 114 indicators that integrate indicators from the 2025 Vision and LMA's recommendations. Additionally, we recommend the following to further develop this measurement plan:

- Shared Definitions. The 2025 Vision stakeholders should continue their work on developing shared definitions for the 2025 Vision's target groups and the key outcome indicators such as recidivism and community sustainability. This will assist with cross-systems understanding and transparency, as well as facilitate any future planning to develop cross-system data sharing.
- Logic modeling. The 2025 Vision stakeholders should consider using logic models to map out the 2025 Vision's proposed actions and strategies and how they lead to their intended outcomes. This process can help further clarify what outcome indicators to measure as well as what key inputs and outputs to measure. Examples of logic models are provided in Appendix A.
- Timing of Measurement. Measuring baseline data and setting milestones will be important for measuring progress since outcomes may not be evident for several years. Measuring progress at key time points also keeps stakeholders informed and engaged in the work and

progress. Measuring and compiling data at consistent time points will also help the data to be more comparable across multiple systems.

- Key Inputs and Outputs. Measuring key inputs and outputs are important for cost analysis and to determine whether the intervention strategies are actually being implemented so that desired outcomes can be achieved. However, the identification of the key inputs and outputs needed to measure the 2025 Vision implementation and its related costs will require more in-depth research and collaborative work with the stakeholders in the future.

Introduction

The County of Orange Integrated Services 2025 Vision

The County of Orange (County) joined the national Stepping Up Initiative[1], a partnership of the Council of State Governments, National Association of Counties, and American Psychiatric Foundation launched in 2015, to address the disproportionate number of people jailed who have mental illnesses. In 2017, the County released a Stepping Up Initiative report. The purpose of this work was to (1) assess the County's custody, criminal justice, and mental health systems, and (2) develop a proposed framework and estimate resources needed to meet Stepping Up's goal of reducing the number of people with mental illnesses in jail.[2]

Building from the County's work with Stepping Up, stakeholders then developed a comprehensive, action-oriented vision and plan called the "Integrated Services 2025 Vision" (2025 Vision). Key stakeholders across the community corrections systems of care participated in developing the plan. It is conceptualized by five pillars in the community corrections system of care:

- Pillar 1: Prevention
- Pillar 2: Courts
- Pillar 3: In-custody
- Pillar 4: Reentry
- Pillar 5: Juvenile and Transitional Age Youth (TAY)

The 2025 Vision was designed to increase collaboration and to help address the needs of individuals who come in contact with the Community Corrections System of Care, with a particular focus on supporting individuals with mental health and/or substance use disorders. The 2025 Vision emphasizes collaboration between pre-custody diversion, in-custody programs, and reentry/post-custody programs.

[1] Stepping Up Initiative (stepuptogether.org)

[2] County of Orange California. (2017). The Stepping Up initiative: Orange County, CA. https://voiceofoc.org/wp-content/uploads/2017/12/OC-Stepping-Up-Initiative-Report.pdf

The Community Corrections System of Care is one of five systems of care within the County. The other systems of care are:

- Health Care,
- Behavioral Health,
- Benefits and Support Services,
- Housing.

Under the County's Integrated Services Strategy, these five systems work together to provide care to the County's most vulnerable residents.[3] As the 2025 Vision notes:

> "the 'high utilizers' of one system tend to be 'high utilizers' in one or more of the other systems. Thus, this effort seeks to invest in addressing the underlying issues facing these individuals. Enhancing and adjusting these systems of care on a consistent basis will be important to addressing the needs of vulnerable populations such as those who are experiencing homelessness or are at risk of homelessness." (p. 14).[3]

Purpose

LeCroy and Milligan Associates, Inc. (LMA) was contracted by the County to provide research and technical assistance consulting services on developing performance measures for the 2025 Vision. The 2025 Vision stakeholders drafted initial performance measures, and then contracted LMA to further revise and refine their drafted measures in order to more effectively measure the 2025 Vision implementation and performance.

Organization of Plan

This plan is organized into two parts – The 2025 Vision Data Plan and The 2025 Vision Core Indicator Tables (in Excel).

The Plan Description

This document describes the methodology, conceptualization and process the LMA Team conducted to draft the measures in The 2025 Vision Core Indicators Tables. This report is organized into the following sections:

- Methodology
- Measurement Plan Description
    - Working Assumptions
    - Integrated Services 2025 Vision Target Groups
    - The Core Outcomes and Indicators

[3]County of Orange Community Corrections. (2019). Integrated services 2025 vision. https://voiceofoc.org/wp-content/uploads/2019/10/OC-Integrated-Services-plan.pdf

    - Factors to Consider for Measurement
- Recommendations and Next Steps

2025 Vision Core Indicator Tables

This report is meant to be reviewed in tandem with a set of tables of indicators. The report provides background and context, while the tables present a set of recommended indicators. An Excel file called the 2025 Vision Core Indicator Tables contains three worksheets. It includes the original 2025 Vision performance measures and its components developed by the stakeholders. The second worksheet combines and compares the original performance indicators with all of the indicators the LMA Team identified from our analysis. The third worksheet contains our recommended 45 "Core" Indicators, that we selected from the second worksheet, based on the analysis of the 2025 Vision and informed by the literature review on performance indicators. Each of the recommended core indicators and its data elements are organized by the 2025 Vision Pillars, Goals and Impact so they can be linked back to the original 2025 Vision Plan. It is important to note that the 2025 Vision is a working document, and the goals from the 2025 Vision are revisited quarterly and revised as needed. This report is based on the 2025 Vision's goals as written in the "County of Orange Community Corrections Integrated Services 2025 Vision" from 2019 and updated or revised from the "Community Corrections System of Care: Quarterly Status Report: July-September 2020."

Methodology

Meetings and Communications with Stakeholders

The LMA team met regularly with the County's Budget Team Lead, Kim Engelby, of the County Executive Office. She shared documents on the development and history of the current Vision 2025 and the types of data that are currently collected. Ms. Engelby also coordinated meetings with the stakeholders from the court and jail systems. These meetings were vital for understanding the stakeholders' context as it relates to the development of the measurement plan.

Literature Review

Next, we reviewed key literature sources, both peer-reviewed and gray literature, on developing performance measures for community corrections, behavioral health and human services. This literature review informed this plan and helped to guide our process. There were three main areas of focus of the literature review:

1. Identifying recommendations about the process of developing and selecting performance measures across systems of care and for community correction settings,

2. Identifying criteria for assessing potential measures, and,
3. Compiling national- and state-recommended performance measures and indicators, along with their definitions of measures and data elements.

First, we will highlight some general considerations and recommendations about developing cross-system performance measures. The Center for Community Health and Development at the University of Kansas developed The Community Tool Box, which includes guidance on developing community-level indicators. They describe a process of deciding on goals, assessing what information is needed to achieve the goals, and then selecting community-level indicators that reflect these informational needs.[4]

Developing cross-system or community-wide indicators presents unique challenges as stakeholders must reach common agreements about what outcomes to measure and how to measure them. The Urban Institute developed a guide for this process, and suggests following these steps: planning, meeting, finalizing the outcomes and indicators, and implementing.[5] The County of Orange is currently in the stage of finalizing the outcomes and indicators after planning and meeting to develop the 2025 Vision. This stage involves seeking consensus on core indicators and ultimately developing a manual with the core indicators, clear definitions, and calculation guidance.[5] After that process is complete, The Urban Institute recommends looping in stakeholders who were less involved in the planning, starting with a pilot period of 6-months to one year and then reviewing the indicators at least annually.[5] They also describe some key factors for success of the endeavor, including:

- Establishing reasonable expectations (i.e. recognizing that not everything can be measured perfectly, or all at once),
- Recognizing that the process is complex,
- Developing precise definitions,
- Being able to break out (i.e., disaggregate) data by consumer demographics, and,
- Including intermediate outcome indicators to help measure change relatively quickly.[5]

[4] Center for Community Health and Development. (2020). *Section 10: Community-Level Indicators: Some Examples*. https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/examples-of-community-level-indicators/main

[5] The Urban Institute. (2003). *Developing Community-Wide Outcome Indicators for Specific Services.* https://www.urban.org/sites/default/files/publication/42741/310813-Developing-Community-wide-Outcome-Indicators-for-Specific-Services.PDF

Another Urban Institute report, "Measuring Progress in Connecting Criminal Justice to Health" recommends mapping service delivery by using logic models or similar techniques, and then identifying potential measures to use at each step in these processes.[6] They caution against only measuring outputs—while these are important, outputs should build toward both intermediate and end outcomes.[6] They also recommend identifying target populations and considering reporting on both the whole population and the selected target groups.[6]

Another important aspect of selecting indicators is making sure that they meet the needs of various stakeholders.[4] At times, indicators are tied to grant requirements and specific funding sources; however, these pre-assigned indicators may not capture all community needs. It is also important for indicators to be able to guide programmatic work and continual quality improvement. At the end of the day, performance measures should be driven by the people most impacted by the disparities and problems that initiatives seek to address. The Urban Institute recommends seeking feedback and collecting outcome information directly from people who were recently incarcerated when measuring criminal justice and health outcomes.[5] In the case of the 2025 Vision, Orange County residents who are incarcerated, justice-involved, have mental illnesses and/or substance use disorders should be at the center of all work, including work on performance measures.

Building from these general recommendations about developing measures, we then turned to identifying criteria to assess potential measures. We synthesized criteria for developing good performance measures based on expert sources and national standards in community corrections.[7] [8] [9] We chose to group the criteria into three central categories: value of metric, supports decision-making, and feasibility. These criteria are described in the table below, along with questions to ask about the metric to assess these criteria.

[6] Malik-Kane, K., Janetta, J., Hatry, H., Marks, J., & Reginal, T. (2018, March). Measuring progress in connecting criminal justice to health. *The Urban Institute.* https://www.urban.org/sites/default/files/publication/97031/measuring_progress_in_connecting_criminal_justice_to_health.pdf

[7] Hatry, H.P. (2014). Transforming performance measurement for the 21st century. *The Urban Institute*. https://www.urban.org/sites/default/files/publication/22826/413197-transforming-performance-measurement-for-the-21st-century.pdf

[8] Stepping Up Initiative. (2020). Set, measure achieve: Stepping Up guidance to reach prevalence reduction targets. https://stepuptogether.org/wp-content/uploads/CSG-Stepping-Up-SMA.pdf

[9] The Urban Institute. (2003). *Developing Community-Wide Outcome Indicators for Specific Services.* https://www.urban.org/sites/default/files/publication/42741/310813-Developing-Community-wide-Outcome-Indicators-for-Specific-Services.pdf.

Exhibit 1. Criteria to assess performance measures or metrics.

Criteria	Questions to ask
Value of Metric	1. **Matters to stakeholders:** Does the metric matter to stakeholders? Importantly, is it an outcome that customers/citizens care about? 2. **Linkage:** Is linkage to program/action clear? 3. **Standards:** Is it recommended by national standards/experts?
Supports Decision Making	1. **Control:** How much control does the program/organization have over producing the outcome? (Could be extensive, moderate, or limited.) 2. **Aggregation and disaggregation:** Will you be able to aggregate to see the bigger picture, and disaggregate by demographics and service characteristics? (This is an important factor to be able to make modifications to programs to meet the needs of particular groups.) **3. Easy to understand:** Is the metric easy to understand? (This is particularly important when multiple systems or groups need to interpret the metric.) 4. **Available:** Is the metric available to those who are responsible for implementation? 5. **Timing:** Is the metric available at regular intervals to allow you to see change over both the short-term and long-term? 6. **Reliable:** Is the metric reliable (i.e. does it measure the desired change accurately)? (Note, it is not feasible for all metrics to perfectly capture the desired change, but it should be good enough to guide work.) 7. **Trends:** Is baseline or historic data available? Are benchmarks set for understanding trends and drivers of performance? 8. **Comparable:** Is the metric comparable across systems and time? (Note that shared definitions are needed to reliably compare across systems.)
Feasibility	1. **Affordable:** Is the data affordable or costly to obtain? (Note that there may be some outcome metrics that may seem costly to obtain but it should still be explored how to obtain this data.) 2. **Automated:** Is data collection automated, or could it be easily automated?

Criteria	Questions to ask
	3. **Verifiable:** Can the data be checked for accuracy easily?

The final stage of our literature review involved compiling a list of potential performance measures for community corrections that have been recommended in California and/or nationally. We searched for measures that corresponded with each of the five pillars in the 2025 Vision. We created a spreadsheet of 170 measures and their definitions, which then served as a type of menu of measures to use when we reviewed the initial data elements listed in the 2025 Vision. We used this menu to help standardize currently suggested data elements and to fill in gaps. The full spreadsheet of measures can be made available upon request. Below, we include a table of some of the key sources we turned to for recommended measures, along with selected reports and articles. The references that are starred were our central sources when developing the recommended core indicators that will be presented in this report.

Exhibit 2. Key sources and references for standard performance measures.

Source	Key References
Bureau of Justice Assistance	Performance Measures: https://bja.ojp.gov/program/crppe/performance-measures#0jft28
California Board of State and Community Corrections	Performance Metrics for Community Corrections: http://www.bscc.ca.gov/wp-content/uploads/Performance-Metrics-FINAL-2-25-15.pdf
Justice Research and Statistics Association	*Building Capacity for Performance Measurement and Evaluation: Performance Measurement in Prisoner Reentry, Delinquency Prevention and Intervention, and Victim Assistance Services (Michel & Flower, 2015): https://www.jrsa.org/pubs/reports/bcpme_lit_review_final.pdf
National Institute of Corrections	*Measuring What Matters: https://s3.amazonaws.com/static.nicic.gov/Library/025172.pdf
Stepping Up	*Set, Measure, Achieve: https://stepuptogether.org/wp-content/uploads/CSG-Stepping-Up-SMA.pdf

Source	Key References
Substance Abuse and Mental Health Services Administration	Training and TA Measures: https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf
Urban Institute	*Developing Community-Wide Outcome Indicators: https://www.urban.org/sites/default/files/publication/42741/310813-Developing-Community-wide-Outcome-Indicators-for-Specific-Services.PDF Improving Recidivism as a Performance Measure: https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/UI-ImprovingRecidivism.pdf *Measuring Progress in Connecting Criminal Justice to Health: https://www.urban.org/sites/default/files/publication/97031/measuring_progress_in_connecting_criminal_justice_to_health.pdf Performance Measure to Evaluation: https://www.urban.org/sites/default/files/publication/78571/2000555-performance-measurement-to-evaluation-march-2016-update_2.pdf

Measuring Recidivism. Although we will not detail all recommended measures here, it is worth noting some considerations about measuring recidivism, which, in this report, we frame as measuring rates of returning to justice-involvement after an initial period of incarceration or justice-involvement. A key takeaway from the literature on this subject was that experts recommend using multiple measures of success.[10] Rather than settling on a sole definition of recidivism, it can be more helpful to select a handful of data elements that can be used to measure this concept.[9] Given that reaching agreement on the definition of recidivism can be contentious, in this report, we recommend measuring returns to justice-involvement. Beyond simply measuring how many people return, The Urban Institute also recommends measuring time to return and severity of new offenses to be able to measure more nuanced progress.[9] Along with measuring return to justice-involvement, it is equally important to measure the other side of the coin—desistance.[9] In this report, we incorporated measures of desistance into our category of community stability, integration, and sustainability. Looking at desistance takes

[10] King, R., & Elderbroom, B (2014). Improving recidivism as a performance measure. In The Urban Institute's *Justice Policy Center Brief* (Issue October). https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/UI-ImprovingRecidivism.pdf

into account not only how many people avoid returning to custody but also how many people obtain housing, employment, and economic security.

Table of Measures Tool

We created tables using Excel to list the Pillars, action items, target groups, data elements and outcome measures that were included in the 2025 Vision. There were various iterations of this table tool to help us understand the County's complex and comprehensive implementation plan. The tables assisted the team to analyze the 2025 Vision data elements and their measures as they relate to strategies and impact. We also applied the criteria from Exhibit 1 of what constitutes a good performance measure. We evaluated what should be prioritized or added both within and across the Pillars of the 2025 Vision. We describe the steps we took in greater detail in the next section.

2025 Vision Data Plan Description

Overview

The 2025 Vision Data Plan is organized into the following sections:

1. Working Assumptions – This section describes the assumptions we made for developing and conceptualizing this plan.
2. Integrated Services 2025 Vision Target Groups –The 2025 Vision explicitly lists and describes four major groups it intends to target. The LMA Team identified and recommended additional groups to consider targeting based on the 2025 Vision's plan and goals.
3. The 2025 Vision Core Outcomes and their Indicators – The 2025 Vision is ambitious and complex. Systems of care by their very nature are complicated and messy. The court and community corrections systems have historically been siloed from each other, and so information sharing systems are nascent. Given this, the LMA Team identified and recommends specific core indicators as a first phase, in what we assume to be a developmental process for measurement.
4. Recommendations for Next Steps – This final section includes the recommendations for what the next steps should be for this draft data measurement plan.

An Excel file is a companion to this document, called the "The 2025 Vision Core Indicator Tables." This file contains essential details on the recommended core indicators for measuring the 2025 Vision's progress and outcomes. It contains three worksheets:

1. Original 2025 Vision Elements – A large spreadsheet that contains all elements of the original plan, including the latest update to the plan that was available from October 2020[11], organized by: Pillar, Goal, Impact, Target Group, Data Elements and Outcomes. This spreadsheet allowed the LMA team to sort and filter as needed to identify commonalities and gaps within and across the Pillar areas. The 2025 Vision stakeholders may also find this worksheet useful as a reference tool.
2. All Indicators – This worksheet contains the original set of indicators from the 2025 Vision combined with our revised and new measures. There are a total of 114 indicators in this worksheet, plus an additional 9 indicators from the 2025 Vision that we suggest need further revision or clarification. We created this to compare the original plan's measures with our recommended ones.
3. Core Indicators – This worksheet contains the recommended 45 core indicators organized by category. The table lists each indicator's definition and its data elements, and delineates the Pillars with which it connects.

Working Assumptions

Focus on Outcome Indicators

Outcome indicators were chosen as a starting point for what to prioritize for measurement. This is because outcome measures are a priority for the County and because outcomes measures will help stakeholders assess how the 2025 Vision is benefiting the target groups. These beneficiaries or target groups are adults and juveniles with mental illness and/or substance abuse issues that may or may not be justice involved, consumers (i.e., those who get served by the system of care), other participants (i.e., law enforcement, court and correctional staff) and county residents more generally. We present and discuss the various target groups in more detail and their characteristics in a later section.

Identify Shared Target Groups and Outcome Measures across the Community Corrections System of Care

The first priority was to identify the outcome indicators that were either the same or similar across the Pillars. Our justification was based on the fact that the 2025 Vision was designed to ultimately reduce justice involvement, especially for those with mental illness or substance use disorders by increasing access to and participation in treatment and services. The outcome

[11] The most current version of the Vision 2025 Plan available at the time of this writing was from "Community Corrections System of Care: Quarterly Status Report: July-September 2020." The Reentry goals (Pillar 4) had been revised. The LMA team incorporated and noted these new goals in the Indicator spreadsheets.

indicators that are considered to be shared across the community corrections system of care are identified in the Excel tables.

Outputs are Important but Reserved for a Next Phase of Planning

Where applicable, we identify what data elements or measures are outputs that should be measured as they relate to the recommended core outcome indicators. Outputs could be *physical* such as number of classes or treatment sessions held; *efficiency*, such as cost per counseling session; or *organizational* such as success in raising funds, or staffing[12]. In some cases, outputs may also be conceptualized as short-term or intermediate outcomes. Measuring key outputs are important for determining whether the intervention strategies are actually being implemented so that desired outcomes can be achieved. However, the identification of all the outputs needed to measure the 2025 Vision implementation will require more in-depth research and collaborative work with the stakeholders in the future. As noted above, we began by focusing on outcomes as a starting point.

Planning is an Iterative Process

Data measurement plans are not permanent, because the best plans should be responsive to current needs and contextual factors. The 2025 Vision has changed over time, due to County stakeholders having accomplished some of its goals or changing implementation strategies and timelines in order to adapt to unintended consequences such as the COVID-19 pandemic. For these reasons, this planning process should be considered an iterative process. We begin with a set of recommended core indicators which are based on LMA's expertise, review of the literature, and the team's knowledge of the County's needs at the time this plan was drafted. The 2025 Vision stakeholders will need to provide their feedback on this plan, which will result in revisions to the measures to better fit their needs and context. Following this process, the County may want to expand beyond the agreed-upon core measures to consider additional outcome and output measures. After these processes, the County is also planning to pilot data collection across systems, which may lead to further modification of the measures particularly to ensure the feasibility and comparability of metrics. Additionally, the 2025 Vision goals and outcomes may continue to change over time resulting in the need to adjust the measures. The recommended measures in this plan are meant to provide a solid foundation for cross-system measurement that will continue to be refined and improved over time.

Integrated Services 2025 Vision Target Groups

The 2025 Vision includes the following five categories of individuals that are used to identify the touchpoints in the system, and who are defined as the primary beneficiaries. These target

[12] The Urban Institute & The Center for What Works. (n.d). *Candidate Outcome Indicators: Prisoner Re-entry Program.* https://www.urban.org/sites/default/files/2015/04/10/prisonerre-entry.pdf

groups are important to define and measure in order to obtain comparable data across the system of care:

1. Individuals with mental illness (mild, moderate or serious)
2. Individuals with SUD (substance use disorder)
3. Individuals with co-occurring disorders (mental illness and SUD)
4. Individuals with no mental illness, SUD, or co-occurring disorder – These individuals may have not been diagnosed with a mental illness or SUD condition but could be considered as "high risk to recidivate" requiring criminogenic programming. It serves as a "catch-all" for all other individuals in the system.
5. High Utilizers of the Community Corrections System of Care – Those individuals identified having more than one entrance into the Community Corrections System of Care. The County has operationally defined "high utilizers" in the Orange County Sheriff Department jail population as those who return to custody at least four times or more in a year. (p.7) [13]

There are other groups targeted in the 2025 Vision that are not direct beneficiaries but are key to the success of plan implementation. These include:

1. First Responders
2. Law Enforcement
3. Correctional Staff
4. Judges, Attorneys and Court Staff
5. Health care and service providers (Includes behavioral health and other social service providers)
6. Families of individuals who have mental illnesses and/or substance use disorders
7. General public in Orange County

Besides these core target groups, it will be very important for the measurement plan to describe these groups by their characteristics so that more effective programming and services can be developed or implemented:

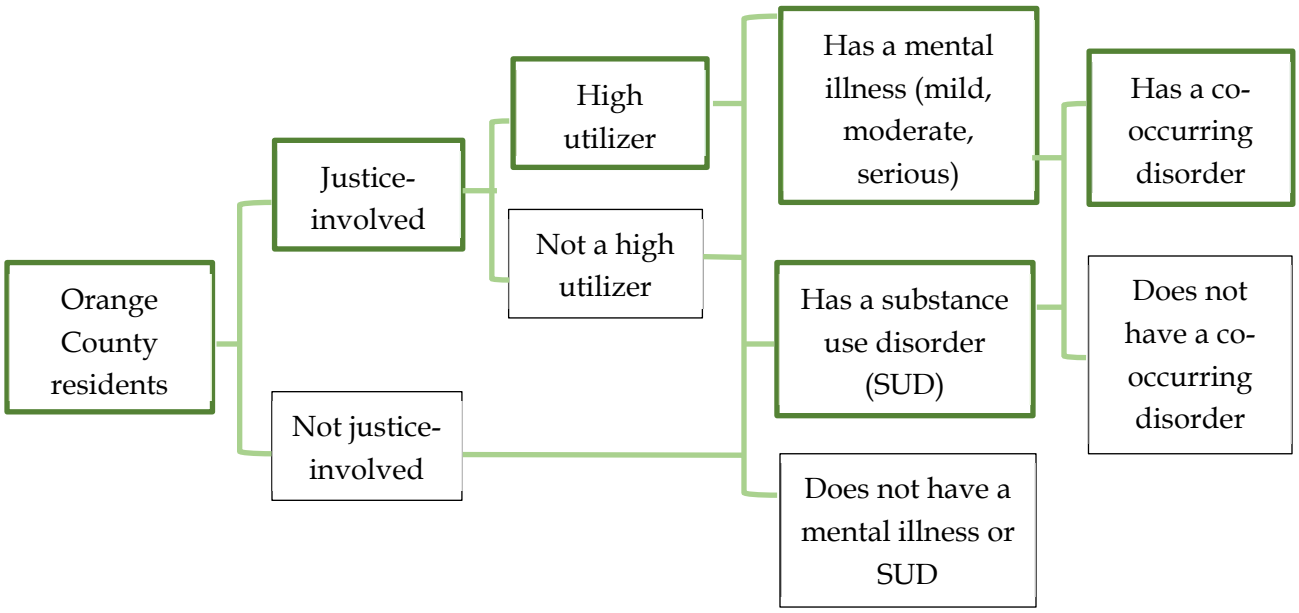
1. Demographics: Age, gender, ethnicity, race, and LGBTQ+ identity
2. Justice-involved (custody, diversion program, probation, or parole within the past 3 years or another agreed-on period of time)
3. Past justice involvement

[13] County of Orange Community Corrections. (2019). Integrated services 2025 vision. https://voiceofoc.org/wp-content/uploads/2019/10/OC-Integrated-Services-plan.pdf

4. Veteran status
5. Housing status (experiencing homelessness, at risk of homelessness, housed)
6. Juveniles and young adults
    a. Justice-involved juveniles
    b. Transitional Age Youth (TAY)
    c. Commercially Sexually Exploited Youth
    d. Youth in foster care systems

The figure below shows the key target groups for the 2025 Vision and the related comparison groups. The target groups are listed in boxes with dark green borders while the comparison groups are in boxes with black borders.

Figure 1. Key target groups and comparison groups



Shared Definitions

The stakeholders have recognized the importance of agreeing upon shared definitions for the target groups as well as for some of the major outcome indicators such as return to the justice system. However, reaching consensus on definitions is challenging due to required definitions by statute, funding and grant requirements, and the sheer time and effort it takes to reach agreement across large systems of care.

One strategy for addressing these challenges is for partners to agree on definitions *for the purpose* of the 2025 Vision implementation and measurement. Stakeholders may continue to track and report on similar outcomes or target groups for their own purposes. However, they

should be able to aggregate and disaggregate data according to the shared definitions. This is essential to track and compare outcomes across systems. Not only should definitions be shared, they should also be as precise as possible.[142] Some strategies for ensuring consistency in how measures are defined and implemented include providing notes with additional details alongside indicators, developing manuals that can be used by various stakeholders measuring the indicators, and offering training about how to interpret and implement definitions.[12]

The LMA team recommends that the stakeholders should continue to confirm which target groups the 2025 Vision is addressing across the system of care. Also, working definitions should be provided by each Pillar of their target groups as required by law or other requirements so they can be documented and shared with the other stakeholders. This will assist with cross-systems understanding and transparency, as well as facilitate any future planning to develop cross-system data sharing.

The Core Outcomes and Indicators

The 2025 Vision is organized by the five Pillars of the Community Corrections Systems of Care:

- Pillar 1: Prevention
- Pillar 2: Courts
- Pillar 3: In-custody
- Pillar 4: Reentry
- Pillar 5: Juvenile and Transitional Age Youth (TAY)

Each Pillar has at least one goal, its intended vision and impact, specific action items to reach the goal, the intended target population, data elements to collect, and measurable outcomes. The LMA team reviewed and analyzed the 2025 Vision carefully in a series of steps to produce a set of core outcome indicators (and a few key outputs) that are recommended for inclusion in the plan at this time. We briefly describe each of the major steps below and the resulting tools or products we created at each step to reach our recommended core outcome indicators.

Step 1. Created a Spreadsheet of the 2025 Vision. We set up a large spreadsheet in an Excel table form that includes the major elements of the 2025 Vision. This allowed us to assess and sort all of the key elements in the plan. See "The 2025 Vision Core Indicator Tables" (in Excel) for the complete spreadsheet. The table below shows, in abbreviated form, the Pillar Goals and Impact. Of note, the 2025 Vision is a working document that is revised over time, and

[14] Center for Community Health and Development. (2020). *Section 10: Community-Level Indicators: Some Examples*. https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/examples-of-community-level-indicators/main

updates are noted in quarterly reports, also known as 2025 Vision Updates. This exhibit is based on the 2025 Vision Update in October 2020.

Exhibit 3. County of Orange 2025 Vision Goals, Impact and Core Indicators

Pillar	Goals	Impact
Prevention 1.1	1.1. Increase Public Awareness & Understanding of Behavioral Health Issues	Diversion of those with behavioral health/SUD issues from criminal justice system
Prevention 1.2	1.2. Increase Staffing Resources to Address Increased Demands for Mental Health Services	-Same as above-
Prevention 1.3	1.3 Behavioral Health Services Campus in Geographically Accessible Locations for Community and First Responders	Diversion of those with behavioral health/SUD issues from criminal justice system; families and those with behavioral health/substance issues can more easily access services they need without going to police
Prevention 1.4	1.4 Develop and Implement a Model for Law Enforcement to Track, Document and Appropriately Respond to Encounters with Individuals with Behavioral Health (BH) Issues Involved in Public Safety Calls for Service.	-Same as above-
Courts 2.1	2.1 Develop a Tool for Tracking Data and Individuals Moving through the Collaborative Court Process to be Used by County Departments and OC Courts to Evaluate Program Effectiveness	Reduction of individuals with mental illness, SUD needs, or co-occurring disorder who enter the County's custody system.
Courts 2.2	2.2. Explore Expansion of Adult Specialty Courts	Decreased recidivism, hospitalizations and increased community stabilization
Courts 2.3	2.3. Explore Expansion of Juvenile Specialty Courts	-same as above-
Courts 2.4	2.4. Identify, Develop and Implement Diversion Options within the Adult Court System	-same as above-
Courts 2.5	2.5 Establish a Standing Collaborative Committee	-same as above-
In-Custody 3.1	3.1 Enhance Mental Health and Substance Use Treatment Services In-Custody	Individual is stabilized and able to live in the community. Increase safety of staff, inmates and general public.

Pillar	Goals	Impact
In-Custody 3.2	3.2 Establish Specialized In-Custody Housing	-same as above-
In-Custody 3.3	3.3 Enhance Inmate Programming Services	-same as above-
Reentry 4.1	4.1 Analyze Existing Resources and Services to Identify Gaps and Needs for a Coordinated Reentry System	Incarcerated individuals are informed and engaged with reentry process and are provided transport and linkages to services (warm hand-offs), case management, leading to increased probation compliance and decrease in likelihood to recidivate.
Reentry 4.2	4.2 Develop a Comprehensive Plan for a Coordinated Reentry System for Successful Re-Integration.	-same as above-
Reentry 4.3	4.3 Implement Communication Strategy	-same as above-
Reentry 4.4	4.4 Establish Ongoing Oversight	-same as above-
Juvenile and Transitional Age Youth (TAY) 5.1	5.1 Mental Health and Substance use Disorder Support Services	A more informed populace will be connected with services sooner, reducing the likelihood of disruptive or criminal activity; reducing law enforcement involvement
Juvenile and Transitional Age Youth (TAY) 5.2	5.2 TAY Housing	Increased health and decreased homelessness of TAY
Juvenile and Transitional Age Youth (TAY) 5.3	5.3 Targeted Attention to Juvenile/TAY High Utilizers	System of care will identify high utilizers and target resources to reduce harm to self and others.

Step 2. Assessment and Revision of the 2025 Vision Core Indicator Table Elements

We assessed each of the data elements and outcomes in the plan and either revised or added new data elements and outcomes for the selection of core indicators. The national literature on best practices in performance measurement and our expertise informed this assessment. This was an interim step to developing a set of core indicators. We also identified what measures were either shared across or specific to the Pillars and Goals. Through this process, we created

a full list of indicators, which integrate indicators from the 2025 Vision and additional indicators that we recommend should be added.

Step 3. Created a Set of Core Indicators

Once the core outcomes were identified, we used a list of measures selected from our literature review to fill in any gaps. As a result of this process, we identified 45 core indicators which we categorized into 12 categories briefly described below.

Exhibit 4. Core Indicator Categories

#	Core Indicator Categories	Description	# Core Outcome Indicators Recommended	Pillars Measured
1	Public Awareness and Access	Measures county residents' awareness of mental illness, and the county's resources for addressing mental health crises and care	1	Prevention (1)
2	Systems Capacity	Measures the ability of the system to meet the needs of individuals with behavioral health conditions	8	ALL
3	Diversion	Measures the systems' actions in providing preventative and alternate ways to address the needs of individuals with behavioral health conditions who come in contact with justice-systems, in lieu of incarceration.	3	Prevention Courts Juvenile/TAY (1, 2, and 5)
4	Jail and Justice-System Involvement	Measures the incidence of jail and/or justice involvement	4	All
5	Service Linkage	Measures the systems' actions to connect the targeted individuals to services and care coordination, including during the transition from in-custody to post-custody	4	All

#	Core Indicator Categories	Description	# Core Outcome Indicators Recommended	Pillars Measured
6	Program Engagement	Measures the individuals' participation in case management services, programs or treatment	3	All
7	Program Completion	Measures whether the targeted individuals completed, graduated or dropped out of the programs	1	All
8	Return to Justice System	Measures the individuals' potential returns into the justice system	4	All
9	Community Stabilization, Integration & Sustainability	Measures physical and social supports, integration in community-based settings, and various aspects of improved functioning of the target individual in terms of housing, education, employment, substance use, etc.	8	All
10	Public safety	Measures types of crimes reported and assaults, injuries and deaths to victims, law enforcement and members of the public	1	All
11	Context	Social indicators that measure community context	6	All
12	Satisfaction	Measures the public's and the targeted individuals' satisfaction with behavioral health services and supports including in-custody and during reentry	2	All

Core Indicator Definitions

Similar to having shared definitions for the target groups in the 2025 Vision, it is desirable to have common definitions for all of the core indicators across all of the system partners. We recognize this will be a challenge to achieve, but the partners should strive for consensus as

much as possible so that all involved have a common understanding of what is being measured. Some of the major indicators that may need further discussion for agreement are briefly discussed below.

Return to Justice System. As noted earlier in our literature review, it is recommended that multiple indicators be used to measure the concept of return to the justice system, including time to return and severity of new offenses. Using multiple indicators has the advantage of being responsive to the needs of multiple stakeholders and their contexts and increases the measure's validity. For example, re-arrest and return to custody are listed in the 2025 Vision for the In-Custody Pillar, whereas, the Courts Pillar has different requirements for measurement as it relates to the Specialty Courts and statutory mandates. Another example is that the State of California and the County of Orange have similar recidivism definitions that include measuring new criminal convictions within a three-year period, but the county also includes new arrests, whereas the state does not. Of particular importance, returns to the justice system for juveniles and Transition Age Youth may be measured differently than for adults, and this could also influence who is considered a "high utilizer" of the Community Corrections System of Care. Returns to the justice system may need to be considered separately for juveniles and adults.

Community Stability, Integration, and Sustainability. In reviewing the 2025 Vision, many of the desired impacts of the initiative involve increasing residents' community stabilization. For example, two key impacts of the vision are: "Decreased recidivism, hospitalizations and increased community stabilization" and "Individual is stabilized and able to live in the community."[15] However, as we reviewed the proposed data elements, we identified a gap in terms of performance measures that align with these desired impacts. Returning to the literature, we incorporated The Urban Institute's recommendation to measure desistance and community stabilization by tracking housing status, employment, engagement in education, and increases in income.[7] Rather than using the term desistance, which is unfamiliar to many, we put these measures into the category of community stability, integration, and sustainability. We added the integration concept to this category because county residents' ability to live successfully in community-based settings does not depend solely on their individual health and stability but also on the community's ability to fully integrate individuals who have mental health disabilities and substance use disorders.

Consumer Satisfaction. One other notable gap we identified in the 2025 Vision's draft data elements was that consumer satisfaction was not listed among the data elements. Satisfaction measures are not outcome measures per se, but they do offer important process information. The stakeholders may develop a variety of innovative programs, but if they do not know how these programs are received by people who participate in them, the innovations may never be

[15] County of Orange Community Corrections. (2019). Integrated services 2025 vision. https://voiceofoc.org/wp-content/uploads/2019/10/OC-Integrated-Services-plan.pdf

sustainable or fully successful. The Urban Institute recommends surveying people who are incarcerated and people who were recently incarcerated.[7] They suggest asking questions about the helpfulness of programs along with the ease of access to services. If the stakeholders develop survey instruments to seek additional input from individuals with justice-involvement, we recommend turning to Urban Institute's suggested survey questions in the report, "Measuring Progress in Connecting Justice to Health."[7]

Recommendations for Next Steps

Target Group Definitions

As discussed earlier, we recommend that the stakeholders revisit the intended groups to be targeted in the 2025 Vision. The stakeholders should try to agree upon definitions for use across the system of care. If that is not possible, there should be clear documentation about what definitions are currently being used by the different partners. This is essential for understanding the results achieved from the measurement process, and its strengths and limitations. Furthermore, we suggest that the target groups should be measured on various characteristics so they can be disaggregated into subgroups by age, race, ethnicity, gender, justice involvement, etc. Measuring these characteristics will allow the stakeholders to gain a better understanding of their progress and areas for improvement.

Logic Modeling The stakeholders used the Substance Abuse and Mental Health Services' (SAMHSA) Intercept Model to map the process from booking into custody through reentry for juveniles, TAYS, and adults. These process maps helped to identify the sequence of available behavioral health and other services both in- and post-custody, as well as to identify gaps and challenges. The process maps provide valuable information to inform program planning and may also help the stakeholders to identify when to collect various data elements.

In addition, the 2025 Vision stakeholders may want to consider engaging in another type of mapping called logic modelling. Logic models map the sequence of expected or desired outcomes from the planned program activities to the ultimate end outcomes desired. Logic models provide a visual representation of a program or initiative and how stakeholders expect that the investment of resources will lead towards specific change. These models often map out inputs (resources going into the program), activities, outputs (what the activities produce), and outcomes (what change is expected to occur). Developing logic models is helpful to develop a shared understanding and focus on the most important elements and activities carried out in the program that are theorized to lead to the outcomes. It highlights the relative importance of the various "intermediate" and "end" outcomes. Intermediate outcomes are those expected to result from the program activities and that are expected to lead to the desired end outcomes for the beneficiaries and general public.[16] It also will assist in identifying the inputs and outputs

[16] Hatry, H.P. (2014). Transforming performance measurement for the 21st century. *The Urban Institute*.

that are key to measuring whether the work to get to the outcomes actually happened. Both the outputs and the intermediate outcomes tend to be under the control of the managing agency or program and are easier to measure. Finally, this mapping process could help to identify when to measure data points, and who will be responsible for this data collection. Examples of logic models from similar types of projects are included in Appendix A.

Establishing the Timing of Measurement and Collecting Additional Baseline Data

The 2025 Vision's overall desired outcome is that beneficiaries of the system of care remain in their communities and that their lives are improved by services received through the system of care. This assumes that they sustain these benefits over a period of time. Therefore, it is important to measure the client outcomes after they exit services. The national literature provides direction on ways to measure this.

The stakeholders have already collected baseline data for their in-custody populations and used this data to help inform the 2025 Vision. Once the core indicators are finalized, the stakeholders will want to ensure that they compile baseline data for as many of the indicators as possible. The stakeholders can use these baseline measures to help set milestones, as appropriate, to assist in tracking and comparing progress over time. Several of the 2025 Vision action strategies are multi-year efforts, so it will be important to document when the action or new intervention was implemented to establish or confirm the baseline and milestones.

Identification of Key Inputs and Outputs

Measuring key inputs and outputs are important for cost analysis and to determine whether the intervention strategies are actually being implemented so that desired outcomes can be achieved. Examples of inputs for the various action strategies in the 2025 Vision are personnel/staff time, construction, facilities, supplies and materials, training, equipment, contracted services, travel, utilities. Examples of outputs are number of people served, number of staff trained, number of crisis calls answered, and treatment sessions conducted, etc.

However, the identification of the key inputs and outputs needed to measure the 2025 Vision implementation and its costs will require more in-depth research and collaborative work with the stakeholders in the future. The logic modelling that we recommend would help to facilitate the identification of these indicators.

https://www.urban.org/sites/default/files/publication/22826/413197-transforming-performance-measurement-for-the-21st-century.pdf

Development of a More Detailed Measurement Plan

Eventually, to facilitate the implementation of the data measurement plan, a more detailed version of it should be developed as it relates to each of the Pillar's contexts for data collection. An example of one format is presented below that presents the measures, data points (timing), data elements and potential data sources.

Exhibit 5. Example of format for detailing measurement plan

Pillar 3.3 Enhance Inmate Programming Services *(subset of measures selected for purposes of example)*

Outcome and performance measure	Data point to measure	Data elements	Potential data Sources
Medi-Cal Enrollments	Number of people enrolled into Medi-Cal (number of reactivations, applications submitted, applications approved, etc.)	Number of reactivations, number of applications submitted, number of applications. Designated time period Number of total people approved for Medical within the county.	Case manager/navigator tracks enrollments into Medi-Cal System, and/or Medi-Cal data report is obtained.
Sessions Attended of Specific Jail Programs	Number of people who attend one or more sessions of selected programs offered in jail	Number and type of of jail programs Attendance data per each program Designated time period	Program manager or designated staff for in-jail program or service tracks attendance
Housing	Number of people identified as having housing needs Number who are housed by housing type (homeless, transitional, permanent)	Number of people within jail screened for housing instability Number identified with housing instability Number referred to housing placements Number of placements completed Designated time period	Jail staff who screen for housing instability track screenings and needs Jail or other program staff track referrals and placements to housing and/or reports obtained

Outcome and performance measure	Data point to measure	Data elements	Potential data Sources
Employment	Number of people employed (Full-time or part-time)	Number of people within jail who need employment upon jail release; Number of people out of workforce Number of people who are employed upon jail release Designated time period (post jail release tracking, or point-in-time)	Jail staff who screen for employment needs and track this information – intakes Case managers or Workforce development staff tracking of their case progress /caseload

APPENDIX A

EXAMPLES OF LOGIC MODELS FOR JUSTICE RELATED PROJECTS

Below are several examples of logic models for justice related projects. Logic models can be in different forms and may vary in what components they include, but they usually share the key components of inputs, activities and outcomes.

1. **What are Logic Models?** Center for Research Partnerships and Program Evaluation (CRPPE) | Logic Models | Bureau of Justice Assistance (ojp.gov)
   This link provides a wealth of information about what logic models are, why they can be helpful for program planning, performance measurement and evaluation. A logic model schematic is presented with definitions for each element in a logic model. There are links to other logic model examples for reference. Also, there is a link about developing performance measures that may be relevant to this project.

2. **Prisoner Re-entry Program Logic Model and Measurement Plan.** Microsoft Word - PrisonerRe-entry.doc (urban.org)
   This example provides a logic model (which they call an Outcome Sequence Chart) of a prisoner re-entry program. It shows the intermediate and end outcomes of the reentry program and the indicators they have identified to measure these outcomes. Also

included is the measurement plan they developed from the Outcome Sequence Chart. The measurement plan is directly tied to the numbered indicators presented on the Outcome Sequence Chart. It shows the outcomes, the indicator to measure the outcomes, the data collection strategy, notes about the measure, and the outcome stage (e.g., intermediate or end outcome).

3. **A Template for a Logic Model Required for Grant Proposals.** Logic Model Template (ojp.gov)

   This link from Office of Juvenile Justice and Delinquency Prevention provides a one-page simple template for a logic model, with short definitions for each component in a logic model.

4. **Adult Drug Court Program Logic Model Template**. Adult Drug Court Program Logic Model | National Institute of Justice (ojp.gov)

   This link shows the logic model for an Adult Drug Court Program. It also lists the various components of the logic model and relevant examples are provided.

5. **A Plan to Address Juvenile Reentry in Alameda County, California.** www.acgov.org/probation/documents/ALACOYouthReentryBlueprint2010.pdf

   This document titled "Collaborative and Effective Juvenile Reentry: Comprehensive Blueprint for Youth Reentry in Alameda County, April 2010" prepared by the Associated Community Action Program of Alameda County, Alameda County Health Care Services Agency, and the Alameda County Probation Department provides a multi-page logic model for their Collaborative and Effective Juvenile Reentry plan. See page 51 for this logic model.

Table of Core Indicators

Category of Indicator	Indicators (N=45)	Definition and Data Elements	Outcome	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5
Public awareness and access:	Use of single point of access for behavioral health crises	Will have to define "use", such as crisis calls, physical intakes, also, disaggregate by relevant target groups i.e., first responders; public, etc.	Increase in awareness and use	1.1				
Systems capacity:	Numbers of staff trained (first responders, police officers, in-custody)	# of and type of staff trained by organization (Sheriff, Corrections, Probation, etc)	Increase in staff trained	1.2,1.3	2.2, 2.3	3.1		
Systems capacity:	Percent increased knowledge/competency from trainings	Self-reported answers to questions about knowledge and skills gained from training per Pillar staff targets	Increase in knowledge/skills	1.2,1.3	2.2,2.3	3.1		
Systems capacity:	Waiting lists (in-custody, specialty courts, county mental health)	Number of individuals waiting for treatment or needed services per Pillar partner organization/program	Decrease in individuals waiting for treatment and/or other services	ALL	ALL	ALL	ALL	ALL
Systems capacity:	Waiting times (in-custody, specialty courts, county mental health)	Average time waiting for treatment or services - # of days until placement or intake to services during a specific reporting cycle	Decrease in average time spent waiting for services by pillar of system of care	1.1,1.3	ALL	ALL	ALL	ALL
Systems capacity:	Ratio of behavioral health providers to population in target areas	# of behavioral health providers; estimated general population in targeted location	Increase in providers in the identified target areas	1.2,1.3	ALL	ALL	ALL	ALL
Systems capacity:	Available housing placements (juveniles, adults)	# of housing placements; # available / total placements (per relevant target group)	Increase in housing placements per target group	ALL	ALL	3.2	ALL	5.2
Systems capacity:	Screening rates (in-custody & out-of-custody)	# of screenings for mental health, substance use per pillar setting and relevant target groups	Not an outcome - Increase in screenings (key output) to identify target groups and need and scope of problem	1.4	ALL	3.1	ALL	ALL
Systems capacity:	Reentry programs (# of programs, # of people served)	# and type of programs available for community reentry; # of people "served" by these programs (per relevant target groups). Served will need operational definition of served.	Increase in people served by reentry programming				ALL	
Diversion:	Non-public safety related 911 calls related to behavioral health issues	# and type of calls for public safety and non-public safety (will need to define public safety threats and behavior health crisis/issue)	Decrease in 911 calls related to behavioral health issues that are not a threat to public safety	1.1, 1.2, 1.3,1.4				
Diversion:	Pre-trial diversions	# of individuals diverted prior to adjudication per relevant target group and diversion program	Increase in pretrial/preadjudication diversions	1.2	2.3,2.4			5.1,5.3
Diversion:	Post-trial diversions	# of individuals diverted after adjudication per relevant target group and diversion program	Increase in post-adjudication diversions		2.3,2.4			
Jail and justice-system involvement:	Arrests (misd / felony, type)	Annual number of arrests for misdemeanor and felonies; disaggregate by relevant target group characteristics	Decrease in arrests annually	ALL	ALL	ALL	ALL	5
Jail and justice-system involvement:	Jail bookings/admissions	The number of admissions into jail over the reporting period. Calculate this figure for people with and without SMI. Also report metrics by demographics	Decrease in jail bookings/admissions	ALL		ALL	ALL	
Jail and justice-system involvement:	Average length of stay at jail	The average length of stay (in number of days) for people released from jail over the reporting period. Calculate this figure for people with and without SMI. Also report metrics by race/ethnicity/age/ sex for people with and without SMI.	Decrease in average length of stay in jail	ALL		ALL	ALL	
Jail and justice-system involvement:	Community supervision rates (#'s on pretrial (pretrial supervision?), probation, ~~parole~~)	The percentage of people on community supervision by release type and target group (SMI, Co-occurring, etc)	Decrease in rates of community supervision	ALL	ALL		ALL	ALL

Category of Indicator	Indicators (N=45)	Definition and Data Elements	Outcome	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5
Service Linkage:	Medi-Cal enrollments	Number of people enrolled into Medi-CAL (number of reactivations, applications submitted, applications approved, etc.) by Pillar (System of care partner)	Increase in rate of MediCal reactivations/enrollments/applications	1.2, 1.3	2.4	3.3	ALL	ALL
Service Linkage:	Case management rates (in-custody, post-custody)	Number of individuals who receive case management; number of individuals who don't receive case management	Increase in individuals receiving case management		ALL	ALL	ALL	ALL
Service Linkage:	Continuity of care arrangements - Warm hand-offs to reentry etc.	# of people identified as needing community-based behavioral health & other services; # of people who get connected to these services (connected could be measured by intakes, enrollments, placements, etc.) by status (jail release, Crisis center, diversion/Specialty Court programs, community supervision etc)	Increase in people with "warm hand-offs" to care in community (will need to define what this is)		ALL	ALL	ALL	ALL
Service Linkage:	Continuity of care arrangements - Transportation provided to reentry services	# of people identified as needing transportation to reentry services. # of people who actually are transported to reentry services.	Increase in people who are provided transportation to reentry services			ALL	ALL	
Program engagement:	Individualized treatment/discharge plans (diversion, in-custody, post-custody)	# of people with plans by Pillar setting type/program; # of people that implemented plans (will need to be defined)	Increase in people with treatment or discharge plans that are implemented	1.2,1.3	ALL	ALL	ALL	5.1,5.2
Program engagement:	Sessions attended of specific programs	# of people who attend 1 or more sessions of specific programs per Pillar program and per relevant target groups	Increase in numbers and proportion of people who attend programs		ALL	3.1,3.3	ALL	5.1,5.2
Program engagement:	Participation in Specialty/Collaborative Courts	# of people who are diverted or sentenced to Specialty/ Collaborative Courts. # of people who participate in the Specialty/Collaborative Courts.	Increase in numbers and proportion of people who participate in the Specialty or Collaborative Courts		ALL			
Program completion:	Specialty/Collaborative Court graduations	# of people in Specialty Courts that graduate from program by type of court; # of people in Specialty Courts by court type that fit target group criteria	Increase in people who graduate from Specialty Courts that fit relevant target groups of interest		ALL			
Return to Justice System:	New arrests: misdemeanor vs. felony	# of people arrested after serving a jail sentence. The percentage of people with mental health, substance use issue etc who were rearrested after serving a jail sentence	Decrease in new arrests overall and disaggregate by relevant target groups	ALL	ALL	ALL	ALL	ALL
Return to Justice System:	New convictions: misdemeanor vs. felony	# of people charged with new conviction. Percentage of people who are charged with a new conviction (by community supervision status, and other relevant target groups)	Decrease in new convictions	ALL	ALL	ALL	ALL	ALL
Return to Justice System:	Return to jail / juvenile detention(rate, time to return)	The percentage of people admitted to jail during the reporting period who have a prior jail admission in the past year. Calculate this figure for people with and without SMI or other behavior health/SUD status and other relevant characteristics	Decrease in rate of return to jail	ALL	ALL	ALL	ALL	ALL
Return to Justice System:	Parole and probation violations	The percentage of people with violations while serving a sentence to community supervision. # of people on community supervision. # of people with violations by type (technical vs. non-technical)	Decrease in rates of non-technical violations		2.1,2.2,2.3		ALL	5.1,5.3
Community stabilization/integration/sustainability:	Psychiatric hospitalizations	Total people hospitalized for psychiatric reasons; # of people that fit Pillar target groups that are hospitalized	Decrease in psychiatric hospitalization rate	ALL	ALL	ALL	ALL	ALL
Community stabilization/integration/sustainability:	Housing	# people with housing needs. # who are housed by housing type (homeless, transitional, permanent)	Increase in rate of people who fit target group criteria who are housed	ALL	ALL	3.3	ALL	ALL
Community stabilization/integration/sustainability:	Employment	# of people employed (F/T, P/T), # of people out of work force; unemployed, after they leave services or within a time period, by Pillar target groups	Increase in number and percentage employed	ALL	ALL	3.3	ALL	ALL
Community stabilization/integration/sustainability:	Income or earnings change	# people with income, income total per month; # without income (by relevant target groups and programs if applic.)	Number and percent of clients whose income is greater upon discharge from the program than when they entered, or by time period	ALL	ALL	3.3	ALL	ALL
Community stabilization/integration/sustainability:	Engagement in education (part-time, full-time)	# of individuals who are in the following activities X months after they leave services or within time period: Post-secondary education, Advanced training, Employment, Military service, Qualified apprenticeships	Increase in rate of engagement in education	ALL	ALL	3.3	ALL	ALL

Category of Indicator	Indicators (N=45)	Definition and Data Elements	Outcome	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5
Community stabilization/integration/sustainability:	Social support (perceived tangible and social)	Number and percent of participants who are reunited or reunited with family members and/or significant others; Number and percent that are receiving support from family or friends to meet basic needs; and emotional support needs	Of those who report no to little supports, proportional increase	ALL	ALL	3.3	ALL	ALL
Community stabilization/integration/sustainability:	Mental health outpatient treatment (access and receipt of treatment)	# of people identified as needing treatment; # of people who receive treatment per relevant Pillar program and/or target group	Of those needing treatment increase in treatment intakes/enrollments/ receipt of at least X number of services	1.2,1.3	ALL		ALL	ALL
Community stabilization/integration/sustainability:	Substance use frequency (self-report)	# reporting use of drugs and alcohol within X time period (daily, past month) per Pillar program and/or target group	Decrease in use by Pillar programs and/or target groups	1.2,1.3	ALL		ALL	ALL
Public safety	Reported crime: violent offenses	Annual FBI Part I Violent Offenses per 100,000 residents	Not an outcome per se- for understanding problem scope	1.2,1.3,1.4	ALL	ALL	ALL	ALL
Community Context	Unemployment rate	County, state, or federally defined.	Not an outcome - for understanding problem scope	ALL	ALL	ALL	ALL	ALL
Community Context	Poverty rate	Federally defined poverty rate	Not an outcome - for understanding problem scope	ALL	ALL	ALL	ALL	ALL
Community Context	County population	Most recent population estimates, as well as the population in the year baselines are established.	Not an outcome, but could be used for calculating some rates	ALL	ALL	ALL	ALL	ALL
Community Context	Rates of SMI	As defined by county or state per 100,000	Not an outcome - for understanding problem scope	ALL	ALL	ALL	ALL	ALL
Community Context	Rates of SUD	As defined by county or state per 100,000	Not an outcome - for understanding problem scope	ALL	ALL	ALL	ALL	ALL
Community Context	Rates of homelessness	Annual homeless counts for city, county, other estimates available	Not an outcome per se- for understanding problem scope	ALL	ALL	ALL	ALL	ALL
Satisfaction - Consumer	Public satisfaction with community-based behavioral health supports	Survey conducted by county to assess awareness and satisfaction of behavioral health supports	Percentage showing they are aware of behavioral health resources in county, and are satisfied with them.	1.1,1.2,1.3				
Satisfaction - Consumer	People who are incarcerated: satisfaction with behavioral health treatment in-custody, service linkage, and reentry services	Of the relevant target groups that received services and/or treatment, ratings on access to, utility and satisfaction	Percentage of those surveyed / assessed that express satisfaction	ALL	ALL	ALL	ALL	ALL