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Montgomery County, Maryland
Department of Health and Human Services
Bureau of Justice Assistance

Montgomery County Comprehensive Reentry Program (CORP)

Final Report

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Executive Summary

Over the course of this project, 3,684 people were pre-screened for CORP; of those, 241 were screened and/or reviewed by the CORP team. Ultimately, 64 Comprehensive Reentry Program (CORP) clients were served. Clients received one or more of the following services: comprehensive reentry planning services pre- and post-release, forensic case management, mental health and/or substance addiction treatment, and residential placement services. Referrals to the CORP program involved a coordinated effort between Clinical Assessment and Transitions Services (CATS) within Montgomery County’s Health and Human Services Department, People Encouraging People (PEP), and Targeted Case Management (TCM) also within the County’s Health and Human Services Department. Montgomery County Coalition for the Homeless (MCCH) provided housing services for those identified as homeless.

Among the 64 unique individuals who participated in CORP, 5 (8%) successfully completed the program, 20 (31%) were discharged unsuccessfully, 31 (48%) were still active in the community, and 8 (13%) were active participants even though they remained in custody at the end of the grant period. Overall, the length of participation ranged from 0¹ days to 18 months – with an average period of engagement of 220 days. The majority of participants (52%) were in the program from 31 days to 9 months, but a substantial percentage (38%) remained active from 9 to 18 months.

Over the course of the program, participants were assigned to a case management track (TCM or PEP) -- in fact 10 individuals were served by *both* TCM and PEP over the course of their participation). Among the 64, 44 were referred to PEP and 29 to TCM; and 41 homeless participants were assessed and/or served by MCCH. Highlights include:

- PEP Services – of 44 participants referred to PEP, 33 clients had on average 27 individual meetings with PEP case workers (ranging from 1 to 100 meetings); and 16 clients received 1 or more referrals for external services. Of these 16, 56% were referred for substance abuse treatment; 25% for mental health treatment, and 56% housing;
- TCM Services – of the 29 individuals referred to TCM, 22 clients had from 1 to 44 meetings with TCM case managers, averaging 16 meetings over the course of service. In addition, 15 of 29 clients had 1 or more referrals for services – 40% referred for substance abuse treatment, 47% for mental health or co-occurring counseling; and 20% were referred for reentry services (including legal services and/or vital records);
- Of the 41 individuals initially identified as homeless, MCCH placed 34 into housing (permanent, temporary or shelter) upon release.

This report details these services and provides the outcomes of the goals and objectives established by project partners, and the degree to which goals and objectives were met. However, due to a variety of project challenges, there are data limitations to these findings. Of particular note is the lack of consistent data captured and program staff advised that the project only began to run optimally in the last 8 months of the intervention (e.g., October 2017 to June 2018). This

¹ The CORP participant group is based on an “intent to treat” model so that if the individual reached the stage of the screening process where they were assigned to PEP or TCM, they were counted as a CORP treatment participant, even if they received few or no services.

severely limits the ability to measure the recidivism outcomes for two reasons. First, the plan was to assess re-arrest and reconviction six months from discharge to the community, and the number of participants who were out in the community for 6 months prior to assessment was limited. Second, the recidivism data provided by Department of Public Safety and Correctional Services (DPSCS) had the last recorded event on January 12, 2018 – thus limiting the recidivism analysis to CORP participants who were discharged to the community by June 2017. Third, we were unable to develop a comparison group for this project, rendering it impossible to assess most of the defined recidivism outcomes of the study.

However, one area of the program—the development of the boundary spanning expertise and use of a boundary spanning approach to forensic case management—was particularly successful. Unable to locate an existing survey or tool to measure this aspect of the project, we developed a stakeholder survey.² While replication, revisions and/or modifications to the instrument are advisable, this tool is available to other programs wishing to implement this type of collaborative forensic programmatic approach. CORP stakeholders were generally positive about the experience and reported that overall, the team was an effective collaborative which ensured their clients had access to services and utilized these services in lieu of an arrest. Stakeholder’s comments included:

- *“I think the CORP program model is a powerful and effective one; Given more time to develop, it could be a really amazing part of the CJS in MoCo.”*
- *“Through CORP, some of our most challenging mentally ill clients involved in the criminal justice system received collaborative, intensive services that led to successes we as a team had not previously been able to facilitate.”*

Challenges to Program Implementation

This report also includes the results of the process evaluation – which seeks to assess whether the program was implemented as intended. Generally, the results of this evaluation reveal that it was not. While engagement in the PDE process and planning for the project took more time than originally intended, the process is intended to be deliberative and to elicit commitment from the parities to adhere to the process. Unfortunately, throughout the implementation of CORP, there were difficulties in following the implementation standards for CORP as outlined in the planning development protocol (PDE) (see a copy of the PDE in Appendix A and the CORP Process Map in Appendix B). From the pre-intervention stage to treatment provision to engaging in monthly CORP meetings, the CORP team faced challenges. Despite the commitment of the CORP team members, the unexpected arose, necessitating changes to the program post-implementation. (See list of changes to program implementation provided by the Project Director Athena Morrow on September 2018 in Appendix C). In the future, particularly when dealing with this type of difficult to reach population, it may be beneficial to provide a more robust pilot period to allow for both planning and testing of the procedures agreed upon (and revisions as necessary). In addition, there were staffing challenges throughout the project. The Project Director advised:

²Survey available here: <https://www.surveymonkey.com/r/CORPReview>

“At the end of the project there were only three (3) team members in the whole delivery system who had been involved with CORP from its inception to the end. These were: the PTSU case manager, the CATS data gatherer, and myself. Attrition and turnover took its toll on the team.

These challenges and the CORP team’s response, provide important context concerning planning and program fidelity. In particular, these challenges resulted in missing and imperfect data – which made it difficult to assess the impact of this intervention. Thus, the findings of this program and outcome evaluation should be interpreted in balance with these contextual challenges.

This report concludes with data collection recommendations as well as key lessons which can be drawn to help inform the field and practice concerning the implementation of multi-agency reentry initiatives working with individuals with co-occurring disorders.

- Incorporate a longer pilot period once initial evaluation planning is complete, to test and revise the evaluation plan as necessary to meet the realities of program implementation;
- Have MOUs with all agencies in place to allow for a process to correct deviations from planned practices;
- Proactively work with management of partner agencies to communicate and resolve issues; and
- Scale the planned activities to manage exigencies, specifically scale up or down depending on the challenges such as employee turnover.

In terms of outcomes, while data challenges impede fully assessing the 26 outcome measures, of the 12 goals and objectives which were measured, the CORP team met 10 of those 12 goals. This is largely a reflection of the forensic/legal advocacy boundary spanning approach which formed the critical core of this project. In addition, the CORP Project Director provided two case studies which highlight the efforts of the CORP team and positive outcomes of the project (Appendix D).

Introduction

This report provides an analysis of implementation and outcome data collected for the Montgomery County, Maryland Department of Health and Human Services' Comprehensive Reentry Program (CORP) in accordance with a researcher-practitioner collaboration model called the Program Development Evaluation (PDE) method. The report covers the period February 2015 (when planning began) to August 2018 (upon the second administration of the Stakeholder Survey). Implementation measures and participant outcomes generally span from October 2015 through March 2018, and are summarized for the entire period.

The PDE method, developed by Drs. Gary and Denise Gottfredson, is a general method created to assist organizations in developing, implementing, and improving any type of program and is expected to increase both fidelity of implementation and eventual success at achieving stated goals. The PDE method incorporates nine steps, strengthens the relationship between practitioner and researcher by creating a shared vision, a problem-solving orientation, a definition of roles and responsibilities, and ensuring ongoing communication. Collaboration is crucial to the PDE method – none of these steps can be conducted in absentia by either the researcher or practitioner – from goals to objectives to theory to implementation – all require active participation from all parties to establish and periodically revise the evaluation plan. To create the PDE plan for this program, a series of workshops began in the first half of 2015 with the contracted stakeholders and was revised through the latter half of 2015, with the final version finalized in May 2016 (Appendix A). An illustration of the program processes is included in Appendix B.

This report includes a summary of the services provided through the CORP program, including a discussion of the data sources used for this report. The summary of findings begins with program descriptives of everyone who was screened, considered for participation, and active in the CORP program and then explores differences between those who participated in CORP (the “treatment” group), and those who did not (the “control” group). The results of the examination of the process standards, followed by the goals and objective outcomes are then presented. The CORP program services provided to the treatment group was assessed as a discrete event (participated in the CORP program vs. did not participate in the CORP program).³ This report begins with a brief review of selected literature related to Second Chance Act projects.

Prior Research

Recent research examining a variety of outcomes concerning adult returning citizens from Second Chance Act funded programs indicated case management services alone was an insufficient approach to foster positive post-release outcomes, namely reduced recidivism compared to a control group (D'Amico et al., 2017; D'Amico & Hui, 2018). Studies have also called for sustained provision of long-term support post-release (Lindquist et al., 2018). Specifically, using a randomized control design, D'Amico and Hui (2018) examined the impact of individualized reentry services on recidivism and employment outcomes. Services included employment assistance, substance misuse treatment, cognitive behavioral therapy, and case

³Thus, the program goals and objectives are based on “intent to treatment” basis – everyone referred and accepted by CORP are included – even those who received very limited or no services.

management, which was heavily emphasized. Findings indicated individuals receiving individualized reentry services were no less likely to recidivate (across three different measurements of recidivism), not more likely to abstain from formal criminal justice contact (i.e., re-arrest or re-incarceration), nor less likely to experience fewer days incarcerated. Furthermore, this effect was consistent at a second measurement period, 30 months after the conclusion of the study. Recipients of individualized reentry services were also slightly more likely to experience a greater number of total re-arrests and reconvictions. The heavy emphasis on case management may have contributed to this effect, allowing for the detection of new offenses (also see Petersilia & Tuner, 1993⁴ for discussion on increased technical violations with intensive probation supervision). Similarly, Lindquist et al. (2018) also found no consistent effect of improved arrest or reentry outcomes across or within study sites compared to a control group. Yet, results from a process evaluation highlighted the importance of comprehensive service provision and increased access to such services, particularly prior to release. Where the treatment group did fare better than the control group concerned greater housing independence and employment over time. Ultimately, long-term post-release support and improved post-release services were suggested for current and future reentry program implementation.

Another study, Miller et al. (2018), resembles the current evaluation of CORP in that their study also focused on individuals with co-occurring disorders oscillating in and out of jail. The study was a process and program evaluation of a transition program in Delaware County, Ohio. This program focused on individualized treatment and case management. A reentry coordinator and case manager were responsible for a variety of tasks including completing assessments and reentry accountability plans and coordinating mental health, medical, and drug treatment, and providing cognitive behavioral therapy, to name a few. The authors found treatment was likely to result in probation revocation and any recidivism, the latter measured as new crime and time until the next recidivism event. However, individuals in the comparison group were found to be twice as likely to experience these recidivism events.

The current report sought to contribute to the knowledge base in similar fashion to Miller et al. (2018). However, as detailed below, implementation challenges and missing data issues made it difficult to provide a robust examination of the CORP program implementation activities and programmatic outcomes. However, one area of the program – the development of the boundary spanning expertise and use of boundary spanning approach to forensic case management was particularly successful. With few exceptions, the CORP stakeholders were generally positive about the experience and with the outcomes of the CORP project. In addition, while respondents advised there were a couple areas for improvement (e.g., frequency of some CORP activities, implementation challenges), the CORP team overall was an effective collaborative which ensured their clients had access to services and utilized these services in lieu of an arrest. Through this project, a stakeholder survey was developed (Appendix E) to measure these boundary spanning goals and objectives. While additional testing and revisions and/or modifications to the instrument are advisable, this tool is available to other programs wishing to implement this type of programmatic approach.

⁴ Petersilia, J., & Turner, S. (1993). *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment*. National Institute of Justice: Washington, D.C.

Program Description

The Montgomery County, Maryland Comprehensive Reentry Program (CORP) provides integrated mental health services and criminal justice processing of individuals with substance addiction and co-occurring disorders who were also at risk of housing instability. The CORP program targeted individuals who cycled in and out of jail, were residents of Montgomery County, at least 18 years of age, and were arrested and committed to jail for a misdemeanor and/or violation of probation offenses, and suffer from serious mental health issues or co-occurring disorders. The project sought to provide:

- a) Coordinated mental health and criminal justice services to divert eligible clients to appropriate treatment and services;
- b) Substance addiction treatment; and
- c) Stable housing for those assessed as homeless.

CORP participants could receive one or more services throughout their engagement in the program. The CORP program involved a variety of stakeholders from local government agencies and community providers. CORP members included representatives from the Court, the State Attorney's Office, the Public Defender's Office, the Department of Corrections and Rehabilitation, Parole and Probation, the County Council, Montgomery County Coalition for the Homeless, People Encouraging People, and the Department of Health and Human Services for the duration of the program.

Referrals to the CORP program involved a coordinated effort between Clinical Assessment and Transitions Services (CATS) within Montgomery County's Health and Human Services Department, People Encouraging People (PEP), and Targeted Case Management (TCM) also within the County's Health and Human Services Department. Specifically, CATS clinicians completed mental health screenings and sought participant consent during jail intake. Within 72 hours of receiving client consent, the CORP team would decide on formally accepting the referred potential client into the CORP program. Upon admission into the CORP program, admitted clients were notified and assigned to one of two treatment tracks. These treatment tracks included substance addiction services from TCM or PEP. If a client was identified as homeless, Montgomery County Coalition for the Homeless (MCCH) services would be activated, regardless of assigned treatment track (See Appendix B for an illustration of the CORP program process). Prior to release, stakeholders from each treatment track would begin treatment plans and complete them within seven days. These plans were then finalized within 72 hours prior to a CORP participant's release in the community and reviewed within two days of a CORP client's release from jail.

Forensic Case Management

A key component of the CORP program concerned incorporating forensic case management to create and maintain a boundary spanning expertise among all CORP stakeholders. The goal of forensic case management is to help individuals, currently in the justice system and those recently released, connect to a system of supports and programs available that help them achieve their wellness and recovery goals. Forensic case management is also designed to prevent

recidivism through criminal justice collaborations. This involves inclusion of a boundary spanner role to link community mental health services to various criminal justice processes (police, jail, court, etc.) as described in Steadman et al. (1995) and Pettus and Severson (2006). The CORP program aimed to adopt and translate this forensic case management model and boundary spanner role into weekly collaborative meetings to respond quickly and creatively to a variety of criminal justice issues as they arose for CORP participants.

Some specific activities involved in the translation of forensic case management into practice included weekly meetings to monitor participant progress, implementing frequent rewards for compliance and progress, and deploying swift CORP developed interventions for participants facing challenges. Additionally, the boundary spanning role was also sensitive to instilling a continuum of care from booking to stabilization in the community. The CORP program sought to link services received during incarceration with community-based care and unify services received between the County Departments of Health and Human Services and Corrections and Rehabilitation. In this regard, some specific activities included providing comprehensive in-reach by CORP team providers, assessing housing needs and planning for placement upon release, developing treatment plans prior to release once participants were stable, and developing transition plans informed by clinical and criminogenic factors.

A web-based stakeholder survey was deployed to measure the extent to which boundary spanning expertise was established (Appendix E). This expertise was operationalized as seven objective statements related to client improvement, identification of barriers, mission comprehension, cooperation among stakeholders, adoption of a client-centered orientation and inclusion, and communication (Table 22).

Data Used to Assess Implementation Fidelity and Program Outcomes

Implementation Fidelity

See Appendix F for a list of all implementation (process) standards and the data source used to assess implementation fidelity and program outcomes. As of this reporting period, there are five domains of implementation standards with respect to data collection practices of the CORP team and 40 implementation standards across the five domains to evaluate the implementation of the CORP program. These domains included pre-CORP team intervention and CORP case coordination, PEP care coordination services, TCM services, housing location services, and forensic/legal advocacy. Note, the CORP team did not define a minimum percentage to measure the amount of CORP participants that would be successfully discharged from the program. As such, findings related to this process standard are reported based on actual observed effects. In addition, 3 standards were not assessed because either the researcher did not fully articulate the measure (e.g., we did not include a way of assessing fidelity to the PEP ITP in the standard); and/or the database did not include sufficient specificity to capture the measure (e.g., identifying which of the CORP meetings were “Stakeholder” meetings). Overall, 35 of 39 (90%) of standards were assessed. Data used to assess program progress was collected using the CORP Database (see Appendix G).⁵

⁵ Initially this project was also going to include data extracted from the PEP data system. However, we ended up focusing this evaluation on data collected in the CORP database. This was done in part to ensure consistency in

Program Outcomes

There were four long-term goals: (1) reduce criminal justice involvement, i.e. reduce recidivism; (2) reduce substance addiction/abuse, (3) increase housing stability, and (4) create boundary spanning expertise. Unfortunately, there were several challenges with respect to assessing these goals. First, with respect to Goal 1 - reducing criminal justice involvement, 5 of these measures required the comparison of the treatment group to a comparison or control group. As explained below, we were unable to identify (or statistically create) an equitable comparison group. For this reason, only 1 of the 5 measures of Goal 1 could be assessed. Data were available to assess Goal 2, although of the 64 participants, only 50 have been released to the community for at least 6 months – so the sample size is small and caution should be exercised against overstating the results.

In terms of Goal 3 – housing stability – the primary measure was the number of days housed. The MCCH Housing Log – our primary source of data for the start and end dates – had starting dates for housing facilitated by MCCH, but only one entry had a housing end date. As a result, we were unable to assess any of the housing stability measures because of missing data. Finally, Goal 4 – related to boundary spanning expertise – here the primary data source was the stakeholder survey – and of the 7 measures, 2 could not be assessed because we did not include questions sufficiently explicit to measure 1) team members feeling comfortable learning from one another; and 2) encouraging the client to have a voice in the process. Future projects should include questions to capture these aspects of the intervention.

There were also three objectives associated with the defined goals above. One objective involved increasing engagement and sustainment in treatment, which corresponded with reducing substance addiction through improved and sustained treatment engagement and CORP program compliance. A second objective concerned housing advocacy, which emphasized establishing and improving housing literacy as well securing stable housing. The final program objective centered on developing a forensic/legal advocacy approach to client management. This objective called for establishing and maintaining interagency collaboration and cooperation in addition to improving CORP team knowledge and skillsets across agencies. Among these three objectives there were eight unique measures associated with these objectives. Of those eight measures, data was available to assess 6 measures (75%). See Appendix H for a detailed list of the long-term goals and short-term objectives for this project and the data used to assess program progress.

Data to measure the criminal justice goal, i.e., reduce recidivism, was obtained from the Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) criminal history records. One particular challenge in assessing program goals was that we anticipated that the program would launch in sufficient time to measure the outcomes

comparing TCM to PEP cases – as both were required to submit activity and referral logs (which were then entered into the CORP database). The primary data obtained from the PEP data to be included was the number of meetings with PEP case workers – which is the data captured in the activity logs. In checking the first and last dates of activity logs across PEP, TCM, and MCCH, all begin and end around the same approximate dates – first activity log in spring of 2016, and last logs two years later in April/May 2018. Without information to the contrary, there is no reason to suspect that any differences between the quality and quantity of TCM and PEP activity or referral log data are systemic or intentionally different.

with a 6 to 12 month follow-up period (e.g., *Six months upon discharge to the community, program participants will have 15% fewer arrests compared to those who did not participate in CORP*). However, given the program implementation and staffing challenges, many of the CORP participants (“treatment group”) or those considered for CORP (“control group”) were not released with enough time for an arrest to occur – particularly toward the end of the program.⁶ In addition, there was an inadvertent data collection oversight in that release dates for everyone considered for the CORP program were not requested. Consequently, in the CORP database, there were release dates for only 73 of 241 (30%) of the CORP treatment and control participants. Fortunately, because the researcher is conducting another project with Montgomery County DOCR, data⁷ including the period of this project was available, and we were able to include release information for 217 of the 241 (90%) of the treatment and control groups.

For the other goals and objectives, data sources included the CORP database, the CORP stakeholder survey, and PEP. Finally, in addition to the process and outcomes based on the PDE, this report incorporates findings from the stakeholder survey of CORP team members conducted in August of 2017 and August of 2018.

CORP Participants

Program Eligibility

In order to be considered for the CORP program, individuals must have been residents of Montgomery County, recidivists, at least 18 years of age, arrested and committed to jail for misdemeanor and/or violation of probation offenses, and suffered from serious mental health issues or co-occurring disorders. Individuals also must have been clear of any outstanding warrants or detainers in other jurisdictions (e.g., no barriers to release), and provided consent to evaluation. In cases where an individual had additional pending charges that delayed imminent release, the individual was placed on a list for further review once those issues were resolved. Candidates evaluated as medium to high risk by the Proxy Service Level Matrix (Appendix I), and who also scored positive on the Correctional Mental Health Screen for Women (CMHS-W) or Correctional Mental Health Screen for Men (CMHS-M)⁸ and the TCU Drug Screen⁹ were prioritized. Individuals were considered recidivists if they had one prior arrest. Serious mental health was determined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V). Ineligible individuals included those listed on the lifetime sex offender registration list (Tier III) under Maryland's Sex Offender Registration and Notification Act

⁶ The last date of any criminal activity in the DPSCS CJIS data was January 12, 2018.

⁷ The data utilized for release information for this project included arrest and commitment information for all those arrested in Montgomery County from January 2012 through December 2017, and commitment data for all those committed from July 2012 through June 2017. This data was obtained for the “Staying Close and Looking Back: An Examination of Desistance in a Maryland Community Corrections Population” project funded through the Maryland Statistical Analysis Center Special Emphasis Project, State Justice Statistics Program for Statistical Analysis Centers, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Shawn M. Flower, Ph.D., Principal Investigator. The findings of the current report do not necessarily reflect the views of the State of Maryland, the Maryland Statistical Analysis Center, the Maryland Governor’s Office of Crime Control & Prevention nor the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

⁸ For more, see <https://www.ncjrs.gov/pdffiles1/nij/216152.pdf>

⁹ Available: <https://ibr.tcu.edu/wp-content/uploads/2017/09/TCU-Drug-Screen-5-v.Aug17.pdf>

(SORNA), individuals with a history of methamphetamine manufacturing, and homeless individuals who were receiving benefits in another jurisdiction.

Screening

Demographics and Eligibility

An initial eligibility screening of potential participants was conducted and those that met the basic eligibility criteria (e.g., age, residency, prior arrest, non-sex offender, without methamphetamine conviction, and without screen detainers) were referred to CORP for review for participation in the program. A total of 3,685¹⁰ arrestees were screened and/or referred to CORP¹¹ from January 2015 through February 2018 (see Table 1). Among those arrested, the majority were male (82%), African American (54%) and were on average 33 years old (ranging from 16 to 87 years old at the time of screening).

The vast majority of those considered were over 18 (97%), were not on the permanent sex offender registration (98%), did not have any methamphetamine convictions (99%), and did not have any identified detainers (95%) at the time of screening. Most were Montgomery County residents (70%) and had 1 or more prior arrests (61%). Over a third (35%) were identified by the screener as having a serious mental illness or co-occurring disorder.

Overall, of the 3,684 considered for CORP participation, 686 were eligible to be referred to CORP. A total of 598 arrestees were both eligible *and* referred to CORP; another 40 were eligible *but were not* referred to CORP; and finally, 88 eligible individuals were *not* referred to CORP. It is important to note that as people were screened **every** time they were arrested and booked, these 3,684 arrestees do not represent unique individuals. Among the 3,684, 2,891 (78%) were unique, while 793 (22%) were considered for CORP more than one time. On average, persons were booked and prescreened 1.27 times, ranging from 1 to 8 times over the project period. While the majority (81%) were prescreened only one time, 555 (or 19%) were booked 2 or more times – averaging 2.43 times. Thus, among the 82 unique people who were eligible, but not referred to CORP, 29 had been referred to CORP at a different time during the program period. It is likely that program staff, having vetted the individual during a prior arrest event, opted not to re-refer the individual for CORP program consideration.

¹⁰ The data was reviewed extensively prior to conducting the analysis for this report. In this process, data were dropped or combined to present the most accurate and comprehensive portrait of the CORP program. For example, a number of cases in the prescreening data had incorrect or missing State ID Numbers (SID) and/or misspelling of names and/or missing dates of birth. Wherever possible, questionable data was cross-referenced against the CJIS criminal history records data provided by DPSCS, the CORP participant database table (which included those that were referred to the CORP team for formal review for program participation) and/or Maryland Judiciary Case Search (<http://casesearch.courts.state.md.us/casesearch/inquiry-index.jsp>). As the CJIS data request was based on the SID numbers provided by CORP staff, there were cases erroneously included in the CJIS extract which we removed prior to finalizing the dataset for this project. In addition, CORP cases with missing or invalid SID numbers that were not included in the CJIS data were excluded from analysis involving criminal history data.

¹¹ Among the potential CORP participants, 36 cases were not in the screening database. Given this was likely an oversight/missing data, we present information utilizing all those either screened and/or considered by CORP.

Table 1: Descriptives – Initial Eligibility Screening N=3,684

	N¹²	Freq.	Percent	Range	Mean (SD)¹³
Age as of Screening Date	3596			16.1 to 87.5	33.1 (11.9)
Gender	3671				
Male		3026	82%		
Female		645	18%		
Race	3608				
White		1041	29%		
African American/Black		1957	54%		
Latino/Hispanic		465	13%		
Asian		73	2%		
Multi/Other		59	2%		
Ethnicity	3582				
Hispanic		492	14%		
Not Hispanic		3090	86%		
Eligibility Criteria	3,649				
18 Years Old or Older	3608	3512	97%		
Montgomery County Resident	3649	2568	70%		
Has 1 or More Prior Arrest	3649	2239	61%		
Seriously Mentally Ill or Co-Occurring?	3541	1258	35%		
Not Permanent Sex Offender	3537	3469	98%		
No Meth Convictions	3543	3540	99%		
No Detainers	3541	3362	95%		
Eligible for Corp	3684				
Unknown – No Screening Data		35	1%		
No – Didn't Meet Criteria		2963	80%		
Yes – Met Initial Criteria		686	19%		
Referred to Corp	3649				
<i>Eligible</i>	686				
Eligible, Referred		598	87%		
Eligible, Not Referred		88	13%		
<i>Not Eligible</i>	2963				
Not Eligible, Referred		40	1%		
Not Eligible, Not Referred		2923	99%		

¹² N=Number of those with data available to assess.

¹³ “Standard Deviation” indicates variation in the data. A larger SD indicates more variation, a smaller SD indicates more consistency among the responses.

	N ¹²	Freq.	Percent	Range	Mean (SD) ¹³
Unique Individuals	3684				
Yes – Unique		2891	78%		
No – In Data >1 Time		793	22%		
# Times Booked/Prescreened	2891			1 to 8	1.3 (.67)
1 Time		2336	81%		
2 Times		393	13%		
3 Times		115	4%		
4 Times		28	1%		
5 or More Times		19	1%		
CJIS Criminal History Data	2891				
Yes – Have CJIS Data		2335	81%		
No – No CJIS Data		556	19%		

Criminal History

Table 2 summarizes the criminal histories those screened and/or considered based on Criminal Justice Information System (CJIS) data provided by DPSCS. Among 2,891 unique individuals, CJIS data was provided for 2,335. The measures of criminal history are based on data calculated or summarized from the CJIS criminal history data.

Among these individuals, 7% were experiencing their first arrest and the most common type of offender was a person offender (61%), followed by drug (18%), property (17%), sex offender (1%), other (1%) and traffic (less than 1%). Note that this offender classification is based on the most serious conviction over their criminal career and not on the most frequent type of crime or most recent offense committed.¹⁴ The length of criminal career was based on the first date of arrest recorded in CJIS to the date of the screening or referral to CORP or treatment date, and spanned a range from as little as 1 day to over 41 years. On average, these individuals had been criminally involved over 8 years.

Looking specifically at prior arrest history indicates that those considered for CORP had an average of 9.5 arrests (ranging from 1 to 148), 2.7 prior convictions and an average conviction rate of 22% overall. Among those convictions, approximately 14% were for felony level offenses and the maximum seriousness category averaged 2.6, falling between a level V and level VI offense (ranging from the most serious category of level I to level VII, least serious).¹⁵

¹⁴In determining the most serious conviction, person offenses were privileged over drug and property offenses. For the purpose of offense seriousness, DUI/DWI offenses, eluding police, etc., although designated as traffic offenses for the offense type, were still considered as person offenses and thus were privileged over property, drug and other types of offenses. Thereafter, seriousness was determined based on the specific charges in accordance with the State of Maryland criminal statutes.

¹⁵ Each charge was coded by offense seriousness category from I (most serious) to VII (least serious) (which was reverse coded so that a higher value indicated a more serious crime) in accordance with Maryland State statutes. The source for statute classification information was from the Maryland State Commission on Criminal

Level V offenses include second degree assault, reckless endangerment, third degree sex offense, theft and forgery. Level VI offenses range from escape, indecent exposure, failure to register as a sex offender, motor vehicle theft, possession of a firearm or ammunition, and resisting arrest.

Table 2 also provides arrest information broken down by charge. Those screened/considered for CORP had an average of 16.7 charges (ranging from 1 to 183 charges) in their criminal career, with 3.4 charges resulting in a conviction (ranging from 0 to 83 charges convicted), thus 16% of all charges resulted in a conviction. Among these charges, 23% were for felony level offenses, and the most serious charge category averaged 3.9 – close to a level IV offense. Level IV offenses include robbery, arson, burglary, manufacture and/or distribution of narcotics, first degree escape, and child pornography.

A breakdown by different types of offenses includes both the number of charges overall, within a range, and the number of those charges that lead to a conviction. Note that the offenses listed include person crimes (including weapons charges) and sex crimes (including prostitution). Given that weapons (due to their potential lethality) add a level of seriousness to the offense, and that those who engage in prostitution have a fair number of charges among a small group (N=58), both weapons and prostitution charges and convictions are provided separately.

The final section of Table 2 is incarceration history. In this sample, there were 1,387 individuals who had been sentenced for a crime. Among those, 83% had been incarcerated for one or more days during their career.¹⁶ The 1,387 individuals experienced from 0 to 66 periods of incarceration, on average serving 2.84 times. The total incarceration time imposed over the course of their careers range from 0 days to 244 years, with an average time imposed of 4 years. The average sentence per incarceration period was 50 days, but ranges up to 6 years.

Sentencing Guidelines Manual Guidelines Offense Table Appendix A updated February 2006, with updates from the 2012, 2014 and 2018 manuals.

¹⁶ Calculated from sentencing data by subtracting the sentence suspended from sentence imposed. However, there is no ability to discern in the CJIS data those sentences that were served consecutively from those served concurrently, thus these figures likely overestimate the amount of time actually served.

Table 2: Criminal History Descriptives Screened/Considered for CORP N=2,335

	N	Freq.	Percent	Range	Mean (SD)
First Time Arrested	2335			0 to 1	.07 (.26)
Offender Class (Serious Conviction)	1504				
Person		924	61%		
Sex		22	1%		
Drug		272	18%		
Property		253	17%		
Other		21	1%		
Traffic		12	<1%		
Criminal Career					
Length of Career (in months) ¹⁷	2335			<1 to 503	100 (111)
Length of Career (in days)	2335			1 to 15301	3043 (3388)
Arrest, Charge, and Conviction History					
Total Number of Prior Arrests	2335			1 to 148	9.5 (11.7)
Total Number Prior Convictions - Arrest	2335			0 to 78	2.7 (4.7)
Prior Arrest Conviction Rate	2335			0 to 1	.22 (.21)
Proportion of Prior Felony Convictions	1503			0 to 1	.14 (.25)
Most Serious Category - Convictions	1503			1 to 7	2.6 (1.3)
Total Number of Prior Charges	2335			1 to 183	16.7 (19.9)
Total Number Prior Convictions - Charges	2335			0 to 83	3.4 (5.9)
Average Charges Per Prior Arrest	2335			1 to 34	3.1 (2.3)
Prior Charges Conviction Rate	2335			0 to 1	.16 (.18)
Proportion of Prior Felony Charges	2335			0 to 1	.23 (.27)
Most Serious Category - Charges	2334			1 to 7	3.9 (1.51)
Charge & Conviction History By Type of Offense					
<i>Person Offenses (Including Weapons)</i>					
Total Number of Charges	1859			1 to 77	6.8 (7.4)
Total Number of Convictions	1274			0 to 21	1.6 (2.0)
<i>Weapons Only Offenses</i>					
Total Number of Charges	582			1 to 27	2.4 (2.3)
Total Number of Convictions	465			0 to 6	.37 (.63)
<i>Sexual Offenses (Including Prostitution)</i>					
Total Number of Charges	309			1 to 27	3.6 (4.0)
Total Number of Convictions	170			0 to 8	.66 (1.3)

¹⁷ Length of criminal career was calculated based on the first date of arrest in the CJIS data to the screening or referral to CORP/treatment date.

	N	Freq.	Percent	Range	Mean (SD)
<i>Prostitution Only Offenses</i>					
Total Number of Charges	58			1 to 17	2.5 (2.7)
Total Number of Convictions	42			0 to 3	.4 (.66)
<i>Drug Offenses</i>					
Total Number of Charges	1071			1 to 111	6.5 (8.0)
Total Number of Convictions	910			0 to 23	1.8 (2.3)
<i>Property Offenses</i>					
Total Number of Charges	1630			1 to 127	8.8 (11.3)
Total Number of Convictions	1280			0 to 56	2.2 (3.5)
<i>Traffic Offenses</i>					
Total Number of Charges	483			1 to 18	2.1 (2.3)
Total Number of Convictions	428			0 to 6	.34 (.67)
<i>Total "Other" Charges</i>					
Total Number of Charges	550			1 to 71	3.1 (4.7)
Total Number of Convictions	501			0 to 39	.86 (2.3)
<i>Total Violation Probation/Parole</i>					
Total Number of Charges	372			1 to 16	2.4 (2.1)
Total Number of Convictions	371			0 to 13	2.0 (1.8)
<i>Incarceration History</i>					
Sentenced to Incarceration Rate	1387			0 to 1	.83 (.37)
Prior Times Incarcerated	1387			0 to 66	2.84 (4.09)
Total Time Imposed (in days)	1387			0 to 89240	1356 (4443)
Average Incarceration Sentence (in days)	1387			0 to 2043	50 (149)

Eligible CORP Participants

The next step was to look specifically at the 241¹⁸ unique individuals who were considered for and/or participated in CORP over the project period. Among those 241, 64 unique individuals were “treatment” cases – meaning they were accepted into CORP. However, even once accepted by the CORP team, often individuals may not have received substantial treatment services. The remaining 177 individuals discussed in the tables below were considered for CORP participation, but did not participate.

¹⁸ While individuals were eligible to participate in CORP following a stay at Springfield Hospital (SHC), 20 of the potential control group cases sent to SHC were dropped because notes indicated they were not competent, never stabilized, and none completed the screening tools.

Demographics

Table 3 contains demographic information about the eligible CORP participants. At the time of screening, these eligible CORP participants were 35.6 years old, on average, ranging from 18 to 71 years old, majority were male (191 of 241 or 79%), more than half were African American (131 of 238 with data available to include or 55%), and most (90%) were not of Hispanic ethnicity.

The vast majority of the potential participants were single, divorced, or widowed (129 of 134 or 96%) with only 5 (or 4%) either married (including common law) or separated. However, a third had children – 46 of 125 (37%) had 1 or more children, averaging 2 children (ranging from 1 to 7 children). Of those children, on average 1.48 were minor children (ranging from 0 to 5 children under the age of 18).

We also had information related to housing and employment – 78 of 241 (or 33%) were homeless when considered for the CORP program, and only 10% were either employed or retired/disabled.

Table 3: Descriptives – Considered/Participated in CORP N=241

	N	Freq.	Percent	Range	Mean (SD)
Treatment vs. Control Group	241				
Treatment – CORP Participant		64	27%		
Control – Did Not Participate		177	73%		
Control Group - Status	177				
Not Eligible		92	52%		
Bonded Out/Released		30	17%		
Never Stable		3	2%		
Refused		38	21%		
CORP Refused		7	4%		
Deferred/Other Agency		7	4%		
Age as of Screening Date	232			18.0 to 71.1	35.6 (11.8)
Gender	241				
Male		191	79%		
Female		50	21%		
Race	238				
White		80	34%		
African American/Black		131	55%		
Latino/Hispanic		21	9%		
Asian		3	1%		
Multi/Other		3	1%		

	N	Freq.	Percent	Range	Mean (SD)
Ethnicity	233				
Hispanic		23	10%		
Not Hispanic		210	90%		
Marital Status	134				
Single/Divorced/Widowed		129	96%		
Married/Common/Separated		5	4%		
Parental Status	125				
No Children		79	63%		
Have Children		46	37%		
Number of Children	44			1 to 7	2.0 (1.27)
Number Under 18	44			0 to 5	1.48 (1.3)
Housing					
Homeless	241				
Not Homeless		163	67%		
Homeless		78	33%		
Employment	160				
Employed		4	3%		
Retired/Disabled		11	7%		
Unemployed		56	35%		
In Controlled Environment		89	55%		

Criminal History

Among the 241 unique individuals considered or who participated in CORP, we received CJIS data for 227 (94%). Table 4 provides a number of measures of criminal history for the 227 based on data calculated or summarized from the CJIS criminal history data.

Among these individuals, 4% were experiencing their first arrest and the most common type of offender was a person offender (77%), followed by drug (12%), property (9%), sex offender, other, and traffic (all less than 1%). Again, as noted previously, offender class is based on the most serious conviction over their criminal career.¹⁴ The length of criminal career was based on the first date of arrest recorded in CJIS to the date of the screening or referral to CORP or treatment date, and spanned a range from as little as 1 day to over 33 years. On average, these individuals had been criminally involved slightly over 11 years.

Looking specifically at prior arrest history indicates that those who were either referred to the CORP team for consideration for participation or participated in CORP had an average of 11.9 arrests (ranging from 1 to 120), 5.9 prior convictions and an average conviction rate of 43% overall. Among those convictions, approximately 8% were for felony level offenses and the maximum seriousness category averaged 2.7, falling between a level V and level VI offense

(ranging from the most serious category of level I to level VII, least serious).¹⁵ Level V offenses include second degree assault, reckless endangerment, third degree sex offense, theft and forgery. Level VI offenses range from escape, indecent exposure, failure to register as a sex offender, motor vehicle theft, possession of a firearm or ammunition, and resisting arrest.

Table 4 also provides arrest information broken down by charge. Those in the CORP treatment and control groups had an average of 29.1 charges (ranging from 1 to 185 charges) in their criminal career, with 7.5 charges resulting in a conviction (ranging from 0 to 84 charges convicted), thus 23% of all charges resulted in a conviction. Among these charges, 13% were for felony level offenses, and the most serious charge category averaged 3.9 – close to a level IV offense. Level IV offenses include robbery, arson, burglary, manufacture and/or distribution of narcotics, and first-degree escape.

Here again, the breakdown by different types of offenses includes both the number of charges overall, within a range, and the number of those charges that lead to a conviction. Offenses listed include person crimes (including weapons charges) and sex crimes (including prostitution) and weapons and prostitution charges and convictions are provided separately.

The final section of Table 4 is incarceration history. In this sample, there were 182 individuals who had been sentenced for a crime. Among those, 94% had been incarcerated for one or more days during their career.¹⁶ The 182 individuals experienced from 0 to 67 periods of incarceration, on average serving 4.9 times. The total incarceration time imposed over the course of their careers range from 0 days to 93 years, with an average time imposed of 4.5 years. The average sentence per incarceration period was 52 days, but ranges to over 5.5 years.

Table 4: Criminal History Descriptives Considered/Participated in CORP N=227

	N	Freq.	Percent	Range	Mean (SD)
First Time Arrested	227			0 to 1	.04 (.11)
Offender Class (Serious Conviction)	193				
Person		149	77%		
Sex		1	<1%		
Drug		24	12%		
Property		17	9%		
Other		1	<1%		
Traffic		1	<1%		
Criminal Career					
Length of Career (in months) ¹⁷	227			<1 to 397	133 (108)
Length of Career (in days)	227			1 to 12081	4052 (3316)
Arrest, Charge, and Conviction History					
Total Number of Prior Arrests	227			1 to 120	11.9 (14.6)
Total Number Prior Convictions - Arrest	227			0 to 79	5.9 (8.7)
Prior Arrest Conviction Rate	227			0 to 1	.43 (.25)
Proportion of Prior Felony Convictions	192			0 to 1	.08 (.17)
Most Serious Category - Convictions	192			1 to 7	2.7 (1.2)
Total Number of Prior Charges	227			1 to 185	29.1 (29.2)
Total Number Prior Convictions - Charges	227			0 to 84	7.5 (10.3)
Average Charges Per Prior Arrest	227			1 to 11	2.7 (1.3)
Prior Charges Conviction Rate	227			0 to 1	.23 (.16)
Proportion of Prior Felony Charges	227			0 to 1	.13 (.17)
Most Serious Category - Charges	227			1 to 7	3.9 (1.28)
Charge & Conviction History by Type of Offense					
<i>Person Offenses (Including Weapons)</i>					
Total Number of Charges	205			1 to 56	10.2 (9.7)
Total Number of Convictions	178			0 to 19	2.7 (2.9)
<i>Weapons Only Offenses</i>					
Total Number of Charges	63			1 to 18	2.4 (2.7)
Total Number of Convictions	58			0 to 3	.39 (.64)
<i>Sexual Offenses (Including Prostitution)</i>					
Total Number of Charges	29			1 to 8	2.3 (2.0)
Total Number of Convictions	28			0 to 2	.28 (.53)
<i>Prostitution Only Offenses</i>					
Total Number of Charges	6			1 to 8	3.0 (2.9)
Total Number of Convictions	6			0 to 1	.16 (.41)

	N	Freq.	Percent	Range	Mean (SD)
<i>Drug Offenses</i>					
Total Number of Charges	130			1 to 49	7.4 (9.0)
Total Number of Convictions	121			0 to 23	2.2 (2.9)
<i>Property Offenses</i>					
Total Number of Charges	201			1 to 122	12.7 (14.9)
Total Number of Convictions	181			0 to 57	3.3 (5.5)
<i>Traffic Offenses</i>					
Total Number of Charges	87			1 to 15	2.3 (2.7)
Total Number of Convictions	82			0 to 3	.37 (.64)
<i>Total "Other" Charges</i>					
Total Number of Charges	98			1 to 71	5.0 (8.7)
Total Number of Convictions	94			0 to 39	1.6 (4.4)
<i>Total Violation Probation/Parole</i>					
Total Number of Charges	65			1 to 13	2.7 (2.3)
Total Number of Convictions	65			0 to 9	2.3 (1.9)
<i>Incarceration History</i>					
Sentenced to Incarceration Rate	182			0 to 1	.94 (.24)
Prior Times Incarcerated	182			0 to 67	4.90 (6.6)
Total Time Imposed (in days)	182			0 to 34139	1736 (4206)
Average Incarceration Sentence (in days)	182			0 to 2043	52 (177)

Screening/Assessment

As noted earlier, the screening process for CORP candidates included that CATS or HHS staff complete the COMPAS Risk and Needs Assessment (COMPAS),¹⁹ the Texas Christian University Drug Screen V (TCUDS-V), and the Correctional Mental Health Screen for Men (CMHS-M) or Correctional Mental Health Screen for Women (CMHS-W). In addition, given that DOCR routinely conducts the Proxy Risk Assessment (Proxy) for arrestees, the proxy scores were to be entered into the CORP database. These tools were to be used to assess program eligibility among those who were referred to CORP for consideration. In addition, for homeless candidates, the housing partner MCCH, would administer the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT).²⁰

For this evaluation, we asked that only selected items from these screening tools be entered into the CORP database. For example, in addition to recording the date the various assessments were completed, items from the COMPAS included those related to history of abuse and violence, primary mental health diagnosis, and whether the candidate was compliant with prescribed

¹⁹ The COMPAS is a proprietary tool and thus copies of the tool are unavailable. However, for more information, see the Practitioner Guide. http://www.northpointeinc.com/files/technical_documents/FieldGuide2_081412.pdf

²⁰ See: <http://www.ethmis.com/info/detail/vi-spdat/13>

medications. For the CMHS-M/CMHS-W, the database only captured the numeric score and category. Likewise, for the TCUDS-V, CORP staff were to include the numeric and category scores, as well as several other key questions such as the individual's self-reported assessment of the seriousness of their current drug issue and whether they felt they needed treatment at the time of the screening. All the elements of the Proxy score were captured in the database.

Table 5 provides descriptive statistics of selected items from the assessment data.²¹ As noted in the table, those who were assessed for CORP participation met many of the target criteria set out for this program. More than 92% (89 of 97) had an alcohol, drug, and/or both alcohol and drug abuse issues; almost all had a prior mental health diagnosis (86 of 89 assessed or 97%), 89% (82 of 92) experienced prior hospitalization, and over 70% (67 of 95) were either bipolar, schizoaffective, or had schizophrenia. In addition, 80% of men and 77% of women required a referral for mental health treatment at the time of the CMHS assessment. This population also had high rates of trauma (44 of 98 or 45%) and past experiences with abuse (ranging from 9% to 23%); many had anger management issues (34 of 98 or 35%), had perpetuated violence on others (31 of 98 or 32%), and had a history of self-harm (33 of 98 or 34%).

While 21 of 91 (23%) scored low on the criminal history proxy, the remaining potential CORP participants were either medium level (48 of 91 or 53%) or high (22 of 91 or 24%). This population also had high rates of homelessness – 78 of 241 (or 32%) were initially identified as homeless – of which 40% were chronically homeless. The VI-SPDAT was completed on 40 individuals, and found of that of those 40, 14 (35%) were not classified as homeless, 8 (20%) qualified for rapid rehousing, and 18 (45%) required permanent supportive housing.

As designed, the CORP team sought to serve a difficult population.

²¹ We omitted reporting items where there was no response or very little variability, or seemed less relevant to this evaluation. However, descriptive data for all variables can be provided upon request.

Table 5: Screening/Assessments - Considered/Participated in CORP N=98

	N	Freq.	Percent	Range	Mean (SD)
<i>COMPAS Risk and Need Assessment Tool (Selected Items)</i>					
Substance Abuse	97				
Alcohol		12	12%		
Drugs		14	14%		
Both Drugs & Alcohol		63	65%		
None		8	8%		
Co-Occurring Disorder	97	84	87%		
Primary Mental Health (MH)	95				
Schizophrenia/Schizoaffective		35	39%		
Bipolar		31	32%		
Borderline		1	1%		
Depression/Depressive		15	16%		
PTSD		3	3%		
Psychosis		3	3%		
Intermittent Explosive		3	3%		
Anxiety		1	1%		
Other		1	1%		
None		2	2%		
Mental Health Indicators					
Prior Mental Health Diagnosis	89	86	97%		
Prior Hospitalization	92	82	89%		
Medication Compliant	90	69	77%		
History of...	98				
Trauma		44	45%		
Physical Abuse		23	23%		
Verbal/Emotional Abuse		16	16%		
Sexual Abuse/Molestation		9	9%		
Domestic Violence		15	15%		
Community Violence		15	15%		
Witness Violence		16	16%		
Anger Management Issues		34	35%		
Violence on Others		31	32%		
Destruction of Property		21	21%		
Risk of Withdrawal		14	14%		

	N	Freq.	Percent	Range	Mean (SD)
Self-Harm					
History of Self-Harm		33	34%		
Current Ideation		2	2%		
Past Self-Harm in Jail		5	5%		
Benefits	98				
SSI		27	28%		
SSDI		22	22%		
Medicare		17	17%		
Medicaid		63	64%		
Proxy Risk Assessment					
Level of Risk	91			0 to 8	5.4 (1.5)
Low		21	23%		
Medium		48	53%		
High		22	24%		
Correctional Mental Health Screen for Men (CMHS-M) and Women (CMHS-W)					
CMHS	90			0 to 12	7.32 (3.2)
CMHS-M	75			0 to 12	7.85 (3.0)
1 to 5 (No MH Referral)		15	20%		
6+ (Urgent Referral)		10	13%		
7+ (Routine Referral)		50	67%		
CMHS-W	13			0 to 8	5.38 (2.7)
1 to 4 (No MH Referral)		3	23%		
5+ (Urgent Referral)		1	8%		
6+ (Routine Referral)		9	69%		
TCU Drug Screen V (TCUDS-V)					
Score - Disorder Level	91			0 to 13	7.13 (4.3)
No Issue (0 or 1 Points)		19	21%		
Mild (2 to 3 Points)		3	3%		
Moderate (4 to 5 Points)		5	6%		
Severe (6 or More Points)		64	70%		
Drug of Choice	88				
None/Not Using		9	10%		
Alcohol		25	28%		
MJ/Hash/Synthetic MJ		24	27%		
Cocaine/Crack		10	11%		

	N	Freq.	Percent	Range	Mean (SD)
Heroin/Opioids		6	7%		
PCP/MDMA/Benzos		7	8%		
Multiples/Other Drugs		7	8%		
Frequency of Drug of Choice	88				
Never/A Few Times		13	15%		
Several Times a Month		6	7%		
Several Times a Week		11	12%		
Daily		58	66%		
Need for Treatment Now (Self-Reported)	87				
Needed Not at all		15	17%		
Slightly		9	10%		
Moderately		6	7%		
Considerably		15	16%		
Extremely		43	49%		
Prior Treatment Experiences	91			0 to 18	2.46 (2.9)
No Prior Treatment		26	29%		
1 or More Prior Times		65	71%		
Number Times in Treatment	65			1 to 18	3.45 (3.0)
1 Time		17	26%		
2 to 3 Times		10	15%		
3 to 5 Times		31	48%		
6 or More Times		7	11%		
VI-SPDAT					
Initial Screened Homeless	241	78	32%		
Status	78				
Temporary, Situational, Unknown		47	60%		
Chronic		31	40%		
VI-SPDAT Scores	40				
N/A Not Homeless		14	35%		
Rapid Rehousing		8	20%		
Perm. Supportive Housing		18	45%		

Comparison of Treatment vs. Control Groups

A variety of measures were compared between the 64²² individuals who received a referral to PEP or TCM (the “treatment” group), and the 177 who did not (the “control” or “comparison” group). We reviewed the number of times an individual was considered for CORP participation (as measured by number of times in the database), demographic measures, assessment/screening data, and criminal justice history. Areas where there were significant differences between these groups are detailed in Table 6.

In terms of consideration for the program, the CORP treatment group was listed in the data more times than those in the control group (on average, 1.45 times versus 1.14 times for the control group). This was statistically significant at $p < .05$.²³ We tested 10 demographic factors – and found the two groups were very similar with two exceptions. Those in the treatment group were significantly less likely to be Hispanic (1% vs. 12% of the comparison group) and were much more likely to be homeless (81% vs. 15%) – both significant at $p < .000$.

In reviewing all the assessment/screening tools, only 4 of 32 items on the COMPAS varied significantly – risk of withdrawal (19% of treatment group vs. 6% of the comparison group); past self-harm in jail (8% vs. 0%); compliance with mental health medications (83% vs. 62%); and reporting they had a substance abuse issue (84% vs. 96%). None of the other assessment measures differed significantly between those in the comparison and the treatment groups – not the 5 items on the Proxy, the 2 CMHS scores, nor the 5 measures from the TCUDS-V.

However, there is an important caveat to the assessment findings – while 63 of 64 (98%) of the treatment group were assessed, only 35 of 177 (19%) of the comparison group were assessed. As noted in Appendix C, there were challenges with conducting the assessments as planned,²⁴ but the assessment was to be a part of the CORP participation eligibility process. We reviewed the control group final status (e.g., the reason the individual did not participate in CORP) and cross-referenced this with whether or not an assessment was completed (Figure 1). There were 30 individuals who bonded out or were released before assessments could be completed, and 3 additional individuals who were never sufficiently stable to complete the assessments. Then for 92 cases deemed not eligible, 16 had an assessment, but the remaining 76 cases did not. To discern if there were reasons for this, we looked deeper into the data and found explanations for the majority of these exceptions to the protocol. For example, for 35 of those 76 cases (or 44%), the individual was deemed ineligible due to the severity of their crime or because they

²² One treatment case was not referred to PEP until after they were discharged from CORP and referred to Mental Health Court. However, this client had special needs, and CORP staff worked with the client to address their needs; this case is considered a treatment case.

²³ Differences are statistically significant if the “p-level” indicator is $p < .05$ or below. This notation means that the findings are highly unlikely to be the result of chance or coincidence (e.g., for $p < .001$ - less than a 1 out of 100 chance or $p < .05$ less than 5 out of 100 chances).

²⁴ Due to staffing issues and jail processing hindering the administration of the assessments/screens beyond the initial prescreen assessment, “the decision was made to designate two CATS therapists as “CORP therapists”, specializing in the CORP procedures and data gathering, but still maintaining a small CATS caseload. They ended up having to engage clients at the Clarksburg facility after clients were stabilized enough to converse.” (Personal communication, CORP Project Manager, September 6, 2018).

had detainers or were on probation elsewhere. This generally aligns with the CORP process where the team could make a decision based on the severity of the crime and/or detainers/probation may have been discovered after the initial prescreening. Another 7 (10%) were not Montgomery County Residents. Three of the 76 were not recidivists, 1 refused to participate, and 1 was deemed incompetent and sent to Springfield. For 27 of the 76 (36%) the data indicated these individuals did not have a serious mental health issue. For many of these 27 cases, notes in the CORP database indicated this was based on an assessment by Dr. Mokhtari. Given the challenges in administering the assessments, Dr. Mokhtari may have been able to diagnose these individuals prior to the completion of the assessment, thus obviating the need for the assessment since having a serious mental health issue was a core eligibility criterion. Finally, there remained 2 individuals who were deemed ineligible, but no assessment was completed (or the assessment data was not entered into the database).

Figure 1: Control Cases – CORP Status and Assessment Completion N=177

		COMPAS Assessment Done		Total
		No	Yes	
Corp	Not Eligible	76	16	92
Status	Bonded Out/Released	30	0	30
FINAL	Never Stable	3	0	3
	Refused Never in CORP	29	9	38
	CORP Refused	0	7	7
	Deferred/Tracking/ Working Other Agency	4	3	7
Total		142	35	177

In addition to the demographic and assessment differences, the treatment and the control groups also differed significantly in 9 of 33 criminal history measures. Generally speaking, those in the treatment group were overall more frequent, but less serious offenders than those in the control group. For example, the treatment group had more prior arrests (15.5 vs. 10.6); more convictions (8.4 vs. 5.0), and had been incarcerated for 1 or more days more often (5.8 vs. 3.2 times incarcerated). However, charges were less serious (1.70 vs. 1.90) and the treatment group fewer felony charges (9% vs 14%) and commensurately, had fewer felony convictions than the comparison group (4% vs. 10%). In addition, those in the comparison group, based on their *least* serious conviction, were generally property offenders (with an average score of 2.00) versus the treatment group who fell between traffic and property offenders (with an average score of 1.40). None of the other criminal history measures differed significantly.

Table 6: Significant Differences between Treatment and Control Groups N=241

	Treatment Group			Control Group			Significant Difference
	N	Mean	SD	N	Mean	SD	
Number of Times in Corp Data	64	1.45	.71	177	1.14	.44	.318*
Demographics							
Ethnicity	63	.01	.12	170	.12	.34	-.11***
Homeless	64	.81	.39	177	.15	.35	.66***
COMPAS							
Risk of Withdrawal	63	.19	.39	35	.06	.23	.13*
Past Self-Harm in Jail	63	.08	.27	35	.00	.00	.08*
Compliant with Medications	61	.83	.37	29	.62	.49	.21*
Reports Substance Abuse Issue	63	.84	.36	33	.96	.17	-.12*
Criminal History							
Prior Arrests (career total)	61	15.56	18.3	166	10.59	12.7	4.97*
Unique Arrests (convicted)	61	8.40	11.6	166	5.07	7.1	3.33*
Times Incarcerated (career)	61	5.80	9.2	166	3.24	4.5	2.56*
Charges – Seriousness (average)	61	1.70	.58	166	1.90	.68	-.20*
Felony Prior Charges (average)	61	.09	.13	166	.14	.18	-.05*
Least Serious Off. Type (prior)	54	1.40	1.4	139	2.00	1.4	-.60*
Least Serious Off. Category (prior)	54	1.11	.46	139	1.31	.85	-.20*
Serious Category - Convictions (average)	54	1.51	.48	139	1.70	.76	-.21*
Average Felony Prior Convictions	54	.04	.11	139	.10	.18	-.06*

***Difference between those in the treatment group to control group is significant $p < .000$

**Significant $p < .01$ * Significant $p < .05$

While only 16 of 88 (18%) factors differed significantly between the treatment and control groups, comparability between these two groups is questionable. Specifically, only a small portion of the control group completed the assessments and many were deemed ineligible due to the severity of the crime, a lacking mental health diagnosis, or presence of detainers. Ideally, the CORP program would have employed random assignment²⁵ to select individuals into the treatment condition, but this was not a feasible option. Given these differences highlighted between the treatment and the control groups, we attempted to match the groups by calculating a

²⁵ Random assignment is considered the scientific “gold standard” because when individuals are assigned to treatment by chance, it can be assumed that variations between those in the comparison and the treatment groups are random and should not influence or bias the outcomes of the study.

propensity score using logistic regression to estimate the probability that, had this intervention employed random assignment, the individual would have been assigned to the treatment group.²⁶ After testing a number of different factors (primarily the summarized CJIS data, as there was only a small percentage of possible control group cases with assessment data to include), we were unable to create an adequately matched group while maintaining a sufficient number of cases for the results to be meaningful. For this reason, we will not be able to assess program goals 1a, 1b, 1d, and 1e, all of which required the use of a control group.

The remaining portions of this report will focus on the treatment group: those who were referred to PEP or TCM. This will include a discussion of fidelity to the program model and the outcomes we assessed with available data. We will also detail the development of the Forensic/Legal Advocacy approach to client management in the CORP program.

CORP Treatment Group

The next step is to look specifically at the 64 unique individuals accepted into CORP and referred to PEP or TCM for case management services. Although somewhat redundant given there were few significant differences in the treatment and control group with respect to the demographic or assessment data, the tables describing the demographic and assessment findings for CORP participants are provided below in Table 7 and Table 8.²⁷

Demographics

Table 7 contains demographic information about the 64 CORP participants. At the time of screening, CORP participants were 35.1 years old, on average, ranging from 18 to 69 years old, majority were male (54 of 64 or 84%), more than half were African American (38 of 63 or 60%), and only 1 person was of Hispanic ethnicity.

The vast majority of the potential participants were single, divorced, or widowed (58 of 60 or 97%) with only 2 (or 3%) either married (including common law) or separated. However, two-fifths had children – 23 of 58 (40%) had 1 or more children, averaging 1.9 children (ranging from 1 to 7 children). Of those children, on average 1.43 were minor children (ranging from 0 to 5 children under the age of 18).

With respect to housing and employment – of the 64 CORP participants, 12 (19%) were initially categorized as homeless, and only 10% were either employed or retired/disabled.

²⁶ See Rosenbuaam, P.R., & D.B. Rubin (1985). Constructing a control group using multivariate matched sampling methods that incorporate the propensity score. *The American Statistician*, 39(1), 33-38.

²⁷ The criminal history table for the CORP participant group only is available upon request.

Table 7: Descriptives – CORP Participants N=64

	N	Freq.	Percent	Range	Mean (SD)
Age as of Screening Date	64			18.6 to 69.1	35.1 (11.6)
Gender	64				
Male		54	84%		
Female		10	16%		
Race	63				
White		21	33%		
African American/Black		38	60%		
Latino/Hispanic		2	3%		
Asian		1	2%		
Multi/Other		1	2%		
Ethnicity	63				
Hispanic		62	98%		
Not Hispanic		1	2%		
Marital Status	60				
Single/Divorced/Widowed		58	97%		
Married/Common/Separated		2	3%		
Parental Status	58				
No Children		35	60%		
Have Children		23	40%		
Number of Children	23			1 to 7	1.9 (1.6)
Number Under 18	23			0 to 5	1.43 (1.4)
Housing					
Homeless	64				
Not Homeless		52	81%		
Homeless		12	19%		
Employment	60				
Employed		2	3%		
Retired/Disabled		4	7%		
Unemployed		23	38%		
In Controlled Environment		31	52%		

Screening/Assessment

Table 8 provides descriptive statistics from the assessment data for the treatment group only. Almost all had a co-occurring disorder (57 of 63 or 91%) with over 90% (57 of 63) having an alcohol, drug, and/or both alcohol and drug abuse issues and all (100%) had a prior mental health diagnosis. In addition, 89% (54 of 61) had a prior hospitalization, and 71% (45 of 63) were either bipolar, schizoaffective, or had schizophrenia. In addition, 79% of men and 78% of women required a referral for mental health treatment at the time of the CMHS assessment. This population also had high rates of trauma (29 of 63 or 46%) and past experiences with physical or

sexual abuse (ranging from 11% to 27%); many had anger management issues and perpetuated violence on others (both 23 of 63 or 37%) and had a history of self-harm (21 of 63 or 33%).

While 19% (12 of 63) scored low on the criminal history proxy, the remaining potential CORP participants were either medium level (37 of 63 or 59%) or high (14 of 63 or 22%). This population also had high rates of homelessness – 52 of 64 (or 81%) were initially identified as homeless – of which 45% were chronically homeless. The VI-SPDAT was completed on 23 individuals, and found of that of those 23, 1 (4%) was not classified as homeless, 7 (30%) qualified for Rapid Rehousing, and 15 (65%) required permanent supportive housing.

Table 8: Screening/Assessments – CORP Participants N=64

	N	Freq.	Percent	Range	Mean (SD)
<i>COMPAS Risk and Need Assessment Tool (Selected Items)</i>					
Substance Abuse	63				
Alcohol		8	13%		
Drugs		12	19%		
Both Drugs & Alcohol		37	59%		
None		6	9%		
Co-Occurring Disorder	63	57	91%		
Primary Mental Health (MH)	63				
Schizophrenia/Schizoaffective		26	41%		
Bipolar		19	30%		
Borderline		1	2%		
Depression/Depressive		11	17%		
PTSD		3	5%		
Psychosis		2	3%		
Intermittent Explosive		1	2%		
Anxiety		0	0%		
Other		0	0%		
None		0	0%		
Mental Health Indicators					
Prior Mental Health Diagnosis	58	58	100%		
Prior Hospitalization	61	54	89%		
Medication Compliant	61	51	84%		
History of...	63				
Trauma		29	46%		
Physical Abuse		17	27%		
Verbal/Emotional Abuse		11	17%		
Sexual Abuse/Molestation		7	11%		
Domestic Violence		9	14%		

	N	Freq.	Percent	Range	Mean (SD)
Community Violence		11	17%		
Witness Violence		13	21%		
Anger Management Issues		23	37%		
Violence on Others		23	37%		
Destruction of Property		15	24%		
Risk of Withdrawal		12	19%		
Self-Harm	63				
History of Self-Harm		21	33%		
Current Ideation		2	3%		
Past Self-Harm in Jail		5	8%		
Benefits	63				
SSI		20	32%		
SSDI		15	24%		
Medicare		13	21%		
Medicaid		41	65%		
<i>Proxy Risk Assessment</i>					
Level of Risk	63			0 to 8	5.4 (1.5)
Low		12	19%		
Medium		37	59%		
High		14	22%		
<i>Correctional Mental Health Screen for Men (CMHS-M) and Women (CMHS-W)</i>					
CMHS	62			0 to 12	7.27 (3.1)
CMHS-M	53			0 to 12	7.55 (3.2)
1 to 5 (No MH Referral)		15	21%		
6+ (Urgent Referral)		9	17%		
7+ (Routine Referral)		32	62%		
CMHS-W	9			0 to 8	5.67 (2.4)
1 to 4 (No MH Referral)		2	22%		
5+ (Urgent Referral)		1	11%		
6+ (Routine Referral)		6	67%		
<i>TCU Drug Screen V (TCUDS-V)</i>					
Score - Disorder Level	63			0 to 13	6.76 (4.3)
No Issue (0 or 1 Points)		13	21%		
Mild (2 to 3 Points)		3	5%		
Moderate (4 to 5 Points)		4	6%		
Severe (6 or More Points)		43	68%		

	N	Freq.	Percent	Range	Mean (SD)
Drug of Choice	50				
None/Not Using		0	0%		
Alcohol		17	34%		
MJ/Hash/Synthetic MJ		15	30%		
Cocaine/Crack		6	12%		
Heroin/Opioids		5	10%		
PCP/MDMA/Benzos		3	6%		
Multiples/Other Drugs		4	8%		
Frequency of Drug of Choice	50				
Never/A Few Times		2	4%		
Several Times a Month		3	6%		
Several Times a Week		9	18%		
Daily		36	72%		
Need for Treatment Now (Self-Reported)	60				
Needed Not at all		11	18%		
Slightly		5	8%		
Moderately		17	28%		
Considerably		10	17%		
Extremely		17	28%		
Prior Treatment Experiences	63			0 to 13	2.41 (2.7)
No Prior Treatment		18	29%		
1 or More Prior Times		45	71%		
Number Times in Treatment	45			1 to 13	3.38 (2.6)
1 Time		13	29%		
2 to 3 Times		4	9%		
3 to 5 Times		23	51%		
6 or More Times		5	11%		
VI-SPDAT					
Initial Screened Homeless	64	51	80%		
Status	51				
Temporary, Situational, Unknown		28	55%		
Chronic		23	45%		
VI-SPDAT Scores	22				
Rapid Rehousing		7	32%		
Perm. Supportive Housing		15	68%		

Program Participation

The 64²⁸ individuals classified as engaged as a CORP participant is based on an “intent to treat” basis. This means that all those who were referred and accepted by CORP are included in the treatment group – even those who received very limited or no services. Table 9 details the level and type of participation among those engaged in the CORP program.

Among the 64 treatment cases, 5 (or 8%) successfully completed the program; 20 (31%) were discharged prior to completing, and based on the CORP database, the remaining 39 were still active CORP participants either while still in custody (8 or 13%) or out in the community (31 or 48%).

Among the 25 who were either discharged or completed successfully, we calculated the length of time they were active in the program. Overall, including both treatment completers and discharged, CORP participants had an average length of stay in the program for 111 days, ranging from 0 to 420 days. Among 5 completers, they stayed from 36 to 420 days, averaging 237 days over the course of their participation, and the remaining 20, they were discharged within 0 to 322 days, with an average of 80 days of participation.

Once approved for participation in CORP, the team assigned the individual to receive services from either PEP or TCM, and would also refer the participant to MCCH for housing services. Specifically, among the 63²⁹ with assignment data, 26 (or 41%) were referred to PEP and MCCH; 8 (13%) were referred only to PEP; 7 (11%) were referred to TCM and MCCH, and 12 individuals (19%) solely to TCM. There were also 6 (10%) participants who received services from PEP, TCM, and MCCH and 4 (6%) who were served by TCM and PEP.

The next sections discuss the descriptions of services provided by MCCH, PEP, and TCM. Note that if a client was served by more than 1 agency, they are included in each of the agency demographics – thus the total number of those served by the CORP agencies exceeds the number of CORP participants.

²⁸ Of the 64 unique individuals, 21 had been considered for CORP more than 1 time because they had more than 1 unique booking/stay in the jail over the program period. Generally speaking, the first time they were engaged in the program was selected as the “treatment event”. However, each event was reviewed on a case by case basis to determine which stay to report. For example, if the individual refused CORP (or was not approved) the first time they were booked in the jail, but then were engaged during a subsequent stay, then the later event was selected for report. In another case, the individual was accepted into CORP on the first stay, but never really engaged, but on the second return to the jail they were more fully engaged, so the second stay was chosen.

²⁹ One case had special needs and CORP coordinated care with a different agency.

Table 9: Descriptives – CORP Program Participation N=64

	N	Freq.	Percent	Range	Mean (SD)
Participation Status (Reported Database August 2018)	64				
Successfully Completed		5	8%		
Discharged		20	31%		
Active in Community		31	48%		
Active in Custody		8	13%		
Length of Participation (in Days)	25			0 to 420	111 (117)
Successfully Completed		5	20%	36 to 420	237 (164)
Discharged		20	80%	0 to 322	80 (81)
Length of Participation (in Days) – All Participants	64			0 to 518	220 (171)
0 Days		3	4%		
1 to 30 Days		4	6%		
31 to 90 Days		14	22%		
91 to 180 Days		10	16%		
6 to 9 Months		9	14%		
9 to 12 Months		7	11%		
12 to 18 Months		17	27%		
CORP Track Assigned	63				
PEP		8	13%		
PEP & MCCH		26	41%		
TCM		12	19%		
TCM & MCCH		7	11%		
PEP & TCM		4	6%		
PEP, TCM, & MCCH		6	10%		

MCCH Housing Services Provided

Table 10 details services MCCH provided to CORP participants. Based on data in the CORP database, 51 of 64 (80%) of CORP participants were initially identified as homeless. VI-SPDAT data scores were entered into the database for 22 of those 51 cases – with 7 individuals requiring Rapid Rehousing and 15 needing permanent supportive housing. For the remaining 19 participants identified as homeless, but without a VI-SPDAT score, 11 were noted as “chronic – in HMIS”. The missing VI-SPDAT scores for these cases may be because these individuals were known to MCCH and a VI-SPDAT was not necessary. There also were 8 other individuals without a VI-SPDAT score whose homeless situation was listed as “temporary/situational”. This may be a case of missing data – and erring on the side of inclusivity, altogether, 41 individuals were classified as homeless in the data.

Among those 41, 23 (56%) needed a housing application; and 34 of 41 (83%) of CORP participants were assisted with housing – 39% (16 of 33) were placed in a treatment facility or residential rehabilitation (e.g., Avery Road Treatment Center (ARTC), Avery Road Combined Care (ARCC)). 19% (8 of 33) were placed at transitional or halfway housing (e.g., Oxford House, Greater Compassion Ministries, Carroll House); another 19% were placed in a shelter and the remaining 2 (7%) to family. For the remaining 7 (17%) there was no housing placement data provided.

We also looked the activity logs to record a measure of *dosage* or the number and types of contacts between MCCH and the CORP participants. Among the 41 clients, 29 (71%) had 1 or more activity log and on average MCCH had 3.89 logs per client, (ranging from 1 and 10 logs). MCCH met individually with these 29 clients on average 6.45 times (between 0 and 22 times); and met them in group settings from 2.31 times (ranging from 0 to 13 times).

The length of time³⁰ MCCH clients participated in CORP varied, but ranged from 0 to 441 days, averaging 149 days. Table 10 also provides the participation time by categories (e.g., number of clients engaged for 1 to 30 days, those from 91 to 180 days etc.).

³⁰ This is based on the date CORP approved the participant to the last date of activity in the record, which could have been activities conducted by TCM or PEP and/or the CORP team as a whole. The challenge was to derive a last activity date on clients that were not yet discharged or completed by the end of the program period. If there were activity logs recorded for the client, the month of the last log – if that was the latest date recorded – was used as the program end date. However, if the CORP meeting notes indicated the case terminated, and that termination date was the latest date, then the termination date was selected as the program end date. The participant status log dates were utilized similarly.

Table 10: Descriptives – CORP Program Participation MCCH Services N=41

	N	Freq.	Percent	Range	Mean (SD)
MCCH Housing Services	64	41	64%		
<i>Length of Participation (in Days)</i>	41			0 to 441	149 (130)
0 Days		0	0%		
1 to 30 Days		1	2%		
31 to 90 Days		7	17%		
91 to 180 Days		7	17%		
6 to 9 Months		6	15%		
9 to 12 Months		7	17%		
12 to 18 Months		13	32%		
<i>Activity Logs – Contacts</i> ³¹	41				
Number with 1 or more logs		29	71%	1 to 10	3.89 (2.6)
Number of Individual Meetings	29			0 to 22	6.45 (6.1)
Number of Group Meetings	29			0 to 13	2.31 (3.0)
<i>Housing Services</i>					
Needs Housing Application	41	23	56%		
Housing Placement/Arranged	41				
Treatment/Residential Rehab		16	39%		
Transitional/Halfway House		8	19%		
Shelter		8	19%		
Home/Family/Spouse		2	7%		
Missing Data/Unknown		7	17%		

PEP Services Provided

There were 44 clients assigned to PEP over the course of the CORP program (Table 11). They remained in the program from 0 to 518 days, and on average were engaged 251 days.³⁰ Of those 44, 3 (6%) of PEP clients were with PEP 30 or fewer days; 15 (34%) stayed with PEP from 31 to 180 days; 12 (28%) from 6 to 12 months, and 14 (32%) were served by PEP for 12 to 18 months.

The activity logs provide the number and types of contacts between PEP and the CORP participants. Among the 44 clients, 33 (75%) had 1 or more activity log. On average PEP had 5.24 logs per client, (ranging from 1 and 15 logs). PEP met individually with all 33 clients with an activity log, meeting on average 27.09 times (between 1 and 100 times). PEP also engaged clients in crisis. PEP met with 11 (34%) clients 1 to 5 times (on average 1.91 times per client);

³¹ Within the referral log, one client had 2 housing referrals from MCCH. These were dropped as housing efforts were captured in the MCCH activity log.

attended court for 18 (55%) clients, from 1 to 11 times (on average 2.7 times); and for 22 of 33 (67%) of clients with an activity log, PEP had an “other” type of contact from 1 to 25 times (averaging 7.18 other contacts per client). Many of PEP clients missed 1 or more meetings (21 of 33 or 64%) with PEP Case workers. Among those who did miss a meeting, they missed an average of 6.5 meetings or between 1 to 34 meetings over the course of their participation in CORP.

The referral log was intended to capture the various types of services which PEP (and TCM) referred their clients; and the types of services were varied. In addition to substance abuse and mental health treatment, clients were referred for housing, medical and dental care, education, employment and job training, computer skills, parenting class, pain support group, legal services, transportation, and food and temporary cash assistance (TCA). These various services were collapsed into 7 categories: 1) substance abuse treatment; 2) mental health/co-occurring counseling; 3) housing; 4) employment, education and skills; 5) medical care, insurance and dental; 6) reentry services including legal and vital records; and 7) basic needs including TCA, food and supplies.

PEP provided referral data³² for 16 of 44 clients (36%), indicating that they received from 1 to 5 referrals, averaging 1.69 referrals per client. Among these 16 clients, 15 (94%) followed up on at least 1 referral. Of those 15 who followed up on at least 1 referral, they followed up on average with 1.4 referrals, ranging from 1 to 3 referrals followed-up. The referral information is also broken out by type of referral, and if the client followed up on the referral (Table 11). For example, among the 16 PEP clients with a referral, 9 (56%) received between 1 and 4 referrals for substance abuse treatment, and all 9 (100%) followed up on at least 1 of those referrals. Similarly, 9 (56%) received from 1 to 2 housing referrals, on average receiving 1.11 housing referrals per client. Of the 9, 7 (78%) followed-up on at least 1 referral for housing. PEP reported 3 additional clients were provided a referral for reentry/vital records/legal services, but none of the other clients had referral data for other types of services.

A general caution is warranted with respect to overstating this referral activity. Overall, there were few individuals referred for external services; the referral data is limited, likely a result of missing data. We expect that within a case management program, referrals and individual contacts with clients are the primary treatment components, and these are likely underreported here for both PEP and TCM. Nonetheless, these breakdowns give a sense of the needs of these clients, and PEP’s efforts to address those needs among this difficult to serve population.

³² Among the PEP cases, 4 referrals were made by CATS staff.

Table 11: Descriptives – CORP Program Participation PEP Services N=44

	N	Freq.	Percent	Range	Mean (SD)
PEP Services	64	44	68%		
<i>Length of Participation (in Days)</i>	44			0 to 518	251 (171)
0 Days		1	2%		
1 to 30 Days		2	4%		
31 to 90 Days		9	20%		
91 to 180 Days		6	14%		
6 to 9 Months		6	14%		
9 to 12 Months		6	14%		
12 to 18 Months		14	32%		
<i>Activity Logs – Contacts</i>					
Number with 1 or More logs	44	33	75%	1 to 15	5.24 (3.7)
Number of Individual Meetings	33	33	100%	1 to 100	27.09 (29.5)
Number of Crisis Meetings	33	11	34%	1 to 5	1.91 (1.3)
Number of Court Meetings	33	18	55%	1 to 11	2.72 (2.5)
Number of Other Contacts	33	22	67%	1 to 25	7.18 (5.8)
Number of Missed Appointments	33	21	64%	1 to 34	6.57 (8.6)
<i>Referrals</i>					
Number with 1 or More Referrals	44	16	36%	1 to 5	1.69 (1.1)
Proportion Follow Up – All Refs	16	15	94%	0 to 1	.86 (.28)
Number Followed Up 1 or More	15			1 to 3	1.47 (.74)
<i>By Type of Referral</i>					
<i>Substance Abuse Treatment</i>	16	9	56%	1 to 4	1.44 (1.0)
Followed Up SA Referral	9	9	100%	1 to 3	1.22 (.67)
<i>Mental Health/Co-Occurring</i>	16	4	25%	1 to 1	1.00 (.0)
Followed Up MH Referral	4	3	75%	0 to 1	.75 (.58)
<i>Housing</i>	16	9	56%	1 to 2	1.11 (.33)
Followed Up Housing Referral	9	7	78%	0 to 2	.89 (.60)
<i>Employment, Education, Skills</i>	16	0	0%	0 to 0	0.00 (-)
Followed Up Job/Educ Referral	0	0	0%	0 to 0	0.00 (-)
<i>Medical Care/Insurance/Dental</i>	16	0	0%	0 to 0	0.00 (-)
Followed Up Med Referral	0	0	0%	0 to 0	0.00 (-)
<i>Re-Entry/Vita Records/Legal</i>	16	3	12%	1 to 1	1.00 (.0)
Followed Up Reentry Referral	3	2	67%	0 to 1	.67 (.57)
<i>Basic Needs (TCA, Food)</i>	16	0	0%	0 to 0	0.00 (-)
Followed Up Needs Referral	0	0	0%	0 to 0	0.00 (-)

TCM Services Provided

Among those approved by the CORP team to participate in the program, 29 of 64 (45%) of CORP participants were assigned to the TCM treatment track. Details on engagement with TCM are provided in Table 12. TCM clients participated in CORP from a range of 0 to 518 days, averaging 209 days.³⁰ As noted with MCCH and PEP services, Table 12 provides the participation time by categories where we see 4 (14%) of TCM clients were engaged 30 or fewer days; 11 (38%) stayed with TCM from 31 to 180 days; 6 (21%) from 6 to 12 months, and 8 (27%) were served by TCM for 12 to 18 months.

The activity logs provide the number and types of contacts between TCM and the CORP participants. Among the 29 clients, 22 (76%) had 1 or more activity log. On average TCM provided had 6.04 logs per client, (ranging from 1 and 12 logs). TCM met individually with 100% of 22 clients, meeting on average 16.63 times (between 1 and 44 times). TCM also engaged with some of the clients in other settings. For example, TCM met with 8 (36%) clients 2 to 5 times (on average 3.6 times per client) to address crisis issues; attended court for 9 (41%) clients, from 1 to 3 times (on average 1.3 times); and for 21 of 22 (95%) of clients with an activity log, TCM had an “other” type of contact from 2 to 75 times (averaging 34.14 other contacts per client). Finally, few clients (4 of 22 or 18%) had a reported missed meeting with TCM Case workers. Among those who did miss a meeting, they missed an average of 2.5 meetings or between 2 to 3 meetings over the course of their participation in CORP.

TCM also provided referral data³³ for 15 of 29 clients (52%) indicating that they received from 1 to 11 referrals, averaging 3.73 referrals per client. Among these 15 clients, 12 (80%) followed up on at least 1 referral. Of those 12 who followed up on at least 1 referral, they followed up on average with 3 referrals, ranging from 1 to 11 referrals followed-up.

Table 12 also provides referral information by type of referral, and if the client followed up on the referral. For example, among the 15 TCM clients, 6 (40%) received 1 or more referrals for substance abuse treatment, and 4 of those 6 (67%) followed up on at least 1 of those referrals. Similarly, of 15 TCM clients, 6 (40%) received from 1 to 5 referrals to address basic needs (e.g., income/TCA, food, and supplies), on average receiving 2 basic needs referrals per client. All 6 (100%) followed-up on at least 1 referral for these services, on average accessing these services 1.83 times, ranging from 1 to 5 times.

Again, while the number of those with referral data is limited, these breakdowns illustrate the needs of these clients and TCM’s response.

³³ Among the TCM cases, 2 referrals were made by CATS staff.

Table 12: Descriptives – CORP Program Participation TCM Services N=29

	N	Freq.	Percent	Range	Mean (SD)
TCM Services	64	29	45%		
<i>Length of Participation (in Days)</i>	29			0 to 518	209 (176)
0 Days		2	7%		
1 to 30 Days		2	7%		
31 to 90 Days		6	21%		
91 to 180 Days		5	17%		
6 to 9 Months		4	14%		
9 to 12 Months		2	7%		
12 to 18 Months		8	27%		
<i>Activity Logs – Contacts</i>					
Number with 1 or More logs	29	22	76%	1 to 12	6.04 (3.8)
Number of Individual Meetings	22	22	100%	1 to 44	16.63 (16.2)
Number of Crisis Meetings	22	8	36%	2 to 5	3.63 (1.3)
Number of Court Meetings	22	9	41%	1 to 3	1.33 (.70)
Number of Other Contacts	22	21	95%	2 to 75	34.14 (24.3)
Number of Missed Appointments	22	4	18%	2 to 3	2.50 (.57)
<i>Referrals</i>					
Number with 1 or More Referrals	29	15	52%	1 to 11	3.73 (3.2)
Proportion Follow Up – All Refs	15	12	80%	0 to 1	.54 (.38)
Number Followed Up 1 or More	12			1 to 11	3.00 (3.3)
<i>By Type of Referral</i>					
<i>Substance Abuse Treatment</i>	15	6	40%	1 to 3	1.50 (.83)
Followed Up SA Referral	6	4	67%	0 to 1	.67 (.52)
<i>Mental Health/Co-Occurring</i>	15	7	47%	1 to 3	1.43 (.78)
Followed Up MH Referral	7	5	71%	0 to 1	.71 (.48)
<i>Housing</i>	15	4	26%	1 to 3	1.75 (.95)
Followed Up Housing Referral	4	2	50%	0 to 2	.75 (.95)
<i>Employment, Education, Skills</i>	15	3	20%	1 to 2	1.67 (.57)
Followed Up Job/Educ Referral	3	2	66%	0 to 2	1.00 (1.0)
<i>Medical Care/Insurance/Dental</i>	15	3	20%	2 to 4	2.67 (1.1)
Followed Up Med Referral	3	3	100%	1 to 4	2.33 (1.5)
<i>Re-Entry/Vita Records/Legal</i>	15	3	20%	1 to 3	1.67 (1.1)
Followed Up Reentry Referral	3	2	66%	0 to 2	1.00 (1.0)
<i>Basic Needs (TCA, Food)</i>	15	6	40%	1 to 5	2.00 (1.6)
Followed Up Needs Referral	6	6	100%	1 to 5	1.83 (1.6)

Process Evaluation Results

Table 13 through Table 17 provide the results of the implementation standards analysis for overall data collection standards. See also Appendix F for the list of standards and data sources.

Pre-intervention and CORP Case Coordination

Table 13 details the findings of the process evaluation for 13 data collection standards. The first six standards are related to the client engagement and admission into the CORP program.

The first standard measures the frequency and timing of CATS/HHS conducting screenings among potential CORP participants and MCCH completing the (VI-SPDAT) among CORP participants identified as homeless (for MCCH V-SPDAT screening, see Table 16, standard 1). Among 241 potential CORP participants, 143 (60%) were not screened (did not have a COMPAS³⁴ assessment). Of the remaining 98 who were screened by CATS/HHS, 66 (67%) were screened within 24 to 72 hours of booking; the standard of screening 90% of potential CORP participants was not met.

For standard 2, CATS therapists were to visit potential CORP participants and introduce the program; this standard was not met. Of the 241 potential CORP participants, 32 (13%) were released before outreach could occur.³⁵ Of the remaining 209, 18 were unstable and among those 18, CATS staff returned to 12 individuals (80%) within a week to reassess for stability. Of those 12, 8 stabilized by the second visit, and of the remaining 4, 2 remained unstable; and for the remaining 2 individuals, while there was no indication of stability achieved, the case notes indicated they declined to participate.

For standard 3, only the 117 eligible cases were included in this measure (thus the 32 individuals that were never outreached were excluded, as were 92 cases where the person was determined to be ineligible for service). Of the 117, 86 (74%) consented to participate in CORP and of those 86, 67 (or 78%) signed the release form. Therefore, standard 3 was achieved.

With respect to standard 4, which measures follow-up attempts to encourage participation in CORP from individuals who previously refused to participate, of those who were stable, 22 refused. Of those 22, there was data indicating CATS therapists returned to 8 of the 22 (36%), and of those 8, 7 were re-outreached to within a week (88%). The issue with this measure is that for the 14 without data, we are uncertain if that data is missing because there was no re-outreach attempt or because the CATS therapist felt that another approach would not be fruitful. Therefore, we are focused on reporting the *timing* element of the standard rather than the frequency. Thus, based on 8 cases with data, this standard was very close to being met with 7 of 8 (or 88%).

³⁴ We based this on whether the COMPAS was completed, as among those with 1 or more screenings tools, the COMPAS was consistently done, while the other tools (TCU, CMHS) were not always completed.

³⁵ Of these cases, the length of time from booking to release averaged 22 days, ranging from 0 to 257 days. The cases with longer periods prior to release with no outreach include an individual that was scheduled to go to Springfield Hospital, but then did not and was released from court, and another while having been booked into the jail months prior, was not considered for CORP until several weeks before release.

For standard 5, the CORP team meeting within 72 hours of an inmate consenting to be considered for the program, was not met. CORP met within 72 hours in 47 of 101 cases (47%); in 50 cases they did not meet within the timeframe. The remaining 4 cases had missing date values (e.g., missing the date the inmate consented to the review or the date CORP reviewed the case).³⁶

Standard 6 included a review of the assignment of the treatment track for the CORP approved participant and the timing of this assignment. Unfortunately, the database did not include a specific measure for when the track was assigned, so the timing cannot be assessed. Related to standard 6, although 63 of the 64 (98%) individuals approved by CORP were assigned to either PEP or TCM, 1 was not. For this one case, the CORP team worked with a different agency in order to address the specific needs of the individual participant. For this reason, the standard was classified as met.

Standard 7 was not met. For 28 individuals who consented to CORP review, CORP did not approve their participation in the program. Of these 28, there was no record that 7 had been notified. Of the remaining 21, 15 (71%) were notified within 72 hours of the CORP decision.

Standards 8 through 12 are only related to the 64 individuals in the treatment group, which included those referred to a provider (PEP, TCM, MCCH).

Standard 8 measures if the CATS therapist completed the initial transition plan for CORP participants within 7 days. This standard was not met. Of the 54 individuals who were in the jail at least 7 days or participated in CORP for more than 7 days, 8 (15%) had a completed plan within that timeframe. Twenty-one participants (39%) did not have a plan at all, while the remaining 25 (46%) had a completed plan, but it took an average of 34.8 days (ranging from 9 to 139 days) to complete.

For standard 9, the CORP team was to review the transition plan for 90% of participants 72 hours before release. Looking only at those released either to the community or to residential treatment (such as Avery Road) and excluding those transferred to other jurisdictions or the Maryland DPSCS, we see that this standard was also not met – only in 4 of 52 (or 8%) of participants had their transition plan reviewed. However, in 23 cases, the standard was not met because the plan was reviewed a longer time before release (e.g., the plan was reviewed on average 15.5 days before release, ranging between 5 and 65 days).

Standard 10 is primarily a summary of adherence to the standards by PEP (see Table 14) and by TCM (Table 15). PEP met 1 of 7 standards and TCM met 1 standard of the 9. Thus standard 10 was not met.

³⁶ For some of the other cases with missing dates, we used the date CORP approved date and/or the date the individual signed the consent as a substitute. As the consent is signed after the review, we accepted negative values as meeting the standard provided that it was within 4 days.

Standard 11 is calculated differently than originally intended. When the PDE was first developed, the standard measured if the CORP team discussed participants and their individual treatment plan *at least once a month*. Two issues arose with this standard. First, we were unable to assess which of those meetings the team discussed *individual treatment plans*. While the participant meeting log in the database included “30-day review” as a reason for presenting the case at the meeting, the CORP team never selected this activity as a reason for meeting. It is likely that this label was not sufficiently explicit to record the monthly review of treatment plans.

Second, based on the data provided, given the ebb and flow nature of the program, the team more frequently discussed clients in clusters. They often discussed a client for several weeks in a row, rather than systematically once per month. To address this, the total number of meetings was summed, and compared to the total number of months between the first and last CORP meeting where the individual was discussed. Those with an equivalent (or fewer) number of months to the number of meetings discussed were then categorized as meeting the standard. We felt the overall number of meetings was an equivalent metric to counting meetings once a month, particularly as the same number of meetings were required over the course of participation to meet the standard. Thus, overall, the CORP team came close to meeting the frequency of participant discussion portion of Standard 11 – 84% of 61 individuals who participated in CORP for 7 or more days were discussed at CORP team meetings.

As noted in the standard the objective of standard 12 was to establish a baseline of the percentage of those who would be successfully discharged from the program. For this project, there were 25 individuals who were either discharged unsuccessfully or who successfully completed the program. Among those 25, 5 (20%) were successful completers.

Finally, standard 13 measures the CATS therapist (or designee) team member attendance at the weekly CORP team meetings. Of the 90 meetings recorded, the CATS member attended 89 (99%). Thus, while this standard was not technically met, the spirit of the standard – CATS representation at the weekly meetings – was achieved, as this could be the result of missing data.

Table 13: Process Evaluation Results – Pre-Intervention and CORP Case Coordination

Standard	Standard Met? Yes, No and/or Explanation
<p>1. A. CATS/HHS will screen 90% of CORP program candidates w/in 24-72 hour of booking;</p> <p>B. MCCH will complete the VI-SPDAT for homeless participants.</p>	<p>A. CATS No – 40% Screened (98 of 241) No - 67% within 24-72 Hours (66 of 98)</p> <p>B. MCCH – No - see Table 16, Standard 1</p>
<p>2. CATS therapists will revisit 90% of unstable candidates w/in 3-7 days to determine stability. Thereafter, weekly reassessments of stability.</p>	<p>No – 80% (12 of 18)</p>
<p>3. 60% of eligible CORP participants will consent to participate in CORP and sign release forms</p>	<p>Consent: Yes – 74% (86 of 117)</p> <p>Signed Release Form: Yes – 78% (67 of 86)</p>
<p>4. The CATS therapist will revisit 90% of refusers w/in a week after initial solicitation for consent to re-present the program. Thereafter, weekly reassessments of willingness to consent.</p>	<p>No – 88% (7 of 8)</p>
<p>5. CORP team will convene within 72 hours of consent to review case for 100% of consenters.</p>	<p>No – 47% (47 of 101)</p>
<p>6. The CORP team will designate a treatment track—PEP or TCM—within 24 hours for 90% of participants.</p>	<p>Yes – 100% (63 of 63)</p>
<p>7. CATS Therapist will notify 100% of candidates determined to be ineligible within 72 hours.</p>	<p>Notified: 75% (21 of 28)</p> <p>Within 72 Hours: No – 71% (15 of 21)</p>
<p>8. The CATS Therapist will complete the initial transition plan for 100% of CORP participants within 7 days of program admission.</p>	<p>No – 15% (8 of 54)</p>
<p>9. The CORP team will review the initial transition plan and finalize the transition plan 72 hours before the patient is discharged for 90% of participants.</p>	<p>No – 8% (4 of 52)</p>

Standard	Standard Met? Yes, No and/or Explanation
10. PEP or TCM will serve 100% of CORP participants in accordance with designated CORP protocols.	A. PEP - No (1 of 6 Standards Met) (Table 14) B. TCM - No (1 of 9 Standards Met) (Table 15)
11. The CORP team will meet and discuss client cases and individual treatment plans at least once a month for 100% of clients.	No – 84% (51 of 61)
12. Some % of CORP participants will be successfully discharged from the program. Exact % was not established by CORP team.	Establish Baseline: 5 of 25 (20%) Successfully Completed Program
13. The CATS Therapist(s) (or designee) will attend all CORP weekly team meetings.	No – 99% (89 of 90 Meetings)

PEP Care Coordination Services

The 6 standards related to provision of PEP care coordination services are detailed in Table 14 below.

The first standard looks at whether PEP reached out to program participants while they were still in jail within 72 hours of CORP approval (and assignment to the CORP track). Unfortunately, we needed to use whether or not PEP conducted an evaluation within 72 hours, which may have been the opportunity for the case manager to establish rapport. However, it is not precisely what the measure tries to address.³⁷ Overall, of the 41 PEP clients who were in the jail at least 4 days, 6 of 41 (or 15%) met the standard.

The second standard looks at 6 PEP clients who had been released within 10 days of admission to CORP. Of those, PEP conducted an evaluation on 3 of the 6 – or 50% within 10 days – the other 3 did not receive an evaluation.

Standard 3 and 4 both relate the Individual Treatment Plan (ITP). Given that a needs assessment is required to complete the ITP, we measured these standards by looking at whether an ITP was developed (standard 3) or reviewed (standard 4) within the proscribed time frames.

Neither standard 3 nor 4 were met.

³⁷ Thus, if this is a standard which future projects wish to measure, then a variable should be added in the activity log and database to include the initial outreach.

With standard 3, of the 41 PEP clients who were in CORP for at least 7 days, 9 (22%) had an ITP developed within 7 days; 14 (34%) had no plan, and 18 (43%) had a plan but it was developed after the time frame, from 8 to 371 days, on average 73 days from program admission.

Looking at Standard 4, among the 40 individuals released, no plan was developed or the plan was not reviewed in 29 of 40 cases (73%). Of the remaining 11 cases, 10 were reviewed post-release, on average 178 days from release, ranging from 1 to 514 days post-release. One ITP met the standard and was reviewed within 2 days of release.

For standard 5, we were unable to assess this measure primarily because we have no information as to what the PEP ITP contains and thus have no ability to compare and contrast that instrument with available data. When this standard was drafted, this researcher should have recognized this limitation and provided for measures to assess this standard.

Standard 6 measured the number of PEP clients that were served for at least 9 months. Twenty of the 42 PEP clients (or 48%) stayed active for 9 or more months. Of those 20 clients, they were engaged in the CORP program on average 417 days, ranging from 280 to 518 days.

Finally, PEP standard 7 was met. The PEP representative or designee attended all the CORP meetings that were recorded in the database.

Table 14: Process Evaluation Results – PEP Care Coordination Services

Standard	Standard Met? Yes, No and/or Explanation
1. PEP care coordinators will conduct jail-based outreach w/in 72 hours upon program admission and assignment to the ACT track for 100% of participants.	No – 15% (6 of 41)
2. PEP care coordinators will engage 100% participants not in custody within 10 days upon program admission.	No – 50% (3 of 6)
3. PEP care coordinators will complete a clinical needs assessment + develop an initial Individual Treatment Plan (ITP) for 100% of participants within 7 days of the initial engagement.	No – 22% (9 of 41)
4. PEP care coordinators will review the initial ITP at least 2 days prior to release for 100% of participants.	No – 2% (1 of 40)
5. PEP will provide ACT services as indicated in the PEP ITP for 100% of CORP-PEP participants.	N/A - Not Assessed
6. PEP care coordinators will provide services to 100% of CORP-PEP participants for at least 9 to 12 months.	No – 48% (20 of 42)
7. PEP Case Manager(s) (or designee) will attend all CORP weekly team meetings.	Yes – 100% (90 of 90 Meetings)

Targeted Case Management Services (TCM)

There are nine standards to address provision of services for TCM as indicated in Table 15.

The first standard looks at whether TCM reached out to program participants while they were still in jail within 72 hours of CORP approval (and assignment to the CORP track).

Unfortunately, we needed to use whether or not there was an intake completed within 72 hours, which while ideally that is what the case manager would have done to establish rapport; however, it is not precisely what the measure tries to address.³⁷ Overall, of the 24 TCM clients who were in the jail at least 4 days, 4 of 24 met the standard.

The second standard looks at the 5 other TCM clients who have been released, to ascertain if TCM case managers conducted an intake within 10 days of admission to CORP. This standard was not met: of the 5, 1 (20%) had an intake within 10 days, the other 4 did not.

Standard 3 and 4 both relate the Individual Treatment Plan (ITP). Given that a needs assessment is required to complete the ITP, we measured these standards by looking at whether an ITP was developed (standard 3) or reviewed (standard 4) within the proscribed time frames.

Neither standard 3 or 4 were met.

With standard 3, of the 27 TCM clients who were in CORP for at least 7 days, 4 (15%) had an ITP developed within 7 days; 9 (33%) had no plan, and 14 (52%) had a plan but it was developed after the time frame, from 9 to 230 days, on average 93 days from program admission.

With respect to standard 4, among the 22 individuals who were to be released, no plan was developed or the plan was not reviewed in 12 of 22 cases (55%). Of the remaining 10 cases, 9 were reviewed post-release, ranging from 3 to 297 days post-release. None of the ITPs were reviewed by TCM 2 days prior to release.

For standard 5, we must note that overall, the vast majority of referrals for community-based substance abuse and mental health treatment services occurred once the individual had been released. Of the 19 referrals TCM made for these services, only 4 (21%) were prior to release. Of these 4 cases, only 1 (25%) was made within 7 days of release, as such this standard was not met. Of the other 3 cases, 1 was within 12 days, another was within 35 days and the final one was made in February 2018, but we do not have a release date for this case, which generally indicates they were not released as of June 2018.

Standards 6, 7 and 8 are related to the frequency and duration of TCM case management services among CORP participants. Generally, if a client received a referral and/or had an individual or crisis meeting with a case manager, they were identified as an engaged TCM client. However, for all three measures, we omitted two cases where the individual was in the program for less than 4 days; leaving a possible pool of 27 TCM clients.

As noted, standard 6 is measured based on if the client received one or more referrals and/or had at least 1 individual meeting and/or 1 crisis meetings with TCM Case managers. Of the 27 clients who were in CORP for at least 4 days, 22 (82%) received case management services. Thus, while close to meeting the goal, standard 6 was not met.

For standard 7 we calculated the measure by adding up the total number of meetings and contacts with the client, and divided that sum by the total number of months they were engaged in CORP creating an average number of contacts per month. TCM came close to meeting this goal. Among these 22 clients, 16 (or 73%) had, on average, at least 3 contacts per month. Among all clients, the average number of contacts was 6.76, ranging from less than 1 (.44) to 18 meetings a month.

Standard 8 measured the number of TCM clients that were served for at least 9 months. Ten of the 22 TCM clients (or 46%) stayed active for 9 or more months. Of those 10 clients, they were engaged in the CORP program on average 425 days, ranging from 337 to 518 days.

Finally, TCM standard 9 was met. A TCM representative or designee attended all the CORP meetings that were recorded in the database.

Table 15: Process Evaluation Results – Targeted Case Management Services (TCM)

Standard	Standard Met? Yes, No and/or Explanation
1. TCM will conduct jail-based outreach within 72 hours upon program admission and assignment to the TCM track, to engage the participant and establish rapport.	No – 17% (4 of 24)
2. TCM will engage 100% participants not in custody within 10 days upon program admission.	No – 20% (1 of 5)
3. TCM will complete a clinical needs assessment + develop an initial Individual Treatment Plan (ITP) for 100% of participants within 7 days of the initial engagement.	No – 15% (4 of 27)
4. For 100% of CORP-TCM participants in custody, TCM will review the initial individual treatment plan at least 2 days prior to release.	No – 0% (0 of 22)
5. TCM will refer 100% of participants for appropriate community-based treatment services at least seven (7) days prior to release.	No – 25% (1 of 4)
6. TCM will provide case management services for 100% of CORP-TCM participants.	No – 82% (22 of 27)
7. TCM will monitor treatment compliance for 100% of CORP-TCM participants by meeting with clients at least three times a month.	No – 73% (16 of 22)
8. TCM will provide treatment services to 100% of CORP-TCM participants for at least 9 to 12 months.	No – 45% (10 of 22)
9. TCM Case Manager(s) (or designee) will attend all CORP weekly team meetings.	Yes – 100% (90 of 90 Meetings)

Housing Location Services

There are five standards for housing location services (see Table 16). None of the standards were met, although the 5th one – attendance at the CORP weekly team meeting was very close.

The first standard measures the frequency and timing of conducting the VI-SPDAT with homeless clients. The results were split into 2 steps to explain the findings. Among 41 homeless clients, 22 (54%) had a VI-SPDAT score recorded in the database. However, among those 22, only 10 had a date indicating screening was completed during the CORP program. Thus, only 24% (10 of 41) had a screening completed. The next step was to look at the timing of the screenings. Only 3 out of 10 with screening dates were completed within 72 hours of the CORP team approving the participant. In fact, 2 of those 3 screenings were completed prior to the approval; the other was completed with 1 day of approval.

Standard 2 was also not met. In the data, there was a date that MCCH provided the housing plan to CORP for 9 homeless participants, but only 5 of those had a VI-SPDAT date upon which to compare the date of notification from the date of completion. Of those 5, none of the scores were reported within 48 hours.

MCCH standard 3 looked at the timing between the completion of the VI-SPDAT and completion of a housing assessment tool. While 9 individuals had a homeless assessment tool completion date, only 5 had both the assessment tool date and a VI-SPDAT completion date. Of those 5, only one of those was completed within 7 days. Thus, standard 3 was not met.

Standard 4 was intended to track outreach by MCCH to new and existing landlords in order to lay the groundwork for an ongoing relationship with the hopes that this would enhance their ability to advocate for the CORP clients. Unfortunately, there were no reported engagements with any landlords throughout the project period.

Finally, standard 5 is attendance at the weekly CORP team meetings. Meeting notes indicate that the Housing Locator (or designee) would attend all weekly meetings. Of the 90 meetings recorded, the Housing Locator attended 89 or 99% of meetings. While not strictly meeting the standard, attendance at all meetings by the Housing Locator was essentially achieved.

Table 16: Process Evaluation Results - Housing Location Services

Standard	Standard Met? Yes, No and/or Explanation
1. MCCH will conduct initial screening (VI-SPDAT) for 100% of homeless CORP participants within 72 hours of admission into CORP.	No – 24% Screening Completed (10 of 41) No – 30% Within 72 Hours (3 of 10)
2. MCCH will report to the CATS Therapist/CORP the VI-SPDAT score w/in 48 hours for 100% of participants (VI-SPDAT indicates housing type eligibility).	No – 0% (0 of 9)
3. For 100% of those who complete screening, a homeless assessment tool will be completed within 7 days of VI-SPDAT completion.	No – 20% (1 of 5)
4. The housing locator will engage with 5 new and existing landlords to introduce the CORP program and develop an ongoing relationship per month.	No Landlord Engagement
5. The Housing Locator (or designee) will attend all CORP weekly team meetings.	No – 99% (89 of 90 Meetings)

CORP Forensic/Legal Advocacy

There are five implementation standards for CORP Forensic/Legal Advocacy (see Table 17). Note we recommend that future projects make several changes to the database to more accurately capture these standards (and/or revise the standards). For example, for standard 2 – convening quarterly stakeholder meetings – it was not clear from the database which of the meetings recorded were the official “stakeholder” meeting and which were routine case review meetings. The database should be revised to include a variable to select the type of meeting.

An example of revising the standards should include the first standard: *For 100% of participants, the CORP team will meet weekly to track participant’s progress as a collective and review individual treatment plans.* This standard is similar to the Pre-Intervention and CORP Case Coordination standard #11, except that standard required monthly review. In addition, it appears unrealistic to review 100% of cases every week unless the case load is kept very small and/or the CORP team were to meet multiple times per week. Given this, we did not assess this first standard, but focus on the remaining 4 standards in this section.

As noted above, none of the 90 meetings included in the CORP database notes indicated that the meeting was a quarterly stakeholder meeting (standard 2). In addition, with few exceptions, no one beyond the key CORP team attended these meetings (e.g., representatives from the Public Defender’s office came to 2 meetings; a substance abuse treatment provider came to 1 meeting; as did a representative from JAS; no one from the State’s Attorney’s Office attended any meetings; and none of the DOCR representatives from a variety of departments (e.g., mental health, reentry, records, property, security, or medical) attended any CORP meetings. Based on these attendance records, this standard – having a quarterly stakeholder meeting – was not met.

However, the Project Director noted that the attendance data did not fully reflect participation of stakeholders in the weekly meetings. She advised that the CORP team:

“... rotated our meetings to various providers’ buildings to include [Substance Use Disorder] SUD, [Mental Health] MH providers, pretrial, and the court. We also had probation officers attend frequently for the first 6 months, we invited state’s attorneys and public defenders as needed. We had housing reps and guest speakers from the Justice Center and other grantees who visited and consulted with us.”

For standard 3, the first date CORP met to review a case was January 20, 2016; and the last date recorded in the CORP meeting notes was June 27, 2018. There were 127 weeks between these two periods and there were meeting notes and attendance recorded for 90 (or 71%) weeks. Therefore, with respect to frequency of meetings, standard 3 was not met.

Responding to behavior, rewards for good behavior and interventions for problem behavior are measured in standard 4. This was calculated by first reviewing the reasons for the CORP meeting and if the reason was “Good Behavior” then we indicated that the participant was discussed at least 1 time at a CORP meeting for good behavior. If the reason for the meeting was any of the following, “Legal Change/New Charge”, “Relapse”, “Non-Compliance”,

“MH Crisis/Hospitalization”, or “New Incarceration” then the participant was coded as being the subject of a CORP team meeting for a problematic behavior issue.³⁸

The results of this standard are mixed. Two participants had a CORP meeting with the listed reason of “Good Behavior” and both of these participants were rewarded, so that portion of the standard was met. Over the course of participation with CORP, the 2 participants were rewarded between 1 and 3 times (rewarded on average 2 times) with one participant receiving 3 verbal praise awards, 3 tokens of appreciation, and 1 public praise. The other individual was verbally praised one time.

For the other portion of the standard – intervening when problematic behaviors arise – there were 17 CORP participants with 1 or more meetings for this purpose. Of those 17, 8 had an intervention imposed (47%) and 9 (53%) did not (so the standard was not met). Among the 8 participants with an intervention action, they received between 1 and 4 interventions, and were intervened upon on average 2 times per participant. The most common intervention was a 3-way meeting occurring 1.62 times among with 7 of 8 CORP (ranging from 0 to 3 times). The next most frequent intervention was warnings – 3 of 8 CORP participants received a single warning each; 2 participants received increased supervision; and 1 participant was required to write an essay.

The final standard for this section involves all of the key CORP partners: submission of activity logs for all clients assigned for all months involved, and within 7 days of the end of the month. This standard was not met.

- **MCCH** submitted a total of 114 logs, representing 1 or more logs for 29 of 41 (70%) clients. For those 29 clients with 1 or more log, only 24 had at least 1 log with a submission date and/or data. Among those 24, only 4 (17%) had all logs submitted within 7 days of the end of the month.
- **PTSU** submitted a total of 10 logs over the project period, 1 or more logs for 6 CORP participants. Of those 10 logs, only 3 had a submission date; all three were submitted 25 days after the end of the month, so 0% of logs met the standard.
- **P&P** did not submit any logs for any of the clients.
- **PEP** submitted a total of 173 logs for 33 of the 44 (75%) PEP clients. All logs contained submission data, but the standard of submitting all the logs within 7 days from the end of the month was only met for 9 of 33 (27%) clients.
- **TCM** submitted 142 logs (1 or more for 22 of 29 (76%) clients). For those 22 clients, all had submission data except for 1 client. Of 21 clients with logs and submission data, 7 (33%) had logs which were submitted within the required timeframe.

³⁸ Participants were also rewarded for compliance or received an intervention for meetings where the reason for the meeting was “New Information,” but this was a common reason for meeting, and we were unable to discern which of those “New Information” meetings were for compliance and which were for discussion of intervention or neither option.

Table 17: Process Evaluation Results – CORP Forensic/Legal Advocacy

Standard	Standard Met? Yes, No and/or Explanation
1. For 100% of participants the CORP team will meet weekly to track participant’s progress as a collective and review individual treatment plans.	Not Assessed
2. For 100% of participants the CORP team will convene quarterly stakeholders’ meetings.	No “Stakeholder” Meetings Specified; Few Stakeholders Attended Meetings ³⁹
3. For 100% of the meetings, both weekly and quarterly, attendance will be taken and notes shared.	No – 71% (90 of 127)
4. For 100% of participants, The CORP team will determine rewards for compliance and interventions for emerging problems.	Rewards: Yes – 100% (2 of 2) Interventions: No – 47% (8 of 17)
5. The CORP team partners (PEP, TCM, PTSU, P&P, and MCCH) will complete their activity logs on a monthly basis and submit them to the CORP coordinator within 7 days.	PEP: No – 27% (9 of 33) TCM: No – 33% (7 of 21) PTSU: No – 0% (0 of 3) P&P: No – 0% No logs from P&P MCCH: No - 17% (4 of 24)

³⁹ See note from Project Director above re: other attendees at meetings on page 48.

Process Evaluation Results Summary

Table 18 below summarizes the process evaluation results for the CORP project. Unfortunately, the majority of the program fidelity measures were not met. The reasons for this are two-fold:

1. Changes to the implementation process⁴⁰ after the PDE plan had been established (and upon which this evaluation is based);
2. Missing and inaccurate data.

The standards that were met generally revolve around building the CORP team. Regular attendance of the key agencies at the CORP meetings was a standard consistently met. Other standards may simply have been too aspirational such as revising the target percentages and/or expanding the time frames would help align the project plan to the reality of working with a difficult to serve population within a confined environment.

For example, the goal that PEP and/or TCM would provide services for 100% of the CORP participants should be revised to account for those participants who dropout, a possible revision could include PEP and/or TCM serving 80% or 85% of the population.

Table 18: Process Evaluation Results Summary

Domain	# Measures	# Assessed	# Met	% Met
Pre-Intervention and CORP Case Coordination	13	12	2	16%
PEP Care Coordination Services	7	6	1	16%
TCM Services	9	9	1	11%
MCCH Housing Location Services	5	5	0	0%
Forensic/Legal Advocacy	5	3	.50	16%
Total	39	35	4.50	13%

The next section of the report reviews the goals and objectives of the project.

⁴⁰ See list of changes to program implementation provided by the Project Director Athena Morrow in September 2018, in Appendix C

Outcome Evaluation Results

As noted in the discussion of data available to assess program outcomes above, only 8 of the 18 goals, and 6 of 8 objectives can be assessed. The goals and objectives that can be measured are detailed below. In addition, the CORP Project Director provided two case studies which highlight the efforts of the CORP team and positive outcomes of the project (see Appendix D).

Outcome Results: Long-Term Goals

Criminal Justice Involvement

One of the overall goals of this project was to reduce criminal justice involvement among CORP participants (see Table 19 below). The first goal was that six months upon discharge to the community, CORP program participants will have 15% fewer arrests compared to those who did not participate in CORP. This was to be assessed in a variety of ways: actual arrest, days until next arrest, days between arrests, number of convictions, and number of arrests that resulted in a conviction.

However, as noted in the discussion comparing the treatment group to the potential control group (i.e., using those considered for CORP, but not eligible due to the severity of the crime, lacking a mental health diagnosis, or detainers) it was determined that the non-eligible group was too different to be used as a control group. For this reason, we are unable to assess any program goals that include a control group.

That leaves goal 1c: six months upon discharge to the community, the average number of days between arrests for CORP participants will be longer compared to 1 year prior to CORP participation. Among the 64 participants, 50 were released to the community for at least 6 months following engagement into the CORP program.⁴¹ Among those 50, 2 did not have CJIS data, leaving 48 CORP participants to include in this measure.

In order to create an “apples-to-apples” comparison in the pre- to post-CORP period, we looked at the first arrest that occurred in the prior 12 months before the arrest that engaged the participant into CORP. Since we were comparing this to the first 6 months after release, we truncated the highest number of days to first arrest 181.⁴²

For Goal 1c, the goal was met. The number of days post-CORP to the first arrest, on average, was 138.3 days, ranging from 10 to 181 days. For the pre-CORP period, the average days to arrest was 133.5 days, ranging from 3 to 181. However, this difference was not statistically significant.⁴³

⁴¹ Among those released, 28 (56%) were still actively engaged in the program 6 months after release.

⁴² For example, for those whose first arrest occurred 3 months before the arrest that brought them into CORP, the days to that first arrest (or survival) was recoded from 270 days to 181. Likewise, for those who were not arrested within the first 6 months after release, they “survived” 181 days. This creates an equivalency between the number of days “at risk” pre and post-CORP treatment.

⁴³ Tested using a paired samples t-test to determine if the change from pre-to-post was significant. However, the small sample size may have made it more difficult to see a significant difference.

Table 19: Outcomes - Goal 1: Reduce Criminal Justice Involvement

Goal 1: Reduce Criminal Justice Involvement of CORP Participants	Met Goal?
a) Six months upon discharge to the community, program participants will have 15% fewer arrest compared to those who did not participate in the Comprehensive Reentry Program (CORP).	Unable to Assess – No Control Group
b) Six months upon discharge to the community, the average number of days to the next arrest for CORP participants will be 15% longer than those who did not participate in CORP.	Unable to Assess – No Control Group
c) Six months upon discharge to the community, the average number of days between arrests for CORP participants will be longer compared to 1 year prior to their arrest which lead to the initial program screening.	Days to 1 st Arrest 138.3 vs. 133.5 Difference of 4.8 Days ^{NS} N=48
d) Six months upon discharge to the community, program participants will have 15% fewer convictions compared to those who did not participate in CORP.	Unable to Assess – No Control Group
e) Six months upon discharge to the community, the average number of days to the next arrest resulting in a conviction for CORP participants will be 15% longer than those who did not participate in CORP.	Unable to Assess – No Control Group

^{NS}=Not Statistically Significant

Substance Misuse/Abuse

The second goal of the project was to reduce substance abuse/use among those identified with a co-occurring disorder. As noted in the discussion above in Goal 1, among the 64 CORP participants, 50 had been released for at least 6 months.⁴⁴ Of those 50, 43 were identified as having a co-occurring issue based on the COMPAS assessment. Anecdotally, it would appear that the CORP project was effective at reducing post-release drug arrests and convictions because of those 43 individuals, only 1 person was arrested for a drug offense within 6 months of release to the community. This same person was convicted of a drug offense.

However, given the small sample and the lack of other subjects with drug related post-release arrests or convictions, it is unlikely that this result would stand with additional cases and time. To avoid overstating this anecdotal finding, we are reporting these goals as “Not Assessed”.

⁴⁴ As of January 12, 2018, the last date of activity in the DPSCS CJIS data.

Table 20: Outcomes - Goal 2: Reduce Substance Use/Abuse

Goal 2: Reduce Substance Use/Abuse of CORP Participants	Met Goal?
a) Six months upon discharge to the community, the average number of days between arrests for a drug offense for CORP participants identified as having a co-occurring substance abuse issues, will be longer compared to 1 year prior to their arrest which lead to the initial substance abuse screening.	Not Assessed Insufficient Post-Release Drug Arrests
b) Six months upon discharge to the community, among CORP participants identified as having a co-occurring substance abuse issue, 10% of program participants will not be convicted of a drug offense.	Not Assessed Insufficient Post-Release Drug Convictions

Housing Stability

The third goal of the CORP program was to increase housing stability. As indicated in the PDE, the following key terms are defined:

- **Homeless:** sleeping in a place not meant for human habitation (e.g., cars, parks, sidewalks, abandoned buildings) and including those who have been in shelters.
- **Housed:** Released to or residing in a place appropriate for human habitation; permanent housing
- **Sheltered:** released to emergency shelters and temporary placement.

We were unable to assess any of the stability in housing goals due to missing data. The MCCH Housing Log, which was our primary source of data for the start and end dates, had start dates for housing facilitated by MCCH, but only one entry had a housing end date. For this one individual, they went to a residential rehabilitation center, and remained sheltered for the first 83 days following release.

Table 21: Outcomes - Goal 3: Increase Stability in Housing

Goal 3: Increase Stability in Housing	Met Goal?
a) Six months after release from commitment, among CORP participants identified as homeless during initial screening, 35% will be either housed or sheltered for at least 15 consecutive days.	Unable to Assess
b) Six months after release from commitment, among CORP participants identified as homeless during initial screening, 35% will be either housed or sheltered for at least 30 consecutive days.	Unable to Assess
c) Twelve months after release from commitment, among CORP participants identified as homeless during initial screening, 50% will be either housed or sheltered for at least 30 consecutive days.	Unable to Assess
d) Twelve months after release from commitment, among CORP participants identified as homeless during initial screening, 50% will be either housed or sheltered for at least 90 consecutive days.	Unable to Assess

Creation of Boundary Spanning Expertise

The fourth goal of the CORP program was to establish a boundary spanning expertise among the CORP program stakeholders. Under this model, the CORP team is meant to adopt and translate a forensic case management model and a boundary spanner role into weekly collaborative meetings to respond quickly and creatively to a variety of criminal justice issues as they arise for CORP participants. Forensic case management is the central component of the CORP program and is represented by the entire CORP team. However, one challenge to incorporating this new approach is the lack of previously established outcomes or measures. For this project, we created a Stakeholder Survey to explore ways to measure this approach and establish a baseline. The survey was designed to assess how the CORP team operates the CORP program, especially as it reflects the principles of forensic case management.⁴⁵

The Stakeholder Survey was implemented twice during the program period. The first time was in August 2017 (approximately one year after the program began recruiting participants); and then re-administered one year later in August 2018. While the full survey methodology, participant descriptives, and results are provided in Appendix J, survey responses⁴⁶ related to goal 4 are provided in Table 22.

Note that for two of the goals listed below – 4d (*Among CORP team members, 100% will feel comfortable learning from each other*) and 4f (*Among CORP team members, 100% will encourage the client to have a voice in the process*) – it was the researcher’s oversight that we did not include questions that directly addressed these issues on the Stakeholder Survey. Future efforts should consider adding and/or rephrasing some of the survey questions in order to address this gap. For the remaining goals, we felt that the survey items generally captured the measures (although for the future, a thorough review and revision of the survey is recommended to more closely represent the desired impact). Nonetheless, of the 5 goals with data available to assess, 4 of the 5 goals were at 100% agreement. The remaining goal was close with 1 person of 22 demurring from the idea that the CORP team worked in a client centered, but informed manner, the remaining 95% agreed.

Overall, goal 4 was met. This project increased the boundary spanning **expertise** among the members of the CORP team. Note developing boundary spanning **expertise** required the team to utilize a boundary spanning **approach** to client management. As outlined in the discussion of Objective 3 in Table 25 below, the CORP team met goal 4 because the team was both cohesive and client centered.

⁴⁵ The Stakeholder Survey can be used as either an end-of-program assessment or as an interim (e.g., annually) assessment among current and former stakeholder team members. The survey was implemented online using Survey Monkey. A review copy of the survey is available here: <https://www.surveymonkey.com/r/CORPReview>

⁴⁶When more than one survey item was used to assess the outcome, the items were combined by averaging the responses among the multiple items.

Table 22: Outcomes - Goal 4: Create Boundary Spanning Expertise

Goal 4: Create boundary spanning expertise	Survey Item:	Met Goal?
a) Among CORP team members, 100% will have a commitment to client improvement.	Q11	Yes – 100% 22 of 22
b) Among CORP team members, 100% will be able to identify barriers and problem solve to resolve them.	Q32a & Q32b	Yes - 100% 21 of 21
c) Among CORP team members, 100% will learn the mission, vision, reach, and operations of the other systems around the table.	Q33	Yes - 100% 19 of 19
d) Among CORP team members, 100% will feel comfortable learning from each other.	N/A	Not Measured
e) Among CORP team members, 100% will work in a client centered, but informed manner.	Q25 & Q26	No – 95% 21 of 22
f) Among CORP team members, 100% will encourage the client to have a voice in the process.	N/A	Not Measured
g) Among CORP team members, 100% will feel comfortable working as a team and communicate.	Q15 & Q16	Yes – 100% 19 of 19

Outcome Results: Short-Term Objectives

In addition to these long-term goals, the project set out a series of short-term objectives that are closely tied to the expected direct impact of the interventions. The results of these efforts follow.

Engagement and Sustainment in Treatment

One of the key objectives was to increase engagement and sustainment in substance abuse treatment. Of the 4 objectives that could be assessed, 2 were met. The first two objectives (objective 1a and 1b) were intended to determine if TCM track CORP participants who were referred to substance abuse treatment remained in treatment for 14 days or more (objective 1a) or 90 days or more (objective 1b). Unfortunately, the data for these measures was to be gathered from the referral logs completed by TCM and entered into the CORP database. Among the 15 TCM clients with a referral log, 6 clients identified in the COMPAS as having a co-occurring issue, had been referred for substance abuse treatment, but only 4 followed up on the referral. Of those 4, only 1 had a treatment start date; and none had a treatment end date. Thus, there is no way to ascertain the length of time spent in treatment; we cannot assess Objectives 1a and 1b.

The last two objectives were objectives 1c and 1d. These objectives were to keep CORP participants in either treatment track, PEP or TCM, engaged in the program for 90 days or more. Both objectives were met and in fact were exceeded. For among the 44 individuals referred to

PEP, 73% (32 of 44) remained engaged in the program for 90 days or more. For the 29 individuals referred to TCM, 66% (19 of 29) stayed with TCM for 90 days or more.

Table 23: Outcomes - Objective 1: Increase Engagement and Sustainment in SA Treatment

Objective Statement 1: Increase Engagement and Sustainment in Substance Abuse Treatment	Met Objective?
a) 50% of CORP participants referred to TCM and identified as having a co-occurring substance abuse issue and referred to community-based inpatient treatment will remain in substance abuse treatment for 14 days or more.	Unable to Assess
b) 50% of CORP participants referred to TCM and identified as having a co-occurring substance abuse issue and referred to community-based IOP/OP treatment will remain in substance abuse treatment for 90 days or more.	Unable to Assess
c) 35% of CORP participants referred to PEP will remain engaged in the program for 90 days or more.	Yes – 73% (32 of 44)
d) 50% of CORP participants referred to TCM will remain engaged in the program for 90 days or more.	Yes – 66% (19 of 29)

Housing Advocacy

There were two objectives related housing advocacy; one was met while the other was not.

Objective 2a was not met. This measure is based on the monthly activity logs completed by MCCH for each client and entered into the CORP database. Among the 41 participants receiving MCCH services, 29 had one or more participant activity logs completed. Of those 29, 18 had 1 or more months in custody and thus could have participated in the group meetings/housing workshops.⁴⁷ Among those 18, 6 attended (or 33%) 1 or more group meetings. Among the 6, 5 attended 1 meeting, 1 person attended 3 meetings.

Objective 2b was achieved. Of the 41 MCCH clients, 34 (or 83%) had housing upon release. Of the 41, 16 (39%) were sent to a treatment or residential rehabilitation center; 8 (19%) were sent to a transitional or halfway house; 8 (19%) were housed in the shelter; and 2 (5%) were housed at home or with a family member. The remaining 7 (17%) were missing data; there were no indications that they were placed into housing upon release and thus could not be counted in assessing achievement of the objective.

⁴⁷ The activity log did not distinguish “workshops” from other “group” meetings; we are assuming that all group meetings were workshops.

Table 24: Outcomes - Objective 2: Increase Housing Stability

Objective Statement 2: Housing Advocacy	Met Objective?
a) While in custody, 90% of homeless CORP program participants receiving housing advocacy services will attend at least 4 housing workshops offered throughout the year.	No – 33% (6 of 18)
b) 80% of homeless CORP participants receiving housing advocacy services will be housed (temporary, emergency, or permanent) upon release into the community.	Yes – 83% (34 of 41)

Development of Forensic/Legal Advocacy Approach to Client Management

There was one objective to assess for the impact of boundary spanning activities also known as the development of a legal advocacy approach to client management. As this was a new approach, this objective was not quantified, but surmised from the stakeholder survey measures related to Team Cohesion (Table 2 in Appendix J) and Mental Health/Client Centered Practice (Table 5 in Appendix J).

One of the benefits to using survey instruments to collect data is that it allows researchers to examine concepts that cannot be directly measured or adequately captured with just one question or item. In quantitative research these concepts are referred to as *latent constructs*. For example, a concept such as socioeconomic status may be best captured by multiple measures that can be combined to create a latent construct or scale. A socioeconomic status scale may include measures of income, level of education achieved, home value and/or other assets such as savings and investments. To measure whether a construct is well represented in the data, a factor analysis examines the response patterns across the various questions to identify how well the measures (or survey items) ‘hang’ together. Based on the response patterns associated with the individual measures, a factor loading score is calculated. The factor loading scores range from -1 to 1, with 0 indicating no effect. The higher the value, the stronger the association.

Originally, we created a “Team Cohesion” scale by averaging the responses of the 6 team cohesion items. However, the item “*Working together as a member of the CORP team is rewarding*” was dropped because the factor loading score was less than .40. The remaining 5 items had factor loadings of over .7. In addition, a reliability analysis of the overall scale showed a Cronbach’s alpha score of .78, indicating a strong internal consistency.

The second measure for objective 3 was a scale which averaged 7 of 10 items “Client Centered Approach”. Three of the questions were dropped because they were too closely related to each other (Question 39, 40, and 41 – *The CORP team works together to ensure mentally ill clients ... have access to housing (Q39); access to drug treatment (Q40); and access to other basic services (Q41)*) and to Question 38 which was used in the scale (*continue to any mental health treatment*). The 7 items had factor loadings of over .78 and a Cronbach’s alpha score of .95,

indicating a very strong internal consistency.⁴⁸ As indicated in Table 25, Objective, developing a forensic/legal advocacy approach to client management was met. The team was cohesive (with an average score of 2.99) and client centered (averaging 3.46), both key facets in developing this new case management approach.

Table 25: Outcomes - Objective 3: Developing Forensic/Legal Advocacy Approach

Objective Statement 3: Boundary Spanning	Met Objective?
Construct - Team Cohesion: Average of 5 Items Overall: 2.99 N=21 Questions 12, 13, 14, 16, 17 Responses range 2.20 (Disagree) to 4.00 (Strongly Agree)	Yes – Average scale score of 2.99 indicates overall agreement that CORP team was cohesive
Construct – Client Centered Approach: Average of 7 Items Overall: 3.46 N=20 Questions 36, 37, 38, 42, 43, 44, 45 Responses range 2.86 (Disagree) to 4.00 (Strongly Agree)	Yes – Average scale score of 3.46 indicates strong overall agreement that CORP team utilizes a client centered case management approach

Outcome Evaluation Results Summary

Table 26 below summarizes the outcome evaluation results for the CORP project. While data challenges impede fully assessing each of the 26 outcome measures, 12 measures were assessed, and the CORP team met 10 of those 12 goals (83%). As noted previously, this is largely a reflection of the forensic/legal advocacy boundary spanning approach which formed the core of this project.

Table 26: Outcome Evaluation Results Summary

	# Measures	# Assessed	# Met	% Met of Assessed
Long-Term Goals				
Reduce Criminal Justice Involvement	5	1	1	100%
Reduce Substance Misuse/Abuse	2	0	N/A	NA
Increase Housing Stability	4	0	N/A	NA
Create Boundary Spanning Expertise	7	5	4	80%
Short-Term Objectives				
Increase Engagement in Substance Abuse Treatment Among Those with Co-Occurring	4	2	2	100%
Increase Housing Stability thru Advocacy	2	2	1	50%
Develop Forensic/Legal Advocacy Approach	2	2	2	100%
Total	26	12	10	83%

⁴⁸ Initially we dropped the 3 items in the scale that relate to how “effective” the team was in obtaining other services in “lieu of an arrest”. However, the results were equivalent to the scale using these items, so we opted to assess the scale using as many of the items as possible.

Recommendations and Conclusion

The program implementation challenges and the CORP team’s response, provide important context concerning planning and program fidelity. In particular, these challenges resulted in missing and imperfect data, which made it difficult to assess the impact of this intervention. Thus, the findings of this program and outcome evaluation should be interpreted in balance with these contextual challenges. These challenges are discussed more below.

Data Recommendations

As noted throughout this document, there were substantial challenges to this project which resulted in limitations to the data used for the evaluation. Although the evaluator extensively reviewed the CORP database for missing and inaccurate data on several occasions in 2017 (and provided a report on the findings) as well as a brief review of database issues in our progress reports, there were numerous issues with the completeness and quality of data in the database.⁴⁹ To facilitate future projects of this nature, we recommend changes to the standards, the database and/or to the data collection tools, including the following:

- In conducting additional follow-ups with the participant to ascertain interest, add a “re-outreach” assessment variable to determine if the potential participant’s refusal is firm or would another outreach attempt be fruitful;
- Add the date assigned to treatment track (PEP or TCM);
- Add a variable to the database to capture when TCM and PEP conduct the initial outreach with the participant after track assignment;
- It was not clear from the database which of the CORP meetings recorded were the official “stakeholder” meeting and which were routine case review meetings. The database should be revised to include a variable to select the type of meeting.
- Add a checkbox to participant meeting log to indicate when individual treatment plans are reviewed and/or clarify 30-day review is to include this activity.
- Reason for CORP meeting: change the dropdown box which only allows one selection to checkboxes so that the participant meeting log can include multiple reasons for meeting and also allow notations if a participant’s behavior was good or problematic. This will capture the meeting data more accurately.

⁴⁹ We developed the Access database in accordance with the decisions made in the PDE process and in conjunction with the tools and forms developed for the project. However, the database was originally intended to be a single copy on one person’s computer with the intent that a dedicated data entry person would be responsible. At a later time, the CORP Project Manager had the database moved to the server so that additional staff could enter data into the database. While this may have increased efficiency, this may also have added a higher probability of error with multiple individuals involved. To address this, after we were advised the database was moved to the server, we conducted training on the database with CORP staff, and offered additional training as needed. We also created a report that project staff could run to see what data was missing from a participant record and/or to resolve data entry errors. We are unclear the extent to which that process was completed. Future projects of this nature should include a more extensive review and quality control component to ensure that all program staff efforts are correctly and comprehensively captured.

Planning Recommendations

Finally, there are several key lessons which can be drawn to help inform the field and practice concerning the implementation of multi-agency reentry initiatives working with individuals with co-occurring disorders. We recommend:

- Incorporate a longer pilot period, once initial evaluation planning is complete, to test and revise the evaluation plan as necessary to meet the realities of program implementation;
- Have MOUs with all agencies in place to allow for a process to correct deviations from planned practices;
- Proactively work with management of partner agencies to communicate and resolve issues; and
- Scale the planned activities to manage exigencies, specifically scale up or down depending on the challenges such as employee turnover.

In conclusion, the CORP project evaluation had mixed results. While there is opportunity for improved processes, in other respects, the project was a success, particularly with respect to creating an environment which could more accurately and effectively serve a hard to reach population.

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Appendix A: PDE Plan

PDE PLAN**STEP 1: DEFINING THE PROBLEM**

**What problem or problems should your program address?
What evidence implies that these are real problems?**

- 1. Target population:** 120 Montgomery County, Maryland adult residents (age ≥ 18), 25 of who will be women, who are arrested and committed for misdemeanor and/or violation of probation offenses, are recidivists, and suffer from serious mental health issues or co-occurring disorders. Individuals must also have no outstanding warrants or detainers in other jurisdictions (e.g., no barriers to release), and consent to evaluation. In the event the individual has additional pending charges that will delay imminent release, the individual will be placed on a list for further review once those issues have been resolved. Medium to high risk candidates evaluated as determined by the Proxy Service Level Matrix, who also score positive on the Correctional Mental Health Screen for Women (CMHS-W) or Correctional Mental Health Screen for Men (CMHS-M) and the TCU Drug Screen will be prioritized.

Excluded individuals: offenders on lifetime sex offender registration list (Tier III) under Maryland's Sex Offender Registration and Notification Act (SORNA), individuals with a history of methamphetamine manufacturing, and homeless individuals who are receiving benefits in another jurisdiction.

Definitions:

- Recidivists: Those with at least one prior arrest
- Serious mental health issue as defined by DSM 5

2. Problems facing this population:

- a. Repeated contact with the local criminal justice system
- b. Serious and persistent co-occurring substance abuse and mental health disorders

3. Evidence implying problem(s):

a. People with serious psychiatric disorders experience high rates of incarceration (Lamb and Weinberger, 1998). Through their experiences in the uniquely demanding and dangerous environment of jail and prison, many develop a repertoire of adaptations that set them apart from persons who have not been incarcerated.

b. In 2013, HHS' Clinical Assessment and Transition Services (CATS), located in the correctional facility, identified 19% (1,571) of the incoming population as having co-occurring mental health and substance abuse disorders. HHS discharge planners served 474 individuals with reentry services in 2013. Among them, 120 were identified as seriously and persistently mentally ill with substance abuse disorders, often homeless, and cycling through the system with multiple misdemeanor and nuisance offenses. It is expected that nine in ten participants in the program would be defined as high risk to reoffend based on proxy scores and that 20% would be women.

STEP 2: SETTING GOALS

**What are the goals your program is intended to reach?
How can you measure each goal?
When do you expect to have made a substantial difference?
How will you know your program made the difference?**

Note – All goals measured with DPSCS data will only be assessed at the completion of the project in 2018

Definition of recidivism: re-arrest and reconviction

Goal 1 Reduce Recidivism

- a) Six months upon discharge to the community, program participants will have 15% fewer arrests compared to those who did not participate in the Comprehensive Reentry Program (CORP).
- b) Six months upon discharge to the community, the average number of days to the next arrest for CORP participants will be 15% longer than those who did not participate in CORP.
- c) Six months upon discharge to the community, the average number of days between arrests for CORP participants will be longer compared to 1 year prior to their arrest which lead to the initial program screening.
- d) Six months upon discharge to the community, program participants will have 15% fewer convictions compared to those who did not participate in CORP.
- e) Six months upon discharge to the community, the average number of days to the next arrest resulting in a conviction for CORP participants will be 15% longer than those who did not participate in CORP.

Measurement Goal 1a to 1e: DPSCS Records & Comprehensive Reentry (CORP) Database

Goal 2: Reduce substance abuse

- a) Six months upon discharge to the community, the average number of days between arrests for a drug offense for CORP participants identified as having a co-occurring substance abuse issues, will be longer compared to 1 year prior to their arrest which lead to the initial substance abuse screening.

- a) Six months upon discharge to the community, among CORP participants identified as having a co-occurring substance abuse issue, 10% of program participants will not be convicted of a drug offense.

Measurement Goal 2a-b: DPSCS Records & CORP Database

Goal 3: Increase Stability in Housing

Definitions:

- **Homeless:** sleeping in a place not meant for human habitation (e.g., cars, parks, sidewalks, abandoned buildings) and including those who have been in shelters.
 - **Housed:** Released to or residing in a place appropriate for human habitation; permanent housing
 - **Sheltered:** released to emergency shelters and temporary placement.
- a) Six months after release from commitment, among CORP participants identified as homeless during initial screening, 35% will be either housed or sheltered for at least 15 consecutive days.
 - b) Six months after release from commitment, among CORP participants identified as homeless or living in shelters during initial screening, 35% will either be housed or sheltered for at least 30 days within the six month period.
 - c) Twelve months after release from commitment, among CORP participants identified as homeless or living in shelters during initial screening, 50% will either be housed or sheltered for at least 30 consecutive days.
 - d) Twelve months after release from commitment, among CORP participants identified as homeless or living in shelters during initial screening, 50% will either be housed or sheltered for at least 90 total days within the twelve month period.

Measurement Goal 3a to 3e: Comprehensive Reentry Database (utilizing data from PEP and MCCH)

Goal 4: Create boundary spanning expertise

- a) Among CORP team members, 100% will have a commitment to client improvement.
- b) Among CORP team members, 100% will be able to identify barriers and problem solve to resolve them.
- c) Among CORP team members, 100% will learn the mission, vision, reach, and operations of the other systems around the table.
- d) Among CORP team members, 100% will feel comfortable learning from each other.

- e) Among CORP team members, 100% will work in a client centered, but informed manner.
- f) Among CORP team members, 100% will encourage the client to have a voice in the process.
- g) Among CORP team members, 100% will feel comfortable working as a team and communicate.

Measurement Goal 4a to 4g: Stakeholder survey

Research Design:

This evaluation is both a process and outcome evaluation of two treatment tracks, Assertive Community Treatment (ACT), administered by People Encouraging People (PEP) and Targeted case management (TCM) provided by Montgomery County Health and Human Services. The evaluation will also examine the integrated mental health and criminal justice processing of individuals with substance abuse and co-occurring disorders through a boundary spanning component called the Comprehensive Reentry Program Team or CORP team. The CORP team will provide court process coordination, aiming at diverting participants into services. CORP team members will understand and track the adjudication process, provide clinical recommendations and explain how they can impact criminal justice involvement.

This population will be identified using two screens: the TCU Drug Screen V (TCUDS-V) and the Correctional Health Mental Screen for men and women (CHMS-M; CHMS-W) prior to program participation. Ineligible CORP participants will include those who have a detainer, receive a DOC sentence, having a category 1 charge (rape, kidnapping, murder, etc.), or those who decline to participate. The data for this evaluation will be captured from multiple sources. Process data including participant demographics, screening and assessment results, transition plan, admission and release dates from facilities, are captured in the Comprehensive Reentry Program (CORP) Database maintained by CATS/HHS staff. The CORP database will also track all CORP team meetings conducted with, and on behalf of, CORP participants.

Data from PEP will be submitted to Choice Research Associates for inclusion in the final report. These data will consist primarily of data elements in PEP outcome database, (and principally excluding individual counselor hours), but includes total number of treatment visits in the month, and total time spent (in minutes), housing status (if homeless, and housing type), whether receiving substance abuse treatment and if participating in recovery focused activities, number of ER visits for psychiatric and somatic reasons, number of hospital stays for psychiatric and somatic reasons. Also whether arrested or incarcerated in that month. Client status data from the PEP database include date of enrollment, date of discharge (and reason for discharge), and identifiers (date of birth, gender, race), if individual has a substance abuse issue, if connected to primary care physician, and date of last physical exam (or reason if no exam).

For all CORP team members – Probation and Parole (P&P), Pre-trial Services Unit (PTSU), PEP, TCM, and MCCCH - additional data in the form of activity logs will be captured and submitted to CATS/HHS for upload into the CORP database on a monthly basis. The specific information to be captured within each

activity log varies by CORP team member with the exception of P&P and PTSU, which will capture identical activity information. Specifically, this includes: in-person meeting, positive urinalysis, missed appointment, and other activities. For TCM the activity log will capture admission intake, individual meetings, treatment and other service referrals, court appearance, crisis intervention, and other activities. For MCCH the activity log will capture individual meetings, group meetings, VI-SPDAT scores, housing applications, shelter referrals, Safe Haven referrals, permanent housing referrals, and other activities.

For goals and outcomes, we will use client-level measures integrated into the CORP database to assess change, while controlling for disparate racial/ethnic groups and other factors such as age, gender and criminal history. We will also request criminal history data from DPSCS at the end of the project and will use multivariate regression analysis including survival hazard modeling to provide an assessment of the effectiveness of the CORP program.

In terms of a comparison group, there are challenges with group equivalency – particularly if we compare CORP participants to people who either do not consent and/or are not accepted by the CORP team. While we can do statistical matching to account for differences based on the needs assessments, the screening tools, etc., this will not be perfect given that motivation is not likely to be accounted for with the use of a non-consenting group. The ideal is to do random assignment, but we do not have the numbers for this. The evaluator will work with CATS/HHS to look at the past CATS population; as well as include measures of pre/post within the current treatment group, but CORP will track all those considered for the program for possible use as the comparison group.

STEP 3: DEVELOPING AN ACTION THEORY
Why do these problems occur?
**What causes of the problem can your
program/project/organization address?**

Theory: *Risk/Needs/Responsivity (Andrews & Bonta)*: to address behavioral issues/behavior modification of offenders – (1) the intensity of treatment and supervision should match the “Risk” level for re-offense; (2) the treatment provided should match the individual “Needs” most clearly associated with criminality; (3) and the intervention modalities should match those to which the individual is most “Responsive”

***Motivational Interviewing*:** is a directive, client-centered counselling style for eliciting behavior change by helping clients to explore and resolve ambivalence. It is most centrally defined not by technique but by its spirit as a facilitative style for interpersonal relationship (Rollnick & Miller, 1995).

***Forensic case management*:** The goal of forensic case management is to help individuals, both currently in the penal system and former inmates, connect to the system of supports and programs

For Problem #1: Missing continuum of care from booking to stability in the community. Clients receive services while incarcerated that are not linked to community based care. Currently, services for this population are fragmented between the Montgomery County Departments of Health and Human Services (HHS) and Correction and Rehabilitation (DOCR)

1. Provide Comprehensive in-reach by CORP team providers
2. Assess housing needs and plan for placement upon release
3. Develop Treatment Plan prior to release when participant is stable
4. Develop transition plan informed by clinical and criminogenic factors

For Problem #2: These individuals recidivate at nearly 100% and are booked into the jail system repeatedly for non-violent nuisance offenses.

1. CORP team meets weekly to monitor participant progress
2. Address emerging challenges via boundary spanning interventions
3. Frequent rewards for compliance and progress
4. Swift team-developed interventions if participant is facing challenges

STEP 4: SETTING OBJECTIVES

What measurable changes in behavior, attitude, or social organization must be brought about in order to reduce the identified problems?

How can you measure each objective?

When do you expect to have made a substantial difference?

Objective Statement 1: Increase Engagement and Sustainment in Treatment

- a) 50% of CORP participants referred to TCM and identified as having a co-occurring substance abuse issue and referred to community-based inpatient treatment will remain in substance abuse treatment for 14 days or more.
- b) 50% of CORP participants referred to TCM and identified as having a co-occurring substance abuse issue and referred to community-based IOP/OP treatment will remain in substance abuse treatment for 90 days or more.
- c) 35% of CORP participants referred to PEP will remain engaged in the program for 90 days or more.
- d) 50% of CORP participants referred to TCM will remain engaged in the program for 90 days or more.

Measurement Objective #1: Comprehensive Reentry Database (utilizing data from PEP, MCCH, TCM, and ancillary related service providers).

Objective Statement 2: Housing advocacy

- a) While in custody, 90% of homeless CORP program participants receiving housing advocacy services will attend at least 4 housing workshops offered throughout the year.
- b) 80% of homeless CORP participants receiving housing advocacy services will be housed (temporary, emergency, or permanent) upon release into the community.

Measurement Objective #2: MCCH data or CORP Database

Objective Statement 3: Developing forensic/legal advocacy approach to client management

Measurement Objective #3: Stakeholder survey to look at how well CORP group is working together and being cross-trained.

STEP 5: DESIGNING INTERVENTIONS

What are the major program components designed to achieve your objectives?

Interventions (List)	Interventions	Objective(s) Addressed
<ul style="list-style-type: none"> • Formation of the CORP team (Forensic/Legal Advocacy; Boundary spanning) • Needs assessment and PEP Team Case Management/Tx services • Needs assessment and Targeted Case Management/Tx services • Housing location services 	<ul style="list-style-type: none"> • PEP Team Case Management/Tx Services • Target Case Management • Housing Location Services • Forensic/Legal Advocacy (Boundary spanners) 	<ul style="list-style-type: none"> • Client stabilization-housing • Maintain engagement with PEP

Pre-Intervention: CATS Assessment & Program engagement for all participants

Step 1: Potential CORP participants are screened by Clinical Assessment & Transition Services (CATS/HHS) personnel to determine if they meet baseline requirements of the program (e.g., adult Montgomery County resident without a sex offender conviction, etc.). Program candidates¹ screened as eligible will be identified within 72 hours of booking by to conduct an early jail forensic assessment administered by the CORP program. Program candidates are only those who are sufficiently stable to complete the jail assessment administered by CATS prior to CORP consideration and approval for program participation. For program candidates that are not sufficiently stable, CATS therapists will revisit these program candidates within 72 hours and no later than 1 week. This step involves early identification of program candidates, assessing their clinical and criminogenic needs, consulting with the CORP team regarding admission into CORP and one of the treatment tracks.

Candidates will be assessed within 24 but not to exceed 72 hours, of booking. CATS/HHS will complete these assessments and screens:

Assessments:

- CORP Intake information (includes proxy service level matrix and some COMP ASSESS elements)

Screens:

- Correctional Mental Health Screen for Women (CMHS-W) or Correctional Mental Health Screen for Men (CMHS-M);
- TCU Drug Screen V

For homeless participants, MCCH will complete the VI-SPDAT, which is based on medical vulnerabilities.

Step 2: The CATS therapist will introduce the CORP program and seek the program candidate's consent to participate. Program candidates can include those that are sufficiently mentally stable, those that previously refused to participate, but also those who dropped out before program completion.

Step 3: CORP team convenes within 72 hours of assessment via conference call or in person to discuss the participant's case and get input from all parties on prior history and significant issues that need to be addressed and makes a decision within 24 hours. For those candidates not eligible to participate, the CATS therapist will notify candidates of ineligibility within 72 hours. Once program candidates are admitted, (1) program participants will be notified, (2) will be assigned to either ACT or TCM, (3) if homeless, assigned to MCCH and (4) the transition plan will be started and completed within seven days of the decision to admit the candidate to the program. *The transition plan is related to services and needs addressed while in custody.*

Step 4: While in custody, a CATS therapist will engage in legal advocacy with the support of the CORP team after early identification and assessment. This will involve advocacy at the court, communicating

¹ For those program candidates, a small portion of program candidates may be held at Springfield Hospital and once stabilization is confirmed, they will be assessed by a CATS therapist as all other program candidates for program eligibility.

with all interested parties, aligning conflicting goals, and make court recommendations that will facilitate the release of clients directly into placement of choice. The transition plan for program participants will be finalized within 72 hours prior to release to the community.

Step 5: The CORP team will meet weekly and a CATS therapists or a designee will attend these weekly meetings to contribute in the decision making regarding planning of services. The CORP team will also meet at least once a month to discuss client cases and individual treatment plans.

Intervention 1: PEP Case Management

Step 1: While CORP participants are still in custody, PEP care coordinators will conduct jail-based outreach beginning within 72 hours upon the decision to accept a program candidate into the CORP program, to engage the participant and establish rapport. PEP care coordinators will also complete a clinical needs assessments and develop an initial Individual Treatment Plan (ITP) within 7 days of the initial outreach and to be reviewed within at least (2) days prior to a client's release. The treatment plan components that must be completed will include the trauma history screen, substance abuse, mental health, daily activities, somatic needs, and other services as appropriate. These are activities which PEP currently completes with clients.

Step 2: For CORP participants that are not in custody, PEP care coordinators will engage the participant within 10 days upon the decision to accept a program candidate into the CORP program to establish rapport. PEP care coordinators will also complete a clinical needs assessment and develop an initial Individual Treatment Plan (ITP) within 30 days of initial engagement.

Step 3: Post-release from jail, PEP care coordinators will link CORP participants to PEP who will provide assertive community treatment (ACT) services as outlined in the PEP ITP and will adjust the ITP in collaboration with the CORP team. This will involve close monitoring of client-compliance with treatment. PEP will provide treatment services to all participants for a minimum of 9 to 12 months.

Step 4: Post-release from jail, PEP care coordinators will also provide legal advocacy for all clients as needed.

Step 5: The PEP care coordinators and PEP ACT case manager(s) or designee will attend all CORP weekly team meetings to contribute in the decision making regarding planning of services.

**Housing = post-release community; discharged to the community; PEP stands in at this point.

Intervention 2: Needs Assessment and Targeted Case Management (TCM)/Treatment Services

Step 1: For CORP participants in custody, TCM will conduct jail-based outreach within 72 hours of decision to accept a program candidate, and complete clinical needs assessments, develop an Individual Treatment Plan (ITP), and make referrals for the appropriate community-based treatment and case

management at least seven (7) days of the initial engagement. The treatment plan components that must be completed will include the trauma history screen, substance abuse, mental health, daily activities, somatic needs, and other social support services as appropriate. These are activities which TCM currently completes with clients.

Step 2: For CORP participants that are not in custody, TCM will engage the participant within 72 hours to complete the clinical needs assessment and develop an initial Individual Treatment Plan (ITP) within 7 days.

Step 3: TCM will also review the initial individual treatment plan at least 2 days prior to release and will facilitate referrals for appropriate community-based mental health and substance abuse treatment services at least 7 days prior to release.

Step 4: Post release, TCM will provide case management services and will monitor treatment compliance. This will include meeting with clients regularly to monitor compliance and reporting back to the CORP team weekly.

Step 5: Post-release, TCM will also provide forensic case management and legal advocacy for all clients.

Step 6: TCM case manager(s) or a designee will attend all CORP weekly team meetings to contribute to the decision-making regarding ongoing coordination and planning of services.

Intervention 3: Housing Location Services

Step 1: For homeless participants identified through the CATS assessment and assigned to MCCH for services, within 72 hours after admission into CORP, MCCH will begin screening clients for housing location services using the VI-SPDAT and will complete screening within 48 hours. MCCH will report what type of housing that participants are eligible for (emergency shelter, temporary housing, permanent housing) within 48 hours for inclusion into the transition plan. Housing location services will be available to those sleeping in a place not meant for human habitation (e.g., cars, parks, sidewalks, abandoned buildings), as well as those in homeless shelters. MCCH may also use the Montgomery County Homeless Assessment Tool (HAT) and the Full SPDAT when necessary for housing placement. These assessments would be completed within 5 business days after completing the VI-SPDAT. (MCCH will use the CATS initial assessment and the PEP assessment to help complete the HAT and Full SPDAT.)

Step 2: Once screening is complete, MCCH will develop an advocacy and placement plan, making an initial entry into HMIS seeking permission to create CORP as a provider in the HMIS system so that all parties can access information and in the future edit data, and then execute housing and landlord searches, or family reunification if possible. Lastly, an application for housing will be completed within 7 days of completing the screening. Depending on the type of housing, this may be the VI-SPDAT (for PSH). In terms of landlords, MCCH could have them complete apartment applications. Additional services to be offered during this stage includes: referrals and follow-up to housing programs, safe havens, and emergency shelters and offering housing training and workshops.

Step 3: Post-release, MCCH will monitor a client's housing status, participate in CORP team and stay in close contact with PEP or TCM to address emerging needs and contribute to housing stability.

Step 4: Post-release, MCCH will engage with 5 landlords per month, and as needed will provide legal advocacy.

Step 5: MCCH's Housing Locator will participate in the weekly CORP team meetings to contribute in the decision making regarding planning of services.

Intervention 4: CORP (Forensic/Legal Advocacy)

The CORP team will provide a bridge between treatment, housing, community supervision, and criminal justice by intervening on behalf of the participant in all arenas where advocacy will assist in keeping the participant integrated in the community. The CORP team will provide court process coordination, aiming at diverting participants into services. CORP team members will understand and track the adjudication process, provide clinical recommendations and explain how they can impact criminal justice involvement. Overall, the CORP team members will work together around the common goal of stabilizing the participant in treatment and housing through the following steps:

Step 1: Weekly CORP team meetings will take place to track participants' progress and as a collective, review and adjust a participant's ITP, as presented by PEP or TCM (supported by MCCH), depending on which treatment track a participant is enrolled. The purpose of these post-release weekly meetings will be to build boundary spanning competencies for all CORP member and address emerging issues from multiple systems' perspective, develop creative and informed strategies to prolong engagement and keep the participant stable. Additionally, CORP team will determine rewards for compliance and interventions for emerging problems.

Step 2: There will be two types of meetings: (a) weekly CORP team meeting with front line staff to include PEP, TCM, MCCH, CATS, Community Supervision and DOCR to discuss admission, planning, rewards, interventions and discharge of participants. (b) Monthly stakeholders' meeting including supervisors, managers, or decision-makers of the same agencies as above, but also external stakeholders such as community service providers and criminal justice practitioners. Attendance and notes will be taken during each type of meeting and shared among the participants.

Step 3: the CORP team will invite additional external stakeholders that may be able to meet specific needs such peer supports, CIT, and others on an as needed basis.

Step 4: As needed, the program participant and/or available family will be invited to meet with the CORP team.

**STEP 6: SETTING IMPLEMENTATION
STANDARDS**

**What are your expectations for the quantity and
quality of the services to be provided in each
intervention component?**

Program Implementation Standards

Pre-Intervention and CORP Case Coordination

1. 90% of CORP program candidates (defined as those who are sufficiently stable to complete the jail assessments tools) will be screened by the Clinical Assessment & Transition Services (CATS/HHS) program within 24 but not to exceed 72 hours of booking. For homeless participants, MCCH will complete the VI-SPDAT, which is based on medical vulnerabilities.
2. For 90% of program candidates who are not sufficiently stable to complete the assessments, the CATS therapists will revisit these candidates within 3 to 7 days after the initial stability assessment to determine if they have stabilized. Thereafter, they may revisit the candidate once a week to assess stability.
3. 60% of eligible CORP participants will consent to participate in CORP and sign release forms to have their case presented to the CORP team
4. For 90% of those who refuse, the CATS therapist will revisit these candidates within a week after initial solicitation for consent to re-present the program. Thereafter, they will revisit the candidate once a week to assess willingness to consent while in custody.
5. For 100% of participants who consent to participate in CORP, the CORP team will convene within 72 hours of consent (via conference call or in person) to review the case and get input from all parties on prior history and significant issues that need to be addressed.
6. For 90% of participants considered by CORP, the team will decide within 24 hours of initial case conference whether to accept the participant and if so, designate a treatment track (ACT or TCM).
7. For 100% of participants determined ineligible by CORP team, the CATS Therapist will notify candidates of ineligibility within 72 hours.
8. The CATS Therapist will complete the initial transition plan for 100% of CORP participants within **7** days of decision to admit the participant in CORP. Required steps of complete transition plan include:

- Complete the needs–assessment process and identify appropriate CORP track and primary needs to be addressed;
 - Obtain any additional releases needed from CORP participant;
 - Refer to appropriate services at MCCF ;
 - Determine the projected date of release;
 - Coordinate the transition plan to ensure implementation and avoid gaps in care (i.e. Provide legal advocacy, coordinate bed to bed transfer, obtain discharge meds, ID card, benefits, etc.);
 - Review and monitor barriers to release (new cases, detainers bond conditions); and
 - Communicate transition plan with CORP team.
1. For 90% of participants released to the community, the CORP team will review the initial transition plan and finalize the transition plan 72 hours before the patient is discharged.
 2. 100% of CORP participants will be served in the designated track (PEP or TCM) in accordance with designated CORP protocols and (based on CORP team disposition).
 3. The CORP team will meet and discuss client cases and individual treatment plans at least once a month for 100% of clients.
 4. **XX%** of CORP participants will be successfully discharged from the program (meaning program completion, which is the participant transitioning out of the CORP program). **Set as baseline – just report.**

Data for Pre-Intervention Standards 1-12: CORP Database

- #1:** Pre-screening log: Date pre-screened; MCCH activity log: Date VI-SPDAT administered
- #2:** CORP participant log: 1st - 4th Date CATS FU
- #3:** CORP participant log: Inmate consents to CORP review; Inmate consents to participate in CORP
- #4:** CORP participant log: 1st - 4th Date CATS FU
- #5:** CORP participant log: Inmate consents to CORP review; Date CORP Team first reviewed case
- #6:** CORP participant log: Date CORP Team first reviewed case; Date CORP approves inmate; CORP track assigned
- #7:** CORP participant log: Inmate meets CORP criteria; Date CORP team first reviewed case; Date inmate notified of CORP decision
- #8:** CORP participant log: Date CORP team approves inmate; Jail transition plan log: transition plan complete date
- #9:** Legal status log: projected release date; Jail transition plan log: Date CORP reviews plan; transition plan complete date
- #10:** CORP participant log: CORP track assigned
- #11:** CORP team weekly meeting log: date of team meeting; team attendees
- #12:** CORP participant log: Corp status (see latest)

1. The CATS Therapist(s) (or designee) will attend all CORP weekly team meetings.

Data for CORP Standard 13: Corp Meeting Attendance Records

#13: CORP team weekly meeting log: date of team meeting; team attendees

Intervention #1 Care coordination Services by PEP:

1. For 100% of CORP-PEP participants in custody, PEP care coordinators will conduct jail-based outreach beginning within 72 hours upon the decision to accept a program candidate into the CORP program, and assignment to the ACT track to engage the participant and establish rapport.
2. For 100% of CORP-PEP participants who are NOT in custody, PEP care coordinators will engage the participant within 10 days upon the decision to accept a program candidate into the CORP program, to establish rapport.
3. For 100% of CORP-PEP participants, PEP care coordinators will complete a clinical needs assessment and develop an initial Individual Treatment Plan (ITP) within 7 days of the initial engagement.
4. For 100% of CORP-PEP participants in custody, PEP care coordinators will review the initial ITP at least 2 days prior to release.

Data for PEP Standards 1-4: CORP Database

#1: CORP participant log: Date CORP team approves inmate; CORP track assigned; PEP activity log: PEP intake date

#2: CORP participant log: Date CORP team approves inmate; CORP track assigned; PEP activity log: PEP intake date; Jail transition log: housing/residential placement upon release

#3: CORP participant log: CORP track assigned; PEP activity log: PEP intake date; Individual treatment plan creation date

#4: CORP participant log: CORP track assigned; PEP activity log: PEP intake date; Individual treatment plan review date; Legal status log: projected release date

5. PEP will provide ACT services as indicated in the PEP ITP For 100% of CORP-PEP participants.
6. PEP care coordinators will provide services to 100% of CORP-PEP participants for at least 9 to 12 months.

Data for PEP Standards 5-6: PEP Billing Database

7. PEP Case Manager(s) (or designee) will attend all CORP weekly team meetings.

Data for PEP Standard 7: Corp Meeting Attendance Records

#7: CORP team weekly meeting log: date of team meeting; team attendees

Intervention #2 Targeted Case Management Services (TCM):

1. For 100% of CORP-TCM participants in custody, TCM will conduct jail-based outreach within 72 hours upon the decision to accept a program candidate into the CORP program and assignment to the TCM track, to engage the participant and establish rapport.
2. For 100% of CORP-TCM participants who are NOT in custody, TCM will engage the participant within 10 days upon the decision to accept a program candidate into the CORP program and assignment to the TCM track, to establish rapport.
3. For 100% of CORP-TCM participants, TCM will complete a clinical needs assessment and develop an initial Individual Treatment Plan (ITP) within 7 days of the initial engagement.
4. For 100% of CORP-TCM participants in custody, TCM will review the initial individual treatment plan at least 2 days prior to release.
5. For 100% of CORP-TCM participants in custody, TCM will make referrals for appropriate community-based treatment services at least seven (7) days prior to release.

Data for TCM Standards 1-5: CORP Database

#1: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date

#2: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date; Jail transition log: housing/residential placement upon release

#3: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan creation date

#4: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan review date; Legal status log: projected release date

#5: CORP participant log: CORP track assigned; Referral log: referral date, referral type of services, referred to; Legal status log: projected release date

6. TCM will provide case management services for 100% of CORP-TCM participants.
7. TCM will monitor treatment compliance for 100% of CORP-TCM participants by meeting with clients at least three times a month.
8. TCM will provide treatment services to 100% of CORP-TCM participants for at least 9 to 12 months.

Data for PEP Standard 7: Corp Meeting Attendance Records

#7: CORP team weekly meeting log: date of team meeting; team attendees

Intervention #2 Targeted Case Management Services (TCM):

1. For 100% of CORP-TCM participants in custody, TCM will conduct jail-based outreach within 72 hours upon the decision to accept a program candidate into the CORP program and assignment to the TCM track, to engage the participant and establish rapport.
2. For 100% of CORP-TCM participants who are NOT in custody, TCM will engage the participant within 10 days upon the decision to accept a program candidate into the CORP program and assignment to the TCM track, to establish rapport.
3. For 100% of CORP-TCM participants, TCM will complete a clinical needs assessment and develop an initial Individual Treatment Plan (ITP) within 7 days of the initial engagement.
4. For 100% of CORP-TCM participants in custody, TCM will review the initial individual treatment plan at least 2 days prior to release.
5. For 100% of CORP-TCM participants in custody, TCM will make referrals for appropriate community-based treatment services at least seven (7) days prior to release.
6. TCM will provide case management services for 100% of CORP-TCM participants.
7. TCM will monitor treatment compliance for 100% of CORP-TCM participants by meeting with clients at least three times a month.
8. TCM will provide treatment services to 100% of CORP-TCM participants for at least 9 to 12 months.
9. TCM Case Manager(s) (or designee) will attend all CORP weekly team meetings.

Data for TCM Standards 1-8: CORP Database

#1: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date

#2: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date; Jail transition log: housing/residential placement upon release

#3: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan creation date

#4: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan review date; Legal status log: projected release date

#5: CORP participant log: CORP track assigned; Referral log: referral date, referral type of services, referred to; Legal status log: projected release date

#6: CORP participant log: CORP track assigned; TCM Activity log

#7: CORP participant log: CORP track assigned; TCM Activity log: Individual Session/Visits & other meetings (Court appearance, crisis intervention, Other)

#8: CORP participant log: CORP track assigned; TCM Activity log: Substance abuse treatment referral and start and end date of treatment participation.

#9: CORP team weekly meeting log: date of team meeting; team attendees

For Intervention #3: Housing Location Services

1. MCCH will conduct initial screening (VISPDAT) for 100% of homeless CORP participants within 72 hours of admission into CORP.
2. Within 48 hours, for 100% of CORP participants who complete the VISPDAT, MCCH will report to the CATS Therapist/CORP the VISPDAT score (which indicates what type of housing (e.g., emergency shelter, temporary housing, or permanent housing) the participant is eligible for inclusion in the transition plan.
3. For 100% of those who complete screening, a homeless assessment tool will be completed within 7 days of VISPDAT completion.

Data MCCH Standard 1-3: MCCH intake and referral records and/or CORP Database

#1: CORP participant log: Date CORP approves inmate; MCCH activity log: Date VI-SPDAT administered

#2: MCCH activity log: Date completed assessment tool, date MCCH reports placement plan

#3: MCCH activity log: Date VI-SPDAT administered, Date completed assessment tool

4. The housing locator will engage with 5 new and existing landlords to introduce the CORP program and develop an ongoing relationship per month.

Data: MCCH Standard 4: CORP database

#4: CORP team weekly meeting log: Number of landlords MCCH engaged this week captured on CORP Team Weekly Meeting Log

5. The Housing Locator (or designee) will attend all CORP weekly team meetings.

Data for MCCH Standard 5: Corp Meeting Attendance Records

#5: CORP team weekly meeting log: date of team meeting; team attendees

For Intervention #4: CORP (Forensic/Legal Advocacy)

1. For 100% of participants the CORP team will meet weekly to track participant's progress as a collective and review individual treatment plans.
2. For 100% of participants the CORP team will convene quarterly stakeholders' meetings.

3. For 100% of the meetings, both weekly and quarterly, attendance will be taken and notes shared.
4. For 100% of participants, The CORP team will determine rewards for compliance and interventions for emerging problems.

Rewards

Examples of behaviors that may warrant reinforcement:

- Keeping appointment
- Effort by the participant toward a positive goal
- Participating in treatment
- Reduction in substance use
- Engagement with new pro-social peers
- Trying out new pro-social activities
- Showing respect and consideration towards others
- Meeting a goal of no new arrest for pre-determined period of time
- Appearing in Court or meeting with attorney
- Taking medications as prescribed
- Remains infraction –free while incarcerated
- Graduates

Each of these behaviors may lead to a reward or reinforcement that could include:

- Words of praise
- The assignment of a task that demonstrates confidence in the individual's abilities and level of responsibility
- A token of appreciation (e.g., a written note of acknowledgement or a certificate)
- Acknowledgement of accomplishment in front of others (e.g., praise in public, acknowledgement by a person in an authority position)
- A more desirable housing or work assignment
- A "pass" on a scheduled office visit
- A bus voucher
- A gift certificate (donated by a local merchant)
- Early discharge from supervision (earned compliance credits)
- Certificate
- Chip or token

Interventions

Behaviors that may warrant an intervention may include:

- Missing appointments
- Failing to abide by the conditions of release and/or program expectations
- Increased Drug/Alcohol use
- New criminal conduct
- Returning to negative peer group
- Fails to appear in Court
- Get's written up while incarcerated

Each of these behaviors may lead to interventions that may include:

- 3-Way meeting
 - Written/Verbal Warnings
 - Re-incarceration - only as last resort
 - Increased Reporting
 - Written Essay/Journaling
 - Community Service hours
 - Written/Verbal Apology
5. The CORP team partners (PEP, TCM, PTSU, P&P, and MCCH) will complete their activity logs on a monthly basis and submit them to the CORP coordinator within 7 days.

Data:

#1 – 4: CORP team weekly meeting log: Team attendees, Date of team meeting

#5: Log submitted date on MCCH, PEP, TCM, P&P, and PTSU activity logs

**STEP 7: ASSESSING THE ENVIRONMENT USING
FORCE-FIELD ANALYSIS:**

**What obstacles to implementing your chosen
interventions can be anticipated at present?**

**What resources can you call on to overcome
these obstacles?**

What strategy is implied?

Force-Field Analysis

Intervention #1: _____

Date: _____

Obstacles:

Resources:

Strategy:

Force-Field Analysis

Intervention #2: _____

Date: _____

Obstacles:

Resources:

Strategy:

**STEP 8: IDENTIFYING CRITICAL BENCHMARKS:
What specific changes must occur in the project
environment for you to implement your intervention?**

For each intervention for which a force-field analysis was conducted, list key events ("Critical Benchmarks- CB's") that must happen to overcome obstacles to implementing your interventions and to make the situation conducive to a strong program. State specifically what key events or arrangements must be observed, by when, and who is responsible for bringing those events or arrangements about.

Critical Benchmarks

Intervention #1:

Date Developed	Critical Benchmark	When	Who is Responsible?

Critical Benchmarks

Intervention #2:

Date Developed	Critical Benchmark	When	Who is Responsible?

STEP 9: ASSIGNING TASKS:

Who must do what by when in order to meet your critical benchmarks, implement the program as it is planned, monitor progress, and evaluate the activity.

List everything on the tables below that must be done to develop the program, secure materials and training, establish a location, recruit participants, locate service providers, begin and maintain services, achieve critical benchmarks, and monitor program implementation for each intervention, then do the same for all evaluation activities.

TASKS

Intervention #1 : _____

Date Developed	Who?	What?	By When?

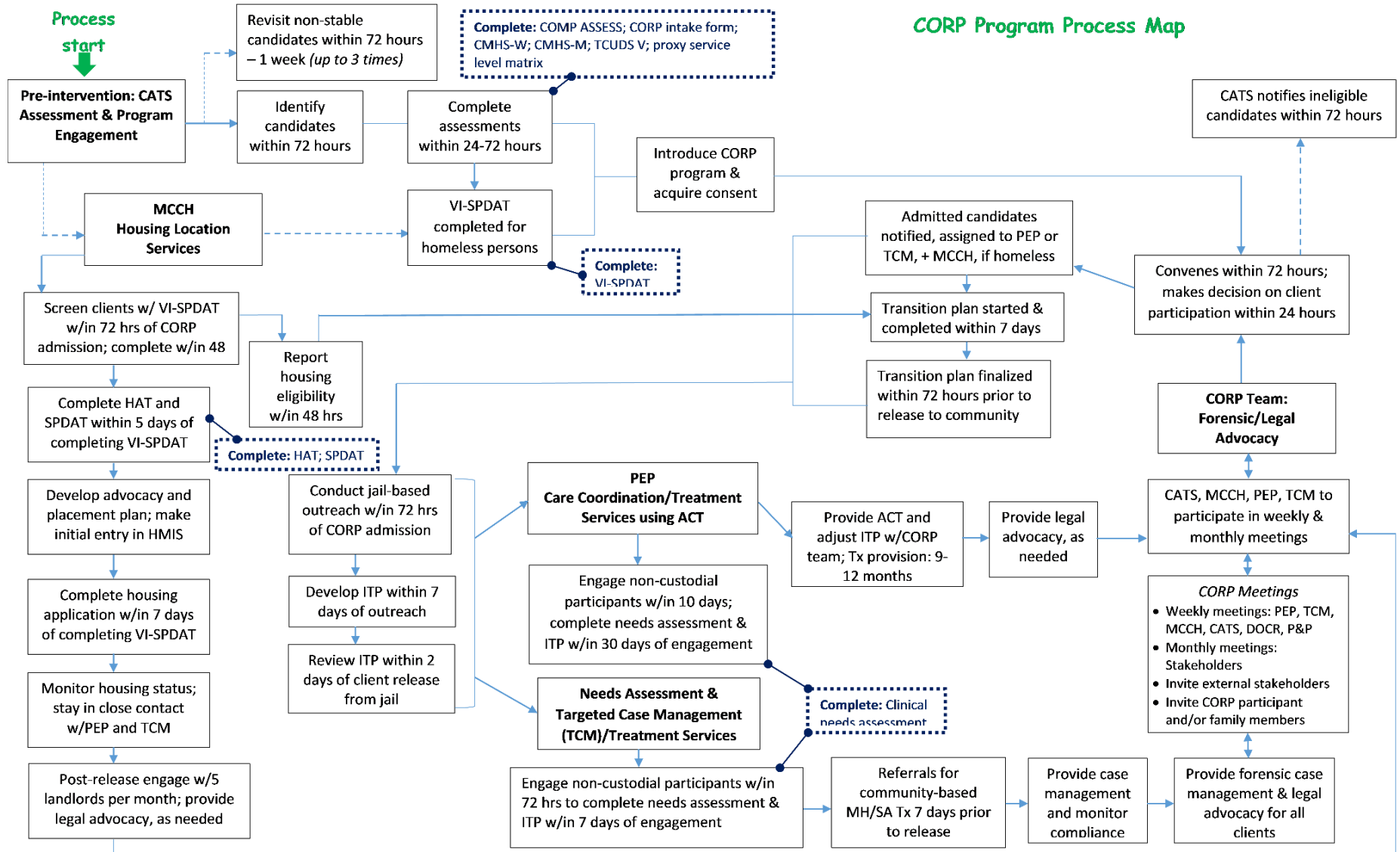
TASKS

Intervention #2: _____

Date Developed	Who?	What?	By When?

Appendix B: CORP Program Process Map

CORP Program Process Map



Appendix C: CORP Procedural Changes Post-Implementation

**Notes from Athena Morrow, CORP Project Manager to CORP Program Evaluator
Re: Changes to Program Process Post-Implementation
September 2018**

Staff changes had a big impact on implementation – the decision makers for PEP, MCCH and DOCR involved during planning all left prior to implementation leaving staff that had minimal understanding of the project and less buy-in of the innovative ideas planned by their predecessors. After implementation, line staff for CATS, PEP, MCCH and TCM all changed and once again strained the process as the onboarding process was complicated and nuanced. Teaming flourished the last six months of the project. Only three team members were present throughout the duration of the two-year project.

Pre-Intervention: CATS assessment & Program engagement

Step 1:

- Even though participants were screened as CORP candidates by CATS during the initial intake assessment, administering the screens was delayed. Most candidates with serious MH issues were transported to MCCF on expedited status based on the acute symptoms and were not able to complete the CORP intake involving the Screens until after they stabilized, typically two weeks or longer after booking.
- The VI-SPDAT was not completed until after the candidates stabilized enough and CATS completed their assessment and screens, deeming the housing locator services appropriate.

Step 3

- The team struggled with meeting this step. Collaboration between CATS, MCCH and PEP on cases during the week was difficult as the team was handling many cases simultaneously. It became necessary to streamline this process at a weekly teaming meeting. Admission decisions were rarely made in the first 72 hrs because the team members all needed time to engage the client individually and then develop a viable but multidisciplinary plan that could be implemented within the time constraints.
- Transition planning faced barriers such as client stability, availability of approved shelter/housing/program bed, applying for benefits, income supports etc all required time.

Intervention 1 – PEP case management

Step 1

- Admissions into the program were not made, by team decision, because CATS staff could not decide if PEP would accept a client into their program – therefore PEP had to outreach the client and contribute to the decision making on whether to admit the client.
- PEP struggled with this. Intake of client was not provided until client could be billed in the community for this service. Therefore, specific ITPs were not developed prior to release. Transition plans were instead the focus of the CORP team incorporating the first intake session with PEP as part of the transition plan.

Step 3

- Linking CORP participants to PEP/ACT proved to be one of the most difficult tasks. Initially clients would not be admitted but simply case managed by CORP/PEP staff – this was resolved but the split between CORP and PEP remained large and CORP team's input was not initially welcomed. During the last year of the project the collaboration improved and the liaison function of CORP/PEP was refined

Intervention 2 – Needs Assessment and TCM/Treatment Services

Step 1

- TCM staff was not initially available to perform this function, until the staff was hired and trained. By the second year when the TCM supervisor became consistently available and the vacancies were filled, this function became very smooth.
- During TCM’s early months CATS assumed their assessment and care planning functions, made the appropriate treatment referrals and developed a detailed transition plan.

Intervention 3 – Housing Location Services

Step 1

- This screening was not done within the first 72 hrs as planned for the following reasons, but often was postponed until all other options were explored.
- CATS had to postpone assessment until candidates were stable. After assessment clients were frequently deemed more appropriate for residential treatment services rather than housing as part of their transition plan and therefore not needing to be served by the housing locator, even if homeless.
- Only “chronically homeless” clients qualified for applications to permanent housing (Chronic homelessness is a HUD defined term and is very limiting)
- Often clients, even if deemed “chronically homeless”, would not score high enough on the vulnerability index (VI-SPDAT) and therefore not qualify for permanent housing but only for transitional shelters, not a clinically sound option.
- Barriers of income, sporadic homelessness and severe mental illness or substance abuse, aggressive/criminal behavior all became barriers to housing and housing advocacy
- Steep learning curve for the housing locator and for the whole CORP team who had expected MCCH to help navigate this complex housing matters

Step 2

- This was a big challenge for MCCH and was not resolved until the replacement was hired. Assertively searching for options that met client’s clinical and economic needs proved a barrier. Landlords were not flexible, unless they were networked with someone from the CORP team. The whole CORP team defaulted into housing location responsibilities and this created animosity among team members

Step 4

- This was not accomplished – the housing locator was focused on permanent housing applications only, for which only few qualified. MCCH ultimately addressed this by replacing the staff

Intervention 4: CORP

Step 2

- Monthly stakeholder meetings were not held on a regular basis, but the CORP team often travelled and had its weekly meetings in various stakeholders’ offices, inviting staff to attend, learning about resources and creating fellowship and support

Appendix D: Client Case Studies

Case Study: “Jeffrey L”

Client has a history of mental illness, severe alcohol addiction and chronic homelessness. Arrested on average 2-3 times per year for the past decade. Multiple efforts to address his addiction failed in the past, as his psychiatric issues were not adequately addressed, and his chronic homelessness not resolved. These were barriers that CORP had to address via collaborative and creative solutions. Specifically:

- Permanent supportive housing could not be obtained while client was actively drinking and committing crime and not available to follow through with the process.
- Client had multiple petty charges pending and multiple FTA’s on his record needing consolidation and resolution.
- Sobriety could not be addressed without adequate psychiatric stabilization and housing and psychiatric stabilization could not be achieved without housing and sobriety.
- Benefits could not be obtained while client was homeless, not following through with the application process due to his cooccurring disorder.
- Client would be very challenging (verbally aggressive) while drinking, but amenable and cooperative while sober. Difficulty engaging community providers who were previously victims of his verbal abuse.

The CORP team approached and engaged the client - while in custody - with a comprehensive proposal that required his active consent and active participation as follows:

- Begin taking psych meds while in custody.
- Participate in preparing his benefits’ application.
- Participate in a full assessment of his chronic homelessness status. CORP would advocate with housing providers to arrange a placement upon completion of substance use disorder (SUD) treatment. Time in custody and placement had to be considered because after 90 days in an institution, client would lose status of chronic homelessness, and would no longer be prioritized for housing. Ongoing collaborative team interventions were required to accomplish this.
- Agree to be placed and successfully complete a longer-term SUD treatment upon release.
- Advocate in court and with States Attorney’s Office to consolidate charges and place on STET docket for one year to allow for placement in services. If client successfully completed all services, all charges would be dropped.
- Engage client’s sister for support.
- Support client while in SUD treatment with collaborative meetings with SUD staff and client.
- Advocate with treatment providers who were unwilling to serve client based on previous behaviors.
- CORP team was available to intervene and make therapeutic adjustments as emerging issues were interfering with the plan (psychiatric issues, relapses, etc.).

OUTCOME: client was able to successfully complete SUD treatment, obtain benefits and permanent supportive housing, remain engaged in psych treatment and have all charges successfully dismissed. He had eight months of sobriety and no new charges at the time of his successful termination from the program.

Case Study: “Jack P”

Client has a history of schizophrenia and severe alcoholism, chronic homelessness and an average 7-8 incarcerations per year for non-violent misdemeanors for the previous 15+ years. Historically residing in a homeless encampment, declining staff attempts for treatment and not interested in sobriety. Usually declining psychiatric care while incarcerated. Client had multiple pending charges related to homelessness and a multitude of failures to appear in court. Initially the client was interested in housing, but no other services.

The CORP team engaged the client while in custody around his desire for housing. Efforts were made to apply for permanent supportive housing and document the client as chronically homeless in the housing prioritization list. Advocacy with Housing Prioritization staff to

1. access a low-barrier, harm-reduction housing option, albeit with a long waiting period; and
2. raise awareness regarding client’s vulnerability. Advocating with the courts, with client permission, to stay detained pending space availability at low-barrier harm-reduction placement, for direct bed-to-bed transfer.

Advocating with the courts to consolidate and postpone resolution of all charges pending successful engagement in housing and team’s interventions.

The ACT team engaged the client while in custody and established rapport when client was psychiatrically at his most stable state.

Upon release and placement in supportive housing the ACT team intervened repeatedly to stabilize the client and mediate with housing staff regarding client’s behaviors stemming from chronic homelessness. For example, for many months the client opted to sleep at his encampment despite having housing and the client repeatedly flooding his toilet due to needing background noise which replicated the noise from the highway he was used to.

OUTCOME: client has had no new incarcerations in more than 2 years, is stable at his housing placement and has continued to improve in reducing his alcohol consumption and gaining pro-social skills. Still actively engaged with the ACT team.

Appendix E: Stakeholder Survey



Montgomery County Comprehensive Reentry Project (CORP) Stakeholder Survey

This survey was developed by Ajima Olaghere, Ph.D., and Shawn M. Flower, Ph.D., of Choice Research Associates as part of the Montgomery County Comprehensive Reentry Project (CORP). The CORP program is conducted by the Montgomery County Department of Health and Human Services (HHS) Clinical Assessment and Transition Services (CATS) in collaboration with Department of Corrections and Rehabilitation (DOCR), People Encouraging People, Montgomery County Coalition for the Homeless, and other key criminal justice including the Office of the State’s Attorney, Public Defender, Parole and Probation, Pretrial Services.

Questions about the CORP program should be directed to Athena Morrow, the HHS Manager of Adult Forensic Services at Athena.Morrow@montgomerycountymd.gov or 240 777-1493.

This survey is designed to assess how the CORP team has operated and strived to implement the CORP program, especially as it reflects the principles of forensic case management. Forensic case management is the central component of the CORP program and is represented by the entire CORP team. Under this model, the CORP team is meant to adopt and translate this forensic case management model and a boundary spanner role into weekly collaborative meetings to respond quickly and creatively to a variety of criminal justice issues as they arise for CORP participants.

The Stakeholder Survey can be used as either an end-of-program assessment or as an interim (e.g., annually) assessment among current and former stakeholder team members. The survey was implemented online using Survey Monkey. You may access a review copy of the survey here: <https://www.surveymonkey.com/r/CORPReview>

The CORP project was funded by the Bureau of Justice Assistance (BJA) Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders GMS Award 2014-RW-BX-0002. The content is solely the responsibilities of the authors and do not necessarily represent the official views of the CORP program partners nor Bureau of Justice Assistance (BJA). Neither the U.S. Department of Justice nor any of its components operates, controls, is responsible for, or necessarily endorses this survey tool. All errors are our own.

Introduction/Consent

As a current or former member of the Comprehensive Reentry Project (or CORP), you played a vital role in the planning and/or administration of the CORP program. As part of our ongoing efforts to collect data and evaluate the CORP program, we invited you to participate in this survey about your experiences in implementing the CORP program.

This survey is designed to assess how the CORP team has operated and strived to implement the CORP program, especially as it reflects the principles of forensic case management. Forensic case management is the central component of the CORP program and is represented by the entire CORP team. Under this model, the CORP team is meant to adopt and translate this forensic case management model and a boundary spanner role into weekly collaborative meetings to respond quickly and creatively to a variety of criminal justice issues as they arise for CORP participants.

This survey is voluntary and should take no longer than 10 minutes to complete. Additionally, all individual level data will remain confidential and data collected will be reported in the aggregate. Your participation and honest answers are very much appreciated.

Should you have any questions about this survey, its contents, or its connection to the CORP program, please contact the principal investigator:

Shawn Flower, Ph.D.
Principal Researcher
Choice Research Associates
shawn@choiceresearchassoc.com
703-915-0916

- I consent to participate in this survey
- I do not consent to participate in this survey.

Section I. Professional Background

The questions below are questions about your professional background in your current field and experience with the CORP program.

1. Are you a current or past member of the CORP team?
 - Current member
 - Past member
 - Other (please specify): _____

2. Please briefly describe your current or past role on the CORP team (e.g., I am or was responsible for): _____

3. How long has your organization been a member of the CORP team?
 - 0 – 3 months
 - 4 – 8 months
 - 9 – 12 months
 - 13 – 24 months
 - 25 – 36 months

4. How long were you or have you personally been a member of the CORP team?
 - 0 – 3 months
 - 4 – 8 months
 - 9 – 12 months
 - 13 – 24 months
 - 25 – 36 months

5. Please indicate the amount of time you have worked in your field?
 - Years: _____
 - Months: _____

6. Thinking about the organization that you work/worked for that lead to your participation in CORP, how long have you worked for that organization?
 - Years: _____
 - Months: _____

7. How did you join the CORP team?

- Volunteered
- Recruited
- Assigned
- A part of regular job duties
- Other, please specify: _____

8. On average, how many hours per week do or did you spend on CORP-related activities? _____

9. How many of the CORP team members did you know prior to joining/working with the CORP team?

- None
- 1 person
- 2 – 3 people
- 4 – 6 people
- 7 – 8 people
- 9 or more people

10. Please select your current or past level of involvement in CORP (select one only):

- I attend every CORP meeting.
- I participate in most CORP activities (e.g., I attend at least 80 % of the time).
- I occasionally attend CORP meetings (e.g., I attend at least 60% of the time).
- I have never attended a CORP meeting.
- I was involved in the setting up the CORP Team (e.g., I attended the Program Development Evaluation (PDE) workshops with Choice Research Associates), but I do not attend weekly CORP meetings.

11. Beyond your professional responsibilities with CORP, are you or were you professionally interested in the goals and activities of CORP?

- Yes
- No

Section II. CORP Team Cohesion

In this section, the questions are about the degree of team solidarity, cooperation, and functionality. This section also includes questions that ask you to evaluate the execution of specific activities in the context of the CORP team cohesion.

Based on your experience and tenure working as a member of the CORP team, please rate your agreement with the following statements:

	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know or N/A
12. In the beginning, I felt the CORP team came together easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Coming together regularly for a CORP meeting team is not difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Reaching consensus among the CORP group members is generally easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Working together as a member of the CORP team is rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There is a real sense of partnership among all CORP team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. We consistently address client problems as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the level of frequency in which the following activities occurred:

	All the time	Sometimes	Rarely	Never	Don't know or N/A
18. Meetings with key agency representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Identification and use of a boundary spanner (a neutral leader to lead the CORP team).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Strong leadership whenever a decision needs to be made about a CORP participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Early identification of potential CORP participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Following the process of recruiting potential CORP participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Provision of case management services (either PEP or TCM).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Providing case management services based on a case plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III. Boundary Spanning Capabilities

The questions in this section are about how well the CORP team worked together on a regular basis to fulfill its objectives and achieve the goals of the CORP program as outlined in the PDE.

Based on your experience working as a member of the CORP team, please rate your agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
25. Clinical service providers such as CATS, feel confident advocating for clients in criminal justice settings since the CORP program began.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Non-criminal justice providers such as TCM and PEP, feel confident advocating for clients in criminal justice settings since the CORP program began.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The CORP team created an awareness of the CORP program among other stakeholders in the criminal justice system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The CORP team enhanced communication with key stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The CORP maximized the visibility of the CORP program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The CORP team did a good job working with partners to:					
a. Help create solid reentry plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help troubleshoot problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help resolve emergencies (“put out fires”).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. There was always a person that could serve in the role of a neutral facilitator within the CORP team. (For example, a neutral facilitator is someone who helped make communication and decision-making among CORP members easier without showing bias for a specific decision or course of action).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The CORP team excelled at:					
a. Identifying service gaps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reducing barrier to service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conserving institutional resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identifying and developing new partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. The CORP team used a common, understandable dialect to:					
a. Engage in cross-system communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Express needs of any member agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Express expectations of any member agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Express demands of any member agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The CORP team was able to effectively strategically plan for resource allocation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. The CORP team was able to effectively manage resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV. Mental Health/Client-Centered Practices

This section includes questions about how well the CORP team made client-centered decisions and implemented client-centered practices.

Based on your experience working as a member of the CORP team, please rate your agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
36. The CORP team does a good job monitoring treatment adherence of CORP participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. The CORP team adopts a problem-solving approach to behavioral problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. The CORP team works together to ensure mentally ill clients continue any mental health treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. The CORP team works together to ensure mentally ill clients have access to housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. The CORP team works together to ensure mentally ill clients have access to drug treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. The CORP team works together to ensure mentally ill clients have access to other basic services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. The CORP team works together to ensure mentally ill clients report as required to probation officers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. The CORP team was effective in obtaining mental health services in lieu of arrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. The CORP team was effective in obtaining substance abuse services in lieu of arrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. The CORP team was effective in obtaining other support services in lieu of arrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V. Implementation Challenges

This section includes questions about implementation challenges encountered and experienced during the implementation of the CORP program.

Based on your experience working as a member of the CORP team, please rate your agreement with the following statements:

	Strongly agree	Agree	Disagree	Strongly Disagree	N/A
46. There was a clear understanding of admission criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. There was a clear understanding of discharge criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. There was some difficulty in staffing the CORP team with appropriately trained staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. There were communication barriers between clinical, non-clinical, and/or criminal justice partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Team members often reported issues related to safety, burnout, and/or turnover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. There were limited resources (i.e., amount of time the CORP team could contribute, funding).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. There were few or no personal conflicts within the CORP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. There was low attendance at CORP team meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. There was consensus among the CORP team members about CORP's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions or other comments about the CORP program?

Survey Development Notes

- Questions #4 and #8 adapted from Communities Mobilizing for Change on Alcohol (CMCA) Team Member Survey developed by Alexander C. Wagenaar, Ph.D., Professor of Health Outcomes and Policy, University of Florida College of Medicine, Gainesville, FL.
- Question #9 adapted from the Washington County Reentry Collaborative (WCRC) Stakeholder Survey. Shawn M. Flower, Ph.D., Principal Researcher, Choice Research Associates.
- Section II questions informed by Wilson & Draine (2006)
- Section III questions informed by Pettus & Severson (2006).
- Section IV questions informed by Lamberti et al. (2004) and Steadman et al. (1995)
- Section V questions informed by Lamberti & Weisman (2010)

References

The following resources were referenced in the development of the stakeholder survey. These references were used to inform the conceptualization of the survey questions (see notes above).

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- Pettus, C.A. & Severson, M. (2006). Paving the way for effective reentry practice: The critical role and function of the boundary spanner. *The Prison Journal*, 86(20), 206-229.
- Steadman, H. J., Morris, S. M., & Dennis, D. L. (1995). The diversion of mentally ill persons from jails to community-based services: a profile of programs. *American Journal of Public Health*, 85(12), 1630-1635.
- Wilson, A. B., & Draine, J. (2006). Collaborations between criminal justice and mental health systems for prisoner reentry. *Psychiatric Services*, 57(6), 875-878.

Appendix F: Implementation Standards and Data Source

Process Standard	Goals & Objectives	Source of Data
Pre-intervention and CORP case coordination		
<ul style="list-style-type: none"> • CATS/HHS will screen 90% of CORP program candidates w/in 24-72 hrs of booking. • MCCH will complete the VI-SPDAT for homeless participants. 	<p>Goals:</p> <ul style="list-style-type: none"> ✓ Reduce recidivism ✓ Reduce substance use ✓ Increase housing stability ✓ Create boundary spanning expertise <p>Objectives:</p> <ul style="list-style-type: none"> ✓ Increase engagement + sustainment in treatment ✓ Housing advocacy ✓ Develop forensic/legal approach to client engagement ✓ Client psychiatric stabilization 	<p>CORP: Pre-screening log: Date pre-screened; MCCH activity log: Date VI-SPDAT administered</p>
<ul style="list-style-type: none"> • CATS therapists will revisit 90% of unstable candidates w/in 3-7 days to determine stability. Thereafter, weekly reassessments of stability. 		<p>CORP: CORP participant log: 1st - 4th Date CATS FU</p>
<ul style="list-style-type: none"> • 60% of eligible CORP participants will consent to participate in CORP + sign release forms. 		<p>CORP: CORP participant log: Inmate consents to CORP review; Inmate consents to participate in CORP</p>
<ul style="list-style-type: none"> • The CATS therapist will revisit 90% of refusers w/in a week after initial solicitation for consent to re-present the program. Thereafter, weekly reassessments of willingness to consent. 		<p>CORP: CORP participant log: 1st - 4th Date CATS FU</p>
<ul style="list-style-type: none"> • CORP team will convene within 72 hours of consent to review case for 100% of consenters. 		<p>CORP: CORP participant log: Inmate consents to CORP review; Date CORP Team first reviewed case</p>
<ul style="list-style-type: none"> • The CORP team will designate a treatment track—ACT or TCM—within 24 hours for 90% of participants. 		<p>CORP: CORP participant log: Date CORP Team first reviewed case; Date CORP approves inmate; CORP track assigned</p>
<ul style="list-style-type: none"> • CATS Therapist will notify 100% candidates of determined to be ineligible within 72 hours. 		<p>CORP: CORP participant log: Inmate meets CORP criteria; Date CORP team first reviewed case; Date inmate notified of CORP decision</p>
<ul style="list-style-type: none"> • The CATS Therapist will complete the initial transition plan for 100% of CORP participants within 7 days of program admission. 		<p>CORP: CORP participant log: Date CORP team approves inmate; Jail transition plan log: transition plan complete date</p>
<ul style="list-style-type: none"> • The CORP team will review the initial transition plan + finalize the transition plan 72 hours before the patient is discharged for 90% of participants. 		<p>CORP: Legal status log: projected release date; Jail transition plan log: Date CORP reviews plan; transition plan complete date</p>
<ul style="list-style-type: none"> • PEP or TCM will serve 100% of CORP participants in accordance with designated CORP protocols. 		<p>CORP: CORP participant log: CORP track assigned</p>
<ul style="list-style-type: none"> • The CORP team will meet + discuss client cases + individual treatment plans at least once a month for 100% of clients. 		<p>CORP: CORP team weekly meeting log: date of team meeting; team attendees</p>

Process Standard	Goals & Objectives	Source of Data
<ul style="list-style-type: none"> • CORP participants will be successfully discharged from the program. (Note: CORP team did not set a percentage). 		<p>CORP: CORP participant log: Corp status (see latest)</p>
<ul style="list-style-type: none"> • The CATS Therapist(s) (or designee) will attend all CORP weekly team meetings. 		<p>CORP: CORP team weekly meeting log: date of team meeting; team attendees</p>
<p>Intervention #1: PEP care coordination services</p>		
<ul style="list-style-type: none"> • PEP care coordinators will conduct jail-based outreach w/in 72 hrs upon program admission and assignment to the ACT track for 100% of participants. 	<p>Goals:</p> <ul style="list-style-type: none"> ✓ Reduce recidivism ✓ Reduce substance use ✓ Create boundary spanning expertise <p>Objectives:</p> <ul style="list-style-type: none"> ✓ Increase engagement + sustainment in treatment ✓ Develop forensic/legal approach to client engagement 	<p>CORP: CORP participant log: Date CORP team approves inmate; CORP track assigned; PEP activity log: PEP intake date</p>
<ul style="list-style-type: none"> • PEP care coordinators will engage 100% participants not in custody w/in 10 days upon program admission. 		<p>CORP: CORP participant log: Date CORP team approves inmate; CORP track assigned; PEP activity log: PEP intake date; Jail transition log: housing/residential placement upon release</p>
<ul style="list-style-type: none"> • PEP care coordinators will complete a clinical needs assessment + develop an initial Individual Treatment Plan (ITP) for 100% of participants w/in 7 days of the initial engagement. 		<p>CORP: CORP participant log: CORP track assigned; PEP activity log: PEP intake date; Individual treatment plan creation date</p>
<ul style="list-style-type: none"> • PEP care coordinators will review the initial ITP at least 2 days prior to release for 100% of participants. 		<p>CORP: CORP participant log: CORP track assigned; PEP activity log: PEP intake date; Individual treatment plan review date; Legal status log: projected release date</p>
<ul style="list-style-type: none"> • PEP will provide ACT services as indicated in the PEP ITP for 100% of CORP-PEP participants. 		<p>**Researcher did not adequately define standard. Unable to Assess as cannot determine ITP requirements or compare to available data</p>
<ul style="list-style-type: none"> • PEP care coordinators will provide services to 100% of CORP-PEP participants for at least 9 to 12 months. 		<p>CORP: CORP participant log: CORP track assigned; TCM intake date; TCM Activity Log</p>
<ul style="list-style-type: none"> • PEP Case Manager(s) (or designee) will attend all CORP weekly team meetings. 		<p>CORP: CORP team weekly meeting log: date of team meeting; team attendees</p>

Process Standard	Goals & Objectives	Source of Data
Intervention #2: Targeted Case Management Services (TCM)		
<ul style="list-style-type: none"> • TCM will conduct jail-based outreach w/in 72 hours upon program admission and assignment to the TCM track, to engage the participant and establish rapport. 	<p>Goals:</p> <ul style="list-style-type: none"> ✓ Reduce recidivism ✓ Reduce substance use ✓ Create boundary spanning expertise <p>Objectives:</p> <ul style="list-style-type: none"> ✓ Increase engagement + sustainment in treatment ✓ Develop forensic/legal approach to client engagement ✓ Client psychiatric stabilization 	<p>CORP: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date</p>
<ul style="list-style-type: none"> • TCM will engage 100% participants not in custody w/in 10 days upon program admission. 		<p>CORP: CORP participant log: Date CORP team approves inmate; CORP track assigned; TCM activity log: TCM intake date; Jail transition log: housing/residential placement upon release</p>
<ul style="list-style-type: none"> • TCM will complete a clinical needs assessment + develop an initial Individual Treatment Plan (ITP) for 100% of participants w/in 7 days of the initial engagement. 		<p>CORP: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan creation date</p>
<ul style="list-style-type: none"> • For 100% of CORP-TCM participants in custody, TCM will review the initial individual treatment plan at least 2 days prior to release. 		<p>CORP: CORP participant log: CORP track assigned; TCM activity log: TCM intake date; Individual treatment plan review date; Legal status log: projected release date</p>
<ul style="list-style-type: none"> • TCM will refer 100% of participants for appropriate community-based treatment services at least seven (7) days prior to release. 		<p>CORP: CORP participant log: CORP track assigned; Referral log: referral date, referral type of services, referred to; Legal status log: projected release date</p>
<ul style="list-style-type: none"> • TCM will provide case management services for 100% of CORP-TCM participants. 		<p>CORP: CORP participant log: CORP track assigned; TCM intake date; TCM Activity Log</p>
<ul style="list-style-type: none"> • TCM will monitor treatment compliance for 100% of CORP-TCM participants by meeting with clients at least three times a month. 		<p>CORP: CORP participant log: CORP track assigned; TCM intake date; TCM Activity Log</p>
<ul style="list-style-type: none"> • TCM will provide treatment services to 100% of CORP-TCM participants for at least 9 to 12 months. 		<p>CORP: CORP participant log: CORP track assigned; TCM intake date; TCM Activity Log</p>
<ul style="list-style-type: none"> • TCM Case Manager(s) (or designee) will attend all CORP weekly team meetings. 		<p>CORP: CORP team weekly meeting log: date of team meeting; team attendees</p>

Process Standard	Goals & Objectives	Source of Data	
Intervention #3: Housing Location Services			
<ul style="list-style-type: none"> • MCCH will conduct initial screening (VI-SPDAT) for 100% of homeless CORP participants within 72 hours of admission into CORP. 	<p>Goals:</p> <ul style="list-style-type: none"> ✓ Increase housing stability ✓ Create boundary spanning expertise <p>Objectives:</p> <ul style="list-style-type: none"> ✓ Housing advocacy ✓ Develop forensic/legal approach to client engagement 	<p>CORP: CORP participant log: Date CORP approves inmate; MCCH activity log: Date VI-SPDAT administered</p>	
<ul style="list-style-type: none"> • MCCH will report to the CATS Therapist/CORP the VI-SPDAT score w/in 48 hrs for 100% of participants (VI-SPDAT indicates housing type eligibility). 		<p>CORP: MCCH activity log: Date completed assessment tool, date MCCH reports placement plan</p>	
<ul style="list-style-type: none"> • For 100% of those who complete screening, a homeless assessment tool will be completed within 7 days of VI-SPDAT completion. 		<p>CORP: MCCH activity log: Date VI-SPDAT administered, Date completed assessment tool</p>	
<ul style="list-style-type: none"> • The housing locator will engage with 5 new and existing landlords to introduce the CORP program and develop an ongoing relationship per month. 		<p>CORP: CORP team weekly meeting log: Number of landlords MCCH engaged this week</p>	
<ul style="list-style-type: none"> • The Housing Locator (or designee) will attend all CORP weekly team meetings. 		<p>CORP: CORP team weekly meeting log: date of team meeting; team attendees</p>	
Intervention #4: CORP (Forensic/Legal Advocacy)			
<ul style="list-style-type: none"> • For 100% of participants the CORP team will meet weekly to track participant’s progress as a collective and review individual treatment plans. 	<p>Goals:</p> <ul style="list-style-type: none"> ✓ Reduce recidivism ✓ Reduce substance use ✓ Increase housing stability ✓ Create boundary spanning expertise <p>Objectives:</p> <ul style="list-style-type: none"> ✓ Increase engagement + sustainment in treatment ✓ Housing advocacy ✓ Develop forensic/legal approach to client engagement 	<p>CORP: CORP team weekly meeting log: Team attendees, Date of team meeting</p>	
<ul style="list-style-type: none"> • For 100% of participants the CORP team will convene quarterly stakeholders’ meetings. 			<p>CORP: Log submitted date on MCCH, PEP, TCM, P&P, and PTSU activity logs</p>
<ul style="list-style-type: none"> • For 100% of the meetings, both weekly and quarterly, attendance will be taken and notes shared. 			
<ul style="list-style-type: none"> • For 100% of participants, The CORP team will determine rewards for compliance and interventions for emerging problems. 			
<ul style="list-style-type: none"> • The CORP team partners (PEP, TCM, PTSU, P&P, and MCCH) will complete their activity logs on a monthly basis and submit them to the CORP coordinator within 7 days. 			

Appendix G: CORP Referral Database Manual

**Montgomery County
Comprehensive Reentry Program (CORP)
Referral Database Manual**

March 2017

**Developed for
Montgomery County Department of
Health and Human Services
Rockville, Maryland**

Funded by the
Bureau of Justice Assistance (BIA)
Second Chance Act Reentry Program for
Adult Offenders with Co-Occurring Substance Abuse
And Mental Health Disorders

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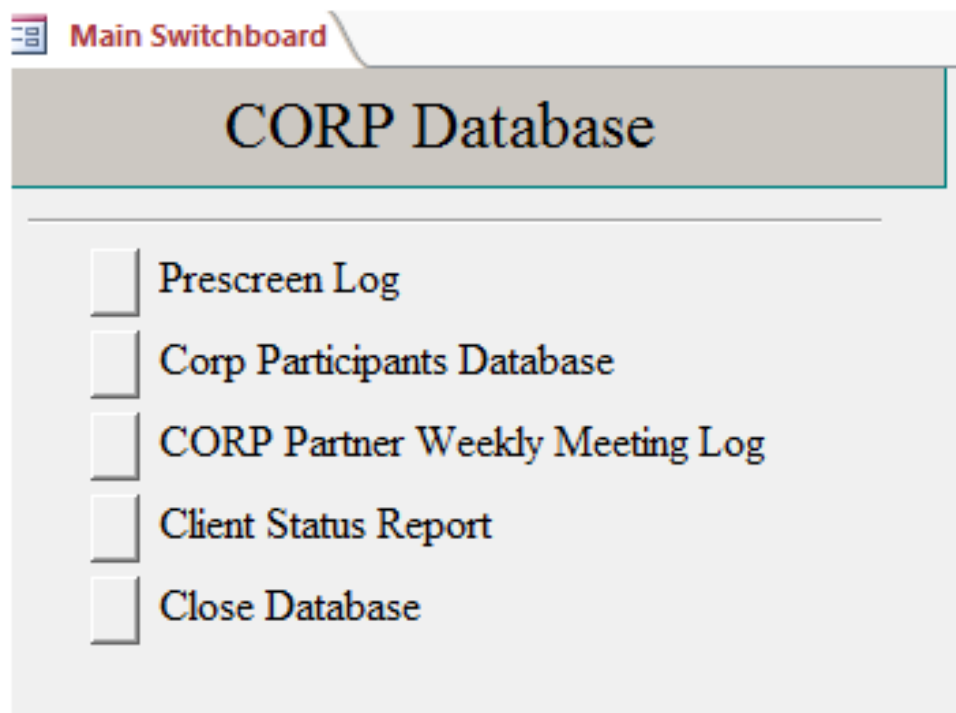
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Montgomery County Comprehensive Reentry Program (CORP) Database

The Comprehensive Reentry Program (CORP) Database is intended to capture key information about each participant in CORP who is referred to targeted case management (TCM) or assertive community treatment (ACT). This database is to be completed by the Clinical Assessment and Treatment Services CATS within the Montgomery County Department of Health and Human Services (CATS/HHS) on an ongoing basis based on the admission of eligible participants into CORP as determined by the CORP team. Recording the services received by those involved in CORP not only allows the CORP team to retain all participant files electronically, but it also provides the data necessary to conduct the ongoing process evaluation.

Part I – The Database

Figure 1: Main Switchboard



Prescreen Log

To enter information about a new potential CORP client, click the “**Prescreen Log**” button on the Main Switchboard. (Figure 1)


The prescreen log entry screen will open (see Figure 2). This is where potential client demographic information such as: name, date of birth, gender, race, and ethnicity is captured. Also captured in this screen is information related to CORP eligibility, namely: age, place of residency, criminal history (e.g., recidivist), diagnosable mental illness, permanent sex offender registrant, meth manufacturing conviction, and detainers.

Date Pre-Screened

Also, at the very top of the screen is a place to note the date of the pre-screening. You can use this field to select all potential CORP clients in the database who have been pre-screened on a particular date and determine whether documentation such as detainers or recidivism information is complete. You do this by using a LEFT Mouse Click on the date, and then hit the RIGHT Mouse Button and you will see various options. Choose “Filter by Selection” and all of the cases with that same date will be the only cases in the database that you can see. To remove the filter and see all your cases again, hit the RIGHT Mouse Button and select “Remove Filter/Sort”.

Screener Refer to CORP

This is a yes/no dropdown field. Note -- When a potential client receives a referral to CORP, please carefully read the instructions in the box about how to proceed with record keeping. Specifically, if a potential client is accepted into CORP, a new record should be created for the potential client who is now a CORP participant. If a potential client is not referred to CORP for any specific reason, their prescreen record is the only record generated. If the same potential client is screened again in the future – a new prescreen record should be generated. This is a continuous form, allowing you to capture additional future re-screenings of a potential CORP client.

If an additional record is needed, you can create a new record using the  button located at the bottom of the database (See Figure 2). The **Screening DOCRID** and **SID**, which should always be completed, will help with consolidating multiple records for a single client.

The **SID** is assigned to EACH client. **SID numbers are unique to each client and are never duplicated.** As a person is provided a new **DOCR ID** with each arrest event, note that for those clients referred for consideration by CORP, you will enter BOTH the **SID** and the **DOCR ID** for that specific arrest event. **DOCR ID numbers are unique to each arrest event and should not be duplicated.**

The **SID** is critical for linking all of the arrest events together for an individual, and the **DOCR ID** is the key identification number for linking for all of the various records within an arrest event that we are using on this project (e.g., MCCCH, PEP, TCM, etc.). **It is very important that you enter the SID and DOCR ID numbers when you start a new record so that all of the data is linked to that individual.** This should actually be the first thing you do before entering any data.

Here is where you would enter the basic information about the potential CORP client.

Figure 2: Prescreen Log

The screenshot displays two identical 'Prescreen Log' forms. Each form includes the following fields and sections:

- Form Header:** 'Pre-Screening Log', 'Date Pre-Screened' (6/6/2016), 'SID', and 'Screening DOCEID'.
- Personal Information:** First Name, Middle Name, Last Name, Sex, Date of Birth, Gender, Gender Other Specify, Race, Race if Other Specify, and Ethnicity.
- Screening Details:** CATS Staff Screened By, Agency Referred From, Agency Referral Other Specify, Name of Person Referring for Screening, and checkboxes for '18 and older?', 'MC Resident (Documented)', and 'Recidivist (Documented)'. It also includes 'Mental Illness or Co-occurring Disorder?', 'Permanent Sex Offender Registry? (Documented)', and 'Meth Manufacture Conviction'.
- Screening Status:** 'Pre-Screening Comments' and 'Screener Refer to CORP' dropdown.
- Note:** A pink note on the right of each form states: 'Note - If screener states "YES" - Refers to CORP - then please enter the individual as a new record into the CORP PARTICIPANTS Form and track all activity. If the screener states "NO" - Not referring individual to CORP, then if they are screened AGAIN in the future, add the individual as a new record here in the PRESCREEN Form.'

This is the empty additional record created when you enter information for the first time for a potential CORP client. This set-up is meant to conveniently allow entering a new pre-screening record for potential clients screened more than once.

This indicates the total number of cases and which case (Record 1 of 1 total cases).
 To start a new case, select [Home] button. To go to the last record hit [End] to go back to the first record hit [Home]

CORP Participants Database

Once a potential CORP client has been referred to CATS for further screening, enter information about this client by clicking the “**CORP Participants Database**” button on the Main Switchboard. (Figure 1). Then create a new record using the  button located at the bottom of the database (See Figure 3). The **DOCR ID for the arrest event for which the participant is considered for CORP** and **SID** is required and will enable us to consolidate multiple records for a single client.

This is the main database you will use to capture the demographic, intake, and program information for each client considered for participation into CORP. Again, you will only enter information into this database **after** the prescreening is completed and the client is deemed to be eligible for consideration and the information is entered in the **prescreen log** reviewed above.

The **CORP Participant Database** also has three main sections: (1) participant/applicant information, (2) CORP activity and assignment to partner, and (3) a series of tabs to capture a variety of information about the CORP participant.

Participant/Applicant Information

This is an important section that should be completed first for each new CORP participant considered, particularly the various IDs, e.g., State ID#, CORP ID, MCPID#, DOCR ID# - **you must enter values for these fields** before proceeding. This section captures an array of demographic information and some personal information such as whether the CORP participant has children or an English speaker.

Note – the **CORP ID (State ID + #Times)** – is a combination of a CORP participant’s State ID and the number of times he/she has been admitted into CORP. For example, if a CORP participant’s State ID is 123345, and he/has is a first-time participant of CORP, the CORP ID will be 123345-1. If a participant is a returning participant, then the CORP ID will be 123345-2 and so on until each admission for a participant is accounted for (e.g., 123345-1...n).

CORP Activity & Assignment to Partner

This section captures information about CORP team decisions related to the CORP participant and also tracks dates of various decisions, including the date from which a participant agrees to a CORP team review of his/her program eligibility and participation in CORP. This section also includes fields to capture information about clients located at Springfield Hospital Center (SHC). Additionally, a large “case notes” section is included to capture any other pertinent information for a CORP participant that is not captured in any of the designated fields.

Activity Tabs

Please observe the series of “tabs” which take the user to the section they need to complete to capture various information about a CORP participant including Legal Status, Address and Contacts, Intake, Jail Transition Plan, Referral Log, Participant Weekly Log, and Activity Logs. The Activity Logs capture the services a participant receives through MCCCH, PEP or TCM, P&P, and PTSU. Each tab is reviewed in greater detail below.

Figure 3: CORP Participants Database

Main Switchboard 2 - CORP Participants

Participant/Applicant Information State ID#: _____ CORP ID (State ID + # Times): _____ MCPID # _____ DOCR ID#: _____

First Name: _____ Middle Name/Initial: _____ Last Name: _____
 Alias: (Last Name, First) _____ Date of Birth: _____
 Gender: _____ Gender, Other, Specify: _____ SSN on file: _____
 Race: _____ Race, Other Specify: _____ Ethnicity: _____
 Marital status: _____ Marital, Other, Specify: _____ English Speaker: _____
 Has children? _____ Number of Children: _____ Number Kids Under 18: _____ Employment status: _____

Corp Activity and Assignment to Partner

Date Brought into MCDC: _____ Date Bond Review: _____ CORP Client Status: _____
 Assigned CATS Staff: _____ Date CORP Team First Reviewed Case: _____ Corp Status Other, Specify: _____
 1st Date CATS Follow Up With Inmate: _____ Inmate Meets CORP Criteria: _____
 Stable 1st CATS FU? _____ CORP Team Approves Participation: _____
 2nd Date CATS FU _____ Date CORP Approves Inmate: _____
 Stable 2nd CATS FU? _____ Inmate Consents Participate in CORP: _____
 3rd Date CATS FU _____ Date Signs Consent to Participate: _____
 Stable 3rd CATS FU? _____ CORP Track Assigned: _____
 4th Date CATS FU _____ Reason Not Approved for CORP: _____
 Stable 4th CATS FU? _____ Not Approved, _____
 Inmate Consents to CORP Review Other Specify: _____
 Date Consents CORP Review: _____ Date Inmate Notified of CORP Decision: _____

Pending SHC Transfer: _____ Date CATS Visit at SHC: _____
 Date Transferred to SHC: _____ Date Returned from SHC: _____

Legal Status Address and Contacts Intake Jail Transition Plan Referral Log Participant Weekly Log MCCH Activity Log PEP Activity Log TCM Activity Log PandP Activity Log PTSU Activity Log

Legal Status Date: _____ Legal Status: _____ Legal Status, Other Specify: _____
 Next Court Date: _____ Projected Release Date: _____
 Most Serious Current Charge: _____
 Bond PTSU As Part of Bond
 Bond Conditions, Specify: _____
 Probation As Part of Sentence Probation Officer Name: _____
 Detainers Attorney Name: _____
 Pending Matters Most Serious Pending Charge: _____
 Pending Most Serious Charge Other Specify: _____

Case Notes: _____

CORP Database Tabs

The following pages provide pictures and instructions of each tab, and the information that is captured on each of those tabs. The tabs are embedded within the overall CORP Participants Database underneath the **Participant/Applicant Information** and **Corp Activity and Assignment to Partner** sections.

Note that the first few tabs – specifically -- Legal Status, Address and Contacts, Intake, and Jail Transition Plan – are “single record” tabs – and the information captured in this tab, if edited, **will write over the existing data – there is no historical record**. This is important because – for example - we want to understand the legal status of participants when they first encountered CORP, and what the jail transition plan was at the time of their release. Much of this information is gathered from the intake tools conducted by CATS staff, so this in most cases, once obtained, the information should not change unless it is to correct a data entry error.

The remaining tabs are named **Logs** because they include “sub-forms” which are necessary to capture on-going activity. For example, in the Participant Weekly Log you can record an infinite number of times that the CORP team met to discuss this participant. Each time the team talks about a participant, then a SEPARATE record should be kept -- this data should never be overwritten unless it is to correct a data entry error.

Within these tabs and as a general rule for database entry, all fields should be completed as much as possible.

Each table is discussed in detail below.

Legal Status Tab

The **Legal Status** tab (Figure 4) concerns a CORP participant’s legal status at the time of consideration for participation in CORP. In this tab you will need to enter the date you determined the client’s legal status, the legal status (pre-trial, sentenced, etc.), the most serious charge, the forthcoming court date, if any court dates were missed, and the participant’s projected release date. Also, please note (using the checkboxes) if the client has a bond and the conditions including whether PTSU is a part of their bond, if probation was a part of their sentence, and if so, the name of their probation officer, any existing detainers (and the name of their attorney), and if there are pending matters, the most serious charge.

Figure 4: Tab 1: Legal Status

The screenshot shows a web-based form for the 'Legal Status' tab. At the top, there is a navigation bar with the following tabs: Legal Status, Address and Contacts, Intake, Jail Transition Plan, Referral Log, Participant Weekly Log, MCOH Activity Log, PEP Activity Log, TCM Activity Log, PendP Activity Log, and PTSU Activity Log. The main form area contains several input fields and checkboxes. On the left side, there are fields for 'Legal Status Date', 'Legal Status' (with a dropdown arrow), 'Next Court Date', 'Projected Release Date', 'Most Serious Current Charge' (with a dropdown arrow), 'Current Most Serious Charge', 'Other Specify', 'Missed Court Date' (with a dropdown arrow), and 'Reason Missed Court'. On the right side, there are checkboxes for 'Bond' and 'PTSU As Part of Bond', a text field for 'Bond Conditions, Specify', a checkbox for 'Probation As Part of Sentence' with a text field for 'Probation Officer Name', a checkbox for 'Detainers' with a text field for 'Attorney Name', a checkbox for 'Pending Matters' with a dropdown arrow for 'Most Serious Pending Charge', and a text field for 'Pending Most Serious Charge, Other Specify'.

Address and Contacts Tab

The **address and contacts** tab (Figure 5) is designed to capture a CORP participant’s address prior to arrest. In this tab you will also need to enter with whom they were living with (e.g., with friends, alone, or with children) and the type of housing (house or apartment they own, halfway house). You also want to capture the name and phone number of an emergency contact and trusted provider, the affiliation of the trusted provider.

If the potential CORP participant is determined to be homeless based on the CATS full screening, then the box **“Need New Address”** or **“At Risk for Homeless”** should be checked and MCCH will be called in to conduct a VI-SPDAT housing assessment. CATS should also indicate if the potential CORP participant is homeless, whether it is chronic homeless or not. (The VI-SPDATE assessment score and outcomes are captured in the MCCH Activity Tab. See .

Finally, if over the course of the participants engagement in CORP, if they change their address, you can write over the “Street Address” but copy the prior address(es) in the **“CORP Address Notes”** field so to retain a record of address history. Note that who the CORP participant was living with and the housing arrangement prior to arrest fields should not change.

Figure 5: Tab 2: Address and Contacts

Intake Tab

The **intake** tab (Figure 6) is one of two very detailed forms in which to capture information, it is important to have as complete data to the greatest extent possible. This tab is designed to capture information from the screening tools including participant’s health, mental health, trauma history, and health benefit information. This also tracks scores for various screening and assessments administered by the CATS team (e.g., Proxy assessment, TCUDS, CMHS-M/CMHS-W).

In this tab you will also need to select a response to all the questions related to a CORP participants health benefits, mental health, trauma history, substance abuse history, and hospitalizations. On the right hand side of this tab, you will need to enter the different scores for the various screening and assessments administered. There are three different assessment, which are color coded in the tab – purple for the proxy assessment, blue for the CHMS-M/CMHS-W screening, and green for the TCUDS-V assessment.

Figure 6: Tab 3: Intake

Legal Status	Address and Contacts	Intake	Jail Transition Plan	Referral Log	Participant Weekly Log	MCCH Activity Log	PEP Activity Log	TCM Activity Log	P&P Activity Log	PTSU Activity Log
--------------	----------------------	--------	----------------------	--------------	------------------------	-------------------	------------------	------------------	------------------	-------------------

Date Comp Assess by CATS:	Veteran:	Date of Proxy Assessment:
<input type="checkbox"/> SSI	<input type="checkbox"/> Private Insurance	Age Score: 0
<input type="checkbox"/> SSDI	<input type="checkbox"/> Medicare	First Arrest Score: 0
<input type="checkbox"/> VA	<input type="checkbox"/> Medicaid	Number of Prior Arrests Score: 0
Benefits, Other Specify:		Proxy Numeric Score: 0
<input type="checkbox"/> History of Trauma?	<input type="checkbox"/> Risk of Withdrawal	Proxy Categorical Score:
<input type="checkbox"/> Physical Abuse?	<input type="checkbox"/> Gambling?	Date of CMHS/CMHS-W:
<input type="checkbox"/> Domestic Violence?	<input type="checkbox"/> History of Self Harm	CMHS Numeric Score: 0
<input type="checkbox"/> Elder Abuse?	<input type="checkbox"/> Current Self harm Ideation	CMHS Categorical Score:
<input type="checkbox"/> Community Violence?	<input type="checkbox"/> Past Self Harm in Jail	Date TCUDS Completed:
<input type="checkbox"/> Verbal/Emotional Abuse?	<input type="checkbox"/> Anger Managment Issues?	TCUDS-V Numeric Score: 0
<input type="checkbox"/> Sexual Abuse/Molestation?	<input type="checkbox"/> History of Violence on Others	TCUDS Categorical Score:
<input type="checkbox"/> Immigration Trauma?	<input type="checkbox"/> History of Destruction of Property	Drug Most Serious Problem last 12 Mos:
<input type="checkbox"/> Witness Violence?	<input type="checkbox"/> Gang Affiliation?	Drug, Other Specify:
<input type="checkbox"/> Life Threatening Stress?		Frequency Drug Most Serious last 12 months:
Previously Diagnosed with DDS:		Times used a needle in last 12 months: 0
Previously Diagnosed with TBI:		(Self Reported) Seriousness of Drug Problem:
History Of Mental Health Issues:		How Important to Get Treatment Now?:
Primary MH Diagosis:		Number of Times in SA Treatment: 0
Primary MH Other, Specify:		
History MH Hospitalizations:	Previously seen by CATS:	
Compliant Prescribed Medications:	Current MH Provider:	
Currently in MH Treatment:		
Reports Substance Abuse? :		
Has Substance Abuse Issue: :		
Type of Sub Abuse Issue: :		
Housing/Residential Placement Upon Release: :		

Jail Transition Plan Tab

The **Jail Transition Plan** tab (Figure 7) is second of the two very detailed forms in which to capture information, so as with the intake tab, put careful attention to data entry and make sure all fields are complete to the greatest extent possible.

This tab is designed to capture the transition plan for the CORP participant prior to the release into the community. The transition plan is intended to provide information to the CORP team about a client's current detention needs (e.g., medical, educational, and clinical) and disciplinary concerns. In addition, the form captures the referrals needed, including whether referrals were made to the benefits specialist, medical, and vocational specialist (and the date these referrals were followed up).

In this tab you will also need to select and enter information related to a CORP participants' time of transition/release into the community, including the agency and person's name who will be receiving the released client, whether medications upon discharge were requested (and date requested), and if they required legal follow-up, items from the property room, transportation upon release, and if there were any barriers to release and actions to remove those barriers.

In addition, the CORP team wanted to track what resources that were *needed* and *wanted* to be able to provide to the participant upon release, but that were unable to provide because they were unavailable/lacking. This includes desired resources such as residential rehabilitation or medical respite.¹

Finally, of particular importance are the **transition plan start date**, the **transition plan complete date**, and the **date CORP reviews plan**. These dates correspond to process standards for the CORP team. These fields should always be accurate and complete.

¹ While this information is not part of the evaluation, this could be incredibly valuable for the future of MCCH services to be able to quantify the degree of these needs and services.

Figure 7: Tab 4: Jail Transition Plan

Legal Status	Address and Contacts	Intake	Jail Transition Plan	Referral Log	Participant Weekly Log	MCCH Activity Log	PEP Activity Log	TCM Activity Log	PandP Activity Log	PTSU Activity Log
--------------	----------------------	--------	----------------------	--------------	------------------------	-------------------	------------------	------------------	--------------------	-------------------

Detention Location	Date Location:	DOCRID:				
DOCR Referrals, Specify:	Identification Needs, Specify:	Psych/Mental Health Needs, Specify:	Substance Abuse Needs, Specify:			
<input type="checkbox"/> CIU <input type="checkbox"/> Medication <input type="checkbox"/> JAS <input type="checkbox"/> DBT <input type="checkbox"/> Other Referral	<input type="checkbox"/> GED <input type="checkbox"/> PRRS <input type="checkbox"/> Benefits <input type="checkbox"/> One Stop	<input type="checkbox"/> Reentry ID <input type="checkbox"/> Driver's License <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> ACT <input type="checkbox"/> SHC <input type="checkbox"/> EEP <input type="checkbox"/> Fenton	<input type="checkbox"/> Outpatient MH <input type="checkbox"/> Inpatient MH	<input type="checkbox"/> ARTC <input type="checkbox"/> ARCC <input type="checkbox"/> OAS <input type="checkbox"/> Outpatient SA	<input type="checkbox"/> SA Halfway House <input type="checkbox"/> 8-505/8-507 Eval <input type="checkbox"/> Consult Dr. M
Other Referral, Specify:	Other ID Need, Specify:	Other MH Need, Specify:	Other SA Need, Specify:			
Medical Needs:	Medical, Specify:	<input type="checkbox"/> Refer to On-Our-Own Date Referred to On-Our-Own:				
Peer Support Needs:	<input type="checkbox"/> Refer to On-Our-Own Date Referred to On-Our-Own:					
Clothing/Meals Needs:	Clothing/Meals, Specify:					
Transportation Needs:	Transportation, Specify:					
Other Needs:	Other, Specify:					
Refer to Benefits Specialist:	Date Benefits Worker Follow-up:	Refer Medical Follow-up:	Date Medical Follow-up:			
Refer Vocational Specialist:	Date Vocational Specialist Follow-up:	<input type="checkbox"/> Is a Worker/Has Job Inside Jail				
Disciplinary Concerns:	Concerns, Specify:					
Agency Receiving Released Client:						
Person Meeting inmate at Gate:						
Requested Discharge Meds:	Date Discharge Meds Requested:	<input type="checkbox"/> Legal Follow-up <input type="checkbox"/> Items from Property <input type="checkbox"/> Transportation On Release				
Barriers to Release:	Actions To Remove Barriers:					
Wish List - Desired Resources but Lacking:						
<input type="checkbox"/> PSH <input type="checkbox"/> Shelter Bed <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Halfway House <input type="checkbox"/> Hospital Space <input type="checkbox"/> Sex Offender Specialist	<input type="checkbox"/> Head Trauma Program <input type="checkbox"/> Residential Rehab <input type="checkbox"/> Medical Respite	<input type="checkbox"/> Crisis Stabilization <input type="checkbox"/> Drop In Place			
Reason Release not as planned:	Not as planned, Other specify:					
Transition Plan Start Date:	Transition Plan Complete Date:	Date CORP Reviews Plan:				

Referral Log Tab

The **referral log** tab (Figure 8) captures referrals for services that a CORP participant needs. This is a “continuous form” which allows for an infinite number of referrals to be recorded for this client throughout their CORP participation. All referrals made should be recorded here including those recorded on the various activity logs (e.g., MCCH, PEP, TCM, P&P, and PSTU activity logs).

In this tab you will need to select and enter specifics about the referral. This includes the referral date, referral source (“referred from”), type of referral services, referral provider, whether the client followed up on the referral and the date of follow-up, the substance abuse level of care, substance treatment start date and end date. Finally, there is a comment field to record any notes related to the referral.

All of this data should be captured on the activity logs supplied by the Team partners. However, one of the key goals of this project is to assess the length of time that participants remain in treatment. While the start and stop dates are on the activity logs, during those times when a treatment event expands one or more months, this may require reviewing past month referral data to enter the information into the same referral event. (e.g., if one starts a 28 day treatment program on September 28, then that start date would be on the September Activity Log. Presuming the patient completed the program, the end date for that same event would be on the October Activity log).

Figure 8: Tab 5: Referral Log

Participant Weekly Log Tab

The **participant weekly log** tab (Figure 9) captures the key program interventions conducted by the CORP team. This includes which partner referred the reason for the discussion, track staff follow-up, as well as rewards or interventions for the client approved by the team. There are also sections about recommended advocacy that may be needed with the court, a landlord or housing agreement, with the police, the SAO or other providers. The other section captures any changes related to a client’s current legal status while in the program.

In this tab you will also need to indicate whether a client attended the meeting and/or if a guest of the client attended.

If other actions were required or other decisions made that are not captured by the provided fields, there are several comment boxes to include additional narrative information. The narrative information should be concise and specific.

Figure 9: Tab 6: Participant Weekly Log

Address and Contacts Intake Jail Transition Plan Referral Log Participant Weekly Log MCCH Activity Log PEP Activity Log TCM Activity Log PandP Activity Log PTSLU Activity Log

Date CORP Meeting: DOCRID:

Did CORP Participant Attend? Guest of Participant Present? Yes, Name Relationship:

Partner Referring Review: Other Partner, Specify: Recommended Advocacy:

Reason Presented at Mtg: Reason, Other Specify:

Court Police
 Landlord or Housing Advocacy - Court SAO
 Other Providers

Staff to Follow-up: Date Staff to Follow-up:

CORP Partner Referred To:

Record all referrals for Non-CORP Partner services in Referral Log

Reward approved by Team: Intervention approved by Team:

Verbal Praise Upgraded Housing
 Tokens of Appreciation Metro-Bus Tokens
 Public Praise Voucher/Gift Certificate
 Certificate Step-down Supervision
 House Work Assignment Skip A Meeting

3 Way Meeting Community Service
 Warning Apology
 Increased Supervision Added Meeting
 Written Essay Journal

Advocacy Other Specify:

Steps Planned:

Status Change:

Disposition after Discussion:

Disposition, Other Specify:

Reason Terminated:

Reason Other Specify:

Other Comments:

MCCH Activity Log Tab

The **MCCH activity log** tab (Figure 10) captures whether a client needs housing location services or a housing application, in addition to capturing the status of administrative tasks MCCH must complete such as reporting on a housing placement plan and completing a housing assessment. These activities include the date the VI-SPDAT was administered, the score, and the date the housing assessment tool was completed. In this tab you will also need to select information about a client’s residential placement upon release.

Below this information is a continuous form which allows for an infinite number months of MCCH activity logs including the number of individual and group meetings with this participant. Please also complete the **log submitted date**, which records the date the activity log was submitted by MCCH of the CORP Coordinator.

Figure 10: Tab 7: MCCH Activity Log

Housing Location Services Needed?: Date VI-SPDAT administered: *Record referrals for housing and other services on the Referral Log*

Date MCCH Reports Placement Plan: VI-SPDAT Score: Date Completed Assessment Tool:

Needs Housing application: Residential Placement upon Release:

MCCH Activity Log Month: Year: DOCR ID:

Individual Meetings: # Group Meetings:

Other comments: Log Submitted Date:

PEP Activity Log Tab

The **PEP activity log** tab (Figure 11) captures specific activities including the PEP intake date and the dates for the creation and review of the individual treatment plan. Below that information is a continuous form which allows for an infinite number months of PEP Activity. These activities include tracking the number of individual meetings, missed appointments, court appearances, crisis interventions, and other contacts.

Please also complete the **log submitted date**, which records the date the activity log was submitted by PEP to the CORP Coordinator.

Figure 11: Tab 8: PEP Activity Log

TCM Activity Log Tab

The **TCM activity log** tab (Figure 12), similar to the PEP activity log captures specific activities that a client may experience. These activities include tracking, on a monthly basis, the number of individual meetings, missed appointments, court appearances, crisis interventions, and other contacts. Above these activities are fields to record the TCM intake date and the dates for the creation and review of the individual treatment plan.

Please also complete the **log submitted date**, which records the date the activity log was submitted by TCM to the CORP Coordinator.

Figure 12: Tab 9: TCM Activity Log

Parole and Probation (P&P) Activity Log Tab

The **P&P activity log** tab (Figure 13) captures specific activities related to Probation and Parole that a client may experience. This is a continuous form which captures activities, on a monthly basis, including the number of in person meetings, missed appointment, urinalysis tests, positive urinalysis tests, breathalyzer tests, positive breathalyzer tests, and other contacts.

Please also complete the **log submitted date**, which records the date the activity log was submitted by P&P to the CORP Coordinator.

Figure 13: Tab 10: P&P Activity Log

Pretrial Supervision Unit (PTSU) Activity Log Tab

The **PTSU activity log** tab (Figure 14) similar to the P&P tab, captures specific activities related to pre-trial supervision that a client may experience. These activities include the number of in person meetings, missed appointment, urinalysis tests, positive urinalysis tests, breathalyzer tests, positive breathalyzer tests, and other contacts.

Please also complete the **log submitted date**, which records the date the activity log was submitted by PTSU to the CORP Coordinator.

Figure 14: Tab 11: PTSU Activity Log

CORP Partner Weekly Meeting Log

To enter information about each CORP Team /Partner meeting, click the “CORP Partner Weekly Meeting Log” button on the Main Switchboard. (Figure 1)

The **CORP team weekly meeting log** is the third component/data entry screen in the CORP database. The purpose of this log is to record the attendance of CORP team members at the weekly meetings and to capture **general information** discussed as a team. Team member attendees are listed by agency, e.g., PEP, TCM, MCCH, etc.

The other attendee fields capture any guest, participant, or other attendees that may attend the CORP weekly meeting, but are not members of the core CORP team. Such attendees may include substance abuse treatment providers, mental health treatment providers, and space to write in other attendees present such as family members and the list of CORP participants.

The remaining fields on the far right captures the agenda for the weekly meeting, action items planned, and other general meeting comments that need to be recorded.

Finally, please ask MCCH to report on the number of landlords they engaged with in the past week and record it here.

Note -- all discussion and activities of specific participants during the team meeting must be logged in the Participant Weekly Log Tab in the CORP Participant Database. Please do not put client specific information or actions in the meeting notes / comments.

Figure 15: CORP Team Weekly Meeting Log

Closing the Database

To close the database, click “Close Database” button on the Main Switchboard. (Figure 1) By doing this, the database is set up to automatically “compact and repair” when you close it from the Main Switchboard, thus keeping the database to the smallest size and in good working order.

Part II – Reports

CORP Client Status Report

The database also includes a report function. This report function produces a report that captures information about a CORP client’s progress with various program benchmarks such as case coordination, completion of transition plan activities, execution of various CORP activities, PEP and TCM coordination of services, and fulfillment of housing location services (Figure 16). These benchmarks are tracked by calendar date (MM/DD/YYYY) of completion. The “CORP Status” field indicates a CORP client’s latest status in the CORP program (e.g., completed successfully). While a CORP client may have multiple status updates noted in the CORP client participant database (Figure 3), the report only shows the most recent status update entered for a particular client.

Figure 16: CORP Client Status Report

Main Switchboard > Client Status Report

CORP Client Status Report

First Name: Last Name: DOCRID: CORP Status:

CORP Case Coordination

Date Brought into MCDC:

Date VI-SPDAT Administered:

Date Comp Assess by CATS:

Date Consented to CORP: Date Signed Consent:

Transition Plan Activities

Transition Plan Start Date:

Transition Plan Complete Date:

Date CORP Reviews Plan:

CORP Activities

Date CORP First Reviewed Case:

Date CORP Approves:

CORP Track Assigned:

Date Inmate Notified of CORP Decision

Coordination Services by PEP & TCM

Date CORP Approves: Projected Release Date:

Date PEP Evaluation: Date TCM Evaluation:

PEP ITP Create Date: TCM ITP Create Date:

PEP ITP Review Date: TCM ITP Review Date:

Housing Location Services

Date CORP Approves:

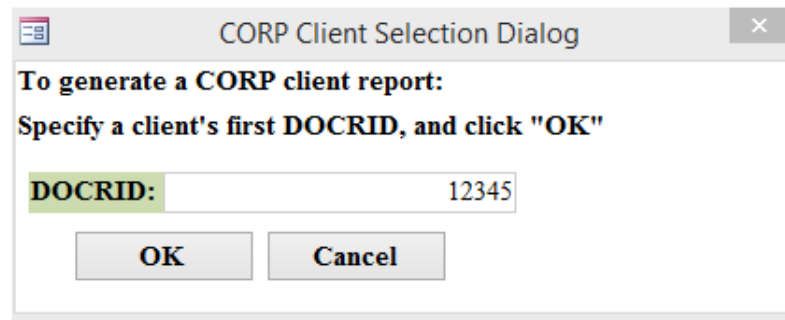
Date VI-SPDAT Administered:

Date MCCH Reports Placement Plan:

Date Assessment Tool Completed:

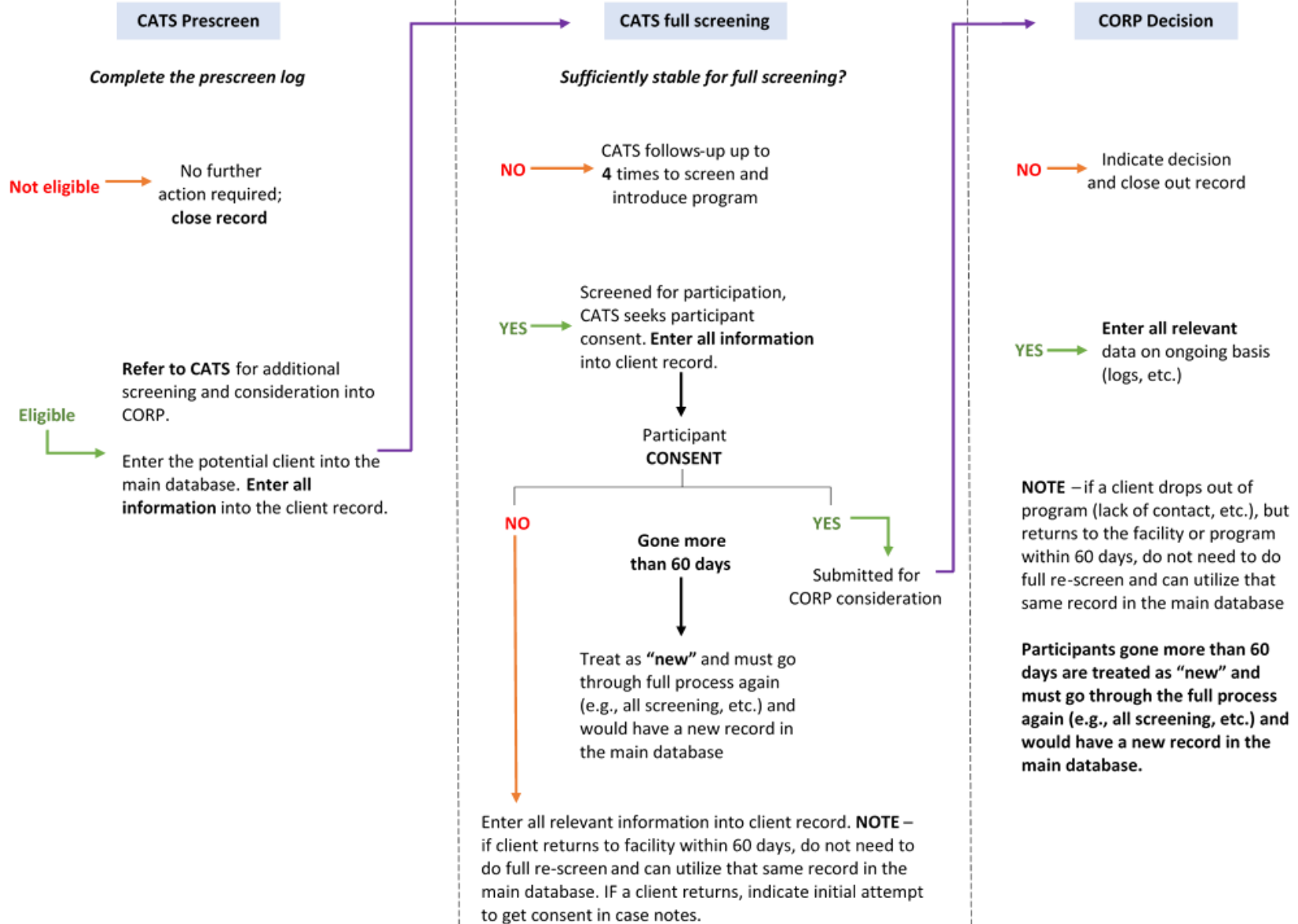
The CORP client status report can be generated through the Main Switchboard (Figure 1). Once the report function is selected, a client selection dialogue box will appear (Figure 17). To produce a report for a specific client, this dialogue box prompts you to enter a CORP client's DOCRID. This will generate a single status report for the client, featuring the fields mentioned above and as seen in figure 16.

Figure 17: CORP Client Selection Dialog

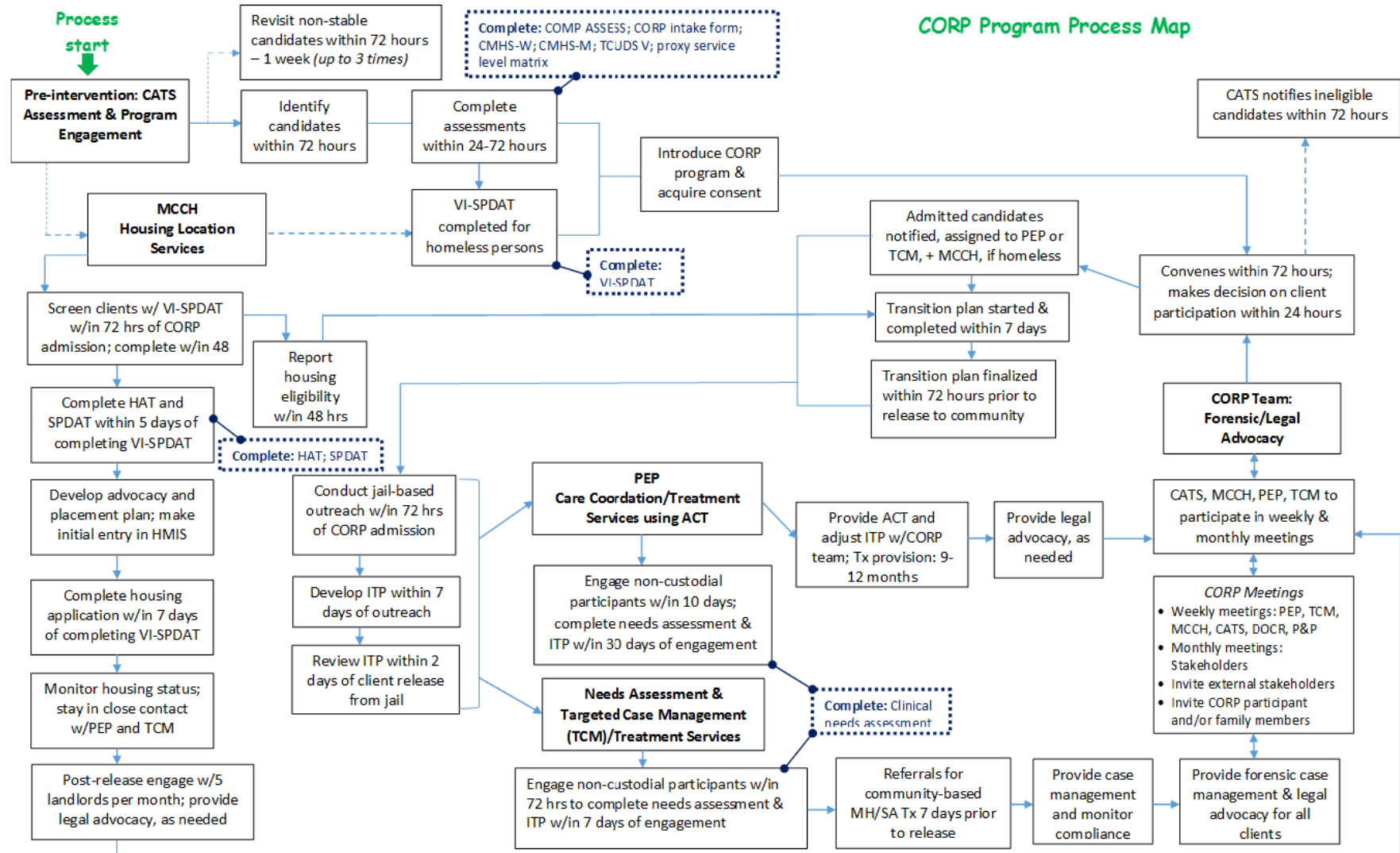


The report will appear as a separate tab within Access, enabling toggling between the report and CORP client participant database (Figure 3), if necessary for updating client information based on the report. This tab is also ready and formatted for printing.

Appendix A: CORP Data Entry Flow Chart



Appendix B: CORP Program Process Map



Appendix H: Program Outcomes and Data Source

Category	Measure	Goals/Objectives Category Measures	Source of Data OR = Official Records CORP = CORP database
GOALS			
Goal 1 – Reduce Recidivism	Arrest	Reduce Criminal Involvement	OR: <i>DPSCS Records</i>
	Days until next arrest (survival)	Reduce Criminal Involvement	OR: <i>DPSCS Records</i>
	Days between arrests (survival)	Reduce Criminal Involvement	OR: <i>DPSCS Records</i>
	Number of convictions	Reduce Criminal Involvement	OR: <i>DPSCS Records</i>
	Number of arrests → convictions	Reduce Criminal Involvement	OR: <i>DPSCS Records</i>
Goal 2 – Reduce Substance abuse	Days between arrests for a drug offense (survival)	Reduce Substance Use/Abuse	OR: <i>DPSCS Records</i>
	Reconviction for drug offense	Reduce Substance Use/Abuse	OR: <i>DPSCS Records</i>
Goal 3 – Increase stability in housing	Stable housing for 15 days at 6 months	Increase housing stability	CORP: <i>Residential placement upon release, housing log start date & end date</i>
	Stable housing for 30 days at 6 months and 12 months	Increase housing stability	CORP: <i>Residential placement upon release, housing log start date & end date</i>
	Stable housing for 90 days at 12 months	Increase housing stability	CORP: <i>Residential placement upon release, housing log start date & end date</i>
Goal 4 – Create boundary spanning expertise	CORP team 100% commitment to client improvement	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
	CORP team 100% identification of barriers and problem solve to resolve	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
	CORP team 100% learned mission, vision, reach, and ops of other systems	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
	CORP team 100% comfortable learning from each other	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>

Category	Measure	Goals/Objectives Category Measures	Source of Data OR = Official Records CORP = CORP database
	CORP team 100% worked in a client-centered, informed manner	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
	CORP team 100% encourage client to have a voice in the process	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
	CORP team 100% comfortable working as team and communicate	Establish boundary spanning expertise	CORP: <i>stakeholder survey</i>
OBJECTIVES			
Objective 1 – Increase engagement and sustainment in treatment	50% TCM participants in substance abuse treatment minimum of 14 days	Improving substance abuse treatment compliance	CORP: <i>TCM activity log – TCM intake date, # individual meetings, # missed appointments, log submitted date</i>
	50% TCM participants in substance abuse treatment for minimum 90 days	Improving substance abuse treatment compliance	CORP: <i>TCM activity log – TCM intake date, # individual meetings, # missed appointments, log submitted date</i>
	35% PEP participants enrolled in program for minimum 90 days	Sustaining CORP program compliance	CORP: <i>Date inmate signs to participate in CORP, CORP track assigned, CORP status log change date</i>
	50% TCM participants enrolled in program for 90 days or more	Sustaining CORP program compliance	CORP: <i>Date inmate signs to participate in CORP, CORP track assigned, CORP status log change date</i>
Objective 2 – Housing advocacy	90% participants (homeless) to attend a minimum of 4 housing workshops	Establishing/improving housing literacy	CORP: <i>MCCH activity log, referral log, MCCH data</i>
	80% participants (homeless) housed prior to release	Securing stable housing	CORP: <i>Date MCCH reports placement plan, residential placement upon release, housing log start</i>
Objective 3 – Develop forensic/legal advocacy approach to client management	CORP team will have a good working dynamic	Establish/maintain interagency collaboration and cooperation	CORP: <i>stakeholder survey</i>
	CORP team will receive cross-training	Improve CORP team knowledge and skillset across agencies	CORP: <i>stakeholder survey</i>

Appendix I: Proxy Service Level Matrix

Intake Self-Report Information:

1. What is your current age? _____
2. How old were you when you were first arrested? _____
3. How many times have you been arrested? _____

	0	1	2	3
Current Age	Over 32yo	25-32yo	Under 25yo	
Age at First Arrest		Over 19yo	17-19yo	Under 17yo
Number of Arrests		2 or Less	3-6 Arrests	7 or More

Calculated Proxy Score:

$$\frac{\text{_____}}{\text{(Current Age Score)}} + \frac{\text{_____}}{\text{(First Arrest Score)}} + \frac{\text{_____}}{\text{(No. of Arrests Score)}} = \frac{\text{_____}}{\text{(Total Proxy Score)}}$$

Proxy Service Level:

Total Proxy Score	Proxy Service Level
2, 3, or 4	Low
5 or 6	Medium
7 or 8	High

Appendix J: Stakeholder Survey Results

While there were a small number of survey respondents, the results remain informative. With few exceptions, the stakeholders were generally positive about the experience and with the outcomes of the CORP project. In addition, while respondents advised there were a couple areas for improvement (e.g., frequency of some of the CORP activities, a few implementation challenges), overall, the CORP team was an effective collaborative which ensured their clients had access to services and utilized these services in lieu of an arrest. The methodology, respondent descriptives, and detailed results of the Stakeholder Survey follow.

Methodology

The Stakeholder Survey was implemented twice during the program period. The first time was in August 2017, approximately one year after the program began recruiting participants, and then re-administered one year later in August 2018. The survey was emailed directly through Survey Monkey. In the first survey, 32 invitations to participate were generated (and one respondent forwarded the email to an unknown person for a total of 33 potential respondents), and 20 people completed the survey (a response rate of 61%). In the second administration of the survey, 28 people were invited to participate, and 16 responded (a 57% response rate). Among the 36 surveys, 3 were blank, reducing the pool to 33 surveys. Finally, between the two surveys, 11 people completed the survey in both years. We conducted analysis to see if the responses significantly changed from the first to the second survey among these 11 respondents, and as they did not,⁵⁰ we randomly selected and reported *either* the first or the second-year survey data for those 11 respondents.

Descriptives

Table 1 describes the 22 stakeholder survey participants, the amount of time in their current organization and in the field overall, their role in CORP, how they came to be part of the program, how many other CORP members they knew prior to getting involved in CORP, and level of involvement with the program at the time of the survey.

Those involved in CORP are highly experienced; on average they have worked in the field for over 20 years (ranging from 1.5 to 37 years); and have been with their organization for 10 years (ranging from 1.5 to 29 years). At the time they completed the survey, 57% were current members of CORP, 24% were past members, and 19% identified as other. Respondents' positions ranged from case manager, outreach therapist, database management staff, substance abuse specialist, behavioral health representative, to administrator, manager, and supervisor. Most joined the CORP team as a part of their regular job duties (50%) or were assigned (23%), but 27% volunteered, were recruited, or were engaged in some other way. Similar to their organizations, half of respondents had been involved with CORP for 13 to 24 months, but a higher percentage of organizations had been involved for more than 2 years (41%). In general, CORP members knew 2 or more other members before they got involved in CORP.

⁵⁰ The fact that the perceptions of the survey participants didn't change speaks to consistency of the program efforts.

Finally, we asked respondents about their level of regular engagement in CORP. More than half (59%) attended either every CORP meeting, or attended most CORP activities; while the remaining respondents were peripherally involved, including more than a quarter (27%) who only attended the Program Development and Evaluation meetings facilitated by Choice Research Associates. On average, those who are involved with CORP work an average of 12 hours per week on CORP activities, ranging from 0 to 40 hours per week.

Table 1: Descriptives – Stakeholder Survey Participated N=22

	N	Freq.	Percent	Range	Mean (SD)
Experience					
Months Working in Field	21			19 to 444	243 (124)
Months With Organization	22			19 to 348	127 (102)
Membership Status					
	21				
Current Member of CORP		12	57%		
Past Member of CORP		5	24%		
Other Status		4	19%		
Time Member of Corp					
<i>Organization Involved</i>					
	22				
0 to 12 Months		1	4%		
13 to 24 Months		12	55%		
25 to 36 Months		9	41%		
<i>Personally Involved</i>					
	22				
0 to 12 Months		6	27%		
13 to 24 Months		11	50%		
25 to 36 Months		5	23%		
How Joined CORP					
	22				
Part of Regular Job Duties		11	50%		
Assigned		5	23%		
Volunteered/Recruited/Other		6	27%		
Number CORP Members					
Known Before Joining					
	22				
None		1	4%		
2 to 3		9	41%		
4 to 6		8	36%		
7 or more		4	19%		
Level of Involvement in CORP					
	22				
Attend Every Meeting		8	36%		
Attend Most CORP Activities		5	23%		
Occasionally Attend Meeting		1	4%		
Never Attend Meeting		2	9%		
PDE Meetings Only		6	27%		
Hours Per Week on CORP	22			0 to 40	12 (13.5)

Results

Given the small number of respondents overall (N=22), one must be cautious in overstating the results outlined in Table 2 below. Also note that for simplification of presentation, we consolidated the responses so that those who agreed or strongly agreed with a statement were classified as “Agree”; likewise, those who strongly disagreed or disagreed were classified as “Disagree”. As noted above, the results are informative. With few exceptions, the stakeholders were generally positive about the various CORP measures. For example, for team cohesion, except for the initial start-up process (“I felt the CORP team came together easily”, where 45% of respondents disagreed with that statement), the majority of those surveyed found the experience rewarding. CORP team members felt a sense of partnership and worked well as a team.

Table 2: Stakeholder Survey - CORP Team Cohesion

Corp Team Cohesion	N	% Agree	% Disagree
In the beginning, I felt the CORP team came together easily.	20	55%	45%
Coming together regularly for a CORP meeting team is not difficult.	20	85%	15%
Reaching consensus among the CORP group members is generally easy.	19	84%	16%
Working together as a member of the CORP team is rewarding.	19	100%	0%
There is a real sense of partnership among all CORP team members.	19	100%	0%
We consistently address client problems as a team.	18	89%	11%

One area for possible improvement would be the frequency of several CORP activities (see Table 3). For example, while the 75% of respondents indicated that early identification of CORP participants happened “all the time”, a quarter felt that early identification occurred either sometimes (15%) or rarely/never⁵¹ (10%). Likewise, 22% said that boundary spanner (defined as a neutral leader to lead the CORP team) was rarely or never used over the course of the program. There were also challenges with provision of case management services by PEP or TCM, as well as providing services according to the case plan. If CORP is to continue, we recommend that the policies and practices related to these areas be explored for revisions and/or a recommitment to adherence to the model.

⁵¹ Rarely and never were collapsed into one category to simplify presentation of the results.

Table 3: Stakeholder Survey - Frequency of Activities

	N	% All the Time	% Sometimes	% Rarely or Never
Meetings with key agency representatives.	19	42%	53%	5%
Identification and use of a boundary spanner (a neutral leader to lead the CORP team).	18	61%	17%	22%
Strong leadership whenever a decision needs to be made about a CORP participant.	19	74%	21%	5%
Early identification of potential CORP participants.	20	75%	15%	10%
Following the process of recruiting potential CORP participants.	17	65%	29%	6%
Provision of case management services (either PEP or TCM).	17	76%	24%	0%
Providing case management services based on a case plan.	16	56%	44%	0%

Despite these challenges, those who completed the survey had very positive feedback with respect to boundary spanning capabilities (Table 4). Respondents agreed across the board (with only an occasional dissenter) that the CORP team model effectively helped clinicians and case managers advocate for their clients, create reentry plans and problem solve, increased communication and awareness in the community, effectively built partnerships, and identified gaps and reduced barriers to service, conserving institutional resources while doing so.

Further, CORP members clearly communicated to ensure that needs, expectations and demands were expressed.

These successes are likely largely related to the overall agreement with the statement that “there was always a person that could serve in the role of a neutral facilitator within the CORP team” ... (defined in the survey as: “a neutral facilitator is someone who helped make communication and decision-making among CORP members easier without showing bias for a specific decision or course of action”). In addition to the presence of a neutral facilitator, the client-centered focus of the CORP members was also a strength to the program. As noted in Table 5, the CORP team was an effective collaboration to ensure that their clients had access to services, reported to probation, and utilized these services in lieu of an arrest.

Table 4: Stakeholder Survey - Boundary Spanning Capabilities

	N	% Agree	% Disagree
Clinical service providers such as CATS, feel confident advocating for clients in criminal justice settings since the CORP program began.	21	100%	0%
Non-criminal justice providers such as TCM and PEP, feel confident advocating for clients in criminal justice settings since the CORP program began.	19	95%	5%
The CORP team created an awareness of the CORP program among other stakeholders in the criminal justice system.	22	95%	5%
The CORP team enhanced communication with key stakeholders.	21	95%	5%
The CORP maximized the visibility of the CORP program.	21	95%	5%
The CORP team did a good job working with partners to:			
Help create solid reentry plans.	18	100%	0%
Help troubleshoot problems.	19	95%	5%
Help resolve emergencies (“put out fires”).	19	100%	0%
There was always a person that could serve in the role of a neutral facilitator within the CORP team.	15	87%	13%
The CORP team excelled at:			
Identifying service gaps.	21	100%	0%
Reducing barrier to service.	20	100%	0%
Conserving institutional resources.	19	89%	11%
Identifying and developing new partnerships.	19	95%	5%
The CORP team used a common, understandable dialect to:			
Engage in cross-system communication.	19	100%	0%
Express needs of any member agency.	18	100%	0%
Express expectations of any member agency.	18	100%	0%
Express demands of any member agency.	18	100%	0%
The CORP team was able to effectively strategically plan for resource allocation.	16	94%	6%
The CORP team was able to effectively manage resources.	16	94%	6%

Table 5: Stakeholder Survey - Mental Health/Client-Centered Practices

	N	% Agree	% Disagree
The CORP team does a good job monitoring treatment adherence of CORP participants.	19	100%	0%
The CORP team adopts a problem-solving approach to behavioral problems.	20	95%	5%
The CORP team works together to ensure mentally ill clients ...			
Continue any mental health treatment.	20	100%	0%
Have access to housing.	20	100%	0%
Have access to drug treatment.	20	100%	0%
Have access to other basic services.	20	100%	0%
Report as required to probation officers.	19	100%	0%
The CORP team was effective in obtaining ...			
Mental health services in lieu of arrest.	16	100%	0%
Substance abuse services in lieu of arrest.	16	100%	0%
Other support services in lieu of arrest.	17	100%	0%

The next section of the survey focused on implementation challenges (Table 6). Given CORP was a new approach to a long-standing problematic issue, the fact that respondents advised there were challenges is expected. Some of these findings seem resolvable (e.g., by clearly defining and communicating the discharge criteria), while others are foundational issues not easily resolved (e.g., team member burnout). What stands out is the clarity among CORP members about the goals of the program and engagement by the team in the process.

Table 6: Stakeholder Survey - Implementation Challenges

	N	% Agree	% Disagree
There was a clear understanding of admission criteria.	20	95%	5%
There was a clear understanding of discharge criteria.	19	53%	47%
There was some difficulty in staffing the CORP team with appropriately trained staff.	18	61%	39%
There were communication barriers between clinical, non-clinical, and/or criminal justice partners.	17	65%	35%
Team members often reported issues related to safety, burnout, and/or turnover.	17	41%	59%
There were limited resources (i.e., amount of time the CORP team could contribute, funding).	15	67%	33%
There were few or no personal conflicts within the CORP team.	16	69%	31%
There was low attendance at CORP team meetings.	16	25%	75%
There was consensus among the CORP team members about CORP's goals.	18	94%	6%

Finally, the survey provided space for suggestions/comments – provided below:

- *Through CORP, some of our most challenging mentally ill clients involved in the criminal justice system received collaborative, intensive services that led to successes we as a team had not previously been able to facilitate.*
- *I think the CORP program model is a powerful and effective one; given more time to develop, it could be a really amazing part of the CJS in MoCo.*
- *The program would be more effective with supportive housing funding for SUD and severe mentally ill clients.*
- *Very needed program in Montgomery County*
- *I think that housing was the biggest barrier the CORP team faced. Trying to place CORP clients in RRP, PSH, treatment programs, etc. due to a lack of space/availability.*
- *I enjoyed this collaboration and look forward to continuing some of the relationships developed*
- *Interagency relationships were key. Only 3-4 members of the CORP team were involved throughout the grant period. All others spent a fraction of the time on the team (left early, started later).*