

EVALUATION

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Veterans Moving Forward: Process and Impact Evaluation Results of the San Diego County Sheriff's Department VMF Program

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Executive summary

In 2014, SANDAG applied for and received funding from the National Institute of Justice (NIJ) to conduct a process and impact evaluation of the Veterans Moving Forward (VMF) program that was created by the San Diego County Sheriff's Department in partnership with the San Diego Veterans Administration (VA) in 2013. VMF is a veteran-only housing unit for male inmates who have served in the U.S. military. A core goal when creating VMF was to structure an environment for veterans to draw upon the positive aspects of their shared military culture, create a safe place for healing and rehabilitation, and foster positive peer connections. Key VMF program components include the selection of correctional staff with military backgrounds and an emphasis on building on their shared experience and connecting through it; a less restrictive and more welcoming environment that includes murals on the walls and open doors; no segregation of inmates by race/ethnicity; incentives including extended dayroom time and use of a microwave and coffee machine (under supervision); mandatory rehabilitative programming that focuses on criminogenic and other underlying risks and needs or that are quality of life focused, such as yoga, meditation, and art; a VMF Counselor who is located in the unit to provide one-on-one services to clients, as well as provide overall program management on a day-to-day basis; the regular availability of VA staff in the unit, including linkages to staff knowledgeable about benefits and other resources available upon reentry; and the guidance and assistance of a multi-disciplinary team (MDT) to support reentry transition for individuals needing additional assistance.

Three key objectives guided this evaluation effort, including being able to (1) document how a veteran-only housing unit should be implemented; (2) determine if service delivery and inmate management are facilitated when veterans are housed together; and (3) determine if veteran reentry is more successfully accomplished and cost-effective when veterans are housed together. In addition, because the focus of the funding was on documenting the challenges and successes of a researcher-practitioner partnership, the nature and lessons learned from these interactions were tracked. To measure these objectives, a variety of data collection methods were used including program observation; intake, exit, and six-month follow-up surveys with 141 VMF clients; key staff and other deputy surveys and interviews; listening sessions; data compilation from program records to track assessment and service provision; and analysis of archival justice system records for criminal history, rule violation, and recidivism.

Key findings and recommendations include the following:

- Compared to a historical group of veterans who did not receive VMF services, the VMF clients who were tracked from 2015 and 2016 had significantly fewer rule violations and were significantly less likely to have a conviction for a new offense in the 12-months following release.
- VMF clients received about 14 different classes on average and appeared to be involved in around 30 hours of programming on average per week.
- While the use of program volunteers and collaboration contributed to the success of the VMF unit, this reliance and simultaneous lack of dedicated funding created challenges in maintaining program fidelity and consistency to some degree. However, staff were extremely positive about the program and clients were consistently thankful for the safe environment to work on their underlying needs and receive services not available in the general population. Almost all (98% at exit, 95% at follow-up) of the surveyed Treatment Group clients said they would recommend VMF to another veteran.
- Other challenges that the program faced included the sometimes competing priorities of maintaining safety while facilitating programming, how clients should be screened to ensure maximum availability to veterans but that those who were engaged were motivated to change and did not negatively affect the positive motivation within the unit, and ensuring a smooth transition to the community for clients and that on-going needs, especially related to employment, housing, and basic needs, are met.
- For researchers interested in working in detention settings with practitioners, demonstrating an understanding of the jail culture; providing consistent staffing; displaying openness, transparency, and no hidden agendas; seeking the input and feedback from the practitioner; and sharing data on a regular basis are important components of a strong working relationship.



Introduction and project background

In 2014, SANDAG applied for and received funding from the National Institute of Justice (NIJ) to conduct a process and impact evaluation of the Veterans Moving Forward (VMF) program that was created by the San Diego County Sheriff's Department in 2013. VMF is a veteran-only housing unit for inmates who have served in the U.S. When the grant was written, experts in the field had noted that the population of veterans returning to the U.S. with numerous mental health issues, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and depression, were increasing and as a result, the number of veterans incarcerated in jails and prisons was also expected to increase (Elbogen, Johnson, Newton, Straits-Troster, Vesterling, Wagner, & Beckham, 2012). While numerous specialized courts for veterans had been implemented across the country at the time, veteran-specific housing units for those already sentenced to serve time in custody were rarer and no evaluations of these units had been published.

Why focus on veterans?

With more than 2.77 million military personnel having served since 2001, the U.S. military involvement in the Middle East (Operations Enduring Freedom and Freedom's Sentinel) just completed its 17th year (at the time of this report) and marks the longest sustained operation since Vietnam, which it is on track to surpass (Engelhardt, 2018; Wenger, O'Connell, & Cottrell, 2018). In addition to these large numbers, the current situation for returning all-volunteer force includes longer deployments, redeployment to combat zones, and shorter periods of time at home between deployments. Because of advances in both medical technology and body armor, more service members are also surviving experiences that would have led to death in prior wars (Tanielian & Jaycox, 2008). These circumstances have created a population returning to civilian life with significant emotional, mental, and physical challenges that, if left untreated, can lead to incalculable costs not only to the soldier, but to his/her family and society.

While the majority of these individuals return from active duty without any ongoing issues, a variety of sources have shown that many do have mental and physical needs, and as a result, entities such as the Department of Defense (DOD) and Department of Veterans Affairs (VA) have made it a priority to better understand the needs of these individuals and how they can best be addressed. For example, one study from the Pew Research Center found that 44 percent of veterans who served in the military since 9/11 found it difficult to adjust to civilian life, with reintegration being significantly harder for those veterans who reported being traumatized while serving or had suffered a serious service-related injury (Morin, 2011).

As the number of veterans returning to U.S. soil has increased, research demonstrating the links between TBI and PTSD and incarceration, antisocial behavior, and violence have also grown considerably (e.g., Calhoun, Malesky, Bosworth, & Beckham, 2004; Elbogen et al., 2012; Greenberg & Rosenheck, 2011; Institute of Medicine, 2014; Ralevski, Olivera-Figueroa, & Petrakis, 2014). Thus, research points to the difficulty of reintegration into civilian life for those veterans suffering from traumas experienced during their military service. As Wolfe (2013) has noted, the combination of unemployment, substance abuse, mental health issues, and a shortage of adequate counseling creates a perfect storm for sending veterans into the criminal justice system. According to the most recently published report by the Bureau of Justice Statistics (Bronson, Carson, Noonan, & Berzofsky, 2015), an estimated 181,500 veterans were incarcerated in 2011-2012, comprising 8 percent of all inmates. The culmination of all these factors makes veterans a unique population that is ripe for specialized criminal justice interventions.

What is VMF?

Program overview and background

In November 2013, the San Diego County Sheriff's Department joined other detention systems across the country when it implemented VMF. Acknowledging that California is home to more veterans and military members than any other state in the nation (U.S. Census Bureau, 2016), the Sheriff's Department partnered with the San Diego Department of Veterans Affairs (VA) to create a program at the Vista Detention Facility dedicated to assisting incarcerated male veterans by providing them the necessary in-custody treatment, services, and community linkages to reduce their chance of incarceration. The VMF program is viewed as a form of Incentive Based Housing (IBH) in which a living environment of responsibility and accountability is promoted, and positive participation and offender behavior is rewarded through quality of life privileges and responsibilities.

Client eligibility and identification

To be considered for participation in the VMF program, potential participants are verified as being veterans via the Veterans Justice Outreach (VJO) Specialist prior to being housed in the module. The general criteria for housing in this veteran module included: (1) not being at a classification level above a four, which requires a maximum level of custody; (2) not having less than 30 days to serve in custody; (3) no state or federal prison holds and/or prison commitments; (4) no fugitive holds; (5) no prior admittance to the psychiatric security unit or a current psychiatric hold; (6) not currently a Post-Release Community Supervision Offender serving a term of flash incarceration; (7) not in custody for a sex-related crime or requirement to register per Penal Code 290; (8) no specialized housing requirements including protective custody, administration segregation, or medical segregation; and (9) no known significant disciplinary incidents. However, if an inmate has one of the above-mentioned conditions, it is possible for a facility commander or designee to consider participation on a case-by-case basis.

Inmates interested in the program must read and sign a "Veteran Module Housing Request" form that outlines the expectations for participation in the voluntary program, including a willingness to participate in all assessments and programming and demonstrate positive actions and the ability to work proactively toward his own success. The form also notes that residing in this module comes with privileges and incentives not available in standard housing units and that a participant can be removed from the unit (temporarily or permanently) as a sanction for noncompliance with program expectations or disciplinary reasons. Upon assignment to the module, inmates receive an orientation that covers the rules and expectations of the program and begin to actively participate in it.

Key program components

There are several components that separate VMF from traditional housing with the general population that relate to the overall environment, the rehabilitative focus, and initiation of reentry planning as early as possible.

A core goal when creating VMF was to structure an environment for veterans to draw upon the positive aspects of their shared military culture, create a safe place for healing and rehabilitation, and foster positive peer connections. As described later in this report, while this rehabilitative environment was a cause of safety concerns for some VMF staff, these physical and other changes were a key component of creating a unit at the jail that felt unlike any other. These components include:

- The selection of correctional staff with military backgrounds and an emphasis on building on their shared experience and connecting through it;
- Walls with colorful murals that include pictures of individuals representing each branch of the service to serve as a reminder of the group's common military culture;
- Open doors and fewer restrictions regarding inmate movement;
- No segregation of inmates by race/ethnicity;
- Incentives including extended dayroom time; additional recreation yard time; extra visitation times; use of a microwave and coffee machine (under supervision); entertainment media, games, and movies; extra mattresses and pillows; pencils/pens, and a barber cart;
- Mandatory rehabilitative programming that focused on criminogenic and other underlying risks and needs or that were quality of life focused, such as yoga, meditation, and art;¹
- A VMF Counselor who was assigned to the unit to provide one-on-one services to participants, as well as provide overall program management on a day-to-day basis;
- The regular availability of VA staff in the unit, including linkages to staff knowledgeable about benefits and other resources available upon reentry; and
- The assistance of a multi-disciplinary team (MDT) to support reentry transition for individuals needing additional assistance.

Program cost and funding

Unlike other programs which were dependent on grant funding for project start-up, the VMF unit in San Diego County was created without any specialized funding. Rather, Sheriff's staff, who had heard of similar efforts, sought the support from department leadership to work closely with the VA to reallocate staff to make their vision a reality. Because of this, the program was highly dependent on volunteers and others in the community, which had implications for how reliably service delivery occurred, as described in further detail later in the report.

¹ A full list of the different program components with descriptive information is provided in the appendices.

Report overview

This final report provides detailed information regarding the three-year² process and impact evaluation of the VMF program that was conducted by the Applied Research Division of the San Diego Association of Governments (SANDAG). This report continues with an overview of the research design, followed by a summary of program implementation and modifications, including input from VMF regarding the successfulness of these efforts, the most effective components, and lessons that were learned. Following this descriptive information, the sample of 141 Treatment Group clients that participated in the VMF program during 2015 and 2016 is described and their feedback regarding the program is provided. Finally, the results from the outcome analyses are presented that relate to behavior while in custody, as well as justice system contact for the 12 months following release from custody compared to two other samples of veterans. The results of a cost analysis, research limitations to consider, lessons learned from the researcher-practitioner partnership, and conclusions and recommendations are also shared.

² While the project was initially funded for three years, a no-cost extension for one additional year was provided due to changes in the requirements for research staff to access individual-level criminal justice information. When these new requirements were met and data sharing agreements were finalized, the evaluation was able to be completed.

Research design overview

Three key objectives guided this evaluation effort, including being able to (1) document how a veterans-only housing unit was implemented and managed; (2) determining if service delivery and inmate management are facilitated when veterans are housed together; and (3) determining if veteran reentry is more successfully accomplished and cost-effective when veterans are housed together. In addition, because the focus of the funding was on documenting the challenges and successes of a researcher-practitioner partnership, the nature and lessons learned from these interactions were documented.

To answer these research questions, a variety of data collection methods were used that are described in detail below. Because random assignment of inmates to receive VMF services or to be in a “treatment as usual” control group was not feasible, a Historical Comparison Group of clients was selected to compare to the Treatment Group that was the primary focus of the evaluation, as well as a Historical Treatment Group to better understand how the program may have changed over time. The research methodology and instruments received approval from an independent Institutional Review Board and SANDAG also complied with other NIJ-related research requirements including receiving a Privacy Certificate from the Department of Justice.

Because the final data collection methods varied somewhat from what was initially planned, Table 1 provides an overview of these changes, demonstrating the nature of real world research.

Data collection methods

- **Program observations:** In addition to traveling to the VMF unit regularly for research-related tasks, the research team scheduled time to formally observe the curriculum-based components of VMF to document and better understand the specialized programming. To ensure consistent and reliable data collection, research staff created an observation tool using existing standardized instruments to measure program fidelity. The tool used a Likert scale to assess clients’ level of engagement, understanding, and enjoyment of the class; the instructor’s knowledge, enthusiasm, and communication; and included open-ended questions to note strengths and weaknesses. Three staff were responsible for the observations, with each shadowing the lead research analyst as part of the training. Data were entered into SPSS for analysis and the open-ended answers were coded, reviewed by a second research staff, with a third member enlisted to discuss any differences.
- **Key staff surveys/interviews:** To capture information necessary for possible replication, key staff (i.e., Sheriff’s Department command staff, deputies, and professional staff, as well as VA staff and service providers/volunteers) were surveyed in years 1 (2015) and 2 (2016) and interviewed in year 3 (2017). Working with the program leadership, research staff created a survey using existing validated tools and modified them for this project. The instrument was distributed using Qualtrics software and respondents were asked to complete the survey within a week of receiving the URL link. A second reminder email was sent to those that did not initially respond. The instrument pertained to the staff’s experience working with the population, their perception of the what components were the most and least successful, and areas of improvement. Survey responses were kept confidential and the information was shared in the aggregate after they were analyzed to provide timely information to inform any changes. A total of 30 surveys were completed by key staff during year 1 (June to August 2015) and 13 for year 2 (July to September 2016); 5 of the 13 completing the second survey said they also had completed the first.

Using information gained from the surveys, attendance at project meetings, and listening sessions, an interview tool was created and conducted during year 3. Two research staff conducted the interviews, which also included outside partners, and allowed for more probing questions and follow-up regarding the program itself, as well as the researcher-practitioner relationship. The interviews were transcribed into Microsoft Word and common themes were coded. A total of eight interviews were conducted, five with Sheriff's staff, one with VA staff, and one with a volunteer community provider.

- **Non-unit deputy surveys:** In response to a request from the facility Captain to also survey sworn staff that are not assigned to VMF, but who cover shifts as needed, a second survey was created to capture their perspectives of the unit. The Captain felt that these deputies would have recent experience in the other facility units and could provide insights to differences they may notice between the VMF and general population. Because this project was a researcher-practitioner partnership and the researchers agreed that these individuals could provide information that could supplement other staff feedback, the request was honored. A hard-copy survey (again with feedback from the leadership team) was created and Sheriff's staff was responsible for giving the survey to the non-unit deputies after they finished their shift. The hardcopies were provided to SANDAG at the project meetings. A total of 11 surveys were completed over the course of the grant period.
- **Treatment Group surveys:** Surveys were administered to the VMF Treatment Group at intake (within 30 days of intake), exit (starting two-weeks from release date), and six-month follow-up (using a 60-day window to complete). Each of the instruments was created using questions from other validated instruments and feedback from the leadership team. Both an electronic (using an iPad) and hardcopy version of the surveys were created, with a Spanish version available as well. Prior to conducting any research with these inmates, research staff met with each client to describe the evaluation and ask if they would be interested in participating. If an inmate said he would be, an informed consent was signed that outlined what the evaluation would entail and noting that the client could withdraw his consent at any time. The consent was read out loud to avoid any literacy issues.
- **Intake survey:** Research staff visited the VMF unit weekly to administer the intake survey to VMF clients.³ The intake survey collected basic demographic and background information about the offender, as well as his reasons for entering the program and initial perceptions of the program and staff. The survey was administered via iPad or hardcopy depending on the preference of the inmate and then downloaded into SPSS. Participants who completed a hardcopy were asked to place the completed survey in an envelope, seal it, and place it in a locked box located in the VMF unit. Only SANDAG staff had access to the box and picked it up weekly. No names were assigned to the surveys and each participant was given a unique numeric identifier. The assignment log that had client names and unique identifiers was kept separate from any data collected and was secured in a restricted double password folder that only SANDAG staff assigned to the project had access to.

³ A total of 191 VMF clients were approached to participate in this research study. Twenty-four (24) declined to participate and 1 gave initial consent but later withdrew it; these individuals were not tracked. Of the remaining 166, 16 were excluded from the Treatment Group because they were in the program less than 30 days, 8 did not exit custody until after the cut-off date to track recidivism outcomes, and 1 had previously participated in VMF and was already in the Historical Treatment Group.

- **Exit survey:** Two weeks prior to release from the Vista Detention Facility, SANDAG contacted the client in the VMF unit to complete an exit survey. If the inmate was released early or transferred to another detention facility, SANDAG staff would travel to him to administer the survey in person, send it to him via email, or call and complete it over the phone. The survey included questions on the client's perception of the program, the usefulness of its various components, services received, opinions on staff, and future prospects. The survey was stored using the same method as the intake survey.
- **Follow-up survey:** At the time of administering the intake and exit surveys, research staff informed the client that they would be reaching out to him after release to conduct a follow-up survey. In exchange for their time completing the survey, clients received a \$45 retail voucher (e.g., Target or Visa Card). To improve the follow-up rate, a locator form (with contact information) was completed at intake, revised at exit, and again at the three-month mark of release from jail. Research staff also called and sent emails during the six-month time period to try and keep in touch with clients. Completion of the survey occurred within a 60-day window, and was administered either in-person, via email, or over the phone. The survey asked the client about his satisfaction with the program, its usefulness in his life, and any change in his behaviors as a result of participating in the program. The intake survey was completed by 100 percent of the 141 clients in the final Treatment Group sample, exit surveys by 113 (80% completion rate), and six-month follow-up surveys by 98 (70% completion rate). When matching the three surveys, 11 percent of clients only did the intake survey, 29 percent did two of the three, and 60 percent did all three. One hundred twenty-six (126) of the 141 clients had at least two surveys. Of the 98 follow-up surveys that were completed, 85 involved someone that had an exit survey and 13 was someone that was missed at exit but was reengaged at follow-up.
- **Program records:** As a part of standard procedures, the Sheriff's Department collects and enters service delivery information into their databases. Data pertaining to services provided in custody, rule violations, and Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)-based assessment information were extracted and provided to SANDAG as part of the program evaluation. The COMPAS assessment data, which is completed by Probation, is a validated tool that assesses risk of recidivism was available for most of the participants. Rule violation data were available in JIMS (Jail Information and Management System) and the number, type, and dates of all violations were compiled for all three study groups.
- **Criminal history and recidivism:** Contact with criminal justice systems prior to and following study group selection was collected from a variety of sources for the three years prior to the instant offense, as well as for the 12 months following release from custody. Adult arrest data were collected through searches of the Automated Regional Justice Information System (ARJIS). ARJIS is a regional database that includes information on field interviews and arrests from 80 local, state, and federal law enforcement partners. Local prosecution records (District and City Attorney) were accessed through the San Diego County Sheriff Department's computer system and were the source for conviction and sentencing information. Booking information and custody time were obtained from the San Diego County Sheriff's computer system. Files were linked across the justice system databases using unique identifiers and a logic system that was created and maintained by the Sheriff's Department with access provided by research staff. Justice system data were analyzed with frequency distributions and measures of central tendency, prior to being weighted in a propensity model which is described later in this report to understand if there were differences in the three samples once variations in the groups were controlled for.

- **Cost-effectiveness measures:** A key component of this project was determining if the additional costs related to implementing and managing a veteran-only housing unit was justified in terms of reduced recidivism and other positive outcomes. For this analysis, justice system costs related to arrest, detention in local jail, and conviction were determined, as described in more detail in the appendices, and compared across the three samples to determine how much the veteran inmates’ recidivism cost the local justice system. As previously noted, because there was no real cost to implementing VMF, this was not considered as a factor in the final analysis.
- **Listening sessions:** To allow for more in-depth understanding of VMF from the perspective of the clients, two listening sessions were conducted at the midpoint of the grant by trained SANDAG research staff. The sessions included any VMF clients who were also in the evaluation study (n=19). Two research staff conducted the sessions, which took place in a training room next to the VMF unit and away from any deputies (to encourage honest responses). The sessions lasted approximately 90 minutes each. One of the research staff took notes, which were later coded for common themes. The discussion guide was the same for both sessions and focused on the clients’ experiences while in the unit, the value of being housed with other veterans, programming, staff, areas of improvement, and preparation for reentry.
- **Meeting notes and researcher journal:** Because this was a researcher-practitioner grant, the research coordinator maintained a journal throughout the grant period which noted any milestones, changes to the programming and reasons why, reflections from observations and interactions with staff, and challenges and successes associated with the partnership. Supplementing this journal was the documentation of meetings between research staff and the leadership team. These documents were used to provide context to the data, document the process, and inform the lessons learned.

Table 1

Original evaluation design and modifications as the evaluation continued

Original design	Final design
A treatment group would be compared to a contemporary comparison group	Because VMF was expanded to two modules, there were not enough eligible veterans to support a contemporary group, so a historical sample of veterans was selected to serve as a comparison. In addition, a Historical Treatment Group was also tracked at the request of the practitioner partner.
Programs would be observed three times each and “treatment as usual” would also be observed	At the request of the practitioner partner, the frequency of observations was decreased to be less intrusive on service provision and focused on classes that did not involve self-disclosure of personal information that could have affected the provision of treatment. In addition, because “treatment as usual” was historical, instead of contemporary, the resources to track those services were redirected.
No focus group or listening session was included	Due to feedback from staff and clients, the research team added two listening sessions to the research to supplement client feedback received through other methods.
Track class schedule and attendance data from program records	As the program expanded without additional staff time, the ability for the program to maintain documentation was challenged. While this was not desirable, it was a reality that the researcher worked with to demonstrate their understanding of the priorities for the practitioner partner.
Client follow-up interview incentives were \$20	Because of challenges in engaging clients for follow-up interviews, the incentive was increased to \$45.
Compile assessment and other data from the VA	While the local VA liaison was very supportive of the project, data at the individual level from the VA clients could not be obtained due to regulations at the federal level that could not be changed.
Cost-effectiveness measure was to include program costs, as well as costs to other justice partners and victims	Because there was no program cost, there were changes in the study groups, and the challenge of quantifying other costs when there were no program costs, the cost analysis was simplified to focus on costs to the local system related to arrest, booking, and conviction in the 12 months following release.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Process evaluation and VMF programming

While the overarching goal of the VMF program was maintained during the evaluation period and the core staff (i.e., VMF Counselor, VA Liaison, Facility Lieutenant, Reentry Program Manager, Unit Deputies) remained the same, the expansion of the program from one unit to two doubled the maximum number of clients (64) and stretched a program supported to a considerable degree by volunteers somewhat thin. While it was beyond the scope of the evaluation to document whether all classes occurred as scheduled and every modification that was made, an analysis of the program schedule from the second week in June 2015 and 2016 highlights how intensive and diverse the VMF programming was, the availability of one-on-one counseling and VA staff, and change in programming that occurred over time. Some key takeaways and summary points from an analysis of these two weeks (which were randomly selected for comparison) include:

- Across the two years, there were 26 different classes offered – 14 were offered in both years, 8 only in 2015, and 4 only in 2016.⁴
- In 2015, a total of 22 different classes were offered with a total of 35.5 hours of programming, compared to 18 class types and 31.5 hours of programming in 2016. While this decrease may reflect the challenge of maintaining a variety of programs with a reliance on volunteers, outside agencies, and only one counselor, both numbers reflect the diversity of programming not provided to the general population.

Table 2

VMF program schedule, June 2015 and June 2016

	June 2015	June 2016
Monday	0730–1830 7 hours + 4 hours unscheduled 0730: Community Group 0800: Critical Thinking 0830: CODA 1030: Substance Abuse 1300: Anger Management 1630: Voice for Vet	0700–1530 6 hours + 2.5 hours unscheduled 0700: Community Group 0730: CODA 1030: Parenting 1130: Journaling 1300: Anger Management 1400: Current Events 1430: Financial
Tuesday	0730–1500 7 hours + .5 hour unscheduled 0730: Morning Meeting 0830: Non-denominational Studies 0900: Parenting or Journaling 1030: Meditation 1300: Art	0700–1430 5.5 hours + 1.5 hours unscheduled 0730: Community Group 0830: Non-denominational Studies 1100: Meditation 1230: Substance Abuse or 1300: Parenting
Wednesday	0730–1430 6.5 hours + .5 hour unscheduled 0730: Community Group 0830: Financial 1030: Journaling 1200: Vet Book Review 1300: Family Relations	0730–1400 6 hours + .5 hour unscheduled 0730: Community Group 0830: Stress Management 1030: Art 1230: Career Planning
Thursday	0730–2100 8 hours + 5.5 hours unscheduled 0730: Community Group 0800: Journaling 0830: Thinking for a Change or Outpatient Processing Group 1100: Mentoring 1200: Meditation 1300: Combat Veterans of America 1930: NA	0730–1500 5 hours + 2.5 hours unscheduled 0730: Community Group 0830: Thinking for a Change 1100: Life Skills 1300: Mentoring
Friday	0730–1500 7 hours + .5 hour unscheduled 0730: Community Group 0830: Substance Abuse 1030: Yoga 1130: Critical Thinking 1400: Creative Writing	0700–1530 7.5 hours + 1 hour unscheduled 0700: Community Group 0730: Critical Thinking 1030: Yoga 1130: Family 1400: Creative Writing
Saturday	1430–1600 CODA	1430–1600 CODA
Total class types	22	18
Total class time	35.5 hours	31.5 hours

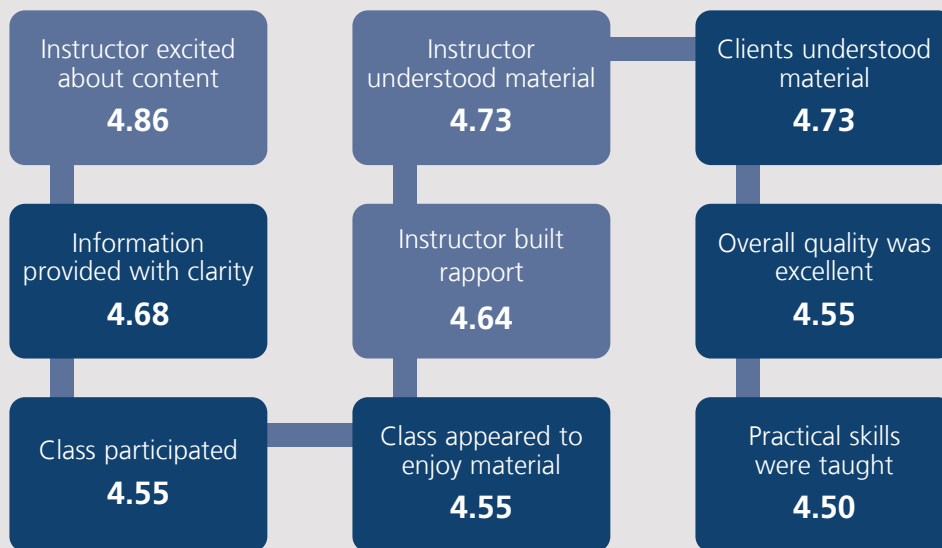
SOURCE: SANDAG VMF Final Evaluation Report, 2018

⁴ A complete list of all programs along with descriptions, is included in the appendices.

Between July 2015 and June 2016, eight different classes (Anger Management, Career Planning, Family Awareness, HIV Awareness, Life Skills, Parenting, Stress Management, and Thinking for a Change) were observed between two to four times each to better understand and document VMF program delivery. As previously described, trained research staff used a standardized metric to document each class and per the request of VMF staff, only observed classes with a more formal curriculum and that did not require anonymity. During each observation, three areas were rated on a scale of 1 (“Poor”) to 5 (“Excellent”): (1) relevance, clarity, and client engagement; (2) the instructor and his/her knowledge and performance; and (3) any additional observations.

As Figure 1 shows, on average, the classes received reliably high ratings (4.50 to 4.73) regarding the practicality of the skills being taught, how enjoyable the session appeared to clients, the overall quality, the level of participation, the clarity of the information, and how well clients appeared to understand what was being shared. In addition, the instructors were described on average as being able to build rapport well, understanding the topic they were presenting, and being enthusiastic about the content they were sharing (4.64 to 4.86).

Figure 1
Mean program observation ratings on content and instruction with “5” the highest possible rating

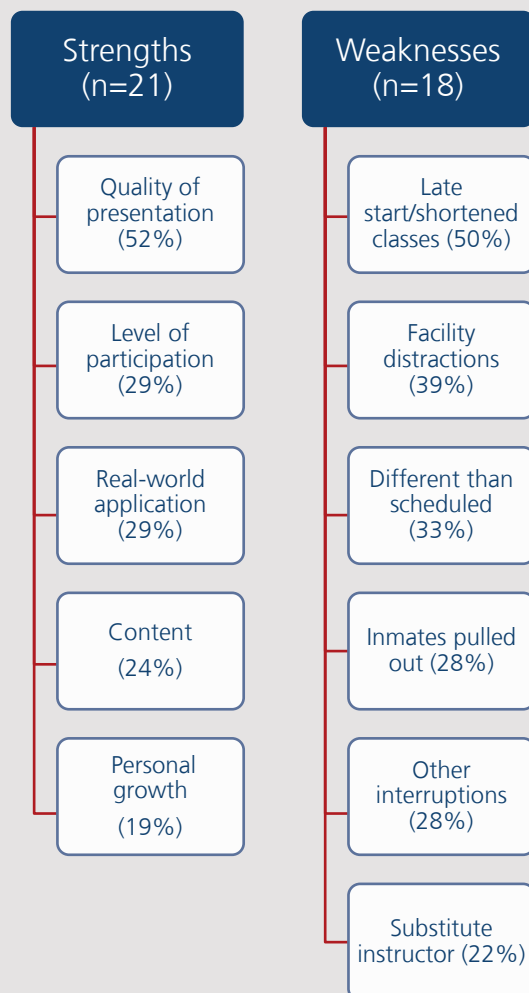


SOURCE: SANDAG VMF Final Evaluation Report, 2018

During the third rating section where more qualitative descriptions were provided, the observers noted at least one strength for 21 of the 22 classes and at least one area of possible improvement for 18. As Figure 2 shows, strengths related to the overall quality of the presentation, the level of participation, the potential for real-world application, the specific content, and the personal growth from clients which appeared possible. In terms of possible areas for improvement, a number of the factors related to the fact that the programming was taking place in a detention facility with staff responsible for normal operations, as well as the reliance on volunteers. Specifically, these included classes either starting late or ending early, environmental distractions (e.g., dripping shower, flickering light), classes not being provided as scheduled or by someone not familiar with the material, and inmates being pulled from the class due to other obligations.

Figure 2

Class strengths and possible areas for improvement/weaknesses



SOURCE: SANDAG VMF Final Evaluation Report, 2018

Staff perceptions

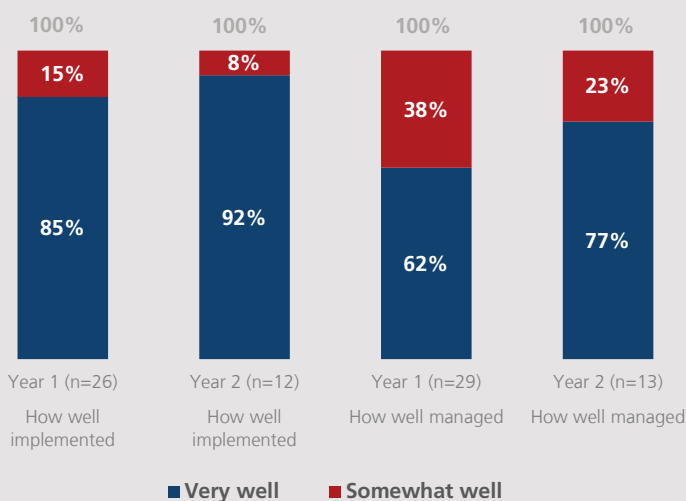
How did staff view the VMF program when they were surveyed anonymously in 2015 and 2016, and interviewed in 2017? Their perceptions on the program, its implementation, and management are presented here.

Implementation and management

Overall, 100 percent of the key staff surveyed thought the VMF program had both been implemented and managed “Very Well” or “Somewhat Well” in both survey years (Figure 3). However, the year 2 sample was more likely to use the “Very Well” rating for both implementation and management, and both samples rated implementation higher than management.

Figure 3

Key staff’s impression of VMF implementation and management at years 1 and 2



NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

When probed regarding the reasons for these ratings, staff noted that the unit created a safer environment for all and that collaboration, useful classes and resources, and dedicated staff were key for both implementation and management (Table 3). In addition, staff both years often said the fact the program is making a difference was the reason they thought it had been implemented well. For program management, three factors were noted that suggest possible areas of improvement including differences of opinions between staff that created conflict, the need for more resources, and a perceived lack of leadership support.

“The inmates in the VMF program have shown me that once they are moved away from the jail politics, they can succeed and make the changes in their lifestyle that they have previously failed because of bad influences.”

-Respondent, key staff survey year 1

Table 3

Key staff’s views on VMF implementation and management at years 1 and 2

	Year 1	Year 2
Implementation		
It’s making a difference	38%	60%
Safer environment for all	24%	20%
Classes and resources	14%	30%
Partner collaboration	14%	10%
Focus on veterans	10%	0%
Well thought out	10%	30%
Dedicated staff	10%	0%
Total	21	10
Management		
Safer environment for all	29%	40%
Classes and resources	19%	30%
Dedicated staff	19%	20%
Some staff have difference of opinion	14%	10%
Deputies with military experience	14%	0%
Need more resources	10%	10%
Lack of leadership support	5%	0%
Partner collaboration	0%	20%
Total	21	13

NOTE: Cases with missing information not included. Percentages based on multiple responses.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Program component effectiveness

In another series of questions, key staff were asked to rate how effective different VMF program components were on a 4-point scale from “Very Effective” to “Not at All Effective”, with the option of giving “No Opinion”. As Table 4 shows:

- The five program components with the greatest percentage describing it as “Very Effective” included deputies with a military background, one-on-one VA outreach services, one-on-one meetings with the VMF Counselor, incentives, and the co-location of the VA Social Worker in the VMF unit.
- Individualized mental health services was among the components to be least likely to be rated as “Very Effective”, with fewer respondents in year 2 giving it the highest rating compared to year 1.
- Transitional planning was among the components less likely to receive the highest rating in year 1, but 100 percent of respondents rated it as “Very Effective” or “Effective” in both years 1 and 2 (not shown).
- VMF educational and vocational programs were also among those components less likely to get the highest rating, but 100 percent of respondents in year 1 rated both as “Very Effective” or “Effective” (not shown).

“It is well coordinated and the services that are provided are not only relevant but support a reentry back into the community with resources in place.”
-Respondent, key staff survey year 2

Table 4
Percent of key staff who rated different VMF program components as “Very Effective”

	Year 1	Year 2
Deputies with military background	67%	80%
1:1 VA outreach services	64%	73%
1:1 meetings with VMF counselor	58%	85%
Incentives	58%	73%
Co-location of VA Social Worker in VMF	56%	82%
VMF programs such as yoga and meditation	52%	64%
Involvement of command staff in programming	52%	50%
VMF vocational programs	50%	44%
VMF substance abuse programs	48%	64%
Multi-disciplinary team	45%	50%
VMF educational programs	44%	55%
Individualized mental health services	43%	25%
Transitional planning	32%	58%
Total	20-25	8-12

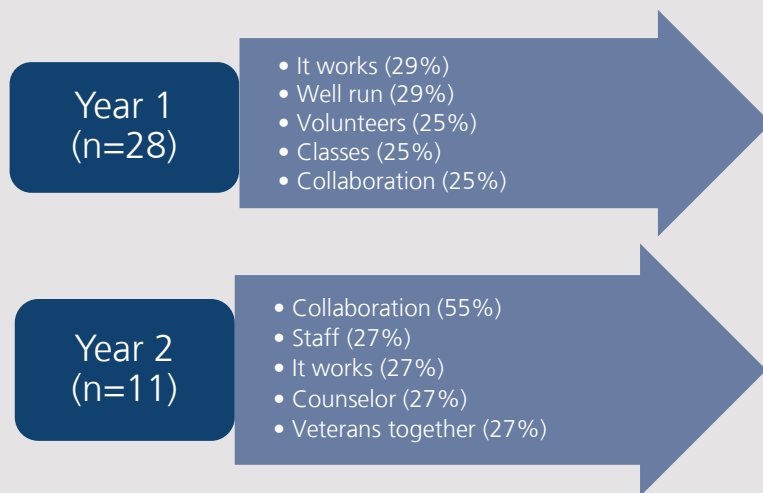
NOTE: Cases with missing information or “No Opinion” not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

When asked to describe the three greatest strengths and weaknesses of the programs, consistent themes were expressed across the two key staff surveys, as Figure 4 shows. Specifically, the fact that it works and that there is strong collaboration were in the top five for both samples. In addition, key staff in year 1 noted that the program was well run, they were able to rely on dedicated volunteers, and they had a good array of classes to offer inmates. In year 2, other top responses included dedicated staff, the availability of a counselor in the unit, and the focus of housing veterans together.

Figure 4

Key staff's impression of VMF implementation and management at year 1 and 2



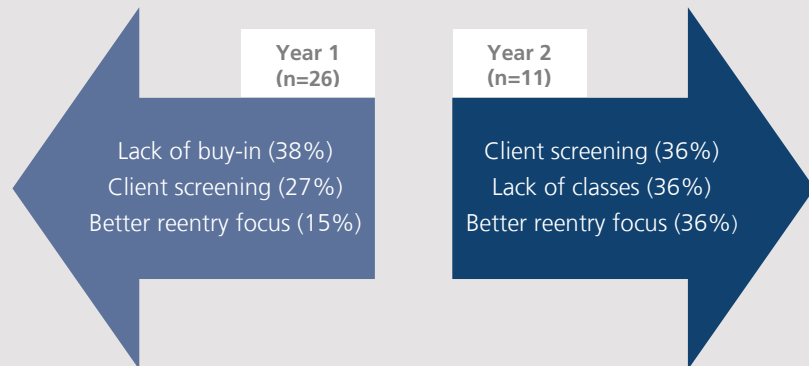
NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

“The values taught and the structure and support that are in place make the program what it is. The trust and social bonding are so important to the betterment of these individuals. This is truly a remarkable program.”
 -Respondent, key staff survey year 2

When asked what the greatest weaknesses of the program were, both samples most often referred to the challenge of effectively screening appropriate clients for the program and the need for additional resources to facilitate reentry (Figure 5). In addition, staff in year 1 noted the need for more staff buy-in/support and in year 2 that there was a need for more classes.

Figure 5

Three program weaknesses most often noted by key staff



NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

“Inmates show a lot of respect to the deputies and volunteers. They all have goals and plans when they exit.”
 -Respondent, key staff survey year 2

“Selling the program to staff is very important. It requires on-going leadership.”
 -Respondent, key staff survey year 1

Perception of the program, inmates, and staff

To better understand how the key staff viewed the program, inmates, and staff, they were provided a list of statements and asked to rate their level of agreement again on a 4-point scale that ranged from “Strongly Agree” to “Strongly Disagree”, with a “No Opinion” option also offered. The pattern of responses from the year 1 and year 2 surveys are shown in Table 5. Some things of particular note include:

- Across the areas, the greatest level of agreement was expressed in regard to the importance of partnerships (79% and 92%), that race was less of an issue in VMF compared to the general population (72% and 62%), and that the atmosphere in the VMF unit was more positive than other units at the Vista Jail (62% and 55%).
- The least amount of agreement related to buy-in from sworn supervisory staff (22% and 56%) and sworn supervisory staff providing VMF the support it needs (25% and 55%).
- Year 2 key staff sample gave higher ratings to most statements (11 of the 13) than those surveyed in year 1.

Non-unit deputy surveys

During 2015 and 2016, surveys with deputies not assigned to the VMF unit who were covering shifts were conducted at the request of the practitioner partner. When asked to rate their level of agreement with statements similar to the ones in Table 5, around half or more “Strongly Agreed” that the unit helps the veterans (55%) and prepares them for reentry (45%), there are fewer racial issues (45%), and inmates’ attitudes overall were more positive (45%). As one surveyed deputy noted, “I believe this program works very well. The inmates learn many things while in the program which they would normally ignore if assigned to a typical mainline housing unit.”

Table 5

Percent of key staff who “Strongly Agreed” with statements about the VMF program, inmates, and staff

	Year 1	Year 2
Program statements		
Partnerships are crucial to provide programming	79%	92%
Inmates of different races get along better	72%	62%
The atmosphere is more positive	62%	55%
There is more respect between staff and inmates	57%	83%
VMF helps prepare for successful reentry	53%	77%
Inmates commit fewer rule violations	54%	75%
Inmates trust staff more	36%	70%
Inmates statements		
Overall attitude is generally positive	50%	54%
Are more motivated to participate in programming	45%	64%
Work hard to ensure they can stay in the program	35%	62%
Staff statements		
Believe this unit helps veterans	44%	62%
Sworn supervisory staff given support program needs	25%	55%
Buy-in from sworn supervisory staff	22%	56%
Total	18-30	9-13

NOTE: Cases with missing information or “No Opinion” not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

“We have very few, if any, problems with the inmates and it has proven to be the only housing unit where inmates do not request to be segregated.”
-Respondent, key staff survey year 2

Other lessons learned from key staff feedback

Some other themes and feedback that appeared as part of the two key staff surveys and the key staff interview in the third year of the grant included the following, which may be helpful for other sites considering implementing a similar program:

- **Having staff who work in the unit who are committed to veterans and who appreciate shifting the focus from punishment to rehabilitation is important.** For example, one respondent to the year 2 key staff survey noted that getting staff buy-in initially for a number of sworn staff was an implementation challenge and as a result, some staff felt the program was forced on them. According to key staff feedback, this changed over time as staff witnessed positive outcomes, but additional education and communication upfront may have been helpful.
- **Consider the importance of upfront and ongoing training.** During the year 3 interview, one of the VMF deputies noted that as a deputy in the unit, his job was to act like a manager to the inmates and an assistant to the Program Manager/Counselor – roles outside the typical scope of work in other units. In addition, few of the staff appeared to have received training specific to their work in VMF, but several (26% year 1 survey and 40% year 2 survey) expressed an interest in receiving some. The topics they were interested in were diverse and included information specific to veterans and the military (such as military structure and benefits, and mental health issues this population may face) and what programs were shown to reduce recidivism. This may be even more helpful to deputies who are assigned to the unit, but do not have prior military experience.⁵
- **The different perspectives and experiences of Sheriff’s sworn staff and professional staff is something to be acknowledged and addressed as the two represent different cultures and experiences.** When asked to rate the level of communication with each other, half (50%) of key staff rated it as “Very Good” on the year 1 survey, which increased to 69 percent at year 2; 43 percent and 31 percent rated it as “Good.” In addition, one respondent to the year 2 survey noted that the chain of command for deputies in the VMF unit can feel broken and they do not know who they work for. As a result, at least one deputy felt he was on his own.
- **The involvement of the VA and supporting the connection between the inmates and VA staff while in custody was often cited as a strong benefit of the program.** When key staff were asked to rate the level of communication between the Sheriff’s Department and VA, 100 percent both years rated it as “Very Good” (63% year 1, 75% year 2) or “Good” (37% year 1, 25% year 2). During the year 3 interview, staff from the VA noted that while she would have been conducting outreach to the jail regardless of this program, having a spot in the VMF unit was extremely helpful because she could successfully navigate around limited or no phone time and other logistical limitations.

“I served in combat with fellow Marines. I had young men die in combat. For the rest of my life I will always help fellow service members, especially young enlisted men. I owe that to them.”
-Respondent, key staff survey year 2

“Management of program itself is good. I believe there is confusion who makes final decision on inmates placed in the program. Especially if there is some sort of security issue with a certain inmate. As much as we want to help an individual, security should always be a priority.”
-Respondent, key staff survey year 1

“The program doesn’t just change lives, it saves them.”
-Respondent, key staff interview year 3

⁵ Approximately half (47%) of the 11 deputies who completed the year 1 survey had previously served in the military, while 53 percent had not. For year 2, both of the deputies who completed the survey reported previous military involvement.

- **To ensure program consistency, it is important that department leadership helps to maintain consistency if the program is an important one they want to maintain.** Due to the nature of detentions and law enforcement, duty rotation and promotions are something to be expected. As such, over the course of the evaluation, command staff changed at the facility where VMF was housed, as did other positions, and not surprisingly, the perceived level of enthusiasm for the program varied. For example, one respondent to the year 2 key staff survey noted, *“In the two years I served as a deputy, I worked under four facility commanders. Not one of them had the same philosophy of the program and the spectrum went from behind the program 100 percent to benign neglect. This impacts the program in obtaining resources and if the leader at the top doesn’t care, no one else does.”*
- **Ongoing efforts to secure volunteer participation is key if program funding is nonexistent or limited.** While a strength of the VMF program was its implementation without grant funds, the reliance on volunteers for programming was also a challenge. Despite the strong collaboration with the community, some of the year 1 key staff respondents noted that getting clearance for some volunteers was a challenge and that classes were needed that were not being provided. One staff noted in the year 3 interview that having someone dedicated to going out to find volunteer organizations to provide support and donations would be helpful and another noted relationship building upfront is essential and making sure that partners are brought in that are a good fit.
- **Different points of view regarding who should be in the program may exist.** The issue of client screening was noted as a weakness of the program by some and this also is related to client eligibility requirements. At the time of this evaluation, VMF clients had to be in custody a minimum of 30 days to participate, but some staff noted during the year 3 interview that having more than 30 days would be helpful.
- **The balance of expanding while maintaining fidelity and consistency is challenging but essential. Staffing should consider administrative support as well as clinical.** As the program grew, VMF staff relied on inmate trustees to help with program documentation. However, documentation did not occur as it was hoped for. The VMF Counselor was also stretched thin and administrative responsibilities limited the time he could spend counseling clients one-on-one.
- **The goals of keeping inmates busy but also providing individualized services may conflict at times.** Maintaining flexibility and providing individualized services to the greatest degree possible is important. During the year 3 interview, one staff noted the importance of having a wraparound component, the need to be adaptive to the needs of participants, and ensuring continuity of services after release are the keys to not seeing them come in the revolving door again.
- **Skepticism that this is just the “program of the day” may exist.** When asked if they thought the implementation of VMF would result in any systemic change, the majority (93% year 1 and 83% year 2) of the key staff surveyed said they thought it would, including a greater focus on rehabilitation and greater use of incentive-based housing. However, some were skeptical, with one respondent noting, *“My perception is that in the long run, the program will go away, just like other pilots have. Over time, interest will wane.”*

VMF clients and their experience

As previously noted, the impact evaluation involved the comparison of the VMF Treatment Group with two other samples of veteran inmates. However, because these two other groups were historical, richer data was available from the VMF Treatment Group through the surveys that were conducted. This section describes the VMF Treatment Group and shares their feedback regarding their experience in the program before the three groups are described in more detail and the outcomes results are presented.

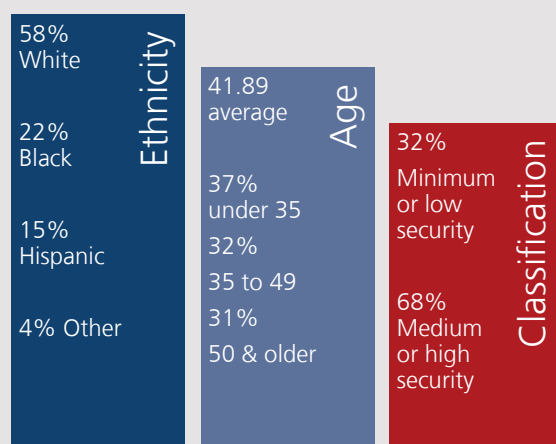
VMF client overview

Demographics and other characteristics

Consistent with other research with veterans involved in the justice system (Bronson, Carson, Noonan, & Berzofsky, 2015), the Treatment Group of 141 VMF veterans included a greater proportion of Whites than is in the general population, as well as those who were older, on average. As Figure 6 shows, almost three-fifths (58%) were White, 22 percent were Black, 15 percent were Hispanic, and 4 percent represented “Other” ethnicities. The average (mean) age of the clients was 41.89 (SD=12.12, range 21 to 66) and about two in three (68%) were classified into medium or high security housing. For comparison purposes, data from the general jail population in San Diego County in 2015 showed that 39 percent were White, 35 percent Hispanic, 21 percent Black, and 5 percent “Other” and around half (51%) were under the age of 35 (not shown) (Burke, 2016).

Figure 6

Ethnic, age distribution, and housing classification level of Treatment Group clients



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Additional information about the characteristics of the Treatment Group from the intake survey or VMF treatment records included:

- Fifty-eight percent (58%) reported they had some college or trade school experience, 26 percent had a high school diploma or completed their GED, 13 percent had a Bachelor's Degree or higher, and 3 percent had less than 12 years of education and no GED.
- Forty-five percent (45%) reported they had been employed at the time of their most recent arrest (34% full-time and 11% part-time). Others described their employment status at the time of their arrest as unemployed and looking for work (18%), disabled (18%), unemployed and not looking for work (15%), retired (3%), or a student (1%).
- Of those who described themselves as anything other than employed, the median number of years since they last had a job was 2.50 (range 0 to 20).
- When asked where they lived most of the time at the time of their arrest, 40 percent said their own home, 28 percent someone else's home (i.e., family, partner, friend), 21 percent on the street or in a public place, and 12 percent in some type of group situation (i.e., shelter, treatment facility, residential hotel, rooming house).
- The greatest proportion of clients reported that they had served in the U.S. Navy (38%), followed by the Army (29%), Marine Corps (28%), Air Force (3%), and Coast Guard (1%).
- Just over half (55%) reported they had been honorably discharged from the military, followed by 28 percent who were "other than honorable", 14 percent who were generally discharged, 1 percent who were discharged for bad conduct, and 1 percent who were still active (not shown).

VMF Treatment Group

97% had a high school degree, equivalent or higher

45% employed at time of arrest

21% homeless at time of arrest

55% had been honorably discharged from the military

Criminal history and risk for recidivism

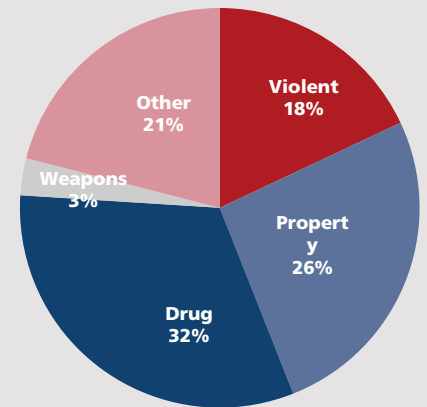
As previously noted, information regarding the criminal history was compiled from local prosecution records (San Diego County District Attorney's Office and the San Diego City Attorney's Office) for the three years prior to the booking date for the instant offense, with the instant offense information compiled separately. These data are supplemented with self-report information for the Treatment Group from the intake survey.

- While none of the clients said they were currently a member of a gang, 14 percent reported that they currently or used to associate with gang members (6 of the 20 with any gang affiliation reported prior membership).
- Twenty-nine percent (29%) reported that they had been arrested as a juvenile.⁶
- Almost nine in ten (87%) reported an adult arrest prior to the current one. When asked how many times they had been arrested, the median was 6.00 (range 1 to 140). Of those with a prior arrest, 80 percent reported being arrested for an alcohol/drug offense, 33 percent for a property crime, 25 percent for a violent crime, 14 percent for a weapons offense, and 8 percent for some other type of offense.
- A search of official records for San Diego County revealed that just under half (49%) had a prior conviction in the past three years. The two most common conviction charges included a drug offense (20%) and a property offense (16%).
- Almost three-quarters (72%) reported they had previously been incarcerated, with a median of 5.00 (range 1 to 140).
- When asked where they had been incarcerated, 66 percent noted only in one state, 23 percent in two, 8 percent in three, and 3 percent in four. Ninety-two percent (92%) of those previously incarcerated had been incarcerated in California.
- Just over three-quarters (77%) said they had been incarcerated in a local jail, 22 percent in a state prison, and 1 percent in federal prison.
- Fourteen percent (14%) said they had ever been housed in a therapeutic or other type of special housing while detained previously (not shown).

In terms of the instant offense from archival records, about one in three (32%) had been convicted for a drug offense, 26 percent a property offense, 21 percent some other type of offense, 18 percent a violent offense, and 3 percent a weapons offense (Figure 7).

Figure 7

Treatment Group client's conviction instant offense



NOTE: Cases with missing information not included.

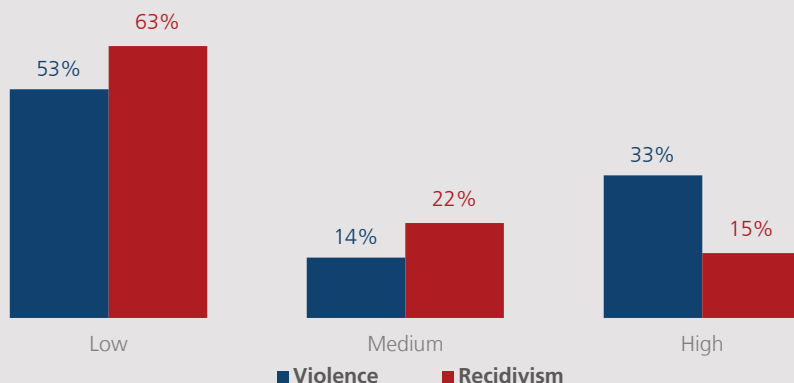
SOURCE: SANDAG VMF Final Evaluation Report, 2018

⁶ Forty-six percent (46%) of those with a juvenile arrest reported ever being arrested for a property crime, 44 percent an alcohol/drug crime, 39 percent a status offense, 10 percent a weapons offense, 7 percent a violent crime, and 2 percent some other type of offense.

In terms of how the Treatment Group was assessed for risk for violence and recidivism, the results of the COMPAS showed that clients were most likely to be rated as low risk for both violence and recidivism, but 33 percent and 15 percent, respectively, were rated as high risk (Figure 8).

Figure 8

Treatment Group clients' assessed risk for violence and recidivism at intake



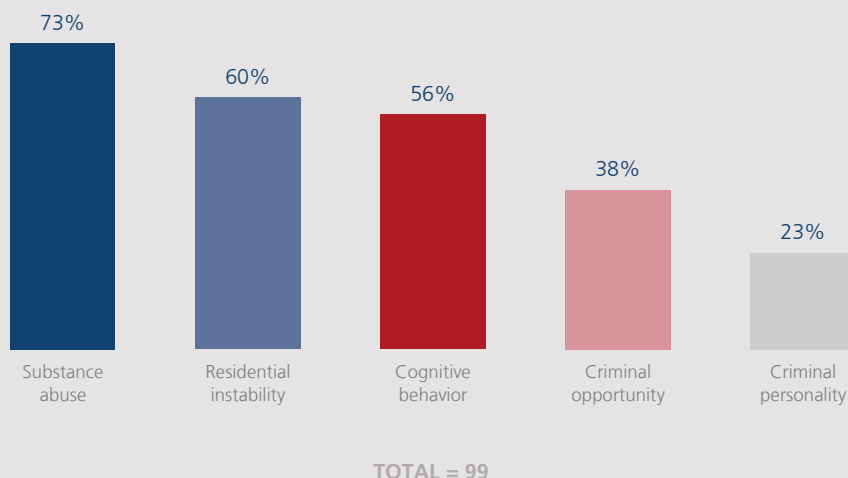
NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

Needs at intake

VMF clients' needs at intake were measured using the COMPAS assessment, as well as through self-report via the intake survey. As Figure 9 shows, the top needs identified with the COMPAS included substance abuse, residential instability, cognitive behavior, criminal opportunity, and criminal personality.

Figure 9

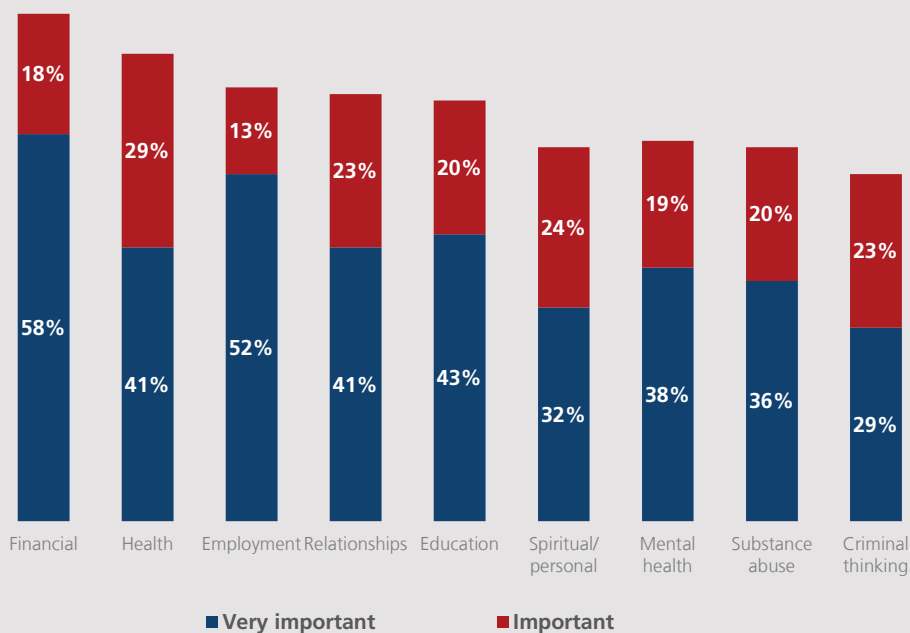
Treatment Group clients' most commonly assessed needs



NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

On average, when the Treatment Group clients were asked at intake which needs they had when presented a list of nine, they identified 3.70 needs as “Very Important” on average (SD=2.40, range 0 to 9) and 5.96 needs as “Very Important” or “Important” (SD=2.48, range 0 to 9) (not shown). Interestingly while substance abuse was the most often identified need from the COMPAS, the Treatment Group identified other needs as more important, including financial concerns, health, employment, relationships, and education (Figure 10).⁷

Figure 10
Treatment Group ratings of needs at intake as “Very Important” or “Important”



TOTAL = 139-141

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

⁷ It should be noted that housing was not listed as an option on the intake survey, three clients did note it in the “other” option that was provided. Other needs included addressing legal issues for two individuals and working with the VA on benefits for three.

Program perceptions from VMF clients

Knowledge and reasoning for participating

As previously described, inmates who are identified as veterans are screened for participation by VMF staff and if they meet the criteria for inclusion, are offered the opportunity to participate in VMF. While the program did not maintain statistics on how many declined participation, feedback from clients and staff were consistent in that someone declining the opportunity to be assigned to IBH was extremely rare given they had to serve time in custody regardless and the incentives alone were very attractive. Thus, while the program was voluntary, it appeared that many clients did not view it this way or said that choosing VMF was an “obvious choice” for them.

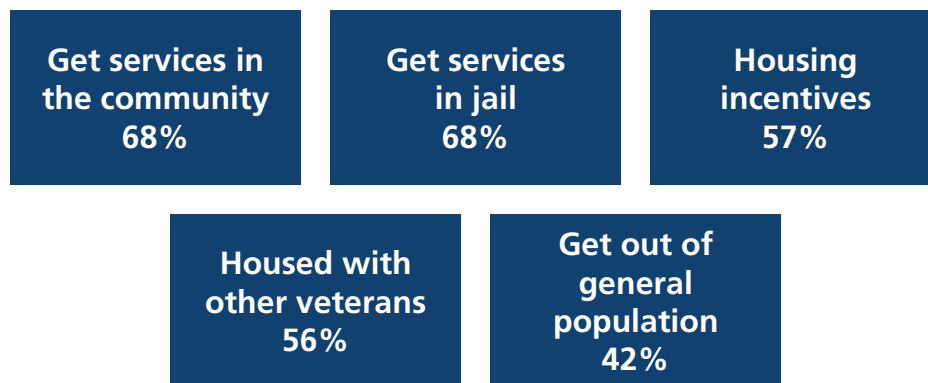
To better understand how Treatment Group clients learned about the program and what they had heard, questions were included on the intake survey. Treatment Group clients were most likely to indicate that they first heard about the program from jail staff (46%) or other inmates (46%), and that they most often heard that it was specifically for veterans (44%), it was a good program overall (40%), and that good classes were offered (26%) (not shown).

When asked to indicate what their reasons were at intake for agreeing to participate in the program, the most common responses included getting services while in jail, getting services in the community, the incentives that were offered, the chance to be housed with other veterans, and the chance to get out of the general population (Figure 11). As a follow-up, when asked what their top reason for participating was, the most common answer, provided by 39 percent, was to get services in the community. Thus, while incentives were a motivating factor, the clients who were enrolled in VMF appeared to be motivated by the rehabilitation opportunities to a greater degree.

“I think it’s going to be the turning point in my life, to get the help I need and have the right people around me to get me where I need to be to get ahead in life.”
-VMF Client, intake survey

Figure 11

Reasons Treatment Group agreed to participate in the VMF program



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

In-custody programming

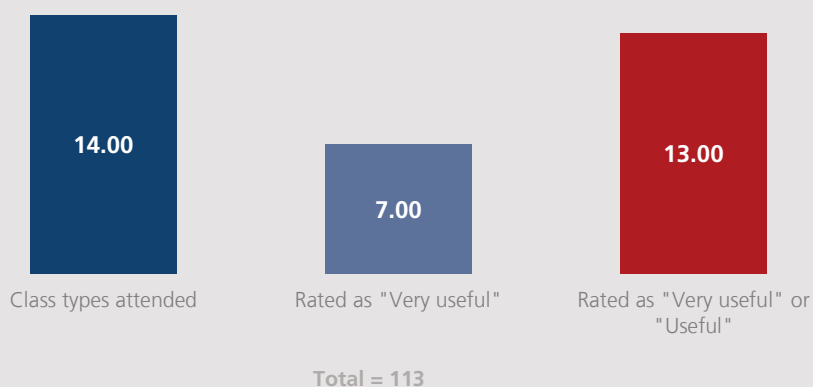
According to program records, the Treatment Group clients participated in the program for a median of 68.00 days (range 30 to 440) and during their time in the program, received Thinking for a Change (median of 11 sessions), other criminogenic classes and services (median of 68 sessions), and non-criminogenic classes and services (median of 115 sessions) (not shown). To better understand what classes and services clients received and how useful they were perceived to be, how clients felt about the staff that was working with them, and how well they were able to connect with the VA, questions were asked on the exit and follow-up surveys, which are described here.

Classes provided

As Figure 12 shows, when provided a list of 17 classes that could have been offered during their time in custody, the Treatment Group reported attending 14.00 different class types on average (median, range 5 to 17) and when asked to rate the usefulness of these classes on a 4-point scale (from "Very Useful" to "Not at all Useful"), the median number rated as "Very Useful" was 7.00 and the median rated as "Very Useful" or "Useful" was 13.00. Only 14 percent of the Treatment Group failed to rate any class as "Very Useful" and only 1 percent failed to rate any class as "Very Useful" or "Useful" (not shown). Overall, the majority of the all-day programming was seen as useful by most clients.

Figure 12

Median number of class types Treatment Group clients attended in custody and found to be useful



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Of the 17 class types, the range of participation varied from just half (50%, Probation 101) to everyone (100%, Thinking for a Change). As Table 6 shows, six classes were received by more than nine in ten Treatment Group clients, three classes by 80 to 89 percent, two by 70 to 79 percent, and six by 50 to 69 percent.

In terms of which classes were most likely to be rated as useful, Thinking for a Change, Personal Growth, HIV Awareness, Mentoring, Critical Thinking, and Anger Management topped the list, with 93 percent to 96 percent clients rating them as “Very Useful” or “Useful” (Figure 13). Interestingly, one of the classes that was provided to 99 percent of clients (Creative Writing) was actually least likely to be rated as “Very Useful” (35%) or “Useful” (40%).

While clients were very positive about the classes they participated in, about two in five (42%) still responded affirmatively at the exit survey when asked if they had taken classes that they felt were not applicable to them. On average (median), these 48 Treatment Group clients listed three classes as not applying to them (range 1 to 17), with those most often noted including Co-Dependents Anonymous (CODA) (44% of the 48 respondents), Narcotics Anonymous (NA) (44%), Creative Writing (42%), Domestic Violence (35%), and Substance Abuse (33%) (not shown).

Table 6

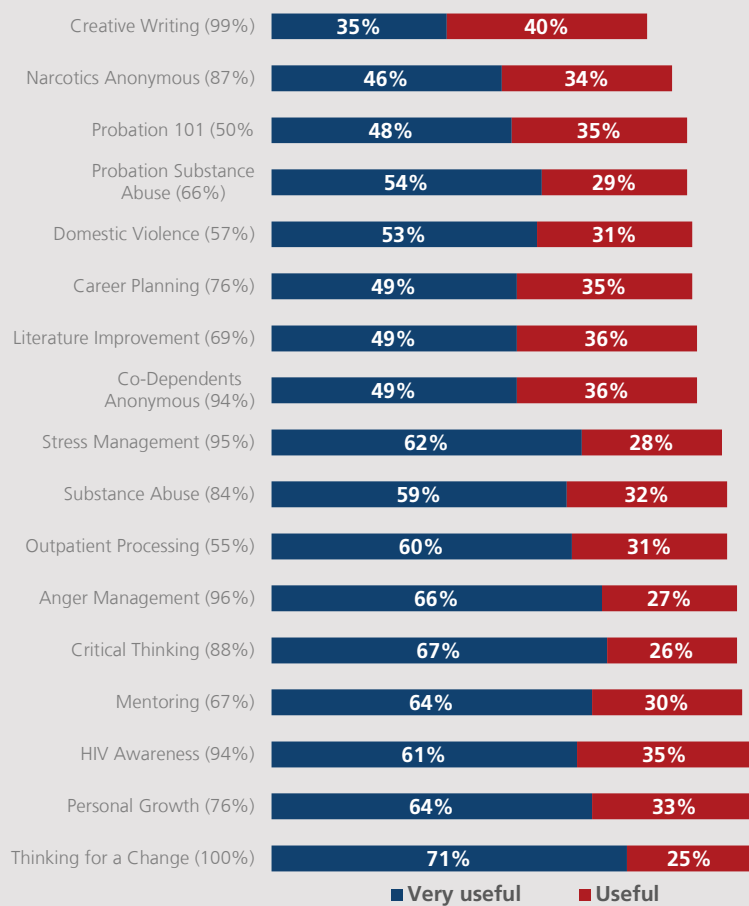
Percent of Treatment Group that reported attending this in-custody class

Percent received	VMF classes/programs
90% to 100%	Thinking for a Change, Creative Writing, Anger Management, Stress Management, Co-Dependents Anonymous, HIV Awareness
80% to 89%	Critical Thinking, Narcotics Anonymous, Substance Abuse
70% to 79%	Career Planning, Personal Growth
50% to 69%	Literature Improvement, Mentoring, Probation Substance Abuse, Domestic Violence, Outpatient Processing Group, Probation 101

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Figure 13

Treatment Group ratings of class usefulness at the exit survey



TOTAL = 52-105

NOTE: Percentages in parentheses indicate proportion of clients that received that class. Cases with missing information not included.

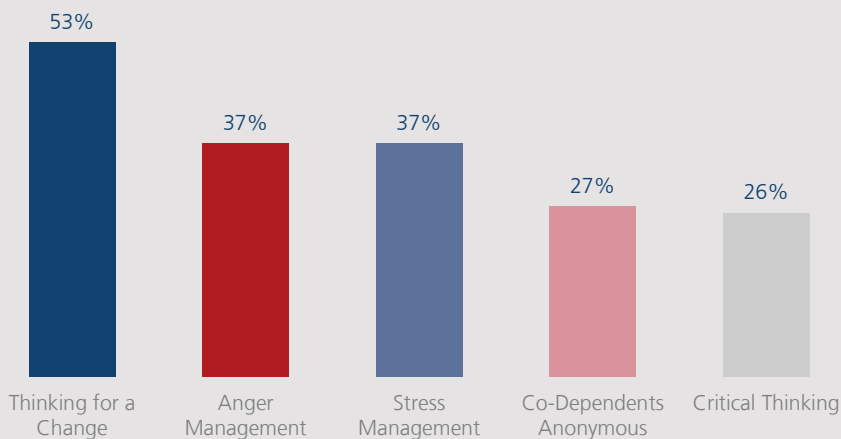
SOURCE: SANDAG VMF Final Evaluation Report, 2018

As part of the follow-up survey, clients were asked to refer to the same list of 17 classes and to indicate the three that had been most useful to them since their release.

As Figure 14 shows, the top five classes that the Treatment Group listed included Thinking for a Change (53%) and Critical Thinking (26%), both of which were in the top five at exit, as well as three that had moved up the list: Anger Management (37%), Stress Management (37%), and CODA (27%).

Figure 14

Classes Treatment Group clients indicated were most helpful during the follow-up survey



TOTAL = 98

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Other program components

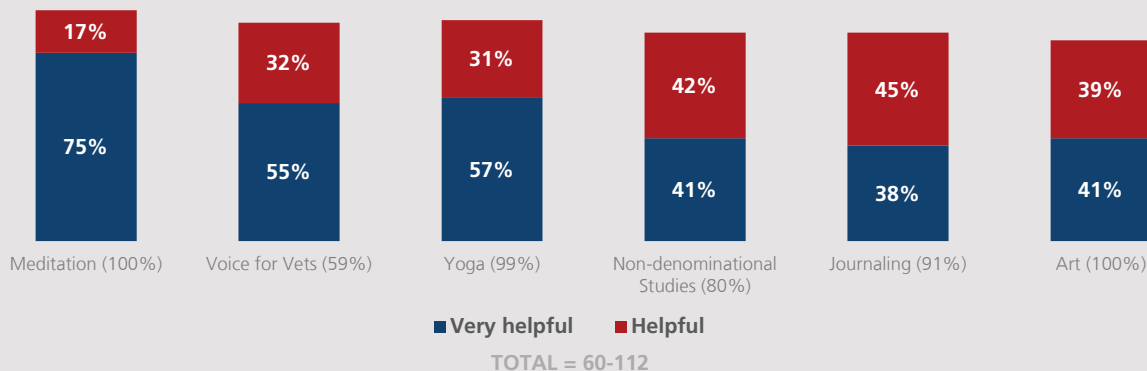
Other program components included meditation, Voice for Vets, yoga, and journaling, as previously described. As Figure 15 shows, when the Treatment Group was asked as part of the exit survey if these other activities were helpful in supporting their general well-being, 80 percent or more rated these activities as “Very Helpful” or “Helpful”. However, there was variation in the proportion of clients that received these programs (as shown by the percentage in the labels). When looking at these percentages and the ratings of helpfulness, meditation and yoga were received by all or almost all clients and was among the highest rated, art was also received by all, but received the lowest ratings, comparably, and Voice for Vets and journaling were highly rated but received by only around half of clients, suggesting the program may want to consider making these activities more consistently available.

“Being with other veterans is a big deal to a vet. There is a strong bond.”
 -VMF Client, intake survey

“If you plan on staying out, the program will give you the tools to do so.”
 -VMF Client, exit survey

Figure 15

Treatment Groups’ perception of helpfulness of other program components at exit



NOTE: Percentages in parentheses indicate proportion of clients that received that class. Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Living with other veterans

Because there were various aspects of VMF that made it unique from traditional housing, the Treatment Group were also asked as part of the exit survey to rate their level of agreement with a number of statements about their perception of living with other veterans and how it may have influenced their rehabilitation. As Table 7 shows, almost all (95% to 96%) “Strongly Agreed” or “Agreed” that they felt more support in this housing to do well, it made them want to work harder, and it provided a safe place to work on their issues. Very few (less than 1 in 5) felt it was no different than regular housing or reported it triggered any negative experience from their service.

“I want to change the person I once was. This program is making a big change in my way of thinking and reacting, and I like it.”
 -VMF Client, intake survey

Table 7

Treatment Group’s agreement with statements related to being housed with other veterans

	Strongly agree	Agree
“It made me want to work harder to make lasting changes in my life”	70%	26%
“I felt more support to do well”	67%	29%
“It provided a safe place to work on my issues”	63%	32%
“I had more in common with the veteran inmates than those in the general population”	57%	35%
“I felt like part of a community”	56%	38%
“Living with veterans was no different than living with other inmates”	7%	6%
“It triggered negative experiences from my service”	5%	6%
Total	111-112	

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Perception of staff

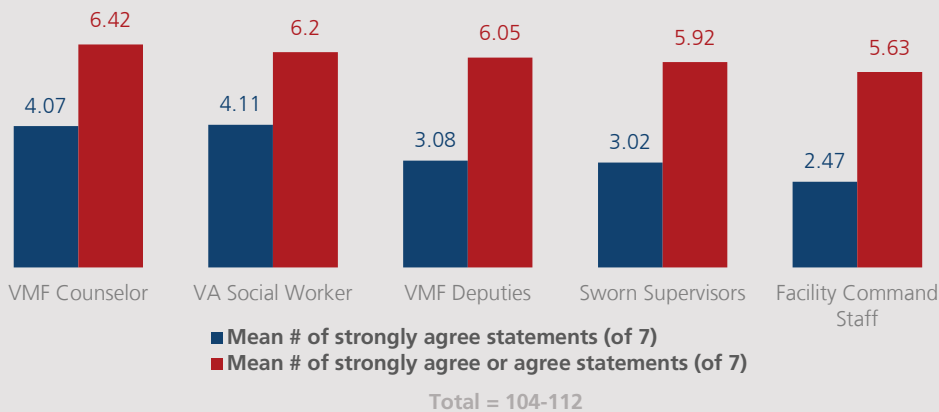
Because staffing and the focus on rehabilitation was an important part of the program, Treatment Group clients were asked to rate their level of agreement with seven statements regarding each of the five types of VMF staff (VA Social Worker, VMF Counselor, deputies, sworn supervisors, and command staff at the facility) on a four-point scale that varied from “Strongly Agree” to “Strongly Disagree”. Four to five of each statement set were phrased positively (e.g., staff do a good job) and two to three were phrased negatively (e.g., staff do not do a good job), with topics pertaining to how supportive or caring the staff were, if they felt they were treated with respect, if the staff motivated them, if the staff were knowledgeable, if they felt trusted by the staff, and for the sworn staff, if they were punitive.

Figure 16 shows the mean number of statements for each position type respondents “Strongly Agreed” (if positive) or “Strongly Disagreed” (if negative) with, as well as the mean that respondents “Strongly Agreed/Agreed” (if positive) or “Strongly Disagreed/Disagreed” (if negative). The range possible is zero (none) statements rated this way to seven (all). Overall, the VMF Counselor and VA Social Worker received the greatest average number of agreements (over 4 “Strongly Agrees” and 6 “Strongly Agrees/Agrees”). For Sheriff’s staff, those who worked most closely with the clients received a greater number of positive statements than those who were in supervisory positions, but all were evaluated well overall.

“The staff is great, but they are truly spread really thin. Additional help will continue to provide positive results.”
 -VMF Client, exit survey

Figure 16

Treatment Group’s level of agreement with seven statements regarding different VMF staff positions



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

To examine what areas were most likely to garner high agreement levels, and which were least likely, and may suggest areas for possible improvement, the percent of clients who rated each statement for each position as “Strongly Agree” was compared. As Table 8 shows, three staff positions had the highest ratings pertaining to treating the clients fairly and with respect (VA Social Worker, deputies, and command staff), one for motivating them to make positive change (VMF Counselor), and one that they were not overly punitive with the clients (sworn supervisors). The VA Social Worker was also recognized for having information that is helpful. The lowest agreed to statement for each of the positions related to being available to the client to listen to them, as well as trusting the clients for the deputies who worked in the unit.

Table 8

Staff areas that were most and least highly rated at the exit survey by Treatment Group clients

	Highest strong agreement	Lowest strong agreement
VA Social Worker	Treated fairly & with respect and Have information that is helpful to me	Available to listen to me
VMF Counselor	Motivates me to make positive changes	Available to listen to me
Deputies	Treated fairly & with respect	Trusted me to be honest
Sworn supervisors	Not looking to punish me	Available to listen to me
Command staff	Treated fairly & with respect	Available to listen to me

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Linkage to VA assistance and services

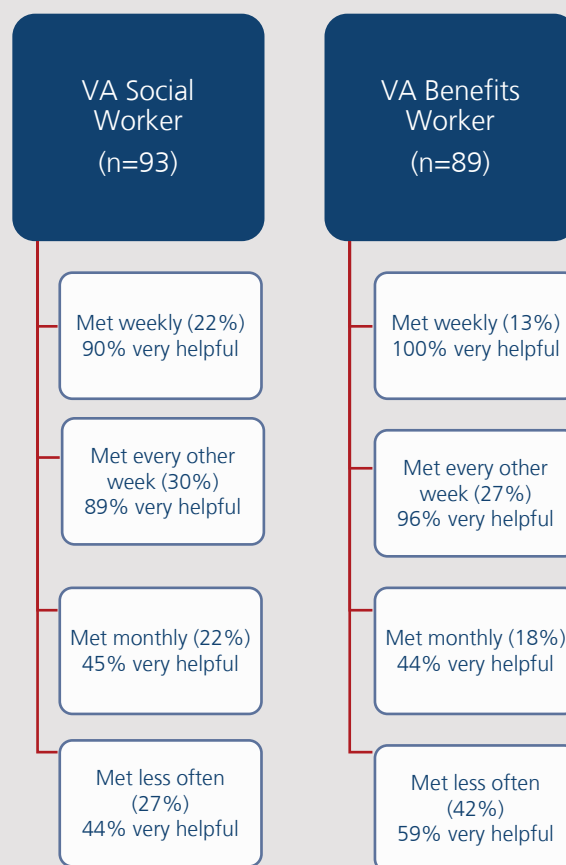
The linkage between the Sheriff’s Department and the VA, and the ongoing connection of the VA to the VMF clients is an important part of the program. Because of this, questions were asked during the exit survey regarding interactions with VA staff and how they planned to use VA services after release. In addition, as part of the follow-up survey, clients were asked which services they had used and how satisfied they were with them.

Overall, around four in five of the Treatment Group clients reported during the exit survey they had met with the VA Social Worker (83%) or the VA Benefits Worker (79%) at least once, and overall, clients were satisfied (90%) of both staff were rated as “Very Helpful” or “Helpful”). Additional analyses showed however that the frequency with which these staff met with the clients varied and that those clients who met with these staff weekly or every other week were more likely to rated them as “Very Helpful”, compared to those who only met with them monthly or less often (Figure 17).

Two-thirds (67%) of the follow-up survey sample reported that they had met with someone before exit to create a transition plan and the majority of these individuals (82%) said that it met their needs. When the 12 individuals were asked what needs were not met, the most common answers related to housing (9), financial (6), ability to meet basic needs (5), and employment (4) and when asked how things could be improved, the ten that answered noted better communication (4), better coordination before release (4), and better follow-through (2) (not shown).

Figure 17

Frequency Treatment Group clients met with VA staff and what percentage gave highest rating on how helpful they were at exit



NOTE: Cases with missing information not included.

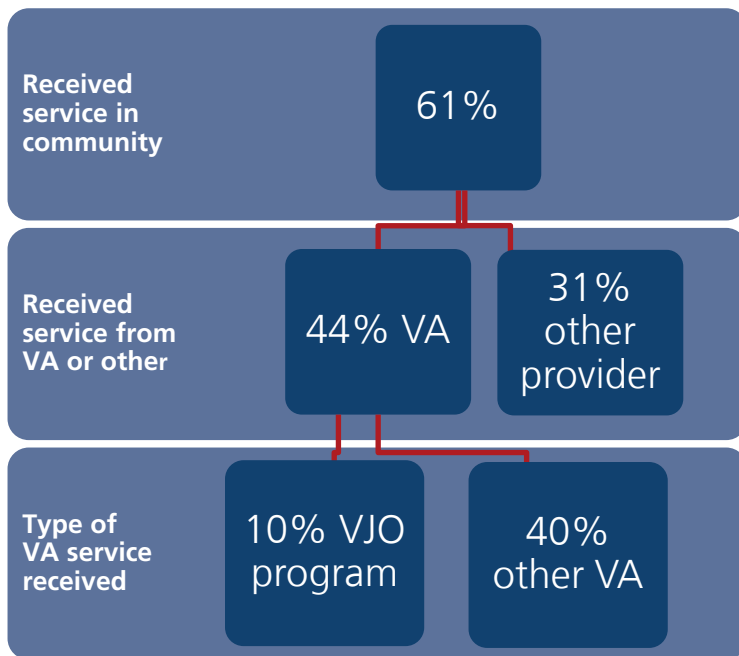
SOURCE: SANDAG VMF Final Evaluation Report, 2018

When asked if they would be using VA programs when they are released, seven in ten (70%) treatment clients who completed the exit survey said they would.⁸ However, as Figure 18 shows, only 44 percent of the follow-up survey Treatment Group sample reported they had received VA services in the approximately six months since exiting custody. Further analyses of the 83 clients who completed both an exit and follow-up survey (and answered both questions) revealed of the 62 clients at exit who expected to utilize VA services, only half (50%) had – a higher percentage than the 44 percent but still one that is lower than may have been expected or desired. It is important to note that 31 percent of the follow-up sample reported receiving services in the community from an entity other than the VA (as did 29% of those who expected to receive VA services), which suggests that service provision had continued in the community, even if not through the VA. Overall, considering these three sources of services, 61 percent received some type of service (through the VA or another service provider) and 44 percent received some type of VA service.

When the ten clients who reported they received VJO services were asked how well they thought they helped them with reentry, nine said “Very Well” and one said “Somewhat Well”.

Figure 18

Treatment Group clients receipt of services in the community through the VA or another source



NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

⁸ When the individuals who said they would not be using VA services on the exit survey were asked why, the most common answer, provided by 53 percent, was that they were not eligible for them. Other reasons included that they felt they did not need them (19%), they just were not interested (13%), or they were getting the services elsewhere (6%).

As Table 9 shows, the most frequently services clients expected to use as reported on the exit survey related to medical/vision/dental care (65%), housing (64%), assistance with living expenses (59%), compensations/pensions (53%), and employment/vocational (49%). When comparing the responses to the follow-up survey and the services received through the VA or another service agency, the following points are noted:

- The four most frequently provided services by the VA and other agencies were the same – housing, mental health, medical, and substance abuse.
- Housing was the second most cited need at exit and the need that appeared to be most often met.
- A greater percentage of clients expressed the need for help with living expenses and compensation/pension than may have received it.
- Treatment Group clients were more likely to receive mental health, Social Security/disability, legal, and education assistance through the VA than other entities.

Table 9

VA services Treatment Group clients planned to utilize and did utilize upon release from custody

	Exit survey plan to use	Follow-up received from VA	Follow-up received from other
Medical/dental	65%	50%	43%
Housing	64%	64%	47%
Help with expenses	59%	21%	17%
Compensation and pension	53%	31%	10%
Employment/vocational	49%	26%	30%
Mental health	40%	52%	37%
Social Security and Disability	40%	24%	10%
Substance abuse	39%	43%	40%
Restarting benefits	32%	21%	NA
Legal resources	32%	29%	17%
Education	31%	19%	10%
General relief and welfare	29%	14%	13%
Discharge upgrade	27%	12%	NA
Total	75	42	30

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Client needs and how well they were met through VMF and aftercare in the community

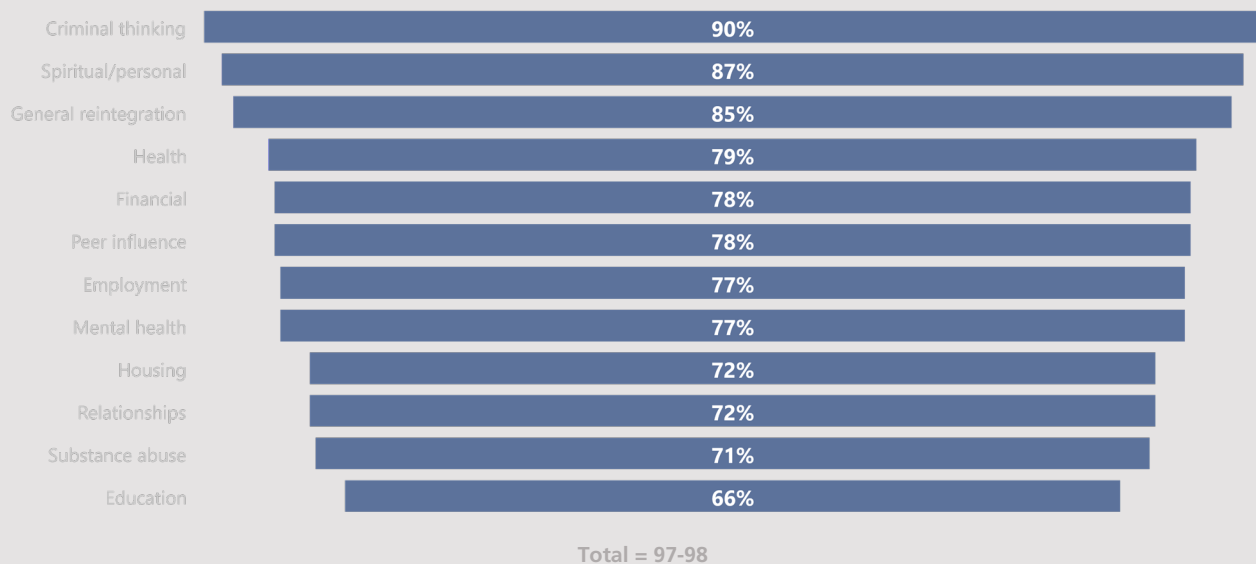
Overall needs

As part of the follow-up survey, Treatment Group clients were asked if they had a need (of 12 listed) and if the need was met in custody, the community, or in both. As Figure 19 shows, two-thirds or more of the survey respondents indicated that each need was one they had. In comparing these perceived needs to those described by the Treatment Group at intake (Figure 10), it is interesting to note that criminal thinking went from the least reported need to the most reported need, that spiritual/personality development was also more often cited, and health and financial needs were among the most frequently noted both times.

“The program teaches the veteran how to look within himself to recognize core beliefs that might need changing to alter his destructive behavior.”
 -VMF Client, exit survey

Figure 19

Treatment Groups’ perception of needs at follow-up



NOTE: Cases with missing information not included.

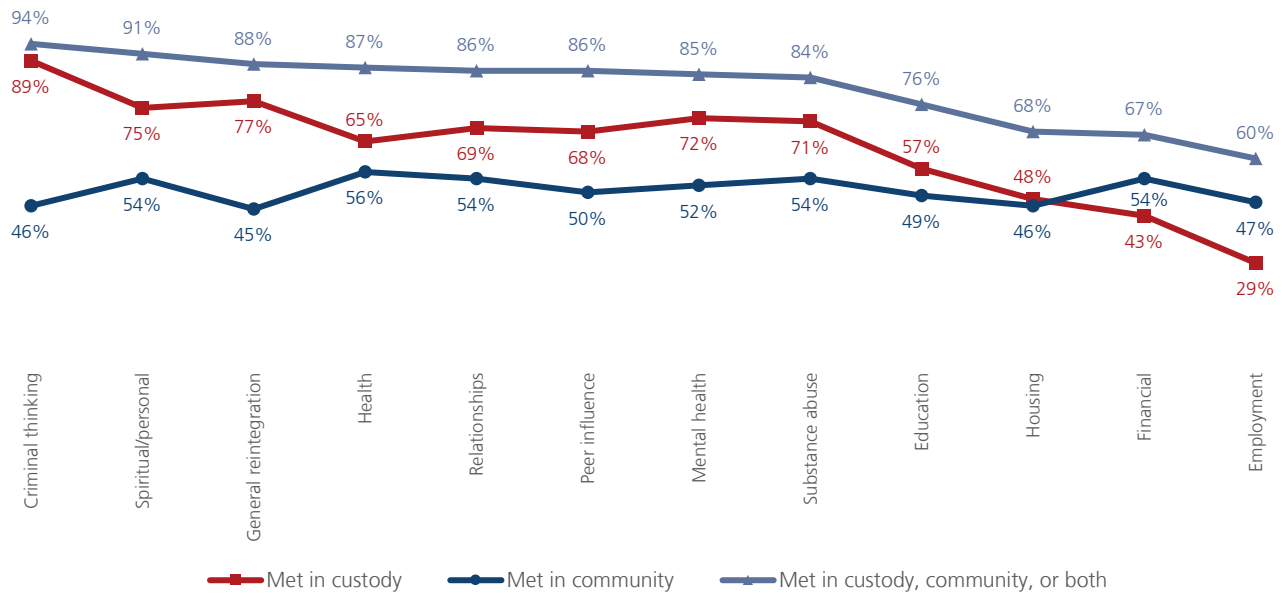
SOURCE: SANDAG VMF Final Evaluation Report, 2018

In terms of if these needs were met, Figure 20 shows the percent of clients (of those who had that need) who said the need had been met – either in custody, the community, or both. Some noteworthy points from this figure include that:

- Clients were most likely to report that their needs related to criminal thinking and spiritual/personal development had been met.
- Three-quarters or more also said their needs related to general reintegration, health, relationships, peer influences, mental health, substance abuse, and education had been met.
- Needs related to housing, financial, employment were least likely to be met.
- With the exception of financial and employment, clients were more likely to say that each need had been met in custody rather than in the community.

Figure 20

Treatment Groups' assessment of if and where needs were met



Total = 63-97

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

At the follow-up survey, 90% of (68) respondents with a substance abuse issue felt the VMF programming had met their needs “Very Well” or “Well”. When the seven who felt their needs were not met were asked how the programming could have been improved, two each said make it more intensive, more individualized, and have a greater emphasis on reentry and one individual thought an entire different curriculum should be chosen.

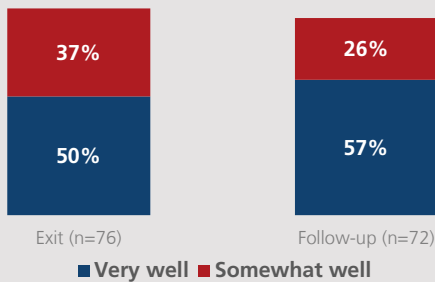
Mental health status

Because of concerns regarding the mental health issues veterans may face, additional questions were included on both the exit and follow-up surveys regarding how well the services in custody helped the clients in addressing any issues they had. For the exit survey sample, 67 percent of the Treatment Group indicated they had mental health needs to be addressed and for the follow-up survey, this was 73 percent. At both exit and follow-up, more than four-fifths of these clients said they felt that their mental health needs had been met “Very Well” or “Well” by in-custody services (Figure 21) and at exit, 77 percent felt that enough time had been devoted to this type of programming to meet their needs. At the follow-up survey additional questions were asked of those who felt their needs had not been met and 8 of the 12 respondents who felt this way provided feedback, including that the program should be more individualized (6), there should be greater focus on release (4), and that it should be more intensive (1) (not shown).

In addition to these general questions, clients were asked on the exit survey if they had a specific mental health issue and if it was addressed during the in-custody program. As Figure 22 shows, the most common issue was depression, reported by 49 percent of the exit survey sample, and 89 percent reported their needs were met “Very Well” or “Well”. “Other needs” were reported by 41 percent, of which 85 percent said they were met, followed by Post-Traumatic Stress Disorder (PTSD), reported by 34 percent and addressed for 79 percent, and sexual trauma, reported by 17 percent and addressed for 47 percent.

Figure 21

Treatment Groups’ perception of how well their mental health needs were met through in-custody programming

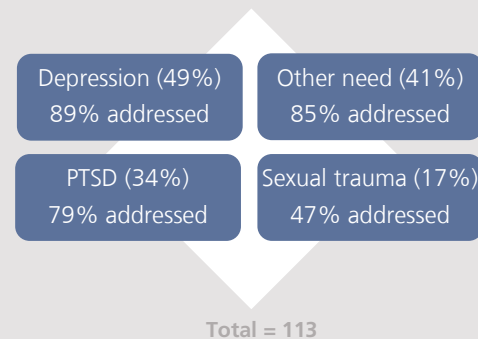


NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Figure 22

Treatment Groups’ specific mental health issues and how well they were met at the time of program exit



NOTE: Cases with missing information not included.

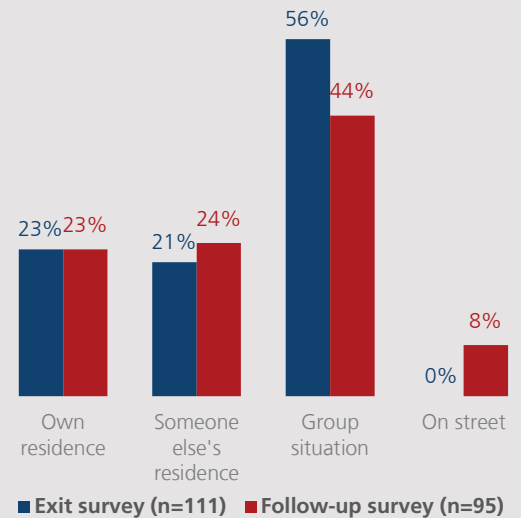
SOURCE: SANDAG VMF Final Evaluation Report, 2018

Living situation

Treatment Group clients were asked on the exit survey where they thought they would be living upon release from custody and on the follow-up survey, where they had lived most of the time since release. As Figure 23 shows, over half (56%) of the clients reported they would be living in some type of group situation, with the most common being a treatment facility, suggesting that a smooth transition from in-custody services to out-of-custody services was being made for those who needed them. Eighty-four percent (84%) said they could move into this location immediately (not shown) and none reported they expected to be living on the streets or to be homeless. At the follow-up survey, approximately the same proportion said they had lived most of the time in their own residence or with a friend, family member or partner, but fewer reported living in group situations and almost one in ten said their predominate housing status was living on the street. In a separate question, around one in four (26%) said they had been homeless at least once since their release and almost half (48%) reported they had moved at least one time (with 40% of those moving changing residences more than one time) (not shown). These results suggest that more emphasis and assistance regarding housing would be useful, especially for those veterans who do not qualify for the full range of VA benefits.

Figure 23

Treatment Groups' description of where they planned to live at exit and where they had predominately lived since release



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Homelessness at intake and follow-up

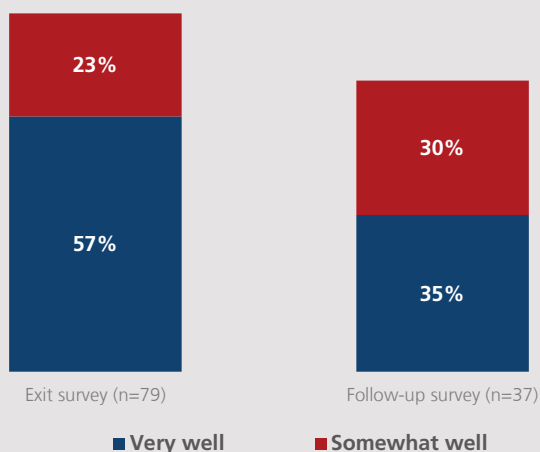
To better understand how the living situation of individuals changed over time, the intake and follow-up surveys for 94 Treatment Group clients were linked. Of the 18 veterans who said they were homeless at intake, 56 percent said they had been homeless at any time since their release, compared to 19 percent of veterans who were not homeless at intake. When asked to describe where they lived most of the time since release, these homeless at intake veterans were most likely to say some type of group situation (53%), their own home (12%), with friends or family (12%) – but 24 percent also said they were mostly homeless. While the fact that three-quarters reported they were not living on the street or unsheltered most of the time is a positive, the fact that 1 in 4 were still on the street shows the challenges of finding long-term stable housing and an area for continued support if possible.

Employment status

Because employment is a key piece to successful reentry, questions were asked as part of the exit survey (to all respondents) and follow-up surveys (to those who said they were employed) regarding whether the Treatment Group felt that VMF vocational programs⁹ helped to prepare them for getting a job after release. As Figure 24 shows, clients at exit were more positive about how much the vocational programming had helped them at exit, compared to at follow-up. Because this question was not asked of those who had not obtained a job at follow-up, it is not possible to say how the pattern of responses would be different, but it could be speculated that the ratings would be lower if some clients were looking for a job and were unsuccessful and attributed this at all to the program.

Figure 24

Treatment Groups' perception of how well VMF vocational programming prepared them for getting a job at exit and follow-up



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

⁹ It should be noted that for the purpose of this program and evaluation, the term “vocational programs” was more in alignment with employment support (e.g., resumes, interviewing), rather than hands-on learning experiences (e.g., cooking, welding), that also are often offered in correctional settings.

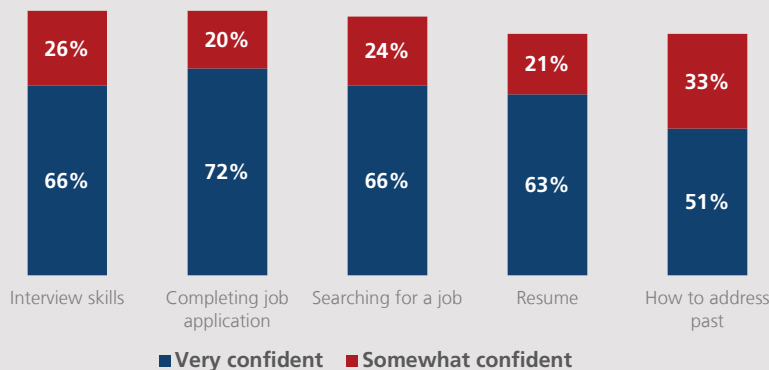
Additional questions posed during the exit survey pertained to client's confidence (on a 4-point scale) in their employment seeking skills. As Figure 25 shows, clients were most confident about their interview skills and ability to complete a job application, followed by how to search for employment; slightly fewer were confident about their resume or how to address their past.

When asked on the exit survey if they knew what they were going to do for employment at release, 58 percent of the Treatment Group said they did and 42 percent said they did not (individuals who said they were retired or on disability were not included). At follow-up, two in five of the sample reported being employed (30% full-time and 11% part-time), 21 percent were unemployed and looking for work, and 38 percent were unemployed and not looking or were retired, disabled, or a student (Figure 26).

When asked at the exit survey what financial resources they would have when they left custody, 50% said public aid, 34% family/friends, 30% employment, and 23% said they had none.

Figure 25

Treatment Group clients' perception of different job seeking skills at exit from custody



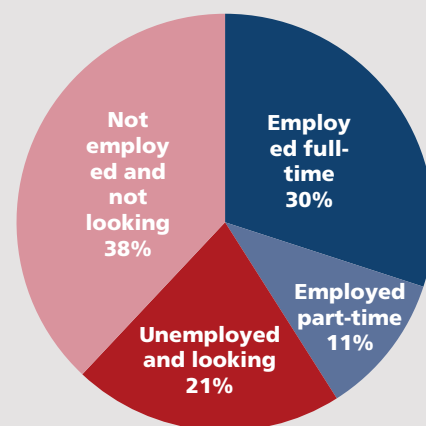
Total = 106-108

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Figure 26

Treatment Group clients' employment status at follow-up survey



Total = 94

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

When those who were employed were asked follow-up questions, their responses revealed that:

- Two-thirds rated the VMF vocational program as preparing them well for getting a job – 35 percent said “Very Well” and 30 percent said “Somewhat Well”.
- When asked how long it took them to get a job after release, the most common response was less than one week (36%), with 17 percent saying a couple of weeks, 19 percent one to two months, and 28 percent three months or longer.
- When asked how they found the job, almost half (49%) said they had found it on their own, with another quarter (24%) saying they had it before their incarceration. The next most common response was through a family or friend (16%), with only around one in ten noting someone in a more official capacity, including their probation officer (5%), VA employment services (3%), or another service provider (3%) (not shown).

Overall program perception

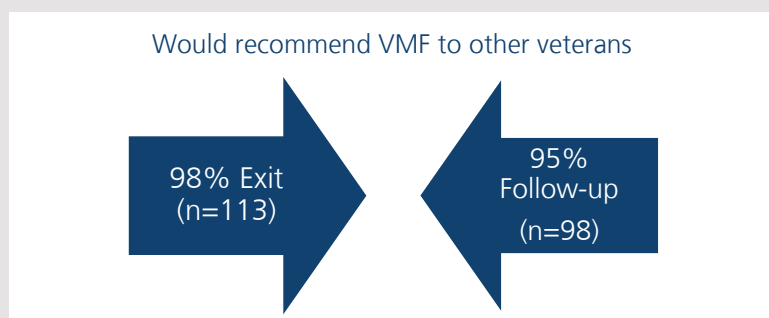
Clients' recommendation of the program to others

On both the exit survey and follow-up survey, clients were asked if they would recommend the program to other justice-involved veterans and almost all (98% of the 113 exit survey sample, and 95% of the 98 follow-up survey clients) said they would (Figure 27). When asked the reasons they would recommend VMF, top responses for both samples and at both times included that it works, it gives clients easier access to resources, it is a good program overall, and veterans-only housing was a plus (Figure 28). Other responses included that it works if the person wants to change, the staff are helpful, and the incentives are attractive.

"It works. People have individual problems and in the program you can just about find what you need."
 -VMF Client, follow-up survey

Figure 27

Percent of Treatment Group clients who would recommend VMF to other veterans



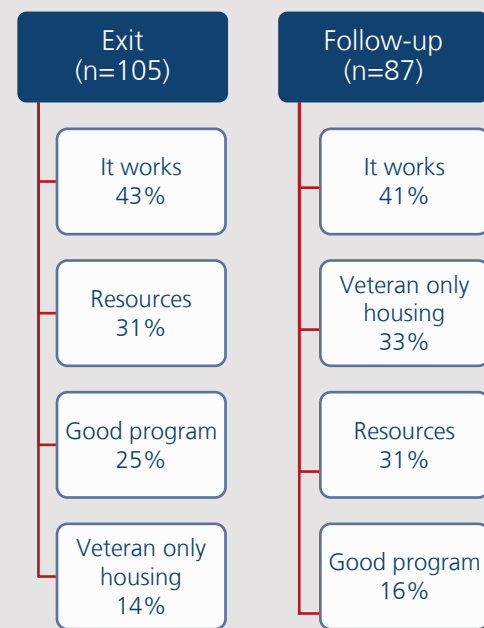
NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

In looking more closely at those clients who said they would not recommend the program, one of the two clients who responded negatively at the exit survey did not do the follow-up and one responded negatively both times. Of the other four who responded negatively at follow-up, three actually responded positively at exit and their point of view changed after six months had passed. Reasons shared for their unwillingness to recommend it included they did not think it worked, it was designed for first time offenders, and that clients should be allowed to return (not shown).

At the end of both the exit and follow-up surveys, Treatment Group clients were asked how well VMF had prepared them for reentry, what the most helpful parts of the program were, and what the least helpful parts were. As Figure 29 shows, while a greater proportion of the exit survey said VMF had prepared them "Very Well" before they had reentered the community, around nine in every ten respondents still gave the program a positive rating ("Very Well" or "Somewhat Well") at both surveys. The slight decrease in the highest rating does speak again to the possibility that the transition back into the community could be further strengthened.

Figure 28

Treatment Group reasons they would recommend the program



NOTE: Cases with missing information not included.
 SOURCE: SANDAG VMF Final Evaluation Report, 2018

"VMF showed me that it's never too late for a person that committed a crime to change and live a normal life."
 -VMF Client, exit survey

Figure 29

Treatment Group clients' perception of how helpful VMF was at program exit and follow-up



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

*"It's a great structure. Empowers us to do something better. There was a sense of pride being there."
-VMF Client, follow-up survey*

When asked what the most helpful parts of VMF were (in an open-ended question), a variety of responses were provided (90% of the exit survey sample and 86% of the follow-up sample noted at least one thing), with Table 10 showing those that were provided by at least five percent. At both exit and follow-up, the class Thinking for a Change was among the top two most frequently mentioned components, as were classes overall. Anger/Stress Management and Yoga/Meditation were also specific classes/programs that were noted. Other positive program aspects included having a safe place to work on issues, the focus on veterans, the resources available, staff, and that VMF made real change possible.

Only around half (55%) of the exit survey sample and 53 percent of the follow-up survey sample noted a least helpful component. While the most frequent response at exit was that there were some clients who were not motivated and brought the rest of the group down, the proportion at follow-up decreased considerably. Those rating substance abuse and employment also went down over time, though to a lesser degree. In comparison, the proportion of clients who felt Art and Creative Writing were the least helpful went up, as did the proportion who felt certain staff members were least helpful. Some clients also noted a lack of consistency in programming and the need for more staff (Table 11).

Table 10

Treatment Group clients' perception of what most helpful part of VMF was

	Exit	Follow-up
Thinking for a Change	29%	18%
Classes overall	19%	24%
Safe place to work on issues	14%	14%
Veteran focus	12%	11%
Available resources	12%	7%
Staff	12%	18%
Anger/Stress Management classes	11%	11%
Yoga/Meditation	7%	10%
Made real change possible	7%	12%
Total	102	84

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Table 11

Treatment Group clients' perception of what least helpful part of VMF was

	Exit	Follow-up
Some clients	27%	0%
Art	21%	35%
Creative Writing	15%	23%
Yoga/Meditation	11%	15%
Substance Abuse	10%	4%
Employment	10%	0%
Lack of consistency/staff	5%	8%
Certain staff	4%	13%
Total	62	52

NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Outcomes and cost analysis results

Overview of the study samples

As described to the right, three groups of male veterans detained by the San Diego County Sheriff's Department were included in the analyses to determine if the desired outcome of reduced recidivism through VMF participation was realized: the Treatment Group which was described earlier in this report, the Comparison Group which included 98 veterans detained between 2013 to 2014 who did not participate in VMF, and the Historical Treatment Group which included 91 VMF clients who were in the program between 2013 and 2014. No individuals in the final sample could be included in more than one treatment condition, with a hierarchy applied in which Historical Treatment inclusion was considered first, followed by Treatment Group inclusion.

Information regarding how these three groups compared in terms of demographic characteristics, risk level, and need, is included in the appendices.

Rule violations

As described previously, VMF staff perceived that inmate behavior was improved in the VMF unit, compared to general housing, and requested that these data be included in the final analysis. Rule violations are an important concern because of the risk it can put on deputies, professional staff, and the inmates, depending on the nature of the offense. Rule violations could pertain to conduct and demeanor, communication, contraband, health and hygiene, movement, clothing and bedding, facility security and safety, and property violation. Furthermore, improved behavior is one of the outcomes expected from VMF units and therefore it was important to measure.

As Figure 30 shows, the data provided by the Sheriff's Department showed that while 43 percent of the Comparison Group had at least one rule violation during their period in custody, only 18 percent of the Historical Treatment Group did, and only 1 percent (one individual) in the Treatment Group did. Of those who had a rule violation, the Comparison Group had a mean of 4.86 violations (SD=4.45, range 1-21), while the Historical Treatment Group had a mean of 3.25 (SD=2.08, range 1-10). The one individual in the Treatment Group had three violations (not shown). While it is possible that deputies responded to behavior differently in the VMF unit, compared to general housing, this pattern of results is what was expected, is consistent with expectations from the field, and is also consistent with the anecdotal information that led to these data being compiled.

Study groups

TREATMENT:

141 VMF clients who entered the program between March 1, 2015, and December 31, 2016, had a program exit and release from custody date prior to January 1, 2017, and were in the program for at least 30 days.

COMPARISON:

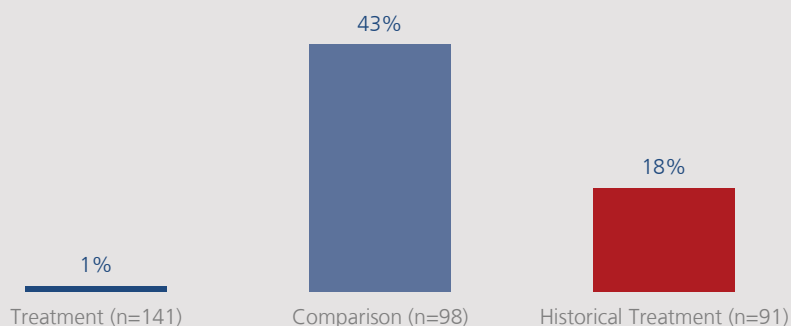
98 veterans in Sheriff's Department custody who would have been eligible for VMF who were booked on or after January 1, 2013 and were released from custody prior to January 1, 2015.

HISTORICAL TREATMENT:

While not part of the original research design, there was change in VMF leadership and staffing over time, and the Sheriff's Department expressed an interest in understanding how the first clients who went through the program may have varied from later clients. This third group included 91 VMF clients who were in the program on or after November 1, 2013, and had a program exit date prior to January 1, 2015, and a release from custody date prior to January 1, 2017. These clients also had to be in the program for a minimum of 30 days.

Figure 30

Documented rule violations for the treatment and comparison groups during custody



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

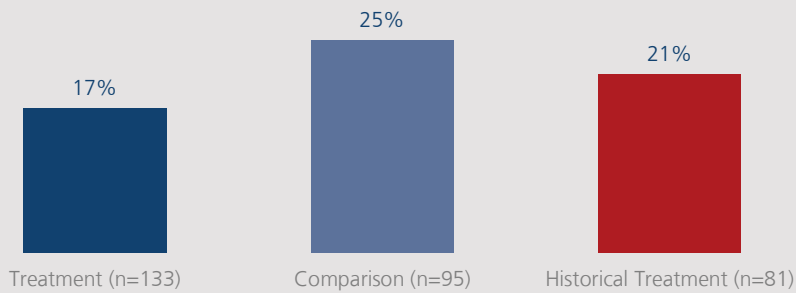
Recidivism 12 months post-release from custody

To understand the contact these three groups had with the justice system following their release from custody, data on arrests, booking into local jail/prison, and convictions were compiled for the 12 months following release. As Figure 31 shows, 17 percent of the Treatment Group, 21 percent of the Historical Treatment Group, and 25 percent of the Comparison Group were convicted of a new offense in the 12-month follow-up period.¹⁰ While these results were in the desired pattern, they were not significant. To control for the fact the samples differed significantly on a number of factors (as described in further detail in the appendices), a propensity score weighting method was used to estimate the average treatment effect unbiased for ethnicity, age at program entry, the COMPAS violence scale, and the COMPAS recidivism scale by weighting the sample prior to fitting a logistic regression model for conviction recidivism with the group as the sole covariate.

¹⁰ Additional information regarding the level and type of convictions for these three groups is provided in the appendices.

Figure 31

Percent of treatment and comparison groups with a conviction 12-months post-release



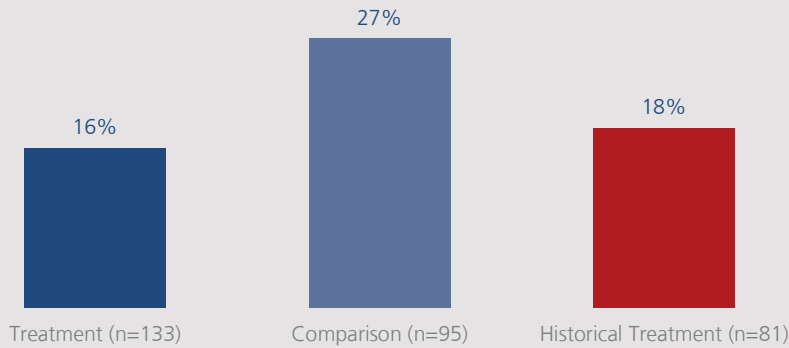
NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

As Figure 32 shows, the weighted logistic regression model showed that the probability of the Treatment Group having a conviction during the follow-up period was 16 percent, compared to 18 percent for the Historical Treatment Group. Both probabilities were significantly less than the 27 percent for the Comparison Group. This suggests that VMF participation, as a proxy for treatment, did have a significant effect in reducing the probability an individual would be convicted for a new offense in the 12 months following release from custody.

Figure 32

Probability the treatment and comparisons group had a conviction for a new offense in the 12-months following release



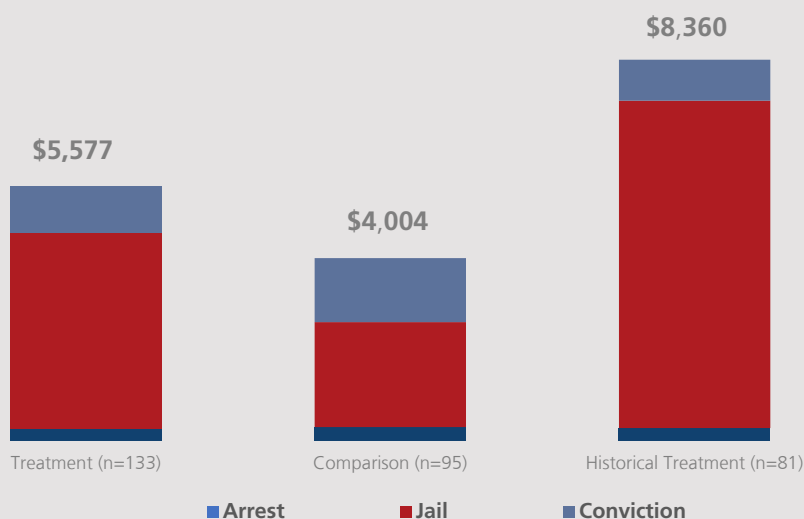
NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

To better understand if this program resulted in any cost benefits, given the pattern of arrest, booking, and conviction data, additional analyses were conducted with these data (presented here and for arrest and booking in the appendices) and estimated justice system costs (also discussed in more detail in the appendices). Even though the Treatment and Historical Treatment Groups had a lower conviction rate than the Comparison Group, they actually were in jail a greater number of days, on average (Treatment Group 24.14 days, Historical Treatment Group 40.42 days, and Comparison Group 12.96 days). As a result, the average cost to the local public safety system for the Treatment Group VMF clients in the 12-months following release for recidivism activity was \$5,577, compared to \$4,004 for the Comparison Group clients (and \$8,360 for the Historical Treatment Group) (Figure 33). It is also important to note that these results could have been different if additional costs post-release (such as supervision in the community, cost to victims) had been considered.

Figure 33

Average recidivism cost for VMF samples in 12-months following release



NOTE: Cases with missing information not included.

SOURCE: SANDAG VMF Final Evaluation Report, 2018

Conclusions and recommendations

As a result of these findings, the following conclusions and recommendations are made:

- As evidence-based practice has shown, changing criminal thinking can have long-term positive impacts for those who are ready to change and committed to their rehabilitation. While few clients entered the program identifying their thoughts as an issue, the nurturing environment of the veteran-only housing unit, coupled with participation in cognitive-based therapy (CBT) programming, appeared to truly make a difference. A commitment to maintaining the quantity and quality of these proven programs by the Sheriff's Department is encouraged.
- Because VMF was implemented without any additional resources or budget and resulted in fewer rule violations and other positive outcomes, it is encouraging to consider what other low-cost changes could be implemented that would increase the quality of the detention experience for both staff and inmates.
- While being able to create and maintain a program without any dedicated funding speaks to the strength of existing partnerships, the Sheriff's Department commitment to veterans, and the collaboration across agencies, it is a challenge that was evidenced by schedules and curriculums that changed by necessity. Having a dedicated person to identify community partners and serve as a conduit between screening and training would be a helpful addition to this type of effort.
- While the feedback from clients and outcome results showed the positive effect of the VMF program, there appeared to be a few areas that could be further strengthened in partnership with the VA and connections to other community service providers, including meeting basic needs, housing, and employment. With only about three in five clients linked to outside services, exploring the barriers, as well as implementing additional best practices (e.g., transportation assistance) may improve these connections and in turn transitions to the community.
- Maintaining a balance between security and strong programming is a challenge in a detention facility. As the focus shifts to increasing the availability of rehabilitative programming, an issue for jail staff to be aware of and plan for is how safety and security will be maintained. Ongoing communication, tracking, and flexibility are needed.
- Determining the appropriate client eligibility criteria for a veteran-only housing unit can be challenging. There may be a difference of opinion between staff and clients regarding how important readiness to change is, as well as other factors related to mental health issues. As part of this evaluation, some clients felt that having veterans in the program not committed to positive change had a negative impact on the environment overall. Programs may want to consider a more formal assessment for inclusion or a probation period prior to full inclusion in the unit.
- Having staff at all levels who care and demonstrate this to clients is essential. Even when other program issues may arise, knowing that they are seen as individuals and someone believes in them is something many of the justice population may not have experienced before and can potentially be a buffer when other resources are not consistently available.

- Even though some of the staff started working in VMF because of their prior military experience or their desire to help veterans, it can include a large shift from prior duties. As such, understanding the training needs of staff early on, including expectations of the expanded role of an assigned deputy, is important. Closely related, volunteers may be identified who have reentry knowledge, but may not understand the military culture. Cross-training in this area is something that also could be explored.
- Many programs may be struggling with how to expand to accommodate eligible clients that could benefit from services, but find that once they do, they have stretched themselves thinner than desirable. Having a clear understanding of all the effects of expansion, including being able to dedicate adequate time to administrative tasks, is important so that quality of programming is not compromised.

Research limitations

As is the case with any world research, certain limitations and constraints occurred as the evaluation was being conducted which could affect the pattern of responses. These are noted here.

- **Lack of random assignment:** The strongest method for understanding if an intervention has an effect is to randomly assign individuals to the treatment or comparison group so that theoretically the only thing that varies is the intervention. Because this was not possible, and because the VMF program was expanded to a second module shortly after the evaluation began, a contemporary comparison group was also not possible, leaving a historical comparison group as the only choice. While individuals in the comparison met the eligibility criteria on variables that could be determined, it is possible that they were not equitable on other dimensions, including a willingness to participate in the program. In addition, over time, laws in California have changed, including the passage of Proposition 47 which reduced certain property and drug offenses to misdemeanors.
- **Lack of data availability:** Because program staff were juggling program delivery with limited resources, all of the elements that would have been desirable to capture could not be, including programming and attendance data. In addition, due to data sharing limits, information that was hoped to be shared by the VA could not be. While alternate data sources were used where possible, more robust and reliable data would have been desirable.

Notes on the researcher-practitioner partnership

Because the NIJ funding that supported this evaluation was made available through a funding stream focused on documenting the successes and challenges of a researcher-practitioner partnership, this final section summarizes feedback from the practitioner and other insights and lessons learned.

- When asked their initial thoughts when they found out the VMF program was going to be evaluated, only one individual reported any apprehension, and only because he had never been involved in a formal evaluation before. Rather, the staff on the project expressed an overall enthusiasm for the study because they believed in the program and that formally documenting the results would be helpful, and that it would help to identify areas for positive experience.
- When asked about their thoughts on working with SANDAG in particular, some of the partners had not done so before, but had heard positive things about the research team. Others had worked on other evaluations with SANDAG before and found it to be a positive experience. One staff explained that she knew from experience SANDAG researchers understood the jail culture and the jail setting, which was important given the access the research team would need for this project. This information is valuable for future research as it brings to light why correctional entities may deny access to researchers – because of concern the research will not take into account the jail culture when interpreting the data.
- In regard to what factors facilitated the relationship from the practitioner perspective, some common themes included that they appreciated SANDAG requesting regular meetings, but that the research staff were flexible to the needs of the program staff; that there were no hidden agendas; that research staff shared results soon after they had them; that the research staff demonstrated their flexibility and open-mindedness; that the partners were asked for their input and perspectives and that these were taken into consideration overall. The only area for improvement was voiced by one of the unit deputies who felt that until the end of the grant, he had not been approached for feedback to the same degree as more senior staff and counseling staff had been and that he felt he had feedback that would have been useful. This was a lesson learned for SANDAG in the importance of making staff at all levels feel heard and that their input mattered throughout the process.
- In terms of lessons learned from participating in the research, one of the partners noted he learned the importance of capturing data in real time because once time has passed, that information cannot be recreated. Others noted that they learned the importance of having a research partner who was unbiased and nonjudgmental and understood their culture, that they appreciated members of the research team remaining consistent to avoid any disruption that could affect the program, and that receiving information about what works was helpful in both the short- and long-term.

Appendices

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VMF class and program information

Class/program	Description
Anger Management	Course to address anger management skills and techniques. Led by a volunteer.
Art	Course to address skills and techniques to reduce stress. Led by a volunteer.
Career Planning	A career-planning course with a resume-building workshop and a mock interview at completion. Led by VA staff.
Co-Dependents Anonymous (CODA)	12-step program designed to help individuals deal with co-dependency issues.
Community Group	Check-in meeting led by peers and counseling staff.
Combat Veterans of America	Volunteers mentor the participants and help them with any veteran services-related questions and VA issues.
Creative Writing	Focus on teaching participants how to express themselves through writing and help them with their writing skills. No set curriculum. Led by a volunteer.
Critical Thinking	No set curriculum and is led by the VMF Counselor who provides activities meant to stimulate the participants' minds.
Current Events	Discussion of relevant topics occurring at the time. Led by peers and counseling staff.
Domestic Violence	Class related to domestic violence treatment, facilitated by counseling staff.
Family Relations	Course that discusses healthy relationships specific to family. Led by a volunteer.
Financial	Course addressing money management, budgets, and banking. Led by sworn staff.
HIV Awareness	Education and awareness around sexually-transmitted diseases and HIV. Led by nonprofit healthcare group.
Journaling	No set curriculum. Participants are given a Recovery Journal specifically designed for VMF. Led by peers and counseling staff.
Life Skills	Course that addresses and encourages pro-social behavior. Led by volunteer.
Meditation	Sessions to develop mindfulness. Led by volunteer.
Morning Meeting	Check-in between veterans and counseling staff.
Narcotics Anonymous (NA)	12-step program designed to help individuals deal with their narcotic addictions and related problems.
Non-Denominational Studies	Group religious services available to those who want to participate. Led by volunteer.
One-on-One	Time allocated for clients to meet individually with counseling staff and discuss personal concerns and needs. Led by VMF Counselor.
Outpatient Processing Group	Mental health process group led by mental health clinician.
Parenting	Discussion of skills relevant to the First Five program. Led by volunteer.
Personal Growth	No set curriculum. Inmate-led and show motivational videos and tapes. Includes meditation and reflection.
Probation 101	Description of formal probation supervision and opportunity to ask questions. Led by Probation Officer.
Seeking Safety	Discussion of how using alcohol and other drugs is a way of dealing with the pain in violence and the symptoms of PTSD. Led by volunteer.
Stress Management	Teaches participants how to deal with stress in a healthy manner and improve coping skills. Led by volunteer.
Substance Abuse (and Probation Substance Abuse)	Criminal conduct and substance abuse curriculum (CBT) that is educational, not treatment-based. Led by Alcohol and Drug Program specialist.
Thinking for a Change	Cognitive Behavioral Therapy (CBT) curriculum-based program that addresses cognitive self-change, social skills, and problem solving. Led by counseling staff.
VA Available	VA liaison helps veterans with benefits, health care, compensation pension, and VA housing programs.
Vet Book Review/Literature Improvement	Clients read and discuss a specific book provided by counseling staff. Led by peers and counseling staff.
Voice for Vet	Singing and songwriting lessons that provide another opportunity for relaxation. Led by volunteer.
Yoga	Classes in combination with meditation focusing on stress management. Led by volunteer.

Treatment and comparison groups characteristics

	Treatment	Comparison	Historical Treatment
Ethnicity*			
White	58%	42%	52%
Hispanic	15%	21%	9%
Black	22%	31%	38%
Other	4%	6%	1%
Total	139	98	91
Age			
Mean	41.89	40.59	42.29
Under 35	37%	34%	32%
35 to 49	32%	38%	40%
40 & older	31%	29%	29%
Total	141	98	91
Security classification level**			
Level 1/2	32%	48%	27%
Level 3/4	68%	52%	73%
Criminal history			
Any conviction	49%	50%	63%
Felony conviction***	29%	23%	42%
Misdemeanor conviction***	35%	41%	49%
Violent conviction	5%	3%	4%
Property conviction	16%	16%	23%
Drug conviction***	20%	17%	33%
Weapons conviction	4%	2%	4%
Other conviction	15%	15%	16%
Total	141	98	91
Instant offense			
Violent conviction	18%	15%	11%
Property conviction	26%	24%	24%
Drug conviction***	32%	33%	38%
Weapons conviction	3%	5%	1%
Other conviction	21%	20%	23%
Total	117	84	79
Risk for violence			
Low	53%	58%	40%
Medium	14%	18%	20%
High	33%	24%	40%
Total	107	72	83
Risk for recidivism***			
Low	63%	74%	47%
Medium	22%	15%	39%
High	15%	11%	14%
Total	107	72	83
Needs assessed as high risk			
Substance abuse	73%	65%	74%
Residential instability	60%	56%	73%
Cognitive behavior***	56%	50%	68%
Criminal opportunity	38%	28%	45%
Criminal personality	23%	24%	36%
Total	99	66	77

*Significant at $p < 0.05$ when "other" races are not included in the analyses due to small number of cases.

**Significant at $p < 0.05$. Excludes one case that was Level 5/6 in the Historical Treatment Group.

***Significant at $p < 0.05$

Twelve-month recidivism data for treatment and comparison groups

	Treatment	Comparison	Historical Treatment
Arrest			
Any	25%	27%	32%
Felony	15%	14%	21%
Misdemeanor	16%	22%	19%
Violent	6%	6%	5%
Property	2%	7%	7%
Drug	11%	16%	11%
Weapons	1%	1%	1%
Other	17%	18%	27%
Booking			
Any	35%	34%	48%
Felony	25%	19%	42%
Misdemeanor	14%	21%	14%
Violent	5%	6%	9%
Property	7%	9%	12%
Drug	13%	17%	12%
Weapons	1%	1%	2%
Other	18%	13%	28%
Conviction			
Any	17%	25%	21%
Felony	5%	6%	12%
Misdemeanor	14%	22%	11%
Violent	2%	2%	0%
Property	5%	6%	7%
Drug	5%	12%	2%
Weapons	1%	0%	1%
Other	7%	6%	6%
Total	133	95	81

Propensity score model information

The R Statistical Computing language `mnp` function found in the `twang` package was used to calculate propensity scores. A detailed explanation, write up, and reference for the `twang` package and `mnp` function can be found in the package documentation: <https://cran.r-project.org/web/packages/twang/vignettes/twang.pdf>

Propensity score model

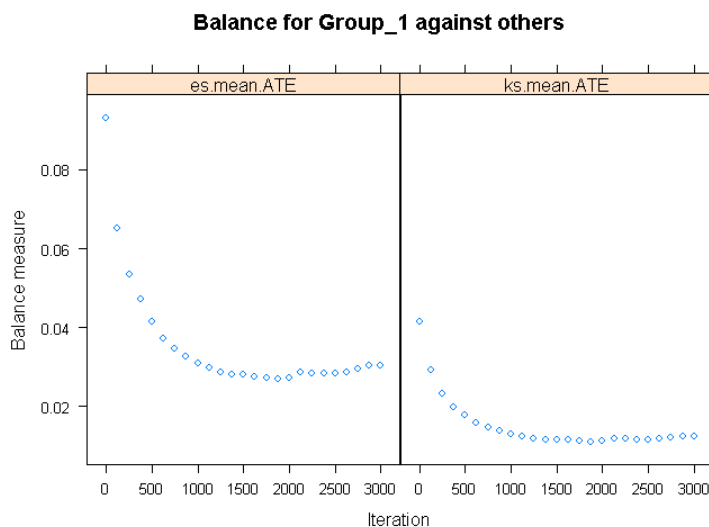
The covariates used to estimate the average treatment effect (ATE) unbiased by the included covariates were ethnicity, age at program entry, the COMPAS violence scale, and the COMPAS recidivism scale. Two stopping methods were explored to fit the model, the `es.mean` (uses the effect size or the absolute standardized bias and summarizes across variables with the mean) and the `ks.mean` (uses the Kolmogorov Smirnov statistics and summarizes across variables with the mean).

```
## mnp(  
##   formula = Group ~ Eth + Age_Entry + VIOLENCE + RECIDIVISM,  
##   data = participants,  
##   estimand = "ATE",  
##   verbose = FALSE,  
##   stop.method = c("es.mean", "ks.mean"),  
##   n.trees = 3000,  
##   na.action = "level"  
## )
```

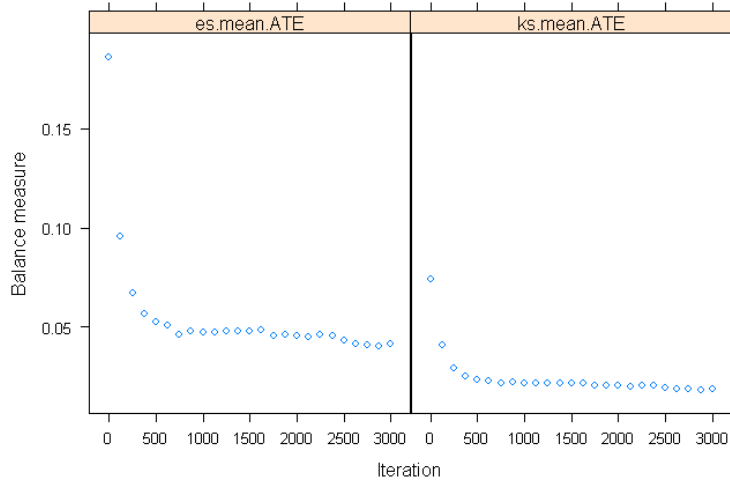
Model diagnostics

Three diagnostic tools were used to ensure the propensity score model was appropriate.

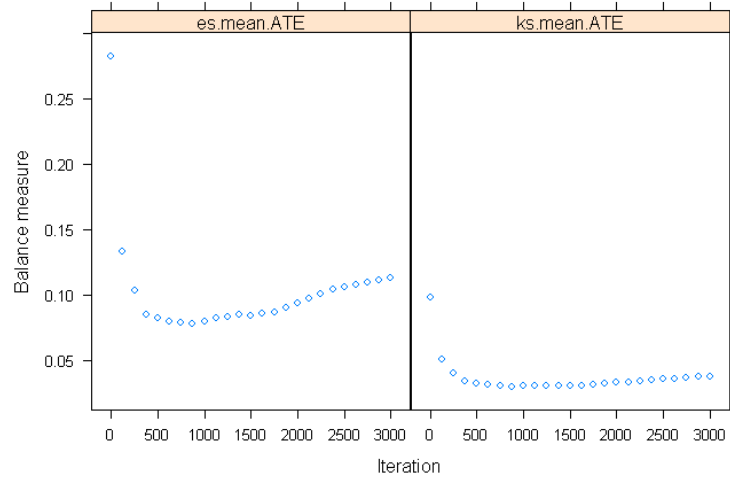
1. Ensure the `n.trees` parameter was set high enough to allow the generalized boosted regression model used to fit the propensity score model to explore sufficiently complex models.



Balance for Group_2 against others



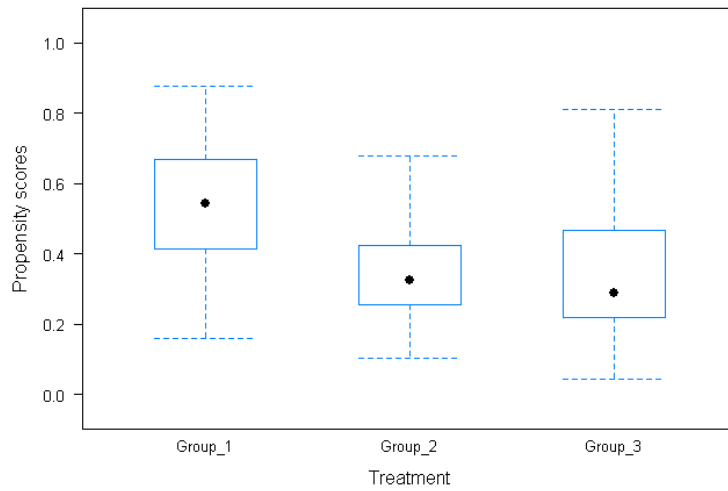
Balance for Group_3 against others



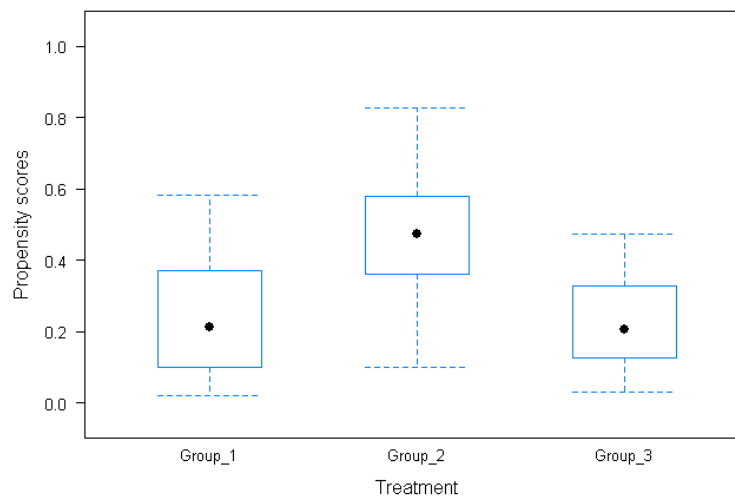
The balance measures were stable by 3,000 iterations. Further iterations not likely to improve the propensity score model. Minimized prior to 3,000 iterations.

2. Ensure groups are sufficiently similar to have non-zero propensity for other group membership.

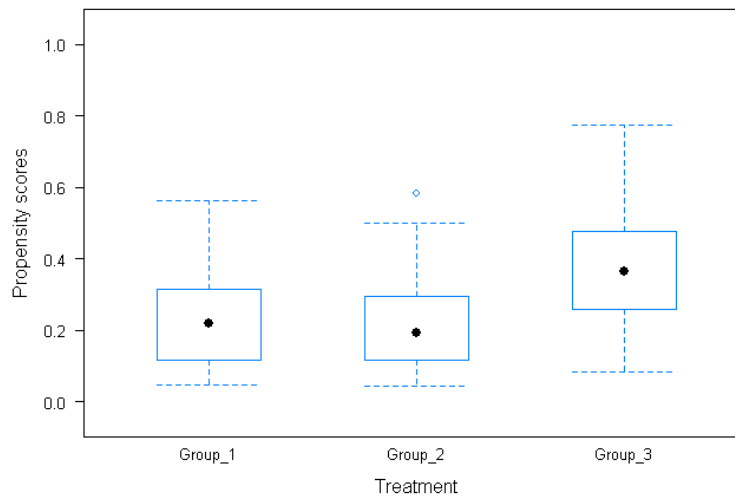
Group_1 propensity scores by Tx group



Group_2 propensity scores by Tx group



Group_3 propensity scores by Tx group



Each group has a non-zero propensity to be a part of other groups.

3. Ensure final balance is sufficient across groups and covariates for each stopping method.

Sample sizes and effective sample sizes

treatment	n	effective n: es.mean	effective n: ks.mean
Group_1	133	113.29	113.29
Group_2	95	73.14	72.98
Group_3	81	60.87	60.57

Overall balance across all covariates

max.ks	min.ks.pval	stop.method
.25	0	unw
.08	.6	es.mean
.08	.58	ks.mean

After propensity score weighting, both stopping methods achieved well balanced groups.

Weighted logistic regression models

A propensity score model to estimate the ATE unbiased for ethnicity, age at program entry, COMPAS violence scale, and COMPAS recidivism scale co-variates with the es.mean (makes use of the effect size or the absolute standardized bias and summarizes across variables with the mean) as the stopping method is used to weight the sample prior to the conviction recidivism regression model. The weighted sample conviction recidivism regression model was fitted with group as the sole covariate.

Conviction recidivism model

```
## Call:
## glm(formula = conviction_indicator ~ Group, family = quasibinomial(link = "logit"),
## data = participants, weights = wt)
## Coefficients:
## Estimate Std. Error t value Pr(>|t|)
## (Intercept) -1.6358 0.2574 -6.354 7.59e-10 ***
## GroupGroup_2 0.6447 0.3479 1.853 0.0649 .
## GroupGroup_3 0.1332 0.3626 0.367 0.7136
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

Group	Recidivism probability	Percent change from reference group
Treatment Group (Group 1)	.1630411	0.000000
Comparison (Group 2)	.2706917	0.6602670
Historical Treatment (Group 3)	.1820437	0.1165512

Two omnibus tests (deviance test and the Hosmer-Lemeshow goodness of fit test) for model fit were run indicating the weighted logistic regression model for conviction recidivism with group as the sole covariate was an appropriate fit for the data versus a NULL model.

Description	Deviance	df	Chisq Prob.
Null	787.445845	308	NA
Residual	777.545181	306	NA
Chi-Square Test	9.900664	2	0.0070811

```
##
## Hosmer and Lemeshow goodness of fit (GOF) test
##
## data: vmf_glm$y, fitted(vmf_glm)
## X-squared = 0.57858, df = 8, p-value = 0.9998
```

Cost benefit analysis methods and assumptions

Arrests and associate costs

Arrest recidivism is defined as a reported suspect arrest at the felony/misdemeanor level that occurs after the release date and up to one year after. The San Diego County Sheriff’s Department was able to provide the system average cost of an arrest at the felony/misdemeanor level (\$433.88) for FY 17-18). All costs use this number and are assumed as FY 17-18 costs.

Arrests				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	0.60	0.68	0.64	0.64
Median	0	0	0	0
SD	1.48	1.48	1.17	1.40
Mad	0	0	0	0
Range	0–8	0–8	0–5	0–8

Arrest Costs				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	\$260.98	\$296.87	\$278.54	\$276.62
Median	\$0	\$0	\$0	\$0
SD	\$642.97	\$643.12	\$505.56	\$608.30
Mad	\$0	\$0	\$0	\$0
Range	\$0–\$3,471.04	\$0–\$3,471.04	\$0–\$2,169.40	\$0–\$3,471.04

Days in jail and associated costs

In the calculation of days in jail and their associated costs, if the booking release date was missing or post one year after the original release date, then the booking release date was set to one year after the release date. The San Diego County Sheriff's Department was able to provide the system average cost per day of incarceration (\$177.60 for FY 17-18). All costs use this number and are assumed as FY 17-18 costs. All post-hoc tests use pairwise t-tests using Holm-Bonferroni method adjusted p-values.

Days in Jail				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	24.14*	12.96*	40.42*	24.97*
Median	0	0	0	0
SD	55.31	34.96	68.98	55.02
Mad	0	0	0	0
Range	0-313	0-193	0-341	0-341

*Significant at $p < 0.05$

Pairwise comparisons using t tests with pooled SD

Group_1 Group_2

Group_2 0.1256 -

Group_3 0.0679 0.0027

##

P value adjustment method: holm

Jail Costs				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	\$4,287.77*	\$2,301.32*	\$7,178.55*	\$4,434.83*
Median	\$0	\$0	\$0	\$0
SD	\$9,822.50	\$6,209.68	\$12,251.53	\$9,772.29
Mad	\$0	\$0	\$0	\$0
Range	\$0-55,588.80	\$0-34,276.80	\$0-60,561.60	\$0-60,561.60

*Significant at $p < 0.05$

Pairwise comparisons using t tests with pooled SD

Group_1 Group_2

Group_2 0.1256 -

Group_3 0.0679 0.0027

##

P value adjustment method: holm

Conviction and associated costs

Conviction recidivism is defined as any disposition at the felony/misdemeanor level that occurs after the release date and up to one year after.

The total estimated cost per conviction of \$3,180.91 was calculated based on the following estimates which were compiled from a variety of sources.

- Hourly rates for a District Attorney for FY 14/15 of \$95.34, Public Defender for FY 14/15 of \$86.48, judge for FY 14/15 of \$136.32, courtroom clerk for FY 14/15 of \$46.79, and court operations clerk for FY 14/15 for \$40.67. These rates had previously been compiled and used for an evaluation of the SB 618 program in San Diego County. More information regarding this study can be obtained online at sandag.org/cj or by contacting SANDAG. These hourly rates were adjusted to FY 17/18 using CPI ratios (287.3/266.2 factor).
- The time per conviction was also modeled after the SB 618 cost analysis in which 65 percent of cases took 3.16 hours, 5% of cases took 5.65 hours, 25% of cases took 9.32 hours, and 5% of cases took 52 hours (trial).

Convictions				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	.32	.44	.28	.35
Median	0	0	0	0
SD	0.93	1.00	0.64	0.88
Mad	0	0	0	0
Range	0–6	0–5	0–3	0–6

Conviction Costs				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	\$1,028.41	\$1,406.30	\$903.22	\$1,111.77
Median	\$0	\$0	\$0	\$0
SD	\$2,944.36	\$3,171.27	\$2,026.48	\$2,890.37
Mad	\$0	\$0	\$0	\$0
Range	\$0–19,085.43	\$0–15,904.53	\$0–9,542.72	\$0–19,085.43

Total recidivism costs

Arrest, jail, and conviction costs presented above are summed for each study group participant and presented below. All post-hoc tests use pairwise t-tests using Holm-Bonferroni method adjusted p-values.

Total Recidivism Costs				
Statistics	Treatment Group (Group 1)	Comparison Group (Group 2)	Historical Treatment Group (Group 3)	Total
Mean	\$5,577.17*	\$4,004.48*	\$8,360.31*	\$5,823.22*
Median	\$0	\$0	\$0	\$0
SD	\$11,697.13	\$8,683.45	\$13,323.38	\$11,423.53
Mad	\$0	\$0	\$0	\$0
Range	\$0–65,131.52	\$0–38,201.17	\$0–61,429.36	\$0–65,131.52

*Significant at $p < 0.05$

Pairwise comparisons using t tests with pooled SD

Group_1 Group_2

Group_2 0.303 -

Group_3 0.165 0.035

##

P value adjustment method: holm