Evaluation of the Community Corrections Performance Incentive Act (SB678) in Santa Barbara County

Fourth Annual Report: June 2016

Researchers from the University of California, Santa Barbara collaborated with the Santa Barbara County Probation Department to conduct an evaluation of evidence-based local probation services guided by the California Community Corrections Performance Incentive Act (Senate Bill 678 of 2009).

Table of Contents

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Introduction

What is Senate Bill 678?

In 2009, California State Senators co-authored Senate Bill 678 (SB678)[1], which created the California Community Corrections Performance Incentive Program. The impetus for SB678 came from data collected over the past few decades that found probation departments were underfunded and felony clients were frequently failing probation supervision and being committed to state prison in response. The California Community Corrections Performance Incentive Act has two main goals: (1) the development of evidence-based intervention programs, and (2) a reduction in the felony probation failure rate through sustainable state funding for the evidence-based programs.

To develop evidence-based programs, a "community corrections program" was required to be established in each county; this program was expected to consist of evidence-based corrections practices and programs, including evidence-based risk and needs assessments, rehabilitation programs, probation supervision, sanctions, program evaluation, and program fidelity. Funding for these programs comes from grants and a "probation failure reduction incentive payment." That is, up to 45% of the state savings resulting from reduced recidivism and revocations among felony probationers can be returned to the county to fund these evidence-based probation programs.

SB678 in Santa Barbara County

In response to SB678, the Santa Barbara County Probation Department created an evidence-based "community corrections program." Evidence-based probation programs were developed, implemented, and/or improved to decrease criminal thinking, reduce drug/alcohol dependence and criminal reoffending, and improve mental health and functioning in the community. Descriptions of the different interventions and services provided are described below.

Evidence-Based Interventions (EBIs)

The following EBIs were provided to high-risk probationers.

- ***Alcohol and Other Drug (AOD) Treatment Groups:*** AOD treatment groups are facilitated by treatment staff and provide court-recognized drug and alcohol treatment programs. Staff members are credentialed drug and alcohol counselors focusing on a Matrix model of drug and alcohol prevention education, anger management, life skills, socialization, communication skills, and

[1] Once an acronym is defined, the acronym will be used for the remainder of the report. Please see Appendix A for a list of all acronyms used.

aftercare. Services are provided by the Council on Alcoholism and Drug Abuse (CADA), Good Samaritan Services, or Sheriff's Treatment Program (STP).

- ***Hawaii's Opportunity Probation with Enforcement (HOPE) Supervision:*** HOPE is a Behavioral Triage method of supervising clients that was originally initiated in the Hawaii Court System. Behavioral Triage involves swift and certain, but relatively mild, sanctions for each detected violation of probation. When properly applied, HOPE has been shown to greatly reduce drug use, missed probation appointments, probation revocations, and arrests for new crime. Clients are successfully exited from the program when they have achieved a minimum of six months without a violation or incurring a new offense and a case supervision review recommends a decrease in supervision level.

- ***Parenting Wisely:*** Clients with young children learn the necessary skills for the healthy, well-balanced raising of children. This EBI has been shown to reduce child problem behaviors, increase communication, and develop family unity. Parenting Wisely provides tools for soon-to-be parents, parents who may have been away from their children for some time, or who are seeking positive skills for dealing with their children.

- ***Reasoning and Rehabilitation (R&R):*** R&R is an evidence-based cognitive behavioral program designed to teach impulse control, problem solving techniques, and systematic thinking to encourage more empathetic behavior in a social environment. Classes are 1.5 to 2 hour sessions, two times per week for seven weeks.

- ***Recovery-Oriented System of Care (ROSC):*** ROSC is a secular, peer-driven support group similar to a 12-Step program for clients with substance abuse issues. Walk-ins are welcome; however, a referral by the supervision probation officer is encouraged to facilitate the monitoring of attendance. CADA and Good Samaritan facilitate ROSC groups at the PRRCs.

- ***Resources for Change Re-Entry/Custody to Community (CTC) Re-Entry:*** The Resources for Change Re-Entry program focuses on the success of clients who have been habitual offenders. It addresses the difficulties of clients up to the time of their release, helping them formulate a plan to maintain recovery and avoid relapse. Twenty 2-3 hour sessions over a five-week period focus on individual plans for transition back into the community, tools needed to accomplish the plan, and available resources in four components: 1) recovery, 2) where to live for a new way of life, 3) getting ready to work, and 4) working.

- ***Thinking for a Change (T4C):*** T4C is an integrated, cognitive behavior change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. It is designed for delivery to small groups in 25 lessons and can be expanded to meet the needs of a specific participant group. The T4C program is used in prisons, jails, community corrections, probation, and parole supervision settings.

- ***Work and Gain Economic Self Sufficiency (WAGE$$***): WAGE$$ is a bi-weekly program designed to assist unemployed or under-employed clients. WAGE$$ is a brief job search training program that focuses on how to answer difficult questions regarding a client's felony

conviction. Clients learn interviewing techniques, how to dress for interviews, and the optimum locations to look for employment. Additionally, the program assists clients in completing their résumés.

Other Interventions

The following interventions are not EBIs but are frequently provided to high-risk probationers.

- ***Batterer's Intervention Program (BIP):*** This is a 52-week treatment program mandated by California state law for individuals convicted of acts constituting domestic violence. The focus of the program is preventing physical, sexual, and psychologically violent behaviors. Ongoing family safety is the primary concern with every client. Clients are assisted in developing more adaptive ways to solve conflict, communicate, and manage stress. Psychodynamic and psycho-educational approaches help the clients learn to challenge their underlying beliefs and assumptions, gain awareness of the impacts their actions have on others, and to take control of clients' actions and effectively regulate their emotions.

- ***Drop-in-Education:*** Clients get information on obtaining their General Educational Development (GED) or high school diploma and college enrollment. Participants can use computers for online enrollment and to view class schedules. One-on-one tutoring is also available to clients who desire additional assistance with course work, reading and writing skills, English, computer skills, etc. A certified teaching staff member assesses clients and a tutor is assigned to determine clients' needs.

- ***Drop-in-Employment:*** Clients can use computers for online job searches, to check posted classifieds, and to get assistance completing and sending job applications and résumés. Assistance with completing application forms for benefits such as Social Security Insurance or a California Driver's License is also available.

- ***Residential Treatment Program (RTP)***: An RTP is a live-in facility typically providing therapy for substance abuse and/or mental health illness. RTP implements medical and/or psychotherapeutic treatment to address dependency on substances such as alcohol, prescription drugs, cocaine, heroin, and methamphetamine. The general intent is to enable the client to cease substance abuse, in order to avoid the psychological, legal, financial, social, and physical consequences that can be caused, especially by extreme abuse.

Evaluation Overview

Aims of the Current Evaluation

The current evaluation aims to understand how well the implementation of best practices to reduce failure rates of clients who are high-risk and under supervision is working in Santa Barbara County. Specifically, this evaluation report will address the following research questions:

1. What are the demographic characteristics of the high-risk felony probationer population?
2. What are the criminal history and risk characteristics of the high-risk felony probationer population?
3. What evidenced-based interventions and other services are participants receiving?
4. Which high-risk felony probationers succeed in probation?
    a. Do demographic and background characteristics impact probation success?
    b. Are specific treatment programs or interventions and/or combination of interventions related to success in probation?
    c. How does the use of drug testing and GPS impact participants' success in probation?
    d. After controlling for background and demographic factors, how do treatment programs and interventions affect success in probation?
5. Which high-risk felony probationers recidivate?
    a. Are there specific demographic and background characteristics that impact recidivism?
    b. How is probation exit status related to recidivism?
    c. Are specific treatment programs or interventions and/or combinations of interventions related to recidivism?
    d. How does the use of drug testing and GPS impact participants' rates of recidivism?
6. What are the TGI participant-specific outcomes for probation and recidivism?
    a. Are certain criminal background factors related to probation success and recidivism outcomes for TGI participants?
    b. Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for TGI participants?
    c. How does the use of drug testing impact TGI participants' success in probation and rates of recidivism one year later?
    d. How does the use of GPS services impact TGI participants' success in probation and rate of recidivism one year later?
7. What are the Prop 36 participant-specific outcomes for probation and recidivism?
    a. Are certain criminal background factors related to probation success and recidivism outcomes for Prop 36 participants?
    b. Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for Prop 36 participants?
    c. How does the use of drug testing impact Prop 36 participants' success in probation and rates of recidivism one year later?
    d. How does the use of GPS services impact Prop 36 participants' success in probation and rate of recidivism one year later?
8. How do probation outcomes and recidivism rates for high-risk, felony probationers change over time, specifically before and after SB678 programming was implemented?
    a. How has treatment involvement and number of EBIs received for high-risk felony probationers changed by cohort overtime?

Research Methods & Procedures

In order to understand if the evidence-based programs are effective in reducing reoffending and entry into the state prison system, evaluation of participating probationer outcomes is necessary. Evaluation data can inform what is working and for whom. To accomplish this goal, a descriptive non-experimental research method was utilized. The specific data procedures are:

1. When a client first enters probation they are assigned a personal identification number (PIN) and intake data are collected. Intake data include: demographic information, a risk and needs assessment using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), and prior criminal and arrest information.

2. Throughout a client's time on probation, data are collected on the supervision and treatment services they receive, as well as their success in assigned programs. At exit from probation their exit status is entered into the database, as well as their criminal and arrest history during their time in the program.

3. Follow-up data are provided 1, 2, and 3 years after a client's exit from probation in order to track their recidivism.

4. Data collected and queried by the Santa Barbara County Probation Department are sent to the University of California Santa Barbara (UCSB) evaluation team for analysis on a bi-annual basis. For this report, information was provided for all high-risk felony probationers who exited from probation between July 1st, 2010 and December 31st, 2015.

Measures

The following types of data were collected and analyzed for this evaluation:

Probation Data

The current evaluation primarily includes data collected by the Santa Barbara County Probation Department, which were then organized and cleaned for analysis by the UCSB research team, including:

- Demographic information
- Conviction and booking charges
- The COMPAS risk and needs assessment
- The Spousal Assault Risk Assessment (SARA) domestic violence risk assessment
- Jail days during time in SB678 programs
- Treatment services received, their duration, and exit status
- Drug testing and GPS program participation and exit status
- Probation exit status
- Recidivism during probation and 1, 2, and 3 years after exiting probation

COMPAS

The COMPAS (Northpointe Institute for Public Management, 1996) is decision-support software that combines risk and needs assessment with other case management, sentencing, and recidivism data. For the purposes of this evaluation, data from the risk and needs assessment portion of the COMPAS were analyzed. The COMPAS has 15 different base scales (see Appendix B for a description of the 8 base scales included in this evaluation). Each of these base scales generates an interval score between 1 and 10. Typically, scores of 1-4, 5-7, and 8-10 indicate low, medium, and high levels of that variable, respectively. The COMPAS also calculates risk scores for recidivism and violence, and generates supervision level recommendations.

SARA

The SARA (British Columbia Institute on Family Violence, 1993) is an evidence-based assessment used to determine the degree to which a spouse, child, family member or other person faces substantial risk or threat of domestic violence. The assessment guide/checklist is an interview-based, paper-and-pencil assessment based on interviews with the victim and accused, and includes standardized measures of physical and emotional abuse as well as drug and alcohol abuse. When appropriate, a review of records, including police reports and other criminal records, are also assessed to determine risk or threat of domestic violence to the individual. The SARA is composed of 20 items with 4 different base scales (see Appendix C for a description of the base scales). The SARA provides numerical coding of 20 items with a possible high score of 40.

Important Definitions

The two key client outcomes presented in this report are probation exit status and recidivism for high-risk, felony probationers.

Probation Exit Status

Successful exit from probation is typically defined as completing the assigned probation period without being sentenced under Penal Code Section 1170 or being committed to state prison. For this evaluation the probation Exit Status reflects the exit status for the first case to "exit" after treatment in SB678 began. Unsuccessful exit from probation is defined as having new law violations or violations of probation resulting in additional adjudication at the conclusion of their probation period.

Recidivism

For the purposes of this evaluation, recidivism was defined as one or more conviction charges during the probation term and/or 1, 2 or 3 years after exit from probation. Each of these recidivism time periods will be examined separately.

Descriptive Results

What are the demographic characteristics of the high-risk felony probationer population?

The current evaluation is focused on understanding what does and does not impact success in probation and future recidivism for high-risk felony probationers. Specifically, participants were selected for inclusion in the current evaluation because they met the following criteria:

- Received a felony conviction;
- Were placed on probation in Santa Barbara County due to this felony conviction and exited from probation (successfully or unsuccessfully) between July 1st, 2010 and December 31st, 2015;
- Have a probation exit status of successful or unsuccessful; and
- Are high-risk on either the Recidivism Risk or Violence Risk scales of the COMPAS risk assessment or received an override based on the Probation Department's policy.

The risk level of clients referred for probation is assessed to determine level of supervision. Clients who score in the low to medium range for violence and recidivism risk are not placed on active supervision, unless they receive an override. Thirteen categories of overrides can be applied, including: registered sex offender, serious mental health needs, a new or noncompliant domestic violence case, high or significant criminal involvement, high or significant history of violence, high risk per SARA, seriousness of offense, or access to vulnerable victim. Data regarding which clients received an override were not available for the current report. Clients with low Recidivism Risk and low Violence Risk scales of the COMPAS were excluded from the current report.

Additionally, there was a group of 104 individuals who were exited early from probation as a result of Proposition 47 (Prop 47). Prop 47 reduced the penalties for certain clients convicted of nonserious and nonviolent property and drug crimes and, as a result, made certain felonies eligible for early release or shorter jail time. However, because these individuals did not have an exit from probation that can be defined as either successful or unsuccessful, they were excluded from further evaluation analyses.

The final sample of participants included 801 individuals; participant demographic information is presented in Table 1. The majority of the high-risk felony probation population are male (78%, n = 622) and between the ages of 18 and 34.9 years (66%, n = 531). In terms of ethnicity, most participants identified as Hispanic (47%, n = 379) or White (43%, n = 341).

Table 1: ***Participant Demographics***

	All Participants (*N* = 801)
Gender	
Male	78% (*n* = 622)
Female	22% (*n* = 179)
Age	
18.0-24.9 years	36% (*n* = 284)
25.0-34.9 years	31% (*n* = 247)
35.0-44.9 years	18% (*n* = 141)
45.0+ years	16% (*n* = 128)
Ethnicity	
Hispanic	47% (*n* = 379)
White	43% (*n* = 341)
Black	9% (*n* = 68)
Other	1% (*n* = 13)

What are the risk characteristics of the high-risk felony probationer population?

Results presented in Table 2 shows the percentage of participants in the low, medium, and high-risk ranges of recidivism risk and violence risk, and for specific subscales of the COMPAS. Smaller numbers were reported for Criminal Associates, Substance Abuse, Criminal Personality, Criminal Thinking, and Family Criminality due to receiving the COMPAS for some clients without these subscales. Overall, the majority of participants fell in the high-risk range for recidivism (64%), followed by the medium-risk range (31%), and finally the low-risk range (4%). In terms of violence risk, slightly more than half of probationers fell in the high-risk range (55%), followed by medium-risk (31%), and low-risk (14%). All COMPAS subscale risk levels had a larger percentage of participants in the high-risk range than the medium- or low-risk ranges (with the exception of Criminal Personality). Overall, these descriptive results confirm that the participants in the current sample are high-risk clients.

Additionally, about one fifth of the participants (21%, *n* = 129) are classified as being a suspected or admitted gang member based on self-report questions.

Table 2: ***Recidivism Risk, Violence Risk, and COMPAS Subscale Scores for Participants (N = 801)***

Overall Risk	Low Risk	Medium Risk	High-Risk
Recidivism Risk	4%	31%	64%
Violence Risk	14%	31%	55%
COMPAS Subscales			
History of Noncompliance	12%	10%	78%
History of Violence	37%	23%	40%
Criminal Associates/Peers[a]	36%	17%	47%
Substance Abuse[a]	20%	30%	50%
Criminal Personality[b]	26%	35%	39%
Criminal Thinking[b]	40%	37%	24%
Family Criminality[a]	49%	20%	32%
Vocational/Education	20%	31%	49%

Note. [a] indicates that *N* = 621 for these variables. [b] indicates that *N* = 620 for these variables

Table 3 provides information regarding participants' previous arrest history. Based on the COMPAS risk assessment, participants had an average of 12.2 prior arrests (*SD* = 12.1, range = 1 to 121 arrests), with an average age of first arrest of 18.0 years old (*SD* = 4.6 years, range = 8 to 46 years). The reported range of arrests reflects the upper and lower number of total previous arrests for all participants in the sample. Thus, the minimum number of previous arrests was 1 and the highest number of previous arrests was 121, with 12.2 arrests being the average number of prior arrests. Additionally, 12% of participants have a history of one or more juvenile felonies, 4% had one or more sexual force charges, 27% had one or more previous domestic violence charges, and 23% had one or more previous weapons offenses.

Table 3: ***Participant Arrest History (N = 792)***

Previous Arrests	*M*[2] (*SD*)[3]		Range
Previous arrests	12.2 (12.1)		1 to 121
Age of first arrest	18.0 years (4.6)		8 to 46 years
Specific Charges	**Number of Charges (% of participants)**		
	None	**One**	**Two or more**
Juvenile Felony	88%	9%	4%
Sexual Force	96%	3%	1%
Domestic Violence	74%	15%	12%
Weapons Offense	77%	17%	6%

[2] *M* = Mean (or average)
[3] *SD* = Standard deviation

Probation Interventions

What interventions are participants receiving?

Current participants were on probation anywhere from 35 to 1865 days (*M* = 701.14, *SD* = 417.07), and during that time received different services based on their individual needs. Table 4 shows the services participants most frequently received, the mean number of days participants were in each program (or frequency of drop-in dates), and the rate of successful program completion. See the Introduction (pp. 2-5) for a description of each of these programs. Criteria for treatment completion were not available.

Table 4: ***Number of Participants Who Participated in each Intervention/Program***

Treatment Service	*N*	*M (SD)* Days in Program	% Successful
Batterers Intervention Program (BIP)	54	484 (331)	44%
Drop-In Education	59	4 (7)	-
Drop-In Employment	35	5 (11)	-
Alcohol and Other Drugs (AOD) Treatment[EBI]	172	208 (188)	52%
HOPE Supervision[EBI]	9	419 (377)	67%
Parenting Wisely[EBI]	15	45 (96)	87%
Reasoning and Rehabilitation (R&R)[EBI]	108	61 (92)	74%
Recovery-Oriented System of Care (ROSC) [EBI]	104	133 (161)	65%
Residential Treatment Program (RTP)	97	210 (180)	46%
Resources for Change Re-Entry/Custody to Community (CTC)[EBI]	18	32 (45)	67%
Thinking for a Change (T4C)[EBI]	24	105 (85)	63%
Work and Gain Economic Self Sufficiency (WAGE$$)[EBI]	162	28 (63)	90%

Notes. [EBI] indicates that this intervention is an Evidenced-based Intervention (EBI).

Drug Testing: In terms of drug testing, a majority of participants (67%, *n* = 534) had at least one drug test during their probation term. Participants who had at least one drug test had a mean number of 13.9 total drug tests (*SD* = 31.3) and an average of 0.9 of these drug tests were positive for drugs (*SD* = 1.7).

Global Positioning System (GPS): GPS, a method of electronic monitoring, was used with 100 of the participants (16%). The mean length of total time on GPS was 242.9 days (*SD* = 195.2, range = 3 to 1163). Of the participants for which GPS was used, 50% were successful on GPS, 46% were unsuccessful, and 4% exited as no fault.

Probation Outcomes

Which high-risk felony probationers succeed on probation?

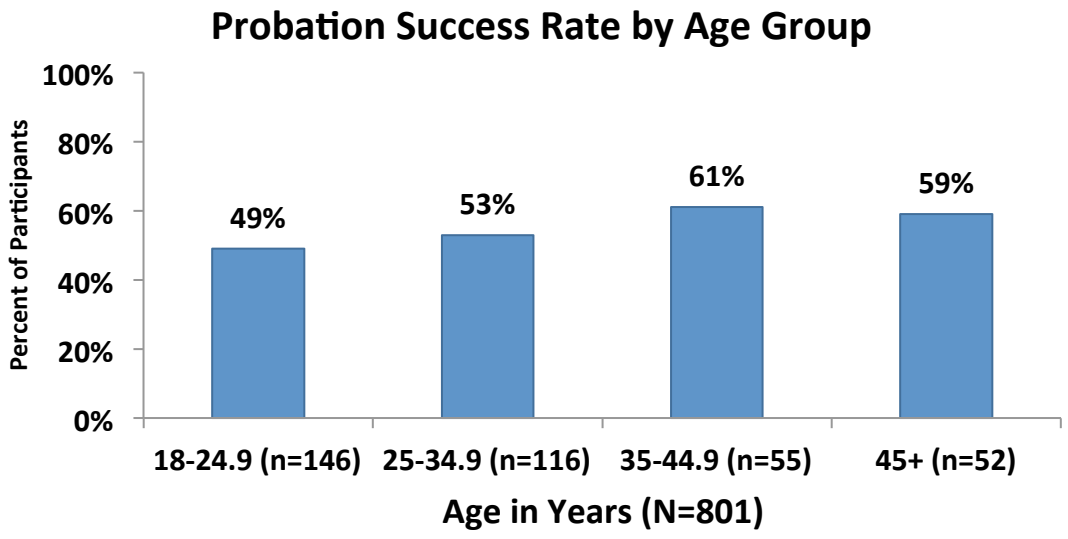
The first goal of this evaluation is to understand what factors impact high-risk, felony probationers' success during their term of probation. For this report, probation success was defined as successfully completing the assigned probation period without being sentenced under Penal Code Section 1170 or being committed to state prison. The following sections will examine which probationers exit probation successfully and what demographic, criminal history, and treatment factors are associated with success.

In the current sample, approximately half of the high-risk felony probationers successfully exited from probation (53.9%, n = 432), the remaining 46.1% (n = 369) were unsuccessful.

Do demographic and background characteristics impact probation success?

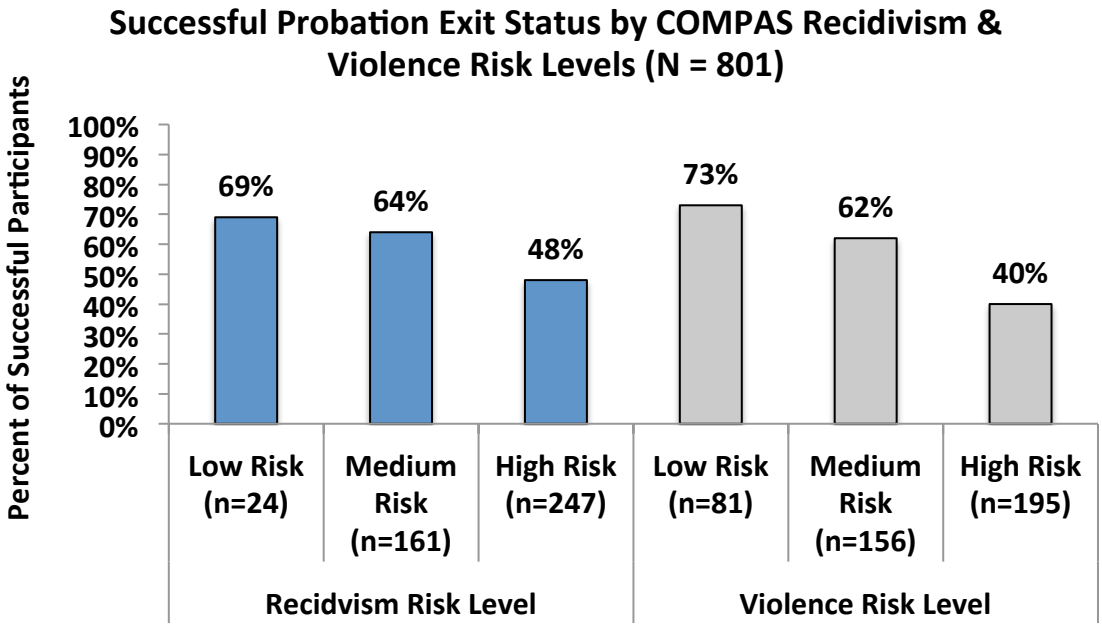
First, we examined the association between demographic and criminal background factors and probation success. In terms of demographic characteristics, race and ethnicity were not significantly related to probation exit status. However, female participants were significantly more likely to be successful (62.0%) compared to male participants (51.6%). In addition, successful participants were significantly older on average (M = 32.7 years) than unsuccessful participants (M = 30.5 years), $t(799)$ = -2.85, $p < .01$. When examined categorically, 18 through 24.9 year olds had the lowest probation success rates (48.6%), followed by 25 to 34.9 year olds (53.0%), clients 45 years and older (59.4%), and clients 35 to 44.9 year olds (61.0%). See Figure 1 for probation success rate by age group.

Figure 1: ***Probation Success Rate by Age Group.***



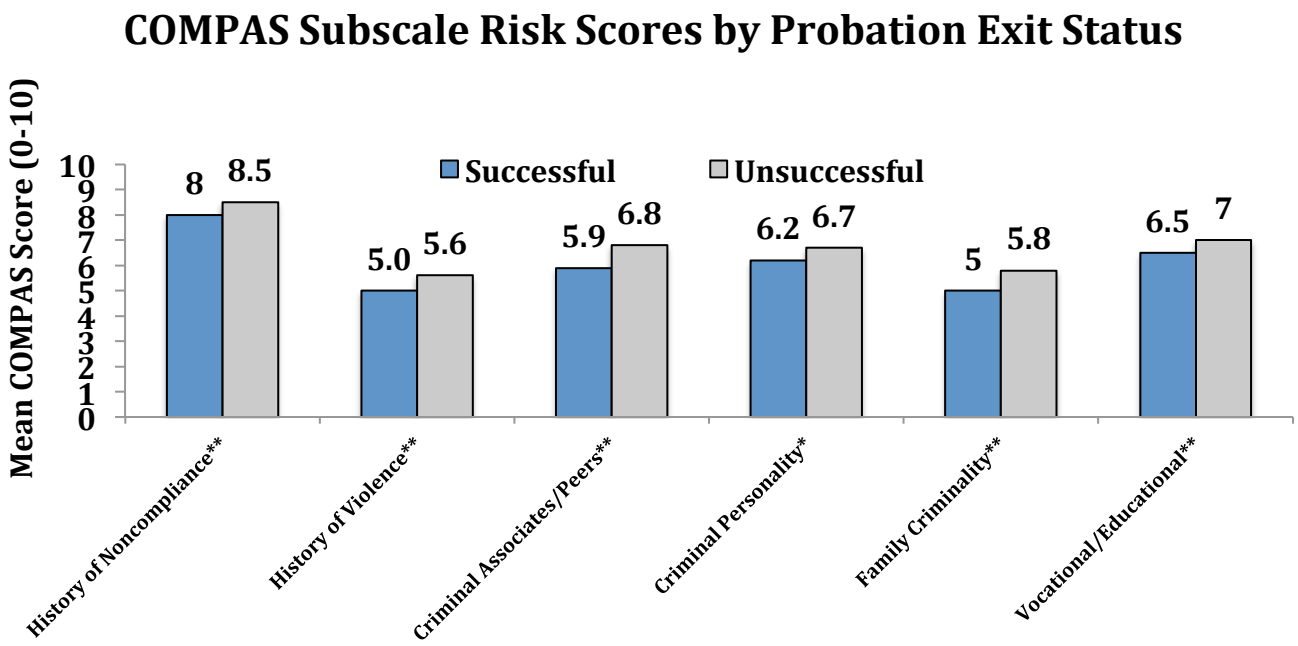
Next, successful and unsuccessful probation participants were compared in terms of their risk levels on the COMPAS. As expected, successful probation participants had significantly lower recidivism risk scores (M = 7.61 [on a 1 - 10 scale]) than unsuccessful probationers (M = 8.30, $t(798) = 5.38$, $p < .001$). The same was true for violence risk (M = 6.98 and 8.12, respectively), $t(797) = 6.90$, $p < .001$. Figure 2 displays the percentage of participants who exited successfully from probation by risk level.

Figure 2: ***Probation Exit Status by COMPAS Recidivism and Violence Risk Level.***



Furthermore, independent samples t-tests indicated that there were significant differences in probation outcomes based on participants scores on the COMPAS subscales measuring History of Noncompliance, $t(798) = 2.65$, $p < .01$, History of Violence, $t(787) = 2.68$, $p < .01$, Criminal Associates and Peers, $t(574) = 3.22$, $p < .01$, Criminal Personality, $t(619) = 2.40$, $p < .05$, Family Criminality, $t(619) = 3.20$, $p < .01$, and Vocational/Educational history, $t(799) = 2.66$, $p < .01$. Clients who were unsuccessful had higher scores on all risk factors than clients who were successful. Interestingly, no significant differences were found based on Substance Abuse, $t(619) = -.457$, $p = .65$, or Criminal Thinking, $t(619) = 1.12$, $p = .27$, subscale scores (see Figure 3).

Figure 3: ***Mean Criminality Score on COMPAS Subscales by Probation Exit Status.***



In addition, as shown in Table 5, successful probationers: (1) had fewer previous arrests than clients who were unsuccessful; (2) had an older mean age of first arrest; and were less likely to (3) be in a gang, (4) have had a previous juvenile felony, (5) and to have had a weapons offense. No significant differences were found for previous sexual force or domestic violence offenses.

Table 5: ***Comparison of Arrest and Offense History by Probation Exit Status***

	Successful Probation Exit	Unsuccessful Probation Exit	Statistical Significance
Number of Previous Arrests **	*M* = 10.78 arrests	*M* = 13.54 arrests	$t(636) = 3.14$, $p < .01$
Age of First Arrest**	*M* = 18.6 years	*M* = 17.3 years	$t(799) = -4.14$, $p < .01$
Gang Involvement**	16% with gang involvement	27% with gang involvement	$X^2 = 10.67$, $p < .01$
Juvenile Felony**	9% with juvenile felony	16% with juvenile felony	$X^2 = 8.98$, $p < .01$
Sexual Force	4% had sexual force offense	3% had sexual force offense	$X^2 = 0.70$, $p = .40$
Domestic Violence	26% had domestic violence charge	27% had domestic violence charge	$X^2 = 0.14$, $p = .71$
Weapons Offense*	20% had weapons offense	27% had weapons offense	$X^2 = 5.80$, $p < .05$

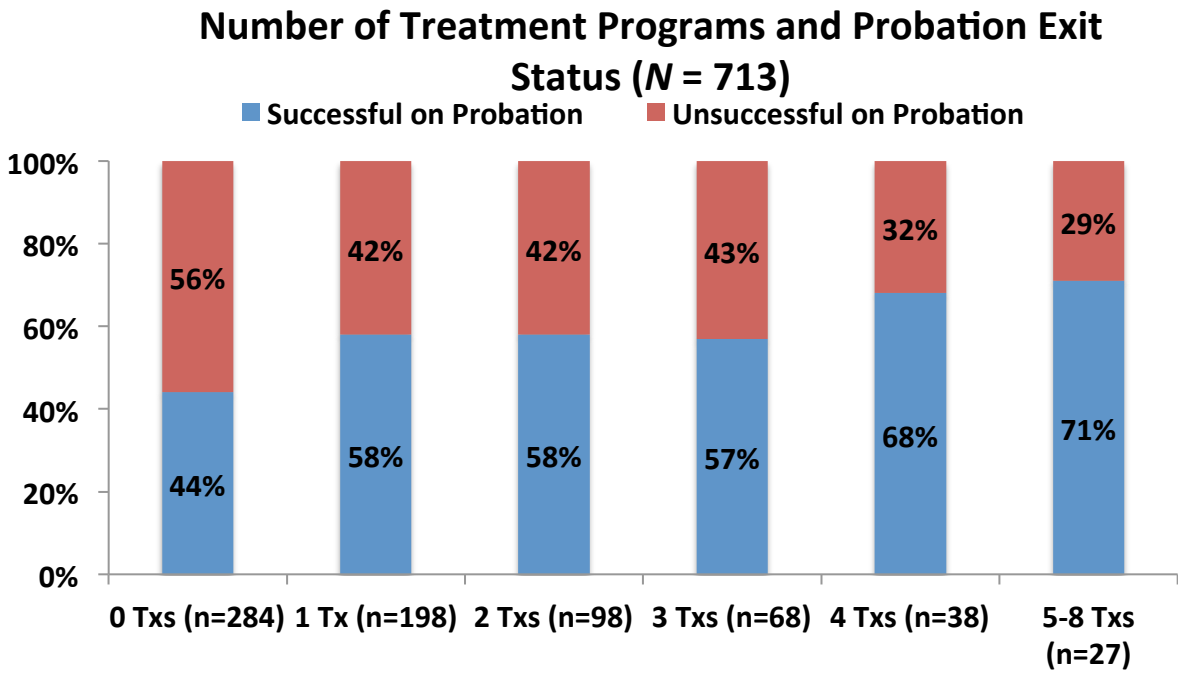
** statistically significant at $p < .01$; * statistically significant at $p < .05$

Are specific treatment programs or interventions and/or combination of interventions related to success on probation?

Although some risk factors, such as criminal history, have important associations with probation success, they are unalterable. Alternatively, treatment services provided through the Probation Department aim to improve alterable factors related to offending, such as criminogenic thinking and employment status. It is important to evaluate the success of probation services in order to guide probation programming. Thus, the association between probation services and probation outcomes will be explored in this section.

First, participants who successfully exited probation were compared to clients that received versus did not receive each intervention. Treatments that were included in this total were: BIP, Drop in Education, Drop in Employment, Drug and Alcohol Treatment, HOPE, Parenting Project, R&R, Resources for Change ReEntry/CTC[4], ROSC, RTP, T4C, and WAGE$$. Clients who were successful on probation were significantly more likely to have received at least 1 of these services, as compared to unsuccessful probationers, $X^2 = 19.33$, $p < .01$. In addition, there is a trend in which, as the number of different program services received increases, so does rate of successful exit from probation (see Figure 4). Participants who exited successfully had an average of 1.5 treatments whereas clients who were unsuccessful had an average of 1.0 treatments, $t(710) = -4.52$, $p < .01$.

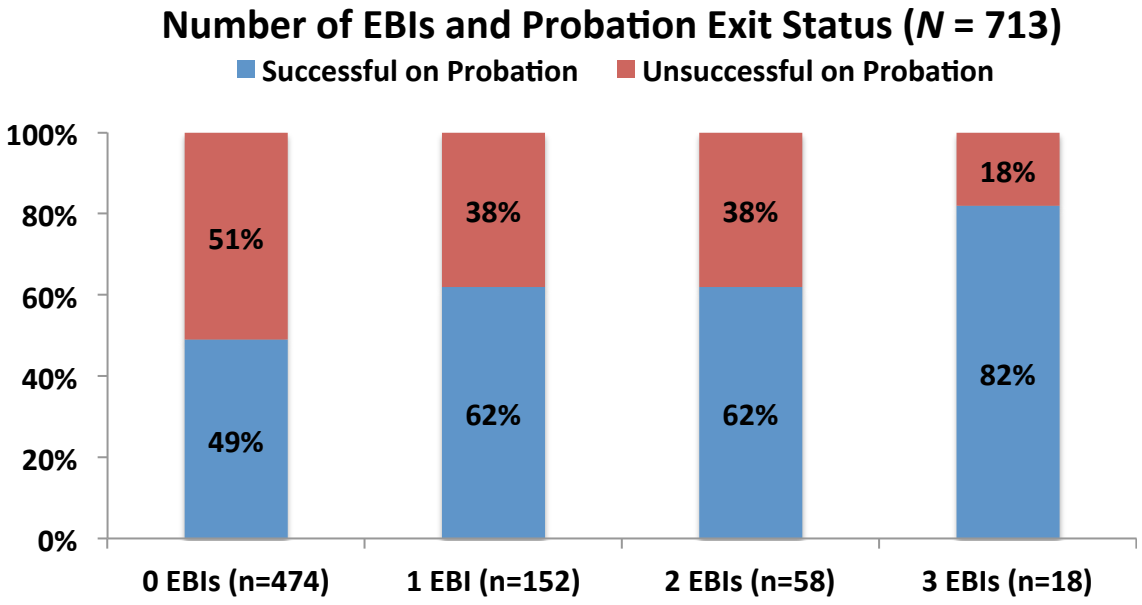
Figure 4: ***Number of Treatment Programs Received and Probation Exit Status.***



[4] From this point forward Resources for Change ReEntry will be referred to as ReEntry

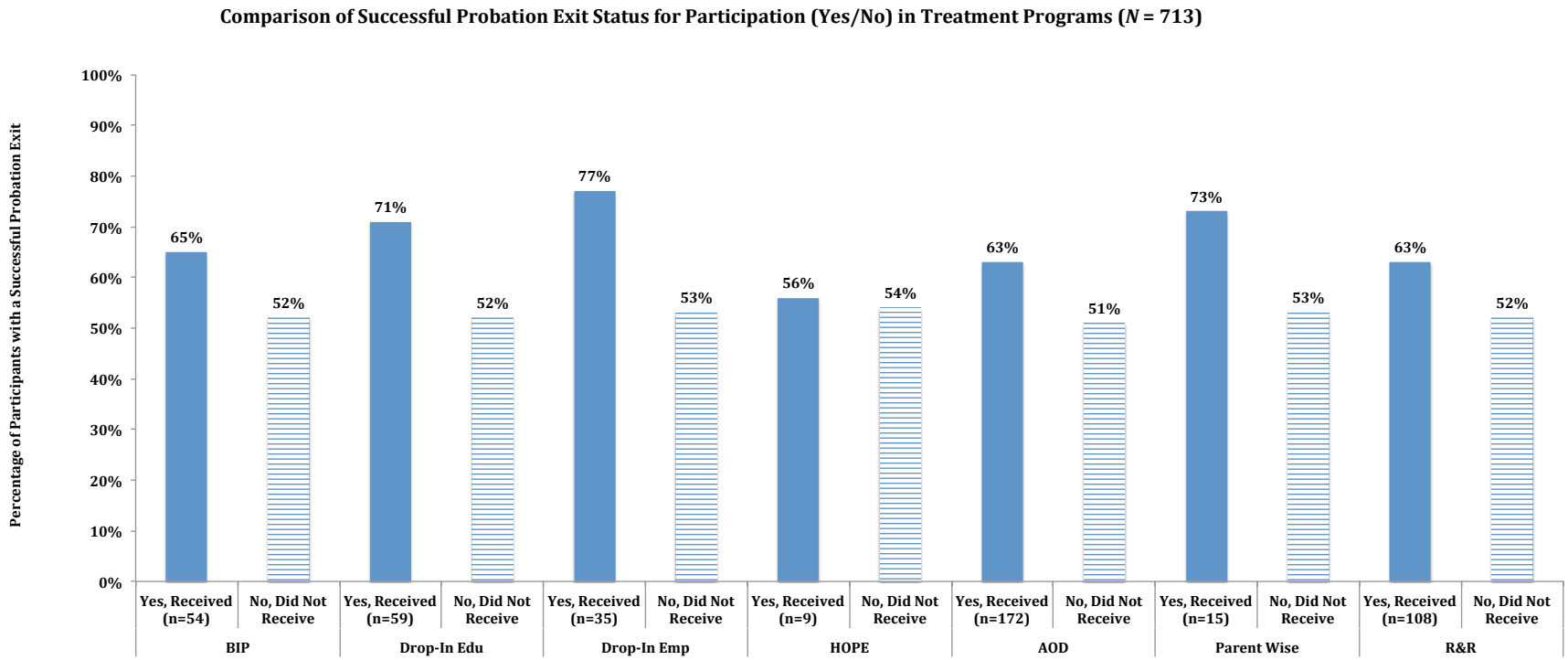
The same comparisons were made again, but only including treatment services that are EBIs with a formal curriculum and monitoring of fidelity of implementation through the Probation Report and Resource Center (PRRC). These services include: R&R, ReEntry, T4C, and WAGE$$. Again, clients who were successful on probation were significantly more likely to have received at least 1 of these EBIs, as compared to unsuccessful probationers, $X^2 = 11.39$, $p < .01$, and rates of successful exit from probation tended to increase as the number of the EBIs received increased (see Figure 5). Participants who exited successfully had an average of 0.6 of these EBIs, whereas clients who were unsuccessful had an average of 0.4 EBIs, $t(710) = -3.07$, $p < .01$.

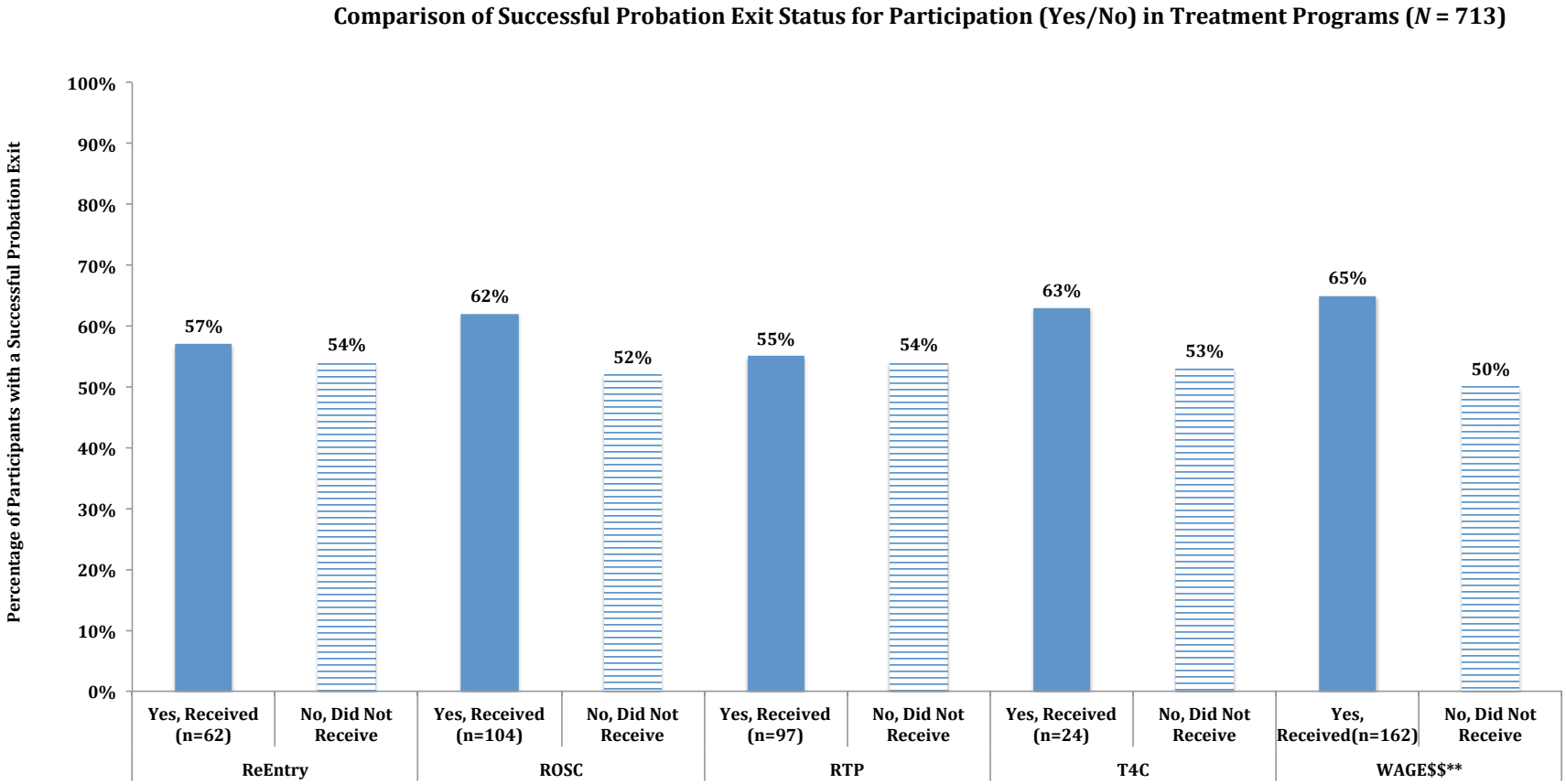
Figure 5: ***Number of EBIs Received and Probation Exit Status.***



Next, the association between each specific EBI treatment program and probation success was explored. Pearson chi-square was used to compare the percentage of participants who exited successfully versus unsuccessfully from probation for clients who received each specific intervention (interventions with fewer than five participants were excluded, i.e., Parenting Project). The interventions with statistically significant differences included AOD, R&R, and WAGE$$; 63% of clients who participated in AOD treatment services successfully exited probation, as compared to 51% of clients who did not participate in AOD. With respect to R&R, 63% of clients who participated successfully exited from probation, as compared to 52% of clients who did not participate in R&R. WAGE$$ clients were also more likely to successfully exit from probation (65%), as compared to 50% of clients who did not participate in WAGE$$. For visual simplicity in reporting, Figures 6 and 7 represent the probation exit status rates for only those participants receiving the specific intervention. Lack of significant findings for other programs could indicate that there is not a large enough sample size within each treatment to have the statistical power to detect real differences.

Figures 6 & 7: ***Participation (Yes/No) in Specific Treatment Programs and Rates of Successful Exit from Probation.***



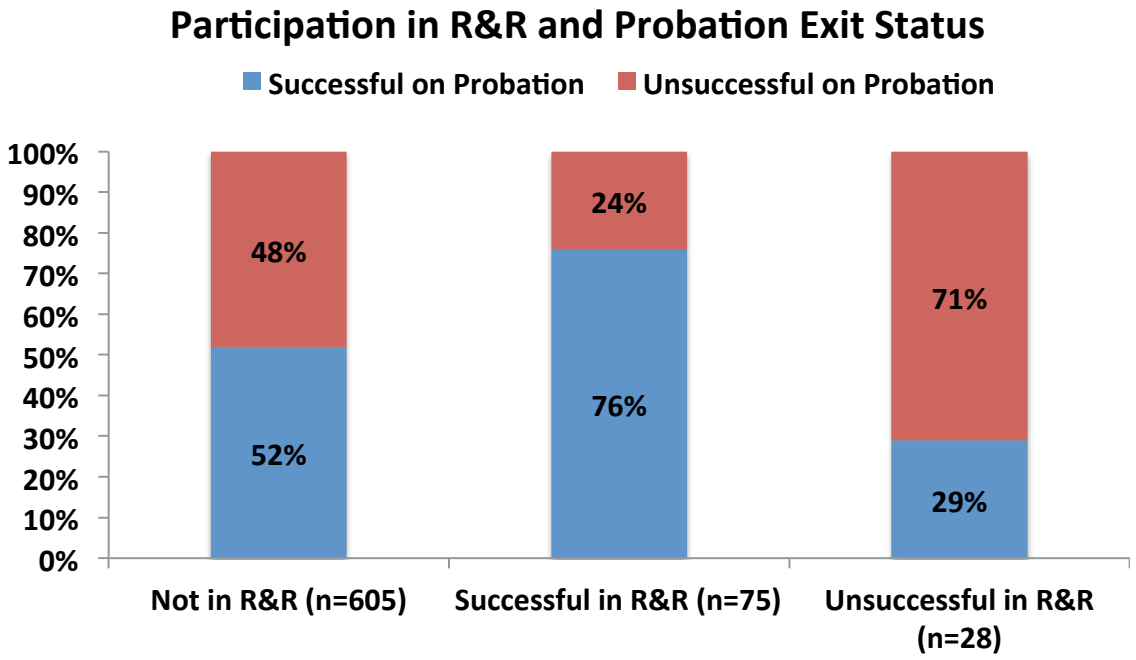

Comparison of Successful Probation Exit Status for Participation (Yes/No) in Treatment Programs (N = 713)
Percentage of Participants with a Successful Probation Exit
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
57%
54%
62%
52%
55%
54%
63%
53%
65%
50%
Yes, Received (n=62)
No, Did Not Receive
Yes, Received (n=104)
No, Did Not Receive
Yes, Received (n=97)
No, Did Not Receive
Yes, Received (n=24)
No, Did Not Receive
Yes, Received(n=162)
No, Did Not Receive
ReEntry
ROSC
RTP
T4C
WAGE$$**

For each of the four EBIs provided through the PRRC (R&R, ReEntry, T4C, and WAGE$$), the rates of successful exit from probation were compared for three groups: (1) clients who did not receive that specific EBI, (2) clients who did receive that EBI and successfully completed it, (3) and clients who were enrolled in that EBI but were unsuccessfully exited from the program. These comparisons allow for a better understanding of how successful completion of a particular EBI, not just enrollment in that EBI, is related to probation success.

R&R

In regards to R&R, results show that participation and success in the R&R program is related to higher rates of success on probation (76%) as compared to clients who do not participate in R&R (52%) and clients who are enrolled in R&R but do not complete the program successfully (29%); differences are statistically significant, $X^2 = 19.69$, $p < .01$.

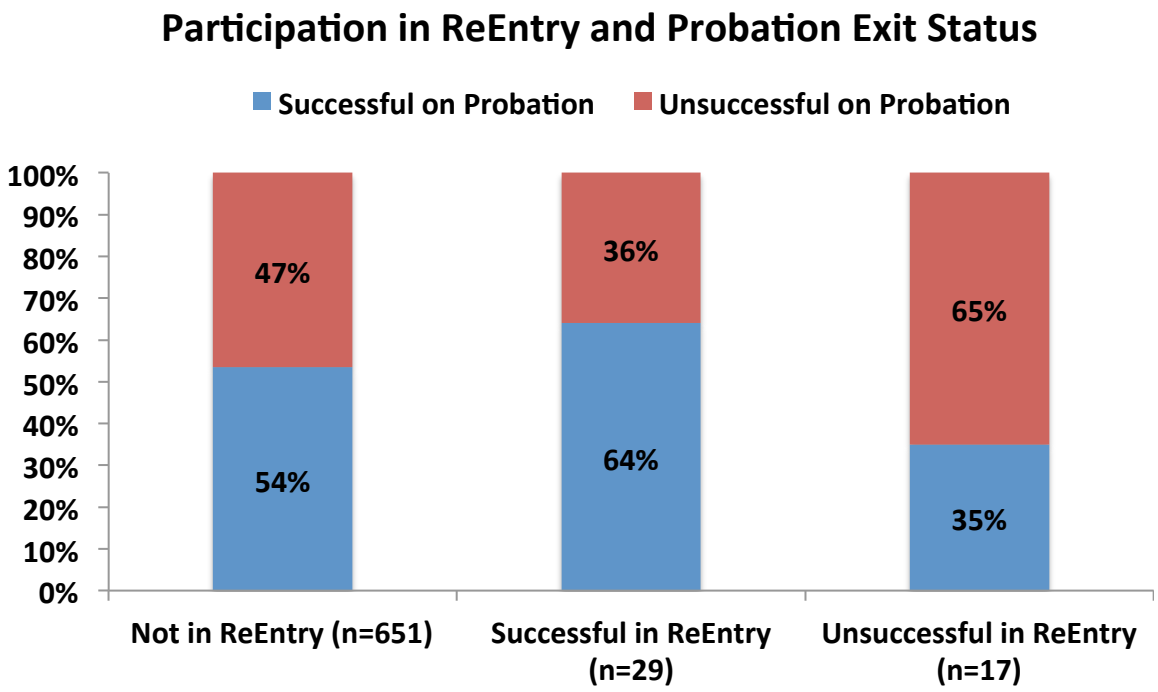
Figure 8: ***Participation in R&R and Probation Exit Status.***



ReEntry

For the ReEntry program, results show that participation and success in the ReEntry class is related to higher rates of success on probation (64%) as compared to clients who do not participate in ReEntry (54%) and clients who are enrolled in ReEntry but do not complete the program successfully (35%); differences were not statistically significant, which may be attributed to small sample size of participants in ReEntry (*n*= 62).

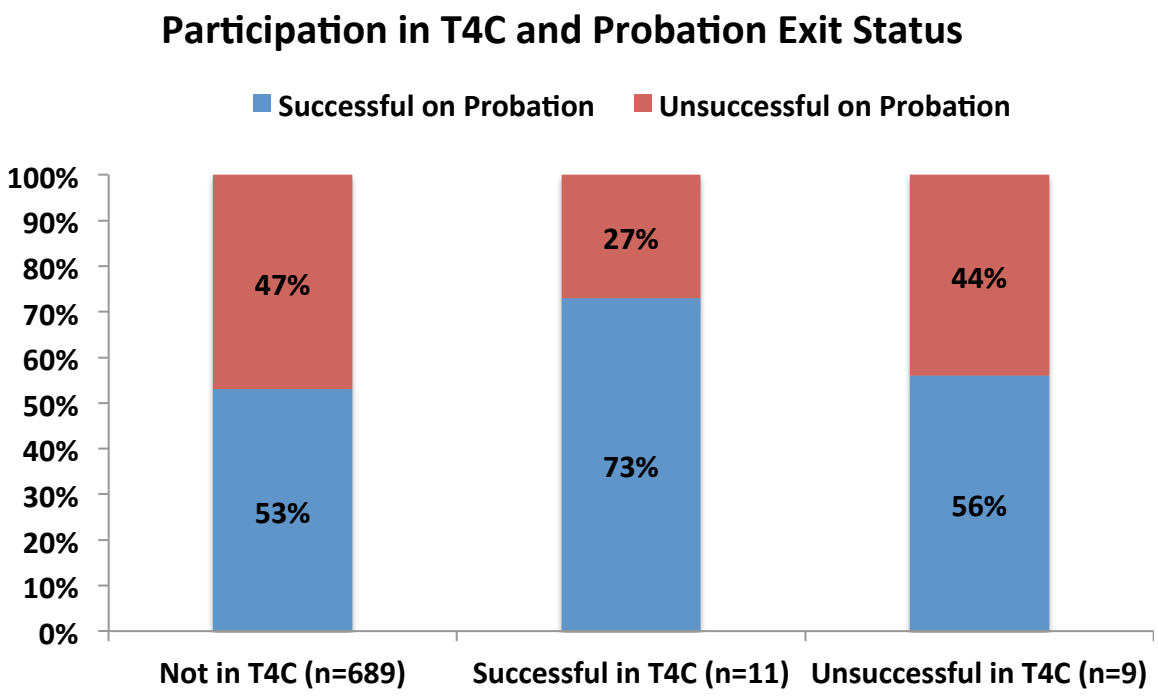
Figure 9: ***Participation in ReEntry and Probation Exit Status.***



T4C

Similar to results found for the previous EBIs, participation and success in the T4C program is related to higher rates of success on probation (73%) as compared to clients who do not participate in T4C (53%) and clients who are enrolled in T4C but do not complete the program successfully (56%). There are very few participants in the T4C program, however, so statistical significance could not be tested and results should be interpreted cautiously.

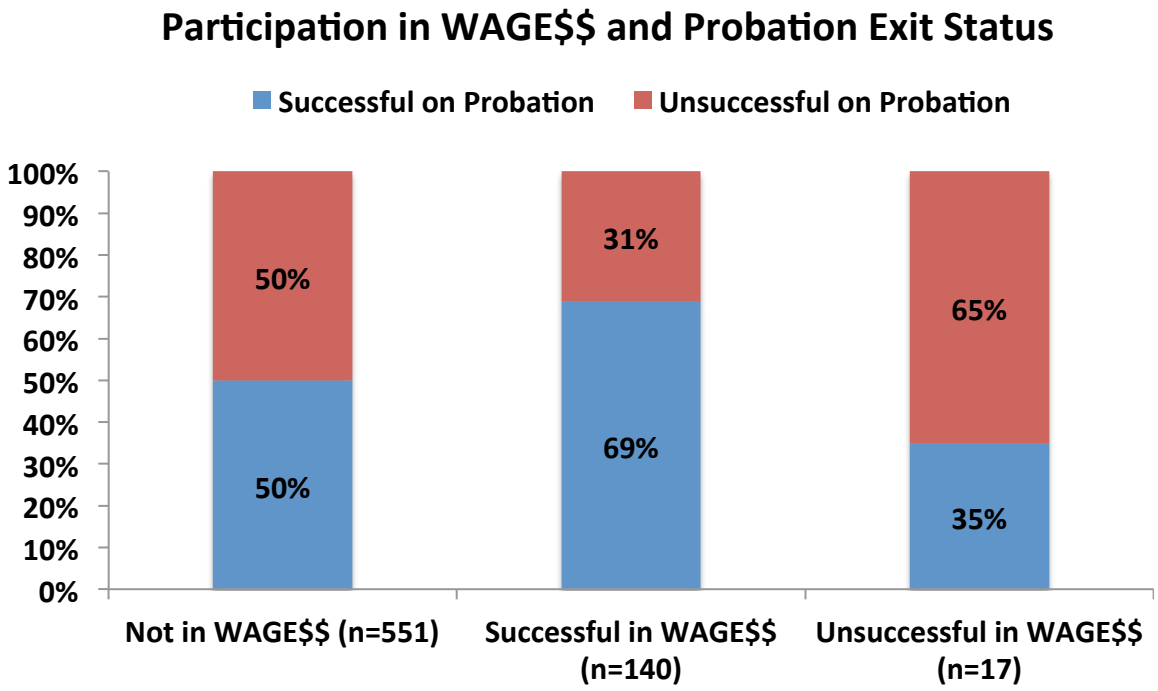
Figure 10: ***Participation in T4C and Probation Exit Status.***



WAGE$$

For the WAGE$$ program, analyses show that participation and success in WAGE$$ is related to higher rates of success on probation (69%) as compared to clients who do not participate in WAGE$$ (50%) and clients who are enrolled in WAGE$$ but do not complete the program successfully (35%); differences are statistically significant, $X^2 = 7.91$, $p < .05$.

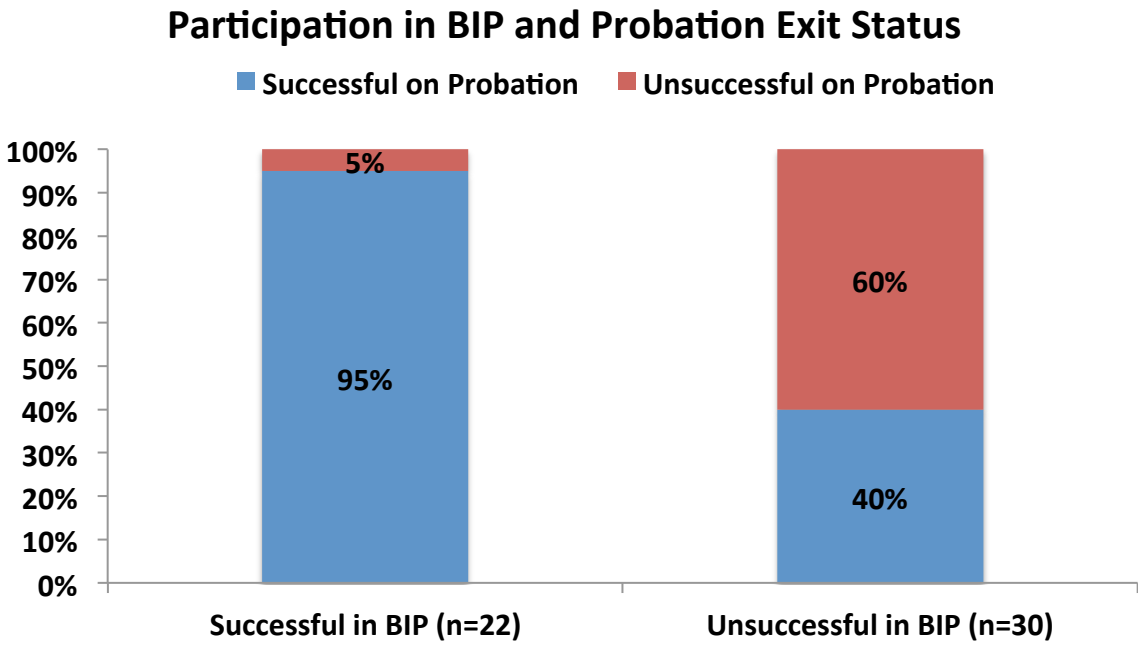
Figure 11: ***Participation in WAGE$$ and Probation Exit Status.***



BIP

BIP is not an EBI provided through the PRRC, but was examined further to understand how well it is working for participants with a history of, or who are at-risk of involvement in, domestic violence (DV). Participants who participated in and successfully completed BIP were overwhelmingly successful in probation overall (95%). Because clients referred to BIP have domestic violence offenses and other clients presumably do not, we only compared probation exit status for clients referred to BIP who were successful versus unsuccessful in the program. Clients who were enrolled in BIP and successful had a much higher successful probation completion rate (95%) than clients who were enrolled in BIP but unsuccessful (40%); differences are statistically significant, $X^2 = 16.83$, $p < .001$.

Figure 12: ***Participation in BIP and Probation Exit Status.***



Further examination of outcomes for clients involved with BIP reveals that successful completion of the BIP treatment was related to SARA score; unsuccessful BIP clients ($M = 16.70$) had higher mean scores on the SARA than clients who were successful ($M = 14.00$), although results were not statistically significantly different, $t(43) = 1.65$, $p = .20$. However, there was a significant difference in SARA score for clients in BIP in terms of their probation exit status; people who participated in BIP and were successful in probation had a lower average SARA score ($M = 13.10$) than clients who participated in BIP but were ultimately unsuccessful in probation ($M = 19.22$), $t(45) = 3.27$, $p < .001$.

How does the use of drug testing and GPS impact participants' success in probation?

Drug Testing

There were 534 (75%) participants who received at least one drug test while on probation. When comparing clients who did and did not receive at least one drug test in terms of probation exit status, clients with a drug test were more likely to be successful (61%) on probation than clients who do not have a drug test (39%). This difference was statistically significant, $X^2 = 30.44$, $p < .001$. Independent samples *t*-tests were conducted to determine whether or not the number of drug tests, number of positive drug tests, or ratio of positive to negative drug tests were predictive of probation exit status. Clients who exited probation successfully had a significantly higher mean number of drug tests than clients who were unsuccessful and a lower mean ratio of positive to negative drug test results. That is, successful probationers received more drug tests, but were less likely to test positive for drugs (see Table 6).

Table 6: ***Positive and Negative Drug Tests and Success on Probation (N= 534).***

	Successful on Probation			Unsuccessful on Probation		
	N	Range	*M* (*SD*)	*N*	Range	*M* (*SD*)
Number of Drug Tests*** $t(407) = 4.72$, $p < .001$	325	1 to 309	18.13 (38.52)	209	1 to 70	7.38 (11.48)
Number of Positive Drug Tests $t(532) = -1.24$, $p = .22$	325	0 to 16	.87 (1.72)	209	0 to 10	1.05 (1.63)
Ratio of Positive to Negative Drug Tests*** $t(338) = -4.01$, $p < .001$	325	0 to 1	.11 (.22)	209	0 to 1	.21 (.31)

GPS

One hundred (16%) participants received GPS at least once during their time in probation. Participants who received GPS were less likely to be successful on probation (35%) than clients who did not receive GPS (65%), $X^2 = 9.51$, $p < .01$.

Of clients who did receive GPS at least once, the probation exit status for participants who exited from GPS successfully and unsuccessfully were compared to determine whether GPS exit status predicted probation exit status. Approximately 85% of clients with unsuccessful GPS exits were also unsuccessful on probation compared to 46% of successful GPS exits that were unsuccessful on probation; results were statistically significant, $X^2 = 16.02$, $p < .001$.

Independent samples *t*-tests were also run to compare the total time in days on GPS and the ratio of time in days on GPS (days on GPS/total days in probation) for clients who were successful and unsuccessful on probation. Although the total number of days on GPS was not predictive of probation exit status, statistically significant results were found for the ratio of time on GPS as a predictor of probation exit status. An observed trend was that clients who were unsuccessful on probation were

more likely to be on GPS for more days and for a larger proportion of their total time in probation (see Table 7).

Table 7: ***GPS and Success on Probation (n= 100).***

	Successful on Probation			Unsuccessful on Probation		
	N	*M*	*SD*	*N*	*M*	*SD*
Days on GPS	35	192.80	143.14	65	269.92	214.27
Ratio of Days on GPS to Days on Probation	35	.24	.23	65	.50	.31

Additionally, the education and employment status of GPS participants were compared before beginning and after exiting GPS to understand how progress in these areas may impact success on probation. Similar to last year's findings, neither improving in education, nor employment status, nor the type of education or employment level at exit from GPS was statistically significantly predictive of probation exit status. Nonetheless, clients who advance their education during their time on GPS had higher rates of success on probation than clients who did not (see Table 8). Larger sample sizes may be needed to detect any existing differences.

Table 8: ***Employment and Education after GPS and Success on Probation.***

	Successful on Probation	Unsuccessful on Probation
Employment Status		
Improved Employment (*n*=12)	40%	60%
Did not Improve Employment (*n*=51)	34%	66%
Education Status		
Improved Education (*n*=4)	60%	40%
Did not Improve Education (*n*=56)	33%	67%
Number of Improvements		
No Improvements (*n*=65)	32%	68%
One Improvement (*n*=28)	43%	57%
Employment After GPS		
No Employment (*n*=65)	28%	72%
Part-Time Employment (*n*=15)	47%	53%
Full-Time Employment (*n*=17)	53%	47%
Education After GPS		
No High School Diploma (*n*=46)	24%	76%
HS Grad and/or Post HS (*n*=40)	39%	61%

After controlling for background and demographic factors, how do treatment programs and interventions affect success in probation?

As the previous results have shown, some demographic factors, criminal history, and risk assessment scores are related to how successful participants are in probation. Therefore, in order to understand the unique impact of treatment programs and other interventions on probation outcomes, it is important to control for these factors. To better understand the impact of treatment on probation success a series of binomial logistic regression analyses were conducted. These analyses compare how successful participation in EBIs (clients who successfully completed each program are compared to clients who did not receive the intervention or were unsuccessful in it) is related to probation success after controlling for age, recidivism risk score, violence risk score, and number of previous arrests.

The logistic regression findings described in the following sections show the odds ratio (OR), which is the strength of the association between the predictor (e.g., age) and the outcome (probation exit status). When an OR is lower than 1, this means that this factor is associated with a lower probability of being successful on probation. When the OR is greater than 1, this means this factor is associated with a higher probability of being successful in probation.

Table 9: ***Regression model predicting successful probation exit status from age, recidivism risk, violence risk, previous arrests, and successful EBI program participation.***

Factor	Successful Exit from Probation (OR)
Age (in years)	1.03**
Recidivism risk score	0.96
Violence risk score	0.87***
Number of previous arrests	0.98
R&R (successful completion)	2.50**
ReEntry (successful completion)	0.72
T4C (successful completion)	2.56
WAGE$$ (successful completion)	1.70*

Table 9 shows the results of the first logistic regression, which was performed to determine the association of age, recidivism risk score, violence risk score, number of previous arrests and successful completion of R&R, ReEntry, T4C and WAGE$$ with probation exit status (successful or unsuccessful). Results show that the model was statistically significant, $\chi^2(8) = 78.81$, $p < .001$; the model explained 12.7% of the variance in probation exit status. Specifically, age, violence risk score, and successful participation in R&R and WAGE$$ were significantly related to probations success, even after controlling for the impact of the other factors in the model. Similar to findings from last year's report, as age increased, the likelihood of successful completion in probation increased; as violence risk increased, the likelihood of successful probation exit status decreased; and after controlling for these

other factors, neither recidivism risk score nor the number of previous arrests was predictive of probation outcome. The only programs that were significantly predictive of success on probation were R&R and WAGE$$, with successful completion in these programs (as compared to unsuccessful participation or not receiving the treatments) associated with a higher probability of successful completion of probation. That is, the odds of successfully completing probation were 2.50 times higher for clients who successfully completed R&R. Similarly for WAGE$$, the odds of completing probation were 1.70 times higher for clients who successfully completed WAGE$$, even after controlling for their involvement in the other EBIs and their demographic and criminal risk factors. It is important to note that T4C (OR = 2.56) involvement had an OR suggesting that successful participation was related to better probation outcomes, but this difference may not have been significant because of the small number of participants involved.

Table 10: ***Regression model predicting successful probation exit status from age, recidivism risk, violence risk, previous arrests, and number of interventions received.***

Factor	Successful Exit from Probation (OR)	
	Model A	**Model B**
Age	1.04**	1.04**
Recidivism risk score	1.08	1.08
Violence risk score	0.85***	0.85***
Number of previous arrests	0.98	0.98
Total Number of Treatments (0-8)	0.98	-
Number of EBIs (0-4)	-	1.03

Next, two different logistic regressions were performed (Model A and Model B) that examined the impact of age, recidivism and violence risk score, number of previous arrests, and the number of interventions received on probation exit status. Model A examined how the total number of treatments received impacted probation success, whereas Model B examined how the number of the four EBIs (R&R, ReEntry, T4C, and WAGE$$) impacted probation success. Table 10 shows the results of these analyses. Model A was significant overall, $\chi^2(6) = 171.38$, $p < .001$, and explains 28.50% of the variance in probation success. Model B was also significant, $\chi^2(6) = 171.40$, $p < .001$, and explained 28.50% of the variance in probation success. Both models showed that age and violence risk score predicted probation success. In contrast to findings from last year, the number of previous arrests was not predictive of probation success and that after controlling for these factors the number of treatment received (both total number and number of EBIs) were also no longer significantly predictive of success in probation. In contrast to findings from last year's report, the total number of treatment interventions received was not significantly associated with a higher probability of exiting probation successfully.

SUMMARY OF PROBATION OUTCOMES

Are there specific demographic and background characteristics that impact probation success?

- Gender and age were predictive of probation success in that female and older participants (between the ages of 35 and 45) had the highest probation success rates (62.0% and 61.0%, respectively). In contrast, younger male participants (between the ages of 18 and 25) had the lowest probation success rate (48.6%), followed by 25 to 34.9 year olds (53.0%), clients 45 years and older (59.4%), and clients 35 to 44.9 year olds (61.0%).
- Race/ethnicity were not significantly related to probation exit status.
- Mean scores for both recidivism risk and violence risk were predictive of program exit status (higher risk scores related to less success).
- The following COMPAS subscales were also significantly predictive of probation outcomes: history of noncompliance, history of violence, criminal associates and peers, criminal personality, and family criminality. Clients who were unsuccessful had higher scores on all of these risk factors.
- Successful probationers had fewer arrests and an older mean age during their first arrest. They were also less likely to be in a gang, have previous juvenile felonies, or have a prior weapons offense. Results were consistent with data from one year ago.

Are specific treatments and/or combination of treatments related to success in probation?

- Successful probationers were more likely to have received at least one type of treatment. A trend in the data showed that as the number of treatment services increased, the rate of successful exit status also increased for probationers.
- Clients were significantly more likely to be successful on probation if they participated in at least one Evidence-Based Intervention or 'EBI' (included a formal curriculum and had careful monitoring of fidelity of implementation through the PRRC). These services included R&R, ReEntry, T4C, and WAGE$$. Participants who exited successfully had an average of 1.5 EBIs whereas clients who were unsuccessful received an average of 1.0 EBIs.
- The EBIs with statistically significant differences included AOD, R&R, and WAGE$$. For these EBIs, participants who exited successfully from treatment were significantly more likely to also exit successfully from probation.
- Participants who successfully completed either R&R or WAGE$$ were significantly more likely to successfully complete probation compared to clients who did not receive the service or enrolled but did not complete the program successfully.
- Comparisons for ReEntry (n= 36) and T4C (n= 20) were difficult to interpret due to small sample sizes.
- Although BIP is not an EBI provided through the PRRC, results showed that participants who received and completed BIP had a significantly higher rate of probation success compared to clients enrolled but did not complete the program. Lower SARA scores were found for participants who completed the BIP program and were successful in probation. Treatment of

clients with a DV offense includes a constellation of interventions including BIP, judicial monitoring, specialized DV supervision, and GPS monitoring, which are all promising practices. It is important to note that the Santa Barbara BIP is not a standardized program–although it is targeted towards DV clients, must be 52 weeks, and must have a few basic components–providers in different parts of the county all administered BIP in very different ways. Thus, we cannot conclude that the BIP intervention itself is associated with positive outcomes versus some combination of the various strategies used with DV clients.

How do drug testing and GPS impact success on probation?

- Participants who received at least one drug test were more likely to be successful on probation compared to clients who did not receive a drug test, a result that is consistent with findings from last year's report.
- Successful probationers received more drug tests, but were less likely to test positive for drugs.
- Participants who received GPS were significantly less likely to be successful on probation (35%) than clients who did not receive GPS.
- Although the total number of days on GPS was not predictive of probation exit status, statistically significant results were found for the ratio of time on GPS as a predictor of probation exit status.
- Neither improvements in education, nor employment status, nor the type of education or employment level at exit from GPS was statistically significantly predictive of probation exit status. Nonetheless, clients who advanced their education during their time on GPS had higher rates of success on probation than clients who did not.

After controlling for background and demographic factors, how does participation in treatment affect success in Probation?

- Age, violence risk score, and successful completion in R&R and WAGE$$ were significantly related to probation success, even after controlling for other risk factors (i.e., recidivism risk score, number of previous arrests, and successful completion of R&R, ReEntry, and T4C).
- Programs significantly predictive of success in probation were R&R and WAGE$$. Individuals who successfully completed R&R and WAGE$$ were 2.50 and 1.70 times, respectively, more likely to successfully complete probation than clients who did not even after controlling for their involvement in other EBIs and their demographic and criminal risk factors. T4C also demonstrated favorable trends within this model, but numbers of participants were too small to detect statistically significant effects.
- The number of EBIs (R&R, ReEntry, T4C, and WAGE$$) received was associated with a higher probability of probation success. In contrast to last year's report, the total number of interventions received was not significantly associated with a higher likelihood of probation success. Both models showed that age and violence risk score predicted probation success.

Recidivism Outcomes

Which high-risk felony probationers recidivate?

The next section of this report focuses on understanding how participant factors and the treatments and interventions they receive while on probation are related to recidivism after exiting probation. Recidivism is defined as having a new misdemeanor and/or felony conviction charge. In the current sample, we have recidivism data for all participants in the year after exiting probation (Period 1, *n*=573), in the two years after exiting probation (Period 2, *n*=338), and in the three years after exiting probation (Period 3, *n*=157). In interpreting the following recidivism results, it is important to note that the likelihood of recidivism for clients each additional year after exiting probation is unequal. That is, felony probationers who recidivate while on probation or within their first three years after probation, who then receive an additional jail or prison sentence, are unlikely to be charged with a new offense while incarcerated. Additionally, if these clients receive probation after their recidivating jail sentence, they are counted as a new case in these analyses. Currently, jail booking data that would enable the evaluators to control for additional periods of incarceration are not available. Thus, the following examination of Periods 1, 2, and 3 recidivism cannot fully reflect the trends in recidivism one, two, and three years after exiting probation.

Table 11 shows the overall rates of recidivism for the sample. Less than half of participants (37%) had a new conviction in the year after exiting probation, 28% had a new conviction two years after exiting probation, and 23% had a new conviction three years after exiting probation. When examining recidivism rates across Periods 1 to 3, 47% of the sample received at least one new conviction after exiting probation, 22% had a new misdemeanor conviction, and 36% had a new felony conviction. It is currently unknown what percentage of these clients received a jail sentence as a result of these convictions.

Table 11: ***Percentage of participants with new felony or misdemeanor convictions in each time period.***

	Period 1 (*n*=573)	Period 2 (*n*=338)	Period 3 (*n*=157)	Total (*n*= 573)
1+ felony conviction	28%	14%	15%	36%
1+ misdemeanor conviction	14%	18%	12%	22%
1+ felony or misdemeanor conviction	37%	28%	23%	47%

Note. Period 1 = recidivism within 1 year of exiting probation; Period 2 = recidivism within 2 years of exiting probation; Period 3 = recidivism within 3 years of exiting probation. Total = recidivism within any of Periods 1, 2, or 3.

Are there specific demographic and background characteristics that impact recidivism?

First, we examined the association between demographic and criminal background factors and recidivism (one or more new convictions) during each time period. In terms of demographic characteristics, differences in recidivism outcomes based upon gender, race/ethnicity, and age were examined. Although last year's report found similar rates of recidivism across demographic characteristics, significant association between client demographics and recidivism outcomes were evident in the current analyses. Rates of recidivism were similar across males and females one and two years after exiting probation (non-significant Pearson chi-square for all comparisons). However, three years after exiting probation, males were more likely to receive a felony conviction (18%) than were females (3%), $X^2 = 5.01$, $p < .05$.

Within one year of exiting probation, Hispanic/Latino participants (33%) were more likely than White participants (25%) to receive a felony conviction, $X^2 = 4.26$, $p < .05$, however, similar rates of recidivism for misdemeanor charges were observed. Two and three years after exiting probation, rates of recidivism were similar across White and Hispanic/Latino participants (non-significant Pearson chi-square for all comparisons).

Regarding age differences, within one year of exiting probation, participants who received any conviction (recidivated $M = 30.6$ years, did not recidivate $M = 33.4$ years), $t(571) = 2.91$, $p < .01$, or a felony conviction charge (recidivated $M = 30.4$ years, did not recidivate $M = 33.2$ years), $t(571) = 2.75$, $p < .01$,were significantly younger than were those participants who did not recidivate. Recidivism rates were similar across ages two and three years after exiting probation.

Participant recidivism rates were also compared by COMPAS risk level. That is, participants who recidivated were compared to clients who did not recidivate in terms of their COMPAS risk scores. Results for all of these analyses are presented in Table 12.

In the year after exiting probation (Period 1), participants who recidivated had significantly higher mean scores for Recidivism Risk ($M = 8.47$) than clients who did not recidivate ($M = 7.92$). The same was true for Violence Risk (recidivated $M = 8.23$, did not recidivate $M = 7.25$), History of Noncompliance (recidivated $M = 8.81$, did not recidivate $M = 8.24$), and Criminal Associates and Peers scales (recidivated $M = 6.94$, did not recidivate $M = 6.06$). Similar to last year's results, no other COMPAS scale scores were significantly different between clients who did and did not recidivate within a year of exiting probation.

Two years after probation (Period 2), clients who recidivated had a significantly higher mean Recidivism Risk (recidivated $M = 8.59$, did not recidivate $M = 8.05$) and Violence Risk score (recidivated $M = 8.25$, did not recidivate $M = 7.36$) as compared to clients who did not recidivate. The same was true for History of Noncompliance scores (recidivated $M = 9.14$, did not recidivate $M = 8.31$), $t(243) = -3.16$, $p < .01$.

There were no significant differences on any of the COMPAS subscale scores for clients who did and did not recidivate in the third year after exiting probation (Period 3). It is possible that there is not a large enough sample size during this time period to detect differences.

Overall the Recidivism Risk, Violence Risk, and History of Noncompliance scores were most consistently related to recidivism (statistically significant for Period 1 and Period 2). No significant differences were found during any of the time periods for scores on the Family Criminality, Vocational/Educational History, Substance Abuse, Criminal Personality, and Criminal Thinking subscales. Given that the COMPAS data available for these clients is from their most recent assessment, a possible explanation is that these risk factors are effectively addressed through Probation services.

Table 12: ***Independent Samples t-tests Comparing COMPAS Risk Scores by Recidivism.***

Risk Scale		Period 1		Period 2		Period 3	
		M	***t*-test**	***M***	***t*-test**	***M***	***t*-test**
Recidivism Risk	Yes, Recidivated No, Did Not Recidivate	**8.47** **7.92**	***t*(571)=-3.67*****	**8.59** **8.05**	***t*(336)=-2.50***	8.53 8.22	*t*(155)=-1.01
Violence Risk	Yes, Recidivated No, Did Not Recidivate	**8.23** **7.25**	***t*(499)=-4.49*****	**8.25** **7.36**	***t*(193)=-3.17****	8.03 7.42	*t*(155)=-1.31
History of Non-compliance	Yes, Recidivated No, Did Not Recidivate	**8.81** **8.24**	***t*(522)=-2.65****	**9.14** **8.31**	***t*(243)=-3.16****	8.75 8.85	*t*(155)=0.24
History of Violence	Yes, Recidivated No, Did Not Recidivate	5.37 5.60	*t*(571)=0.77	5.85 5.37	*t*(171)=-1.13	5.14 5.18	*t*(155)=0.06
Criminal Associates/ Peers	Yes, Recidivated No, Did Not Recidivate	**6.94** **6.06**	***t*(338)=-2.70****	7.20 6.65	*t*(245)=-1.17	6.65 6.91	*t*(106)=0.37
Family Criminality	Yes, Recidivated No, Did Not Recidivate	5.66 5.39	*t*(436)=-0.86	5.31 5.90	*t*(245)=1.34	5.17 6.07	*t*(106)=1.37
Vocational/ Educational	Yes, Recidivated No, Did Not Recidivate	6.95 6.67	*t*(571)=-1.32	6.93 6.81	*t*(336)=-0.38	7.28 6.92	*t*(155)=-0.79
Substance Abuse	Yes, Recidivated No, Did Not Recidivate	7.53 7.44	*t*(338)=-0.33	8.05 7.54	*t*(245)=-1.41	8.29 7.69	*t*(106)=-1.08
Criminal Personality	Yes, Recidivated No, Did Not Recidivate	6.49 6.71	*t*(463)=-0.87	6.79 6.79	*t*(245)=0.02	6.21 6.90	*t*(106)=1.23
Criminal Thinking	Yes, Recidivated No, Did Not Recidivate	5.36 5.37	*t*(436)=-0.02	5.60 5.35	*t*(245)=-0.66	5.63 5.38	*t*(106)=-0.41

Note. Recidivism = One or more felony and/or misdemeanor conviction; *M* is mean score on each subscale (range of 1 to 10); Bolded cells are statistically significant, *$p < .05$, ** $p < .01$, *** $p < .001$.

Participant recidivism rates were then compared by offense history (see Table 13). Similar to last year's findings, results indicated that individuals who recidivated in Period 1 were significantly more likely to have a history of gang involvement and, less likely to have a domestic violence history than clients who did not recidivate. No significant differences were found based on number of previous arrests, age of first arrest, juvenile felony, sexual force, or weapons offense history during Period 1. Additionally,

individuals who recidivated within two years of exiting probation (M = 17.16) had a greater number of previous arrests than did those individuals who did not recidivate (M = 11.36). There were no significant differences between clients who did and did not recidivate in Period 2 or Period 3 on any of the other offense history variables.

Table 13: ***Comparison of Offense History by Recidivism Status***

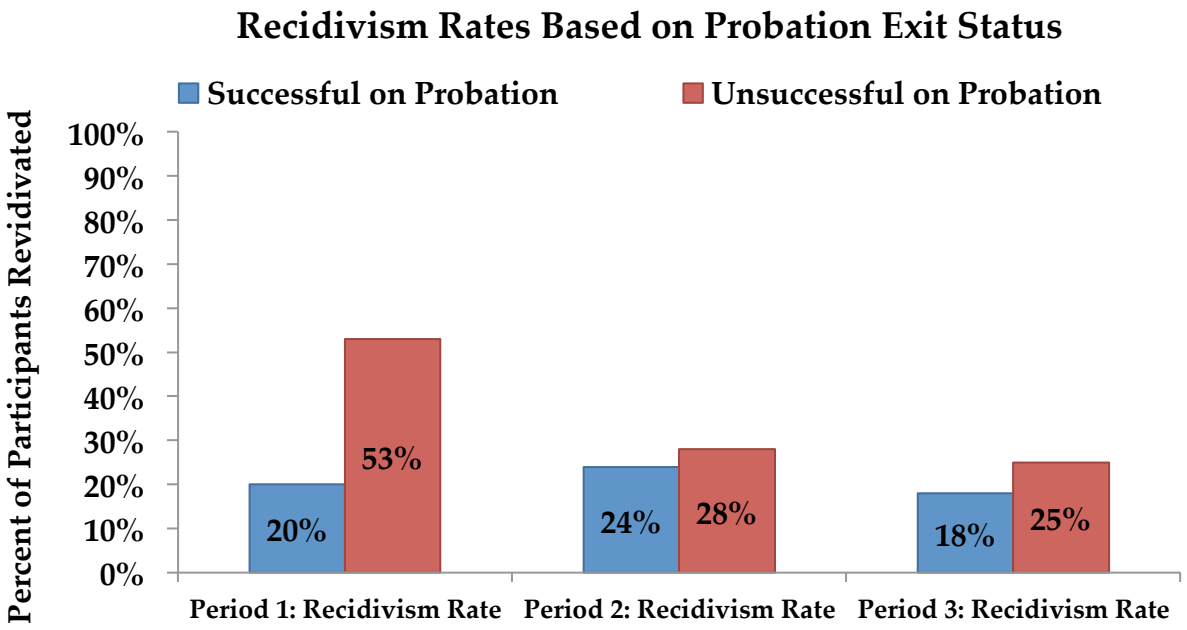
		Period 1		Period 2		Period 3	
		***M* or %**	***X*² or *t*-test**	***M* or %**	***X*² or *t*-test**	***M* or %**	***X*² or *t*-test**
Number of Previous Arrests	Yes, Recidivated No, Did Not Recidivate	14.06 12.68	$t(571) = -1.18$	**17.16** **11.36**	**$t(117)=-3.43$****	16.81 11.83	$t(42) = -1.35$
Age of First Arrest	Yes, Recidivated No, Did Not Recidivate	17.59 18.28	$t(571) = 1.72$	17.53 18.16	$t(336) = 1.14$	18.08 18.24	$t(155) = 0.18$
Gang Involvement	Yes, Recidivated No, Did Not Recidivate	**31.2%** **15.5%**	**$X^2 = 14.79$*****	23.1% 20.9%	$X^2 = .14$	12.5% 21.4%	$X^2 = .95$
Juvenile Felony	Yes, Recidivated No, Did Not Recidivate	15.3% 11.0%	$X^2 = 2.07$	16.1% 11.0%	$X^2 = 1.62$	5.6% 12.4%	$X^2 = 1.35$
Domestic Violence	Yes, Recidivated No, Did Not Recidivate	**23.6%** **31.3%**	**$X^2 = 3.91$***	34.4% 29.0%	$X^2 = .94$	30.4% 29.9%	$X^2 = .03$
Sexual Force	Yes, Recidivated No, Did Not Recidivate	1.9% 3.9%	$X^2 = 1.74$	4.3% 2.4%	$X^2 = .81$	4.3% 3.0%	$X^2 = .12$
Weapons Offense	Yes, Recidivated No, Did Not Recidivate	24.5% 23.5%	$X^2 = .07$	24.7% 20.8%	$X^2 = .60$	19.4% 18.2%	$X^2 = .03$

How is probation exit status related to recidivism?

The relation between probation exit status and recidivism was also examined. Similar to last year's results, success in probation was associated with lower rates of recidivism. One year after probation (Period 1), participants who were successful on probation were significantly less likely to recidivate (20%) compared to clients who were unsuccessful on probation (53%), $X^2 = 64.03$, $p < .01$. Rates of

recidivism two and three years after exiting probation were not significantly different for clients who were and were not successful exits from probation. This may be due to smaller sample sizes or could reflect a diminished effect of probation success on recidivism over time.

Figure 13: ***One, Two and Three-Year Recidivism Rates for Participants who Did and Did Not Exit Probation Successfully.***



Are specific treatment programs or interventions and/or combinations of interventions related to recidivism?

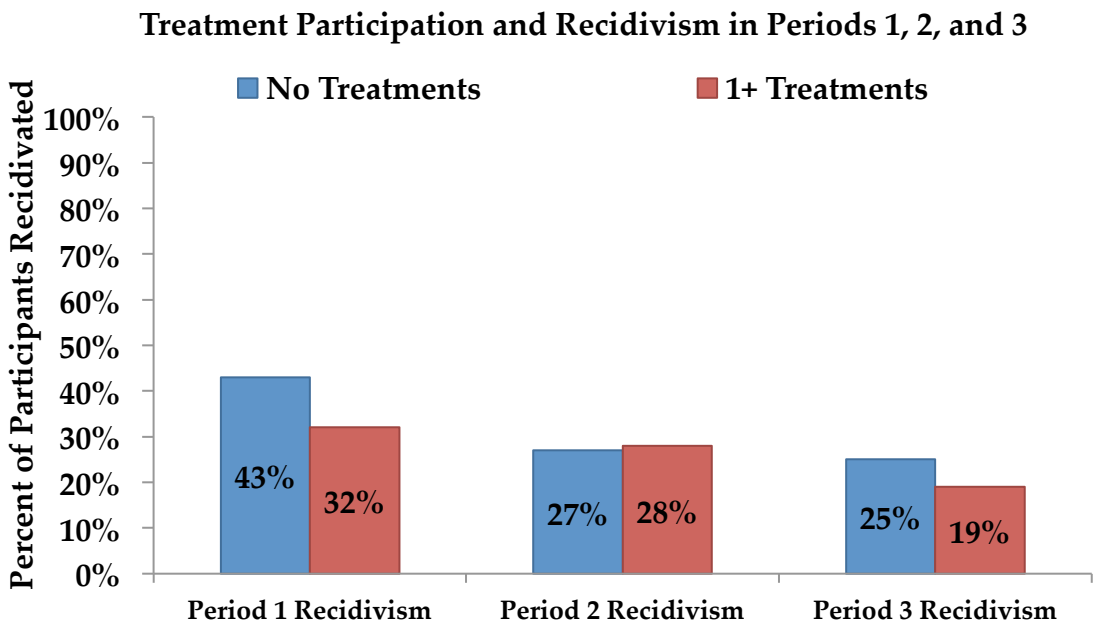
Next, the association between probation services and treatment programs and recidivism outcomes were examined.

First, participants who recidivated (i.e., acquiring at least 1 new misdemeanor or felony conviction) were compared to participants who did not recidivate in terms of the number of different treatment interventions they participated in during their probation term. As in the previous section, treatments included in this total were: BIP, Drop in Education, Drop in Employment, Drug and Alcohol Treatment, HOPE, Parenting Project, R&R, Resources for Change ReEntry/CTC, ROSC, RTP, T4C, and WAGE$$. Rates of recidivism were examined for Periods 1, 2, and 3.

For Period 1, findings show that participants who received at least one treatment during their probation term had a lower percentage of recidivism (32%) compared to clients who did not receive at least one intervention (43%), $X^2 = 7.57$, $p < .01$. Participants who did not recidivate in Period 1 had an average of 1.09 treatments whereas clients who did recidivate had an average of 0.95 treatments, but these differences were not statistically significant, $t(571) = 1.15$, $p = .25$. For Period 2, rates of recidivism were relatively similar for clients who received at least one treatment (28% recidivated) and clients that

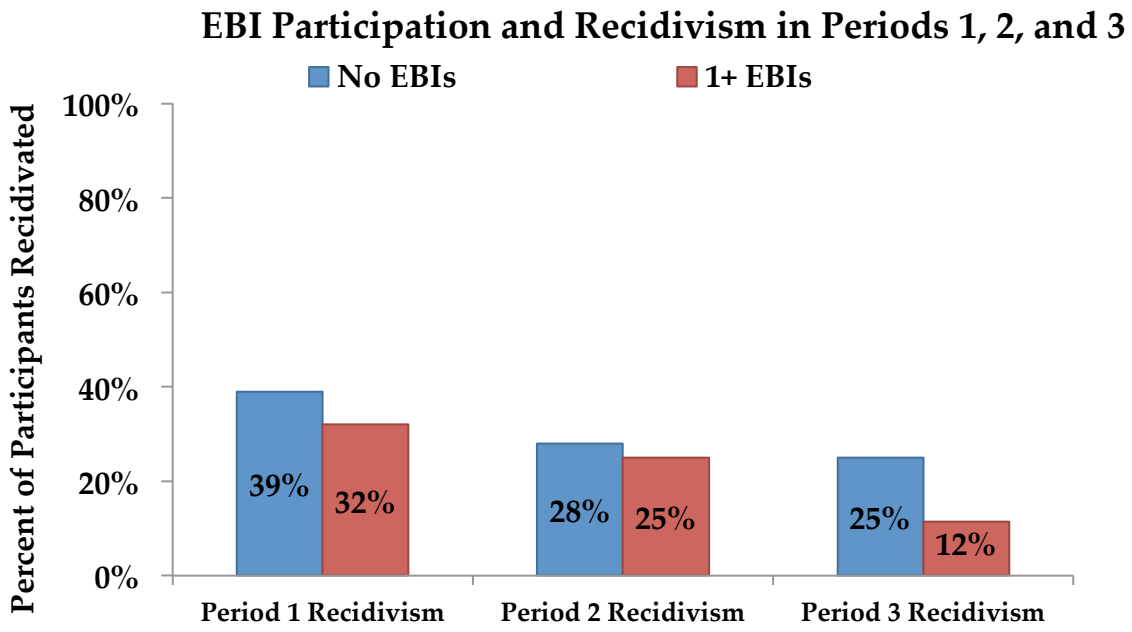
did not receive any treatment interventions (27%), $X^2 = 0.49$, $p = .83$. Participants who did not recidivate in Period 2 had an average of 0.80 treatments whereas clients who did recidivate had an average of 0.91 treatments, these differences were not statistically significant, $t(336) = -.77$, $p = .44$. Similarly, during Period 3, neither the number of different treatments received nor whether or not that had at least one treatment impacted their rates of recidivism three years after exiting probation.

Figure 14: ***Treatment Participation and Recidivism in Periods 1, 2, and 3.***



The same comparisons were made again, but only including the EBIs (R&R, ReEntry, T4C, and WAGE$$). For Period 1, analyses demonstrated that participants who received at least one EBI during their probation term had a lower percentage of recidivism (32%) compared to clients who did not receive at least one EBI (39%), but results were not statistically significant, $X^2 = 2.54$, $p = .11$. Participants who did not recidivate in Period 1 had an average of 0.46 EBIs whereas clients who did recidivate had an average of 0.38 EBIs, again these differences were not statistically significant, $t(485) = 1.44$, $p = .15$. For Period 2, rates of recidivism were relatively similar for clients who received at least one EBI (25% recidivated) and clients that did not receive any EBIs (28%), $X^2 = 0.43$, $p = .51$. Participants who did not recidivate in Period 2 had an average of 0.34 EBIs whereas clients who did recidivate had an average of 0.38 EBIs, $t(336) = -0.43$, $p = .67$. During Period 3, neither the number of different EBIs received nor whether or not that had at least one EBI impacted their rates of recidivism three years after exiting probation.

Figure 15: ***EBI Participation and Recidivism in Periods 1, 2, and 3.***



Next, the association between each specific treatment program and recidivism was explored. Pearson chi-square was used to compare the percentage of recidivism for clients who did and did not receive a specific intervention. Although last years' findings indicated that participants who received Drop in Employment, Drop in Education, and RTP in regards to recidivism outcomes, this year, one (Period 1), two (Period 2), and three (Period 3) years after probation, no significant differences in recidivism were found between clients who participated in each treatment and clients that did not. It is likely that sample size limitations for the number of probationers within each period that received treatment were too small to indicate statistically significant effects.

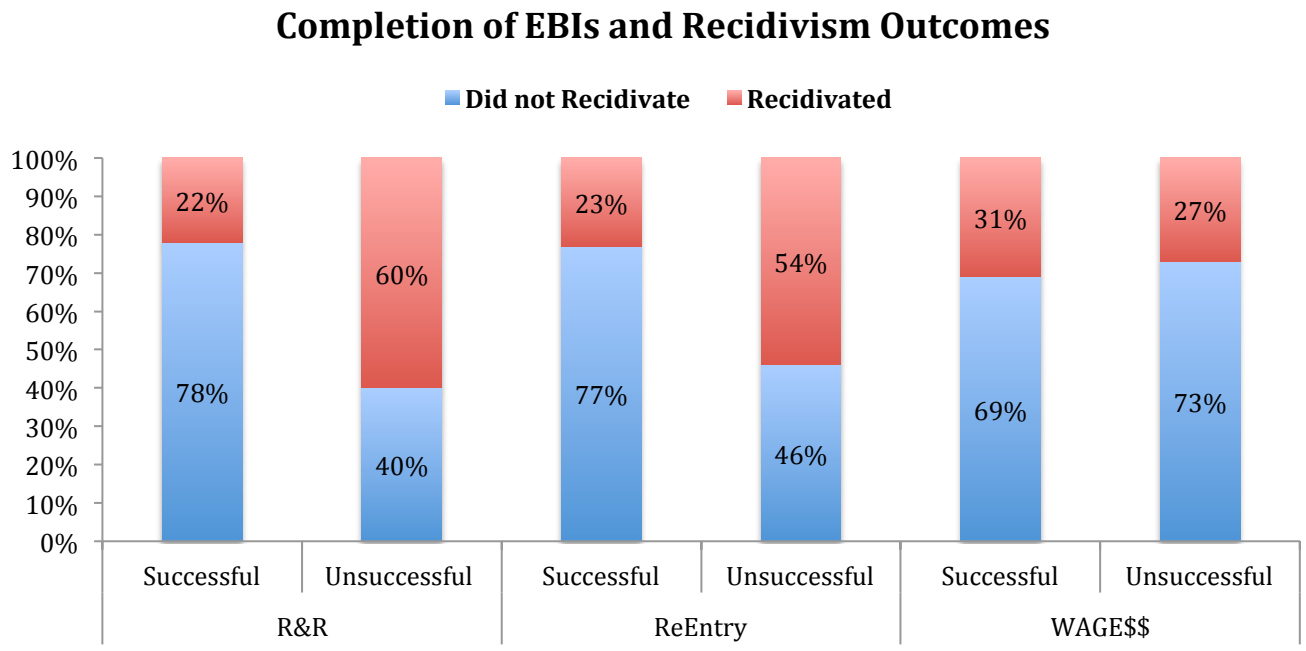
The relation between recidivism rates and completion of EBIs was also examined. Successful completion (not merely participation) in R&R and ReEntry was associated with recidivism outcomes. One year after probation (Period 1), clients who successfully completed R&R were less likely to recidivate (22%) than were those who unsuccessfully exited the program (60%), $X^2 = 8.62$, $p < .01$. Clients who successfully completed ReEntry were also significantly less likely to recidivate (23%) than were those who unsuccessfully exited the program (54%), $X^2 = 4.13$, $p < .05$. Successful completion of WAGE$$ was not significantly associated with recidivism, $X^2 = 0.12$, $p = .73$, and sample sizes were too small to examine the relation between completion of T4C with recidivism outcomes.

Sample sizes were too small to examine recidivism rates two and three years after probation for clients who (1) did not receive a specific EBI, (2) did receive that EBI and successfully completed it, (3) and were enrolled in that EBI but were unsuccessfully exited from the program. In the future, once larger

numbers of clients have exited probation, these comparisons will allow for a better understanding of how successful completion of a particular EBI is related to recidivism.

Overall, successful completion of EBI treatment programs is related to lower recidivism rates. Investigating the predictors of unsuccessful treatment completion may help to address unmet needs of probationers and promote their success.

Figure 16: ***EBI Completion and Recidivism in Period 1***



How does the use of drug testing and GPS impact participants' rates of recidivism?

Drug Testing

For Period 1, there were a total of 573 participants who had exited probation for a year or more at the time of the evaluation. Of those participants, 369 (or 64%) of participants received at least one drug test while on probation. Similar to last year's findings, when comparing clients who did and did not receive at least one drug test in terms of recidivism one year later, clients with a drug test were more likely to be successful (69%) and not recidivate than clients who did not have a drug test (53%), X^2=13.76, p<01. Independent samples *t*-tests were conducted to determine whether or not the number of drug tests, number of positive drug tests, or ratio of positive to negative drug tests were predictive of recidivism one year after exiting probation. Clients who did not recidivate during Period 1 had a significantly higher mean number of drug tests and a significantly lower ratio of positive to negative drug tests than clients who did recidivate. No significant differences were found for the number of positive drug tests (see Table 14).

The same analyses were also run for Period 2 recidivism. There were 338 participants with Period 2 recidivism data available (had exited probation two or more years ago). Of those 338 participants, 203 (60%) received at least one drug test when they were on probation. However whether or not an individual received at least one drug test was not predictive of recidivism during the second year after exiting probation, X^2=0.92, p=.34; clients with one drug test recidivated at a rate of 26%, whereas clients without any drug tests recidivated at a rate of 30% during Period 2. For clients who received at least one drug test, there were no significant differences in terms of the number of drug tests received, number of positive drug tests, or ratio of positive to negative drug tests for clients who did and did not recidivate in the second year after exiting probation (see Table 14).

Similar trends were found for Period 3 recidivism results; 56% of the participants with Period 3 recidivism data had at least one drug test while on probation (n = 88). Clients with at least one drug test had lower rates of recidivism in year three (16%) than clients who did not (32%). This difference was statistically significant, X^2 = 5.86, p < .05. Unexpectedly, clients who recidivated during Period 3 had a significantly lower ratio of positive to negative drug tests than did clients who did not recidivate. No significant differences were found for the number of drug tests received or percentage of positive drug tests (see Table 14).

Overall, drug testing was more strongly related to Period 1 recidivism outcomes than to Period 2 or Period 3 recidivism outcomes. Number of drug tests was only predictive of recidivism one year after exiting probation, with those who recidivated receiving significantly fewer drug tests. Number of positive drug tests was not significantly related to recidivism outcomes during any period. The ratio of positive to negative drug tests was significantly related to recidivism one and three years after exiting probation. Results were inconsistent across years, however. In Period 1, those clients who did not recidivate had a significantly lower ratio of positive to negative drug tests than did clients who recidivated; clients who did not recidivate also received significantly more drug tests. The opposite result was observed in Period 3. In Period 3, clients who recidivated had a significantly lower ratio of positive to negative drug tests than did clients who did not recidivate; clients who recidivated also received more drug tests, on average. Thus, a possible explanation for these results is that more frequent drug tests resulted in a decreased likelihood of drug use and, thus, a lower ratio of positive to negative drug tests.

Table 14: ***Drug Tests and Recidivism Rates for Periods 1, 2 and 3.***

	Period 1 Recidivism (*N* = 369)			Period 2 Recidivism (*N* = 203)			Period 3 Recidivism (*N* = 88)		
	Yes	**No**	***t*-test**	**Yes**	**No**	***t*-test**	**Yes**	**No**	***t*-test**
Number of Drug Tests (*M*)	**5.45**	**16.63**	***T*(291)=-3.00****	13.62	12.06	*t*(201)=0.31	10.14	3.91	*t*(13)=1.19
Number of Positive Drug Tests (*M*)	.81	.89	*t*(367)=-0.43	1.37	.62	*t*(58)=1.89	.36	.65	*t*(86)=-0.83
Ratio of Positive to Negative Drug Tests (*M*)	**.21**	**.12**	***t*(117)=2.58***	.14	.14	*t*(201)=-0.01	**.04**	**.22**	***t*(56)=-3.26****

Note. Yes = Yes, Recidivated, No = No, Did Not Recidivate.

GPS

When examining Period 1 recidivism outcomes, of the 573 participants with one-year recidivism data, 11.2% (*n*=64) received GPS at least once during their time on probation. Consistent with the previous year's results, participants who received GPS had significantly higher rates of one-year recidivism (48%) than clients who did not receive GPS (36%), X^2=. 4.05, $p < .05$. Significant differences found do not suggest that GPS caused higher rates of recidivism; instead, clients on GPS also had significantly higher risk scores across almost all COMPAS indicators. For example, individuals who were enrolled in GPS had significantly higher Recidivism Risk (*M* = 8.91) than clients who were not enrolled in GPS (*M* = 8.02), *t*(87) = -4.39, $p < .01$.

Of clients who received GPS at least once, the one-year recidivism rates for participants who exited from GPS successfully (50% recidivated) and unsuccessfully (44% recidivated) were not significantly different and did not predict one-year recidivism, X^2 = 3.58, p =.17. Furthermore, neither the total number of days on GPS nor the ratio of time on GPS was predictive of one-year recidivism (see Table 15). Similar trends were found for Period 2 recidivism rates; GPS involvement, success on GPS, and time on GPS were not predictive of recidivism two years after exiting probation, although sample sizes were small and may not have provided enough statistical power to detect differences (See Table 15). Period 3 recidivism results could not be analyzed because only 15 participants received GPS services and had recidivism data for Period 3. The impact of education and employment on GPS participants' recidivism rates could not be examined because sample sizes for the groups of analysis were too small.

Table 15: ***GPS and Recidivism for Periods 1, 2, and 3.***

GPS	Period 1 Recidivism (n = 64)			Period 2 Recidivism (n = 38)		
	Yes	**No**	***t*-test**	**Yes**	**No**	***t*-test**
Days on GPS (*M*)	255.00	235.48	$t(62) = 0.40$	252.56	217.79	$t(36) = 0.60$
Ratio of Days on GPS to Days in Probation (*M*)	.49	.51	$t(62) = 0.37$	.59	.55	$t(26) = 0.29$

Note. Yes = Yes, Recidivated, No = No, Did Not Recidivate.

SUMMARY OF RECIDIVISM OUTCOMES

Which high-risk felony probationers recidivate?

- Recidivism data were provided for all participants for the year after exiting probation (*N*=573), in the two years after exiting probation (*N*=338), and in the three years after exiting probation (*N*=157).
- Less than half of participants 37% had a new conviction in the year after exiting probation, and only 28% and 23% had a new conviction in the second and third year, respectively, after exiting probation.
- When examining recidivism occurring within any of one, two, or three years after exiting probation, 47% of the sample received at least one new conviction after exiting probation, 22% had a new misdemeanor conviction, and 36% had a new felony conviction.

Are there specific demographic and background characteristics that impact recidivism?

- The association between demographic and criminal background factors and recidivism (one or more new convictions) were examined during each time period. In the year after exiting probation (Period 1), Hispanic/Latino participants (33%) were more likely to receive a felony conviction than were White participants (25%), and those who received any conviction or a felony charge were significantly younger (*M* = 30 years) than were those participants who did not recidivate (*M* = 33 years). Two (Period 2) and three (Period 3) years after exiting probation, rates of recidivism were similar across White and Hispanic/Latino participants. One and two years after exiting probation, rates of recidivism were similar across males and females. Three years after exiting probation, males (18%) were more likely than females (3%) to receive a felony conviction.
- In Period 1, participants who recidivated had significantly higher mean scores for Recidivism Risk (*M* = 8.47) than clients who did not recidivate (*M*= 7.92). The same was true for Violence Risk (recidivated *M*= 8.23, did not recidivate *M* = 7.25), History of Noncompliance (recidivated *M* = 8.81, did not recidivate *M* = 8.24), and Criminal Associates and Peers scales (recidivated *M* = 6.94, did not recidivate *M* = 6.06). No other COMPAS scale scores were significantly different between clients who did and did not recidivate within a year of exiting probation.
- In Period 2, clients who recidivated had a significantly higher mean Recidivism Risk (recidivated *M*= 8.59, did not recidivate *M* = 8.05), Violence Risk (recidivated *M*= 8.25, did not recidivate *M* = 7.36), and History of Noncompliance scores (recidivated *M*= 9.14, did not recidivate *M* = 8.31) as compared to clients who did not recidivate.
- No significant differences were found on any of the COMPAS subscale scores for clients who did and did not recidivate Period 3.
- Overall Recidivism Risk, Violence Risk, and History of Noncompliance scores were most consistently related to recidivism (statistically significant for Period 1 and Period 2).
- Results indicated that individuals who recidivated in Period 1 were significantly more likely to have a history of gang involvement and less likely to have a domestic violence history than clients who did not recidivate.
- Individuals who recidivated in Period 2 had a significantly higher number of previous arrests than did individuals who did not recidivate.

How is probation exit status related to recidivism?

- Generally, success in probation was associated with lower rates of recidivism. One year after probation (Period 1), participants who were successful on probation were significantly less likely to recidivate (20%) compared to clients who were unsuccessful on probation (53%).
- Rates of recidivism two and three years after exiting probation were not significantly different for clients who were and were not successful exits from probation, likely due to small sample size.

How does participation in R&R, ReEntry, and WAGE$$ or a combination of these interventions/programs relate to recidivism outcomes?

- One year from probation (Period 1), participants who received at least one treatment during their probation term had a lower percentage of recidivism (32%) compared to clients that did not receive at least one intervention (43%).
- For Period 2, rates of recidivism were relatively similar for clients who received at least one treatment and clients who did not receive any treatment interventions.
- For Period 3, neither the number of different treatments received nor whether or not that had at least one treatment impacted their rates of recidivism.
- When EBIs were examined, findings showed that, for Period 1, participants receiving at least one EBI during their probation term had a lower percentage of recidivism (32%) compared to clients that did not receive at least one EBI (39%), but results were not statistically significant.
- For Period 2, rates of recidivism were relatively similar for clients who received at least one EBI (25% recidivated) and clients that did not receive any EBIs (28%).
- For Period 3, neither the number of different EBIs received nor receiving at least one EBI impacted clients' rates of recidivism.
- One (Period 1), two (Period 2), and three years after probation (Period 3), no significant differences were found between clients who participated in each treatment and clients who did not.
- Successful completion of EBIs (but not merely participation in an EBI) was associated with recidivism outcomes. One year after probation (Period 1), clients who successfully completed R&R were significantly less likely to recidivate (22%) than were those who unsuccessfully exited the program (60%). Clients who successfully completed ReEntry were also significantly less likely to recidivate (23%) than were those who unsuccessfully exited the program (54%).
- Sample sizes were too small to examine recidivism rates related to EBI completion success for Period 2 and Period 3.

How do drug testing and GPS impact success in probation and recidivism rates?

- Out of the total number participants (*N*=573) for Period 1, 369 (64%) of participants received at least one drug test while on probation. Findings showed that clients with a drug test are more likely to be successful (69%) and not recidivate compared to clients who did not have a drug test (53%).
- Clients who did not recidivate during Period 1 had a significantly higher mean number of drug tests and a significantly lower ratio of positive to negative drug tests than clients who did recidivate. No significant differences were found for the number of positive drug tests.
- Out of the total number of participants (*N*=338) for Period 2, slightly more than half (*n*=203; 60%) received at least one drug test when they were on probation. Clients with at least one drug test had significantly lower rates of recidivism in year three (16%) than clients who did not (32%).
- Clients who recidivated during Period 3 had a significantly lower ratio of positive to negative drug tests than did clients who did not recidivate. No significant differences were found for the number of drug tests received or percentage of positive drug tests.

- When examining Period 1 recidivism outcomes, of the 573 participants with one-year recidivism data, 11.2% (n=64) received GPS at least once during their time in probation. Participants who received GPS had significantly higher rates of one-year recidivism (48%) than clients who did not receive GPS (36%). Although this finding is in an unexpected direction, a possible explanation is that individuals who were enrolled in GPS had significantly higher Recidivism Risk (M = 8.91) to begin with, than did clients who were not enrolled in GPS (M = 8.02), $t(87) = -4.39$, $p < .01$.
- When comparing clients who received GPS at least once, the one-year recidivism rates for participants who exited from GPS successfully (50% recidivated) and unsuccessfully (44% recidivated) were not significantly different and did not predict one-year recidivism.
- Similar trends were found for Period 2 recidivism rates; GPS involvement, success on GPS, and time on GPS were not predictive of recidivism two years after exiting probation, although this was likely due to small sample size in which statistical differences could not be detected.
- Period 3 recidivism results could not be analyzed because only 15 participants received GPS services and had recidivism data for Period 3 available

TGI Participant-Specific Outcomes

In previous sections of this report, outcomes for the entire high-risk felony probation population were presented. In this section, outcomes will be examined for a specific population of probationers who were in the Targeted Gang Intervention (TGI) program. Individuals in the TGI supervision program are known or suspected gang members and receive intensive supervision and participate in an evidence-based behavioral modification program to address specific criminogenic risk factors. The TGI group is a particularly high-risk population of clients who have been less successful overall and who therefore are important to understand in more depth. This section of the evaluation report will present outcomes specific to probationers in the TGI program.

The current evaluation includes 94 TGI participants (from within the entire sample of 801 high-risk, felony probationers). These participants were on probation for an average of 775 days and were likely to be unsuccessful on probation (38% exited successfully). In comparison to the overall sample of probationers, individuals in the TGI program were more likely to be Hispanic/Latino (86.2%), male (93.6%), and between the ages of 18 and 25 years old (77.7%). Table 16 and Table 17 compare the TGI participants to all other non-TGI probationers in terms of probation success and COMPAS risk levels. As compared to all other probationers, clients in TGI were more likely to be in the high recidivism risk group (86% high recidivism risk), less likely to be successful on probation (38% successful), and had significantly higher scores on the COMPAS subscales of criminal peers, substance abuse, criminal thinking, and vocational/educational.

Table 16: ***Probation Success for TGI and Non-TGI High-Risk Felony Probationers.***

	TGI Participants (*N* = 94)	All Other Probationers (*N* = 707)
Probation Exit Status		
Successful (*n*= 36)	38.3%	56.1%
Unsuccessful (*n*= 58)	61.7%	43.9%
Recidivism Risk		
Low Risk	2.1%	4.4%
Medium Risk	11.7%	32.5%
High-Risk	86.2%	63.2%

Table 17: ***Independent Samples t-test Comparison of COMPAS Subscale Scores for TGI Participants and All Other Probationers.***

COMPAS Subscales	Mean Scores (1 – 10)	
	TGI Participants	**All Other Probationers**
History of Noncompliance	8.7	8.3
History of Violence	5.4	5.3
Criminal Peers* **	9.0	5.9
Substance Abuse* **	6.0	7.4
Criminal Personality	6.9	6.4
Criminal Thinking*	5.9	5.2
Family Criminality	5.2	5.4
Vocational/Education* **	7.7	6.6

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Although not statistically significant, when compared to the probationers that were not in TGI, clients in TGI had slightly higher rates of recidivism. Recidivism rates for Period 1 (n= 65) indicated that 43% of TGI clients recidivated, compared to 36% of non-TGI clients, X^2= 1.16, p = .28. For Period 2 (n= 40), recidivism rates were similar for TGI clients (25%) and non-TGI clients (27.9%). There were too few TGI participants with recidivism data for Period 3 (n= 19) to perform statistical analyses.

Ultimately, these comparative results suggest that the TGI participants are a higher risk group of clients, whom have worse outcomes on probation and slightly higher rates of recidivism one-year following probation. The remainder of this evaluation will explore the outcomes specifically for the TGI participants in greater depth.

Are certain background factors related to probation success and recidivism outcomes for TGI participants?

For the following sections only TGI participants' (N = 94) outcomes will be examined. When TGI participants who successfully completed probation were compared to TGI participants who were unsuccessful, results showed that in general there were few significant differences in terms of their COMPAS risk scores and/or other criminal history factors (or sample sizes were too small to perform analyses). Analyses could not be conducted using the sexual force charge since there were too few TGI clients with at least one sexual force charge(s) (n = 3).

In terms of recidivism rates, one year after exiting probation (Period 1) TGI clients who recidivated were more likely to have higher scores on Vocational/Educational Risk than clients who did not

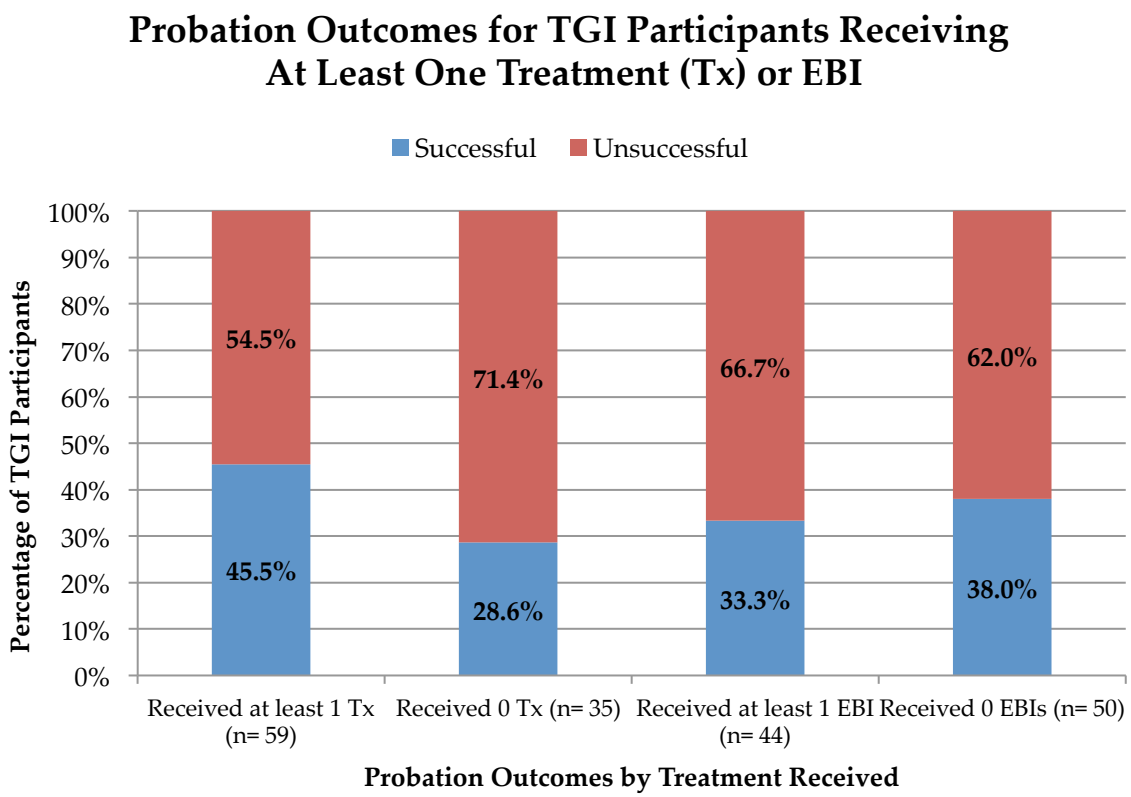
recidivate (M = 8.46 versus M = 7.54), $t(92)$= -2.03, $p < .05$. No other COMPAS risk scores or criminal history factors were significantly different for clients who did and did not recidivate.

Two years after exiting probation (Period 2), clients who recidivated were more likely to have lower scores on Criminal Personality (M = 5.88 versus M = 7.57), $t(34)$= 2.20, $p < .05$; however, results should be interpreted with caution due to the small sample size of Period 2 TGI participants who recidivated (n= 8) compared to those who did not (n= 28). Similar to findings for Period 1 participants, there were no other COMPAS risk scores that were significantly different for clients who did and did not recidivate. However, two years after exiting, probation clients who recidivated were significantly less likely (0%) to have had a prior weapons offense compared to participants who did not recidivate (33%), $\chi^2 = 4.44$, $p < .05$. These results were in the opposite direction than expected and need to be monitored over time in future reports, particularly as we obtain more accurate recidivism data for periods 2 and 3. Results should be interpreted with caution due to the small sample size of Period 2 (n= 40) participants. Due to minimal differences in COMPAS subscale scores only significant findings and means are reported.

Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for TGI participants?

The association between Probation services/treatment programs and probation and recidivism outcomes for TGI participants are discussed in this section. Findings showed that clients who were successful in probation received more but not a significantly different number of treatment services (M = 1.81) when compared to clients who were unsuccessful (M = 1.24), $t(92)$= -1.65, p= .17. Participants with successful probation exits were no more likely to have received at least one treatment/intervention (44.1%) than unsuccessful probation exits (55.9%), $\chi^2 = 10.49$, $p = .12$ (see Figure 16). This suggests that the number of treatments/interventions received is not predictive of how successful a TGI participant will be on probation. However, when only examining EBIs, clients who were successful on probation were not more likely to have received at least one EBI (38.6%) than unsuccessful exits (61.4%), $\chi^2 = .00$, $p = .95$ (see Figure 16); nor did they receive significantly more EBIs (M = 0.81) than clients who were unsuccessful exits from probation (M = 0.71), $t(92)$= -.51, p= .61. There was no significant association between involvement in the specific interventions ReEntry, R&R, or T4C and probation success. Involvement with WAGE$$ was the only specific treatment intervention that was significantly related to probation outcome. TGI participants who were successful in WAGE$$ were more likely to have successfully exited from probation (53.6%) compared to participants that were unsuccessful in WAGE$$ (46.4%), $\chi^2 = .00$, $p < .05$. Non-significant differences are likely due to the small sample size of TGI participants in treatment and should be interpreted with caution.

Figure 16: ***Probation Outcomes for TGI Participants Receiving Treatment or an EBI.***



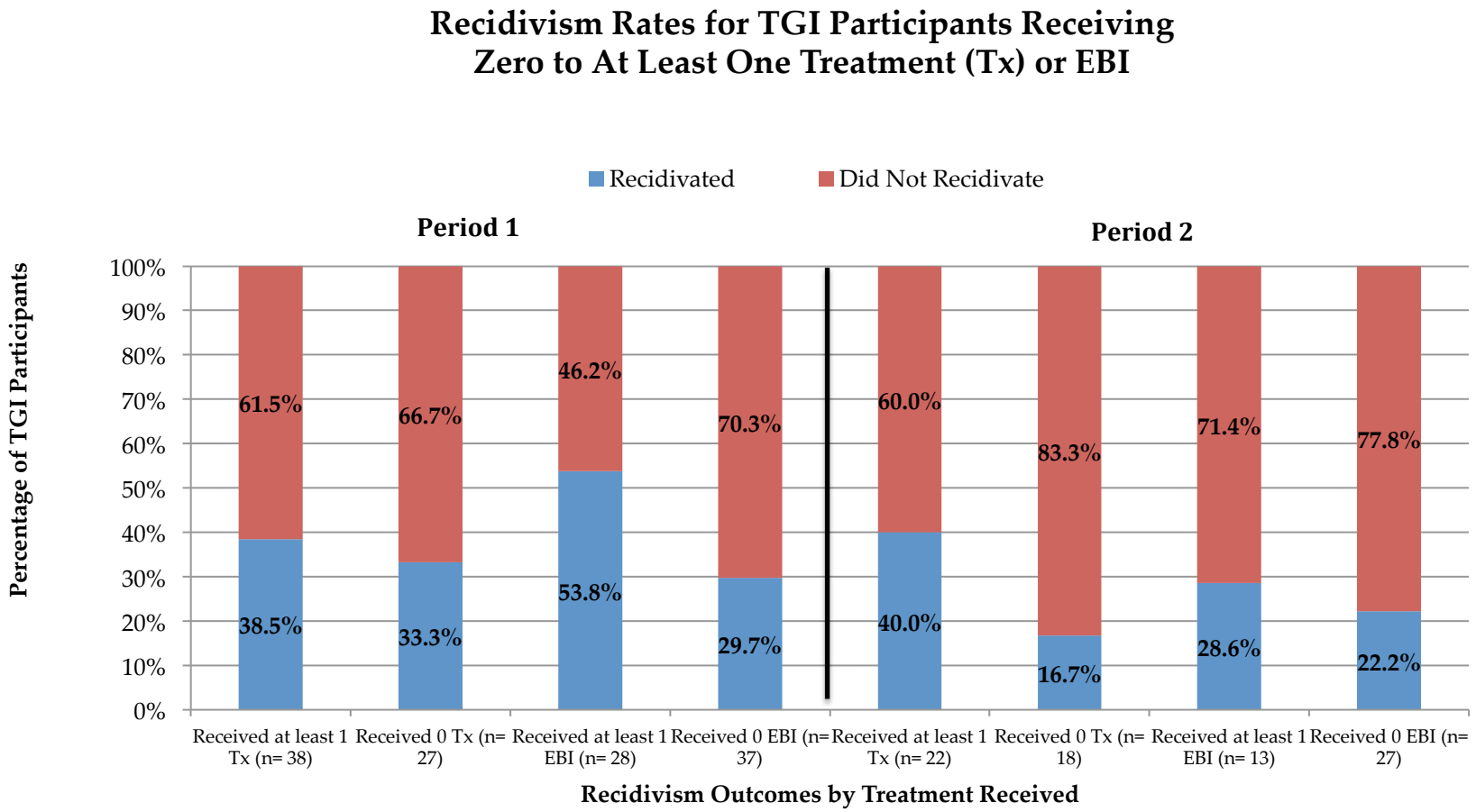
Next, the same analyses examined how involvement in treatments/interventions was related to recidivism rates one and two years following probation for TGI participants. Similar to outcomes for probation success, findings for Period 1 showed that the number of treatment services received did not significantly impact recidivism outcomes for clients one year after exiting probation; clients who recidivated within one year after exit did not receive significantly different number of treatment interventions (M = 1.79) than clients who did not recidivate (M = 1.08), $t(63)$= -1.715, p= .09. There were also no differences in rates of recidivism for clients who received at least one intervention/treatment (39% recidivated) versus clients who received none (33% recidivated), χ^2 = 7.93, p = .24 (see Figure 17). However, the number of EBIs received was found to be significantly related to whether an individual recidivated. Clients who recidivated were significantly more likely to have received EBIs (61%) than those who did not recidivate (30%), X^2 = 6.24, p <. 05. One potential explanation for this finding is that clients who were seen as more likely to recidivate may have been referred to EBIs at a greater rate than those less likely to recidivate. These results are consistent with last year's report.

Findings for Period 2 participants showed that the number of treatment services received was not related to recidivism outcomes for clients one year after exiting probation; clients who recidivated within one year did not receive significantly different number of treatment interventions (M = .60) than

clients who did not recidivate (M = .47), $t(38)$= -.44, p= .66. There were also no differences in rates of recidivism for clients who received at least one intervention/treatment (31% recidivated) versus clients who received none (22% recidivated), χ^2 = .34, p = .56 (see Figure 17). In contrast to Period 1 findings, the number of EBIs received for Period 2 participants was not found to be significantly related to whether an individual recidivated, X^2 = 1.09, p =. 78.

Similar to last year's report, findings were actually in the opposite direction of what was expected. However, these results must be interpreted very cautiously because the sample sizes were so small. There was no significant association between involvement in any one specific intervention (i.e., ReEntry, R&R, T4C, WAGE$$) and recidivism one year later.

Figure 17: ***Recidivism Outcomes for Periods 1 and 2 TGI Participants Receiving Treatment and/or an EBI.***



How does the use of drug testing impact TGI participants' success in probation and rates of recidivism one year later?

There were 70 TGI participants (74%) who received at least one drug test while on probation. Of the TGI participants who received at least one drug test, only 43% (*n*= 30) exited successfully from probation. Independent samples *t*-tests were conducted to determine whether or not the number of drug tests, number of positive drug tests, or ratio of positive to negative drug tests were predictive of probation exit status. Generally, results showed that the number of positive drug tests received and ratio of positive to negative drug tests were not significantly predictive of probation exit status (see Table 18). Despite this, statistically significant results were found for TGI probationers who successfully exited from probation in terms of the total number of drug tests received (*M*= 10.43, *SD*= 12.21), *t*(45)= -2.18, *p* <.05. TGI participants with successful probation exits had a lower ratio of positive to negative drug tests (*M*= .10, *SD*= .14) compared to clients who were unsuccessful (*M*= .20, *SD*= .27) in probation, but these differences were not statistically significantly different. Interestingly, TGI clients with successful probation exits had a higher number of positive drug tests (*M*= 1.20, *SD*= 2.241) compared to clients who were unsuccessful (*M*= .80, *SD*= 1.29).

Table 18: ***Drug Testing and Probation Exit Status (n=70).***

	Successful on Probation			Unsuccessful on Probation		
	n	Range	*M* (*SD*)	*n*	Range	*M* (*SD*)
Number of Drug Tests *t*(45) = 2.18, *p* < .05	30	1 to 55	10.43 (12.21)	40	1 to 44	4.95 (7.42)
Number of Positive Drug Tests *t*(68) = .89, *p* = .37	30	0 to 12	1.20 (2.41)	40	0 to 7	0.80 (1.29)
Ratio of Positive to Negative Drug Tests *t*(61) = -1.82, *p* = .07	30	0 to .50	.10 (.14)	40	0 to 1.0	.20 (.27)

In terms of recidivism outcomes, of the 70 TGI participants with one-year recidivism data available, findings showed that 49% (*n*= 46) received at least one drug test while on probation. Analyses were conducted using only TGI clients who received at least one drug test. The association between drug testing and rates of recidivism showed similar trends as probation outcomes in that the number of drug tests received, number of positive drug tests, and ratio of positive to negative drug tests were not significantly predictive of recidivism outcomes (see Table 19). Nonetheless, TGI clients who did not recidivate had slightly more drug tests (*M*= 6.58, *SD*= 11.13), an increased number of positive drug tests (*M*= .96, *SD*= 2.46), and lower ratio of positive to negative drug tests (*M*= .13, *SD*= .18) compared to clients who did recidivate.

Of the 70 TGI participants with two-year recidivism data available, only 26 (28%) had received at least one drug test while on probation. The association between drug testing and rates of recidivism could not be calculated due to small sample size, thus only results for Period 1 TGI participants are presented in Table 19.

Table 19: ***Positive and Negative Drug Tests and Recidivism One Year After Exiting Probation (n=46).***

	No, Did Not Recidivate			Yes, Did Recidivate		
	n	Range	*M* (*SD*)	*n*	Range	*M* (*SD*)
Number of Drug Tests $t(24) = -1.62$, $p = .12$	24	1 to 55	6.58 (11.13)	22	1 to 7	2.86 (1.58)
Number of Positive Drug Tests $t(44) = -.23$, $p = .82$	24	0 to 12	.96 (2.46)	22	0 to 7	.82 (1.50)
Ratio of Positive to Negative Drug Tests $t(33) = 1.47$, $p = .15$	24	0 to .50	.12 (.18)	22	0 to 1.0	.24 (.32)

How does the use of GPS services impact TGI participants' success on probation and rates of recidivism one year later?

Approximately 62% of all TGI participants (*n*=58) received GPS at least once during their time in probation. Results showed that participants who received GPS services did not have statistically significant differences in terms of their success on probation (38% exited successfully) than clients who did not receive GPS (30% exited successfully), $X^2 = .40$, $p = .53$.

Examining only clients who received GPS, there was a trend in the expected direction, in which clients who successfully exited from GPS intervention were significantly more likely to be successful in probation overall (68% successful on probation) than clients who were unsuccessful exits from GPS (14% successful on probation), $X^2 = 17.06$, $p < .001$. Independent samples *t*-tests were run to compare the total time (in days) on GPS and the ratio of time in days on GPS (days on GPS/total days in probation) for TGI participants who were successful and unsuccessful exits from probation. Results showed that the ratio of time on GPS was significantly predictive of probation exit status, although clients who were unsuccessful were on GPS for a longer proportion of their total time in probation, ($M = .56$, $SD = .30$), $t(56) = -4.22$, $p < .001$ (see Table 20). Total time on GPS was not found to be significantly predictive of probation outcomes and clients who were successful were on GPS for a shorter number of days (see Table 20).

Table 20: ***Time on GPS and GPS Ratio and Probation Exit Status for TGI Participants.***

	Successful Probation Exit		Unsuccessful Probation Exit		*t*-test *p*-value
	n	***M (SD)***	***n***	***M (SD)***	
Days on GPS	22	189.18 (149.33)	22	283.56 (235.69)	$t(56)= -1.68$, $p=.10$
Ratio of Days on GPS to Days in TGI	36	.24 (.24)	36	.56 (.30)	$t(56)= -4.22$, $p < .001$

Next, the same analyses were run, but comparing one-year recidivism rates based on GPS participation. Of TGI participants with one-year recidivism data ($n= 65$), 42 (65%) were also on GPS at least once during their probation term and for TGI participants with two-year recidivism data ($n= 40$), 26 (65%) were also on GPS at least once during their probation term. Recidivism rates were compared for Period 1 ($n= 65$) and Period 2 ($n= 40$) TGI clients who received GPS services to clients who did not receive GPS services.

Findings for Period 1 showed that recidivism rates were higher for clients receiving GPS services (79%) compared to clients who did not receive GPS services (54%) and were statistically significant, $X^2 = 4.19$, $p < .05$; however, given that particularly at-risk gang clients are placed on GPS services, recidivism rates may reflect individual differences between samples as opposed to the effectiveness of GPS services. For instance, independent samples *t*-tests showed statistically significant differences between risk scores for TGI participants who did ($n= 55$) and did not receive GPS services ($n= 18$) for criminal thinking COMPAS subscale scores, $t(71)= -2.39$, $p < .05$. Period 2, recidivism rates were similar for clients receiving GPS services (60%) compared to clients who did not receive GPS services (67%); differences were not statistically significant, $X^2 = .15$, $p = .70$.

When focusing on TGI participants who received GPS and had one- and two- year follow-up recidivism data, the recidivism rates for participants who exited from GPS successfully and unsuccessfully were compared to determine whether GPS exit status predicted recidivism outcomes. Findings for Period 1 showed that 64% of clients with successful GPS exit status recidivated within one year of exiting probation, compared to 43% of clients who received an unsuccessful GPS exit status. These differences were not statistically significant, likely due to the small sample sizes ($X^2= 4.30$, $p = .12$; see Table 21). Independent samples *t*-tests for the total time in days on GPS and the ratio of time in days on GPS (days on GPS/total days in probation) for Period 1 TGI participants were conducted to compare clients who did and did not recidivate one year following probation. Similar to outcomes for probation exit status, TGI participants who recidivated were on GPS for more days. However, neither the total number of days on GPS, $t(40)= .56$, $p=.58$, nor the ratio of time on GPS, $t(40)= -.08$, $p=.94$, was statistically significant (see Table 22).

Findings for Period 2 showed that 0% of clients with successful GPS exit status (n = 5) recidivated within two years of exiting probation, compared to 74% of clients who received an unsuccessful GPS exit status (n = 14). Despite the large difference in size, these differences were not statistically significant, likely due to the small sample sizes (X^2= 2.43, p = .30; see Table 21). Independent samples t-tests for the total time in days on GPS and the ratio of time in days on GPS (days on GPS/total days in probation) for Period 2 TGI participants were also conducted to compare clients who did and did not recidivate one year following probation. Similar to outcomes for Period 1, neither the total number of days on GPS, t(24)= .23, p=.82, nor the ratio of time on GPS, t(24)= .25, p=.81, was statistically significant (see Table 22).

Table 21: ***GPS Exit Status and One-Year and Two-Year Recidivism Rates for TGI Participants.***

Period	No, Did Not Recidivate		Yes, Recidivated		
Period 1	***n***	**%**	***n***	**%**	X^2 Test
Successful GPS Exit Status	4	36%	7	64%	X^2= 4.30, p = .12
Unsuccessful GPS Exit Status	16	57%	12	43%	
Period 2	***n***	**%**	***n***	**%**	X^2 Test
Successful GPS Exit Status	5	100%	0	0%	X^2= 2.43, p = .30
Unsuccessful GPS Exit Status	14	74%	5	26%	

Table 22: ***Time on GPS and GPS Ratio and One-Year and Two-Year Recidivism Rates for TGI Participants.***

Period	No, Did Not Recidivate		Yes, Recidivated		
Period 1	***n***	***M (SD)***	***n***	***M (SD)***	t-test
Days on GPS	20	242.60 (274.24)	22	281.68 (170.14)	t(40)= .56, p=.58
Ratio of Days on GPS to Days in TGI	20	.54 (.33)	22	.53 (.29)	t(40)= -.08, p=.94
Period 2	***n***	***M (SD)***	***n***	***M (SD)***	t-test
Days on GPS	20	217.65 (159.49)	6	234.50 (162.30)	t(24)= .23, p=.82
Ratio of Days on GPS to Days in TGI	20	.58 (.31)	6	.58 (.31)	t(24)= .25, p=.81

As with previous sections of the report, the education and employment status of TGI participants who received GPS were compared before beginning and after exiting GPS to understand how progress in these areas may impact success on probation and recidivism one and two years later. Neither improvement in education or employment status or the type of education or employment level at exit from GPS was statistically significantly predictive of probation exit status for Period 1 or Period 2 TGI participants (see Table 23). No significant differences were found based on education or employment status or the type of education or employment level.

Table 23: ***Employment and Education after GPS and Success on Probation and Periods 1 & 2 Recidivism Outcomes.***

	Probation Outcomes		Period 1 Recidivism Outcomes		Period 2 Recidivism Outcomes	
	Successful on Probation (*n*= 36)	Unsuccessful on Probation (*n*= 58)	No, Did Not Recidivate (*n*= 37)	Yes, Did Recidivate (*n*= 28)	No, Did Not Recidivate (*n*= 30)	Yes, Did Recidivate (*n*= 10)
Employment Status						
Improved Employment	56%	44%	60%	40%	75%	25%
Did not Improve Employment	35%	65%	44%	56%	75%	25%
Education Status						
Improved Education	67%	33%	25%	75%	100%	0%
Did not Improve Education	36%	64%	48%	52%	70%	30%
Number of Improvements						
No Improvements	32%	68%	46%	54%	69%	31%
One Improvement	60%	40%	44%	56%	83%	17%
Employment After GPS						
No Employment	28%	72%	43%	57%	72%	28%
Part-Time Employment	63%	37%	50%	50%	75%	25%
Full-Time Employment	55%	45%	60%	40%	100%	0%
Education After GPS						
No High School Diploma	24%	76%	50%	50%	65%	35%
HS Grad and/or Post HS	63%	37%	25%	75%	100%	0%

SUMMARY OF TGI-SPECIFIC OUTCOMES

How are criminal background factors related to success and recidivism outcomes for TGI participants?

- As compared to all other probationers, clients in TGI were more likely to fall into the high recidivism risk group, less likely to be successful on probation, and had significantly higher scores on the COMPAS subscales of criminal peers, substance abuse, criminal thinking, and vocational/educational.
- Results showed that TGI clients with at least one sexual force charge(s) were significantly less likely to be successful on probation compared to TGI clients without prior sexual force charge(s).
- In terms of recidivism rates, Period 1 clients who recidivated were more likely to have higher scores on Vocational/Educational Risk while Period 2, clients who recidivated were more likely to have higher scores on Criminal Personality.

Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for TGI participants?

- TGI clients who were successful on probation did not receive significantly more or fewer total treatment services when compared to clients who were unsuccessful. They were also no more likely to have received at least one treatment/intervention.
- When only examining EBIs, clients who were successful on probation were no more likely to have received at least one EBI or receive significantly more EBIs. However, TGI participants that were successful in WAGE$$ were more likely to have successfully exited from probation.
- Similar to outcomes for probation success, findings showed that the number of treatment services received did not significantly impact recidivism outcomes for TGI participants one and two years after exiting probation. There were also no differences in rates of recidivism for clients who received at least one intervention/treatment versus clients who received none.
- However, the number of EBIs received was found to be significantly related to whether an individual recidivated for Period 1 TGI participants. Clients who recidivated were significantly more likely to have received EBIs than those who did not recidivate.

How does the use of drug testing impact TGI participants' success in probation and rates of recidivism one year later?

- Generally, results indicated that the number of positive drug tests received and ratio of positive to negative drug tests were not significantly predictive of probation exit status. However, statistically significant results were found for TGI probationers who successfully exited from probation in terms of the total number of drug tests received in that increased drug testing was associated with higher rates of probation success.
- Although TGI participants with successful probation exits had a lower ratio of positive to negative drug tests compared to clients who were unsuccessful in probation, these differences were not statistically significantly different.
- Number of drug tests received, number of positive drug tests, and ratio of positive to negative drug tests were not significantly predictive of recidivism outcomes.
- Similar to probation outcomes, TGI clients who did not recidivate had slightly more drug tests, an increased number of positive drug tests, and lower ratio of positive to negative drug tests compared to clients who did recidivate.

How does the use of GPS services impact TGI participants' success in probation and rates of recidivism one and two years later?

- TGI participants with successful exits from GPS intervention were significantly more likely to be successful in probation than TGI clients who were unsuccessful exits from GPS intervention.
- Results showed that the ratio of time on GPS was significantly predictive of probation exit status, although clients who were unsuccessful were on GPS for a longer proportion of their total time in probation.
- Total time on GPS was not found to be significantly predictive of probation outcomes; neither the total number of days on GPS, nor the ratio of time on GPS was statistically significant.
- Approximately 64% of clients with successful GPS exit status recidivated within one year of exiting probation, compared to 43% of clients who received an unsuccessful GPS exit status; however, these differences were not statistically significant due to small sample size for Period 1 TGI participants.
- For Period 2 TGI participants, 0% of clients with successful GPS exit status recidivated within one year of exiting probation, compared to 100% of clients who received an unsuccessful GPS exit status; however, these differences were also not statistically significant due to small sample size for Period 2 TGI participants.
- Improvements in education, employment status, and the type of education or employment level at exit from GPS were not significantly predictive of probation exit status for TGI participants. Similar trends were observed in terms of the recidivism outcomes for TGI clients one and two years after exiting from probation in that no significant differences were found based on education or employment status or the type of education or employment level.
- GPS outcomes are difficult to interpret because GPS time is increased to help clients who need more supervision; there are no data to document these decision points.

Prop 36 Participant-Specific Outcomes

In previous sections of this report, outcomes for the entire high-risk felony probation population were presented. In this section, participant-specific outcomes will be examined for clients sentenced under California Proposition 36 (aka Prop 36), which permanently changed the law to allow clients who were convicted of a qualifying non-violent drug offense to receive probation with a condition in a drug treatment program instead of incarceration. This section of the evaluation report will present outcomes specific to Prop 36 probationers.

The current evaluation includes 41 Prop 36 participants (from within the entire sample of 801 high-risk, felony probationers). These participants were on probation for an average of 887 days and were likely to be successful on probation (78% exited successfully). In comparison to the overall sample of probationers, individuals in the Prop 36 program were more likely to be Black or Hispanic/Latino, male, and between the ages of 18 and 25 years old. Table 24 and Table 25 compare the Prop 36 participants to all other non-Prop 36 probationers included in the evaluation in terms of probation success and COMPAS risk levels. Results show that, as compared to all other probationers, clients in Prop 36 were slightly more likely to be in the high recidivism risk group (68.3% high recidivism risk for Prop 36 versus 64.2% for all other probationers). However, compared to all other probationers Prop 36 probationers were more likely to be successful on probation (78% successful). There were no significant differences for Prop 36 clients in terms of their COMPAS subscales of noncompliance, history of violence, criminal peers, substance abuse, criminal personality, criminal thinking, family criminality, or vocational/educational risk.

Table 24: ***Probation Success for Prop 36 and Non-Prop 36 High-Risk Felony Probationers.***

	Prop 36 Participants (*N* = 41)	All Other Probationers (*N* = 760)
Probation Exit Status		
Successful	78.0%	52.6%
Unsuccessful	22.0%	47.4%
Recidivism Risk		
Low Risk	4.9%	4.3%
Medium Risk	26.8%	31.4%
High-Risk	68.3%	64.2%

Table 25: ***Independent Samples t-test Comparison of COMPAS Subscale Scores for Prop 36 Participants and All Other Probationers.***

COMPAS Subscales	Mean Scores (1 – 10)	
	Prop 36 Participants (N = 41)	All Other Probationers (N = 760)
History of Noncompliance	8.2	8.2
History of Violence	5.0	5.3
Criminal Peers	6.6	6.3
Substance Abuse	7.4	7.1
Criminal Personality	5.9	6.4
Criminal Thinking	5.2	5.3
Family Criminality	5.8	5.3
Vocational/Education	6.6	6.7

When compared to the probationers that were not in Prop 36, clients in Prop 36 had lower rates of recidivism. Recidivism rates for Period 1 indicated that 18.2% of Prop 36 clients recidivated, compared to 37.4% of non-Prop 36 clients. Similar trends were observed for Periods 2 and 3. However, there were too few Prop 36 participants at all periods (Period 1 n= 11, Period 2 n= 7, and Period 3 n= 1) to perform statistical analyses or make meaningful conclusions.

Ultimately, these comparative results suggest that the Prop 36 participants are a lower risk group of clients, whom have better outcomes on probation and slightly lower rates of recidivism. The remainder of this evaluation will explore the outcomes specifically for the Prop 36 participants in greater depth.

Are certain criminal background factors related to probation success and recidivism outcomes for Prop 36 participants?

For the following sections only Prop 36 participants' (N = 41) outcomes will be examined. When Prop 36 participants who were successful in probation were compared to Prop 36 participants who were unsuccessful, results showed that in general there were no significant differences in terms of their COMPAS risk scores or other criminal history factors (or sample sizes were too small to perform analyses).

In terms of recidivism rates, the sample size was too small to detect differences and future reports should continue to examine the relation between risk factors and previous criminality and probation and recidivism outcomes for Prop 36 participants using larger sample sizes.

Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for Prop 36 participants?

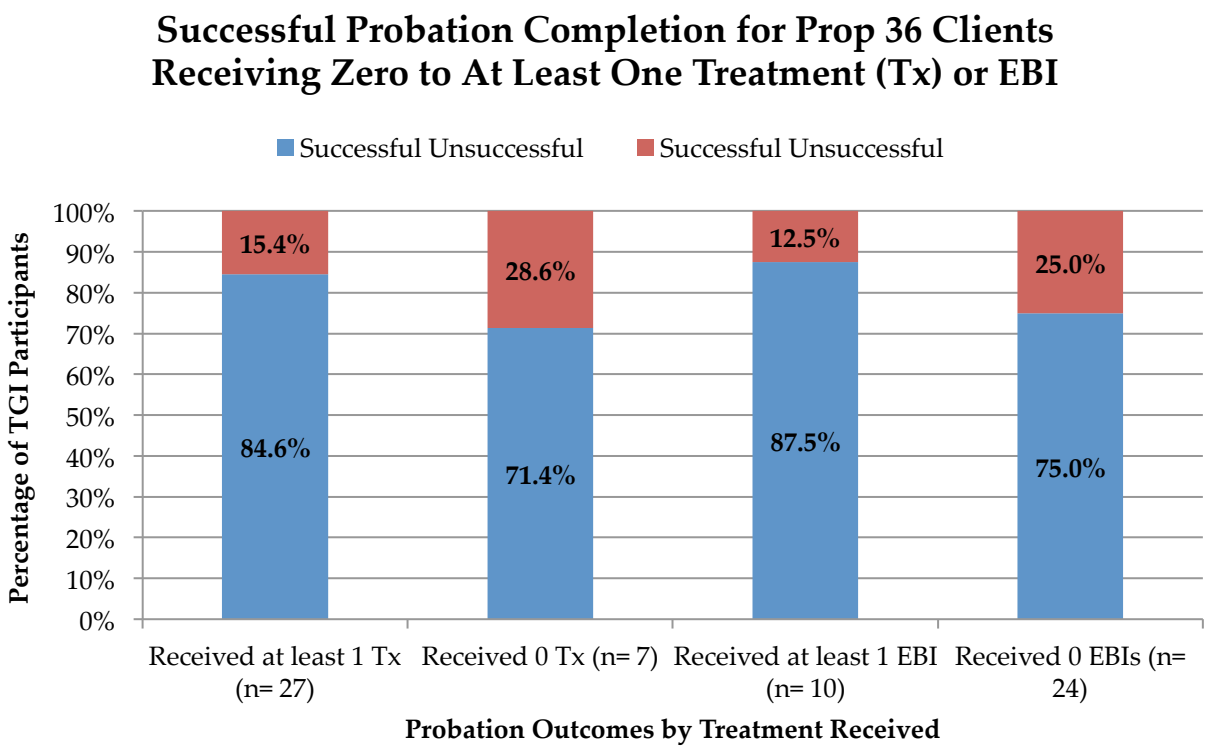
The association between Probation services/treatment programs and probation and recidivism outcomes for Prop 36 participants are discussed in this section. Descriptive statistics were used and should be interpreted with caution as statistical significance cannot be calculated given small samples sizes.

Findings showed that clients who were successful in probation received more total treatment services (M = 1.85) than clients who were unsuccessful (M = 1.29; SD= 1.11). Participants with successful probation exits were less likely to have received at least one treatment/intervention (16% with one or more treatment interventions) than unsuccessful probation exits (72%), χ^2 = .54, p = .76 (see Figure 18).

When only examining EBIs, clients who were successful on probation were about equally likely to have received at least one EBI (17%) than unsuccessful exits (14%), χ^2 = 1.12, p = .57 (see Figure 18). Clients who were successful on probation received more EBIs (M = 0.41) than clients who received unsuccessful exits from probation (M = 0.14).

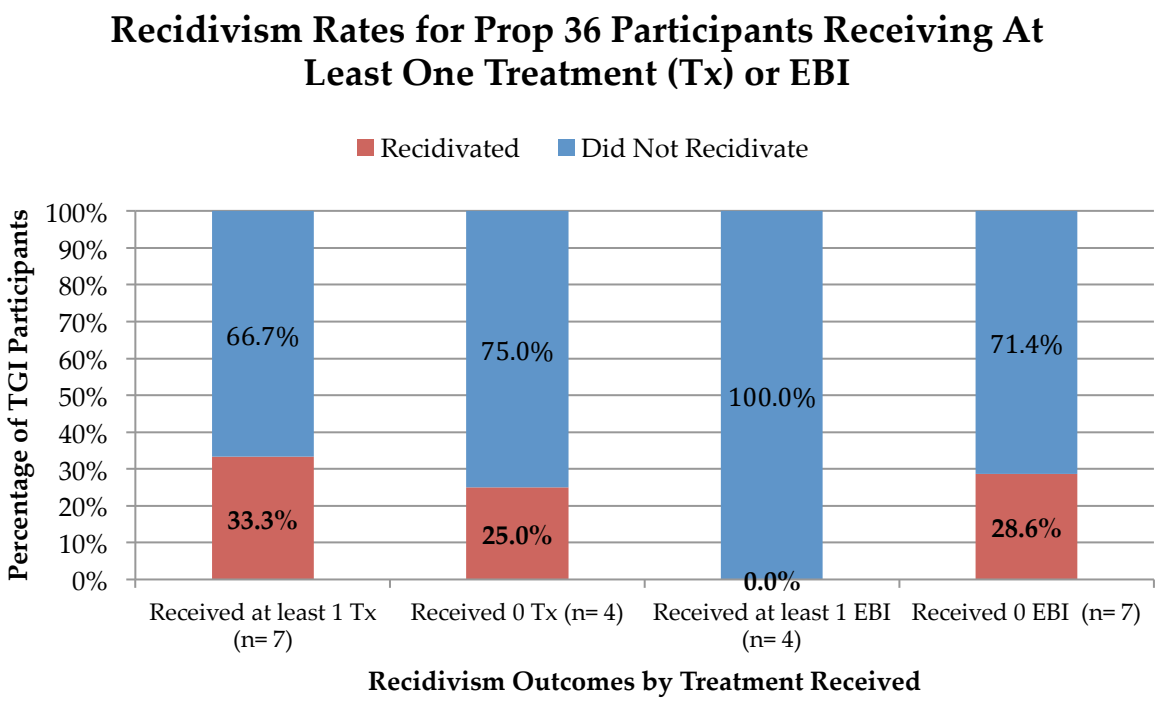
We were unable to control for risk level and significant associations between involvement in any one specific intervention (i.e., ReEntry, R&R, T4C, WAGE$$) and probation success could not be calculated due to small sample size.

Figure 18: ***Probation Outcomes for Prop 36 Participants Receiving Treatment or an EBI.***



Descriptive analyses were also run to understand how involvement in treatments/interventions was related to one-year recidivism rates for Prop 36 participants. Similar to outcomes for probation success, findings showed that clients who recidivated within one year received more treatment interventions (M = 1.33) than clients who did not recidivate (M = 0.50). Recidivism rates were similar for clients who received at least one intervention/treatment (33% recidivated) versus clients who received none (25% recidivated) (see Figure 19). Clients who recidivated received an average of 0 EBIs whereas clients who did not recidivate received an average of .56 EBIs. Of clients who received at least one EBI 0% recidivated, whereas of clients who received no EBIs, 29% recidivated (see Figure 19). Again, these results must also be interpreted very cautiously because the sample sizes were so small. Sample sizes were too small to allow more sophisticated analyses including controlling for risk level or to detect a significant association between involvement in any one specific intervention (i.e., ReEntry, R&R, T4C, WAGE$$) and recidivism one year later.

Figure 19: ***Recidivism Outcomes for Prop 36 Participants Receiving Treatment and/or an EBI.***



How does the use of drug testing impact Prop 36 participants' success in probation and rates of recidivism one year later?

There were 30 Prop 36 participants (73%) who received at least one drug test while on probation. Of the Prop 36 participants who received at least one drug test, 90% (*n*= 27) successfully exited from probation. Prop 36 probationers who successfully exited from probation received more drug tests (*M*= 14.37, *SD*= 16.67) than prop 36 probationers who failed to exit successfully (*M=6.00, SD=2.65)*. Interestingly, Prop 36 clients whom successfully exited probation had a higher ratio of positive to negative drug tests (*M*= .12, *SD*= .20) and a higher number of overall positive drug tests (*M*= 1.11, *SD*= 1.42) compared to clients who were unsuccessful (*M*= .09, *SD*= .08; *M*= .67, *SD*= .58, respectively) in probation. These results must also be interpreted very cautiously because the sample sizes were so small.

Table 26: ***Drug Testing and Probation Exit Status (n= 30).***

	Successful on Probation (*N*= 27)			Unsuccessful on Probation (*N*= 3)		
	n	Range	*M* (*SD*)	*n*	Range	*M* (*SD*)
Number of Drug Tests *t*(28) = .86, *p* = .40	27	1 to 72	14.37 (16.67)	3	3 to 8	6.00 (2.65)
Number of Positive Drug Tests *t*(28) = .53, *p* = .60	27	0 to 6	1.11 (1.42)	3	0 to 1	.67 (.58)
Ratio of Positive to Negative Drug Tests *t*(28) = -.27, *p* = .79	27	0 to .60	.12 (.20)	3	0 to .14	.09 (.08)

In terms of recidivism outcomes, only 11 Prop 36 participants had one-year recidivism data available. Of these participants, 9 (82%) had received at least one drug test while on probation. However, general trends showed that Prop 36 clients who did not recidivate had more drug tests (*M*= 15.75, *SD*= 17.82), a higher number of positive drug tests (*M*= .38, *SD*= .52), and an increased ratio of positive to negative drug tests (*M*= .03, *SD*= .05) compared to clients who recidivated (see Table 27).

Table 27: ***Positive and Negative Drug Tests and Recidivism One Year After Exiting Probation (n=11).***

	No, Did Not Recidivate (*N*= 9)			Yes, Did Recidivate (*N*= 2)		
	n	Range	*M* (*SD*)	*n*	Range	*M* (*SD*)
Number of Drug Tests	8	3 to 55	15.75 (17.82)	1	1	1.00 (n/a)
Number of Positive Drug Tests	8	0 to 1	.38 (.52)	1	1	.00 (n/a)
Ratio of Positive to Negative Drug Tests	8	0 to .14	.03 (.05)	1	0	.00 (n/a)

How does the use of GPS services impact Prop 36 participants' success on probation and rates of recidivism one year later?

A total of 3 Prop 36 participants received GPS at least once during their time in probation. The two clients who successfully exited from GPS intervention also successfully completed probation whereas the one client who unsuccessfully exited from GPS also was not successful on probation.

Descriptive information for total time in days on GPS and the ratio of time in days on GPS (days on GPS/total days in probation) for the 3 Prop 36 participants who participated in GPS is provided in Table 28.

Table 28: ***Time on GPS and GPS Ratio and Probation Exit Status for Prop 36 Participants.***

	Successful Probation Exit		Unsuccessful Probation Exit		*t*-test *p*-value
	n	***M (SD)***	***n***	***M (SD)***	
Days on GPS	2	254.00 (233.35)	1	616.76 (n/a)	-
Ratio of Days on GPS to Days in Prop 36	2	.23 (.21)	1	.61 (n/a)	-

Next, one-year recidivism rates were compared for Prop 36 participants based on their GPS participation. Of Prop 36 participants with one-year recidivism data (n= 11), only 1 (9%) was also on GPS at least once during their probation term. As a result, statistical significance could not be calculated and meaningful descriptive information could not be reported at this time in order to compare GPS exit status and recidivism rates. Similarly, meaningful statistical data could not be calculated for Prop 36 participants' one-year following probation to determine the impact of total number of days on GPS and ratio of time on GPS on their recidivism rates. Future reports should continue to examine Prop 36 participants in order to discern the impact of GPS, including improvements in education and employment status after exiting from GPS, on their recidivism outcomes.

SUMMARY OF PROP 36-SPECIFIC OUTCOMES

How are criminal background factors related to success and recidivism outcomes for Prop 36 participants?

- Compared to all other probationers (52.6%), Prop 36 probationers (78%) were more likely to be successful on probation.
- Although not statistically significant, when compared to the probationers that were not in Prop 36, clients in Prop 36 had lower rates of recidivism despite being slightly more likely to be in the high recidivism risk group (68.3% high recidivism risk for Prop 36 versus 64.2% for all other probationers).
- Recidivism rates for Period 1 indicated that 18.2% of Prop 36 clients recidivated, compared to 37.4% of non-Prop 36 clients. Similar trends were observed for Periods 2 and 3. However, there were too few Prop 36 participants at all periods to perform statistical analyses or make meaningful conclusions.
- Ultimately, these comparative results suggest that the Prop 36 participants are a lower risk group of clients, whom have better outcomes on probation and slightly lower rates of recidivism

Are specific treatment programs or interventions and/or combinations of interventions related to success in probation and recidivism outcomes for Prop 36 participants?

- Findings indicated that clients who were successful in probation received more total treatment services than clients who were unsuccessful. Participants with successful probation exits were less likely to have received at least one treatment/intervention than unsuccessful probation exits.
- When examining EBIs, clients who were successful on probation were about equally likely to have received at least one EBI (17%) than unsuccessful exits (14%). Clients who were successful on probation received more EBIs than clients who received unsuccessful exits from probation.
- Descriptive analyses for one-year recidivism rates for Prop 36 participants showed similar outcomes for probation success. Clients who recidivated within one year received more treatment interventions than clients who did not recidivate. Recidivism rates were similar for clients who received at least one intervention/treatment versus clients who received none.
- Clients who recidivated received an average of 0 EBIs whereas clients who did not recidivate received an average of .56 EBIs. Of clients who received at least one EBI 0% recidivated, whereas of clients who received no EBIs, 29% recidivated. Results must be interpreted very cautiously because the sample sizes were so small.

How does the use of drug testing impact Prop 36 participants' success in probation and rates of recidivism one year later?

- There were 30 Prop 36 participants (73%) who received at least one drug test while on probation. Of the Prop 36 participants who received at least one drug test, 90% successfully exited from probation.
- Prop 36 probationers who successfully exited from probation received more drug tests than Prop 36 probationers who failed to exit successfully. Interestingly, Prop 36 clients whom successfully exited probation had a higher ratio of positive to negative drug tests and a higher number of overall positive drug tests compared to clients who were unsuccessful in probation. These results must be interpreted very cautiously because the sample sizes were so small.
- In terms of recidivism outcomes, only 11 Prop 36 participants had one-year recidivism data available. Of these participants, 82% had received at least one drug test while on probation. However, general trends showed that Prop 36 clients who did not recidivate had more drug tests, a higher number of positive drug tests, and an increased ratio of positive to negative drug tests compared to clients who recidivated.

How does the use of GPS services impact Prop 36 participants' success in probation and rates of recidivism one year later?

- Only 3 Prop 36 participants received GPS services at least once during their time on probation. Of these, only 1 participant with one-year recidivism data was available thus no meaningful statistical analyses could be conducted at this time.
- Future reports should continue to examine Prop 36 participants in order to discern the impact of GPS, including improvements in education and employment status after exiting from GPS, on their recidivism outcomes.

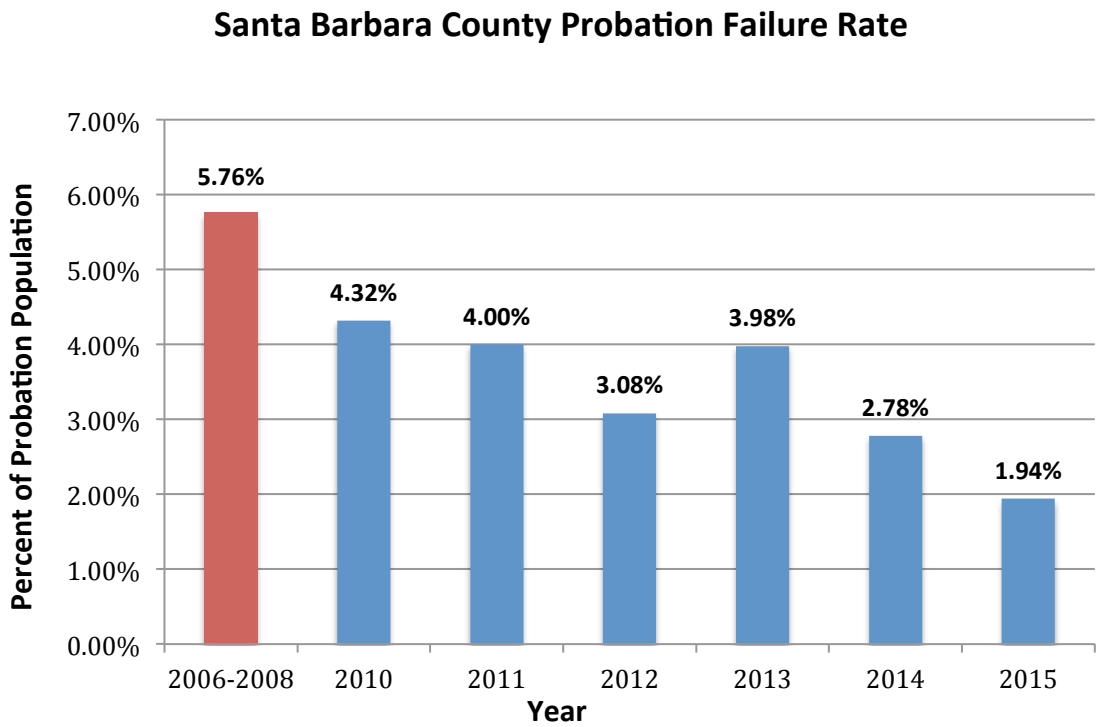
Overall Trends

How do probation outcomes and recidivism rates for high-risk, felony probationers change over time, specifically before and after SB678 programming was implemented?

In addition to understanding how demographic, criminal history, and service and treatment factors impact the probation and recidivism outcomes for high-risk felony probationers, it is also important to understand how outcomes in Santa Barbara County as a whole have changed since implementation of SB678 and more comprehensive EBIs.

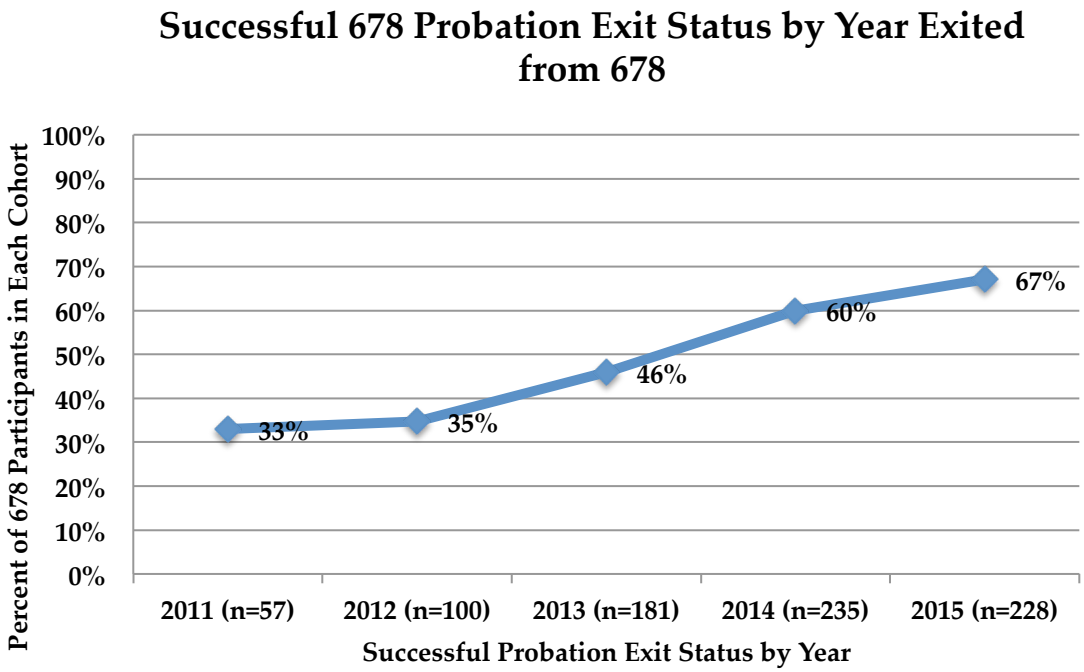
The following section describes another outcome: the Probation Failure Rate (PFR). The PFR is the percentage of county felony probationers who fail probation each year as defined by SB678. The years of 2006-2008 serve as baseline outcomes for Probation and SB678 programming officially began during the 2010 calendar year. As seen in Figure 18, the PFR in Santa Barbara County has decreased from a baseline of 5.76% to 1.94% in 2015.

Figure 18: ***Santa Barbara County Probation Failure Rate.***



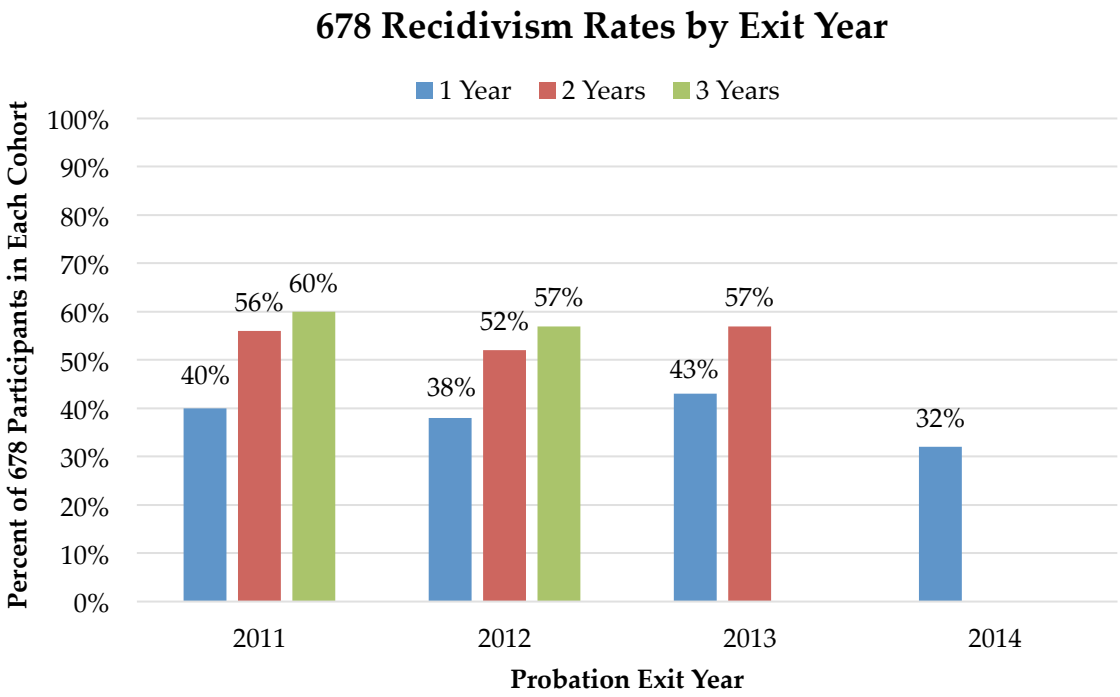
In an effort to understand how probation success and recidivism rates have changed over time, all high-risk felony probation participants were examined together and compared by the calendar year in which they exited probation. In other words, all individuals who exited probation in 2011 are in the 2011 cohort, whereas clients who exited in 2012 are in the 2012 cohort, and so forth. Figure 19 shows the trends in success rates for probation for cohorts who exited from 2011 to 2015 (exits started on 7/01/10; 2011 was the first full year of exits). Results show that probation success rates have steadily increased since 2011, with a success rate in 2015 more than double that of 2011.

Figure 19: ***Successful SB678 Probation Exit Status by Year Exited from Probation.***



The percentages of probationers in each cohort who recidivated (one or more misdemeanor or felony convictions) within one to three years of exiting probation were graphed in Figure 20, shown below. This figure shows that for clients with one-year recidivism data (*n*= 573), clients who exited probation in 2011 recidivated at a rate of 40%, whereas in 2012 recidivism rates was 38%, followed by 43% in 2013 and 32% in 2014. Clients with two year recidivism data (*n*= 338) recidivated within two years of exiting probation at a rate of 56% in 2011, 52% in 2012, and 57% in 2013. Clients with three-year recidivism data (*n*= 157), recidivated within three years of exiting probation at a rate of 60% in 2011 and 57% in 2012.

Figure 20: ***One and Two Year Recidivism Rates by Year Exited from Probation.***



How has treatment involvement and number of EBIs received for high-risk felony probationers changed by cohort over time?

The following section describes how treatment and evidence-based intervention involvement for high-risk, felony probationers has changed by cohort over the past several years. As with the previous section, participants were examined according to the year they exited probation. Figure 21 indicates that many more high-risk felony probationers are receiving treatment services since SB678 programming began. In 2011, the vast majority (79%) of clients on probation did not receive any of the treatment services that were examined in this evaluation.

However, the percentage of clients receiving treatment subsequently rose from 21% in 2011 to 45% in 2012, 53% in 2013, 61% in 2014, and was at 94% in 2015.

Figure 21: ***Total Number of Treatments Received by Year Exited from Probation.***

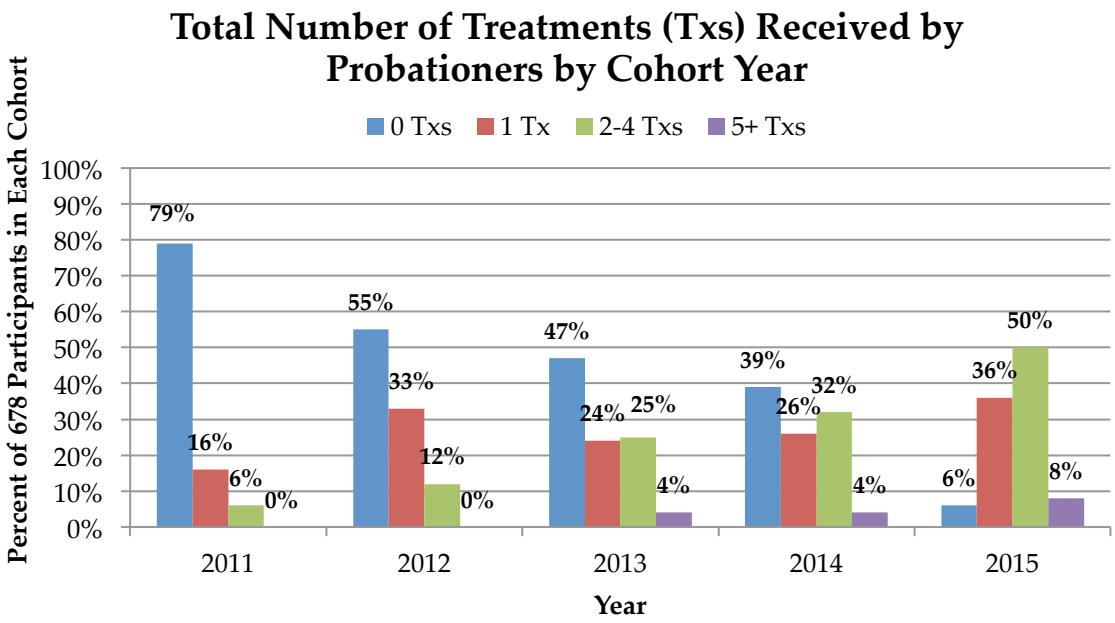
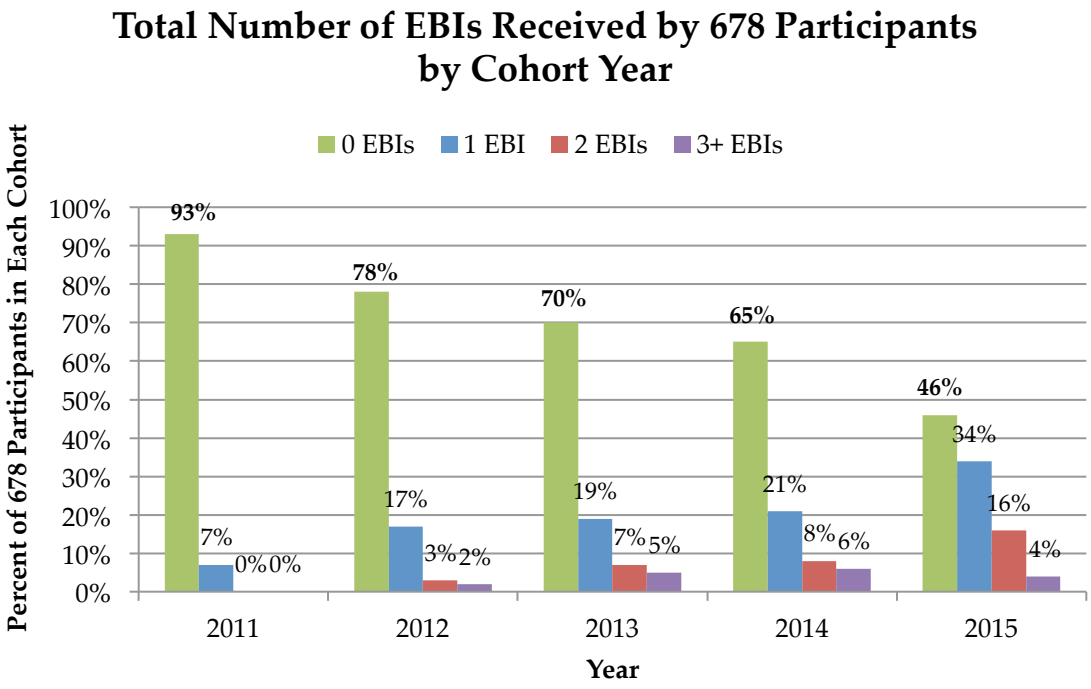


Figure 22 indicates the total number of EBIs received by SB678 clients according to their cohort exit year. Similar to changes in treatment services, substantially more high-risk clients received EBIs in 2015 than compared to previous years. The percentage of clients receiving at least one EBI has increased steadily from 7% in 2011, to 22% in 2012, 30% in 2013, 35% in 2014, and 54% in 2015. In other words, the percentage of probationers who exited probation in 2015 who received at least one EBI was nearly eight times the number of probationers who received one or more EBIs in 2011.

Figure 22: ***Total Number of EBIs Received by Year Exited from Probation.***



SUMMARY OF OVERALL TRENDS

How do probation outcomes and recidivism rates for high-risk, felony probationers change over time, specifically before and after SB678 programming was implemented?

- The Probation Failure Rate in SB County has decreased overall since the baseline of 5.8% in 2006-2008 to 1.9% in 2015.
- The percentage of participants who successfully exit probation each calendar year has steadily and substantially increased since 2011. In 2011, 33% of high-risk felony probationers in SB County successfully completed probation- in 2015, 67% of these clients successfully completed probation.
- One-year recidivism rates in 2015 were lower than previous years. Recidivism decreased from 2011 (40%) to 2012 (39%), increased in 2013 (43%), and then dropped to 32% in 2015. Two-year recidivism rates decreased from 2011 (56%) to 2012 (52%), but increased again in 2013 (57%).

How has treatment involvement and number of EBIs received for high-risk felony probationers changed by cohort over time?

- More high-risk probationers are receiving treatment and EBI services since SB678 programming began. In 2011, 21% of high-risk probationers received one or more treatment services, whereas by 2015 this percentage increased to 94% of the high-risk felony probationers.
- Trends for the total number of EBIs received were similar to treatment services received, in that more clients are receiving EBIs than in previous years of evaluation. In 2011, 7% of exiting probationers had received one or more EBIs, whereas 54% clients who exited probation in 2015 had received EBIs.

FUTURE DIRECTIONS

The following recommendations were provided with the emphasis on improving data collection procedures both within Probation and between agencies in the criminal justice system:

- Treatment intervention definitions and criteria for the determination of treatment exit status (i.e., successful versus unsuccessful) can help determine whether the quality of treatment is an additional factor influencing probation and recidivism outcomes.
  - Without guidelines or criteria for treatment completion, it is difficult to determine how factors such as quality and/or dosage of treatment may impact probation and recidivism outcomes.
  - Probation may also want to consider reviewing treatment exit status criteria and incentivize treatments to improve client engagement in treatment.
  - Additionally, future evaluation efforts may benefit from identifying whether treatment interaction effects exist and further isolating the effectiveness of any one evidenced-based treatment.
  - Fidelity to treatment models should be measured and reported for treatments. This can be done in a variety of ways including by treatment providers completing fidelity checklists for sessions or by random checks by external auditors.
- Only the most recent COMPAS subscales were available for data analysis, which does not allow for comparison of risk factors across time.
  - Reporting of COMPAS scores over time, perhaps through computer-based iterations of subscale scores each time the COMPAS is completed, may provide insight as to whether risk factors increase, decrease, or remain static.
  - Non-significant findings based on COMPAS risk factors may be due to the fact that only the most recent COMPAS subscale is available–the most recent scale may already reflect change that has occurred through treatment.
- Data regarding which clients received an override on the COMPAS was not available in the current report. Future reports should focus on reviewing which override criteria (e.g., Registered Sex offender, serious mental health needs) are being used and how effective the use of override scores is.
- GPS "prevention" (administered within 7 days of release from jail) versus "intervention" (administered after 7 days of release from jail) data were not available for the current report due to insufficient data regarding jail release. Future data collection efforts should be aimed at analyzing whether different outcomes exist for felony probationers receiving GPS services when used as an intervention versus prevention tool.
- Future evaluations may also benefit from examining the use of drug tests to maximize their effectiveness. Drug tests should be administered according to research-based best practice (e.g., consistently, randomly, with immediate consequences for negative tests).
- Finally, it is important to consider the accuracy of measuring recidivism rates across time for a variety of reasons including reoffending outside the county and re-incarceration that limits the ability for re-offense. We recommended that jail-booking data be provided to

allow evaluators the ability to control for additional periods of incarceration that are currently not available.

- We recommend adding a focus on racial and ethnic as well as gender disparities in risks, needs, treatments, and outcomes to further understand and better serve the population of clients on probation in Santa Barbara County.

Executive Summary

Introduction

In an effort to increase offender success while on probation and reduce probation revocations to state prison, the Santa Barbara County Probation Department began implementing comprehensive supervision programming for high-risk probationers in 2010, in alignment with the goals of Senate Bill 678 (SB678). These programs include R&R, Re-Entry, Targeted Gang Intervention (TGI), Thinking 4 Change (T4C), and WAGE$$. The current evaluation explored the program, probation, and recidivism outcomes for participants in these evidenced-based probation interventions. Additionally, this evaluation explored results from the Batterers Intervention Program (BIP) and other common elements of supervision including drug testing and Global Position System (GPS) monitoring.

Description of Participants

The current evaluation included 801 individuals placed on probation due to a felony conviction. Additionally, the report focused on 94 TGI participants and 41 Prop 36 participants who participated and exited probation between May 1, 2010 and December 31, 2015. Participants in these programs were primarily male (78%, *n*= 622), between the ages of 18.0 and 34.9 years (84%), and of Hispanic (47%, *n*= 379) or White (43%, *n*= 341) ethnicity. All participants were classified as high-risk probationers, either because of their violence or recidivism risk score on the COMPAS, gang involvement, or other factor deemed high-risk by the Deputy Probation Officers (DPOs).

Evaluation Aims

The current evaluation sought to understand how well the implementation of best practices to reduce failure rates of high-risk offenders, under supervision, is working in Santa Barbara County. More specifically, this evaluation addressed the following research questions:

1. What are the demographic characteristics of the high-risk felony probationer population?
2. What are the criminal history and risk characteristics of the high-risk felony probationer population?
3. What evidence-based interventions (EBIs) and other services are participants receiving?
4. Which high-risk felony probationers succeed in probation?
5. Which high-risk felony probationers reoffend?
6. What are the TGI participant-specific outcomes for probation and recidivism?
7. What are the Prop 36 participant-specific outcomes for probation and recidivism?
8. How do probation outcomes and recidivism rates for high-risk, felony probationers change over time, specifically before and after SB678 programming was implemented?

In the current evaluation, recidivism was defined as one or more conviction charges during the probation term and/or 1, 2, or 3 years after exit from probation.

Evidenced-Based Treatments, Probation Success, & Recidivism

Overall, success on probation and successful completion of an EBI (in particular, R&R and ReEntry) was generally associated with lower rates of recidivism. One year after probation (Period 1), participants who were successful on probation were significantly less likely to recidivate (20%) compared to clients who were unsuccessful on probation (53%). One year after probation, clients who successfully completed R&R were significantly less likely to recidivate (22%) than were those who unsuccessfully exited the program (60%). Clients who successfully completed ReEntry were also significantly less likely to recidivate (23%) than were clients who unsuccessfully exited the program (54%).

Present findings suggest that:

1. Although race/ethnicity were unrelated to probation success, age and gender was significantly related to probation success and recidivism outcomes. Older participants (between the ages of 35 and 45) had the highest probation success and lower rates of recidivism. For recidivism outcomes only, Hispanic/Latino participants (33%) were more likely to receive a felony conviction than were White participants (25%).
2. One year after probation (period 1), clients who recidivated had significantly higher mean recidivism risk, violence risk, History of Noncompliance, and Criminal Associates and Peers risk scores. No other COMPAS scale scores were significantly different between clients who did and did not recidivate within a year of exiting probation.
3. Successful probationers were more likely to have received at least one type of treatment. As the number of treatment services increased, the rate of successful exit status also increased for probationers. Period 1 participants who received at least one treatment during their probation term also had a lower percentage of recidivism (32%) compared to clients who did not receive at least one intervention (43%).
4. Successful probationers were more likely to have received at least one type of evidence-based treatment intervention. As the number of treatment services increased, the rate of successful exit status also increased for probationers.
5. The EBIs with statistically significant differences included AOD, R&R, and WAGE$$. For these EBIs, participants who exited successfully from treatment were significantly more likely to also exit successfully from probation.
6. Although BIP is not an EBI provided through the PRRC, results showed that participants who received and completed BIP had a significantly higher rate of probation success compared to clients enrolled but did not complete the program.
7. Successful probationers were found to receive more drug tests and less likely to test positive for drugs. Findings showed that one-year following probation, clients who received a drug test were more likely to be successful in probation (69%) and not recidivate compared to clients who did not have a drug test (53%). Two years following probation, clients who received at least one drug test recidivated at a rate of 26% whereas clients without any drug tests recidivated at a rate of 30%. Three years following probation, clients who received at least one drug test recidivated at a rate of 16% whereas clients without any drug tests recidivated at a rate of 32%.

8. Participants who received GPS were significantly less likely to be successful on probation (35%) than clients who did not receive GPS. Although the total number of days on GPS was not predictive of probation exit status, statistically significant results were found for the ratio of time on GPS as a predictor of probation exit status. Participants who received GPS had significantly higher rates of one-year recidivism (48%) than clients who did not receive GPS (36%). Although this finding is in an unexpected direction, a possible explanation is that individuals who were enrolled in GPS had significantly higher Recidivism Risk scores to begin with.

TGI Participant-Specific Outcomes

TGI specific probation outcomes were analyzed for the 94 total TGI participants.

1. As compared to all other probationers, clients in TGI were more likely to fall into the high recidivism risk group, less likely to be successful on probation, and had significantly higher scores on the COMPAS subscales of criminal peers, substance abuse, criminal thinking, and vocational/educational.
2. TGI clients with at least one sexual force charge(s) were significantly less likely to be successful on probation compared to TGI clients without prior sexual force charge(s).
3. Total number of treatment services was not predictive of TGI participants' probation exit status or recidivism outcome. Participants with successful probation exits were no more likely to have received at least one treatment/intervention (44.1%) than unsuccessful probation exits (55.9%).
4. The number of treatment services received did not significantly impact recidivism outcomes for TGI participants one and two years after exiting probation (analyses could not be completed for three years after exiting probation due to small sample size). There were also no differences in rates of recidivism for clients who received at least one intervention/treatment versus clients who received none. However, the number of EBIs received was found to be significantly related to whether an individual recidivated one year following probation for TGI participants. Clients who recidivated were significantly more likely to have received EBIs than those who did not recidivate.
5. Generally, results showed that the number of positive drug tests and ratio of positive to negative drug tests were not significantly predictive of probation exit status or recidivism outcomes. However, statistically significant results were found for TGI probationers who successfully exited from probation in terms of the total number of drug tests received. Increased drug testing was associated with higher rates of probation success.
6. Number of drug tests received, number of positive drug tests, and ratio of positive to negative drug tests were not significantly predictive of recidivism outcomes.
7. Of particular interest for the TGI population is the relation between GPS and outcomes. Findings suggest that:
    a. TGI participants with successful exits from GPS intervention were significantly more likely to be successful in probation.
    b. In addition, the ratio of time on GPS was significantly predictive of probation exit status, although clients who were unsuccessful were on GPS for a longer proportion of their total time in probation.

c. Total time on GPS was not found to be significantly predictive of probation outcomes; neither the total number of days on GPS, nor the ratio of time on GPS was statistically significant.
d. Neither improvement in education nor employment status was significantly predictive of probation exit status or recidivism outcomes for TGI participants.

Prop 36 Participant-Specific Outcomes

TGI specific probation outcomes were analyzed for the 41 total Prop 36 participants.

1. The Prop 36 participants have better outcomes on probation and slightly lower rates of recidivism than other probationers.
    a. Compared to all other probationers (53%), Prop 36 probationers (78%) were more likely to be successful on probation.
    b. Although not statistically significant, when compared to the probationers that were not in Prop 36, clients in Prop 36 had lower rates of recidivism despite being slightly more likely to be in the high recidivism risk group (68% high recidivism risk for Prop 36 versus 64% for all other probationers).
2. Prop 36 clients who were successful on probation received more total treatment services than clients who were unsuccessful. Participants with successful probation exits were less likely to have received at least one treatment/intervention than unsuccessful probation exits.
3. When examining EBIs, clients who were successful on probation were about equally likely to have received at least one EBI (17%) than unsuccessful exits (14%). Clients who were successful in probation received more EBIs than clients who received unsuccessful exits from probation.
4. Prop 36 probationers who successfully exited from probation received more drug tests than Prop 36 probationers who failed to exit successfully. Interestingly, Prop 36 clients whom successfully exited probation had a higher ratio of positive to negative drug tests and a higher number of overall positive drug tests compared to clients who were unsuccessful in probation.
5. In terms of recidivism outcomes, only 11 Prop 36 participants had one-year recidivism data available. Of these participants, 82% had received at least one drug test while on probation. However, general trends showed that Prop 36 clients who did not recidivate had more drug tests, a higher number of positive drug tests, and an increased ratio of positive to negative drug tests compared to clients who recidivated.
6. Only 3 Prop 36 participants received GPS services at least once during their time on probation. Of these, only 1 participant with one-year recidivism data was available thus no meaningful statistical analyses could be conducted at this time.

Overall Trends

Overall trends in Santa Barbara County show that since the baseline years of 2006-2008, the Probation Failure Rate (PFR) has decreased from 5.8% to 1.9% in 2015. Findings also indicated that the percentage of participants who successfully exit probation each fiscal year has increased steadily since 2011. In 2011, 33% of high-risk felony probationers in SB County successfully completed probation – in 2015, 67% of high-risk felony probationers successfully completed probation. Similar trends were found for recidivism outcomes, in that one- and

two-year recidivism rates have decreased from 2011 (40%) to 2012 (39%), increased in 2013 (43%), and then dropped to 32% in 2015. Two-year recidivism rates decreased from 2011 (56%) to 2012 (52%), but increased again in 2013 (57%). More high-risk probationers are receiving treatment and EBI services since SB678 programming began. In 2011, 21% of high-risk probationers received one or more treatment services, whereas by 2015 this percentage increased to 94% of the high-risk felony probationers.

Future Directions

A detailed variety of future directions for probation service delivery and evaluation of SB678 was included within the report. Related to probation service delivery, treatment intervention definitions and criteria for the determination of treatment exit status (i.e., successful versus unsuccessful) can help determine whether the quality of treatment is an additional factor influencing probation and recidivism outcomes.

In addition, only the most recent COMPAS subscales were available for data analysis, which does not allow for comparison of risk factors across time. Reporting of COMPAS scores over time, perhaps through computer-based iterations of subscale scores each time the COMPAS is completed, may provide insight as to whether risk factors increase, decrease, or remain static.

Regarding GPS data, GPS "prevention" versus "intervention" data were not available for the current report due to insufficient data regarding jail release. Future data collection efforts should be aimed at analyzing whether different outcomes exist for felony probationers receiving GPS services when used as an intervention versus prevention tool. Relatedly, future evaluations may also benefit from examining the use of drug tests to maximize their effectiveness. Drug tests should be administered according to research-based best practice (e.g., consistently, randomly, with immediate consequences for negative tests).

Finally, it is important to consider the accuracy of measuring recidivism rates across time for a variety of reasons including reoffending outside the county and re-incarceration that limits the ability for re-offense. We recommended that jail-booking data be provided to allow evaluators the ability to control for additional periods of incarceration that are currently not available.

Appendix A
Acronym List

ANOVA – Analysis of Variance

AOD –Alcohol and Other Drug Treatment

CADA – Council on Alcoholism and Drug Abuse

CDCR – California Department of Corrections and Rehabilitation

COMPAS – Correctional Offender Management Profiling for Alternative Sanctions

CQR – Consensual Qualitative Research

CSS – Consumer Satisfaction Survey

CTC – Custody to Community

DPO – Deputy Probation Officer

EBI – Evidence-Based Intervention

GPS – Global Position System

HOPE – Hawaii's Opportunity Probation with Enforcement

ION – Inventory of Needs

PFR – Probation Failure Rate

PIN – Personal Identification Number

PRCS – Post Release Community Supervision

PRRC – Probation Report and Resource Center

R&R – Reasoning and Rehabilitation

ROSC – Recovery-Oriented System of Care

RTP – Residential Treatment Program

SB678 – Senate Bill 678

SCRAM – Secure Continuous Remote Alcohol Monitoring

STP – Sheriff's Treatment Program

TGI – Targeted Gang Intervention

T4C – Thinking for a Change

UCSB – University of California Santa Barbara

WAGE$$ – Work and Gain Economic Self Sufficiency

Appendix B

Description of Base Scales of the Adult COMPAS Included in the Evaluation

Recidivism Risk
The recidivism risk score is generated from the COMPAS subscales listed below and provides information on the potential risk for recidivism of a client. The recidivism risk score is used to determine supervision level.

History of Noncompliance
The number of times the client has failed when previously placed in a community status: number of times probation or parole suspended or revoked.

History of Violence
Seriousness and extent of violence in a client's criminal history: frequency of violent felony offenses, use of weapons, injuries to victims, etc.

Criminal Associates
Degree to which a person associates with others who are involved in drugs, criminal offenses, gangs, and history of arrest and incarceration.

Substance Abuse
General indicator of substance abuse problems: prior treatment for alcohol/drugs, drunk driving arrests, blaming of problems on alcohol/drugs, etc.

Criminal Personality
Identifies the main components of criminal personality: impulsivity, no guilt, selfishness/narcissism, a tendency to dominate others, risk-taking, violent temper or aggression.

Criminal Attitudes/Thinking
Extent of cognitions that justify, support, or rationalize a person's criminal behavior: moral justification, refusal to accept responsibility, blaming the victim, etc.

Family Criminality
Degree to which the person's family members have been involved in criminal activity or drugs/alcohol abuse: arrests, jail/prison, and alcohol/drug problems of family members.

Vocational or Educational
Degree of success or failure in work and/or education: failure to complete high school, suspension/expulsions, poor grades, lack of job skills, poor employment history, etc.

Appendix C

Description of Base Scales of the SARA Included in the Evaluation

Criminal History
Includes history of past assault of family members or strangers/acquaintances. Also includes past violations of conditional release or community service terms and conditions.

Psychosocial Adjustment
Identifies recent social/emotional concerns such as relationship problems or employment problems and whether the individual has experienced recent psychotic/manic symptoms. Also indicates current substance abuse concerns. Provides information related to personality disorders with such symptoms as anger, impulsivity, or behavioral instability and the degree to which the person is a victim and/or witness to family violence as a child.

Spousal Assault History
General indicator of spousal assault history and includes the following types of assault: physical, sexual, or use of weapons/credible threats of death. This scale also asks about any recent escalations in frequency or severity of assault and past violation of "no contact" orders. Identifies tendency to minimize or deny spousal assault history and attitudes that support or condone spousal assault.

Alleged (Current) Offense
Includes current offenses for severe and/or sexual assault or use of weapons or credible threats of death. Indicates current violations of "no contact" orders.

Evaluation of SB678 in Santa Barbara County

Fourth Annual Report: June 2016

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