



SANDAG

CRIMINAL JUSTICE CLEARINGHOUSE

San Diego County Proposition 47 Grant Final Evaluation Report

SEPTEMBER 2021

Kelsie Telson, M.S.
Sandy Keaton, M.A.
Elisabeth Jones, M.S.
Gregor Schroeder, M.S.
Cynthia Burke, Ph.D.

Research findings from the Criminal Justice Clearinghouse

This evaluation report was made possible as part of the California Board of State and Community Correction's (BSCC) Proposition 47 grant program.

Acknowledgments

This report and project would not have been possible without the collaborative efforts of many talented people and dedicated agencies who provided the data to enable this research. Throughout the project, Dorothy Thrush and Janie Regier from the San Diego County Public Safety Group and Angie Law and Natasha Robertson from the San Diego City Attorney's Office have been incredibly supportive and engaged partners. Each partner reviewed the data and report with an eye for accuracy, questioning, and improvement to help understand and serve the population in question. Their vital insights and feedback provided a clearer picture of the entire program and ensured the data were interpreted within the context of their experience with the participants and operating the programs.

Additionally, Criminal Justice Research Division (CJRD) of SANDAG extends our sincerest thanks to each of the community-based partners involved in this evaluation. These organizations and their staff are guided by a mission to serve those who walk through their doors without judgement or criticism. Each program graciously increased their workload to gather the necessary data for the evaluation and met monthly to reflect on accuracy and make program adjustments as needed.

A report of this nature requires numerous hours of proofing, editing, and formatting. The authors are grateful for all those in the CJRD and SANDAG who took the hours to review and proof this evaluation report. An extended thank you to Sarah Seal who enhanced the report through her expert data visualization and graphic talents.

Finally, this evaluation and the valuable exercise of learning of how to improve the San Diego region's safety net for those most vulnerable is indebted to the Prop 47 participants. Their willingness to share their stories elevated the understanding of not just the challenges they face daily, but of their courage and fortitude to overcome them.

Table of Contents

Executive summary

Background and purpose	4
Prop 47 project goals and design	5
Prop 47 program components	6
Program accomplishments	7
Lessons learned and program responses	16

Report

Project description	20
Project background	20
CoSRR and S.M.A.R.T. program descriptions.....	21
Methodology	27
Research design	27
Analysis plan	27
Process measures	27
Outcome measures	28
Data collection process and sources	28
Process and outcome results	30
Section A: CoSRR	30
Section B: S.M.A.R.T.	54

Summary	70
Lessons learned	71

References	73
-------------------------	----

Appendices	75
Appendix A: CoSRR/S.M.A.R.T. Logic Model	76
Appendix B: Data Matrix	77
Appendix C: Stakeholder Survey	86
Appendix D: Housing Category Definitions Guide	105



Background and purpose

The passage of Proposition 47 (Prop 47), which reduced certain property and drug-related offenses from felonies to misdemeanors, had a substantial effect in San Diego County. The fundamental philosophy of Prop 47 is that many individuals with these types of charges have underlying substance use disorder (SUD) or mental health issues that are better addressed in the community rather than in the justice system. To address the needs of this population, the County of San Diego Public Safety Group (PSG) applied for and was awarded a three-year Prop 47 grant from the Board of State and Community Corrections (BSCC) to support a regional proposal in partnership with the City of San Diego. A no-cost extension was requested and received, extending the grant an additional year, through September 30, 2021.

The PSG utilized grant funds to implement a new County program, Community Based Services and Recidivism Reduction (CoSRR), and partnered with the San Diego City Attorney’s Office (CA) to expand its San Diego Misdemeanants At-Risk Track (S.M.A.R.T.) program. The target populations for both programs included Prop 47 impacted adults who have been cited, arrested, booked into jail, and/or charged or convicted of a qualifying misdemeanor offense since the passage of Prop 47 in November 2014. S.M.A.R.T. participants also had to have two quality of life arrests in the past year and a drug offense since 2014. Over the course of the grant the CoSRR target population expanded to include individuals who had a prior Prop 47 charge, but were under Probation supervision for a non-violent, felony offense or were released on home detention. Further, individuals who had completed substance abuse treatment as part of PC 1000¹ but wanted to continue treatment with the enhanced Prop 47 services were included in the eligibility pool. Through this combined effort, San Diego County used Prop 47 grant funds to assist those individuals who have struggled with years of substance use and its consequences, disenfranchisement, and chronic, low-level contact with the justice system.

The San Diego Association of Governments (SANDAG) was responsible for conducting both a process and impact evaluation to measure the extent to which the CoSRR and S.M.A.R.T. programs were implemented as designed and how effective the programs were in reaching their goals. The evaluation was part of the project from inception, with data being collected, cleaned, analyzed, and presented using a data dashboard that was shared monthly with partners to inform the implementation process. The evaluation design utilized a mixed-method, pre–post quasi-experimental approach that measured change in recidivism over time (i.e., three-years prior compared to up to three-years post).

Prop 47 focused on desistance to support individuals’ path from the criminal justice system

CoSRR and S.M.A.R.T. implemented programming to strengthen those factors that moderate criminal behavior; including reduced substance use, improved mental health, connection to community, and education and employment supports.

Prop 47 project primary objective

Connect 400–600 chronic, low-level offenders (i.e., Prop 47 impacted individuals) to SUD treatment, housing as needed, and other support services to reduce recidivism.

¹ PC 1000 is California’s “pretrial diversion” law. It allows eligible defendants arrested for low-level drug crimes the opportunity to have their charges dismissed if they successfully complete drug treatment.

Prop 47 project goals and design

To inform and implement the Prop 47 grant project in San Diego County, PSG, and the CA convened key justice stakeholders (San Diego County’s District Attorney’s Office, Probation Department, Public Defender, Sheriff’s Department, San Diego County Health and Human Services Agency (HHS), and the San Diego Superior Court) to guide and implement the project. Stakeholders representing the different points of contact in the system were actively involved throughout implementation. These stakeholders were part of the Local Advisory Committee (LAC), which also included community advocates and individuals with lived experience, who provided expert feedback and guidance on the project. The result of this coordinated effort was a two-prong approach to the Prop 47 grant project implementation: CoSRR in the County’s Central and North regions and S.M.A.R.T. in the Central region. While each program offered a slightly different approach to intake and service delivery (ES Figure 1), both aimed to reduce recidivism of chronic, low-level misdemeanor offenders with SUD and mental health challenges. The programmatic philosophy of Prop 47 was consistent with the intent of the legislation – to address those moderating factors contributing to initial and continued involvement in the criminal justice system in order to reduce contact and improve participants’ quality of life.

ES Figure 1
Prop 47 program structure

Prop 47 Project					
CoSRR			S.M.A.R.T.		
Voluntary	SUD treatment, case management, and housing support	Up to 12 months after SUD treatment completion	Pre- or post-plea diversion (voluntary)	SUD treatment, housing, and case management	Up to 24 months

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Prop 47 program components

The core service components were driven by research and designed to remove barriers to services for eligible participants. In addition to having a current or past Prop 47 eligible charge(s) (and two quality of life arrests in the past year for S.M.A.R.T.), all participants had to have a SUD diagnosis. The traditional paradigm associated with SUD treatment provided the framework for the service delivery through an embedded understanding that recovery is a journey fraught with setbacks and requires flexible programming to allow for a variety of individual needs and recovery processes. With services rooted in the community, recognition of the complexity of participant's needs, and a view of success broader than recidivism (e.g., fewer and less severe contacts with the justice system), the program model aligned with a desistance approach to intervention. Specifically, all components and modifications sought to bolster an individual's capacity and desire to turn towards healthy and positive life choices that often moderate the likelihood of justice involvement. The core service components are shown in ES Table 1.

ES Table 1

Core service components

SUD treatment	
Outpatient and aftercare SUD treatment provided	<ul style="list-style-type: none"> Participants with a high level of SUD treatment need were connected to the appropriate SUD providers. Participants continued to receive case management while involved in the higher-level of care.
Housing	
Participants placed in housing (S.M.A.R.T.) or provided housing in the community (CoSRR)	<ul style="list-style-type: none"> All S.M.A.R.T. participants lived in program housing or other housing for up to two years while enrolled in the program or could utilize personal housing. Successful completion of program required permanent housing placement upon exit. CoSRR participants with housing needs were linked to emergency or transitional housing.
Case management	
Case managers helped develop and guide participant treatment plans	<ul style="list-style-type: none"> All participants developed an assessment-based case plan with their case manager. The case plan included needed supportive services in addition to SUD treatment goals.

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Key program principles

Stages of change: Prop 47 providers incorporated the stages of change model in the treatment of addiction. The model is circular, and approaches treatment as a process, that is individuals will move in and around in their recovery. The stages include: Precontemplation, Contemplation, Preparation, and Action.

Harm reduction: Prop 47 embraces many of the qualities of harm reduction. Specifically, harm reduction includes a focus on prevention of harm, rather than on the prevention of substance use itself. It recognizes various paths and measures of positive change. Change is individualized and each person's readiness to stop using substances or engage in treatment will vary.

How the program adopted this practices

- Case plans were based on participant's needs and readiness to change
- Program was flexible to allow for individuals to return if they did not engage in treatment the first time or relapsed.
- Relapse did not necessarily result in termination or a justice response. Each instant was viewed as a unique case.
- Individuals were allowed to flow between different levels of care as needed.

Program accomplishments

#1 Key accomplishment: The Prop 47 grant program reached its goal to increase service capacity for Prop 47 impacted individuals

From the period September 1, 2017 to March 31, 2021,² the Prop 47 project served 408 unique participants, 388 of which signed consents to be included in the evaluation (253 in CoSRR and 135 in S.M.A.R.T.) through a total of 461 treatment episodes (participants could exit and reenter the program when appropriate). The project met the original goal of serving at least 400 individuals as of June, 2021. The global pandemic and associated public health regulations starting in March 2020 resulted in the closure of the San Diego Courts and impacted program referrals. Had it not been for the health precautions, it was anticipated that the total served would have been closer to 600. Of the total participants, 326 discharged at least once during the grant period (i.e., participants can reenter the program and therefore have multiple discharges). One of the lessons learned during this project was the availability of services did not equate to individuals choosing to partake in them, with engagement being a persistent issue throughout. The number of program enrollments were the result of extensive outreach and screening by staff. Specifically, a total of 3,788 offers to participate in one of the Prop 47 programs were extended to eligible individuals (ES Figure 2). The gap between an offer of services and enrollment in services was an issue that leadership, stakeholders, program partners, and community members were acutely aware of and spent substantial time, energy, and thought to address. Progress toward narrowing the gap was made through the expansion of outreach, reducing barriers from referral to intake assessment, and incentivizing enrollment, however the gap continued to persist. Underlying the difference between referrals and enrollments was the reality that Prop 47-impacted individuals had years of substance use and the associated consequences, which created a formidable journey to achieve recovery and maintain sobriety. Simply offering a service was not sufficient enough to convince a participant to enroll, as engagement was more complicated because of his/her/their history.

ES Figure 2
Prop 47 referrals, enrollments, and length in program

CoSRR participants served	S.M.A.R.T. participants served
<ul style="list-style-type: none"> • 3,040 Referrals to program • 253 Unique participants enrolled • 278 Treatment episodes (includes multiple entries) • 197 (or 78%) Discharged at least once and 56 (or 22%) were active as of March 31, 2021 • Participant average time in program = 144.1 days 	<ul style="list-style-type: none"> • 748 Offers extended • 135 Unique participants enrolled • 183 Treatment episodes (includes multiple entries) • 129 (or 96%) Discharged at least once and 6 (or 4%) were active as of March 31, 2021 • Participant average time in program = 116.4 days

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

² Programs continued to operate services through June 30, 2021, but data collection for the report ended in March 31, 2021, to allow for cleaning and time to track outcomes.

#2 Key accomplishment: The Prop 47 program has provided a better understanding of the needs and characteristics of individuals impacted by Prop 47

A valuable result of the Prop 47 grant project was the gathering for the first time of information on the characteristics of the local Prop 47-impacted population. While the legislation defined the population according to criminal offense, it is safe to say it was not clear who these individuals were and the profound level of need many had. The intensity and depth of issues to be addressed shed light on why the road toward self-sufficiency and sobriety is long, circuitous, and filled with setbacks. The data also confirmed the underlying assumption of the Prop 47 legislation, that addiction is a driving factor in chronic system involvement for individuals who participated in the Prop 47 program. The knowledge gained from the project elevated the urgency of uniting resources, systems, and social safeguards to develop solutions. In addition, it also highlighted what treatment providers and research have shown, that successful engagement in treatment is not easily accomplished and the majority of SUD participants leave treatment prior to completion, especially among those who come to it with the backgrounds reflected in this Prop 47 population (e.g., co-occurring disorders, opioid addiction, lengthy history of use).

Diverse in demographics, but similar in needs

San Diego County learned that their Prop 47 population who enrolled in the program were in their mid-forties, mostly male, often lacking stable living accommodations, and were ethnically diverse. Furthermore, most were unemployed and undereducated (ES Figure 3).

ES Figure 3
Characteristics of the Prop 47 impacted population

CoSRR participants	S.M.A.R.T. participants
<ul style="list-style-type: none"> • 65% male • 42 years old on average • 44% White; 27% Hispanic; 20% Black; 6% Other; 3% Asian • 59% homeless at intake • 81% unemployed • 25% high school diploma or less 	<ul style="list-style-type: none"> • 66% male • 46 years old on average • 47% White; 33% Black; 12% Other; 6% Hispanic; 2% Asian • 100% homeless at intake • 99% unemployed • 21% high school diploma or less

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Chronic low-level offenders

Prop 47 participants had frequent contact with law enforcement in all of the three years prior to program intake, with the majority (76%) of CoSRR participants and nearly all of (90%) S.M.A.R.T. participants having had a prior arrest, 85% of CoSRR and 97% of S.M.A.R.T. participants having a prior booking, and 73% of CoSRR and 94% of S.M.A.R.T. participants having a prior conviction. While the proportion of contacts was similar between the two program components, the average number of prior contacts showed a more extensive criminal history among S.M.A.R.T. participants compared to CoSRR, with more than two and a half times the arrests (10.4 vs 4.4, on average) and bookings (10.3 vs 4.0, on average), and twice as many convictions (5.3 versus 2.2, on average) (ES Figure 5). Most of the criminal charges for each of the two populations were at the misdemeanor level and were for a drug or an “other” offense (which are often related to quality of life) (ES Figures 4 and 5).

Participation in SUD treatment 90 days or more was found to decrease the likelihood of CoSRR participants receiving a new convictions at 12- and 24-months post Prop 47 participation.

ES Figure 4

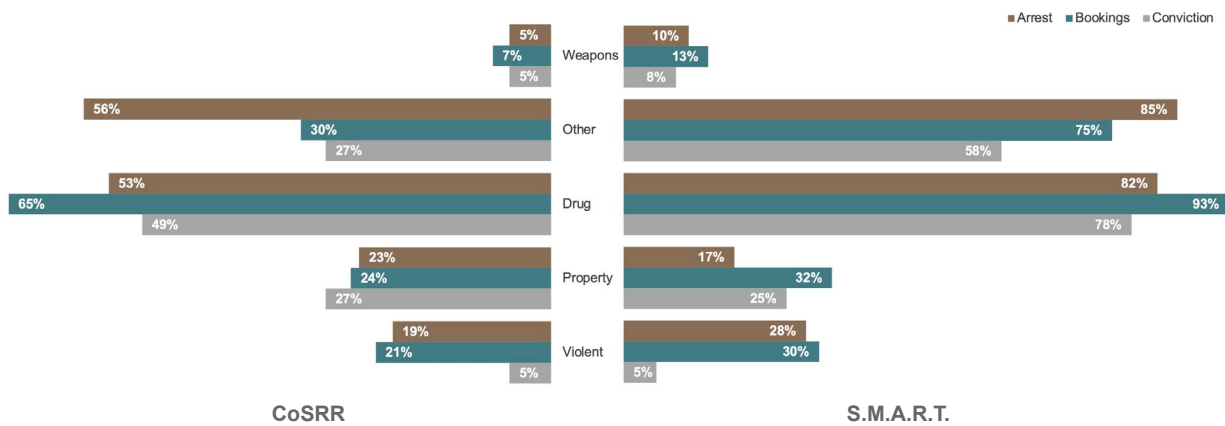
Level of prior arrests and conviction of Prop 47 participants



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

ES Figure 5

Type of prior arrests and conviction of Prop 47 participants



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

While the proportion of contacts was similar between the two program components, the average number of prior contacts showed a more extensive criminal history among S.M.A.R.T. participants compared to CoSRR, with more than two and a half times the arrests (10.4 vs 4.4, on average) and bookings (10.3 vs 4.0, on average), and twice as many convictions (5.3 versus 2.2, on average) (ES Figure 7).

ES Figure 6

Average criminal contact three-years prior to program enrollment

CoSRR		S.M.A.R.T.
4.4	Arrests	10.4
4.0	Bookings	10.3
2.2	Convictions	5.3

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Chronic substance use and mental health

Per the requirements of the grant and the approved program design, all participants in both programs had a need for SUD treatment upon intake. Additionally, nearly half (49%) of CoSRR participants and over half (51%) of S.M.A.R.T. participants had been previously diagnosed with a mental illness. Analysis of participants' self-reported primary drug of use revealed the intensity of this populations' addiction. Methamphetamine (meth) was the most common primary drug of use for both program populations (47% for CoSRR and 60% for S.M.A.R.T.), with many participants using their primary drug for most of their lives (13.7 to 35.0 years on average) (ES Figure 7). These data elevate the importance of understanding the science of addiction when reviewing the program outcomes and numbers. Specifically, chronic drug use alters brain function, increasing a person's craving for the drug while decreasing the associated pleasure and also simultaneously decreasing his/her/their executive functioning that affects self-control, self-regulation, and impulse control (i.e., dampening the ability to make healthy decisions) (Volkow, Koob, & McLellan, 2016; U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016).

Science of addiction

“Advances in neurobiology have begun to clarify the mechanisms underlying the profound disruptions in decision-making ability and emotional balance displayed by persons with drug addiction. These advances also provide insight into the ways in which fundamental biologic processes, when disrupted, can alter voluntary behavioral control” (Volkow, 2016).

ES Figure 7

Drug use and mental health histories of Prop 47 participants

CoSRR participants	S.M.A.R.T. participants
<ul style="list-style-type: none"> • 47% meth primary drug of use • 49% had a prior mental health diagnosis • Average time since first using primary drug (16.7 – 29.8 years, depending on drug type) 	<ul style="list-style-type: none"> • 60% meth primary drug of use • 51% had a prior mental health diagnosis • Average time since first using primary drug (13.7 – 35.0 years, depending on drug type)

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

#3 Key accomplishment: The Prop 47 grant programs provided a range of key supportive services

Housing was a top self-reported need for the majority of CoSRR (81%) and nearly all of S.M.A.R.T. participants (99%). In addition to SUD and housing, participants had a multitude of needs, with transportation, employment skills, and mental health being the top three for CoSRR participants, while transportation, medical home (e.g., connection to a clinic or doctor), and mental health treatment were the top three for S.M.A.R.T. Participants whose needs could not be met through the Prop 47 program community provider were referred and connected (i.e., at least attended the first appointment) to other providers or services in the community. Analysis showed, as with prior criminal involvement and mental health needs, S.M.A.R.T participants had a greater number of needs (7.1 on average) than CoSRR (6.5 on average) (ES Figure 8). Despite this difference, the number of needs reported for each group indicates the magnitude of support each participant required to emerge from years of addiction.

ES Figure 8
Needs at intake

CoSRR		S.M.A.R.T.	
6.5	Needs on average	7.1	
13%	1 to 3 needs	12%	
53%	4 to 7 needs	41%	
34%	8 or more needs	47%	

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Analysis of services received by participants showed that all (100%) engaged in some level of SUD treatment. CoSRR participants, on average, were referred to 1.8 different types of services (range 0–7) and connected to 2.0 (range 0–8). The most common service CoSRR participants were connected to besides SUD treatment was transportation (67%). S.M.A.R.T. participants were referred to 3.2 different services on average (range 1–8) and connected to 2.5 on average (range 1–7). The most common services S.M.A.R.T. participants were connected to was transportation (100%) and medical homes (79%).

#4 Key accomplishment: Individuals participating in Prop 47 grant programs displayed desistance from criminal behavior

Individuals in the Prop 47 programs represented lifetimes of compounding factors known to contribute to recidivism including SUD, lack of stable housing, low educational attainment, and mental and physical health struggles. While recidivism is a necessary outcome indicator of interactions with justice systems, there are notable inherent shortcomings that limit the appropriateness of using it as a sole indicator of success. A viable alternative to the binary recidivism model (e.g., convicted not convicted) is a desistance framework, which recognizes degrees of incremental success as individuals learn to be law-abiding over time. Recent literature suggests that desistance models, rather than strict traditional recidivism assessments, may be a more appropriate method to evaluate success when considering certain high-risk, high-need populations (King & Elderbroom, 2014; Butts & Schiraldi, 2018). Accordingly, both recidivism and desistance outcomes are reported.

Recidivism

Recidivism (i.e., any arrest, booking, or conviction) at the 6-, 12-, and 24-months' time periods ranged from 25%-61% for CoSRR participants.³ Analysis of the level and type of offenses at each time period and recidivism event, trended similar to prior criminal justice contact, with most offenses occurring at the misdemeanor level and for a drug and "other" offense (ES Table 2, ES Table 3, and ES Table 4).

ES Table 2

Recidivism of CoSRR participants

	6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
	n=200	n=185	n=72	n=8
Arrest	33%	45%	61%	63%
Booking	25%	39%	60%	50%
Conviction	25%	35%	57%	63%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

³ While 36-month criminal activity data were collected, due to the small number of individuals eligible for this interval in each program it is not discussed in the text.

ES Table 3

Recidivism of CoSRR participants – Level of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		N=200	N=185	N=72	N=8
Arrest	Felony	7%	16%	36%	38%
	Misdemeanor	29%	37%	53%	63%
Booking	Felony	9%	16%	36%	25%
	Misdemeanor	20%	29%	42%	50%
Conviction	Felony	5%	9%	21%	13%
	Misdemeanor	21%	31%	47%	63%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

ES Table 4

Recidivism of CoSRR participants – Type of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		N=200	N=185	N=72	N=8
Arrest	Violent	3%	8%	11%	0%
	Property	3%	5%	11%	0%
	Drug	21%	30%	47%	50%
	Weapons	2%	2%	7%	13%
	Other	16%	24%	36%	13%
Booking	Violent	3%	5%	10%	0%
	Property	2%	4%	11%	13%
	Drug	18%	28%	42%	50%
	Weapons	2%	3%	10%	13%
	Other	7%	13%	17%	0%
Conviction	Violent	1%	2%	6%	0%
	Property	6%	9%	14%	13%
	Drug	15%	21%	33%	50%
	Weapons	1%	2%	3%	0%
	Other	5%	9%	19%	25%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Analysis of recidivism data showed 62% of S.M.A.R.T. participants had a new arrest in the 6-month follow-up period and 76% did so at the 24-month mark. These proportion were similar for bookings as well. In addition, over one-half (55%) to two-thirds(67%) had a new conviction between 6- and 24-months. Analysis of level and type of recidivism showed that participants' arrests, bookings, and convictions were more likely for misdemeanors than felony offense. Across all time intervals of interest, "other" was the most common offense type for arrests (33%-64%) while drug was the most common for both bookings (42%-62%) and convictions (25%-47%) (ES Table 5, ES Table 6, and ES Table 7).

ES Table 5

Recidivism of S.M.A.R.T. participants

	6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
	n=134	n=134	n=55	n=12
Arrest	62%	71%	76%	42%
Booking	62%	69%	78%	50%
Conviction	55%	63%	67%	50%

Note: Cases with missing information not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

ES Table 6

Recidivism of S.M.A.R.T. participants – Level of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=134	n=134	n=55	n=12
Arrest	Felony	11%	22%	36%	17%
	Misdemeanor	58%	67%	75%	42%
Booking	Felony	14%	24%	38%	25%
	Misdemeanor	56%	63%	75%	42%
Conviction	Felony	3%	8%	13%	17%
	Misdemeanor	54%	60%	60%	33%

Note: Cases with missing information not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

ES Table 7

Recidivism of S.M.A.R.T. participants – Type of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=134	n=134	n=55	n=12
Arrest	Violent	7%	8%	5%	8%
	Property	1%	7%	5%	0%
	Drug	35%	49%	55%	17%
	Weapons	1%	4%	7%	8%
	Other	48%	60%	64%	33%
Booking	Violent	7%	8%	4%	0%
	Property	4%	6%	5%	8%
	Drug	51%	56%	62%	42%
	Weapons	1%	3%	9%	8%
	Other	17%	19%	44%	17%
Conviction	Violent	1%	1%	0%	0%
	Property	3%	4%	5%	8%
	Drug	43%	47%	44%	25%
	Weapons	0%	0%	0%	0%
	Other	11%	15%	22%	8%

Note: Cases with missing information not included.

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

When recidivism is viewed through the lens of **desistance** (i.e., change in frequency, level, and type of offenses post-participation) a different perspective can be observed. Desistance was evaluated based on three assessments for arrest, booking, and conviction events at each post time interval of interest compared to the pre counterpart: 1) average number of events, 2) level of offenses, and 3) type of offenses. For both CoSRR and S.M.A.R.T. programs, participants had an overall reduction in criminal activity, in terms of both quantity and severity, with reductions of 40%-50% in the average number of arrests, bookings, and convictions for both programs across time intervals (ES Figures 9 and 10). For both programs, these offenses were generally misdemeanors and were categorized as drug or other offenses. These findings illustrate that although criminal activities may still occur after an intervention (recidivism), there are considerable decreases in the number of instances and reductions in the severity of offenses (desistance) that demonstrates program effectiveness. This reduction in criminal activity is also consistent with the harm reduction treatment model that was implemented as part of Prop 47. Specifically, given the years of justice contact and numerous criminogenic factors this population is grappling with, it is more realistic to view their justice changes through the lens of reduction, rather than a zero tolerance.

ES Figure 9

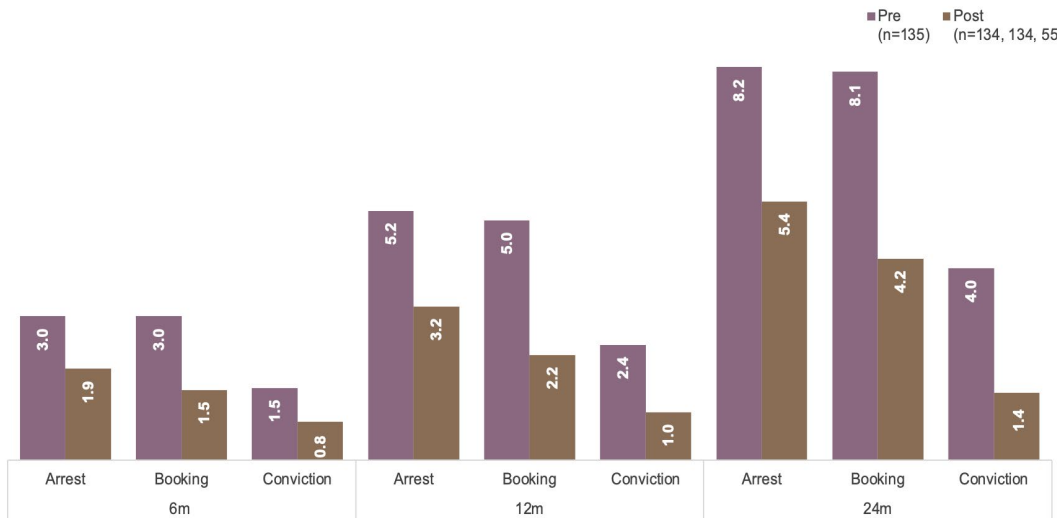
Average number of arrests, bookings, and convictions pre- and post- CoSRR desistance



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

ES Figure 10

Average number of arrests, bookings, and convictions pre- and post- S.M.A.R.T. desistance



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Lessons learned and program responses

Over the course of the project, much was learned about the diversity and unique characteristics of the Prop 47-impacted population, the value of community involvement and input to inform the process, the challenges of engaging participants in treatment, and the complexity of needs the Prop 47-impacted population brings to treatment. Throughout implementation the programs responded to participant's needs and adjusted services and processes.

#1 Lesson learned: Prepare for eligible participants to refuse or hesitate to engage in services when first offered and provide broad, creative, and persistent engagement efforts.

The original CoSRR program design connected individuals to services through treatment staff located in court facilities. The low enrollment rates sparked feedback from community members and partners to expand outreach efforts beyond individuals appearing before the court on a Prop 47 eligible charge. Contributing to this desire to broaden outreach efforts was the recognition of the “readiness to change model” embraced by treatment providers. The idea was to implement a more pervasive and aggressive outreach to engage individuals who had the same struggles but were not in jail nor in treatment. And secondly, there was the opinion expressed by many that there were more individuals in the community who had similar traits as those deemed eligible, but just didn't meet the defined requirement but might benefit from the program.

Program modification

Hearing from community members and partners (through two stakeholder surveys and program and public meetings), PSG leadership supported the following program adjustments by CoSRR providers:

- Created a program brochure available for potential participants to review while waiting for their hearing at the courthouse before they met with the court liaison to help streamline the screening process and focus on rapport-building;
- Expanded court liaison engagement scope to include jail/in-custody in-reach;
- Public Defenders walked their participants to the court liaison to facilitate warm hand-offs;
- The CoSRR contractor purchased a no cost phone line to accept phone calls from inmates interested in learning more about the program;
- Expanded outreach beyond the courts to include individuals enrolled in other community-based organizations (CBOs), who were unsheltered, and/or participating in current CBO programs.
- Expanded eligibility criteria for CoSRR to include driving under the influence (DUI), PC1000 individuals (in select regions who had already completed PC1000 education or treatment component), individuals on formal probation or released on home detention whose current conviction was for a non-violent felony offense and who had a history of mental health issues and/or substance use;
- Provided incentives (i.e., gift cards) to attend the first appointment at the program offices;
- Added outreach workers to identify eligible participants in the community;
- Outreached to the Prosecution and Law Enforcement Assisted Diversion Services (PLEADS)⁴ program to enroll in the longer S.M.A.R.T. program;
- S.M.A.R.T. expanded program eligibility to include any quality of life arrest within in 12-months (compared to the 6-months written in the grant proposal); and
- Provided funds to community-based agencies to expand outreach efforts.

⁴ PLEADS is a multi-agency pre-booking diversion program in partnership with the San Diego City Attorney's Office, the San Diego Police Department, the County of San Diego Behavior Health Services, and the McAlister Institute. To avoid booking and prosecution, an individual contacted by police on suspicion of being under influence of a controlled substance is taken to the Sobering Services Center where staff assess the individual's needs and connect them with appropriate case management and supportive services.

#2 Lesson learned: Once treatment was accepted, continued participation and/or retention was an ongoing challenge to program completion, requiring the flexibility to allow individuals to return to treatment.

Both CoSRR and S.M.A.R.T. wrestled with the challenge of retaining participants in the program. While this struggle was not a surprise for the SUD treatment providers, it was often a source of frustration noted by those stakeholders or community members who may not have been as familiar with the challenges associated with providing SUD treatment. Years of substance use, untreated mental health issues, and disenfranchisement were substantial hurdles to program engagement and completion. The effects of addiction can interfere with the best intentions and changing established behaviors is neither linear nor without setbacks. The challenging nature of recovery is well researched and evident in the stagnation between the number of participants referred to the program compared to the number enrolled (ES Figure 2), and the number enrolled compared to those who completed their treatment goals (ES Figure 11). Reenrollment was permitted in both Prop 47 programs to accommodate the known likelihood of relapse and the different stages of participant recovery and readiness to change. Anecdotal feedback from some providers noted that housing, while viewed as essential to sobriety and self-sufficiency, housing was a hurdle for some participants who were either unprepared, unable, or unwilling to forgo the freedoms, independence, and connections to social networks they had prior to Prop 47 enrollment.

Successful completion of CoSRR required meeting some or all treatment goals. As of March 31, 2021, CoSRR participants had an average length of program participation of 79 days (median), 41% of those who exited (n=155) did so successfully and 31% of these individuals were permanently housed (ES Figure 11).

Successful completion of S.M.A.R.T required partial or full completion of treatment goals and the acquisition of permanent housing. As of March 31, 2021, S.M.A.R.T. participants had an average length of participation of 28.0 days (median) and 4% successfully completed the program, with the achievement of permanent housing being a limiting factor to success (ES Figure 11). These engagement levels call attention to the different approaches towards SUD treatment. Prop 47 has drawn attention to the public health approach which recognizes the cycle of addiction and embraces the readiness to change model of treatment versus ones that involve mandate treatment and the persuasion of the courts. Unfortunately, the science is not definitive on the most effective approach, especially within the context of socioeconomic disparities, gaps in treatment, and the range of individual needs.

ES Figure 11
Completion status

CoSRR completion status	S.M.A.R.T. completion status
<ul style="list-style-type: none"> • 18% completed treatment goals in full • 17% completed treatment goals partially • 27% participated in SUD for 90+ days • 41% successfully completed program 	<ul style="list-style-type: none"> • 11% completed treatment goals in full • 10% completed treatment goals partially • 23% participated in SUD for 90+ days • 9% successfully completed program

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Program modification

To increase engagement and retention several program enhancements were put in place, including:

- Retaining participants in CoSRR and S.M.A.R.T. programming while the participants received a higher level of care (i.e., withdrawal management and/or residential treatment) from other SUD agencies;
- Leasing a van to transport participants immediately after they accept the program offer and/or when released from custody (CoSRR); and,
- Reaching out to past participants to reengage, especially during COVID-19.

#3 Lesson learned: Housing capacity was an unexpected challenge and at times a barrier to participation

One of the first lessons learned was the lack of adequate housing supply to meet the needs of the target populations for both CoSRR and S.M.A.R.T. For CoSRR, the issue pertained to a greater number of individuals in need of emergency and stable housing at intake than originally planned. Although S.M.A.R.T. expected to expand transitional housing to accommodate 84 participants by converting an old motel into a newly remodeled facility, ongoing litigation delayed the opening and kept the bed capacity lower than anticipated, which limited the number of eligible participants who could be enrolled. This was mitigated by securing housing through a contractor; however, retention in housing and the move from transitional to permanent housing proved to be a substantial challenge for many participants because of individual and systemic reasons. At the individual level, in addition to attending to their SUD, adapting to living in a group situation (i.e., navigating relationships, adhering to a structure and rules), acquiring the basic skills to obtain employment or pursuing public assistance, and openness to establishing anchors in the community to support stability was difficult for many. Systemically, there is an overall lack of affordable housing available in the San Diego region, especially for individuals with a criminal history or poor credit and rental experience. Additionally, when the high cost of living is paired with the low wages, in the job sectors which most participants would qualify to work in (given level of education, experience, and years of disenfranchisement) there are more barriers to securing stable housing.

Program modification

Both programs found creative solutions to address the housing needs of participants. Despite the following changes listed below, housing capacity, especially placement in permanent housing, was a persistent challenge.

- CoSRR redirected funds toward emergency housing vouchers and rapid rehousing options in sober living environments;
- S.M.A.R.T. contracted for additional beds, expanding the capacity from 10 to 20, with another expansion to 44 beds as of July 1, 2019; and
- S.M.A.R.T. focused on identifying barriers participants were facing that limited their ability to obtain permanent housing and then directed coordinated efforts toward breaking down these barriers. Responses to underlying obstacles such as obtaining employment or SSI, expediting the obtainment of housing vouchers where possible, and locating housing options that permitted a moderate criminal history were all sought to increase participant conversions from S.M.A.R.T. housing to permanent housing in the future. S.M.A.R.T. also referred participants to Fresh Start (a program through the County of San Diego Office of Public Defender that helps individuals expunge their criminal history), to remove the some of the legal barriers.

#4 Lesson learned: It is important to provide program data to implementing partners consistently and early in the process to inform the program implementation and facilitate open communication with stakeholders, the community, and all partners.

From the inception of the grant (i.e., writing of grant proposal), PSG committed to having the capacity and tools to gather information on program implementation to review and share in a consistent and timely manner with partners, stakeholders, and the community. The program's partners worked with SANDAG at the beginning of the grant to create data sets and systems that allowed SANDAG to develop and maintain a data dashboard that was reviewed at monthly program, stakeholder, and public meetings. This process proved valuable for the following reasons:

- Provided the grant manager, program partners, and stakeholders with timely information to make adjustments and modifications in the program model, rather than waiting until the end. These data were the primary source for the adjustments noted in this report;
- Facilitated an atmosphere of transparency and collaboration by sharing information quickly to stakeholders and community members;
- Provided a platform to validate the data monthly and correct mistakes or identify missing information; and
- Offered the programs reliable and timely means to reflect on their progress, communicate to their internal stakeholders and administration, and monitor the program.

#5 Lesson learned: The Prop 47 impacted population are individuals disproportionately affected by co-occurring factors related to criminogenic behavior that is most appropriately assessed through modern, more flexible frameworks of criminological theory.

As previous lessons illustrate, the Prop 47 participants represented a specific population with a constellation of issues and needs that cannot be addressed by a single system or intervention. Although it is traditional for evaluations of programs serving justice-involved individuals to consider recidivism rates as the primary metric of success, this evaluation also considered the desistance framework to determine positive outcomes participants may have experienced as a result of their program experience. Participants in both programs, regardless of program discharge status, displayed notable decreases in the quantity and severity of criminal activities after “first-touch” experiences with the Prop 47 grant interventions. Although recidivism, as measured in arrests, bookings, and convictions, was present for the majority of participants across various time intervals, the trend of desistance suggests participants may have yielded incremental benefits from program participation even if criminal behavior had not been fully eradicated. In summary, these observations support the concept of considering a variety of definitions of program “success” in order to better capture measurable behavioral improvement for complex populations and derive actionable information to apply to future interventions. This approach was consistent with the Prop 47’s key program principles that recognized change as a process and reduction in negative behaviors as progress.

Project description

Project background

The passage of Proposition 47 (Prop 47), which reduced certain property and drug-related offenses from felonies to misdemeanors, had a substantial effect in San Diego County. As a result of this legislative shift, San Diego County led the state in the number of Prop 47 petitions, with sentencing reductions granted to 20,500 cases. While felony arrests fell by about 5,800 from 2014 to 2015, when Prop 47 passed in November 2014, the number of misdemeanor arrests increased by more than 7,000 (SANDAG, 2018). The fundamental philosophy of the Prop 47 legislation was that many individuals with these types of charges have underlying substance use disorder (SUD) or mental health issues that are better addressed in the community rather than in the justice system. To address this population's needs, the County of San Diego Public Safety Group (PSG) applied for and was awarded a three-year Prop 47 grant from the Board of State and Community Corrections (BSCC), as part of Cohort 1 to support a regional proposal in partnership with the San Diego City Attorney's Office (CA).⁵

The target population for the project was adults who have been cited, arrested, booked into jail, and/or charged or convicted of a misdemeanor either for the current or a past offense (i.e., either a Prop 47 eligible, or quality of life offense). Over the course of the grant, the target population expanded to include individuals who had a prior Prop 47 offense, but were currently under Probation supervision for a non-violent, felony offense or were released on home detention. Further, individuals who had completed substance abuse treatment as part of PC 1000 but wanted to continue treatment through the enhanced Prop 47 services were also included in the eligibility pool. This translated into San Diego County's Prop 47 project aiming to engage the hardest to serve population: those with SUDs, untreated mental health issues, chronic misdemeanor involvement, and/or a complexity of unmet needs at the root of their criminogenic behavior. Based on an analysis of the distribution of populations impacted by Prop 47, the Central and Northern regions of San Diego County were selected as the two geographic areas to implement the project.

Key program principles

Stages of change: Prop 47 providers incorporated the stages of change model in the treatment of addiction. The model is circular, and approaches treatment as a process, that is individuals will move in and around in their recovery. The stages include: Precontemplation, Contemplation, Preparation, and Action.

Harm reduction: Prop 47 embraces many of the qualities of harm reduction. Specifically, harm reduction includes a focus on prevention of harm, rather than on the prevention of substance use itself. It recognizes various paths and measures of positive change. Change is individualized and each person's readiness to stop using substances or engage in treatment will vary.

How the program adopted this practices

- Case plans were based on participant's needs and readiness to change
- Program was flexible to allow for individuals to return if they did not engage the first time or relapsed.
- Relapse did not necessarily result in termination or a warrant for arrest. Each instant was viewed as a unique case.
- Individuals were allowed to flow between different levels of care.

⁵ A no-cost extension was approved for the project in September 2018 with the contract amendment for the time extension finalized in April 2019, making the grant period a duration of four years rather than three years.

Over the course of the four-year grant period, the project aimed to connect 400-600 individuals who either currently or historically had justice system involvement through misdemeanors to comprehensive SUD treatment, housing as needed, mental health treatment as needed, and a range of supportive services (e.g., job training, transportation, educational services). However, the unforeseen and unprecedented global COVID-19 pandemic closed the primary referral pathway for the project and required all grant partners (e.g., the jails, court, and service providers) to pivot significantly to ensure their safety procedures aligned with Federal, State, and County public health guidelines for program population and staff. These shifts are documented as part of the process evaluation. Throughout the grant period, PSG oversaw the implementation of the new Community Based Services and Recidivism Reduction (CoSRR) program in the Central and Northern regions of the county and collaborated with CA to expand the existing San Diego Misdemeanants At-Risk Track (S.M.A.R.T.) program in the City of San Diego. A Local Advisory Committee (LAC) consisting of community leaders and advocates, and County health and public safety representatives, held regular, public meetings and were actively involved in the implementation of the project.

CoSRR and S.M.A.R.T. program descriptions

San Diego County’s implementation of the Prop 47 project was a collaborative effort that included PSG, justice stakeholders (e.g., CA, Public Defender, District Attorney, Administrative Office of the Courts, Probation), Health and Human Services Agency, Behavioral Health Services, community-based organizations (CBO), and the community. Representatives from each of these agencies comprised the Prop 47 leadership and guided implementation through participation on the Project Coordinating Council and Local Advisory Committee. Over the course of the grant period (2017 – 2021), including the one-year, no cost extension, the primary point of participant engagement was through the courts via a court liaison, City Attorney, or Public Defender; however, the core interventions occurred in the community through contracted CBOs. Specifically, Episcopal Community Services (ECS) was the CBO that implemented the County’s CoSRR program in the central region (StrengTHS), North County Lifeline (NCL) implemented the County’s CoSRR program in the north region (Recovery for Life [RFL]), and Family Health Centers of San Diego (FHCS) implemented the CA’s program in the City of San Diego (S.M.A.R.T.). Together these CBOs intended to serve 400-600 individuals over the duration of the grant period. The project met the original goal of serving at least 400 individuals as of June, 2021. However, due to restrictions put in place during the pandemic the total reach of these programs was reduced, with 408 unique participants enrolled, of which 388 signed a consent to participate in the evaluation (253 CoSRR and 135 S.M.A.R.T.). These individuals accounted for 461 treatment episodes because recognizing the cycle of addiction, participants were allowed to re-enroll in the program. As noted in Figure 1, while the eligibility criteria differed slightly between the two program components of the Prop 47 project, both served individuals with a current or past Prop 47 offense that needed SUD treatment and voluntarily agreed to participate.

Figure 1

Eligibility criteria

CoSRR	S.M.A.R.T.
<ul style="list-style-type: none"> Individuals arrested, charged with, or convicted of a Prop 47 qualifying criminal offense AND have a history of mental health issues or SUD Individuals must be assessed as currently needing SUD treatment Voluntary participation <i>Eligibility Modifications:</i> <ul style="list-style-type: none"> Individuals enrolled in PC 1000 post-treatment Prop 47 impacted individuals under Probation supervision for a non-violent, non-serious offense Prop 47 impacted individuals with detained on a non-violent, non-serious offense released to home detention 	<ul style="list-style-type: none"> Individuals with a current drug or quality of life offense AND Have one or more misdemeanor drug offenses since November 2014 AND Have been arrested at least twice in the past 12-months for a quality of life offense Voluntary participation

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Core Prop 47 project services

The core Prop 47 service components were driven by research and designed to remove barriers to services for eligible participants. While all individuals had a SUD need, the model was designed to identify and address the needs of participants through the use of standardized assessment and informed case management. The project framework for the service delivery was thus implemented with the understanding that recovery is a journey, fraught with setbacks and requires elasticity in programming to allow for different levels of progress and growth. With the provision of services in the community, recognition of the complexity of needs each individual brought with them, and a view of success broader than recidivism (e.g., change in frequency and severity of offenses), the program model aligned with a desistance approach to intervention. Specifically, all components and modifications sought to bolster an individual's capacity and desire to turn towards healthy and positive life choices that often moderate the likelihood of justice involvement.

The core service components included:

- **Assessment based decisions:** Each program component used the American Society of Addiction Medicine (ASAM) tool to determine level of SUD treatment and a mental health assessment (if needed) to develop individualized case management plans and treatment goals.
- **Case management:** All participants were scheduled to receive case management services during program participation. Case managers guided treatment plans, provided linkages to needed support services (including scheduling and accompanying participants to appointments), and supported participants in achieving their goals.
- **SUD treatment:** The highest level of care provided by the Prop 47 funded program partners was outpatient treatment. However, each provider linked participants to the appropriate level of care, either at intake or during participation. A participant could move up and/or down a level of care from withdrawal management to residential care and remain in the program while completing the appropriate level of care. If this need occurred and the participant wanted to remain in the Prop 47 program, then his/her/their case manager helped facilitate placement in a higher level of care with another provider, or remained in contact with the participant during his/her/their stay in treatment, and reconnect him/her/ them with the Prop 47 program when appropriate.
- **Housing:** CoSRR participants in need of housing were assigned a housing navigator to identify available housing options (i.e., emergency shelter, rapid rehousing, transitional, and/or permanent housing). S.M.A.R.T. participants were placed into transitional housing and could stay up to two years while they completed treatment and transitioned into permanent housing or were permitted to reside in personal housing if available.
- **Mental health services:** In anticipation of a high prevalence of participants with co-occurring SUD and mental health needs, internal or external mental health services were a core program component. However, participants with Severe Mental Illness (SMI) were referred to other, higher-level treatment programs and were not eligible for the Prop 47 programs.
- **Support services:** Both of the programs offered to connect participants with a range of support services. Examples of support services included transportation, public benefits, connection to a medical home, job skills training, education, and civil legal services.

Program differences

While the goals and project activities for each project component were based on best practices and included the same core services, the population and structure of the two program components differ slightly (Figure 2).

Figure 2
Prop 47 program differences

CoSRR	S.M.A.R.T.
<ul style="list-style-type: none"> • Voluntary involvement with no associated court order to treatment. • Provided to rapid rehousing and temporary housing for those participants who needed assistance and helped them secure transitional housing. • One-year program length, although the time was flexible pending the participant's needs. • Program success was defined as satisfactory completion of SUD treatment. 	<ul style="list-style-type: none"> • Incentivized participation as an alternative to prosecution or incarceration. • Provision of transitional housing. Housing was a core component for all participants and all participants had to be housed through the program or through personal housing. • Two-year program length. Participants may stay up to two years in the program housing. • Program success was defined as satisfactory SUD treatment completion AND permanent housing.

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

CoSRR was strictly a voluntary program for Prop 47-impacted individuals and did not provide any legal incentive or consequence (i.e., participation did not affect their status or sentencing). Originally, referrals to the program were limited to those individuals appearing before the court on Prop 47 related charges. However, in response to low enrollment numbers the referral process was broadened to include individuals in jail, Prop 47 eligible participants receiving services in the community, (including Prop 47 impacted individuals who were homeless), individuals under Probation supervision, and participants released from jail on Home Detention with a current non-violent felony charge but had a Prop 47 charge. In addition, because ECS (the Central region CoSRR provider) was an existing County of San Diego SUD provider, staff also conducted outreach to Prop 47 impacted individuals from some of their existing programs to offer them the enhanced Prop 47 services. The length of the program was dependent on participant needs, treatment compliance, and his/her/their time in aftercare; however, the average anticipated program length was 12 months.

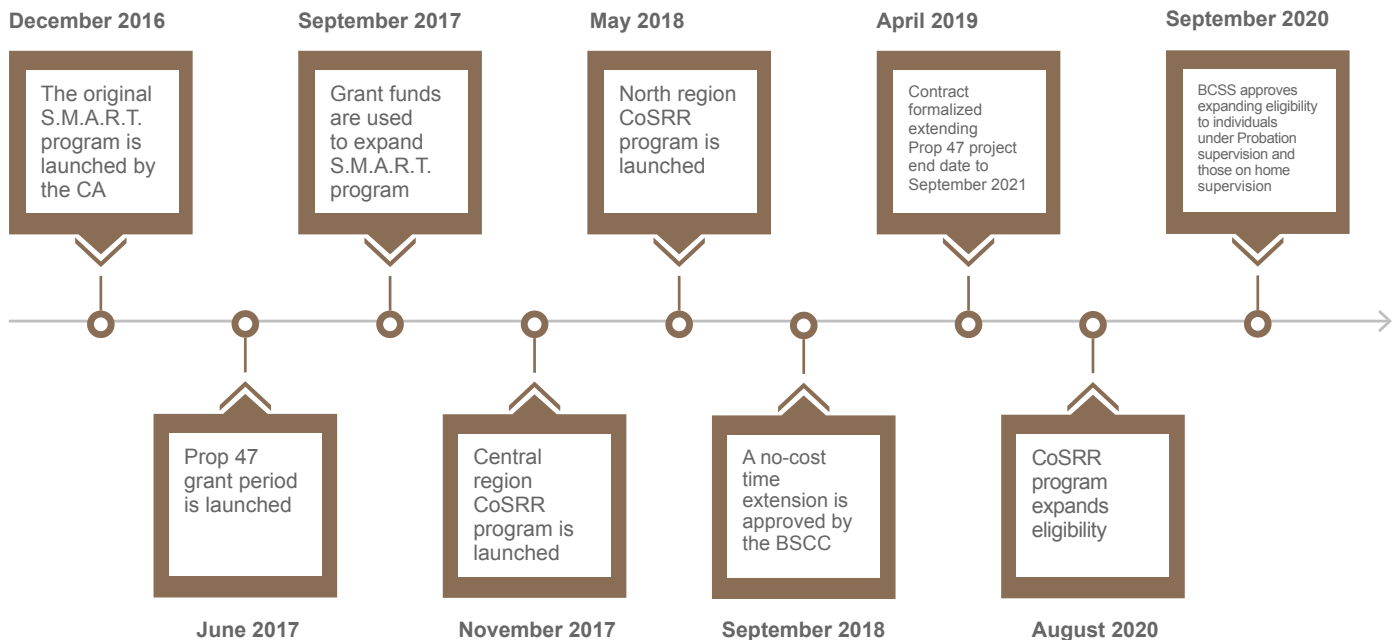
Within CoSRR there were also differences in program delivery models. For the CoSRR program in the Central region, the SUD treatment model was consistent with the County's Drug Medi-Cal-Organized Delivery System (DMC-ODS) model. The level of DMC-ODS was determined by the assessed ASAM level, with an ASAM Level 1 received Outpatient Services (OS) that included a minimum of 9 hours a week and involved individual and group counseling, family therapy, education, medication patient education, medication services, collateral services, crisis intervention services, treatment planning, discharge services and case management. If a participant was assessed at an ASAM Level 2.1, she/he/they would receive Intensive Outpatient Services (IOS), which included the same types of treatment for a minimum of 9 hours, but up to 19 hours a week. While the North region CoSRR component followed the same DMC-ODS core outpatient services, it incorporated the evidence based Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum, which is designed for individuals with substance use issues involved in the criminal justice system. The curriculum relies heavily on the basic principles of CBI, focusing on cognitive, social, and emotional skill development.

S.M.A.R.T. targeted low-level misdemeanants who also had quality of life charges (e.g., loitering, petty theft, trespassing) and usually needed housing. All participants had to be housed by residing in one of the S.M.A.R.T.-funded program houses for up to two years until they transition to permanent housing or personally acquired housing (i.e., living at the home of a relative). In addition, participation in S.M.A.R.T. was voluntary, but was incentivized through the provision of a pre- or post-sentencing diversion offered by the CA as an alternative to prosecution or incarceration. S.M.A.R.T. also accepted referrals from other entities (e.g., San Diego Police Department’s Homeless Outreach Team) who work with Prop 47-impacted participants who do not have a current open case, but have a history of eligible offenses.

In order for a participant to be considered a “successful” discharge, both programs required that participants meet some or all of their treatment goals. In addition S.M.A.R.T. required that participants obtain permanent housing. In consideration of the years of substance use, intensity of needs, and frequent contact with the justice system, program partners viewed success broader than reoffending, with each milestone viewed as progress towards desistance.

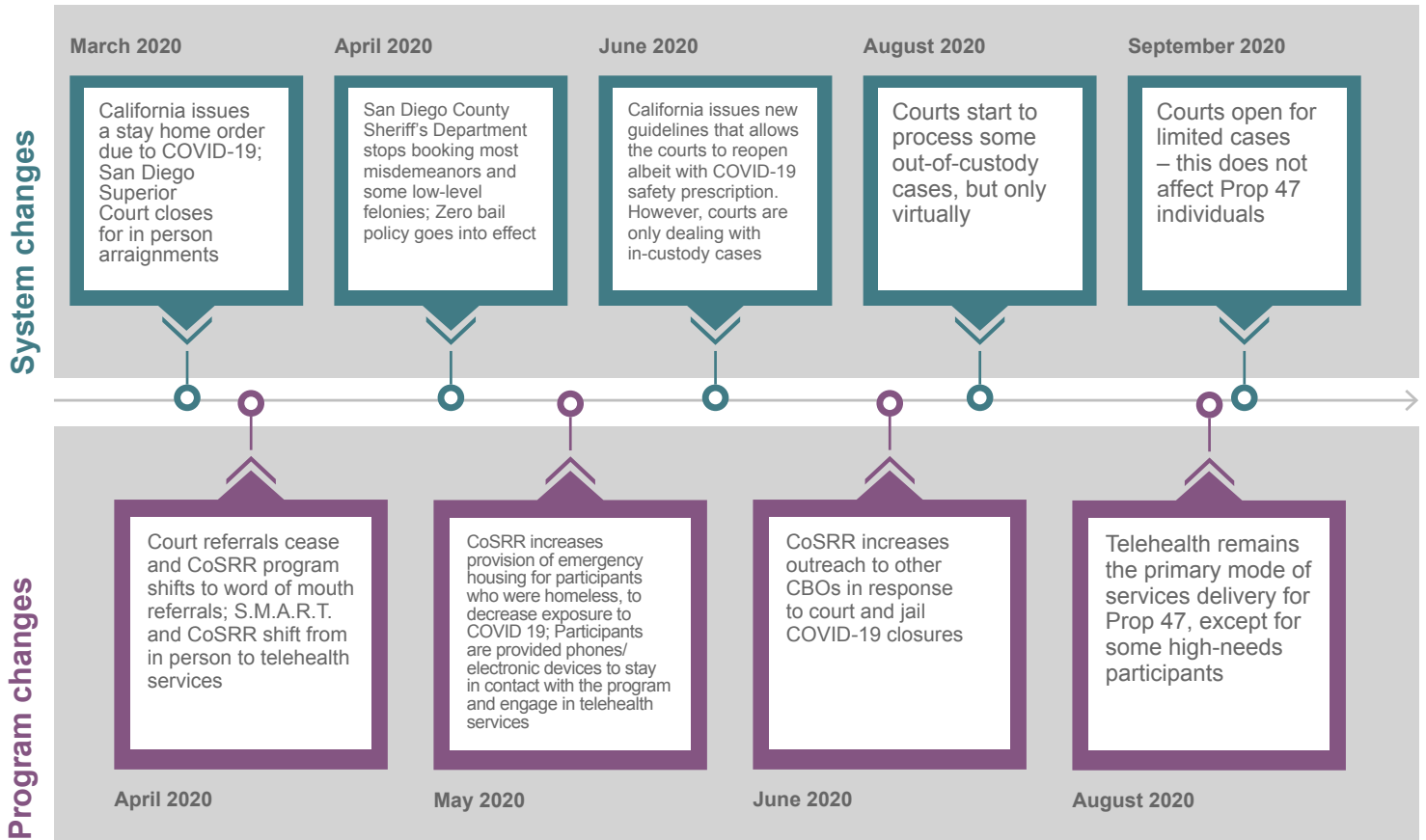
It should be noted that the timeline of implementation has varied for the different project components. As Figure 3A illustrates, the S.M.A.R.T. program was originally established at the end of 2016, with grant funds being applied to expand the program in September 2017. CoSRR was implemented in two phases: the first program initiated in the Central region and a second program launched in the North region approximately six months later.

Figure 3A
Project implementation milestones



On March 19, 2020, Governor Gavin Newsom issued a stay-home order to protect the health and well-being of all Californians. The impact permeated all aspects of program delivery, with the greatest impact being the number of referrals as San Diego County Superior Court chose to close and the switch from in-person to telehealth services. Figure 3B tracks the significant COVID-19 policy changes and the correlate Prop 47 adjustments.

Figure 3B
 COVID-19 Timeline and Project Modifications



Prop 47 project goals and objectives

Prop 47 project goals and objectives all aimed to reduce recidivism of chronic, low-level misdemeanor offenders by addressing their underlying needs. The four primary goals and objectives are described below.

- **Goal 1:** Implement a successful and well-coordinated cross-sector approach to meeting the needs of Prop 47-impacted individuals through the CoSRR and S.M.A.R.T. projects.
 - Objective 1** Engage 300+ project staff and stakeholders in training activities to strengthen individual, organizational, and collaborative capacity throughout the grant period.
 - Objective 2** Engage 10+ CBOs with diverse staffing, including system impacted individuals, in the delivery of project services as contracted or subcontracted partners during the grant period.
- **Goal 2:** Improve capacity to identify and address the needs of Prop 47-impacted individuals.
 - Objective 3** Recruit and assess 400 to 600 individuals who are impacted by Prop 47 or who have a history of misdemeanor substance abuse.
 - Objective 4** Engage 200+ participants and community members in providing feedback each year.
- **Goal 3:** Increase access to services that align with principles of effective practice in criminal rehabilitation and which reduce recidivism for Prop 47-impacted individuals.
 - Objective 5** Provide substance abuse treatment and/or connections to mental health services if needed to 400–600 individuals in all project areas over the grant period.
 - Objective 6** Provide supportive services to 400–600 individuals over the grant period.
- **Goal 4:** Improve public safety outcomes by reducing recidivism of Prop 47-impacted individuals, including those offenders who have a history of offenses and substance abuse and/or mental health needs.
 - Objective 7** Reduce the number of arrests, bookings, and convictions of program participants.

Methodology

Research design

To assess the CoSRR and S.M.A.R.T. program implementation and the effect these efforts had on the participants, SANDAG conducted a process and outcome evaluation. In August 2017, SANDAG research staff started meeting with Prop 47 program staff to refine the evaluation design and complete the BSCC evaluation plan, including identifying consistent data elements to be collected by the three different providers, how data elements would be collected, how participant success would be defined, when and where data would be stored, and how the final CoSRR and S.M.A.R.T. implementation protocol would align with reporting outcomes. Although the original proposed evaluation design included a matched historical comparison group, after several meetings with partners to discuss the selection process it became evident the self-selection bias (i.e., participant can opt out of the program) could not be controlled for and a different approach was necessary. An alternative method was proposed and accepted utilizing a mixed-method, pre-post quasi-experimental design to measure change in recidivism over time (i.e., three-years prior compared to up to three-years post program completion).

Analysis plan

Analyses were both qualitative and quantitative in nature. Process analysis were accomplished using frequencies, Chi-Square statistics for categorical data (e.g., indicators of prior criminal history, race/ethnicity), and differences of means tests for numerical data (e.g., age, number of prior convictions). Because individuals could enter the program multiple times, the first program entry was used and all subsequent entries were discarded except where indicated. Outcome analysis using variables identified as factors predictive of recidivism (e.g., criminal history, ethnicity, risk, and need level) was performed using multivariate logistic regression with a best subsets exhaustive search algorithm employed for feature selection, picking the model with the lowest BIC amongst all possible models. The area under the receiver operating characteristic curve (AUC), residual deviance test, and Hoslem-Lemeshow goodness of fit test were calculated to test the predictive validity of the regression model against uninformative null models.

Process measures

The process evaluation documented which program components were employed and if CoSRR and S.M.A.R.T. were implemented as designed. Data were gathered from multiple sources to describe the level of attrition, population served, referrals and subsequent connections, type and level of system changes, satisfaction with services and program implementation, and lessons learned. The process evaluation addressed the following questions:

1. How many program staff and stakeholder trainings and outreach events were conducted? How many individuals attended? From which agencies or community sector? (Measures Objective 1)
2. How many and what type of CBO contracts were executed? Did the contracted service providers and staff represent the target population? (Measures Objective 2)

3. How many and what were the characteristics (e.g., demographics, need level, criminal history) of individuals who were offered services and who accepted services? What factors were predictive of engagement? (Measures Objective 3)
4. What was the level of community satisfaction with contracted providers? (Measures Objective 4)
5. Of the CoSRR and S.M.A.R.T. individuals receiving services, what were the type of services received (e.g., housing, substance use treatment, mental health), including if services match assessed need and the completion status? (Measures Objectives 5 and 6)
6. How many individuals received program services? How many successfully completed their treatment goals? (Objective 6)
7. Were CoSRR and S.M.A.R.T. implemented as designed? Were there any changes to the design and if so, what were the changes and what were the reasons for the changes? (Measures Objectives 1 – 6)
8. What lessons were learned from these efforts? What challenges or success did the project experience? (Measures Goals 1 – 3)

Outcome measures

The outcome measures are individual in nature and focused on how effective the project was and for whom. The outcome evaluation addressed the following question:

1. Did involvement with CoSRR or S.M.A.R.T. improve criminal justice outcomes of individuals receiving services (as measured by arrest, booking, and or conviction for a new felony or misdemeanor) 6, 12, 24, and 36- months following program completion? (Measures Objective 7)

Data collection process and sources

To ensure data were available to SANDAG for analysis, a Countywide collaborative agreement was finalized that was the culmination of a rigorous process and included evaluation staff who completed CORI/CLETS training, as well as law enforcement contractor background checks by the San Diego County Sheriff's Department. A memorandum of understanding (MOU) was signed by representatives from the San Diego City Attorney's Office, San Diego County District Attorney's Office, San Diego County Probation Department, San Diego County Sheriff's Department, San Diego County Health and Human Services Agency, and SANDAG. The MOU includes how data will be compiled, retained, destroyed, and how confidentiality will be ensured. SANDAG also has an ongoing data sharing agreement with the San Diego County Chiefs' and Sheriff's Association to access local crime and arrest information and San Diego's Web Infrastructure for Treatment Services data systems (SanWITS) or behavioral health data and completed additional data sharing agreements for data not included in the Countywide agreement with the local CBOs.

Data informed implementation

Prop 47 project leadership has charged the evaluation team with collecting and providing timely data to inform program implementation, including:

- Monthly data meetings with the evaluation team and each of the program partners
- Data dashboard distributed to program partners and at LAC to monitor referral, intake, and service provision
- Stakeholder surveys distributed twice to gather input on implementation
- Sharing of data at the LAC to gather input from the community and stakeholders

A detailed description of each of the data sources and how data were collected to address all the research goals is provided below. During the startup process, great effort was taken to use existing databases whenever possible and all new data collection forms were created in collaboration with the partners to increase the opportunity for reliable data collection and reduce burden on program staff. Data dictionaries (i.e., documents that specify exactly what is meant by each term and data element) also were created for each data collection point.

Program screening forms: The referral process for each Prop 47 program was modified throughout implementation to better reflect the procedures seen in each geographical and programmatic system. For CoSRR, the primary referral process was generated at the first meeting between potential participants and their Public Defender at their court date. The Public Defender informed the participant of his/her/their eligibility for the program and referred the person to the CoSRR court liaison (staffed by the treatment provider). While the potential participant was waiting for his/her/their court appearance, the court liaison conducted a brief screening to assess an individual's compatibility with the program, and then scheduled an assessment and intake appointment at the treatment program. Both the public defender and the service provider liaison maintained a spreadsheet to document each of these encounters, which was sent to SANDAG regularly using a secure website or encrypted emails. These forms tracked the referral process from offer to acceptance to measure the first efforts of engagement and inform attrition rates. Referral pathways were expanded to include public defender referrals of persons in custody and referrals of persons in the community. The same documentation was maintained by the service provider for these referrals.

S.M.A.R.T. participants were referred to the program from several sources (i.e., the courts, San Diego Police Department, Public Defender, City Attorney, and program outreach workers). All referrals were entered into the CA's case management system, with outcomes of the referrals tracked via an Excel form by the service provider (FHCS). SANDAG received these logs regularly using a secure website or encrypted emails.

SanWITS: All demographic, program intake and exit dates, needs (e.g., SUD, mental health, housing) assessment data, as well as treatment completion status were entered into SanWITS. SanWITS is the County of San Diego Behavioral Health Services system that tracks data for CalOMS WITS (California Outcomes Measurement System Web Infrastructure for Treatment Services). This data processing system is designed for use by State substance abuse and mental health service agencies and supports real-time data processing starting with data collection at treatment clinics. Because SanWITS is a countywide system, all county funded SUD providers have access to it and are able to enter data in a consistent and uniform manner.

Clinical assessment data: Once an individual was screened and deemed appropriate for services, the provider administered a clinical assessment (i.e., ASAM) for the appropriate level of care. The assessment drove the case management plan and the SUD level of care and some supportive needs were entered into SanWITS.

Crime databases: Individual-level criminal history data were collected by research staff for 36-months prior to and up to 36-months post-program participation. Data collection included the level and type of arrests, bookings, and convictions. The data were gathered from the Automated Regional Justice Information System (ARJIS) (i.e., arrests), and the San Diego County DataHub. The DataHub is a shared data portal that includes San Diego County Sheriff, District Attorney, City Attorney, Probation, as well as Health and Human Services Drug Medi-Cal data. These data were the primary source for the outcome evaluation research question addressing recidivism.

Survey of key program partners and community members: To solicit information on how well CoSRR and S.M.A.R.T. were implemented and if they were implemented as designed, an electronic survey (hardcopy available as needed) was administered to key program staff, partners, and community members. The results were shared with partners, stakeholders, and the community within 90 days of completion to address any need for midcourse changes to the program.

Treatment provider service logs: Each community provider tracked participant case plan progress using an Excel file. Information was gathered on assessed needs, referrals, connections, and completion status of linkages to supportive services (e.g., job skills training, mental health, public benefits). The data were transferred to SANDAG using an encrypted and secure website or email.

Contract execution: Staff from the PSG documented all contracts executed as part of the project to assess if contracts included a diverse group of service providers who employed staff that reflected the characteristics of the target population as part of the service delivery system.

Process and outcome results

The following sections describe the Prop 47 project results from the period of September 1, 2017 through March 31, 2021. Although there were three different CBOs that implemented the Prop 47 project, the results are presented according to the two-core components (i.e., CoSRR and S.M.A.R.T.), in alignment with how data were reported in the quarterly BSCC reports. This format includes combining the data from the two CoSRR providers (NCL and ECS) into one CoSRR component.

Section A: CoSRR

Process results

How many staff and stakeholder trainings and outreach were conducted?

To understand and quantify the effort to increase the knowledge about best practices and the needs of the population, as well as extend this information to the larger community, the process evaluation captured the number and type of training activities Prop 47 funded (either directly or in-kind). Over the course of the grant period a total of 54 unique staff attended 249 different types of trainings among the two implementing CoSRR programs, including but not limited to topics focused on providing substance use treatment, assessment administration, data documentation, cultural competency, evidence based practices, effects of trauma, and a six-day training provided by the County (i.e., Justice Involved Services Training Academy) to educate community providers on the evidence of recidivism reduction and working with individuals in the criminal justice system. This effort sought to strengthen the overall skills required when working with individuals with both criminogenic and SUD challenges.

In addition, the programs held 7 separate trainings involving approximately 114 new Public Defenders to brief them on CoSRR, covering the program's purpose and how to facilitate the referral process. These trainings were conducted each time a new group of public defenders were hired and assigned to the Misdemeanor Court (four between 2017 and 2018, and three between 2019 and 2021).

In addition to trainings, numerous outreach efforts were conducted to keep the community apprised of Prop 47 project activities, gather input, and raise awareness of the program among entities that concurrently serve Prop 47-impacted individuals (e.g., homeless providers, other treatment providers). The primary means for communication and transparency with the community was through the Prop 47 Local Advisory Committee (LAC) meetings. These meetings were open to the public, located in two parts of the County (North and Central), and held in the evening to support community participation and attendance. During the grant period, a total of 28 LAC meetings were held, involving community members, program partners, and other interested parties. During these meetings, current data on program numbers and recent challenges and successes were shared. In addition, community members had the opportunity to share their concerns and feedback with the LAC members, which proved crucial in the modifications made in program outreach and engagement (noted later in the report). When the stay-home order was instituted, these meetings were held virtually using the Blue Jean platform.

Additional outreach efforts focused on increasing the awareness of CoSRR among the service provider community including homeless courts, other SUD treatment providers, and homeless outreach workers. This outreach intensified during COVID-19 as Court proceedings were stayed and courthouses closed to in-person appearances stopping referrals. These efforts included contracting and partnering with smaller community-based/grassroot agencies to conduct outreach to their participants and Prop 47-impacted individuals living in their community who did not have recent contact with the courts.

***How many and what type of CBO contracts were executed?
Did the contracted service providers and staff represent the target population?***

Each of the partnering CBOs employed staff with lived experience akin to the population served (i.e., staff in recovery, those with prior criminal involvement, and ethnically diverse). In addition to these funded contracts, the County of San Diego, as the Lead Agency, established a partnership with the District Attorney's Community Action Resource and Engagement (CARE) Center, to leverage its existing and growing network of CBO partners for service delivery in the Central Region. In addition, hearing calls from the community to engage smaller, grassroots CBOs in the service delivery network, County leadership took several steps to increase outreach through the involvement of smaller community-based agencies. There were some successes, with the CoSRR providers executing smaller contracts with three other community-based agencies that conducted outreach within their existing networks and among their own participants. There were also efforts to work with the San Diego County District Attorney's CARE Center and its partners to identify potential participants. However, despite best intentions, there were setbacks, which included misunderstandings of the project's eligibility criteria (e.g., limited to individuals with a Prop 47-related charge), government contract processes that presented barriers to formal contracts, and new DMC-ODS regulations for the countywide system of care that limited use of private insurance. In response to these challenges, the District Attorney's Office separately allocated their office's Crime Reduction Grant funds to grassroots service agencies provide additional outreach.

Primary challenges driving program modifications

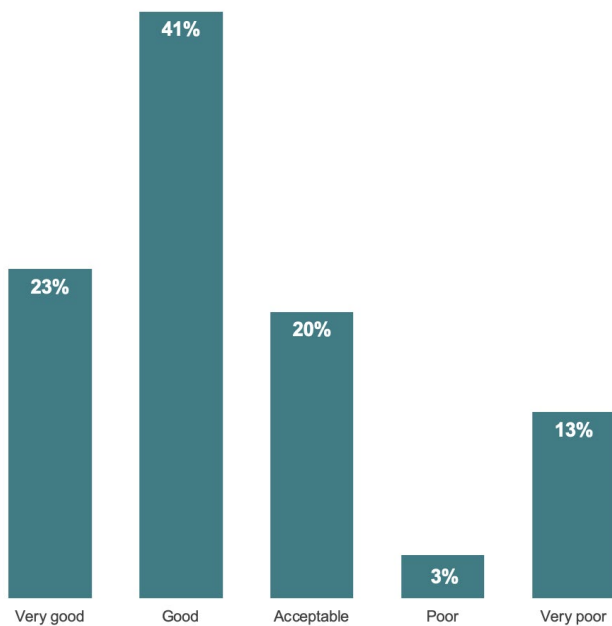
- Engagement of participants in services
- Lower than expected target numbers enrolled
- Higher housing needs and lower supply
- COVID-19 pandemic

Overall, the core services of CoSRR were implemented as designed. Modifications occurred in response to challenges meeting the target enrollment numbers, engaging this population in treatment, and responding to the pandemic and associated public health restrictions. The flexibility of the program to adapt midcourse was a result of both the communication structure and evaluation design. Since its inception, PSG designed and implemented a broad communication structure to facilitate the dissemination of information and feedback from stakeholders and community members. This structure, created an invaluable communication channel to reflect upon and adapt the program model to best meet the needs of the target population. In addition, the evaluation team, by design, was closely involved in the implementation from the beginning, and charged with providing timely information on program numbers to inform program implementation. The latter occurred through monthly meetings, administration of a stakeholder survey, and accessible data dashboards tracking participant progress from referral through discharge.

Was CoSRR implemented as designed? Were there any changes to the design and if so, what were the changes and what were the reasons for the changes?

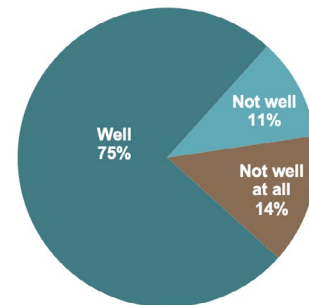
One measure of how the program was being implemented was gathered from feedback received from two stakeholder surveys, the first distributed at the end of January 2019 to a list of program partners and community members who provided contact information at one of the LAC meetings. This effort resulted in 66 responses (40% response rate). The second survey was modified slightly from the first to assess change over time and distributed electronically over four weeks between April and May 2020 to 240 stakeholders, resulting in 75 responses (31% rate) (Appendix C). The results of both surveys were summarized in short reports and presented at the LAC meetings and shared with program providers at the evaluation meetings. In addition to questions about overall implementation of the Prop 47 project and questions specific to each program partner, the second survey also solicited feedback on usefulness of modifications implemented since the first survey. Given the collaborative nature of the grant, including shared community meetings (e.g., LAC), all respondents were asked to provide feedback on the overall implementation of the project, including modifications that occurred in response to information received during the LAC meetings and the first stakeholder survey. Overall, 84% of respondents felt the project was implemented at a **VERY GOOD** (23%), a **GOOD** (41%), or an **ACCEPTABLE** (20%) level (Figure 4).

Figure 4
How well was grant implemented? (n=64)



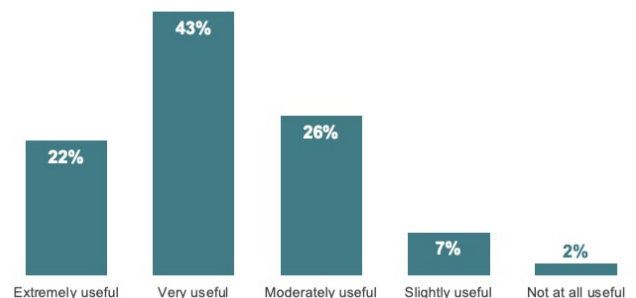
Note: Cases with missing data are not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 5
How well did program engage the target population? (n=44)



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 6
Overall usefulness of modifications (n=46)

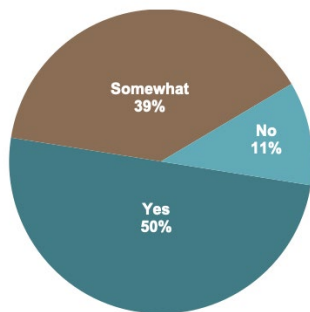


Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Key findings from the second follow-up survey⁶

In addition, 75% felt the program was doing **WELL** in engaging the population, however the rest felt it was doing **NOT WELL** (11%) or **NOT WELL AT ALL** (14%) (Figure 5). This latter response reflects a primary challenge throughout the course of the project and resulted in a collective effort by all partners to increase outreach, incorporate incentives, and collaborate with smaller agencies to improve the engagement of eligible participants. When specifically asked if the modifications to the program were useful in improving the program, 65% felt they were **EXTREMELY USEFUL** (22%) or **VERY USEFUL** (43%) and another quarter (26%) reported they were **MODERATELY** so (Figure 6). Further, half (50%) felt the modifications also improved engagement, the remaining responses suggesting room for improvement (Figure 7).

Figure 7
Program modifications improved enrollment (n=54)

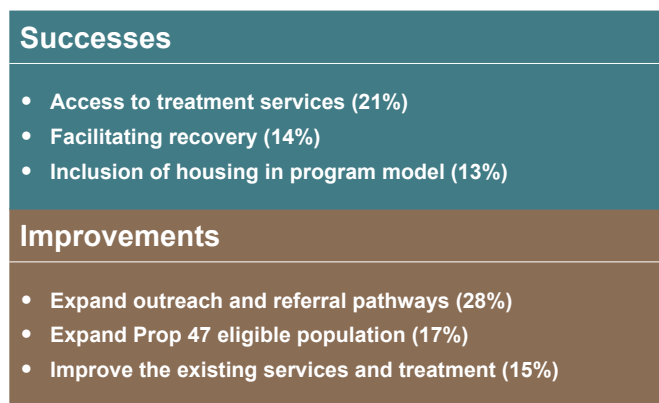


Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

In addition, almost all felt (89%) that the project made the appropriate adjustments to increase enrollment. Further, expanding outreach and referral options were noted as the most useful adjustment (Figure 8).

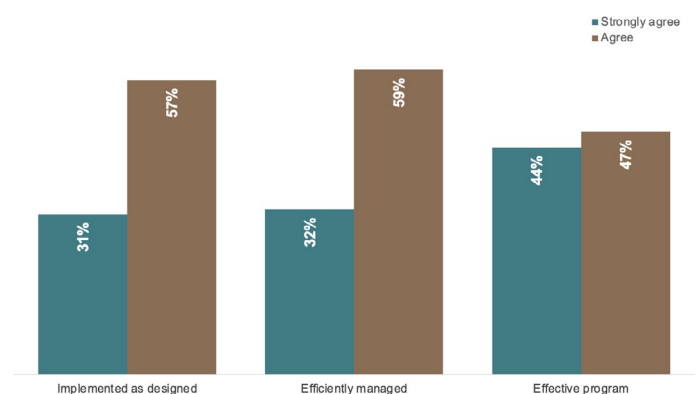
To understand the greatest strengths, as well as the areas of improvement survey respondents were asked to reflect and list what these were. The most common successes were the provision of services to this particular population, especially recovery services, and providing housing as part of the program. The areas of continued improvement noted most often were the requests to expand outreach and expand the referral pathways, to broaden the eligibility criteria (not just Prop 47 impacted individuals), and to improving the existing services.

Figure 8
Top strengths and challenges of Prop 47 program



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 9
How well was Prop 47 implemented and managed



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

⁶ The first survey was presented in the two-year report and therefore is not repeated in this final report.

In addition to the overall implementation of the Prop 47 programs, survey respondents provided information about the program implementation they were most familiar with (CoSRR or S.M.A.R.T.). Almost 9 out of 10 (88%) of the 35 respondents who answered the questions about the CoSRR programs, either **STRONGLY AGREED** or **AGREED** that it was being implemented as designed and was efficiently managed (91%). Further, 91% **STRONGLY AGREED** (44%) or **AGREED** (47%) CoSRR was an effective program and all (100%) respondents indicated they would recommend the CoSRR program to eligible individuals (Figure 9).

These survey results, in combination with feedback from the meetings and the program data, revealed three persistent challenges that required modifications to the program. These challenges were the lower than anticipated enrollment numbers, limited supply of housing to meet the higher-than-expected housing needs of the population, and low program completion rate (e.g., engagement). These challenges persisted throughout, although modifications were implemented that did result in positive changes, especially with housing and outreach.

Challenge and Response #1: Low enrollment numbers

The low enrollment numbers experienced during the first part of the project were attributed to the voluntary aspect of the program, an absence of justice system incentives (e.g., dismissal of the case, no jail time), or sanctions (e.g., probation violations, detention), the chronic addictive experience of the population, and passage of AB 208 (January 2018), which redirected a number of individuals previously eligible for Prop 47 services to the new PC 1000 program. Specifically, AB 208 changed PC 1000 from a post-plea treatment alternative to a pre-trial diversion education and treatment program.⁷ The original design of offering the program to eligible participants at the time of his/her/their court appearance and acceptance was dependent on each individual's readiness to change. Refusals for services could come at various points in the offer process, with eligible participants either directly rejecting the offer at the onset, to those accepting the program but not appearing at the first appointment. This issue of fewer enrollments than expected was raised at the community level (via LAC meetings), in the stakeholder survey responses, and at the monthly program/evaluation meetings. In response, several recruitment modifications (specific ones listed below) were adopted to improve enrollment by reducing access barriers, expanding outreach, and providing incentives.

- Increased ease to contact and enroll with the treatment program;
- Walked participants from the courtroom to the court liaison;
- Stationed program staff within the jail to offer services to in-custody participants upon their release;
- Leased a vehicle to transport participants from court or jail release to program intake;
- Increased efforts (e.g., training) by the Public Defender to alert in-custody participants of the program when they are released;
- Expand outreach beyond the courts;
- Partnered and allocated grant funds to community agencies to conduct outreach in the community;
- Conducted outreach directly with other SUD treatment providers to enroll eligible individuals;
- Expanded court liaisons, to locate another program staff at the jail locations;

⁷ Post AB 208, individuals who would have been eligible to voluntarily engage in the Prop 47 program post plea were instead directed by the Court to the expanded PC 1000 diversion option services. The individuals were directed to other treatment programs as contracted by Health and Human Services which did not include the Prop 47 providers.

Science of addiction

In persons with addiction, the impaired signaling of dopamine and glutamate in the prefrontal region of the brain weakens their ability to resist strong urges or to follow through on decisions to stop taking drugs. These effects explain why persons with addiction can be sincere in their desire and intention to stop using a drug and yet simultaneously impulsive and unable to follow through on their resolve (Volkow et. al., 2016).

- Reached out to the homeless population through homeless courts, homeless programs, and direct outreach;
- Hired an outreach worker dedicated to identifying eligible participants and establishing a partnership with a community-based organization; and
- Offered a monetary incentive (e.g., \$25 gift card) to attend the first appointment at the program offices.

In addition to expanding outreach activities, the eligibility criteria was modified to include PC 1000⁸ (in certain areas), individuals with DUI cases who had Prop 47 eligible charges, Prop 47-impacted individuals with non-violent felony cases under probation supervision, and individuals detained on home detention programs with non-violent Prop 47 eligible charges (Table 1).

As noted earlier, the majority of respondents to the second follow-up survey felt the modifications were useful and as tracked on the quarterly dashboards, the monthly enrollments did show a steady increase (Appendix E). However, COVID-19 nullified the gains when the courts closed, in person proceedings were halted, arraignments were deferred, providers were prohibited from going into jails to conduct outreach, and the Chief Justice implemented an Emergency Bail Schedule. All of these actions eliminated the primary referral source for the project and reduced enrollments from 10-30 in a quarter to less than five (Appendix E). The community outreach efforts continued during COVID-19 and were the predominant source of all new referrals.

When reflecting on this particular challenge it is helpful do so through the lens of the cycle of addiction and addiction science. As highlighted in the demographic data described later in this report, the Prop 47-impacted population served by these programs was grappling with years of substance use and the associated behaviors and consequences. Addiction science has shown chronic substance use can impair the circuitry of the brain, including those areas involved in rewards, motivation, inhibitions, and control over behavior (NIDA, 2018). Relapse and low rates of engagement in treatment are common challenges in the recovery process and expected by the providers. However, a persistent hypothesis expressed by some stakeholders was the removal of the “stick” of justice or the voluntary nature of the program could hamper the programs from reaching the target numbers. This feedback is supported by some research that has found individuals mandated to treatment enter with lower internal motivation, but are more likely to complete than those who enter voluntarily (Kelly, Finney, & Moos, 2005; Coviello, et al., 2013; Young, Fluellen, & Belenko, 2004). This result of an increased likelihood of completion is important, as research has also shown the longer engagement in treatment correlates with increased positive outcomes (Simpson, 1979; Kelly, Finney, & Moos, 2005).

COVID-19 and housing

During the beginning of the pandemic, all programs quickly adjusted to provide emergency housing for participants (most often in hotels) to protect this vulnerable population from contracting COVID-19.

⁸ Persons offered PC 1000 can in certain areas and pending future program changes, choose to also voluntarily participate in treatment.

Challenge and Response #2: Greater need for housing than expected

Housing challenges for CoSRR stemmed from the greater need for emergency housing than anticipated. The original program expected around half of CoSRR participants would need emergency or transitional housing; however, most of the participants entering the program needed immediate housing assistance (85% were unsheltered or had unstable housing). As an adjustment, CoSRR directed more of its funds toward emergency housing. Despite this modification, locating more stable and longer-term housing was still a barrier, especially for individuals early in their recovery. Specifically, participants entering with housing needs and/or assessed as needing a higher level of care but not ready to commit to residential treatment were placed in sober living homes (recovery residences). However, this level of housing is designed for individuals further along in their sobriety and therefore a relapse in use would result in a participant being evicted, which then impacted his/her/their ability to participate in the program due to housing instability.

Challenge and Response #3: Lack of engagement in treatment

A third and persistent challenge was the low rate of engagement once an individual agreed to participate. Specifically, individuals leaving before 30 days in treatment or reconsidering their initial agreement to participate. Factors contributing to this struggle were the chronic nature of addiction, mental illness, homelessness, and disenfranchisement of the population. The voluntary nature of the program required individuals to be ready to engage in treatment, which is a known challenge with a population that has been dealing with addictions and its associated side effects for years (e.g., homelessness, loss of jobs, declining physical and mental health) (Coviello, et al., 2013). While the voluntary basis for enrollment may have attracted more internally motivated individuals to enroll, after the initial acceptance to participate the actual engagement in treatment became an issue for many.

In addition, providers discovered that having a housing option was not always a positive experience for some participants, as adjusting to more structured living, co-habiting with others and having to navigate those relationships, and letting go of the freedom and social environment while unsheltered was a formidable challenge for some participants who subsequently choose to leave housing. This persistent housing instability is not only associated with an increased risk of recidivism (Jacobs & Gottlieb, 2020) but also places an added obstacle to overcome during treatment. This latter point is crucial as research has shown that the length of treatment matters, with studies indicating that a minimum of at least 90 days is needed to realize positive outcomes (NIDA, 2018). This length and success can fluctuate based on other characteristics, such as drug of choice (e.g., one-year for opioids, as well as individual characteristics that decrease the likelihood of retention (e.g., co-occurring disorders, chronic use, younger individuals, and/or anti-social behavior increasing risk of leaving) (Brorson, Arnevik, Rand-Hendriksen, & Duckert, 2013). Ultimately, solving the issue of engagement is paramount to effectively stopping the cycle of recidivism and relapse (NIDA, 2018), however each encounter with recovery could be viewed as one more step towards desistance.

Science of addiction

Treatment of chronic diseases involves changing deeply embedded behaviors. It is considered both a complex brain disorder and a mental illness (NIDA, 2018).

Public Health versus Public Safety approach to drug offenses

The issue of engagement is a challenge no matter what lens one views alcohol and drug additions through. However, how it is approached varies greatly by specific system. A more public health approach often incorporates a readiness to change model to understanding behavior change. Where as a public safety approach has traditionally involved mandating treatment, with the court providing the motivation for change until an individual is ready to engage in treatment.

Prop 47 is unique in that it involves these two systems, with justice contact encouraging an individual to enter treatment, however it is incumbent on the provider to “motivate” the individual to engage. As such, justice official are having to learn to view drug offenses through more of a public the lens.

Table 1

Major challenges and associated CoSRR modifications

Challenge	Modification
<p>More CoSRR participants has housing needs than anticipated</p>	<ul style="list-style-type: none"> • Redirected program funds to provide emergency shelter and temporary housing. • Increased use of sober living homes at the beginning of treatment.
<p>Low program enrollment numbers</p>	<ul style="list-style-type: none"> • To facilitate warm hand-offs, Public Defenders began walking their participants to the court liaison and the program leased a vehicle to transport participants to the intake appointment. • Created a program brochure available for potential participants to review while waiting for their hearing at the courthouse, before they meet with the onsite program liaison. • Expanded court liaison engagement scope to include jail/in-custody in-reach. • CoSRR contractor purchased a Securus phone line to accept phone calls from inmates interested in learning more about the program. • Expanded eligibility criteria for CoSRR to include DUI and PC 1000 individuals (in select areas), individuals on formal probation for non-violent felony offenses who have a history of mental health issues and/or substance use disorder, and individuals who are approved to complete their custody term in a home detention program and have non-violent felony offenses who had a history of mental health issues and/or substance use disorder. • Expanded outreach beyond the courts to include community engagement, extending to other residential treatment programs and CA reached out to the Prosecution and Law Enforcement Assisted Diversion Services (PLEADS)* program to engage eligible participants in S.M.A.R.T. services. • CoSRR provided a \$25 dollar incentive to complete the intake process. • Approved addition of outreach workers to identify eligible participants in the community. • Partnered with smaller CBOs to expand outreach efforts.
<p>Court referrals cease due to COVID-19 public health guidelines and zero bail policies, eliminating the primary referral source to both S.M.A.R.T. and CoSRR</p>	<ul style="list-style-type: none"> • Reached out to prior participants who did not complete the program during their first attempt to reengage in the program. • Outreached to Prop 47 impacted individuals engaged in other programs within the Prop 47 CBO's existing program services.
<p>COVID-19 stay at home order and safety protocols curtails in-person service delivery</p>	<ul style="list-style-type: none"> • Provide emergency housing to reduce exposure to COVID-19 for all CoSRR participants in need of shelter. • Implement Telehealth service delivery, including providing participants needed technology to receive Telehealth services.

* PLEADS is a multi-agency pre-booking diversion program in partnership with the San Diego City Attorney's Office, the San Diego Police Department, the County of San Diego Behavior Health Services, and the McAlister Institute. To avoid booking and prosecution, an individual contacted by police on suspicion of being under influence of a controlled substance is taken to the Sobering Services Center where staff assess the individual's needs and connect them with appropriate case management and supportive services.

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

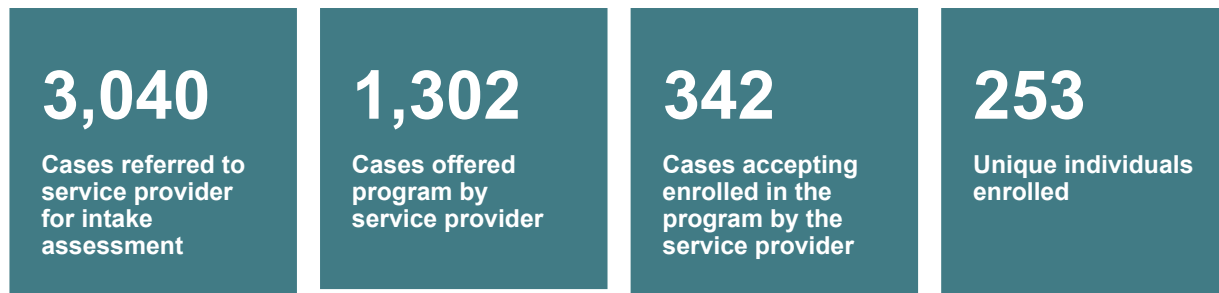
How many and what were the characteristics (e.g., demographics, need level, criminal history) of individuals who were offered services and who accepted services?

Program attrition level

Data collected by the service providers on the cases referred, offered, and enrolled were analyzed in order to understand attrition during the referral process. Between September 1, 2017, and March 31, 2021, 3,040 cases (including duplicate individuals) were identified as eligible for CoSRR. Potential individuals were identified through one of the various referral pathways, which included the Public Defenders in court, in-reach at the local jails, program outreach, self-referral, or trial readiness sources.

Of these 3,040 potential cases, 27% refused the offer for services with the program, 29% were assessed as not appropriate (e.g., did not meet medical necessity, involved in another program, had a disqualifying charge), and 2% had some other outcome. The remaining 1,302 (43% of cases screened) were offered the CoSRR program by the service provider, which ultimately resulted in 342 cases, representing 253 unique participants being enrolled in the program.⁹ Figure 10 highlights the flow of referrals from initial identification to enrollment.

Figure 10
Referral summary



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Enrollment and program participation

Of the 253 unique participants enrolled in the program, 25 exited and reenrolled, resulting in a total of 278 treatment episodes. These numbers reflected the program design that considered the cycle of recovery and encouraged individuals to return to the program even if their first episode ended without full completion of program goals (i.e., successful substance use treatment completion).

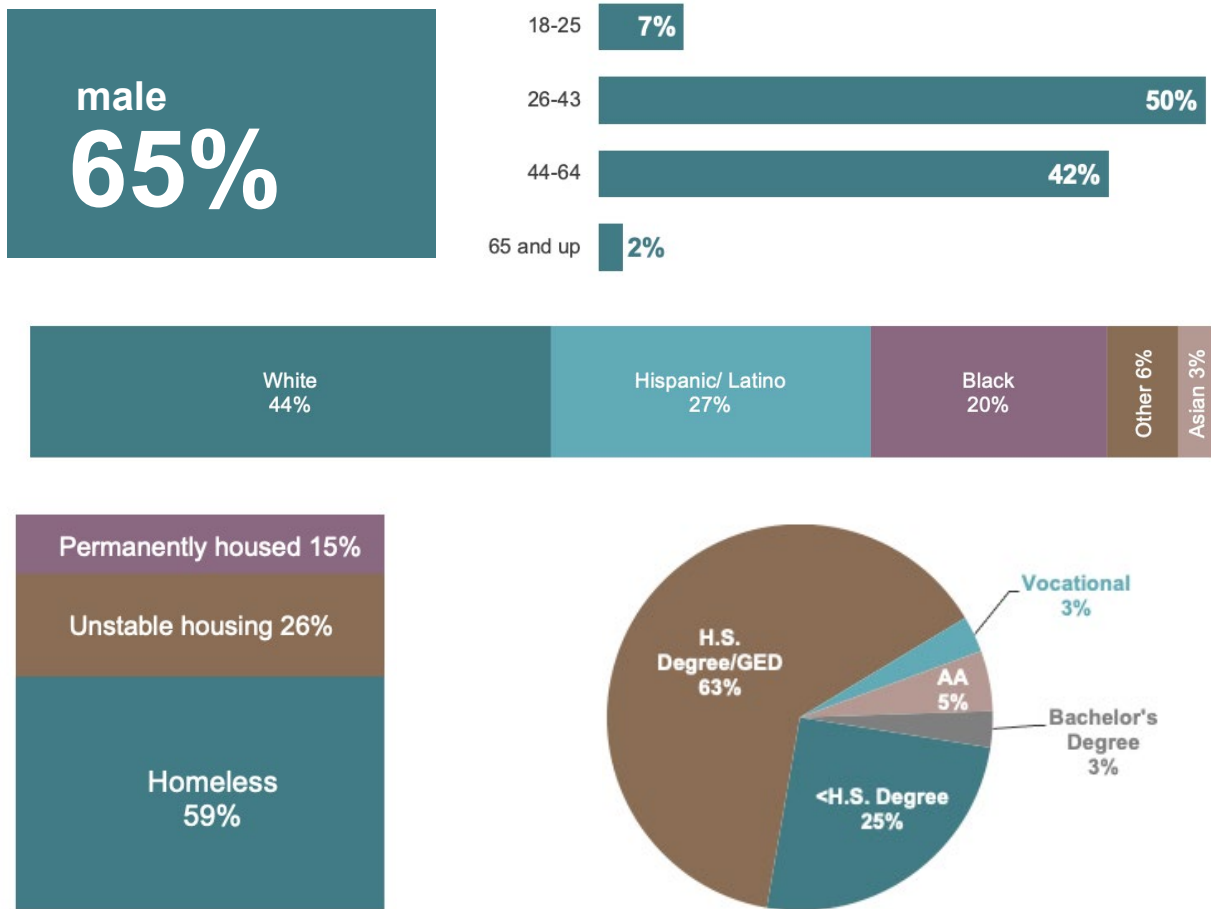
Participant demographics and intake characteristics

CoSRR participants were mostly male (65%) and 42 years old on average (SD=11.7), although half (50%) of participants fell between the ages of 26 to 43 years old. Participants were ethnically diverse, with 44% White, 27% Hispanic/Latino, 20% Black, 6% Other, and 3% Asian.

⁹ The 342 include those individuals offered the program more than once and/or individuals who were offered and agreed, but had yet to make it to the first intake appointment.

A review of participant characteristics and housing situations reflects the plethora of challenges facing the CoSRR population. At program intake, around one in five (22%) were not in the workforce due to disability or inability to work and 10% were unemployed and not looking. Similarly, only about one in five (19%) participants were employed at all and nearly half (47%) were unemployed and looking for work. Addressing the underemployment is complicated when combined with the low educational level of participants. A quarter (25%) of participants did not have a high school diploma, and only 3% had a bachelor's degree or higher (Figure 11). Adding to the difficulty of achieving self-sufficiency was the large portion of participants who lacked housing either due to being homeless upon intake (59%) or living in an unstable housing situation (26%) (Figure 11). The housing need was greater than anticipated when the program was designed and became one of the key process findings in the evaluation.

Figure 11
CoSRR participant characteristics



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Participant substance use and needs

Participant characteristics showed the program reached a population impacted by Prop 47, who had long histories of substance use, and mental health and housing needs. As eligibility for the Prop 47 project required an individual to have a need for SUD treatment, all participants had a drug use history. When participants were asked about their primary drug of use, meth emerged as the most common (47%), followed by heroin (22%), alcohol (15%), cocaine (7%), marijuana (7%), and finally other substances (2%) (Table 2).¹⁰ This usage is consistent with countywide trends for meth use with over half of adults booked into local detention facilities testing positive for meth (55% males and 66% females) (Burke, 2020). Excluding the one participant whose primary drug fell into the other category (13.1 years), participants reported it had been 16.7 to 29.8 years on average since first using their primary drug (Table 2). When compared to the age distribution of participants, the average years since first use suggests participants had been using drugs for a significant portion, if not the majority, of their lives, and supports the original assumption that Prop 47-impacted individuals are involved with chronic, lifelong substance use.

Table 2

CoSRR participants' primary drug of choice and use

Drug type	Percentage	Average age of first use (SD)	Average years since first use (SD)
Meth	47%	21.9 (9.7)	20.0 (11.5)
Heroin	22%	21.7 (8.4)	16.7 (12.3)
Alcohol	15%	15.8 (4.6)	29.8 (11.7)
Cocaine/crack	7%	21.8 (8.1)	26.9 (10.2)
Marijuana/hashish	7%	15.6 (5.7)	26.5 (11.5)
Other	2%		
Total		252	

Note: Average years of use does not account for any periods of abstinence or recovery. Cases with missing information not included. Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

In addition, 49% of participants indicated they had been previously diagnosed with a mental health disorder, supporting the need for co-occurring treatment options. This latter finding holds significance within the backdrop of the research that has shown individuals with co-occurring disorders are less likely to complete treatment (Brorson, Arnevik, Rand-Hendriksen, & Duckert, 2013).

Following the best practice of providing programming based on risk, needs, and responsivity (RNR), participants were asked to self-report whether or not they had a specific need (“Yes/No”) that could be helped by the program.¹¹ The top three needs reported by the greatest proportion of participants included substance use (99%), housing (81%), and transportation (72%). Participants reported having an average of 6.5 needs (SD=2.9, range 1–13), with 13% having 1 to 3 needs, 53% having 4 to 7 needs, and 34% having 8 or more needs (n=248) (Figure 12 and 13).

¹⁰ “Other” substances included other opiates or synthetics, Oxycodone/Oxycontin, PCP, other amphetamines, and other sedatives or hypnotics.

¹¹ For reporting purposes, if a client had more than one treatment episode (i.e., had exited and reentered and were reassessed), needs reported for each episode are included in the percentages.

CoSRR enrollment and participation numbers

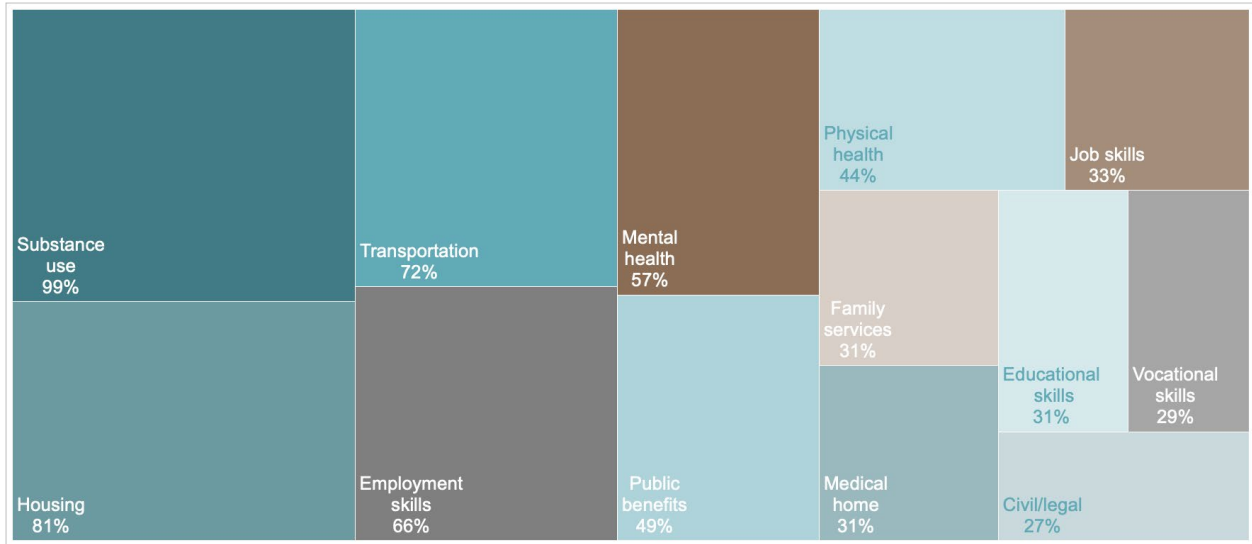
- 253 unique participants
- 278 episodes
- 79.0 days participant average (median) time in program

CoSRR substance use and mental health history

- 47% meth primary use
- 16.7–29.8 average years since using primary drug
- 49% had a mental health diagnosis

Figure 12

CoSRR participants needs



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 13

CoSRR needs summary

CoSRR	
6.5	Needs on average
13%	1 to 3 needs
53%	4 to 7 needs
34%	8 or more needs

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Participant criminal history

To understand participant length of involvement in the justice system, local criminal history data were collected for the instant offense and the three years prior to program intake.¹² These data included arrest, booking, and conviction information.¹³

Most CoSRR participants had at least one prior arrest (76%) in the previous 36-months, with an average of 4.4 arrests (SD=5.6, range 0–36) (Figure 14).¹⁴ Two in five participants (41%) had a prior felony arrest during this period, the most prevalent was for a misdemeanor arrest (71%) compared to a felony (41%), and a small proportion had an arrest due to an infraction (1%). The most common prior arrest type was “other” (56%), which includes low-level offenses such as general disruption of public peace (including being under the influence of drugs or alcohol), violations of supervision (both parole and probation), and quality of life offenses such as lodging without consent. Drug (53%) offenses were the second most frequent type of offense, followed by property (23%), violent (19%), and weapons offenses (5%) (Figures 15 and 16). The high proportion of “other” and drug related charges was consistent with the program’s target population and with participant data that indicates chronic drug usage. As a result of these arrests, the majority (85%) of CoSRR participants had a booking within three years prior to engagement in the program, with an average of 4.0 bookings during this period (SD=3.9, range 0–22).

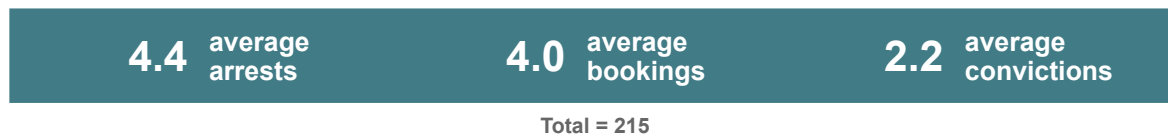
¹² Because an individual could enter Prop 47 without an active case, instant offense is included in prior contacts.

¹³ Although a single arrest may contain multiple charges of various types and levels, for analysis purposes only the highest charge for each arrest is reported.

¹⁴ Arrest data may be limited due to data entry and matching limitations (i.e. different spellings of a client’s name in different systems) and various data retention practices employed by various agencies.

Figure 14

CoSRR participants' prior contact with the local justice system

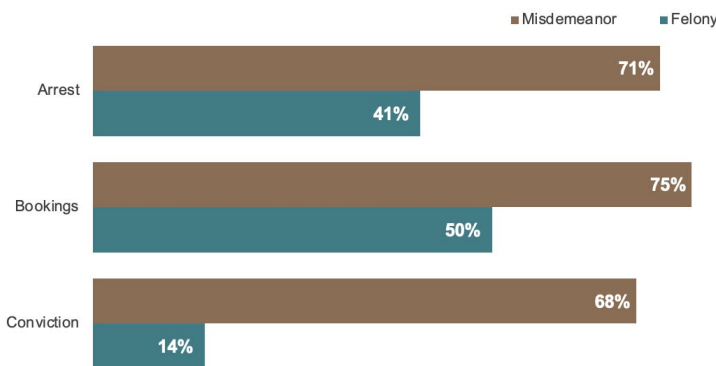


Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2020

Nearly three-quarters of CoSRR participants had at least one prior conviction in the past three years (73%), with an average of 2.2 convictions per participant during this period (SD=2.4, range 0–12) (Figure 14). Participants were far more likely to have been convicted of a misdemeanor (68%) than a felony (14%) and were most likely to have been convicted of a drug (49%), property (27%), or other offense (27%) (Figures 15 and 16).

Figure 15

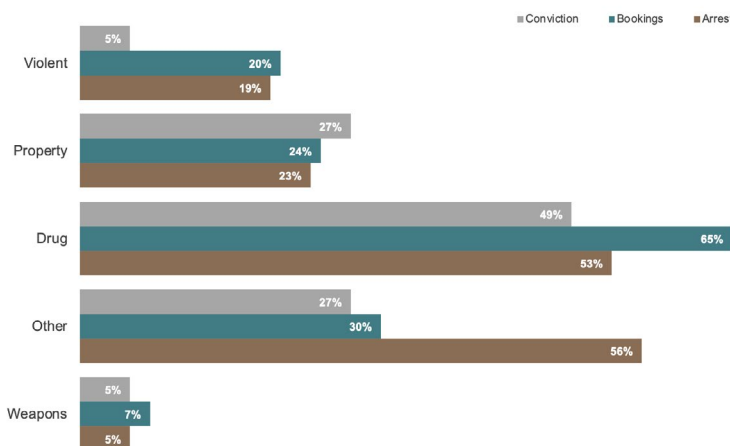
Level of prior arrests and convictions of Prop 47 participants



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 16

Type of prior arrests and convictions of Prop 47 participants



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

It is evident by both the number and type of prior criminal activity of CoSRR participants that the program served the intended Prop 47-impacted population. Although around one in five participants had felony-level criminal activity, the preponderance of participants encountered the system due to misdemeanor level drug, other, or property offenses.

Of the CoSRR individuals receiving services, what were the type of services received (e.g., housing, SUD, mental health), including if services match assessed need and the completion status?

For analysis purposes, only CoSRR participant data through March 31, 2021 were included in the service provision analysis. Both discharged and active participants were included in the analysis, with active participant data considered until the March 31, 2021 cut off. As noted previously, participants were allowed to return to the program, therefore individuals could have multiple treatment episodes. For participants with multiple treatment episodes, services received each time she/he/they were in the program were included in the analysis providing a cumulative account of her/his/their experience in the program. As illustrated in Table 3, the majority of participants (74%) engaged with the program for a total of more than 30 days, with over one-quarter (28%) participating longer than 6-months.

Table 3
CoSRR participants' cumulative time in program

7 days or less	13%
8 to 30 days	13%
1 to 6 months	46%
More than 6 months	28%
Total	253

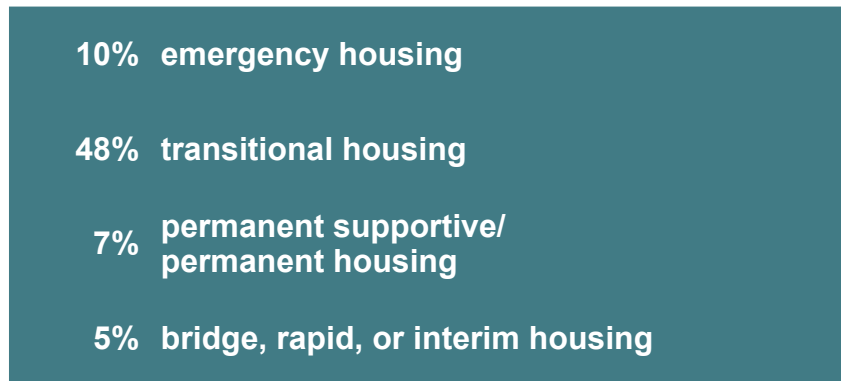
Note: Due to round percentages may not equal 100.
Source: Proposition 47 Grant Program Final Evaluation Report, 2021

Service delivery outcomes

Analysis of the participant needs and services shines a light on the web of support this population requires to help address the deleterious effects associated with years of substance use and other social and personal challenges (e.g., poverty, trauma, mental health). In alignment with program design, nearly all (91%) participants were assigned a case manager. To further facilitate participant stabilization upon program entry, 79% were assigned a housing navigator. While housing was not provided directly by the CoSRR program, the program was designed to connect participants to various types of housing upon entry, depending on the specific needs. A continuum of housing, from emergency shelter to permanent placement, was available to participants; however, capacity was an ongoing issue.

Individuals were not limited to a single housing placement during their program participation and it was possible for a participant to be placed in multiple types of housing while in the program. A full list of the types of housing are available in Appendix D. Participant data through March 31, 2021, indicated that 10% had been placed in emergency housing, 1% received interim housing, <1% were placed in Bridge housing, 3% were placed in rapid rehousing, 48% were placed in transitional housing, 1% achieved permanent supportive housing, and 6% achieved permanent housing (Figure 17).

Figure 17
CoSRR housing placement



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

All participants were enrolled in SUD treatment in alignment with program requirements. While a SUD diagnosis was an eligibility requirement, CoSRR was only designed to provide outpatient (9 hours a week, three days a week) and aftercare (4 hours a week) SUD treatment. However, those participants who needed either residential or withdrawal management were enrolled, and case managed while they concurrently received SUD treatment from a different provider in the County’s DMC-ODS system of care. This was the case for several CoSRR participants, with 10% having engaged in residential treatment and 8% in withdrawal management during their program participation. Anecdotal feedback from program staff suggests that more participants were in need of residential treatment upon intake, but were not ready to engage in that level of care and instead chose to participate in outpatient treatment.

Table 4 demonstrates that treatment engagement trends were polarized to both ends of the spectrum; participants would tend to disengage with the treatment within 30 days of intake (38% of episodes) or remain engaged for more than 90 days (35% of episodes) and over one-quarter (27%) were engaged between 30-90 days. While knowing the ideal length of treatment for success varies by level of need, severity of addiction, and other co-variates, there is evidence that shows a positive correlation between length of treatment, especially at the 90 day mark and positive recovery outcomes (NIDA, 2018; Simpson, 1979).

Table 4
Consecutive time in treatment (episode level)

Days	Percent
30 days or less	38%
30-60 days	17%
60-90 days	10%
More than 90 days	35%
Total	217

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

In addition to housing and SUD treatment, there were nine supportive service options available to participants: mental health services, vocational services, education services, employment/job skill services, legal services, family services, medical services, public benefit connections, and transportation services. To measure if needs were matched to services, data were tracked on the referrals made and referrals connected (i.e., participant attended the first appointment). In alignment with Maslow’s hierarchy of needs, the program attended to the most urgent needs first (e.g., housing, SUD, mental health) and then moved to the next level of needs (e.g., job skills training, vocational services) if the participant remained in the program (Maslow, 1943). On average, participants were referred to 1.8 different services (range 0–7) and connected to 2.0 different services (range 0–8).¹⁵ Additionally, 23% of participants achieved employment and 83% completed mental health treatment (of those who received that treatment) during their program participation (n=70).

Outside of SUD, which was the core service provided and received by all participants (100%), the largest proportion of participants were referred to public benefits (45%) and mental health services (44%). Regarding supportive services, the most consistently connected services were transportation (67%), public benefits (34%), and mental health services (25%) (Table 5).¹⁶ Feedback from program partners indicated that after the initial intake and as rapport with staff and awareness of needs increased, many participants had other needs that were not captured at intake. This additional awareness of needs is what accounts for the greater number of referrals and contacts than need at intake.

Table 5
Matched services to needs for discharged participants

Services	Need at Intake	Referred	Connected
Substance use treatment	99%	100%	100%
Transportation	72%	-	67%
Educational	31%	17%	12%
Medical home	31%	20%	16%
Mental health	57%	44%	25%
Job skills	33%	17%	13%
Vocational	29%	17%	12%
Public benefits	49%	45%	34%
Civil/legal	27%	11%	8%
Family support	31%	9%	7%
Total	248	253	253

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

¹⁵ Transportation services did not receive referrals, only connections. This results in a possible range for connections that is slightly higher than referrals.

¹⁶ Housing was not considered in this analysis due to variation in housing placement type. Employment was also omitted as it is not a service.

Program completion status

The CoSRR program defines success as:

- A participant who exits the program having completed his/her/their treatment goals; and
- Is no longer engaged in aftercare services.

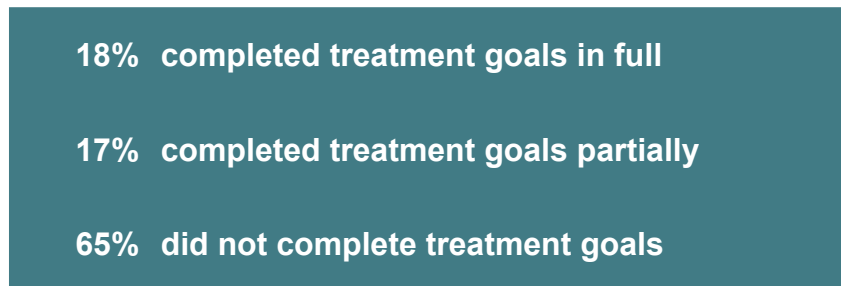
Of the 253 unique participants served by CoSRR, 10% participated in the program twice. At the time of this writing, 22% of CoSRR participants were still active, 52% had exited unsuccessfully, and 25% exited successfully.¹⁷ Of exited participants with valid data (n=155), 41% exited successfully and 19% were permanently housed as of their most recent exit (n=155).

In accordance with County substance use treatment standards, participants were permitted to move between levels of care (which vary by intensity) as determined by their substance use treatment counselor, to best serve the participant's changing needs throughout program participation. Nearly one in five participants (17%) transferred treatment levels during their program participation, with 12% having two transfers and 5% having three transfers.

When considering a participant's most recent discharged episode, 18% of participants completed treatment goals in full, 17% completed treatment goals with satisfactory progress, and around two-thirds (65%) did not complete treatment goals (Figure 18).¹⁸ Once again, these data reflect the nature of chronic substance use and the difficulties associated with breaking its cycle (NIDA, 2018).

Figure 18

SUD treatment completion status



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Given the research that demonstrates a correlation between length of SUD treatment and positive outcomes related to substance use treatment performance, a targeted analysis was conducted to identify participant characteristics related to their length of SUD treatment participation. Length of treatment time was categorized into three levels (e.g., less than 30, 30 to 90, and more than 90 days) based on research suggesting individuals need to reach 90 days in treatment for significant changes in behavior to be achieved (NIDA, 2018). To avoid confounding influences for individuals with more than one program episode, only each participant's first episode with CoSRR was considered for analysis (n=203). Based on trends established by past research, the following characteristics were considered for this analysis: age at intake, gender, race/ethnicity, number of needs upon intake, and employment status. For CoSRR participants, employment was determined to be a significant factor related to participant treatment engagement for more than 90 days (p<.01). This observation supports the importance of facilitating employment for participants who have the capacity to obtain work to help with stabilization and positive engagement in other components of the intervention (i.e. substance use treatment).

CoSRR Success story

Jake* had used meth for 21 years of his life and had six drug convictions that resulted in a suspended driver's license and 18 months of incarceration. Since enrolling in CoSRR, Jake managed to obtain his own housing and start paying his student loans. Jake demonstrated leadership skills in his recovery meetings and enrolled in a local community college this fall 2019 to obtain his Drug and Alcohol Counselor Certification. Jake shared that "This program helps in a lot of areas; it works great, and helps you get back on your feet".

*Participant's name has been changed to protect their identity.

¹⁷ For clients with more than one episode in the program, the outcome for the most recent episode is reported.

¹⁸ Prop 47 used the same definition and metrics for completion of treatment goals as San Diego County's system of care.

While not unique to these Prop 47 programs, the low completion of treatment goals was an ongoing concern among partners. Leadership, stakeholders, and providers used the monthly evaluation data updates to inform discussions about this challenge and leverage their different professional perspectives and resources to try and address it. This willingness and ability to be self-reflective in a timely manner was a vital component of the Prop 47 project and one that allowed for various modifications and adjustments.

Outcome results

Did involvement with CoSRR improve criminal justice outcomes of individuals receiving the services (as measured by arrest, bookings, and or conviction for a new felony or misdemeanor)?

Individuals in the Prop 47 program represent lifetimes of compounding factors known to contribute to recidivism including substance use disorders, homelessness, low educational attainment, and mental and health struggles. The expectation that behaviors established over years of adversity would terminate upon intervention is simply unrealistic. A viable alternative to the binary recidivism model is a desistance framework, which recognizes degrees of incremental success as individuals learn to be law abiding over time. Recent literature suggests that desistance models, rather than strict traditional recidivism assessments, may be a more appropriate method to evaluate success when considering certain high-risk high-need populations (Butts & Schiraldi, 2018).

While recidivism is a necessary indicator of interactions with justice systems, there are notable inherent shortcomings which limit the appropriateness of using it as a sole indicator of success: failure to account for systemic influences such as policy changes or resource availability and allocation; inability to account for impact of increased supervision efforts or over policing on specific populations (particularly those that are already flagged as high-risk); an oversimplification of a complex process that involves stabilization in a community through services and needs beyond criminal justice systems (e.g., housing, employment, treatment needs); and overshadowing other positive outcomes that could have longer term effects (e.g., sobriety) (Butts & Schiraldi, 2018). Desistance models encourage alternative assessments of success, including consideration of time to failure, severity of crimes committed, and volume of crimes to supplement recidivism observations and achieve a more complete understanding of intervention impacts (King & Elderbroom, 2014). It is through this lens that the Prop 47 recidivism outcomes were analyzed to include both the gathering of new recidivism events post- program participation as well as measuring desistance through an analysis of any change in level (i.e., the number) and severity type (i.e., level and type) of offenses.

A recent study conducted by the Public Policy Institute of California (PPIC) examined 2-year rearrest and reconviction rates of a Prop 47 impacted population versus a comparable Prop 47 sample population before the policy change to identify any differences that may have resulted from the legislation. The PPIC concluded that after the passage of Prop 47 in 2014, both the rearrest (70.8%) and reconviction (46%) rates for individuals post-Prop 47 (70.8% and 46%, respectively) were lower than their counterparts before implementation (72.6% and 49.1%, respectively). In regard to the current evaluation, the arrest rate of 60% at the 24-month interval is much lower than both the 72.6% and the 70.8% observed in the PPIC study populations, however the conviction rate is higher (57% versus 49.1% and 46%) (Bird, Lofstrom, Raphael, Nguyen, & Gross, 2018).

Recidivism

For this evaluation recidivism was defined as a new arrest, booking, and/or conviction for the periods 6-, 12-, 24-, and 36-months following the “first-touch” program contact. Only participants meeting the time threshold for each period were included in the respective analysis. All data collection was considered through March 31, 2021, for consistency. Participants who were unable to be located in the Sheriff’s DataHub through a defined matching protocol were dropped from analysis to mitigate “false-negative” results.¹⁹ Pending the type of offense and sentencing, it was possible to continue in the program if a participant obtained a new arrest or conviction.

Recidivism rates for CoSRR participants varied across time periods and recidivism type (Table 6). Overall, recidivism rates tended to increase across all event types (i.e., arrest, booking, and conviction) over time, essentially doubling between the 6-month and 24-month thresholds.²⁰ At the six-month mark, one-third (33%) of participants had a new arrest resulting in one-quarter having a new booking (25%) and conviction (25%). As expected, the strictest definition of recidivism (conviction) had the lowest rates compared to arrest or booking for most time period. A note of caution when examining the data is the lower number of participants who met the 24-month (n=72) threshold, which does not represent all who participated in the program.

Table 6

Recidivism of CoSRR participants

	6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
	n=200	n=185	n=72	n=8
Arrest	33%	45%	61%	63%
Booking	25%	39%	60%	50%
Conviction	25%	35%	57%	63%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Additional analyses examined the level and type of the highest charge present for individuals at each time interval. Individuals with more than one occurrence in each event type (e.g., more than one arrest, booking, and/or conviction) were included more than once, therefore an individual may be represented in more than one category (ex., if an individual had a felony arrest and a misdemeanor arrest they would be counted in each category). Table 7 demonstrates that across all time periods misdemeanors were the more prevalent level for arrests, bookings, and convictions compared to felonies. This finding is consistent with data collected on participants’ criminal histories, as well as what was expected of this population in general – that Prop 47 population includes individuals who have frequent contact with the justice system for low-level, non-violent offenses.

Table 7

Recidivism of CoSRR participants – Level of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=200	n=185	n=72	n=8
Arrest	Felony	7%	16%	36%	38%
	Misdemeanor	29%	37%	53%	63%
Booking	Felony	9%	16%	36%	25%
	Misdemeanor	20%	29%	42%	50%
Conviction	Felony	5%	9%	21%	13%
	Misdemeanor	21%	31%	47%	63%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

¹⁹ Matching protocol included using combinations of a client’s first name, last name, and date of birth to reasonably determine a matching record in the DataHub which contained a valid unique identifier.

²⁰ While 36-month recidivism was included in the analysis and presented in the table, the small number of participants reaching the 36-month recidivism threshold, limits interpretations of results for that period.

In addition, across all time intervals, drug offenses were universally the most common arrest, booking, and conviction type. The second most frequent charge for all event types and time intervals was “other” (i.e., general disruption of public peace, violations of supervision, lodging without consent, etc.) and property offenses, which is consistent with charges observed in criminal history, as well as the notion that these individuals struggle with low-level quality of life offenses.

Table 8
Recidivism of CoSRR participants – Type of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=200	n=185	n=72	n=8
Arrest	Violent	3%	8%	11%	0%
	Property	3%	5%	11%	0%
	Drug	21%	30%	47%	50%
	Weapons	2%	2%	7%	13%
	Other	16%	24%	36%	13%
Booking	Violent	3%	5%	10%	0%
	Property	2%	4%	11%	13%
	Drug	18%	28%	42%	50%
	Weapons	2%	3%	10%	13%
	Other	7%	13%	17%	0%
Conviction	Violent	1%	2%	6%	0%
	Property	6%	9%	14%	13%
	Drug	15%	21%	33%	50%
	Weapons	1%	2%	3%	0%
	Other	5%	9%	19%	25%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

The final analysis of recidivism, involved regression models to determine if there were any factors related to a participant receiving a new conviction 12- and 24-months following their intake date with the CoSRR program.²¹ Two multivariate binomial logistic regression models were built for “first-touch” participants enrolled in the CoSRR program with no missing data across all potential independent variables whom had a program intake date 12- and 24-months prior to the last date of data collection, March 31, 2021. A best subsets approach was used to select the most appropriate model from the following independent variables: an indicator of program success, participant age at intake, participant gender, participant race/ethnicity, indicators of length of time in substance use treatment segmented at less than 30 days and more than 90 days, an employment indicator, the total number of arrests plus bookings plus convictions in the three year prior criminal history period, an indicator of a felony conviction in the three year prior criminal history period, and an indicator of any conviction in the three year prior criminal history period.

²¹ While the original evaluation design also intended to develop a model for booking outcomes, the local impacts of COVID-19 (e.g., limited arrests, “zero-bail”, etc.) precluded this option for deeper analysis. Further conviction offers the strictest measure of recidivism and aligns with BSCC’s recidivism definition for this grant.

Both models produced similar results, with the natural logarithm of the number of prior justice contacts related to increased likelihood of conviction (increase of 68% and 66%, respectively) while participation in SUD treatment for 90 days or more was related to decreased likelihood of conviction (38% and 31% decrease, respectively). At the 24-month time interval, race/ethnicity was found to be related to having a new conviction, with Prop 47 participants who identified as Black 73% more likely than non-Black individuals to have a new conviction. This particular finding speaks to the overall racial and ethnic disparity in the system and should not be considered a factor of the program or differing criminal activity among individuals. In addition, the correlation between increased justice involvement and future recidivism aligns with the traditional criminological theory that past behavior (previous justice contacts) is the strongest predictor of future behavior. Notably, the impact of treatment participation for longer than 90 days demonstrates the ability of this intervention to reduce recidivism, and suggests targeted efforts to achieve this level of participant engagement would improve long-term results.

Table 9A

Binomial logistic regression analysis – significant co-variates related to a new conviction at 12-months post-intake

Independent Variable	Coefficient	Probability	Z-value	p-value
SUD treatment >90 days	-0.9585	-0.3814	-2.539	0.0111
Logarithm of Prior Contacts	0.7414	0.6773	4.007	<0.0001

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Table 9B

Binomial logistic regression analysis – significant co-variates related to a new conviction at 24-months post-intake

Independent Variable	Coefficient	Probability	Z-value	p-value
Race/Ethnicity = Black	0.9734	0.7258	2.459	0.0139
SUD treatment >90 days	-.5850	-.3069	-1.694	0.0902
Logarithm of Prior Contacts	.6727	.6621	3.912	0.0009

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Desistance

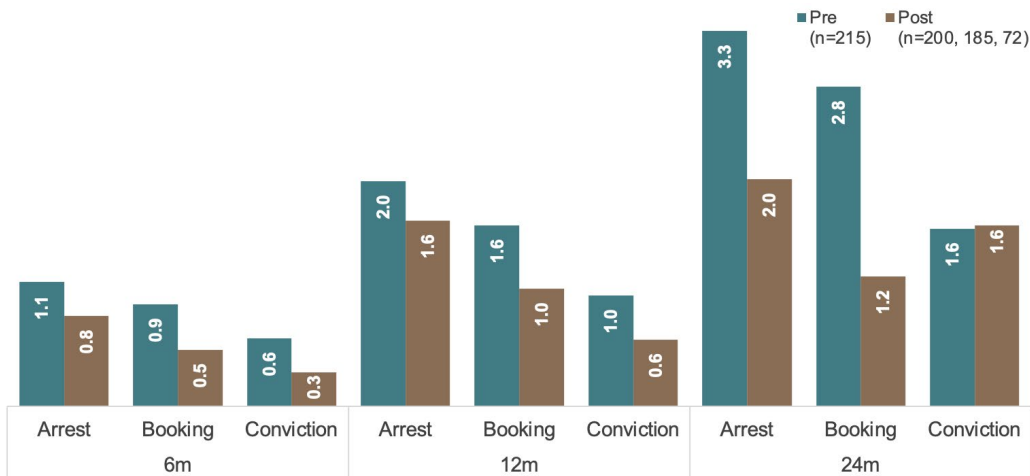
As with recidivism, desistance metrics were analyzed at the 6-, 12-, and 24-month intervals following the “first-touch” program contact.²² Only participants meeting the time threshold for each period were included in the respective analysis. All data collection was considered through March 31, 2021, for consistency. Participants who were unable to be located in the Sheriff’s DataHub through a defined matching protocol were dropped from analysis to mitigate “false-negative” results (i.e., no recidivism found).

Desistance was evaluated based on three assessments for arrest, booking, and conviction events at each post-time interval of interest, compared to the pre counterpart: 1) average number of events, 2) level of offenses, and 3) type of offenses. Although time thresholds prevented all participants from being considered in each post-interval (restricting the ability for a 1:1 comparison between pre/post periods), comparison of the desistance metrics revealed clear trends of decreases in frequency and severity.

In terms of assessing prevalence, all time intervals showed a reduction in the average number of arrest, booking, and conviction events. The largest reductions were observed for bookings at the 12- and 24-month intervals. Analysis of severity, trends aligned with desistance theory for both level and types of offenses that occurred pre- and post-participation. Across arrests, bookings, and convictions, a lower proportion of participants had both felonies and misdemeanors for all time intervals. This consistent decrease in both crime levels indicates a true reduction in the number and severity of criminal activities, rather than a shift from committing one level of crime to another (Figures 19 and 20A-C).

Figure 19

Average number of arrests, bookings, and convictions pre- and post- CoSRR participation



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

²² The 36-month interval was not considered for this portion of the analysis due to the small number of clients reaching that threshold.

Figure 20A

Percentage of arrests by level of offense pre-and post CoSRR participation

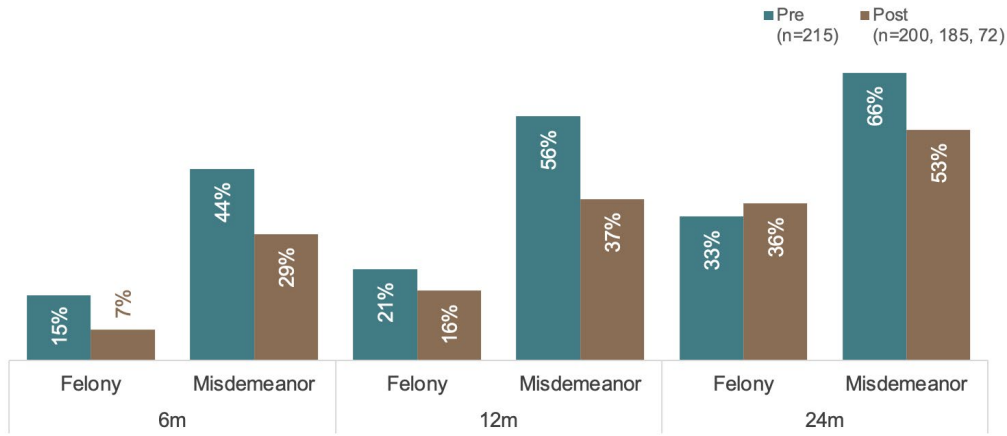


Figure 20B

Percentage of bookings by level of offense pre-and post CoSRR participation

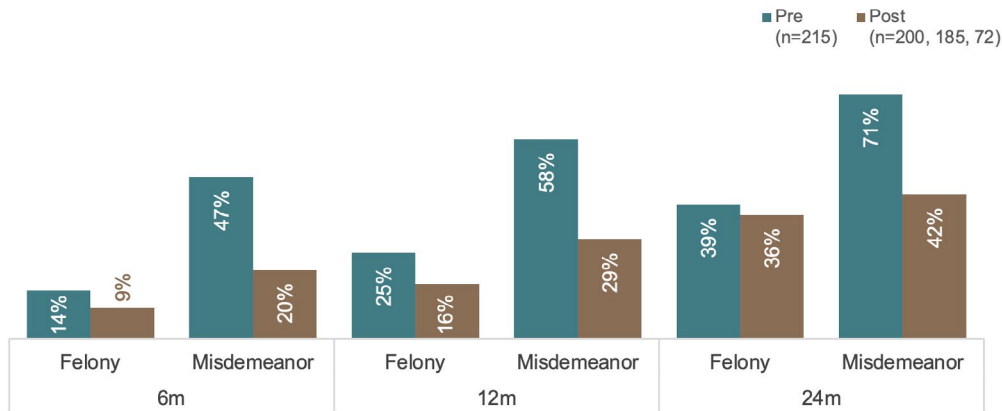
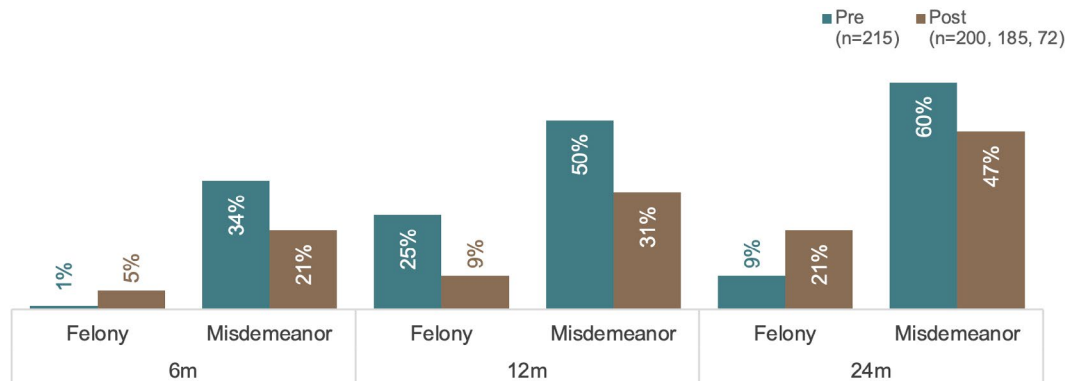


Figure 20C

Percentage of convictions by level of offense pre-and post CoSRR participation



Consistent with other recidivism findings, there was a general decrease in the proportion of participants engaging in each offense type across all time intervals. A comparison of the percentage of arrests, bookings, and conviction across all three recidivism time periods shows a general decrease among all crime types, with the largest decline in drug offenses (Figures 21A, 21B, 21C). As with offense levels, there was no evidence that showed the drop resulted in a shift to other types of offenses, suggesting desistance of participant engagement in drug type offenses.

Figure 21A

Percentage of arrests by type of offense pre-and post CoSRR participation

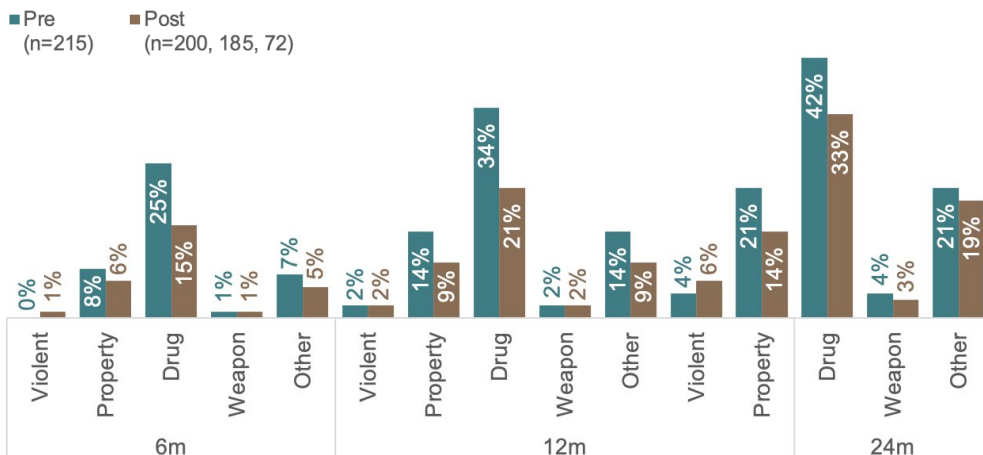


Figure 21B

Percentage of bookings by type of offense pre- and post CoSRR participation

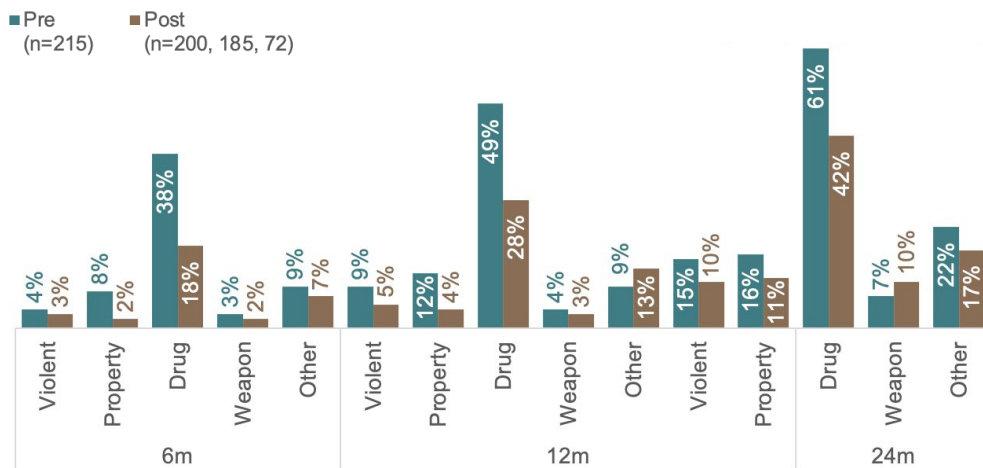
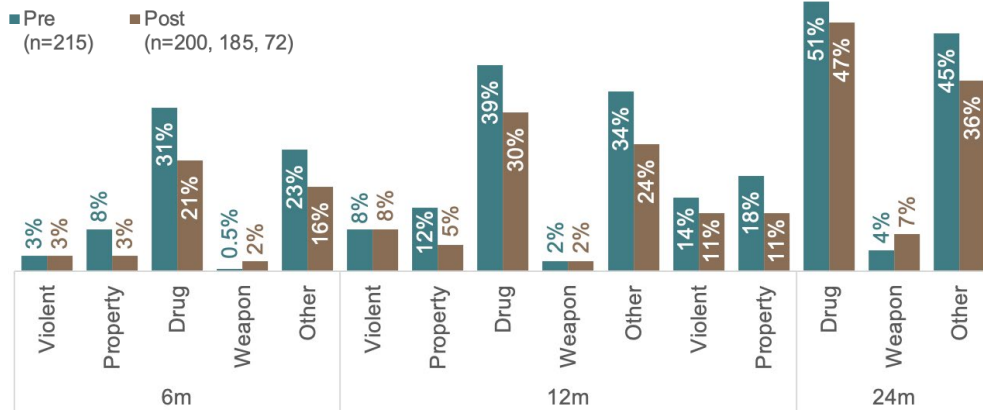


Figure 21C

Percentage of convictions by type of offense pre- and post CoSRR participation



Section B: S.M.A.R.T.

Process results

How many staff and stakeholder trainings and outreach were conducted?

Unlike CoSRR, S.M.A.R.T. was already serving participants at the start of the grant period and most of the trainings during the grant period focused on outreach to the community, rather than training for program staff (which occurred prior to the grant). During the reporting period the CA's office held four trainings, two with new public defenders upon hire and two within the CA's office. The trainings provided information about the program to those who would be referring individuals to the program. A Neighborhood Advisory Committee (NAC) was created to educate and garner public feedback on the CA's purchase and renovation of an underutilized hotel into a S.M.A.R.T. building that would provide 84 beds and program space for S.M.A.R.T. participants. The CA conducted five NAC meetings from the period of February 2018 to April 2019, involving approximately 55 community members and interested parties.

Was S.M.A.R.T. implemented as designed? Were there any changes to the design and if so, what were the changes and what were the reasons for the changes?

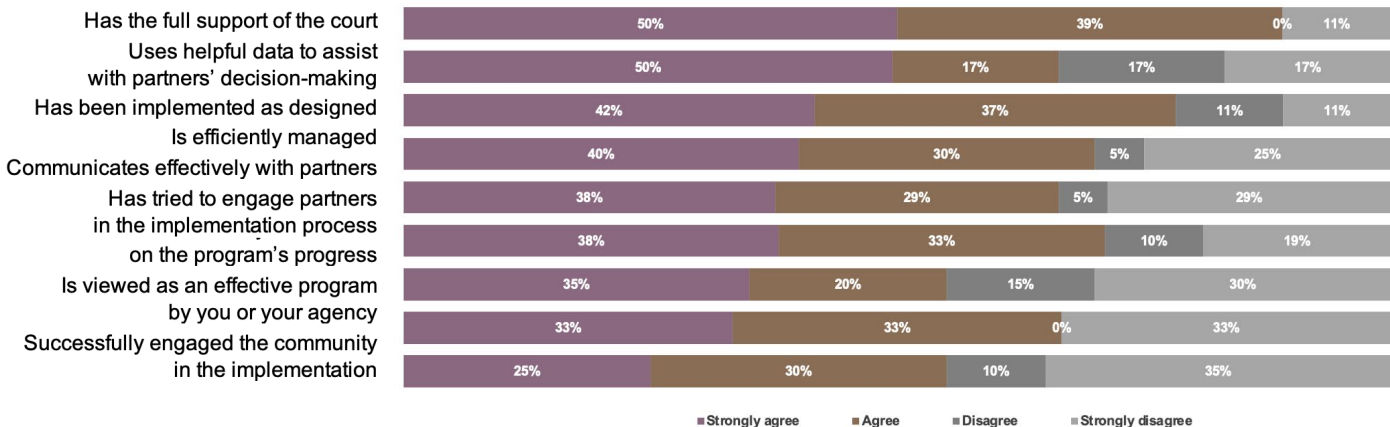
Program implementation

The same methodology as CoSRR was used to document S.M.A.R.T. implementation. As with CoSRR, the stakeholder survey provided insights on the implementation, was a vehicle to gather community input, and enabled a data driven process to make needed modifications. However, when interpreting the results, it is important to note the small number of respondents, which limits any definitive conclusions. For the second survey, 45% of the 68 respondents noted they were most familiar with the S.M.A.R.T. program and choose to answer questions specific to the program.

Using a 4-point scale from **STRONGLY AGREE** to **STRONGLY DISAGREE**, respondents were asked several questions about the implementation of S.M.A.R.T. Around half to three-quarters of respondents rated the program positively on how it was implemented and managed (55% to 79%). The highest positive response rate was found in efficiently managing the program, engaging partners, implementing it as designed, and having the full support of the court (70% to 89%). The greatest area of improvement was related to providing timely information on feedback and engaging the community in the implementation (55% each) (Figure 22).

Figure 22

How well has S.M.A.R.T. been implemented and managed?

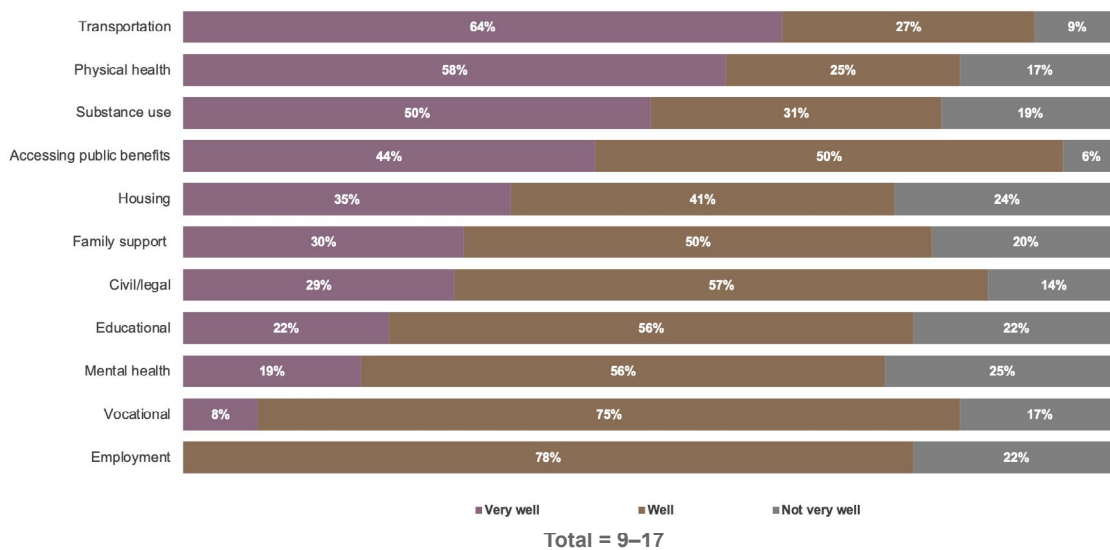


Total = 18–21

Note: Percentages may not equal 100 due to rounding. Cases with missing information not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

As for how well S.M.A.R.T. met participants' needs, using a 4-point scale from **VERY WELL** to **NOT WELL AT ALL**, respondents were asked to rate the program's responsiveness in meeting a list of needs. The responses varied with the need of assistance with public benefits having the largest percentage rating for meeting the need either **VERY WELL** or **WELL** (94%), followed by transportation (91%), and civil/legal (86%) (Figure 23). Further, 71% of S.M.A.R.T. responded they would recommend S.M.A.R.T.. These data while mostly positive, do suggest possible improvement especially in the area of housing, employment, education, and mental health. More specifically, when information on lessons learned were solicited from the providers, these were the areas noted as the greatest challenge and need for growth. Suggestions for improvement included providing vocational and employment supports by the service agency (rather than referring out), offering some form of transitional housing for those participants in need of additional support to transition from unsheltered to sheltered housing, and recognizing the prevalence of co-occurring disorders and needed response.²³

Figure 23
How well is S.M.A.R.T. meeting the needs of its participants?



Note: Percentages may not equal 100 due to rounding. Cases with missing information not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Program modifications

By design, all participants entering S.M.A.R.T. were provided transitional housing and support toward obtaining permanent housing upon exit. From inception SMART had planned to leverage other City housing funds to provide housing for S.M.A.R.T. clients, which quickly changed to purchasing and renovating an older hotel. However, when a location and funding were secured, issues associated with ongoing litigation filed by a group of local community members delayed the renovations and ultimately put the opening of the new site on hold until the litigation was complete. This delay limited the housing options and created a gap that needed to be filled.

Unlike CoSRR, S.M.A.R.T. incentivized participation with the opportunity to avoid prosecution at the point of arrest, custody time at the point of sentencing, or expungement of the case upon completion. Additionally, an individual could have initially refused S.M.A.R.T., but change his/her/their mind at any point in the legal process. Prior to COVID-19, this continuum of engagement points and/or reengagement translated into a steady flow of individuals wanting to participate, but because of the hotel delays there were not enough beds to accommodate all eligible participants. In response to this obstacle, S.M.A.R.T. entered into additional contractual agreements with other community housing providers to increase the number of available beds from 10 to 20, with an additional 44 beds available starting July 1, 2019, which addressed this issue.

²³ Meeting minutes from the June 22, 2021, S.M.A.R.T. Program Meeting.

In addition to the housing challenges, S.M.A.R.T. struggled with engagement and retention of participants in the program as CoSRR. However, unlike CoSRR which formed as a result of the Prop 47 grant, this was not an unexpected challenge given the CA's experience working with chronic, low-level offenders and FHCS D's work in the recovery field. The response to counter this issue has been the strong communication between the CA and FHCS D through monthly meetings and case reviews to evaluate the unique needs of each participant and devise individualized solutions or responses. S.M.A.R.T. also allowed individuals multiple opportunities to engage in the program, recognizing each individual has his/her/their own threshold for readiness to change. Therefore, a participant may have been offered the program several times before he/she/they agreed to participate. In addition, S.M.A.R.T. included the San Diego Police Department's Homeless Outreach Team in these meetings, which facilitated outreach to the individuals when back on the streets in an attempt to reengage them in the program.

As with CoSRR, when the COVID-19 stay-home order was implemented and the courts stopped all in person services, deferred arraignments, and zero bail was instituted, the referrals to S.M.A.R.T. dwindled. The program stopped any in-court or in-custody assessments and treatment was shifted from in-person to Telehealth. The source of referrals were from outreach, word-of-mouth, and from PLEADS. In addition, because of the need to reduce COVID-19 exposure to unhoused individuals, the renovated S.M.A.R.T. hotel was repurposed to house unsheltered individuals in San Diego. This adjustment led to continued engagement with the housing contractor to maintain the housing for S.M.A.R.T. participants. The housing contractor also implemented COVID-19 safety guidelines to protect those already in the program. New participants had to have a COVID-19 test and isolate in the house for 14 days.

The transtheoretical model defines behavior change as progression through five stages:

- precontemplation (not ready)
- contemplation (getting ready)
- preparation (readiness),
- action, and
- maintenance (Prochaska et. al., 1992).

Table 9
Major challenges and associated S.M.A.R.T. modifications

Challenge	Modification
Demand for program enrollment exceeds the initial housing availability and limits program capacity.	<ul style="list-style-type: none"> • Increase initial 10 bed limit through contracts with one community-based organization to expand capacity to 20 beds.
Pending litigation delaying the opening of the 84-bed new S.M.A.R.T. facility.	<ul style="list-style-type: none"> • Identify 24 additional beds by increasing the sub-contract with current providers.
Difficulty engaging and retaining participants.	<ul style="list-style-type: none"> • Multiple opportunities to accept the S.M.A.R.T. program; individualized case reviews; and outreach to participants who have left the program to reengage.
COVID-19 stay-home order and subsequent closure of court, bail adjustments, and elimination of arrests for low level offenses	<ul style="list-style-type: none"> • Repurpose the 84 bed S.M.A.R.T. facility to house unsheltered individuals living in San Diego; • Change in program model that ceased receiving referrals from in-custody individuals or those arrested and arraigned in court; and • Shift of in-person groups, case management, and individual therapy to Telehealth.

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

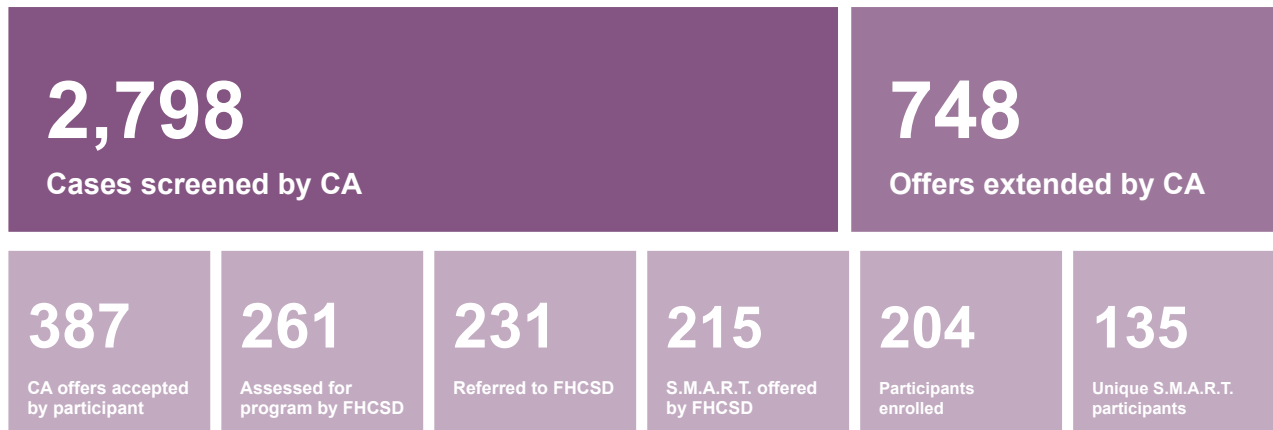
How many and what were the characteristics (e.g., demographics, need level, criminal history) of individuals who were offered services and who accepted services?

Program attrition level

In order to assess the flow of referrals to enrollments in the program, data throughout the recruitment process was collected. The CA and service provider (FHCS D) each gathered data on the number of cases screened, offered, accepted, and enrolled. During the grant period, 2,798 cases were identified as potentially S.M.A.R.T. eligible by the CA (Figure 24). These cases, which may have the same individual represented multiple times, resulted in 215 unique individuals who received an offer to the S.M.A.R.T. program, with an average of 3.76 offers each (SD=2.75, range 1–21). The numerous offers per individual illustrates the challenge associated with the chronic nature of this population showing an individual’s progression through readiness to change stages (Prochaska et. al., 1992) and confirms the anticipated “revolving door” nature of this population that Prop 47 was designed to address.

Of the cases screened by the CA, 68% were temporarily rejected,²⁴ 27% were offered the program, and 5% were permanently disqualified. As noted in the previous sections of this report, one limiting factor to enrollment was program capacity, which accounted for one in ten (11%) of the rejected cases screened by the CA. Of the cases that received a S.M.A.R.T. offer, only half (52%) accepted the offer to be assessed for the program. Over two-thirds (67%) of these cases were assessed by FHCS D, and 89% of those assessed were scheduled to complete a program intake assessment. The remaining cases refused services, were deemed not appropriate for the program, or were referred to a more appropriate program. Of the 231 provided an intake appointment, most (93%) accepted the S.M.A.R.T. offer and 88% of those individuals formally completed the intake process. The rate of S.M.A.R.T. program enrollments from CA offers extended was 27%. This rate was substantially lower than that of program enrollments from CA offers accepted (52%), which illustrates the difficulty for the target population to engage with programming, but also highlights the effective referral process utilized by program staff once an individual agreed to a screening. The 204 cases where the S.M.A.R.T. offer was accepted reflect 135 unique participants. Figure 24 highlights the flow of referrals from initial identification to enrollment.

Figure 24
S.M.A.R.T. referral summary



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

²⁴ These 68% included delays in going before the court or the CA declining to prosecute the case.

Enrollment and episode characteristics

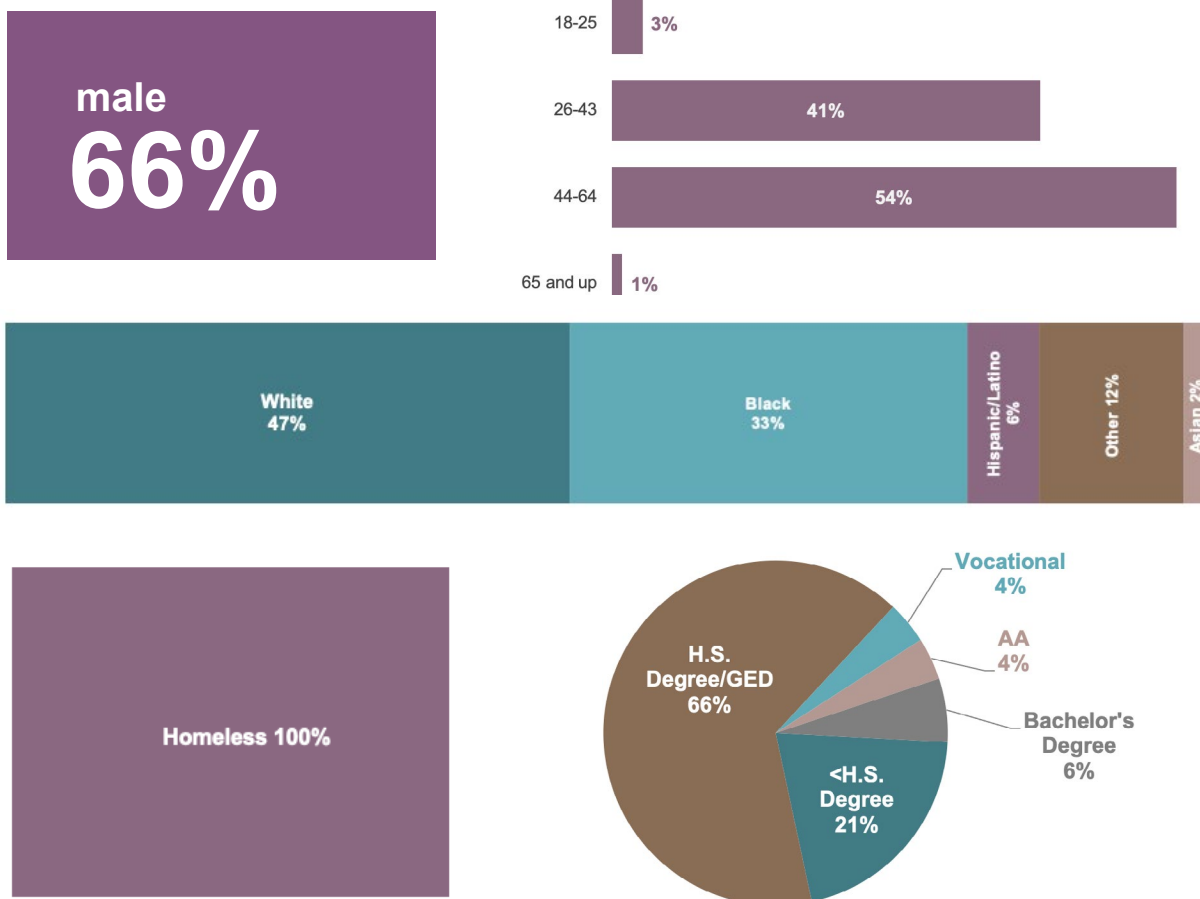
From the beginning of the grant period through March 31, 2021, there were 135 unique participants enrolled in the S.M.A.R.T. program, with over one-quarter (26%) having more than one episode. This rate of returning participants reflected the program design that took the cycle of addiction and each individual's readiness to change process into consideration and encouraged individuals to return when they were ready to proceed in his/her/their recovery. As with CoSRR, those participants in need of a higher level of care (i.e., withdrawal management or residential SUD treatment) were referred to the appropriate treatment agency, but continued to be case managed and enrolled into S.M.A.R.T. Pending the outcome of the his/her/their higher level of care, a participant could return to S.M.A.R.T. to continue with the program, which occurred for 9% of participants engaged in residential treatment and 7% engaged in withdrawal management during their program participation.

S.M.A.R.T. enrollment and participation numbers

- 135 unique participants
- 183 episodes
- 28 days was the average (median) time in program (range 1 to 1,421 days)

Figure 25

S.M.A.R.T. participant characteristics



Note: Cases do not equal 100 percent due to rounding. Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Participant demographics and intake characteristics

S.M.A.R.T. participants were predominantly male (66%) and 46 years old, on average (SD=11.1, range 23–65). These participants were ethnically diverse, with 47% identifying as White, 33% as Black, 6% Hispanic/ Latino, and 2% Asian, with the remaining participants reporting another race (Figure 25).

Upon intake, only one participant was employed, with the remaining participants unemployed and looking for work (47%), unemployed and not looking for work (31%), or not in the labor force at all (21%). One in five (21%) had less than a high school degree, while most had only obtained a high school degree (59%) or GED (7%); however, 14% of participants had attained some type of higher education (vocational, Associate's, Bachelor's, or graduate). All (100%) of S.M.A.R.T. participants were homeless at intake, which aligned with the program design targeting those in need of housing.

Participant substance use and needs

The majority of participants (60%) reported methamphetamine as their primary drug of use, followed by marijuana and heroin (12% each), alcohol (10%), cocaine/crack (5%), and PCP (1%). Analysis of age of first use and length of use confirmed the chronic nature of abuse. Participants began using their primary drug between 13.7 and 35.0 years ago depending on the drug, with an overall average of 23.0 years since starting use (SD=12.8) (Table 10). As with CoSRR participants, the average amount of time since participants began using their primary drug compared to the average age supports the initial assumption that the program’s population reflect chronic, lifelong substance users.

Table 10
S.M.A.R.T. participants’ primary drug of choice and use

Drug type	Percentage	Average age of first use (SD)	Average years since first use (SD)
Meth	60%	25.4 (12.5)	20.0 (11.4)
Marijuana/Hashish	12%	14.2 (6.5)	35.0 (11.3)
Heroin	12%	22.1 (8.3)	13.7 (9.5)
Alcohol	10%	15.2 (3.6)	30.0 (12.5)
Cocaine/crack	5%	27.0 (9.2)	34.3 (5.9)
PCP	1%	13.0 (-)	34.8 (-)
Total	135		1–81

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

The top three self-assessed needs S.M.A.R.T. participants reported were housing (99%), substance use treatment (98%), and transportation (98%) (Figure 27).²⁵ Again, illustrating the entanglement of issues to be addressed, participants had an average of 7.1 needs (range 2–13), with 12% having 1 to 3 needs, 41% having 4 to 7 needs, and 47% having 8 or more needs (Figure 26). Further, almost 51% of the participants indicated they had been previously diagnosed with a mental health disorder, supporting the need for co-occurring treatment options.

Figure 26
S.M.A.R.T. needs summary

S.M.A.R.T.	
7.1	Needs on average
12%	1 to 3 needs
41%	4 to 7 needs
47%	8 or more needs
Total = 130	

Note: Cases with missing information not included.
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

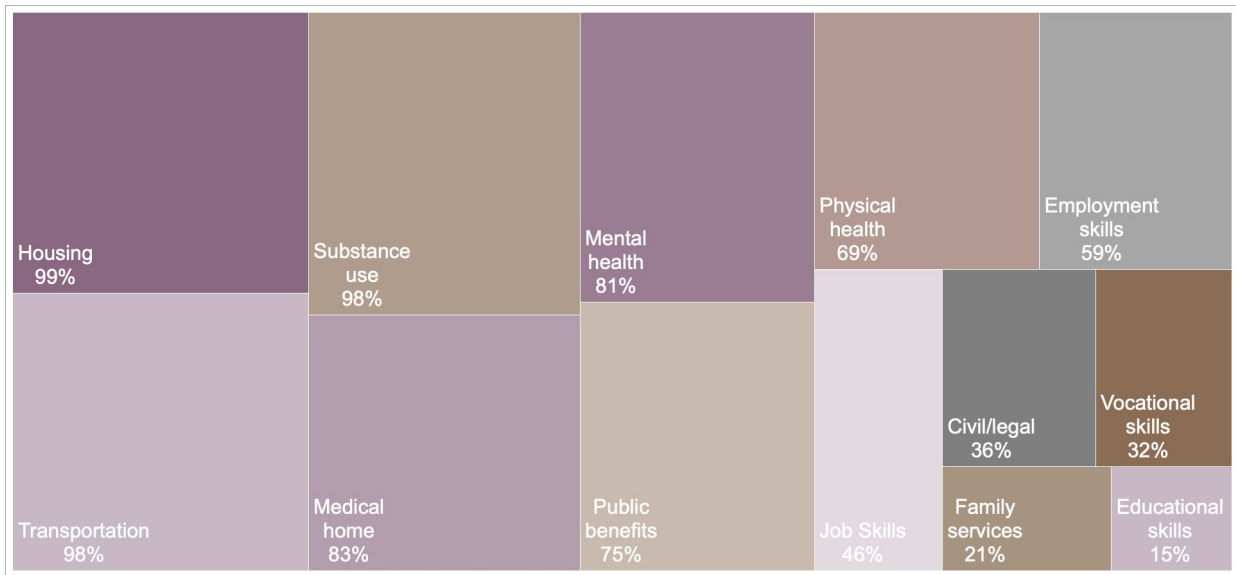
S.M.A.R.T. substance use and mental health history

- 60% meth primary use
- 13.7–35.0 years average years since using primary drug
- 51% had a mental health diagnosis

²⁵ As with CoSRR clients, if a client has had more than one episode in the S.M.A.R.T. program, needs reported for each episode were included.

Figure 27

S.M.A.R.T. participant needs



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Participant criminal history

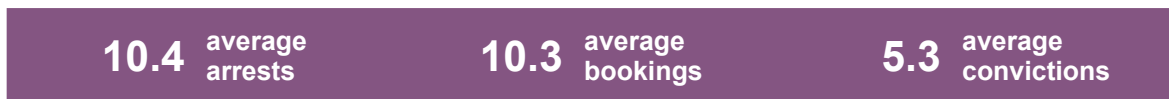
As with CoSRR participants local criminal history data were collected for the instant offense and three years prior to program intake.²⁶ These data included arrest, booking, and conviction information.²⁷

A review of the criminal involvement for the three-years prior to enrollment again confirms S.M.A.R.T. reached the intended population. Nearly all S.M.A.R.T. participants (90%) had a prior arrest in the collection period (mean=10.4, SD=7.4, range 0–41). Around two-in-five (44%) had a felony arrest during this period and most (90%) had at least one misdemeanor arrest. The most common prior arrest type was “other” (85%), which includes low-level crimes such as general disruption of public peace (including being under the influence of drugs or alcohol), violations of supervision (both parole and probation), and quality of life offenses such as lodging without consent. Drug offenses were the second most frequent type of offense (82%), followed by violent (28%), property (17%), and weapons (10%). The high proportion of “other” and drug related charges is consistent with the program’s target population and with participant data that indicates chronic drug usage (Figures 28, 29, & 30).

Nearly all (97%) S.M.A.R.T. participants had a booking in the past three-years, with an average of 10.3 prior bookings (SD=5.9, range 0–31). In addition, almost all of the participants (94%) had a conviction in the three-years leading up to their first program engagement, with an average of 5.3 prior convictions during this period (SD=3.7, range 0–20) (Figure 28). Reflecting the low-level nature of the population, participants were far more likely to have been convicted of a misdemeanor (93%) than a felony (7%) and were most likely to have been convicted of drug (78%) or “other” (58%) crimes, than property, weapons, or violent (25%, 8%, and 5%, respectively) (Figures 29 & 30).

Figure 28

S.M.A.R.T. participants’ prior contact with the local justice system



Total = 135

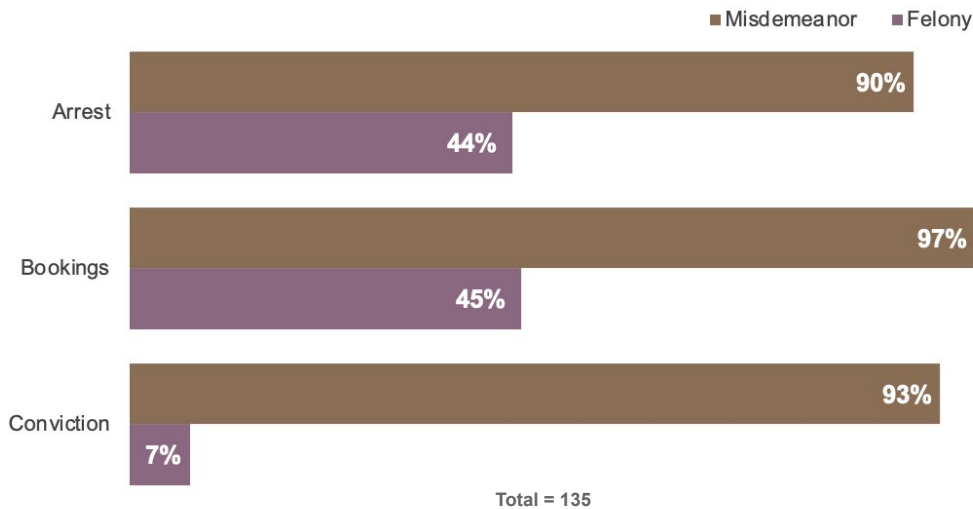
Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

²⁶ Due to the fact an individual could enter S.M.A.R.T. without a precipitating offense (i.e., a referral through the Homeless Outreach Team), instant offense is included in prior contacts.

²⁷ Although a single arrest may contain multiple charges of various types and levels, for analysis purposes only the highest charge for each arrest is reported.

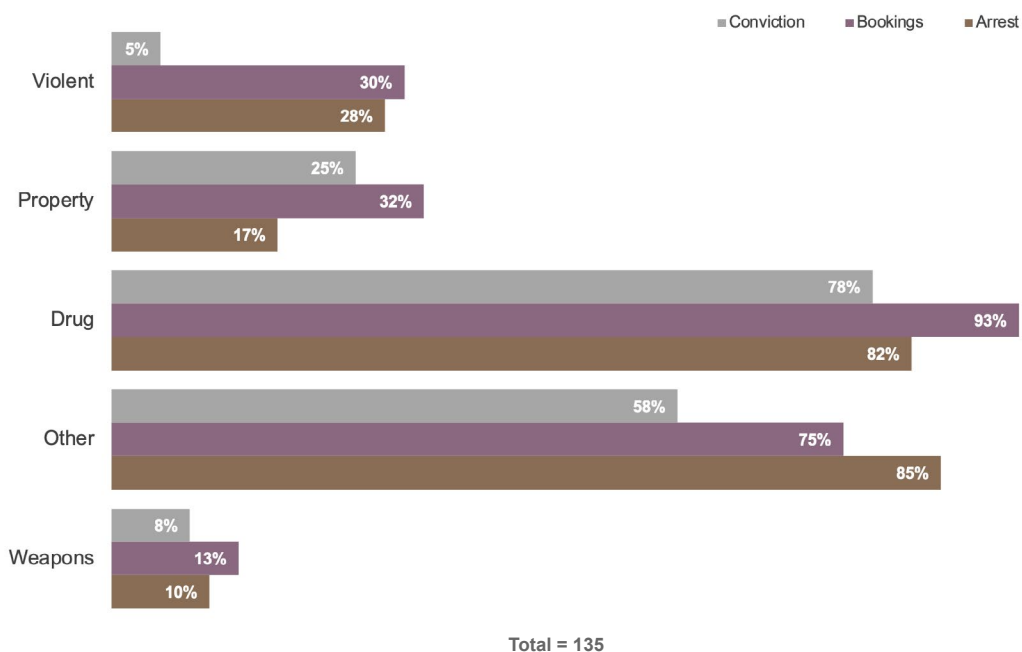
Overall, criminal history data collected on participants reflects characteristics of the target population Prop 47 grant funds were intended to serve: chronic justice involvement, with quality of life or low-level offenses. Although in the 36-months prior to program enrollment, participants had prior felony-level arrests (44%), bookings (45%) and convictions (7%) they primarily had misdemeanor-level arrests (90%), bookings (97%), and convictions (93%) (Figure 29). In addition, most offenses were drug, “other”, or property-related. Additionally, the high averages of the number arrests, bookings, and convictions further reflect the Prop 47 target population - individuals entrenched in the cycle of crime for low-level, drug-related offenses.

Figure 29
Level arrest, booking, and conviction 36-months prior to S.M.A.R.T



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Figure 30
Type of arrest, booking, and conviction 36-months prior to S.M.A.R.T.



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

***Of the S.M.A.R.T. individuals receiving services, what were the type of services received (e.g., housing, AOD, mental health), and did the services match assessed need and the completion status?
How many individuals received case management services?***

Service data were compiled for individuals through March 31, 2021. For participants with multiple treatment episodes, services and outcomes across all episodes were considered in order to best describe the individual’s collective experience with the program. Most of the 135 participants were enrolled in the program for a cumulative time across episodes totaling less than 30 days (52%), however 16% were engaged for more than 6 months (Table 11). As anticipated based on the target population, over a quarter (26%) of participants entered the program more than one time. These data are consistent with the research that indicates 1 in 6 participants who engage in treatment complete successfully, suggesting it takes around 6 treatment episodes on average, before an individual is ready to fully engage in treatment (Volkow, 2010).

Table 11
Discharged participants’ cumulative time in program

7 days or less	25%
8 to 30 days	27%
1 to 6 months	31%
More than 6 months	16%
Total	135

Note: Due to rounding percentages may not equal 100.
Source: Proposition 47 Grant Program Final Evaluation Report, 2021

The majority of participants (86%) were assigned a case manager and a similar proportion (88%) were assigned a housing navigator. Participants who were not assigned a case manager or housing navigator were those individuals who had been formally enrolled but never truly engaged with the program after enrollment.

Consistent with program design, nearly all participants (99%) were connected to interim housing upon intake, while the remaining 1% opted for emergency housing. Ultimately 6% were connected to permanent housing, with 2% being classified as permanent supportive housing.

In addition to the core services of SUDs treatment and housing, there were nine additional supportive service options available to participants: mental health, vocational, education, employment/job skill, legal, family, medical home, public benefit connections, and transportation. Aside from housing and substance use (99%), the most common needs reported at intake were transportation (98%), medical home (83%), mental health (81%), and public benefits (75%). The three most common referrals were substance use treatment (100%), medical home (99%), and mental health services (95%). The most common connections were transportation (100%), medical home (79%), and mental health services (29%) (Table 12). The trend in type of services most commonly connected suggests a priority for services directly relating to physical and mental well-being, with other supportive services addressed secondarily. This was confirmed through conversations with the service provider who shared that efforts during early phases of treatment were focused on stabilizing an individual's physical well-being and assisting him/her/they in obtaining documentations required for employment (i.e., identification, Social Security card). On average, participants were referred to 3.2 different services (SD=1.7; range 1–8) and connected to 2.5 different services (SD=1.4; range 1–7).²⁸ Additionally, 4% of participants achieved employment and 41% completed mental health treatment (of those who received that treatment) during their program participation.

Table 12
S.M.A.R.T. needs and service referrals/connections

Services	Need at Intake	Referred	Connected
Substance use treatment	99%	100%	100%
Transportation	98%	-	100%
Medical home	83%	99%	79%
Mental health	81%	95%	29%
Public benefits	75%	48%	25%
Job skills	46%	26%	9%
Vocational	32%	25%	4%
Civil/legal	32%	2%	4%
Family support	21%	3%	1%
Educational	15%	4%	5%
Total	98-127	135	135

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

²⁸ Transportation services did not receive referrals, only connections because the program was able to provide them with bus passes.

Program completion status

Of the 135 unique participants served by S.M.A.R.T. during the grant period, 20% participated in the program twice, 4% participated three times, and 2% participated four times. As of March 31, 2021, 4% of S.M.A.R.T. participants were still active, 92% had exited unsuccessfully, and 4% exited successfully.²⁹ Of exited participants 9% were permanently housed as of their most recent exit (n=131).

Consistent with the DMC-ODS, participants were permitted to move between levels of care (which vary by intensity) as determined by their substance use treatment counselor to best serve the participant's changing needs throughout the program participation. Only 2% of S.M.A.R.T. participants had two or more transfers to residential or sobering centers.

When considering a participant's most recent discharged episode, 11% of participants completed treatment goals in full, 10% satisfactory progress, and 79% did not complete treatment goals.³⁰ Table 13 shows that most clients left treatment within 30 days, but almost one-quarter (23%) completed more than 90 days. Only 13% of cases had engagement periods between 30-90 days. Once again, these data reflect the nature of chronic substance use and the difficulties associated with breaking its cycle.

Given the research demonstrates a correlation between length of SUD treatment and positive outcomes substance use treatment performance, a targeted analysis was conducted to identify participant characteristics related to their length of SUD treatment participation. Similar with CoSRR treatment time was categorized into three levels (e.g., less than 30, 30 to 90, and more than 90 days). To avoid confounding influences for individuals with more than one program episode, only each participant's first episode with S.M.A.R.T. was considered for analysis (n=135). Based on trends established by past research, the following characteristics were considered for this analysis: age at intake, gender, race/ethnicity, number of needs upon intake, and employment status. For S.M.A.R.T. participants, employment and number of needs at intake were determined to be significant factors related to participant treatment engagement ($p < .01$). Specifically, having a job along with reporting a higher number of needs at intake were related to treatment engagement for more than 90 days. This finding highlights the importance of facilitating employment for participants who have the capacity to work to help with stabilization and positive engagement in other components of the intervention (i.e. substance use treatment).

The S.M.A.R.T. program defined success as:

- a participant who has exited the program having completed treatment; and
- has obtained permanent housing.

Figure 31
SUD completion status



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Table 13
Consecutive time in treatment (episode level)

Days	Percent
30 days or less	65%
30-60 days	9%
60-90 days	4%
More than 90 days	23%
Total	182

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

²⁹ For clients with more than one episode in the program, the most recent episode is reported.

³⁰ Prop 47 used the same definition and metrics for completion of treatment goals as San Diego County's system of care.

Outcome results

Did involvement in S.M.A.R.T. improve criminal justice outcomes of individuals receiving the services (as measured by arrest, bookings, and or conviction for a new felony or misdemeanor)?

Recidivism³¹

As with CoSRR recidivism was defined by arrest, booking, and conviction for 6-, 12-, 24-, and 36-months following the “first-touch” program contact. Only participants meeting the time threshold for each period were included in the respective analysis. All data collection was considered through March 31, 2021, for consistency. This process resulted in the availability of 134 individuals at 6- and 12-months, 55 individuals at 24-months and 12 individuals at 36- months for analysis.

Recidivism rates for S.M.A.R.T. participants varied across the analysis periods and crime type (Table 14). The data showed that the proportion of S.M.A.R.T. participants who were arrested during the post-period ranged from 62% to 76% across time intervals. These rates were consistent for bookings as well, however, the strictest definition of recidivism (conviction) displayed lower rates than arrest or booking for most time periods, as expected. Given the small number of participants reaching the 36-month recidivism threshold, interpretations of results for that period should be done with caution and are only included to meet the grant reporting requirements, but not considered in the discussion of outcomes.

Table 14

Recidivism of S.M.A.R.T. participants

	6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
	n=134	n=134	n=55	n=12
Arrest	62%	71%	76%	42%
Booking	62%	69%	78%	50%
Conviction	55%	63%	67%	50%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

The level and type of the highest charge was also examined for each recidivism event (i.e., arrest, booking, and/or conviction). Individuals with more than one arrest, booking, and/or conviction were included in each component of the analysis, therefore an individual may be included in more than one category (e.g., if an individual had a felony arrest and a misdemeanor arrest they would be counted in each category). Table 15 demonstrates that across all time intervals participants were more likely to have arrests, bookings, and convictions for misdemeanors than felonies. This clearly illustrates this population consists of chronic, low-level offenders. In addition, across all time intervals, “other” was the most common offense type for arrests (33%-64%) while drug was the most common for both bookings (42%-62%) and convictions (25%-47%) (Table 16).

As with CoSRR, evaluation staff attempted to build multivariate predictive models to determine if there were any factors related to participant recidivism. Despite these attempts, it was determined that no model could be calibrated using the available factors that would be appropriate for predicting convictions for this sample. Therefore, no characteristics (i.e., gender, age, race/ethnicity, length of time in treatment, or prior criminal activity) of the S.M.A.R.T. sample could be determined to be significantly related to convictions.

³¹ The same analytical approaches to recidivism and desistance taken for CoSRR were applied to S.M.A.R.T. (see page 46 for more details).

Table 15

Recidivism of S.M.A.R.T. participants – Level of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=134	n=134	n=55	n=12
Arrest	Felony	11%	22%	36%	17%
	Misdemeanor	58%	67%	75%	42%
Booking	Felony	14%	24%	38%	25%
	Misdemeanor	56%	63%	75%	42%
Conviction	Felony	3%	8%	13%	17%
	Misdemeanor	54%	60%	60%	33%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

Table 16

Recidivism of S.M.A.R.T. participants – Type of highest offense

		6 month - Recidivism	12 month - Recidivism	24 month - Recidivism	36 month - Recidivism
		n=134	n=134	n=55	n=12
Arrest	Violent	7%	8%	5%	8%
	Property	1%	7%	5%	0%
	Drug	35%	49%	55%	17%
	Weapons	1%	4%	7%	8%
	Other	48%	60%	64%	33%
Booking	Violent	7%	8%	4%	0%
	Property	4%	6%	5%	8%
	Drug	51%	56%	62%	42%
	Weapons	1%	3%	9%	8%
	Other	17%	19%	44%	17%
Conviction	Violent	1%	1%	0%	0%
	Property	3%	4%	5%	8%
	Drug	43%	47%	44%	25%
	Weapons	0%	0%	0%	0%
	Other	11%	15%	22%	8%

Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

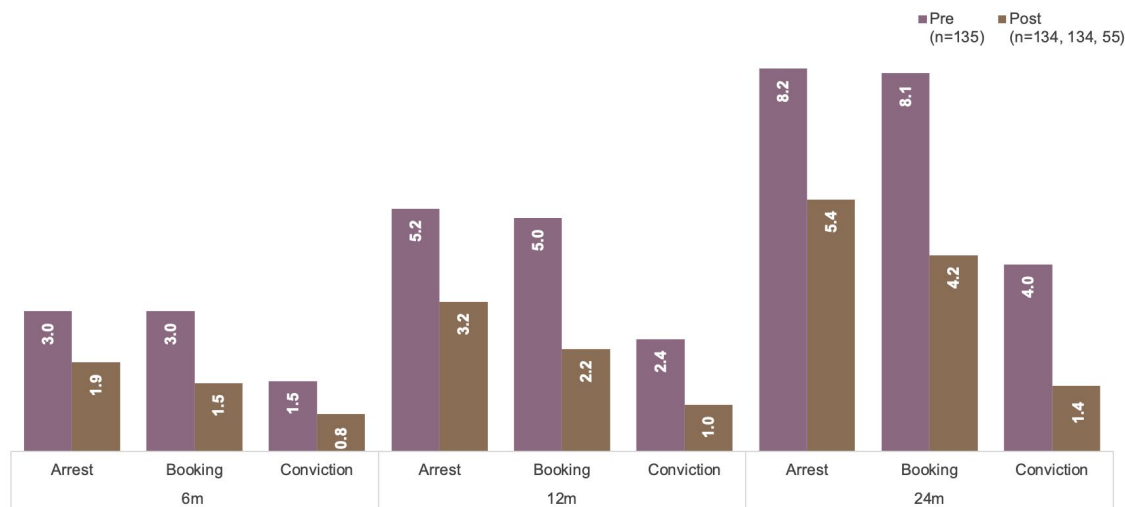
Desistance

As with CoSRR, S.M.A.R.T. outcomes were also viewed through the lens of desistance and evaluated based on three assessments for arrest, booking, and conviction events at each post time interval of interest compared to the pre counterpart: 1) average number of events, 2) level of offenses, and 3) type of offenses. Although time thresholds prevented all participants to be considered in each post interval (restricting the ability for a 1:1 comparison between pre/post periods), comparison of the desistance metrics revealed clear trends of decreases in the frequency and severity of criminal activity following participation in Prop 47.

In terms of assessing prevalence, all time intervals observed a reduction in the average number of arrests, bookings, and convictions. For the majority of the cross-sections, the reduction rate between pre- and post-values was more than half, demonstrating a clear desistance trend (Figure 32).

Figure 32

Average number of arrests, bookings, and convictions pre- and post- S.M.A.R.T. participation



Source: San Diego County Proposition 47 Grant Final Evaluation Report, 2021

When considering severity, trends aligned with desistance theory were observed for both level and types of offenses. Across arrests and bookings, a lower proportion of participants had felonies and misdemeanors for all time intervals (Figures 33A, 33B, & 33C). Convictions had a slightly different pattern, where there was a slight increase in felonies across the time intervals. The increases in felonies are associated with a small number of individuals (n=7), rather than a general trend across all program participants (Figures 34A, 34B, & 34C).

In another assessment of severity, there was a general decrease in the proportion of participants engaging in each offense type across each time interval. Although most of the offense types display a moderate decrease, there is a particularly notable drop in the drug category for bookings across all time periods. This consistent decrease across offense types and levels indicates a true reduction (desistance) in the number and severity of criminal activities, rather than a shift from one crime type to another.³²

³² These results should be interpreted with consideration that not all moderating effects could be accounted for (e.g., COVID-19 policy changes that systemically affected criminal justice activities between March 2020 and March 2021).

Figure 33A

Percentage of arrests by level of offense pre-and post- S.M.A.R.T. participation

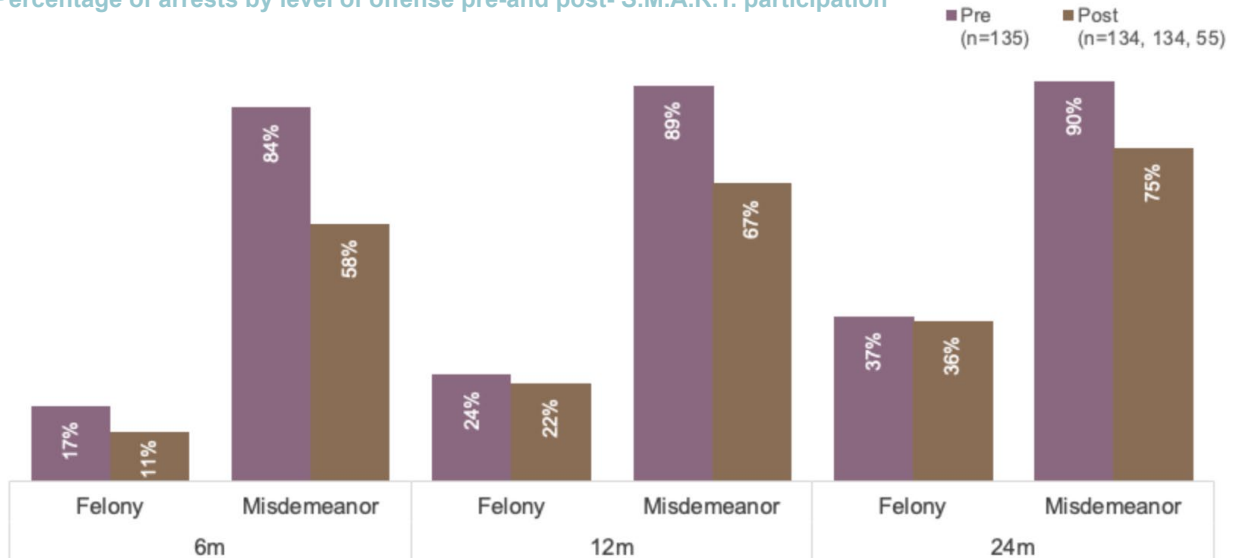


Figure 33B

Percentage of bookings by level of offense pre-and post- S.M.A.R.T. participation

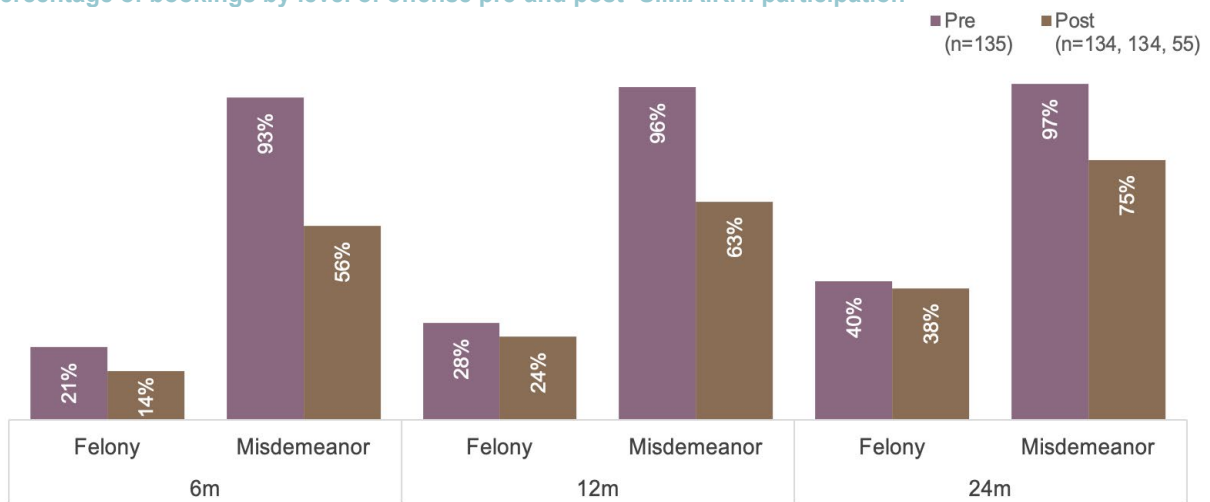


Figure 33C

Percentage of conviction by level of offense pre-and post- S.M.A.R.T. participation

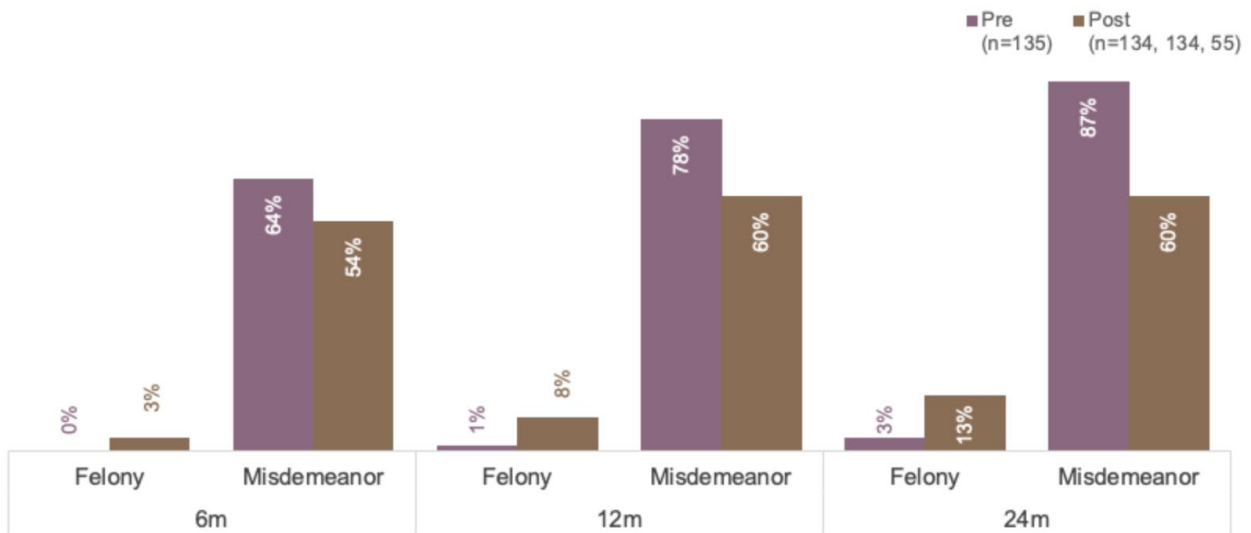


Figure 34A

Percentage of arrests by type of offense pre-and post S.M.A.R.T. participation

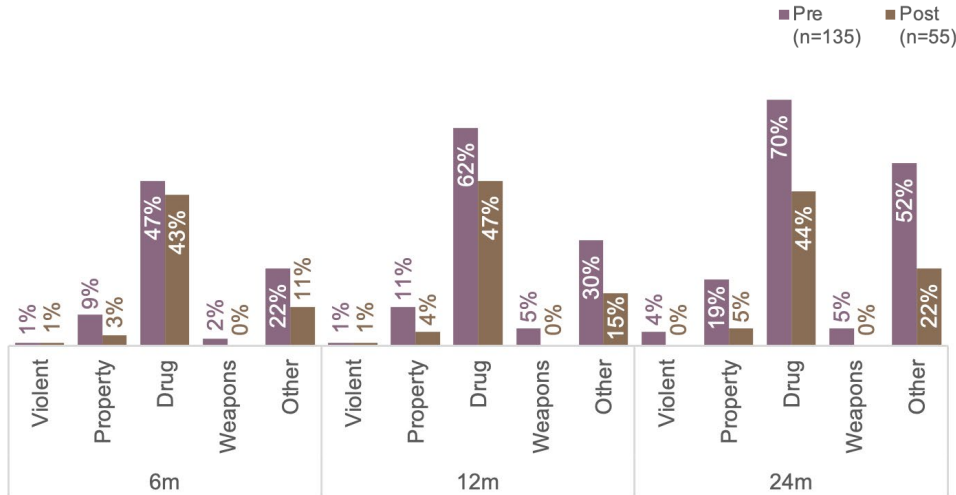


Figure 34B

Percentage of bookings by type of offense pre-and post S.M.A.R.T. participation

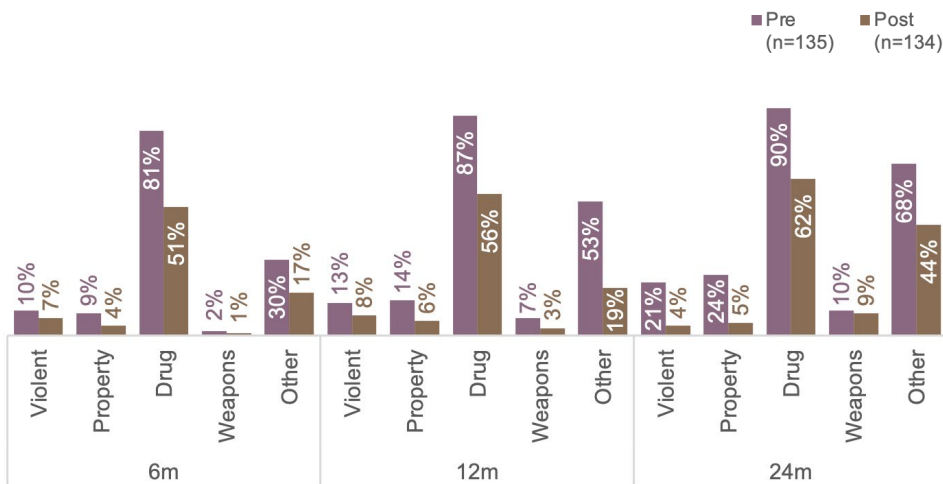
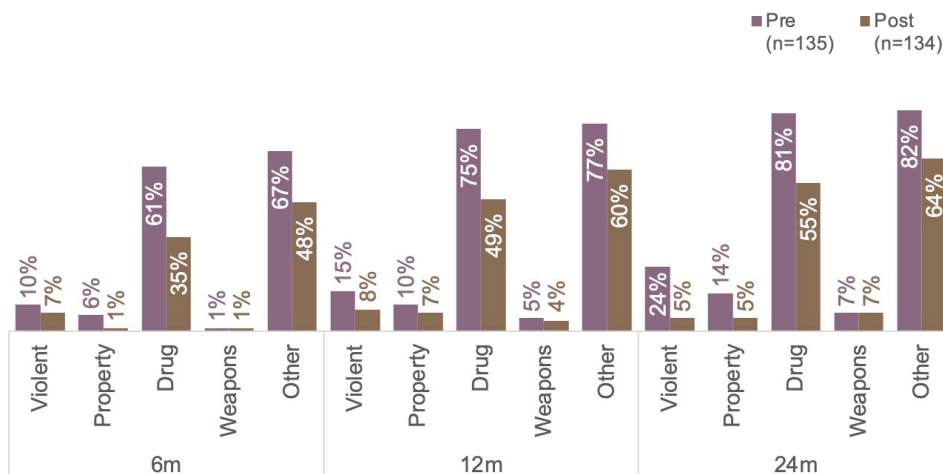


Figure 34C

Percentage of convictions by type of offense pre- and post S.M.A.R.T. participation



S.M.A.R.T. Success story

Mandy* rejected her initial S.M.A.R.T. program offer in September 2017, and although she accepted the next three offers between October 2017 and February 2018, she never remained engaged with the program for more than two weeks. Later that year she was released from custody to residential rehab as part of a felony sentence. Following her release, she contacted program staff to ask about getting back into S.M.A.R.T. when she was released from residential rehab. The City Attorney extended a program offer to Mandy and she moved into S.M.A.R.T. housing when she was released from residential in January 2019. Mandy worked as a dental assistant prior to her addiction and is getting back into that field now that she is sober and stable. After a journey that included five program offers over nearly two years, Mandy graduated successfully from the program with permanent housing, and is now employed and fully self-sufficient.

*Participant's name has been changed to protect their identity.

Summary

In 2017, San Diego County Public Safety Group in partnership with the San Diego City Attorney's Office was awarded a Prop 47 grant to implement a two-prong program model (CoSRR and S.M.A.R.T.) to reduce recidivism of Prop 47-impacted individuals. The primary goal of the project was to reduce recidivism by addressing the underlying needs of this population, specifically substance use, mental health, housing, and other assessed needs.

Analysis of participant characteristics demonstrated that the project served the intended population, with those enrolled having a long history of contact with the criminal justice system - mostly for misdemeanor drug, "other", or property level offenses - and presenting with multiple needs upon intake, including a pervasive history of drug use. Housing was a greater need for CoSRR participants than originally expected, with more than half needing housing at intake. The complexity of needs, the severity of use, and the extent of disenfranchisement examined within the context of addiction science and research in the field showed that despite the best intention of providing services and opportunities for this population, engagement takes patience, time, and a realistic expectation on what success looks like.

Examination of recidivism outcomes showed progress when compared to prior frequency and type of criminal contacts, with decreases in the proportion of rearrests, bookings, and new convictions compared to the 36-months prior to program enrollment. Logistic regression models found a moderating effect for those CoSRR participants who were able to receive services for 90 days or more, decreasing the likelihood of a new conviction. However, the lengthier the prior criminal history the increased probability of participants recidivating at 12- and 24-months. The one other factor found to increase the likelihood of a new conviction at 24-months was race/ethnicity with participants identifying as Black at greater risk of receiving a new conviction. This latter finding again supports the research and data that Black individuals, after controlling for other effects, are still more likely to have contact with the justice system, again raising the issue of racial and ethnic disparities in the justice system.

Feedback from stakeholders and documentation of the implementation process showed the program was being implemented well and partners adjusted throughout as lessons were learned. Although data-driven adjustments were made whenever possible, there was an ongoing challenge to address the participant engagement and the need to improve some services, including employment and mental health.

In summary, the Prop 47 project in San Diego County provided more detailed information of the population effected by the legislation. It showed that merely offering services was not enough to engage this population, who have been entangled in the web of justice due to lives impacted by economic disparity, struggles with mental and physical illness, addiction and ultimately disenfranchisement. Success is measured at the individual level and through the lens of harm reduction, with those able to stay engaged in treatment having a greater likelihood of ending the cycle of recidivism.

Lessons learned

Over the course of the grant period much was learned about the diversity and unique characteristics of the Prop 47-impacted population, the value of engaging the community throughout the process, using data to inform the process, the challenges of engaging participants in treatment, and the complexity of needs the Prop 47-impacted population brings to treatment. Below is a list of lessons learned as result of this project.

- **Housing was a more significant issue than anticipated:** The original program anticipated half of CoSRR participants would need emergency and transitional housing; however, most of the participants entering the program were in need of some housing assistance. As an adjustment, CoSRR directed more of its funds toward emergency and transitional housing; however, housing was still a barrier, especially for those individuals new in their sobriety. For those participants not wanting to enroll in residential treatment and who needed longer term housing, the options generally available were in sober living homes. This type of housing is designed for individuals farther along in their sobriety and therefore relapse (a likely event in recovery) can result in a participant being evicted, which then impacts their ability to participate in the program.
- **Providing housing alone was not enough:** One of the unique elements of S.M.A.R.T. was the mandate and provision of housing during treatment. However, feedback from the S.M.A.R.T. program provider questioned the viability of only providing housing without correlate supports to help acclimate individuals transitioning from unsheltered to housed environments. Specifically, staff observed adjusting to required rules, structure, and living expectations was a struggle for many individuals and a reason for either not engaging (i.e., especially those not entering directly from jail) or exiting the program prior to completion. Suggestions for addressing this issue were to better inform potential participants of the expectation associated with housing, provide a transitional step (e.g., shelter or sobering center) prior to introducing an individual to the group housing, and having a realistic expectation that for some housing may be a need, but not a desire.
- **Locate employment and/or educational supports at the program site:** An identified gap in services by S.M.A.R.T. was the provision of appropriate supports to assist individuals in obtaining basic educational certificates (e.g., GED) or vocational/employment skills. The feedback from some staff was having the employment/vocational programming provided on-site would have reduced a barrier to individuals seeking out those services. For CoSRR, this barrier was overcome by sub-contracting with another CBO that specialized in employment supports.
- **Need to address the barriers to locating services in the community for this population:** While the voters clearly supported addressing SUD issues of individuals involved in the justice system in the community rather than in prison or jails, the community resistance to the opening of the S.M.A.R.T. program's new housing facility reflected both the challenge of locating services in the community and the need for more education about the population. During COVID-19 the housing facility was repurposed to house unsheltered families. At the end of the grant period it was expected the facility will revert back to providing housing for S.M.A.R.T. participants, but this had not occurred at the time of this report.

- **No wrong door to the Prop 47 programs:** Feedback from the community and lower than anticipated enrollment numbers revealed linking eligible participants during the court proceeding is not a sufficient option for program entry. In response, CoSRR and S.M.A.R.T. expanded its outreach to include referrals of persons in jail, the homeless population, other treatment providers and programs (e.g., PLEADS), and community outreach efforts to connect with Prop 47-impacted individuals in the community at large. In addition, with approval from BSCC, CoSRR eligibility was expanded to include individuals with a prior a Prop 47 offense who were released from County jail on home detention or under Probation for non-violent felonies or released to home detention from a local detention facility and those individuals who complete PC 1000 treatment and want to continue with the enhanced services received through Prop 47.
- **Engagement (and relapse) was an ongoing challenge:** While not a surprise to those working in the treatment field, convincing potential participants to voluntarily engage in the services was an ongoing struggle. For a variety of reasons (e.g., not ready for treatment, ties to partners who are still on the streets, or instabilities in other areas of their life) enrolling and maintaining participants in services was a consistent challenge that required increasing outreach, incentives, and transportation resources. Educating the community and stakeholders about the readiness of change stages (i.e., precontemplation, contemplation, preparation, action, and maintenance) that individuals struggling with addiction experience was provided at the LAC meeting to try and help increase the understanding of why engagement numbers were low. This struggle remained a primary conundrum at the end of the grant period, as it became clear that the Prop 47-impacted population served is the same population that has historically fallen through social safety nets and struggled to complete SUD treatment. Individuals who have developed resources and skills to survive years of poverty, substance use, trauma, and/or untreated mental health issues test even the most incentivized, evidence-based, and well-intended programs. This real challenge will require a whole system approach and reliance on the research and best practices to identify various ways to improve engagement, especially with the shift to voluntary participation in treatment.
- **Providing data consistently and timely is important to quality program implementation:** From the inception of the grant the County committed to having the capacity and tools to gather information on program implementation in order to guide the implementation process. Program's partners worked with SANDAG at the beginning of the grant to develop data sets and systems that allowed SANDAG to create and maintain data dashboards that were reviewed at monthly program meetings, and at stakeholder and public meetings. This process proved valuable to make timely adjustments and modification in the program model; to facilitate transparency and collaboration by pushing information out quickly to stakeholders and community members; and to provide a means to continually validate the data and promptly correct mistakes and identify missing information.

References

- Bird, M., Lofstrom, M., Raphael, S., Nguyen, V., & Gross, J. (2018). *The impact of Proposition 47 on crime and recidivism*. San Francisco: Public Policy Institute of California.
- Brorson, H., Arnevik, E., Rand-Hendriksen, K., & Duckert, F. (2013). *Drop-out from addiction treatment: A systematic review of risk factors*. *Clinical Psychology Review*, 33, 1010-1024.
- Burke, C. (2020). *San Diego County Substance Abuse Monitoring Program, 2020*. San Diego: SANDAG.
- Butts, J. A., & Schiraldi, V. N. (2018). *Recidivism reconsidered: Preserving the community justice mission of community corrections*. Papers from the Executive Sessions on Community Corrections (pp. 1-15). Boston: Harvard.
- Coviello, D., Zanis, D., Wesnoski, S., Palman, N., Gur, A., & Lynch, K. (2013, Apr). *Does mandating offenders to treatment improve completion rates?* *Substance Abuse Treatment*, 417-25. doi:<https://doi.org/10.1016/j.jsat.2012.10.003>
- Jacobs, L., & Gottlieb, A. (2020). *The effect of housing circumstances on recidivism: evidence from a sample of people on probation in San Francisco*. *Criminal Justice and Behavior*, 47(9), 1097-1115. doi:<https://doi.org/10.1177/0093854820942285>
- Kelly, J., Finney, J., & Moos, R. (2005, Apr 28). *Substance use disorder patients who are mandated to treatment: characteristics, treatment process, and 1- and 5-year outcomes*. *Substance Abuse Treatment*, 213-23. doi:<https://doi.org/10.1016/j.jsat.2004.10.014>
- King, R., & Elderbroom, B. (2014). *Improving recidivism as a performance measure*. Urban Institute.
- Maslow, A. H. (1943). *A theory of human motivation*. *Psychological Review*, 50, 370-396.
- NIDA. (2014). *Principles for drug abuse treatment criminal justice populations research based guide*. U.S. Department of Health and Human Services, National Institutes of Health. Washington D.C.: National Institute of Health. Retrieved July 8, 2021, from drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide
- NIDA. (2018, June). *Is drug addiction treatment worth its cost?* Retrieved June 3, 2021, from drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). *In search of how people change: Applications to addictive behaviors*. *American Psychologist*, 47(9), 1102-1114. doi: <https://doi.org/10.1037/0003-066X.47.9.1102>
- Prochaska, J. O., & Velicer, W. F. (1997). *The transtheoretical model of health behavior change*. *American Journal of Health Promotion*. 12(1):38-48. doi: <https://doi.org/10.4278/0890-1171-12.1.38>
- Recovery Research Institute. (2021). *Addiction 101*. Massachusetts General Hospital, MA. Retrieved August 26, 2021, from recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/

SANDAG. (2018). *Arrests 2017: Law enforcement response to crime in the San Diego region*. San Diego: SANDAG.

Simpson, D. D. (1979, Nov). *The relation of time spent in drug abuse treatment to posttreatment outcome*. *American Journal of Psychiatry*, 1449-1153. doi:<https://doi.org/10.1176/ajp.136.11.1449>

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's spotlight on opioids*. Washington D.C.: HHA. Retrieved from <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

Volkow, N. D. (2014, July). *Drugs, brains, and behavior: The science of addiction*. Washington D.C.: National Institute of Health. Retrieved July 2, 2019, from https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/soa_2014.pdf

Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). *Neurobiologic advances from the brain disease model of addiction*. *New England Journal of Medicine*, 364(4), 363-371.

Young, D., Fluellen, R., & Belenko, S. (2004, Dec 27). *Criminal recidivism in three models of mandatory drug treatment*. *Substance Abuse Treatment*, 313-323. doi:<https://doi.org/10.1016/j.jsat.2004.08.007>

Appendices

Appendix A: CoSRR/S.M.A.R.T. Logic Model

Appendix B: Data Matrix

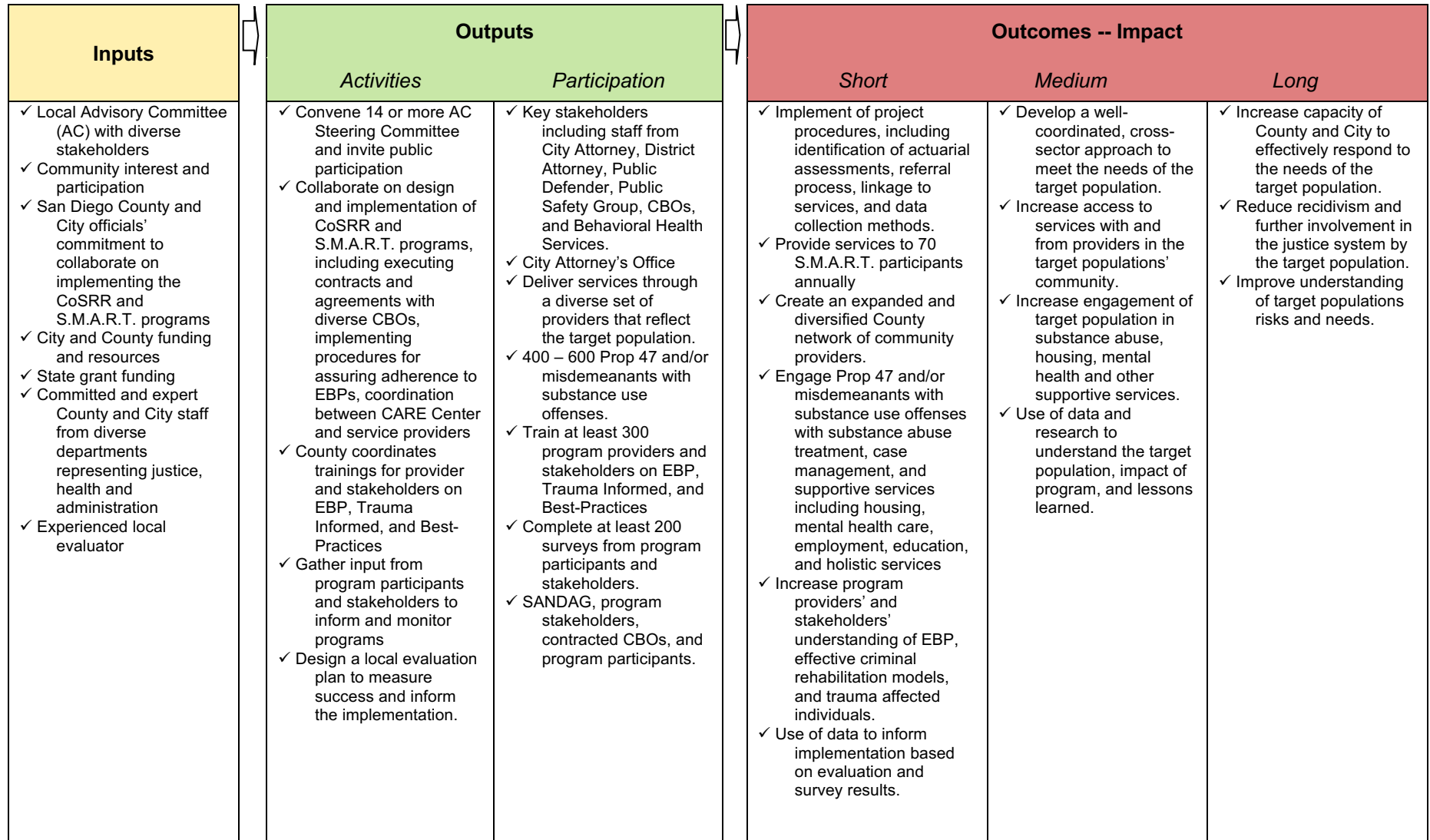
Appendix C: Stakeholder Survey

Appendix D: Housing Category Definitions Guide

Appendix E: Quarterly Dashboards

Appendix A: CoSRR/S.M.A.R.T. Logic Model

Situation: CoSRR/S.M.A.R.T. intends to fill address the unmet needs of individuals affected by Prop 47 and misdemeanants with substance use offenses by providing substance abuse treatment and supportive service.



Assumptions

An underlying tenant of Proposition 47 is that certain individuals with substance use related offenses should generally remain in the community instead of in custody and be provided access to needed substance use treatment and other supportive services.

External Factors

The City of San Diego already had piloted the S.M.A.R.T. program and had the capacity to expand the program. The County has a solid history of cross-sector collaboration and a history of adapting systems to meet the needs of diverse populations.

Appendix B: Data Matrix

Field	Label	Examples/conditions	Data values	Form	Database
Intake					
Case number	City Attorney case number		MXXXXX		
CMIS	Unique ID		SANWITS ID		
Program participation					
Intake date	Date that participant was enrolled	SMART: date released from custody StrenGTH: date of intake at ECS RFL: date of intake at NCL	Date	CalOMS Admission	SanWITS (CA data base for SMART)
Higher level of care assessment	Reason for participant not being enrolled due to an assessed higher level of care than outpatient	<i>This is to be populated if:</i> 1) Participant is assessed at a higher level of care but continues to be a Prop 47 participant while residing in a higher level of care or 2) If participant is <u>not</u> assessed as needing a higher level of care, meaning they would enroll in standard Prop 47 program case management, they would be "Not appropriate"	1. Referred to residential AOD 2. Referred to MH Treatment 3. Not appropriate (participant participating at standard Prop 47 level of care)	Treatment tracking	Treatment tracking
Program completion status	Indicate status of participant in program	<i>Discharged is to be populated if participant is discharged successfully or unsuccessfully</i>	1. Active 2. Discharged	CalOMS Admission	
Date completed Prop 47	Date that participant discharged from program/case management services		Date	CalOMS Admission	
Alcohol/drug use					
Admission/transaction type	Type of participant admission	**All: If participant assessed at a certain level of care and then is moved, please create a new case (row) for additional treatment episode dates (i.e. a person assessed originally at one level of care and then moved to another level will have two cases with continuous (or nearly) dates. Please copy all other case data. SMART: Initial= participants who are new to the program or beginning a new treatment episode Transfer= participants who come from or are recommended to another level of care (detox/residential) ECS: Initial= Participant assesses for ODF at ECS at intake, or intakes from court to ECS based on ASAM (most common) Transfer=Participant moved from one Level of Care to another (whether it is residential to outpatient or a revised/lowered ASAM score) within 5 days of other treatment RFL: Initial= Participant assesses for ODF at ECS at intake, or intakes from court to ECS based on ASAM (most common) Transfer=Participant moved from one Level of Care to another (whether it is residential to outpatient or a revised/lowered ASAM score) within 5 days of other treatment	1. Initial admission 2. Transfer or change of services	CalCOMS Admission	SanWITS

Field	Label	Examples/conditions	Data values	Form	Database
Date of first appointment	Date of SUD appointment		Date	Case Management Log	SanWITS
SUD completion status	SUD completion status	<i>Populate if SUD treatment is finished/terminated</i>	1-Completed Tx/Recovery Plan Goals/Standard 2-Completed Tx/Recover Plan Goals/Not Refer/Standard 3-Left Before Completion w/Satisfactory Progress/Standard 4-Left Before Completion w/Satisfactory Progress/Admin 5-Left Before Completion w/Unsatisfactory Progress/Standard 6-Left before Completion w/Unsatisfactory Progress/Admin 7-Death 8-Incarceration	CalOMS discharge	SanWITS
Date completed SUD	Data SUD treatment finished/terminated		Date	Case Management Log	Service Provider
Case management					
Received case management services	Indicate if participant received service	<i>Should be "Yes" for everyone, unless a participant left program without engaging at all</i>	Yes/No	Treatment tracking	Service Provider
Date of first case management visit	If above is "Yes", enter the date of first case management visit		Date	Treatment tracking	Service Provider
Mental health services					
Mental health services	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment.	1. Referred 2. Referred/Connected	Treatment tracking	Service Provider
Date of first mental health referral/appt	If participant was connected to service, enter the date of connection		Date	Treatment tracking	Service Provider
Mental health services outcome	If participant was connected to service, what was the outcome?		1. Completed 2. Did not complete	Treatment tracking	Service Provider
Housing services					
Assigned a housing navigator	Indicate if participant received service	SMART: All Participants are assigned a housing navigator ECS: As needed RFL: As needed	Yes/No (Date)	Treatment tracking	Service Point
Date assigned housing navigator	If participant was connected to service, enter the date of connection				

Field	Label	Examples/conditions	Data values	Form	Database
Connected to emergency shelter	Indicate if participant received service	Short-term, provides basic services May operate as seasonal, and/or may be open for less than 24 hours a day			
Date connected to the emergency shelter	If participant was connected to service, enter the date of connection				
Connected to interim housing	Indicate if participant received service	Short-term, provides basic services Bed reserved from night to night	Yes/No (Date)	SMART	CA
Date connected to interim housing	If participant was connected to service, enter the date of connection		Yes/No/NA (Date)		
Connected to bridge housing	Indicate if participant received service	Short-term, provides basic services Bed reserved from night to night Have a housing voucher, but access to permanent housing is still being arranged			
Date connected to bridge housing	If participant was connected to service, enter the date of connection				
Received rapid rehousing services	Indicate if participant received service	Includes: housing identification, move-in and rental assistance, housing stabilization, case management, and services designed to help increase household income	Yes/No/NA (Date)	Treatment tracking	Service point
Date received rehousing services	If participant was connected to service, enter the date of connection				
Connected to transitional housing	Indicate if participant received service	Includes (recommended): only services that are essential for that individual to move to stable permanent housing	Yes/No/NA (Date)		
Date connected to transitional housing	If participant was connected to service, enter the date of connection				
Connected to permanent supportive housing	Indicate if participant received service	Community-based housing paired with supportive services to help people with disabilities	Yes/No/NA (Date)		
Date connected to permanent supportive housing	If participant was connected to service, enter the date of connection				
Connected to permanent housing	Indicate if participant received service	Complete independence where cost of living is fully assumed by the participantStable, sustainable into the foreseeable future	Yes/No/NA (Date)	Treatment tracking	Service point
Date connected to permanent housing	If participant was connected to service, enter the date of connection				
Housing completion status	For participants that have completed service, what was their housing status upon discharge		1. Exited without permanent housing 2. Exited with permanent housing	Treatment tracking	

Field	Label	Examples/conditions	Data values	Form	Database
Educational services					
Vocational services	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. participating in an internship, attending vocational schools or who are enrolled in vocational programs such as Job Core, or individuals attending some sort of trade school, such as a school that specializes in training people on a specific skill; e.g. bookkeeping or dental hygiene, etc.	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to vocational services	If participant was connected to service, enter the date of connection				
Vocational services completion status	If participant was connected to service, what was the outcome?		1. Completed 2. Did not complete	Treatment tracking	Service provider
Educational services	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. school enrollment, tutoring	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to educational services	If participant was connected to service, enter the date of connection				
Educational services completion status	If participant was connected to service, what was the outcome?		1. Completed 2. Did not complete		
Employment services					
Job skills training	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. resume creation; job search assistance; interview clothing; work boots	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to job skills training	If participant was connected to service, enter the date of connection		Date		
Job skills completion status	If participant was connected to service, what was the outcome?		1. Completed 2. Did not complete		
Secured employment	Indicate if participant has secured employment	Part-time or full-time employment	Yes/No/NA (Date)	Treatment tracking	Service provider
Date secured employment	If participant has secured employment, enter the date of secured employment		Date		
Other services					
Connected to transportation	Indicate if participant received service	Ex. Vouchers, bus passes.	Yes/No (Date)	Treatment tracking	Service provider

Field	Label	Examples/conditions	Data values	Form	Database
Date connected to transportation	If participant was received service, enter the date of connection				
Connected to civil legal services	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. any legal aid, assistance, or service provided to the participant	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to civil legal services	If participant was connected to service, enter the date of connection				
Connected to family support services	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. therapy, child support.	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to family support services	If participant was connected to service, enter the date of connection				
Connected to medical home	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. Center for Medicare and Medicaid Services Center for Innovation	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to medical home	If participant was connected to service, enter the date of connection				
Enrolled in Public Benefits	Indicate if participant received service	Referred= Program generated referral for participant to receive service Referred/Connected= In addition to program referral, participant actually <u>attended</u> first service appointment. Ex. CalFRESH, CalWORKS, CAPI, CMS, GR, Healthy San Diego, Medi-Cal	1. Referred 2. Referred/Connected	Treatment tracking	Service provider
Date connected to public benefits	If participant was connected to service, enter the date of connection				
Demographics					
Gender			Male/Female/Other	CalOMS Profile	SanWITS
Ethnicity			Hispanic/Not Hispanic	CalOMS Profile	SanWITS

Field	Label	Examples/conditions	Data values	Form	Database
Primary race		NEW BSCC Breakdown o Black or Black o Hispanic, Latino, or Spanish o White o American Indian or Alaska Native o Asian: - Chinese - Japanese - Filipino - Korean - Vietnamese - Asian Indian - Laotian - Cambodian - Other o Native Hawaiian or other Pacific Islander: - Native Hawaiian - Guamanian - Samoan - Other o Middle Eastern or North African o Other identified ethnic origin, ethnicity, or race		CalOMS Profile	SanWITS
Veteran			Yes/No		
Age			DOB	CalOMS Profile	SanWITS
Alcohol/drug use					
Primary drug		<i>At program intake</i>	Alcohol; Meth; MJ; Heroin; Oxycodone/OxyContin; Other prescription	CalOMS Admission	SanWITS
Age of first use		<i>At program intake</i>	Integer	CalOMS Admission	SanWITS
Secondary drug		<i>At program intake</i>	Alcohol; Meth; MJ; Heroin; Oxycodone/OxyContin; Other prescription	CalOMS Admission	SanWITS
Age of first use		<i>At program intake</i>	Integer	CalOMS Admission	SanWITS
Mental health					
Mental health Dx	Enter the specific diagnosis. If participant does not have a diagnosis, please enter 'No' (not 'N/A')	<i>At program intake</i>	1. Diagnosis: Specify 2. No	CalOMS Admission	SanWITS

Field	Label	Examples/conditions	Data values	Form	Database
Family/social					
Housing at Intake	Indicate participant housing status at intake	Street= Homeless Emergency Shelter= Homeless Bridge Housing= Unstable Rapid Housing= Unstable Transitional Housing= Unstable Permanent Supportive Housing= Permanently housed Permanent Housing= Permanently housed	1. Homeless 2. Unstable 3. Permanently housed	Program	Service provider
Number of children under age of 18	Number of kids that participant has	<i>At program intake</i>	Integer	CalOMS Admission	SanWITS
Number of children under age of 18 living with someone else	Number of kids that participant has, that are living with someone else	<i>At program intake</i>	Integer	CalOMS Admission	SanWITS
Episodes of abuse (DV, sexual, physical)		<i>At program intake</i>	1. NA 2. Perpetrator 3. Victim 4. No 5. Refused to answer	CalOMS Admission	SanWITS
Employment/education					
Employment status at intake	Indicates participant's employment status at intake	<i>At program intake</i>	Full time/part-time/unemployed looking for work/unemployed not looking/Not in labor force	CalOMS Admission	SanWITS
Enrolled in school at intake	Indicate if participant is enrolled in school	<i>At program intake</i>	Yes/No	CalOMS Admission	SanWITS
Enrolled in job training	Indicate if participant in job training	<i>At program intake</i>	Yes/No	CalOMS Admission	SanWITS
High school (H.S.) graduate	Indicate if participant is a H.S. graduate	<i>At program intake</i>	Yes/No	CalOMS Admission	SanWITS
Highest grade completed	Indicate highest level of education achieved by participant at intake	<i>At program intake</i>	1. <H.S. 2. H.S. degree 3. GED 4. Vocational 5. AA 6. Bachelor's degree 7. Graduate degree	Treatment tracking	Service provider
Assessed needs					
Mental health	Indicates if participant has Mental Health Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
AOD	Indicates if participant has AOD Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Vocational	Indicates if participant has Vocational Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider

Field	Label	Examples/conditions	Data values	Form	Database
Job Skills	Indicates if participant has Job Skills Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Employment	Indicates if participant has Employment Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Educational	Indicates if participant has Educational Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Public benefits	Indicates if participant has Public Benefits Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Medical home	Indicates if participant has Medical Home Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Physical health	Indicates if participant has Physical Health Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Housing	Indicates if participant has Housing Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Civil	Indicates if participant has Civil/Legal Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Transportation	Indicates if participant has Transportation Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Family support	Indicates if participant has Family Support Need at intake	<i>At program intake</i>	Yes/No	Treatment tracking	Service provider
Exit only					
Additional treatment					
SUD/residential treatment	Indicate if participant received SUD/residential treatment at any point of being a Prop 47 participant	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Detox/withdrawal management	Indicate if participant received for Detox/Withdrawal Management at any point of being a Prop 47 participant	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Family/social					
Housing at exit	Indicate participant housing status at exit	Street= Homeless Emergency shelter= Homeless Bridge housing= Unstable Rapid housing= Unstable Transitional housing= Unstable Permanent supportive housing= Permanently housed Permanent housing= Permanently housed	1. Homeless 2. Unstable 3. Permanently housed	Program	Service provider
Employment/Education					
Employment Status at Exit	Indicates participant's employment status at exit	<i>At program exit; part-time or full-time</i>	Full time/Part-time/ Unemployed looking for work/Unemployed not looking/Not in labor force	CalOMS Admission	SanWITS

Field	Label	Examples/conditions	Data values	Form	Database
Enrolled in school at Exit	Indicate if participant is enrolled in school at exit	<i>At program exit</i>	Yes/No	CalOMS Admission	SanWITS
Highest Grade completed at Exit	Indicate highest level of education achieved by participant at exit	<i>At program exit</i>	1. <H.S. 2. H.S. Degree 3. GED 4. Vocational 5. AA 6. Bachelor's degree 7. Graduate Degree	Treatment tracking	Service provider
Assessed needs					
Mental health	indicates if participant has mental health need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
AOD	indicates if participant has AOD need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Vocational	indicates if participant has vocational need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Job Skills	indicates if participant has job skills need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Employment	indicates if participant has employment need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Educational	indicates if participant has educational need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Public benefits	indicates if participant has public benefits need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Medical home	indicates if participant has medical home need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Physical health	indicates if participant has physical health need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Housing	indicates if participant has housing need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Civil	indicates if participant has civil/legal need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Transportation	indicates if participant has transportation need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider
Family support	indicates if participant has family support need at exit	<i>At program exit</i>	Yes/No	Treatment tracking	Service provider

CJSUMMARY



Proposition 47 Grant Program – Stakeholder Survey Summary

December 2020

Research findings from the Criminal Justice Clearinghouse

401 B STREET, SUITE 800 | SAN DIEGO, CA 92101-4231 | T (619) 699-1900 | F (619) 699-6905 | SANDAG.ORG/CJ

SANDAG Board of Directors

The 18 cities and county government are SANDAG serving as the forum for regional decision-making. SANDAG builds consensus; plans, engineers, and builds public transit; makes strategic plans; obtains and allocates resources; and provides information on a broad range of topics pertinent to the region's quality of life.

Chair

Hon. Steve Vaus

City of Carlsbad

Hon. Cori Schumacher, Councilmember
(A) Keith Blackburn, Mayor Pro Tem
(A) Hon. Priya Bhat-Patel, Councilmember

City of Chula Vista

Hon. Mary Salas, Mayor
(A) Hon. Steve Padilla, Councilmember
(A) Hon. John McCann, Councilmember

City of Coronado

Hon. Richard Bailey, Mayor
(A) Hon. Bill Sandke, Councilmember
(A) Hon. Mike Donovan, Councilmember

City of Del Mar

Hon. Ellie Haviland, Mayor
(A) Hon. Dwight Worden, Councilmember
(A) Hon. Dave Druker, Councilmember

City of El Cajon

Hon. Bill Wells, Mayor
(A) Hon. Steve Goble, Deputy Mayor

City of Encinitas

Hon. Catherine Blakespear, Mayor
(A) Hon. Joe Mosca, Councilmember
(A) Hon. Kellie Hinze, Councilmember

City of Escondido

Hon. Paul McNamara, Mayor
(A) Hon. Olga Diaz, Councilmember
(A) Hon. Mike Morasco, Councilmember

City of Imperial Beach

Hon. Serge Dedina, Mayor
(A) Hon. Mark West, Councilmember
(A) Hon. Paloma Aguirre, Councilmember

City of La Mesa

Hon. Bill Baber, Councilmember
(A) Hon. Kristine Alessio, Councilmember
(A) Hon. Akilah Weber, Councilmember

City of Lemon Grove

Hon. Racquel Vasquez, Mayor
(A) Hon. Jennifer Mendoza, Councilmember
(A) Hon. Jerry Jones, Councilmember

City of National City

Hon. Alejandra Sotelo-Solis, Mayor
(A) Hon. Mona Rios, Councilmember
(A) Hon. Vacant

City of Oceanside

Hon. Jack Feller, Deputy Mayor
(A) Hon. Christopher Rodriguez, Councilmember
(A) Hon. Ryan Keim, Councilmember

City of Poway

Hon. Steve Vaus, Mayor
(A) Hon. John Mullin, Councilmember
(A) Hon. Caylin Frank, Councilmember

City of San Diego

Hon. Kevin Faulconer, Mayor
(A) Hon. Mark Kersey, Councilmember
(A) Hon. Vivian Moreno, Councilmember
Hon. Georgette Gomez, Council President
(A) Hon. Monica Montgomery, Councilmember
(A) Hon. Barbara Bry, Council President Pro Tem

City of San Marcos

Hon. Rebecca Jones, Mayor
(A) Hon. Sharon Jenkins, Mayor Pro Tem
(A) Hon. Maria Nunez, Councilmember

Vice Chair

Hon. Catherine Blakespear

Executive Director

Hasan Ikhrrata

City of Santee

Hon. John Minto, Mayor
(A) Hon. Ronn Hall, Councilmember
(A) Hon. Rob McNelis, Councilmember

City of Solana Beach

Hon. David A. Zito, Councilmember
(A) Hon. Jewel Edson, Mayor
(A) Hon. Kristi Becker, Councilmember

City of Vista

Hon. Judy Ritter, Mayor
(A) Hon. Amanda Rigby, Deputy Mayor
(A) Hon. Joe Green, Councilmember

County of San Diego

Hon. Jim Desmond, Vice Chair
(A) Hon. Dianne Jacob, Supervisor
Hon. Kristin Gaspar, Supervisor
(A) Hon. Greg Cox, Chair
(A) Hon. Nathan Fletcher, Supervisor

Advisory Members

Imperial County

Hon. Jesus Eduardo Escobar, Supervisor
(A) Mark Baza, Imperial County Transportation Commission

California Department of Transportation

Toks Omishakin, Executive Director
(A) Gustavo Dallarda, District 11 Director
(A) Ann Fox, Deputy Director

Metropolitan Transit System

Hon. Paloma Aguirre
(A) Hon. Bill Sandke

North County Transit District

Hon. Tony Kranz
(A) Hon. Priya Bhat-Patel
(A) Hon. Jewel Edson

U.S. Department of Defense

Joe Stuyvesant, Navy Region Southwest
Executive Director
(A) Steve Chung, Navy Region Southwest

Port of San Diego

Hon. Garry Bonelli, Commissioner
(A) Hon. Dan Malcolm, Commissioner

San Diego County Water Authority

Mel Katz, Director
(A) Gary Croucher, Vice Chair
(A) Vacant

San Diego County Regional Airport Authority

April Boling, Chair
(A) Paul Robinson

Southern California Tribal Chairmen's Association

Hon. Cody Martinez, Chairman,
Sycuan Band of the Kumeyaay Nation
Hon. Edwin "Thorpe" Romero, Chairman,
Barona Band of Mission Indians

Mexico

Hon. Carlos González Gutiérrez
Cónsul General of Mexico
(A) Hon. Mario Figueroa
Deputy Cónsul General of Mexico
(A) Hon. Natalia Figueroa, Vice Consul

As of June 2020



Background

In June 2017, San Diego County, in partnership with the City of San Diego City Attorney's Office (CAO), was awarded a three-year Proposition 47 grant (Prop 47) from the California Board of State and Community Corrections (BSCC). Due to longer than expected project start-up times amongst Cohort 1 grantees throughout the state, the BSCC made available an optional no-cost time extension to each of the grantees, to ensure sufficient time to meet all program goals and objectives. The optional no-cost time extension was requested and received for the San Diego County project, which extended the grant period through August 15, 2021. Over the course of the four-year grant period, the project is employing an evidence-based approach to connect a minimum of 400 individuals with a Prop 47-impacted misdemeanor to comprehensive substance use disorder treatment, housing (when needed), and a range of supportive services (e.g., job training, transportation, mental health, educational services). The County of San Diego is collaborating with the CAO to oversee the expansion of the City's San Diego Misdemeanor At-Risk Track (S.M.A.R.T.) program and the implementation of a new County program for Community-Based Services and Recidivism Reduction (CoSRR). CoSRR is being implemented in two geographic locations – StrengTHS in the central region of the county by Episcopal Community Services (ECS) and Recovery for Life (RFL) in the northern region by North County Lifeline (NCL).

The Applied Research Division of San Diego Association of Governments (SANDAG) is the external evaluator and is responsible for conducting the process and outcome evaluation. As part of the evaluation, SANDAG is actively engaged in gathering and reporting timely data throughout the grant period to help inform the implementation and make any mid-course program adjustments as needed. In January 2019, a Stakeholder Survey soliciting feedback on the project implementation was conducted, yielding 66 respondents. The information was summarized and presented to all partners and at the Local Advisory Committee meetings, which are open to the public. The data were also included in a two-year BSCC interim report. This summary report is an example of "action research" and provides the results of a second surveys administered to partners, community members, and key stakeholders.

As a result of the first survey, the second survey was modified slightly by removing some questions that provided duplicative answers and adding others to assess change over time. The results of these Stakeholder Surveys address program **Goal 2-Objective 4 ("Engage 200+ participants and community members in providing feedback each year")** of the Prop 47 evaluation. This survey was conducted over four weeks between April and May 2020. SANDAG emailed the survey to 240 individuals who were identified as Prop 47 grant-funded program stakeholders through their participation as either a service provider, a member of the Project Local Advisory Committee, a member of the Project Coordinating Council, a member of the S.M.A.R.T. Neighborhood Advisory Committee, or an attendee at Local Advisory Committee meetings. The email contained a cover letter explaining the intent of the survey and a link to the survey. Participation was voluntary and responses were anonymous. Three reminder emails were sent during the data collection period to maximize participation. Out of the 240 surveys emailed, 75 stakeholders responded, resulting in a 31% response rate, a slight decrease from last year's response rate (40%).

Prop 47 meetings

Prop 47 Local Advisory Committee

The group that was created as mandated by the grant to oversee program design and implementation. Public meetings convene bi-monthly. Includes community, stakeholders, and program partners.

Prop 47 Project Coordinating Council

Internal group of program stakeholders, service providers, and evaluators. Meets as needed.

S.M.A.R.T. Neighborhood Advisory Meeting

Public meeting to discuss implementation of S.M.A.R.T. program. Meets quarterly. Includes stakeholders and community members.

SANDAG Prop 47 Evaluation Meetings

Internal meeting held monthly with each of the programs to monitor progress and validate data.

Results

What are the survey respondents' characteristics?

The survey gathered information about the project implementation overall, as well as the implementation of the three separate programs. The first set of questions were directed to all survey respondents and pertained to how the entire Prop 47 project was being implemented. The second part focused on each of the three Prop 47 programs, and respondents were directed only to answer questions about the program with which they were most familiar.

RFL and S.M.A.R.T had similar proportions of respondents familiar with the program (51% and 49% respectively), while StrengTHS comprised around a third (33%) of all respondents (Figure 1). Most respondents (72%) were familiar with one of the programs, an increase of 20% from the prior survey.¹ Less than one in ten were familiar with two (9%) or all three (19%) programs (not shown).

Respondents represented a wide variety of stakeholders, with the majority identifying as a partner agency (i.e., Public Defender, District Attorney, City Attorney) (32%), service provider (32%), or community member (22%) (Figure 2).

Figure 2

How have you participated in the above program(s)?

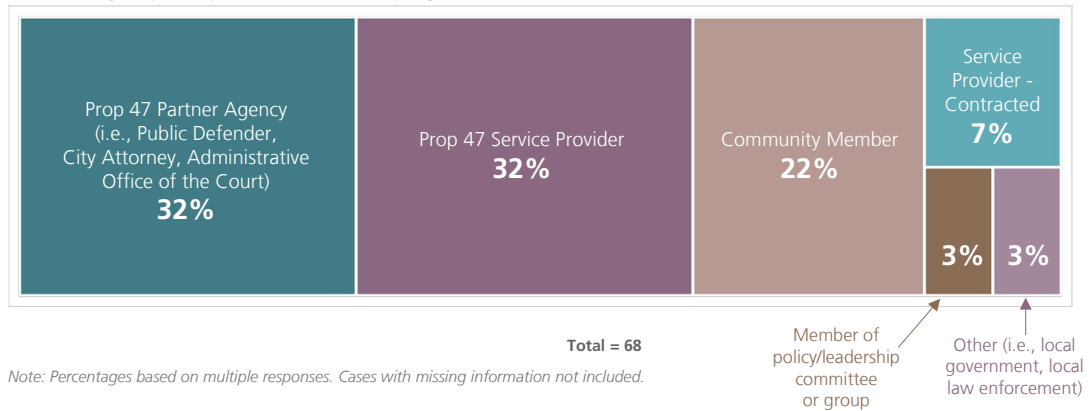


Figure 1

Which Prop 47 program(s) are you familiar with?

51%	RFL
49%	S.M.A.R.T.
33%	StrengTHS

Total = 68

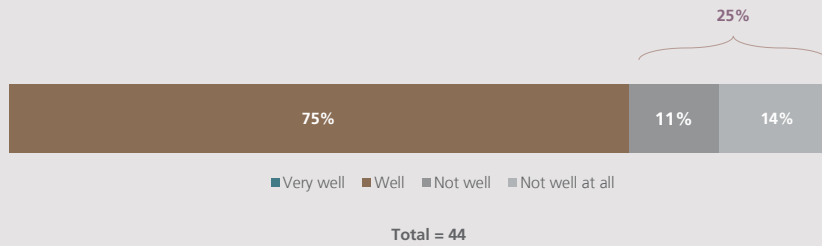
Note: Percentages based on multiple responses. Cases with missing information not included.

¹ The final report will provide a more in-depth comparison across all surveys. For the purposes of brevity, only key differences are noted in the text.

How well is the Prop 47 project engaging and providing services to the target population?

When asked how well Prop 47 was engaging the population on a four-point scale from “**VERY WELL**” to “**NOT WELL AT ALL**”, none of the respondents reported the program was doing “**VERY WELL**”, however three quarters (75%) felt it has been doing “**WELL**” in engaging clients in the program. This was a positive increase from the last survey’s results (69%). As reflected by the 25% who did not feel it has been doing well, engagement is an area of continued improvement that both partners and providers are aware of and attempting to address (Figure 3).

Figure 3
How well are Prop 47 programs engaging the target population?



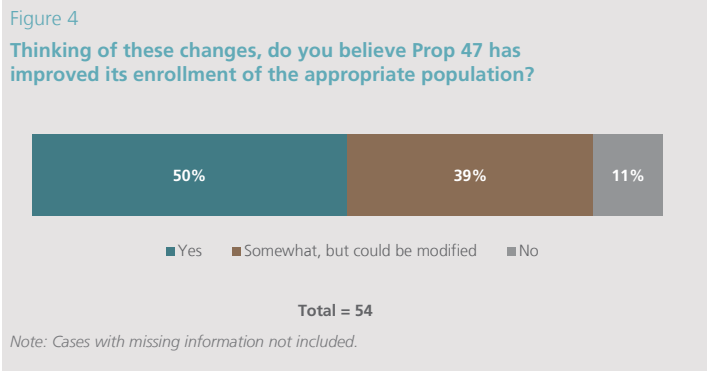
Note: Cases with missing information not included.

When asked if there are areas the programs could improve to better serve the needs of the target population, more than two-thirds (69%) said “Yes”, while the remaining third (31%) did not think the programs needed improvements in this area. When respondents (n=35) who thought there could be improvements to better serve the needs of the target population were asked to expand, suggestions included: modifying or expanding the target population (41%), improving or adding specific services (i.e., family based resources, peer support services, residential treatment) (19%), implementing stricter program compliance (11%), improving communication with clients or partners (8%), improving community relationships (8%), adding more emergency or flex funding (5%), increasing staff to client ratios (5%), and opening facilities to the homeless (3%).

Has the Prop 47 project made appropriate adjustments to increase enrollment of the target population?



The survey asked a series of new questions based on feedback on enrollment from the first survey to gauge how well the Prop 47 programs have been making the appropriate adjustments to increase enrollment of the target population. When asked if respondents were aware of these efforts to increase enrollment, 84% responded affirmatively, while 16% responded they were unaware of the efforts to increase enrollment. Of those who were aware of the efforts to increase enrollment, half (50%) thought these changes have improved enrollment, 39% thought enrollment had been only somewhat improved, and 11% thought there had been no improvements (Figure 4).



Twenty respondents provided suggestions for further program adjustments. These adjustments included expansion of the eligibility criteria (i.e., PC 1000, individuals with “alternative” offers, those without mental health issues, and PC 290 registrants) (23%), furthering coordination with homeless providers or other community-based partners (18%), furthering court involvement (i.e., judge ordered client meetings, involvement of specific court offices) (14%), increasing client resources (i.e., more mental health options, providing bus passes) (14%), expansion or modification of outreach efforts (14%), stricter program methods (i.e., consequences for criminal behavior, required participation) (9%), and one each (5%) called for better assessment procedures and increasing program capacity.

Key survey takeaways about further modifications needed:

“It should be opened up to people that fall under multiple programs. Such as AB 109 or formal probation.”

“More direct connect to other CBOs that serve the Prop 47 population and maybe specific community outreach efforts.”

“[The program] needs more mental health resources for people being released from jail and halfway homes.”

- Key survey takeaways about serving the target population**
- Half (50%) of respondents think Prop 47 has improved its enrollment of the appropriate population.
 - Three-fourths (75%) think Prop 47 is doing well in engaging clients.
 - Over two-thirds (69%) think there are still areas to improve to better serve the needs of the target population. Suggestions include:
 - Modifying or expanding the target population
 - Improvements to specific services

How well is the project being managed?

To garner feedback on how well the project is being managed overall, respondents were asked a series of questions about the implementation structure, including the meetings and how useful they found them. Over a quarter of respondents (27%) had not attended any of the Prop 47 meetings. Figure 5 denotes the percent of those who attended the various meetings.

Of those who attended the meetings, most (54% or more) thought the meetings included the appropriate individuals, provided valuable information to attendees, were held frequently enough to keep partners informed, and had a clear purpose “**ALL OF THE TIME**” or “**MOST OF THE TIME**” (Figures 6 to 9). S.M.A.R.T. Neighborhood Advisory Committee meetings were identified as having the most room for improvement, with over 20% of respondents indicating “**SOME OF THE TIME**” or “**SELDOM**” across three of the four metrics, whereas the other meetings received these ratings by less than 20% of attendees.

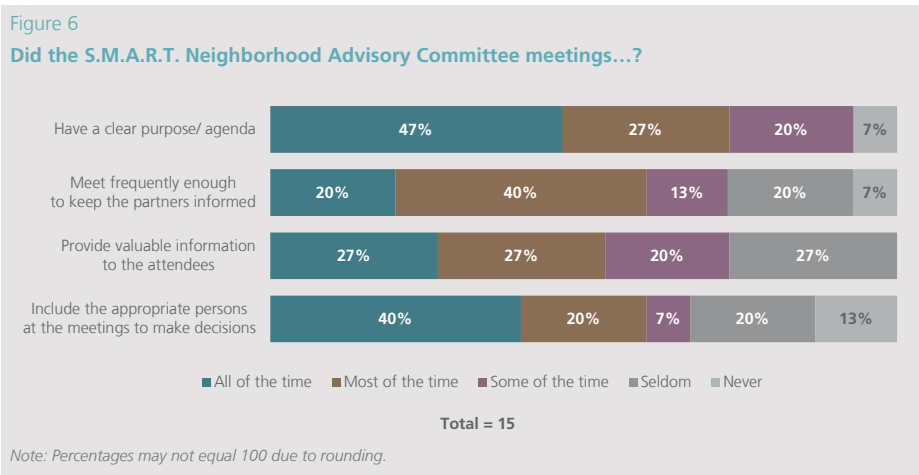
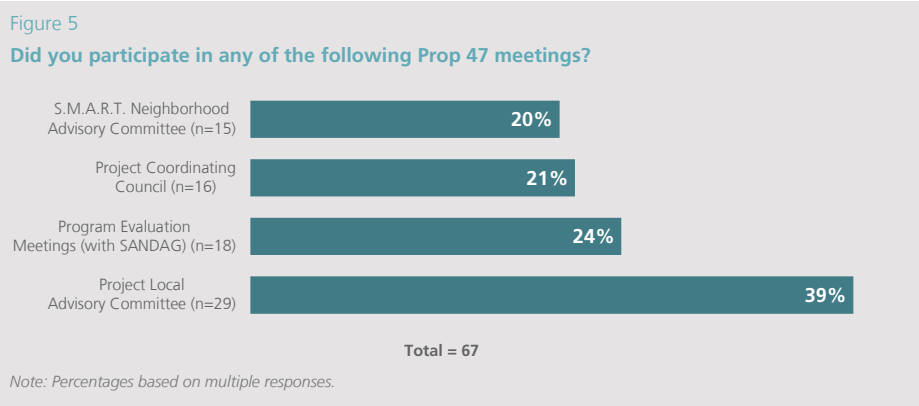
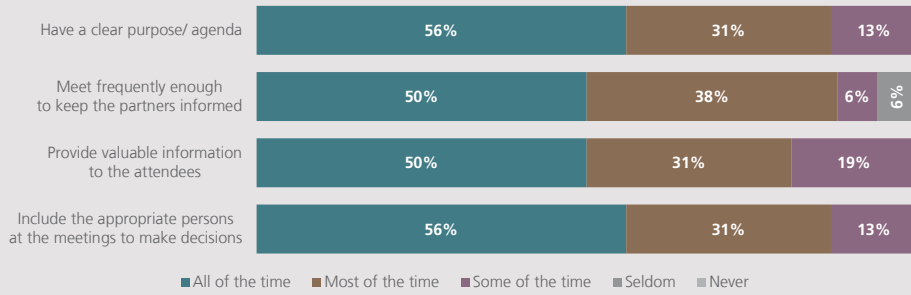


Figure 7

Did the Project Coordinating Council meetings...?

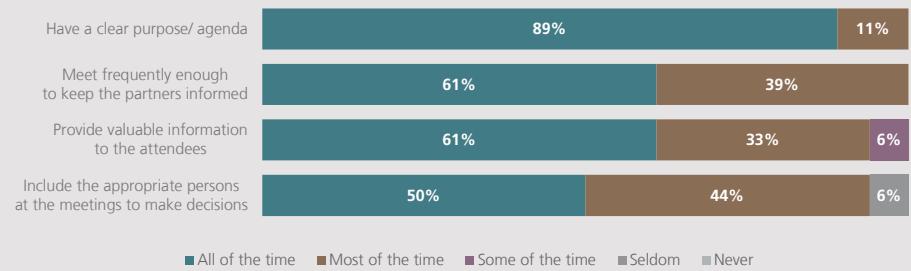


Total = 16

Note: Percentages may not equal 100 due to rounding.

Figure 8

Did SANDAG's Program Evaluation meetings...?

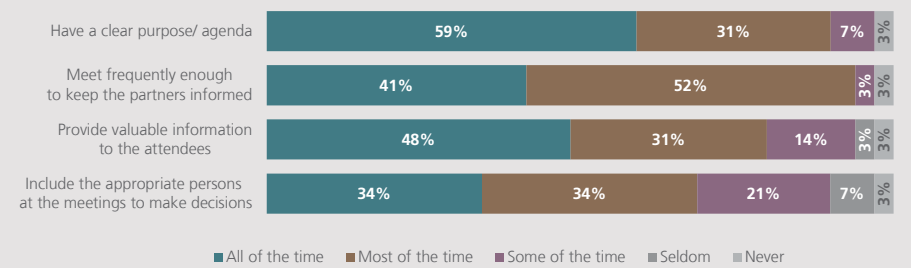


Total = 18

Note: Percentages may not equal 100 due to rounding.

Figure 9

Did the Project Local Advisory Committee meetings...?



Total = 29

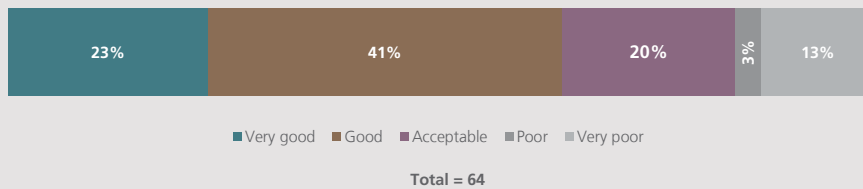
Note: Percentages may not equal 100 due to rounding.

How well is the project being implemented?

Respondents were asked how well the project has been implemented overall and to explain their rating. Almost two-thirds (64%) believe the grant implementation has been “**VERY GOOD**” or “**GOOD**”, which was an improvement from last year’s 48%. Twenty percent (20%) rated the implementation as “**ACCEPTABLE**”, and the remaining 16% believe it had been “**POOR**” or “**VERY POOR**” (Figure 10).

Figure 10

Overall, how well do you think the project has been implemented to date?



Note: Cases with missing information not included.

When asked to elaborate on lower ratings, respondents (n=17) felt the program’s investments were leading to too few successes (32%), low enrollment or engagement of clients (26%), lack of community involvement (16%), a need for better communication about resources and services (11%), and one respondent (5%) each thought there was a lack of transparency regarding the program, the long and changing implementation process was a barrier, and that implementation of services was lacking (not shown). Compared to last year’s results, the noted barriers have shifted to a focus on programmatic success and community involvement, compared to the long and changing implementation process and lack of resources which were top concerns in the 2019 survey. However, low enrollment remains one of the main concerns across both surveys.

Figure 11

Comments on areas of improvement

Key survey takeaways about implementation structure

Positive Takeaways:

The program is helping participants:

- *"The grant has helped to prevent recidivism within the Prop 47 population, and has helped this population so well that outreach has been kept up by word of mouth, not simply from court referrals."*
- *"Prop 47 participants have a funding stream that actually helps break down barriers and provides hope that the system actually cares and wants them to succeed at the same time providing much needed resources."*
- *"I have personally worked with some of the folks who have received services through Prop 47 and they are extremely thankful and this program has literally saved their lives."*
- *"Services made available for participants are very helpful."*

Supports collaboration and coordination:

- *"[The program] is willing to problem-solve and coordinate treatment and care."*
- *"Very good collaboration among stakeholders."*

Areas for Improvement:

Investments not leading to success:

- *"[The program had a] very late opening with no results."*
- *"There have been millions of dollars spent in an unproven model that is still not up and running and is wasting taxpayer dollars."*

Low enrollment or engagement of clients:

- *"The lives have changed for the better for those who participated in the program, but the number of participants has been low."*
- *"The lack of results are due to the difficulty in finding the very specific population and engaging them once identified."*

Lack of community involvement:

- *"There is a lack of community engagement and outreach."*

Better Communication:

- *"It has come to my attention that the people that would benefit from Prop 47 grant are not well informed concerning the resources available to them."*

Respondents were also asked what they believe the three greatest successes of program implementation overall had been thus far. Respondents top programmatic successes included providing clients access to treatment and services (21%), facilitating recovery and client success stories (14%), offering housing to clients (13%), positive partnerships (13%), and program modifications (10%) (Figure 12). Other responses included client engagement (9%), outreach and referral processes (5%), community involvement (4%), facilitation of employment for clients (4%), and perceived reduction of recidivism (3%).

Figure 12

Top three Prop 47 successes and areas for improvements

Successes

- *Access to treatment services*
- *Facilitating recovery*
- *Inclusion of housing in program model*

Improvements

- *Expand outreach and referral pathways*
- *Expand Prop 47 eligible population*
- *Improve existing services and treatment*

Overall, 80% or 52 respondents agreed the grant implementation could be improved, which was a decrease from 93% in the 2019 survey. Specific suggestions echoed responses noted earlier, with an emphasis on building more client outreach and referral pathways, expanding the Prop 47 eligible population, improving services and treatment, and enhancing partnerships. More specifically, suggested areas of improvements included:

- Expand outreach and referral pathways (28%)
- Expand the Prop 47 eligible population (17%)
- Improve existing services and treatment (15%)
- Enhance and increase partnerships (i.e., private business, additional jurisdictions) (15%)
- Improve community involvement (11%)
- Provide more housing (4%)
- Increase funding (4%)
- Privatization of the program (2%)
- Adjusting the program model (2%).

Key survey takeaways on the quality of program

- *Most respondents felt Prop 47 was being implemented at an acceptable or good level.*
- *The greatest success of Prop 47 thus far included the provision of treatment services to this population, facilitating recovery and client success stories, offering housing to clients, and the positive partnerships.*
- *Program modifications were mentioned as a success showing the programs responsiveness to feedback from community members, the evaluation team (SANDAG), and stakeholders.*
- *Room for continued improvement included expansion of outreach and referral pathways, expanding the eligibility criteria, and improving existing services and treatment.*

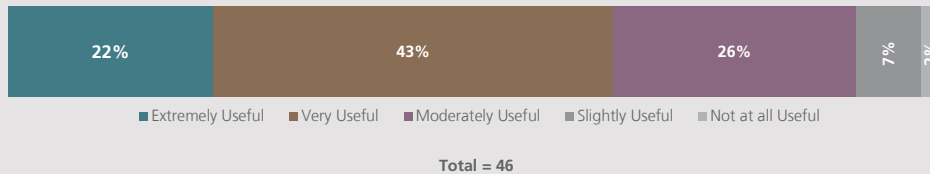
Several program modifications have been implemented during the grant period - how useful have these modifications been in improving the program?



In response to challenges encountered earlier in the grant period, several program modifications have been implemented. These changes include, but are not limited to, expansion beyond the courts to include community engagement, expansion of the eligibility criteria (i.e., DUI charges, PC 1000 individuals in select areas), and retaining clients while they receive higher levels of care (i.e., residential treatment).² Almost two-thirds (65%) felt that program modifications have been “**EXTREMELY USEFUL**” or “**VERY USEFUL**”, with 26% believing they were “**MODERATELY USEFUL**”, and only a few (9%) selecting “**SLIGHTLY USEFUL**” or “**NOT AT ALL USEFUL**”.

Figure 13

How useful have these modifications been in improving the program?



Note: Cases with missing information not included.

Twenty-two respondents responded to the question “Which modification do you think has been the MOST useful?” The majority thought expanding outreach and referral pathways was the most useful (86%), and the remaining respondents thought the improvements to resources and services was the most useful (14%). When asked what modification was the least useful, only four respondents answered. Responses included outreach modifications (3) and incentive modifications (1).

Prop 47 program specific feedback

To gather more specific feedback about the different programs, respondents were asked to answer a similar set of questions pertaining to the program they were most familiar with rather than Prop 47 overall. Two in five respondents selected to answer questions about RFL (40%), followed by S.M.A.R.T. (39%), and one in five for StrengTHS (21%). The following sections are summaries of responses by program.

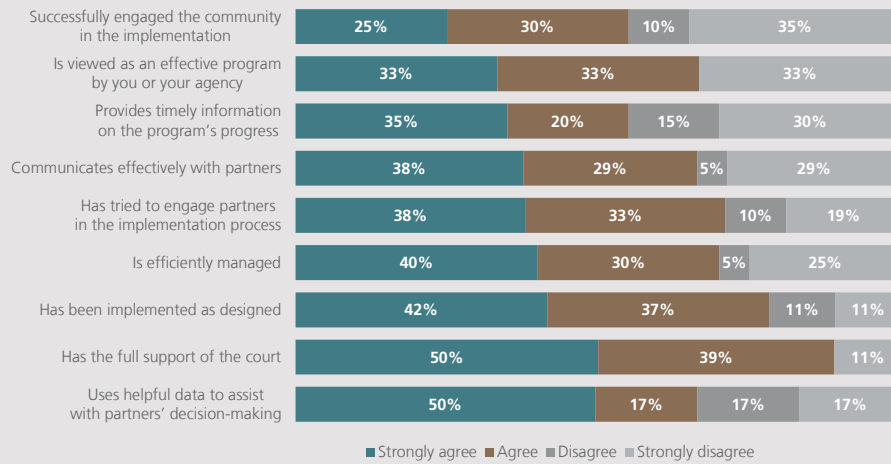
S.M.A.R.T.

Over half of respondents felt S.M.A.R.T. has been implemented and managed well according to the nine questions asked across these topics. The greatest areas of improvement related to providing timely information on the programs’ progress (45%) and successfully engaging the community in the implementation (45%) (Figure 14).

² For a comprehensive list of program modifications and an overview of the programs’ progress at the two-year threshold, please see SANDAG’s two-year evaluation report: sandag.org/uploads/publicationid/publicationid_4626_26597.pdf

Figure 14

How well has S.M.A.R.T. been implemented and managed?



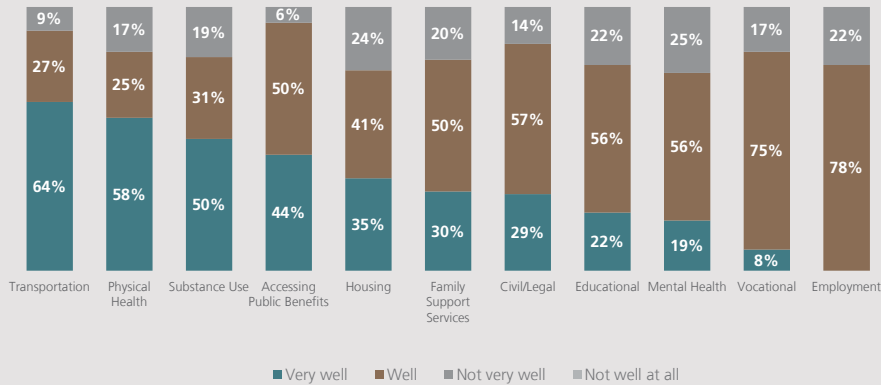
Total = 18-21

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

When asked to rate how well S.M.A.R.T. is meeting participants' needs, the respondents were generally positive. Public benefits (94%), transportation (91%), and civil/legal (86%) had the largest percentage rated as either "VERY WELL" or "WELL" (Figure 15). Further, 71% of respondents agreed they would recommend the S.M.A.R.T. program to eligible clients (not shown).

Figure 15

How well is S.M.A.R.T. meeting the needs of its participants?



Total = 9-17

Note: Cases with missing information not included.

Almost three-quarters (71%) of S.M.A.R.T. respondents reported the program has the necessary resources to meet its objectives, a notable increase from the prior survey (46%). Of the seven respondents who felt the program does not have the resources to meet its objectives, five shared suggestions for additional resources. Three felt there is a need for service improvements (i.e., housing, hotel operations, and employment services) and two felt resources involving community support/awareness were needed (not shown).

Looking forward, respondents were asked their thoughts on S.M.A.R.T continuing to serve this population after Prop 47 grant funds end. Sixty-one percent (61%) felt S.M.A.R.T. would continue services. Those nine respondents who felt services would not continue, felt the lack of funding would be an issue (2), the program model and management was unsustainable (2), and one each believed that a lack of client success, lack of resources, or low client numbers would hinder their services continuing (not shown).

S.M.A.R.T. takeaways

- 71% would recommend SMART to those who are eligible.
- 79% agreed that the program is being implemented as designed.
- Access to public benefits, transportation, and civil/legal services received the highest ratings on how well the program was meeting participants needs.
- 61% believe that S.M.A.R.T will continue to serve this population after Prop 47 grant funds end.

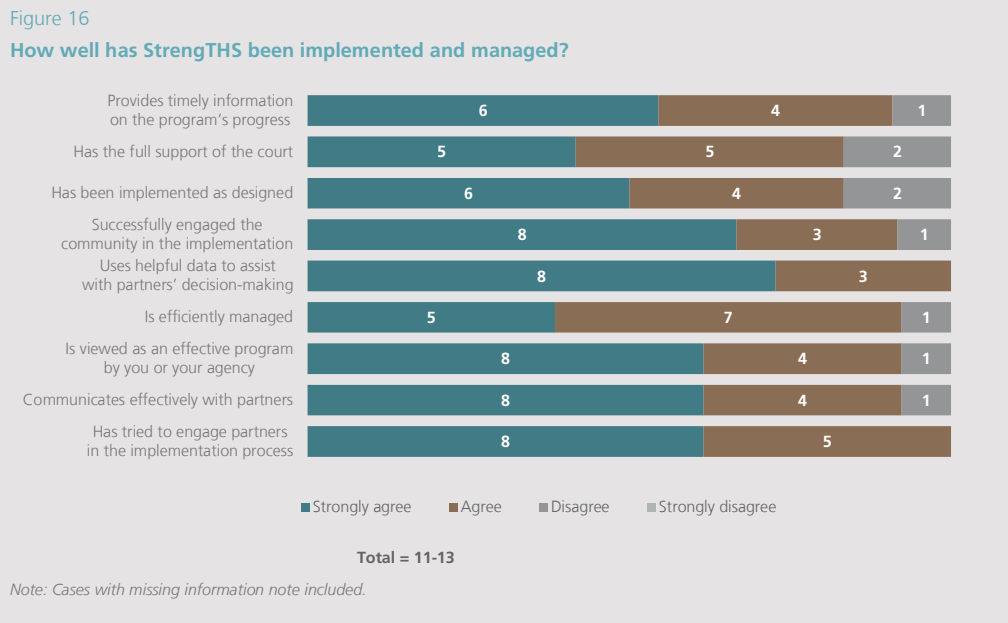
Areas for improvement:

"To ensure continued outcomes and to assist with relapses and intensity of care, wrap around Prop 47 services and housing; particularly for S.M.A.R.T. clients is a necessary element for success."

"Need community engagement for success."

StrengTHS

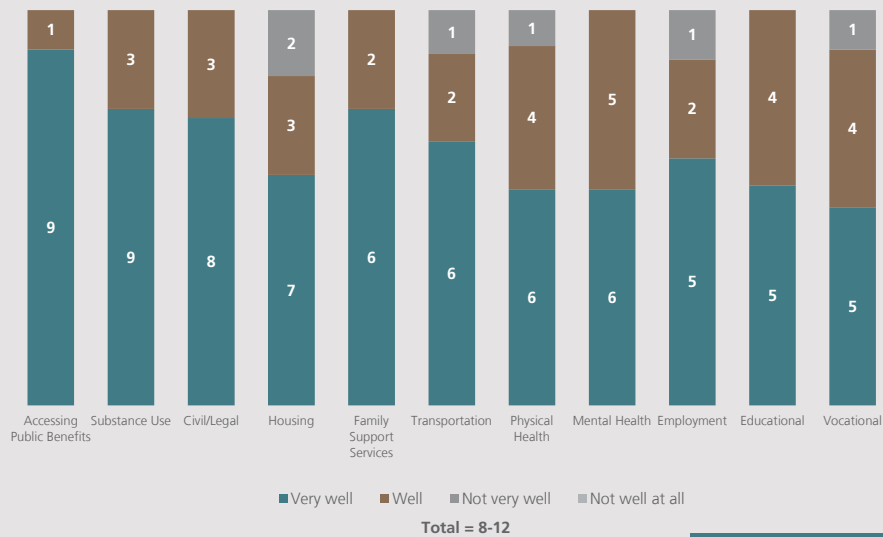
The 13 respondents who said they were most familiar with StrengTHS responded positively regarding the program’s implementation and management. The highest areas of agreement included, the program has tried to engage partners in the implementation process (13), communicates effectively with partners (12), is viewed as an effective program by the respondent’s agency (12), and is efficiently managed (12) (Figure 16).



When asked how well StrenGTHS is meeting participants' needs, respondents rated six out of the ten categories as either "VERY WELL" or "WELL." Housing was the only category with more than one respondent rating it "NOT VERY WELL" (Figure 17). Further, all 13 respondents agreed that they would recommend the StrenGTHS program to eligible clients (not shown).

Figure 17

How well StrenGTHS is meeting the needs of its participant



Note: Cases with missing information not included.

Responses indicated the program is doing well in meeting its goals. Twelve (12) out of the 13 respondents reported the program had the required resources to meet its objectives; however, one respondent shared that resources for permanent housing is an additional need. (not shown). When asked if the StrenGTHS program will continue serving the population after Prop 47 grant funds end, 11 out of 12 responded affirmatively. When the one respondent was asked why StrenGTHS would not continue serving this population, they suggested the low client numbers would be an issue.

StrenGTHS takeaways

- 100% would recommend StrenGTHS to those who are eligible.
- Ten (10) out of 12 thought the program was implemented as designed.
- Substance use treatment, civil/legal services, and mental health treatment received the highest ratings on how well the program was meeting participants needs.
- Eleven (11) out of 12 believe that StrenGTHS will continue to serve this population after Prop 47 grant funds end.

Positive takeaways:

"This is a great program. It has changed a lot of lives. Obviously, we would like it to capture a larger portion of the population but, the lives that have been changed make it all worth it."

"ECS [StrenGTHS] is by far the best program that we have worked with. We have recovery residences and we thoroughly enjoy the communication and recovery aspect of this program."

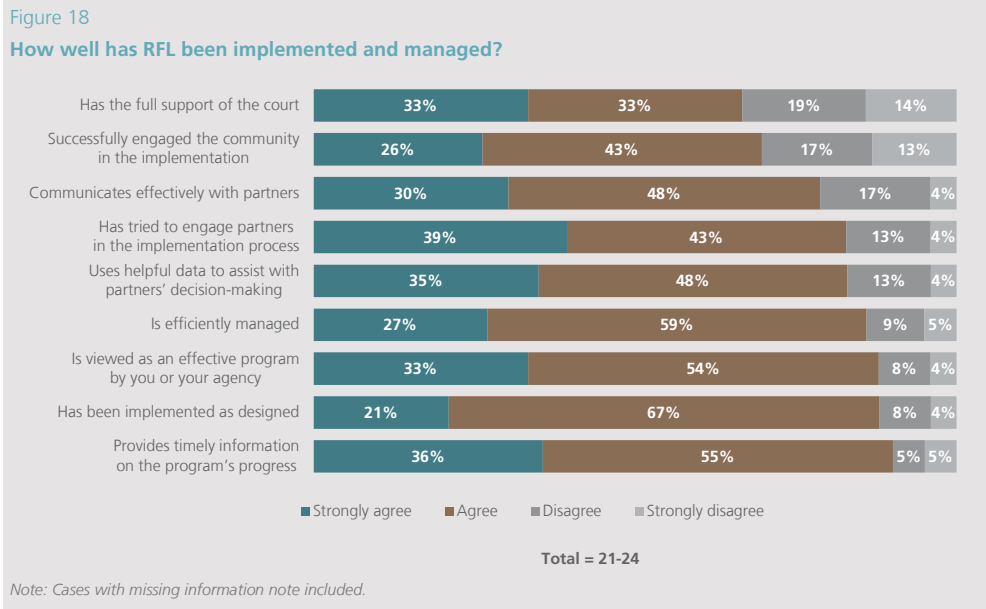
Areas for improvement:

"Very few participants overall."

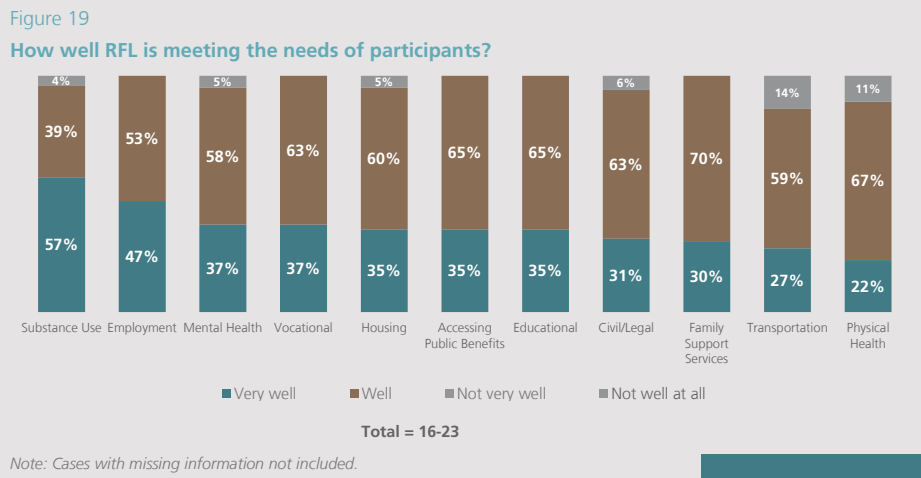
"More focus/resources should be on housing and helping the target population become more self-sufficient."

Recovery For Life (RFL)

RFL respondents generally agreed with positive statements related to RFL’s implementation and management. The statements regarding RFL providing timely information (91%), being implemented as designed (88%), being viewed as an effective program by the respondents’ agency (87%), and being efficiently managed (86%) had the highest proportion of respondents who answered “**STRONGLY AGREE**” or “**AGREE**”. The areas for greatest improvement included having the full support of the court and successfully engaging the community (Figure 18).



In regard to meeting the needs of the clients, respondents generally felt the program was doing a good job meeting their various needs. Five out of eleven service areas were noted as being met **“VERY WELL”** or **“WELL”** by all respondents. The two areas with the greatest proportion of respondents noting **“NOT VERY WELL”** were transportation (14%) and physical health (11%) (Figure 19). These responses align with the greater part of respondents (96%) agreeing they would recommend RFL to eligible clients (not shown).



Most respondents (88%) believe that RFL has the necessary resources to meet its objectives. When those who did not think RFL has the necessary resources expanded on their choice, one each said more staff and flexibility, more flex funds, or higher levels of care are needed to reach their objectives (not shown).

When asked their thoughts on if RFL would continue to serve this population after Prop 47 funds end, the majority (72%) responded affirmatively; however, about one quarter (28%) responded they did not think RFL would continue serving this population. Of those who responded negatively, they all agreed a lack of funding would hinder the program from continuing services (not shown).

RFL takeaways

- 96% of those surveyed would recommend RFL to those who are eligible.
- 88% of respondents felt the program had the necessary resources to meet its objectives.
- 5 out of 11 service areas were noted as being met **“VERY WELL”** or **“WELL”** by all of the respondents.
- The areas for greatest improvement were having the full support of the court and successfully engaging the community.

Positive takeaways:

“The participants have responded very well to RFL and Prop 47, feeling more support at the macro level and understanding that these efforts are here to understand barriers to recovery and trying the best to reduce recidivism.”

“This is an extremely challenging population and is often in a relapse situation - there is a definite need for these program services and necessary support to the clients.”

Areas for improvement:

“One area of concern is demographics. Current data suggest that Prop 47 programs are underserving minorities.”

“To allow residential SUD treatment program graduates into RFL even if the individual remains in court ordered formal probation.”

Summary

As part of the Prop 47 evaluation, SANDAG distributed the second survey to key partners and stakeholders to garner feedback on the implementation and progress of the program. Survey questions inquired about the management and value of project meetings, Prop 47 program strengths, and areas of improvement (as a whole and by individual programs).

The results showed that overall, respondents felt positively about the program, but there is room for continued growth and improvement. Some of the greatest strengths were the provision of treatment services, as well as facilitating recovery and client success stories. Overall, the program was viewed as being implemented well and as designed. For general program feedback, respondents felt there needed to be further expansion of outreach and referral pathways, as well as modifications to the target population. Specific areas of improvement varied by program, however enhancing housing services and increasing community engagement are themes that arose across all programs.

This year's survey included new questions regarding program modifications made throughout the grant period. The majority of respondents felt these modifications helped improve enrollment of the appropriate population and rated them as useful. The most useful modification was expanding outreach and referral pathways, while the areas for further modifications included expanding eligibility criteria and increasing court involvement (i.e., judge ordered client meetings, involvement of specific court offices).

The purpose of this survey goes beyond a metric to measure implementation and serves as a tool to guide discussion and modifications as needed.

Appendix D: Housing Category Definitions Guide

Housing type	Description	Key elements	Goal	Duration	Examples
Emergency shelter	Short-term, provides basic services May operate as seasonal, and/or may be open for less than 24 hours a day	A bed might not be guaranteed each night for those who stayed a previous night	Prevent participant from sleeping on the street in an emergency	1 night (nightly)	Participant is homeless, but alternative housing not available until following day(s)
Interim housing	Short-term, provides basic services	Bed reserved from night to night – no housing voucher	Temporary stay while participant creates housing plan	120 days (no max)	YWCA Cortez Hill PATH Connections Father Joe's Villages
Bridge housing	Short-term, provides basic services Bed reserved from night to night	Has a housing voucher, but access to permanent housing is still being arranged	Temporary while participant waits for housing	120 days (no max)	Any Interim situation if participant has voucher
Rapid housing	Temporary support and services designed to help increase household income to maintain long-term housing	Individuals who have potential for stable housing but need temporary support (e.g., move-in costs, rental assistance) to reengage with stable housing	Designed to help individuals quickly exit homelessness and reengage in long-term stability Helps participants fully assume cost of rent without assistance from program	6–9 months, with case management	Provide a few month's rent to individual coping with unexpected job loss/housing loss
Transitional housing	Time limited supportive housing (up to 24 months)	Residential program paired with supportive services to target needs including: substance abuse, mental illness, domestic violence, lack of sufficient income, or legal issues	Helps participant achieve permanent housing by addressing a specific need that might hinder this goal	Limited to 24 months	Sober Living/ Recovery Residence Board and Care
Permanent supportive housing	Community-based housing paired with supportive services to help people with disabilities	Rent being paid by participant, however s/he may not be able to live alone due to a disability	Long-term housing with supportive care	Indefinite	ACT
Permanent housing	Complete independence where cost of living is fully assumed by the participant	Rent responsibility fully assumed by participant Expectation between participant and residence is that it is permanent	Long-term housing, independent of programming	Indefinite	Apartment/House Family Sober Living/Recovery Residence (IF no time limit AND participant is paying rent independent of program)

Appendix E: Quarterly Dashboards

CJ Monthly:
Updates from the
Criminal Justice
Clearinghouse

Proposition 47 Grant Program- San Diego Recovery for Life



119

RFL offers from NCL

This report contains data collected for the Proposition 47 grant program evaluation for the Recovery for Life (RFL) program from the start of the program (May 2018) to the most current data submission available. These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

Dashboard updated:
April, 2021

Figure 1: Public Defender (PD) in-court screening summary

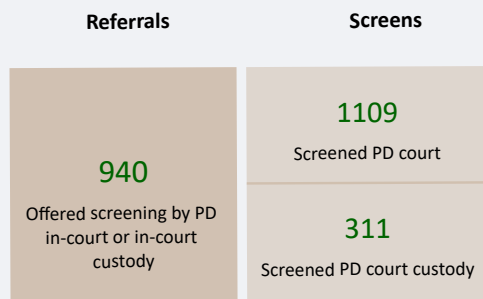


Figure 2: Referral sources for all screened individuals (n= 2,376)

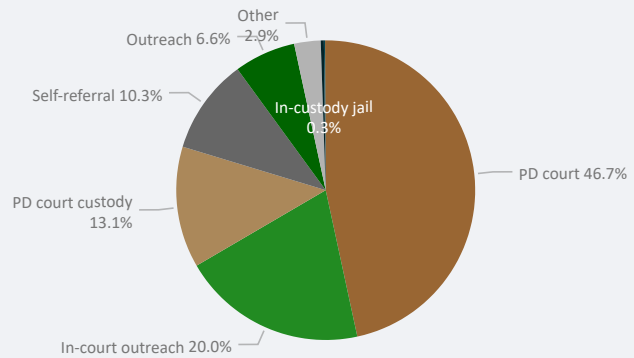


Figure 3: Screening outcome (n= 2,376)

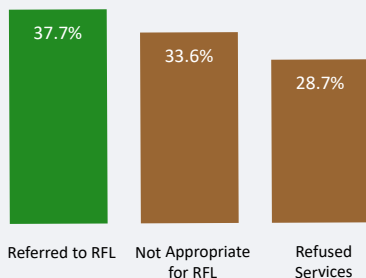


Figure 4: RFL referral outcome (n= 896)

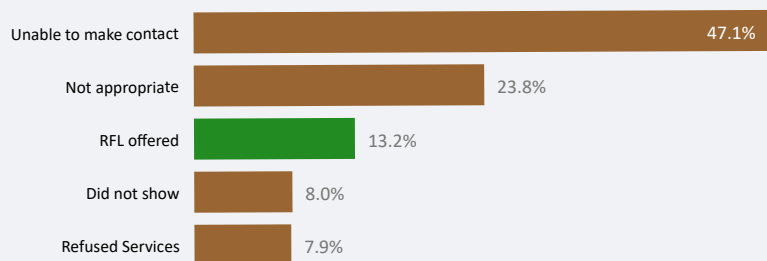
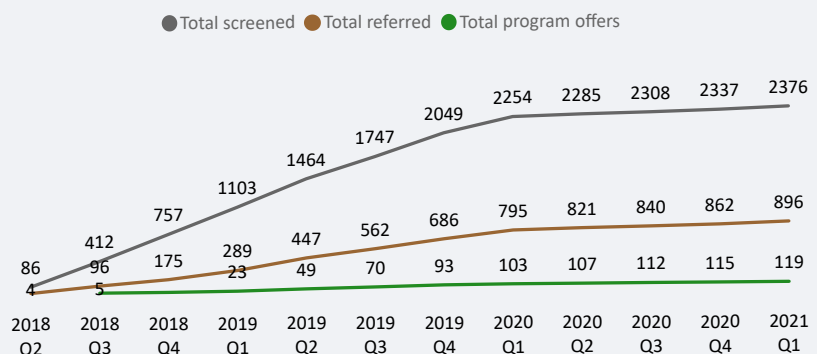


Figure 6: RFL attrition summary

- 940**
Total Prop. 47 eligible in court
- 2,376**
Screened by NCL staff
- 896**
Referred to RFL
- 119**
RFL program offers
- 105**
Unique clients enrolled

Figure 7: Cumulative program numbers over time



Notes

Cases with missing data are excluded from analysis in each figure. In Figure 3, the "Not appropriate" category includes individuals who did not meet medical necessity, were severely mentally ill, were already in a program, had DUI charges, live out of service area, are still in custody, or other missing reason. In Figure 4, "Open Referrals" are individuals who RFL is attempting to contact for follow-up.

Proposition 47 Grant Program- San Diego

RFL/CoSRR



This report contains data collected for the Proposition 47 grant program evaluation for the Recovery for Life (RFL) program from the start of the program (May 2018) to the most current data submission available. Cases with missing data are excluded from analysis. These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

Dashboard updated:
April, 2021

105

total unique clients

89

clients with consents

111

episodes

22

reentry episodes

99.6

average cumulative days in program (discharged clients)

Figure 1a: Current client status

Active

19

Discharged

86

Figure 1b: Program intakes over time

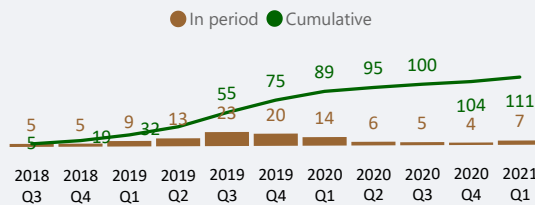


Figure 1c: Program discharges over time

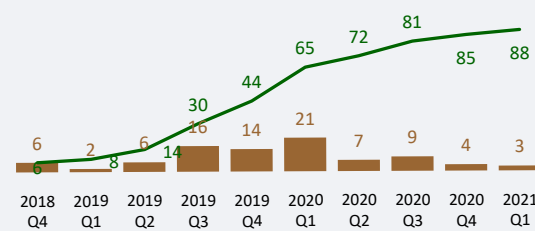


Figure 2: Gender (n= 89)

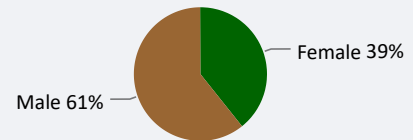


Figure 3: Age (n= 89)

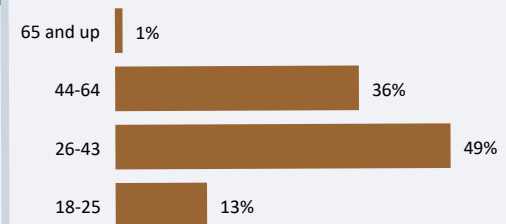


Figure 4: Race/Ethnicity (n= 89)

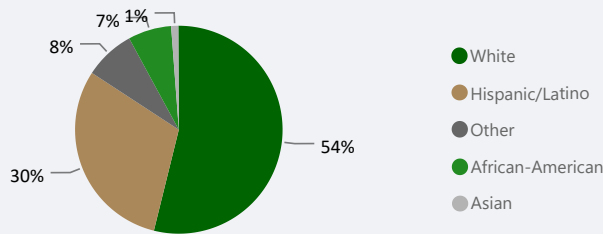


Figure 5: Education level (n= 89)

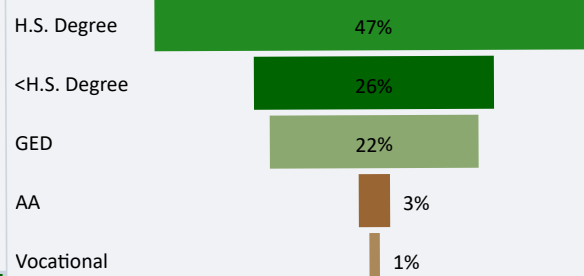


Figure 6a: Primary drug of use

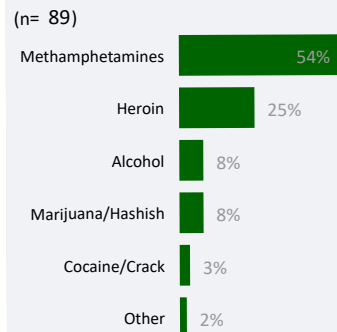


Figure 6b: Secondary drug of use

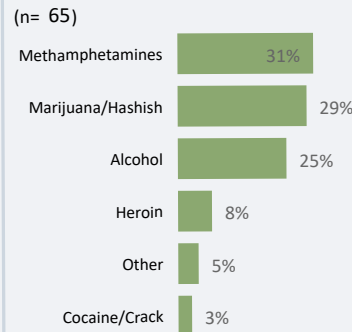


Figure 7: Employment status at intake (n= 89)

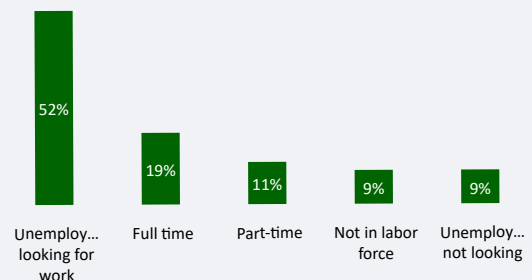
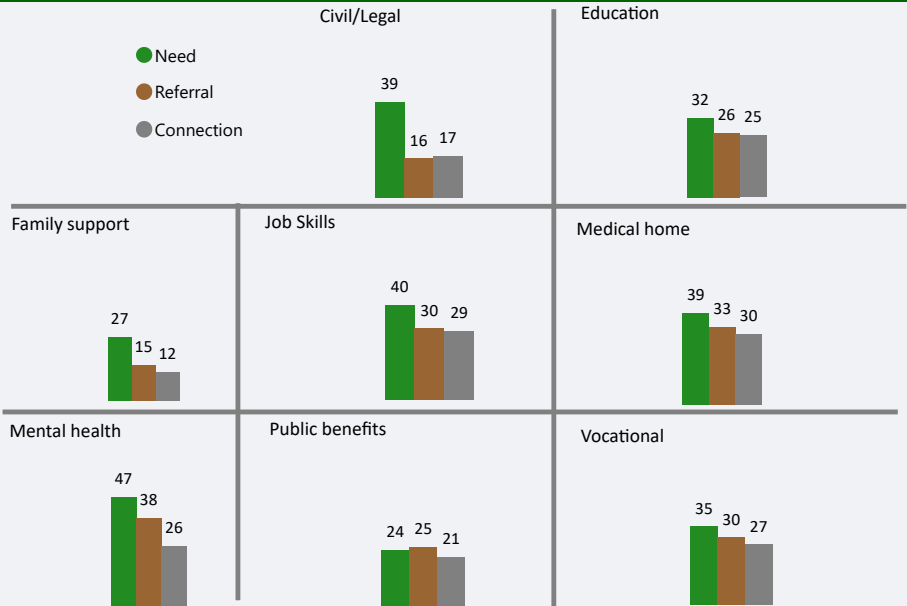


Figure 8: Number of needs at intake (n= 89)



Figure 9: Intake needs, service referrals, and service connections

Upon intake, clients report on a variety of personal needs to assist the program in developing a client-centered case plan. It should be noted that client needs may change over the course of program participation as rapport increases and goals are achieved, and therefore referrals to services not initially identified as a client need may be made at the team's discretion.



Self-reported needs at intake

- 76%** Housing
- 100%** Substance use disorder (SUD) treatment
- 54%** Transportation
- 60%** Employment

Figure 10a: SUD treatment status (n= 89)

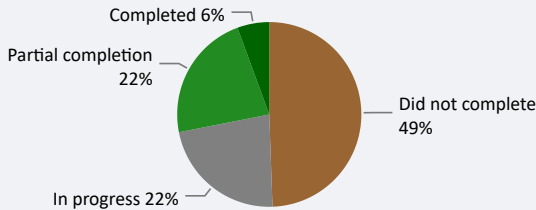


Figure 10b: SUD treatment status (>30 days and discharged) (n= 44)

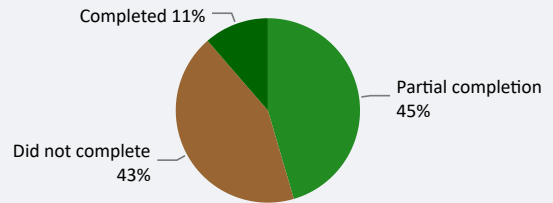


Figure 11: Average service referrals and connections (n = 89)

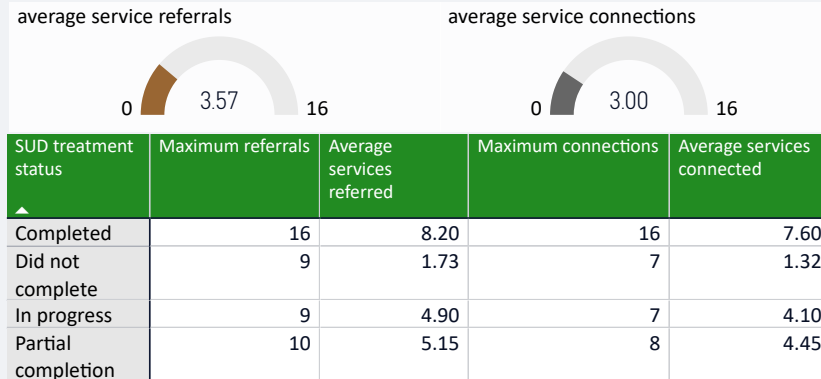


Figure 12: Housing Linkages (n= 89)

- 30** Emergency Housing
- 1** Interim Housing
- 6** Rapid Rehousing
- 20** Transitional Housing
- 9** Permanent Supportive Housing
- 1** Permanent Housing

Notes

Cases with missing data are excluded from each analysis. For individuals with more than one episode, needs, referrals, and connections across episodes are considered in analysis. For SUD treatment, the "Completed" category includes cases where treatment was "Completed" in full, while the "Partial Completion" category includes cases where "Satisfactory Progress" was made per SANWITS discharge code. SUD treatment is considered for a client's most recent episode only. Figure 11 does not include connections to SUD treatment or housing. Transportation services are only considered in analysis of connections, not referrals, as this service does not require a referral.

Proposition 47 Grant Program- San Diego S.M.A.R.T.



This report contains data collected for the Proposition 47 grant program evaluation for the S.M.A.R.T. program from the beginning of the grant period (September 2017) to the most current data submission available by Family Health Centers of San Diego (FHCS). These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

206

S.M.A.R.T. offers by
FHCS

2778

Identified by CA as Prop 47 eligible

213

Unique individuals with referrals

3.75

Average referrals per person

Dashboard updated:

March, 2021

Figure 1: City Attorney (CA) identification outcome

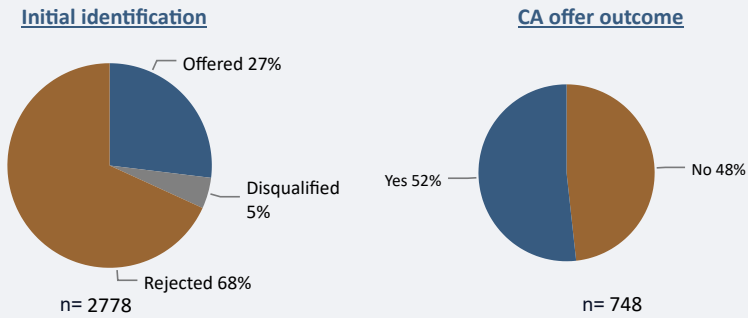


Figure 2: Type of referral (n= 748)

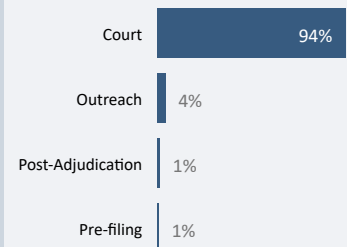


Figure 3: Assessment complete (n= 387)

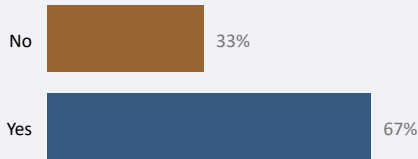


Figure 4: FHCS assessment outcome (n= 261)

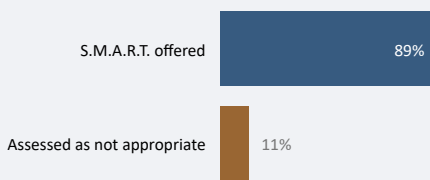


Figure 5: S.M.A.R.T. intake (n= 231)

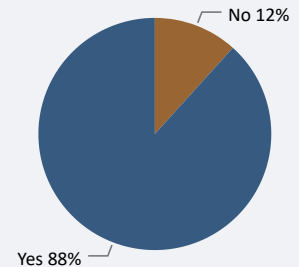


Figure 6: S.M.A.R.T. attrition summary

2778
Total Prop. 47 eligible (CA)

748
Offers extended by CA

388
Accepted Prop. 47 offer from CA

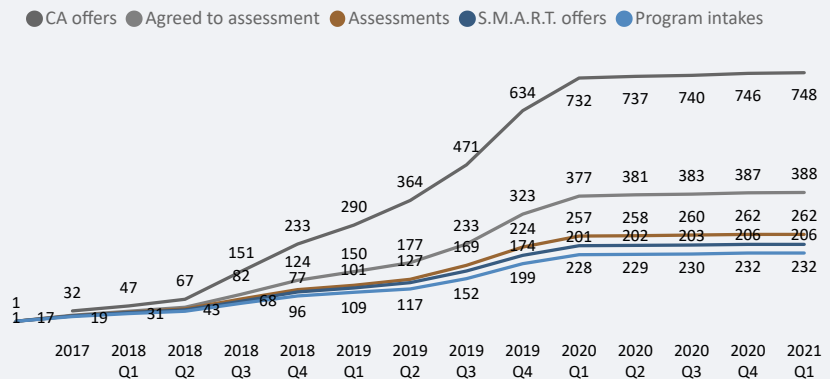
262
Assessed for program

232
Program intakes completed

206
S.M.A.R.T. offered by FHCS

135
Unique clients enrolled

Figure 7: Cumulative program numbers over time



Notes

Cases with missing data are excluded from each analysis. In Figure 1, disqualified individuals are permanently ineligible from the program due to criminal history, and rejected individuals are not offered the program for reasons of the case is rejected, no available space in program, or they do not currently meet program criteria; however, they may become eligible later.

Proposition 47 Grant Program- San Diego

S.M.A.R.T. ▼



This report contains data collected for the Proposition 47 grant program evaluation from the beginning of the grant period (September 2017) to the most current data submission available. Cases with missing data are excluded from analysis. These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

135

total unique clients

184

episodes

49

reentry episodes

75.9

average cumulative days in program (discharged clients)

Dashboard updated:
March, 2021

Figure 1a: Current client status

Active
6

Discharged
129

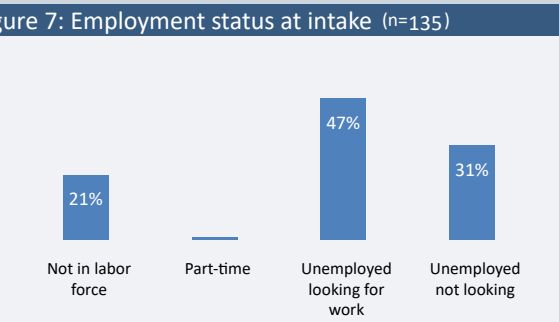
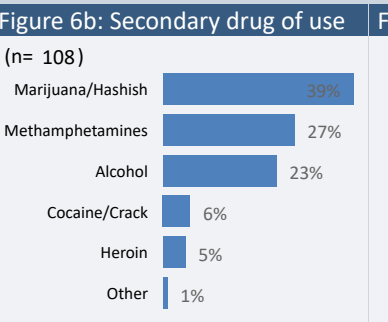
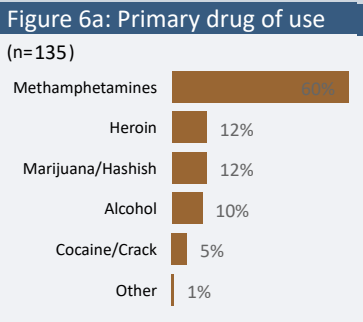
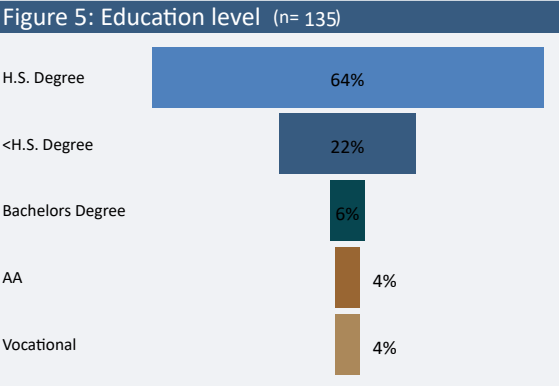
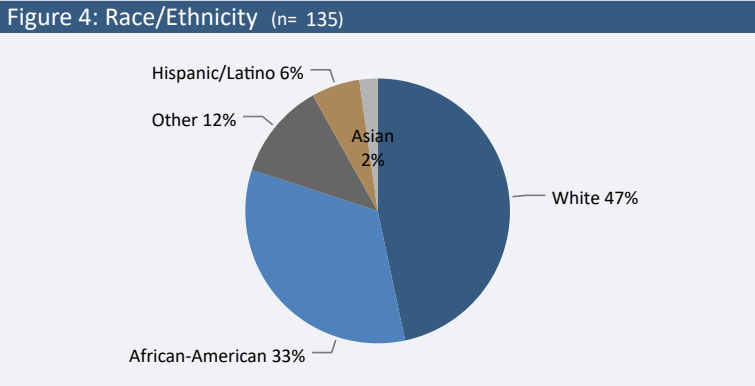
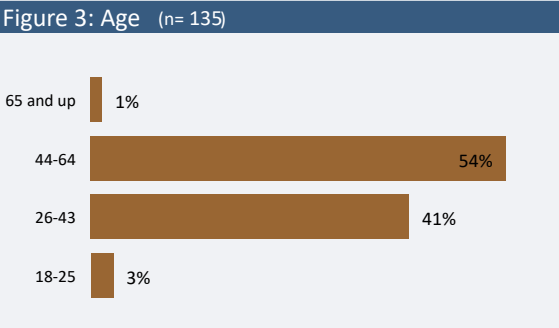
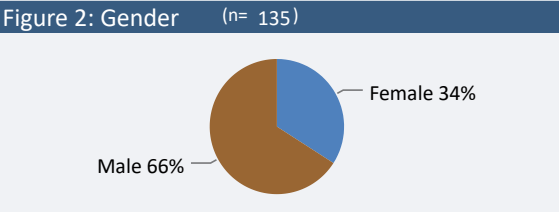
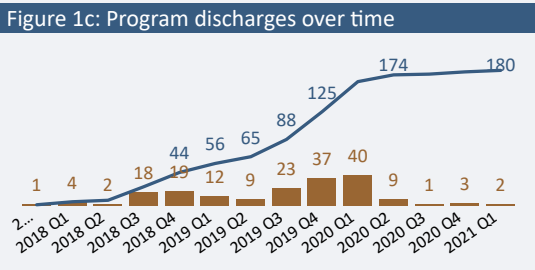
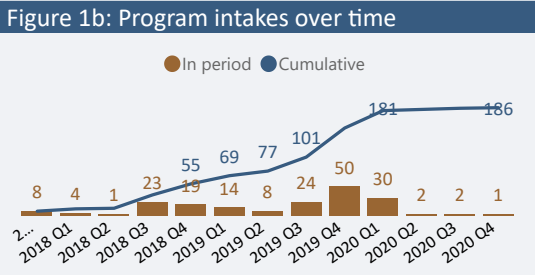
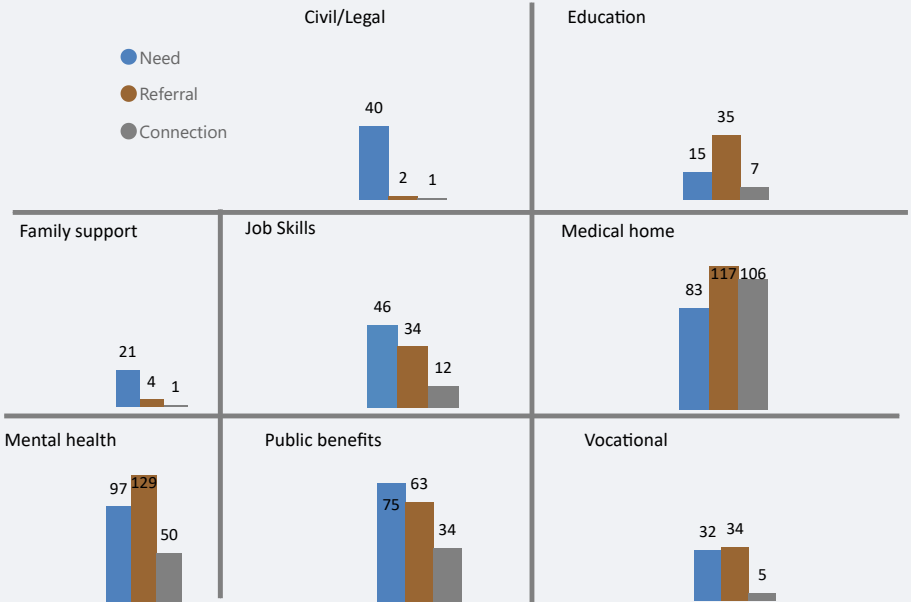


Figure 8: Number of needs at intake (n= 130)



Figure 9: Intake needs, service referrals, and service connections

Upon intake, clients report on a variety of personal needs to assist the program in developing a client-centered case plan. It should be noted that client needs may change over the course of program participation as rapport increases and goals are achieved.



Self-reported needs at intake

- 93%** Housing
- 95%** Substance use disorder (SUD) treatment
- 93%** Transportation
- 46%** Employment

Figure 10a: SUD treatment status (n= 135)

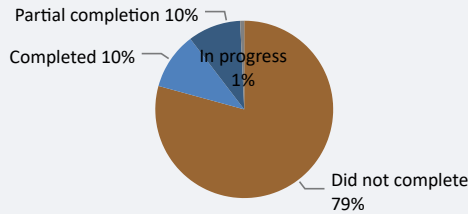


Figure 10b: SUD treatment status (>30 days and discharged) (n= 54)

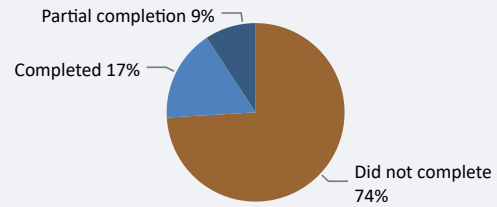


Figure 11: Average service referrals and connections

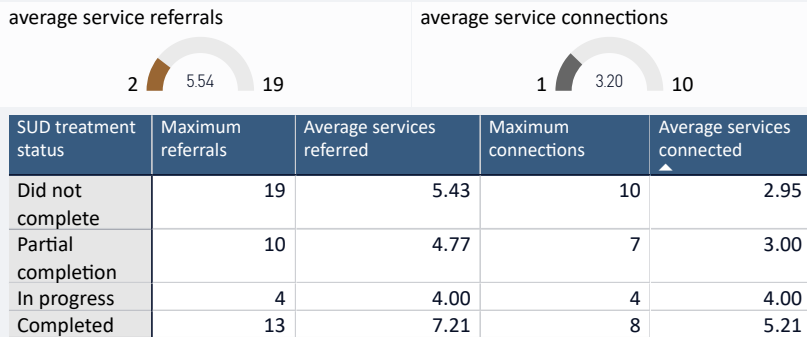


Figure 12: Housing Linkages (n= 135)

- 134** Interim Housing
- 6** Permanent Housing
- 2** Permanent Supportive Housing

Notes

Cases with missing data are excluded from each analysis. For individuals with more than one episode, needs, referrals and connections across episodes are considered in analysis. For SUD treatment, the "Completed" category includes cases where treatment was "Completed" in full, while the "Partial Completion" category includes cases where "Satisfactory Progress" was made per SANWITS discharge code. SUD treatment is considered for a client's most recent episode only. Figure 11 does not include connections to SUD treatment or housing. Transportation services are only considered in analysis of connections, not referrals, as this service does not require a referral.

Proposition 47 Grant Program- San Diego StrengTHS



225

StrengTHS offers by
ECS

This report contains data collected for the Proposition 47 grant program evaluation for the StrengTHS program from the beginning of the grant period (September 2017) to the most current data submission available. These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

Dashboard
updated:

April, 2021

Figure 1: Public Defender (PD) in-court screening summary

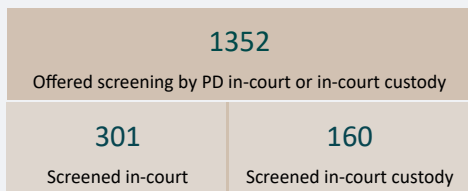


Figure 2: Referral sources for all screened individuals (n = 663)

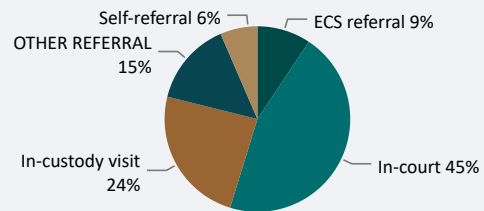


Figure 3: Program eligibility screening outcomes (n = 647)

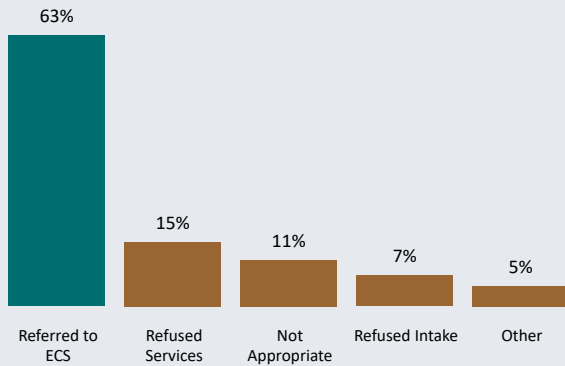


Figure 4: ECS referral outcome (n = 406)

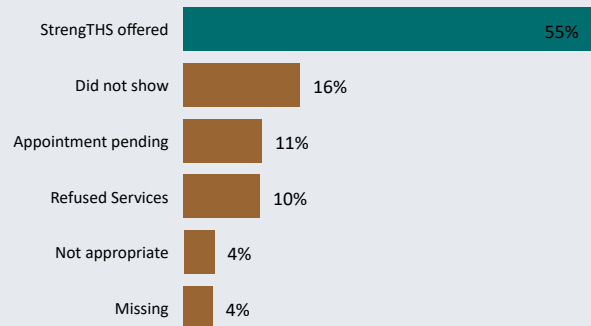


Figure 5: StrengTHS attrition summary

1352
Total Prop. 47 eligible in court

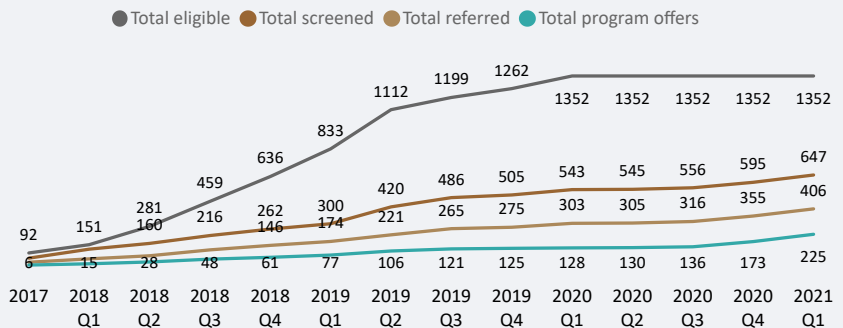
647
Screened by ECS staff

406
Referred to ECS

225
StrengTHS program offers

168
Unique clients enrolled

Figure 6: Cumulative program numbers over time



Notes

Cases with missing data are excluded from analysis in each figure. In Figure 2, the "Other" category was available during early stages of data collection and was later discontinued in favor of the "Not appropriate" category, which allows for more detailed information.

Proposition 47 Grant Program- San Diego

ECS/CoSRR



This report contains data collected for the Proposition 47 grant program evaluation from the beginning of the grant period (September 2017) to the most current data submission available. Cases with missing data are excluded from analysis. These preliminary data are being shared for program purposes and discussion only. These data are not final and numbers previously presented could change as data collection procedures are refined and/or additional information is compiled. Questions regarding these statistics should be directed to the Applied Research Division of SANDAG.

Dashboard updated:
April, 2021

168

total unique clients

160

clients with consents

169

episodes

9

reentry episodes

Figure 1a:
Current client status

Figure 1b: Program intakes over time

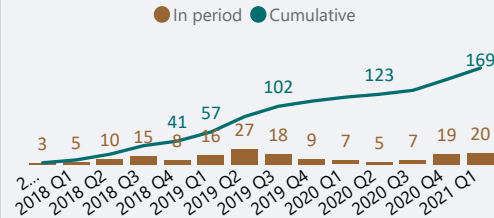


Figure 1c: Program discharges over time

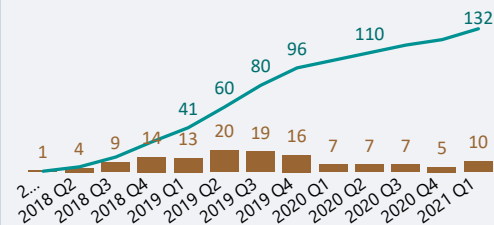


Figure 2: Gender (n= 160)

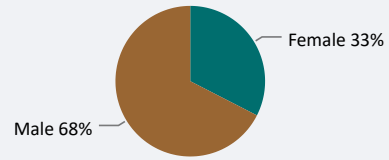


Figure 3: Age (n= 160)



Figure 4: Race/Ethnicity (n= 160)

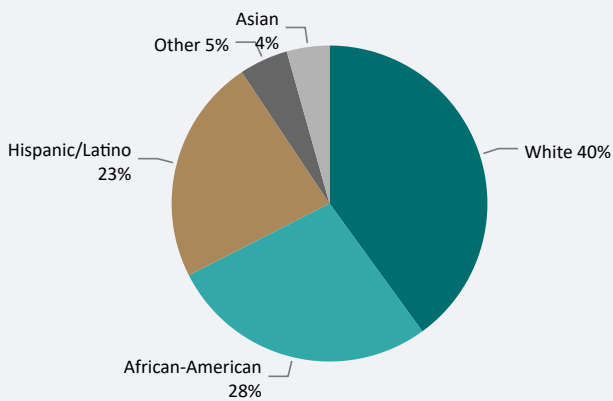


Figure 5: Education level (n= 160)

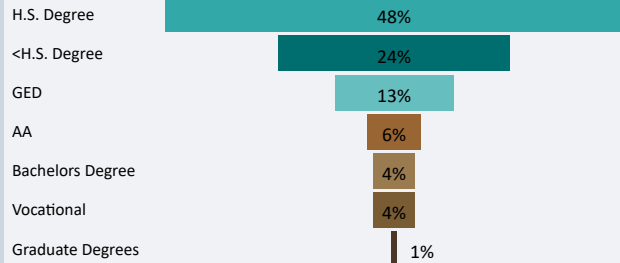


Figure 7: Employment status at intake (n= 159)

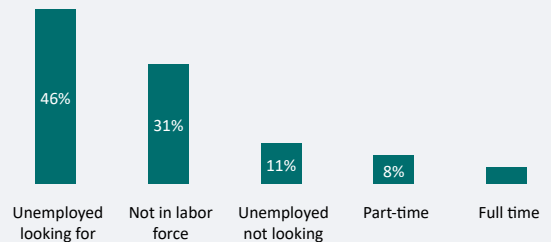


Figure 6a: Primary drug of use (n= 160)

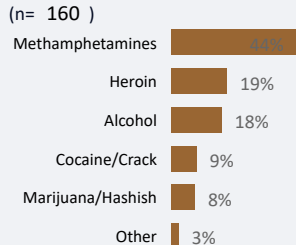


Figure 6b: Secondary drug of use (n= 1...)

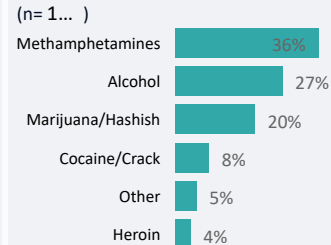


Figure 8: Number of needs at intake (n= 154)



Figure 9: Intake needs, service referrals, and service connections

Upon intake, clients report on a variety of personal needs to assist the program in developing a client-centered case plan. It should be noted that client needs may change over the course of program participation as rapport increases and goals are achieved.

Self-reported needs at intake

- 81%** Housing
- 94%** Substance use disorder (SUD) treatment
- 80%** Transportation
- 64%** Employment

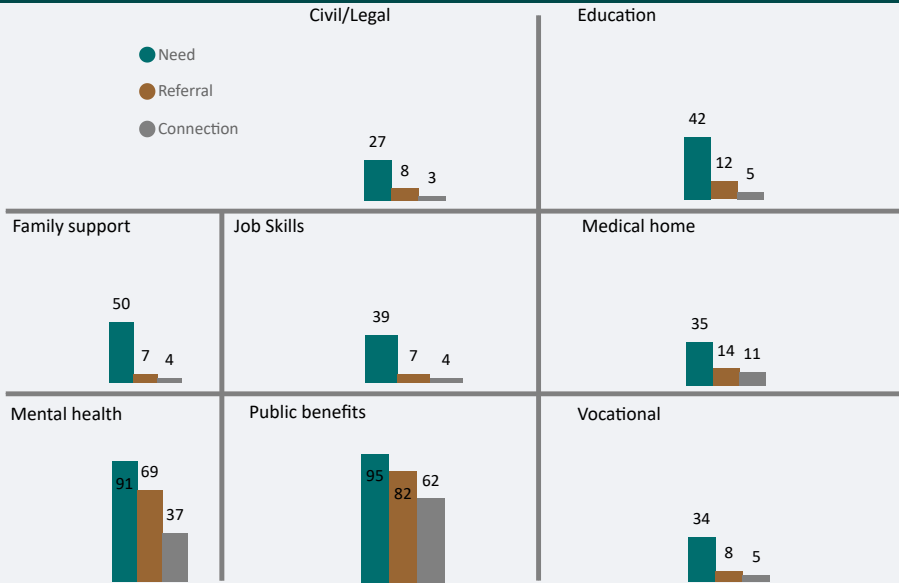


Figure 10a: SUD treatment status (n= 160)

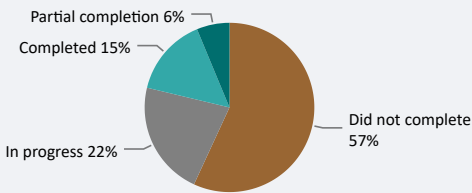


Figure 10b: SUD treatment status (>30 days and discharged) (n= 90)

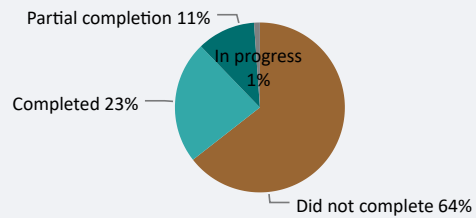
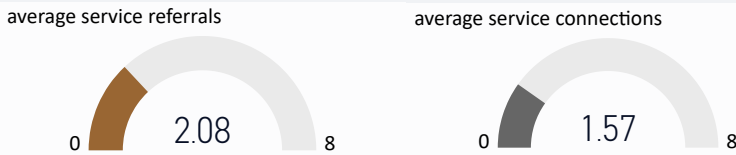


Figure 11: Average service referrals and connections



SUD treatment status	Maximum referrals	Average services referred	Maximum connections	Average services connected
Did not complete	8	2.03	8	1.42
In progress	4	1.77	3	1.57
Partial completion	6	2.30	4	1.60
Completed	5	2.63	5	2.13

Figure 12: Housing Linkages (n=160)

- 7** Emergency Housing
- 1** Interim Housing
- 3** Rapid Rehousing
- 112** Transitional Housing
- 8** Permanent Supportive Housing
- 3** Permanent Housing

Notes

Cases with missing data are excluded from each analysis. For individuals with more than one episode, needs, referrals, and connections across episodes are considered in analysis. For SUD treatment, the "Completed" category includes cases where treatment was "Completed" in full, while the "Partial Completion" category includes cases where "Satisfactory Progress" was made per SANWITS discharge code. SUD treatment is considered for a client's most recent episode only. Figure 11 does not include connections to SUD treatment or housing. Transportation services are only considered in analysis of connections, not referrals, as this service does not require a referral.