

CJ EVALUATION



Proposition 47 Grant Program Two-Year Preliminary Evaluation Report

August 2019

Sandy Keaton, M.A.

Kelsie Telson, M.S.

Cynthia Burke, Ph.D.

Research findings from the Criminal Justice Clearinghouse

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	Vice Chair	Executive Director
Hon. Steve Vaus	Hon. Catherine Blakespear	Hasan Ikhmeta
City of Carlsbad Hon. Cori Schumacher, Councilmember (A) Hon. Barbara Hamilton, Councilmember (A) Hon. Priya Bhat-Patel, Mayor Pro Tem		City of Santee Hon. John Minto, Mayor (A) Hon. Ronn Hall, Councilmember (A) Hon. Rob McNelis, Councilmember
City of Chula Vista Hon. Mary Salas, Mayor (A) Hon. Steve Padilla, Councilmember (A) Hon. John McCann, Councilmember		City of Solana Beach Hon. David A. Zito, Mayor (A) Hon. Jewel Edson, Deputy Mayor (A) Hon. Kristi Becker, Councilmember
City of Coronado Hon. Richard Bailey, Mayor (A) Hon. Bill Sandke, Councilmember (A) Hon. Mike Donovan, Councilmember		City of Vista Hon. Judy Ritter, Mayor (A) Hon. Amanda Rigby, Councilmember (A) Hon. John Franklin, Deputy Mayor
City of Del Mar Hon. Ellie Haviland, Deputy Mayor (A) Hon. Dwight Worden, Councilmember (A) Hon. Dave Druker, Mayor		County of San Diego Hon. Jim Desmond, Supervisor (A) Hon. Dianne Jacob, Chair Hon. Kristin Gaspar, Supervisor (A) Hon. Greg Cox, Vice Chair (A) Hon. Nathan Fletcher, Supervisor
City of El Cajon Hon. Bill Wells, Mayor (A) Hon. Steve Goble, Deputy Mayor		Advisory Members
City of Encinitas Hon. Catherine Blakespear, Mayor (A) Hon. Tony Kranz, Councilmember (A) Hon. Joe Mosca, Councilmember		Imperial County Hon. Jesus Eduardo Escobar, Supervisor (A) Mark Baza, Imperial County Transportation Commission
City of Escondido Hon. Paul McNamara, Mayor (A) Hon. Olga Diaz, Councilmember (A) Hon. Mike Morasco, Councilmember		California Department of Transportation Bob Franzoia, Acting Director (A) Cory Binns, District 11 Director (A) Ann Fox, Deputy Director
City of Imperial Beach Hon. Serge Dedina, Mayor (A) Hon. Mark West, Councilmember (A) Hon. Paloma Aguirre, Councilmember		Metropolitan Transit System Hon. Mona Rios (A) Hon. Nathan Fletcher
City of La Mesa Hon. Kristine Alessio, Councilmember (A) Hon. Bill Baber, Councilmember (A) Hon. Colin Parent, Vice Mayor		North County Transit District Hon. Tony Kranz (A) Hon. Priya Bhat-Patel (A) Hon. Jewel Edson
City of Lemon Grove Hon. Racquel Vasquez, Mayor (A) Hon. Jennifer Mendoza, Councilmember (A) Hon. Jerry Jones, Councilmember		U.S. Department of Defense Joe Stuyvesant, Navy Region Southwest Executive Director (A) Steve Chung, Navy Region Southwest
City of National City Hon. Alejandra Sotelo-Solis, Mayor (A) Hon. Mona Rios, Councilmember (A) Hon. Ron Morrison, Vice Mayor		Port of San Diego Hon. Garry Bonelli, Chairman (A) Hon. Michael Zucchet, Commissioner
City of Oceanside Hon. Jack Feller, Deputy Mayor (A) Hon. Christopher Rodriguez, Councilmember (A) Hon. Esther Sanchez, Councilmember		San Diego County Water Authority Ron Morrison, Director (A) Gary Croucher, Vice Chair (A) Mel Katz, Director
City of Poway Hon. Steve Vaus, Mayor (A) Hon. John Mullin, Councilmember (A) Hon. Caylin Frank, Councilmember		San Diego County Regional Airport Authority April Boling, Chair (A) Vacant
City of San Diego Hon. Kevin Faulconer, Mayor (A) Hon. Mark Kersey, Councilmember (A) Hon. Chris Cate, Councilmember Hon. Georgette Gomez, Council President (A) Hon. Barbara Bry, Council President Pro Tem (A) Hon. Monica Montgomery, Councilmember		Southern California Tribal Chairmen’s Association Hon. Cody Martinez, Chairman, Sycuan Band of the Kumeyaay Nation Hon. Robert Smith, Chairman, Pala Band of Mission Indians
City of San Marcos Hon. Rebecca Jones, Mayor (A) Hon. Sharon Jenkins, Mayor Pro Tem (A) Hon. Maria Nunez, Councilmember		Mexico Hon. Carlos González Cónsul General of Mexico (A) Gaspar Orozco Deputy Cónsul General of Mexico (A) Hon. Natalia Figueroa, Vice Cónsul

As of July 5, 2019

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 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. The PSG utilized grant funds to implement a new County program for Community Based Services and Recidivism Reduction (CoSRR) and partnered with the San Diego City Attorney's Office (CA) to expand its San Diego Misdemeanant At-Risk Track (S.M.A.R.T.) program. The target populations for both Prop 47 program components include 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. clients must also have two drug or quality of life arrests in the past year and a drug offense since 2014. Combined, San Diego County is using 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) is 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 design utilizes a mixed-method, pre-post quasi-experimental design that will measure change in recidivism over time (i.e., three-years prior compared to up to three-years post).

Prop 47 project goals and design

To inform and implement the Prop 47 grant project in San Diego, 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, and the San Diego Superior Court) to serve as experts and guides to the project. Stakeholders representing the different points of contact in the system have been actively involved throughout implementation and the Local Advisory Committee (LAC) has provided feedback and guidance. The result of this coordinated effort is 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 offers a slightly different approach to intake and service delivery (ES Figure 1), both aim to reduce recidivism of chronic, low-level misdemeanor offenders with SUD and unmet mental health issues by addressing underlying needs. With seven contracted program partners and collaborative support from stakeholders, the PSG and CA have created a coordinated cross-sector approach to identify and increase the system's capacity to serve Prop 47 impacted individuals.

Prop 47 project primary objective

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

ES Figure 1

Prop 47 project 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: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Prop 47 program components

The core service components are driven by research and designed to remove barriers to services for eligible clients. 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 clients must have a SUD diagnosis. The core service components are shown in ES Figure 2.

ES Figure 2

Core service components

SUD treatment	
Outpatient and aftercare SUD treatment is provided	<ul style="list-style-type: none"> • Clients with a high level of SUD treatment need are connected to the appropriate SUD providers. • Clients continue to receive case management while involved in the higher-level of care.
Housing	
Clients are placed in housing (S.M.A.R.T.) or connected to housing in the community (CoSRR)	<ul style="list-style-type: none"> • All S.M.A.R.T. clients live in program or other housing for up to two years while enrolled in the program or may choose to utilize personal housing. Successful completion of program requires permanent housing placement upon exit. • CoSRR clients with housing needs are linked to emergency or transitional housing.
Case management	
Case managers help develop and guide client treatment plans	<ul style="list-style-type: none"> • All clients develop an assessment-based case plan with his/her case manager. • The case plan includes needed supportive services in addition to SUD treatment goals.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Program accomplishments

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

From the period September 1, 2017 to March 31, 2019, the Prop 47 project has served a total of 133 unique clients (78 in CoSRR and 55 in S.M.A.R.T.) through a total of 151 treatment episodes (clients can exit and reenter the program if appropriate). Of these clients, 75 have discharged at least one time during this period (i.e., clients can reenter the program and therefore have multiple discharges). These enrollments are a result of extensive outreach and screening by staff. Specifically, a total of 725 eligible individuals were offered the opportunity to participate in one of the Prop 47 programs. The gap between an offer of services and enrollment in services is an issue that leadership, stakeholders, program partners, and community members are acutely aware of and narrowing this margin continues to be a primary topic of discussion. Underlying this gap is the reality of years of substance use and the associated consequences, which create a formidable journey to achieve recovery and maintain sobriety.

ES Figure 3

Prop 47 referrals, enrollments, and length in program

CoSRR clients served	S.M.A.R.T. clients served
459 Referrals to program	266 Offers extended
78 Unique clients enrolled	55 Unique clients enrolled
81 Treatment episodes (includes multiple entries)	70 Treatment episodes (includes multiple entries)
41% (or 32) Discharged at least once	78% (or 43) Discharged at least once
Client average time in program = 100.4 days	Client average time in program = 76.4 days

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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

The data gathered during the first 18 months of the Prop 47 project have produced valuable information on the characteristics of the Prop 47 impacted population. The intensity and depth of issues to be addressed shed light on why the road towards self-sufficiency and sobriety is long, circuitous, and filled with setbacks. The data also confirm the underlying assumption of the Prop 47 legislation, that addiction is a driving factor to chronic system involvement for individuals with Prop 47 eligible offenses.

The population receiving services to date is in their mid-forties, often lacking stable living accommodations, and is ethnically diverse. Furthermore, most were unemployed and undereducated, increasing the difficulty of achieving self-sufficiency (ES Figure 4).

ES Figure 4

Characteristics of the Prop 47 impacted population

CoSRR clients	S.M.A.R.T. clients
59% male	64% male
45 years old on average	46 years old on average
44% White; 31% African American; 21% Hispanic, 3% Other; 2% Asian	42% African American; 35% White; 11% Hispanic; 7% Other; 5% Asian
76% homeless at intake	100% homeless at intake
58% unemployed	82% unemployed
78% high school diploma or less	89% high school diploma or less

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Chronic low-level offenders

Prop 47 clients had frequent contact with law enforcement in the three years prior to program intake, with around nine out of ten (94%) CoSRR clients and all (100%) S.M.A.R.T. clients having had a prior arrest, 83 percent of CoSRR and 87 percent of S.M.A.R.T. clients having a prior booking, and 78 percent of CoSRR and 93 percent of S.M.A.R.T. clients having a prior conviction (not shown). While the proportion of contacts was similar among the two program components, the average number of prior contacts showed a more intensive criminal history among S.M.A.R.T. clients, with more than two times more arrests (9.8 vs 4.7 on average) and three times more convictions (6.6 versus 2.5, on average) (ES Figure 5).

ES Figure 5

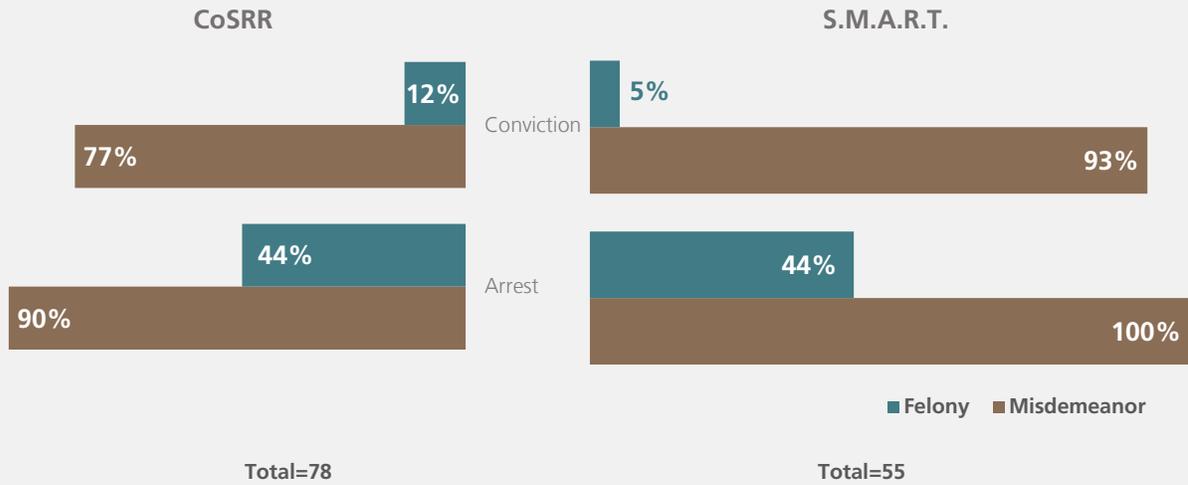
Average criminal contact three-years prior to program enrollment

	CoSRR	S.M.A.R.T.
4.7	Arrests	9.8
2.5	Convictions	6.6

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

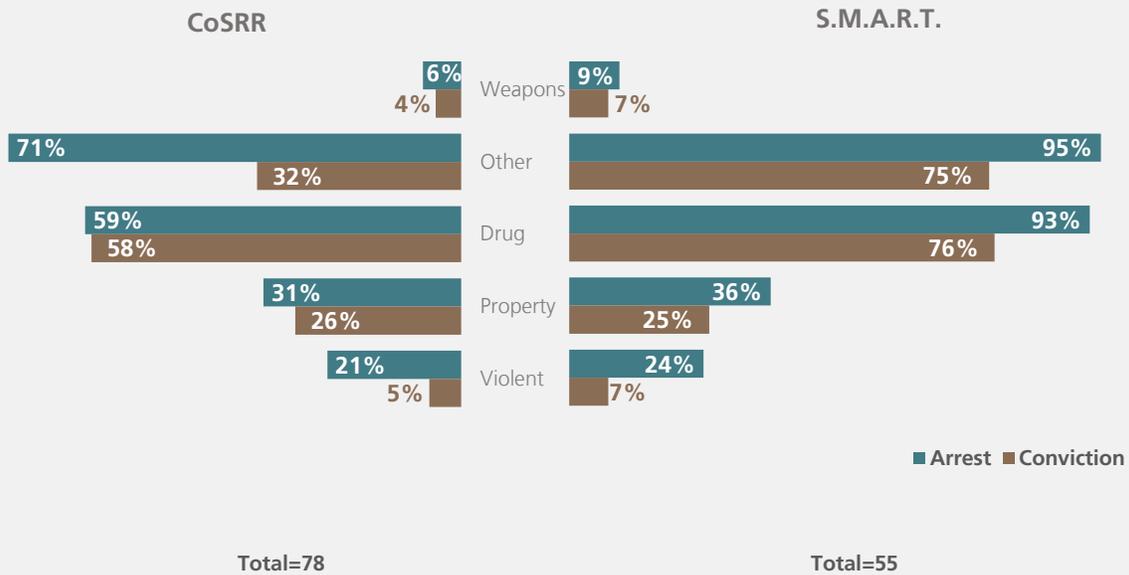
Most of the criminal charges for each of the two populations were at the misdemeanor level and were for an "Other" (often related to quality of life), drug, or property offense (ES Figures 6 and 7).

ES Figure 6
Level of prior arrests and conviction of Prop 47 clients



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

ES Figure 7
Type of prior arrests and conviction of Prop 47 clients



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Chronic substance use and mental health

Per the requirements of the grant and the approved program design, all clients in both programs had a SUD treatment need upon intake. Additionally, over one-third (36%) of CoSRR clients and half (51%) of S.M.A.R.T. clients had been previously diagnosed with a mental illness. Analysis of clients' 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 (50% for CoSRR and 51% for S.M.A.R.T.), with many clients using their primary drug for most of their lives (ES Figure 8). These data elevate the importance of understanding the science of addiction when reviewing the program outcomes and numbers. Specifically, chronic drug use alters the brain function, increasing a person's craving for the drug, while decreasing the associated pleasure and also simultaneously decreases his/her executive functioning that involves self-control, self-regulation, and impulse control (i.e., dampening the ability to make healthy decisions).

ES Figure 8

Drug use and mental health histories of Prop 47 clients

CoSRR clients	S.M.A.R.T. clients
50% meth primary drug of use	51% meth primary drug of use
36% had a prior mental health diagnosis	51% had a prior mental health diagnosis
Average time since first using primary drug (<1 – 30.9 years, depending on drug type)	Average time since first using primary drug (13.4 – 34.9 years, depending on drug type)

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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).

#3 Key accomplishment: The Prop 47 program is providing a range of services

Housing was a top need for the majority of CoSRR (84%) and all of S.M.A.R.T. clients (100%). In addition to SUD and housing, clients had a multitude of needs, with transportation, employment skills and mental health in the top three for CoSRR clients and transportation, medical home (e.g., connection to a clinic or doctor), and linkage to public benefits in the top three for S.M.A.R.T. (not shown). Clients 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 that, as with prior criminal involvement and mental health needs, S.M.A.R.T clients had a greater number of needs (8.0 on average) than CoSRR (5.2 on average) (ES Figure 9). Despite this difference, the number of needs reported for each group again indicates the magnitude of support each client requires to emerge from years of addiction.

ES Figure 9

Needs at intake

	CoSRR	S.M.A.R.T.
5.2	Needs on average	8.0
21%	1 to 3 needs	2%
62%	4 to 7 needs	32%
17%	8 or more needs	67%

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Analysis of services received among those clients that exited showed that all clients (100%) engaged in some level of SUD treatment and all (100%) were assigned a case manager as designed. CoSRR clients, on average, were referred to 1.6 different types of services (range 0–5) and connected to 1.5 (range 0–6). S.M.A.R.T. clients were referred to 5.0 different services (range 2–8) and connected to 3.0 (range 1–7).

Lessons learned and program modifications

Woven throughout the implementation of the Prop 47 project were opportunities to reflect on progress through monthly program meetings (including data review), periodic Project Coordinating Council meetings (involving all stakeholders), and quarterly Local Advisory Committee meetings (public meetings involving stakeholders and community members). In addition, stakeholders, community members, and providers were invited to participate in a survey (distributed late January 2019) to provide feedback on implementation to date and identify Prop 47 project strengths and areas of improvement. This communication structure allowed leadership and partners to quickly identify areas of concern and make adjustments as needed. Areas of concern were raised for both CoSRR and S.M.A.R.T. and were used to inform program modifications.

#1 Lesson learned: Lower than expected target numbers enrolled

A lesson learned that relates to the engagement concerns was the lower than expected program enrollment numbers. 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 the target population beyond individuals appearing before the court on a Prop 47 eligible charge.

Program modification

Hearing both the community members and partners, 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 meet 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;
- CoSRR contractor purchased a Securus phone line to accept phone calls from inmates interested in learning more about the program;
- Expanded outreach beyond the courts to include community engagement;
- Expanded eligibility criteria for CoSRR to include driving under the influence (DUI) and PC 1000 individuals (in select areas);
- Approved the addition of outreach workers to identify eligible clients in the community; and
- Approved the provision of funds to smaller community-based agencies to expand outreach efforts.

#2 Lesson learned: Engagement/retention is an on-going challenge to program completion

Both CoSRR and S.M.A.R.T. have wrestled with the challenge of retaining clients in the program. Years of substance use, untreated mental health issues, and disenfranchisement are 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 clients referred to the program compared to the number enrolled (ES Figure 3), and the number enrolled compared to those who completed their treatment goals (ES Figure 10). Reenrollment is allowed in both Prop 47 programs to accommodate the known likelihood of relapse and the different stages of client recovery and readiness to change. Although it is not a surprise to those working in the recovery field, the small percentage completing their treatment goals is and continues to be an area of focus for improvement.

Successful completion of CoSRR requires meeting some or all treatment goals. Of the 32 CoSRR clients who exited the program, the average length of participation was 100.41 days (SD=70.75) days, one-quarter (25%) successfully completed the program and 22 percent were permanently housed as of their most recent exit.

Successful completion of S.M.A.R.T was also partial or full completion of treatment goals and acquiring permanent housing. Of the 43 S.M.A.R.T. clients that exited the program at least once, the average length of participation was 76.4 days (SD=149.9) and 7 percent successfully completed the program.

ES Figure 10

Completion status

CoSRR completion status (n=32)	S.M.A.R.T. completion status (n=43)
13% completed treatment goals in full	12% completed treatment goals in full
13% completed treatment goals partially	26% completed treatment goals partially
25% successfully completed program	7% successfully completed the program

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Program modification

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

- Retaining clients in CoSRR and S.M.A.R.T. programming while the clients receive a higher level of care (i.e., withdrawal management and/or residential treatment) from other SUD agencies;
- Offering a monetary incentive to attend the first appointment at the program offices (CoSRR); and
- Leasing a van to transport clients immediately once they accept the program and/or when released from custody (CoSRR).

Science of addiction

Relapse rates (i.e., how often symptoms recur) for people with addiction and other substance use disorders are similar to relapse rates for other well-understood chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Treatment of chronic diseases involves changing deeply imbedded behaviors, and relapse does not mean treatment has failed (Volkow, 2010).

#3 Lesson learned: Housing capacity was an unexpected challenge

Lack of adequate housing supply to meet the needs of the target populations was an issue 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 clients by converting an old motel into a newly remodeled facility, ongoing litigation has delayed the opening and kept the bed capacity lower than anticipated, which limited the number of eligible clients who could be enrolled. Furthermore, the move from transitional to permanent housing has proven to be a challenge for the few clients who have completed their two years in the program. This difficulty is related to the overall lack of housing available in the San Diego region and is compounded by the complex needs of clients that limits accessibility to certain housing options and employment opportunities.

Program modification

Both programs had to find creative solutions to address the housing needs of participants. Despite the following changes listed below, housing capacity, especially placement in permanent housing, is an ongoing 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. has focused on identifying barriers clients are facing that limit their ability to obtain permanent housing and then directing 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 permit a moderate criminal history are expected to help increase client conversions from S.M.A.R.T. housing to permanent housing in the future.

Next steps

The first two years of the Prop 47 project provided objective statistics to support the theoretical underpinnings of the Prop 47 legislation that this population is deeply entangled in addiction and has suffered the negative effects from half a lifetime or more of substance use. Further, involvement in the justice system, while extensive, has mostly involved low-level misdemeanor offenses. Programmatically, CoSRR and S.M.A.R.T. have been receptive to stakeholder feedback and have made several data-driven modifications to facilitate alignment with stated goals. The remainder of the grant period will focus on continued assessment of program processes and client outcomes. The final report will examine recidivism post-participation including factors related to reoffending.

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. Also, 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. The fundamental philosophy of Prop 47 is that many individuals with these types of charges have underlying substance abuse 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) to support a regional proposal in partnership with the San Diego City Attorney's Office.¹

The target population for the project is adults who have been cited, arrested, booked into jail, and/or charged or convicted of a misdemeanor offense either for the current or a past offense (i.e., either a Prop 47 eligible or a quality of life offense). Specifically, San Diego County's Prop 47 project is intended 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 North regions of San Diego County were selected as the two geographic areas to implement the project.

Over the course of the four-year grant period, the project aims to connect around 600 individuals who either currently or historically have had involvement in the misdemeanor system to comprehensive SUD treatment, housing as needed, mental health treatment (when needed), and a range of supportive services (e.g., job training, transportation, educational services). PSG has overseen the implementation of the new Community Based Services and Recidivism Reduction (CoSRR) program in Central and Northern regions of the county and has collaborated with the San Diego City Attorney's Office (CA) to expand the existing San Diego Misdemeanant At-Risk Track (S.M.A.R.T.) program in the City of San Diego.

¹ A no cost extension was approved for the project in September of 2018 with the contract amendment for the time extension finalized in April 2019, making the grant period a duration of four years instead of three years.

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

San Diego County’s implementation of the Prop 47 project has been a collaborative effort among the PSG, justice stakeholders (e.g., City Attorney, 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 comprise the Prop 47 leadership and guide implementation through participation on the Project Coordinating Council and Local Advisory Committee. During the first two-years of operation², the primary point of client engagement has been through the courts via an out stationed court liaison, City Attorney, or Public Defender. However, the core interventions occur in the community through contracted CBOs. Specifically, Episcopal Community Services (ECS) is the CBO implementing the County’s CoSRR program in the central region (StrengTHS), North County Lifeline (NCL) is implementing the County’s CoSRR program in the north region (Recovery for Life [RFL]), and Family Health Centers of San Diego (FHCS) is implementing the City Attorney’s office program in the City of San Diego (S.M.A.R.T.). Together these three CBOs intend to serve approximately 600 individuals over the duration of the grant period. As noted in Table 1, while the eligibility criteria differ slightly between the two program components of the Prop 47 project, both are serving individuals with a Prop 47 offense currently or in their past that need SUD treatment and voluntarily agree to participate.

Core Prop 47 project services

Drawing from best practices in the field, the Prop 47 project’s core services are intended to meet each individual’s needs through the use of standardized assessment and informed case management. The core service components include:

- **Assessment based decisions:** Each program component uses the American Society of Addiction Medicine (ASAM) tool to determine level of SUD treatment care and a mental health assessment (if needed) to develop individualized case management plans and treatment goals.
- **Case management:** All participants receive case management services during program participation. Case managers guide treatment plans, provide linkages to needed support services (including scheduling and accompanying clients to appointments), and support clients in achieving their goals.

² The program design has been modified to expand outreach to those Prop 47 impacted individuals in the community. This modification is explained in more detail in later sections.

Table 1
Eligibility criteria

CoSRR	S.M.A.R.T.
Individuals arrested, charged with, or convicted of a criminal offense AND have a history of mental health issues or SUD	Individuals with a current drug or quality of life offense AND
Individuals with a misdemeanor, Prop 47-impacted offense	Have one or more misdemeanor drug offenses since November 2014 AND
Individuals must assess as currently needing SUD treatment	Have been arrested at least twice in the past 12-months for a quality of life offense
Voluntary participation	Voluntary participation

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

- **SUD treatment:** The highest level of care provided by the Prop 47-funded program partners is outpatient treatment; however, each provider links clients to the appropriate level of care, either at intake or during participation. A client may move up and/or down the level of care from withdrawal management to residential care and remain in the program while completing the appropriate level of care. If this need occurs and the client wants to remain in the Prop 47 program, his/her case manager will help facilitate placement in the higher level of care with another provider, remain in contact with the client during his/her stay in treatment, and reconnect him/her with the Prop 47 program when appropriate.
- **Housing:** CoSRR clients that are in need of housing are assigned a housing navigator to identify available housing options (i.e., emergency shelter, rapid rehousing, transitional, and/or permanent). All S.M.A.R.T. clients are placed into transitional housing (if needed) and can stay there up to two years while they complete treatment and transition to permanent housing or are permitted to reside in personal housing if available.
- **Mental health services:** In anticipation of a high prevalence of clients with co-occurring SUD and mental health needs, internal or external mental health services are a core program component. However, clients with Severe Mental Illness (SMI) are referred to other, higher level treatment programs and are not eligible for the Prop 47 project.
- **Support services:** Both of the programs offer to connect clients with a range of support services. Examples of support services are 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 components are based on best practices and include the same core services, the population and structure of the two program components differ slightly (Table 2). S.M.A.R.T. is targeting low-level misdemeanants, who also have quality of life charges (e.g., loitering, petty theft, trespassing), and usually need housing. All clients must participate in housing 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 through personally acquired housing (i.e., living at the home of a relative). In addition, participation in S.M.A.R.T. is voluntary, but is incentivized through the provision of a pre- or post-sentencing diversion offer by the CA, as an alternative to sentencing or incarceration. S.M.A.R.T. also accepts referrals from other entities (e.g., San Diego Police Department’s Homeless Outreach Team) working with Prop 47 impacted clients who do not have a current open case.

CoSRR is strictly a voluntary program for Prop 47 impacted individuals and does not provide any legal incentive or consequence (i.e., participation does not affect their legal records or sentencing). Originally, referrals to the program were limited to those individuals appearing before the court on Prop 47 related charge. In response to low enrollment numbers, the referral process was broadened to include individuals serving time in jail, Prop 47 eligible clients receiving services in the community, including Prop 47 impacted individuals who are homeless. The length of the program is dependent on client needs, treatment compliance, and his/her time in aftercare; however, the average anticipated program length is 12 months.

In order for a client to be considered a “successful” discharge, both programs require that client’s meet some or all of their treatment goals and S.M.A.R.T. also requires that clients obtain permanent housing.

Table 2

Prop 47 program differences

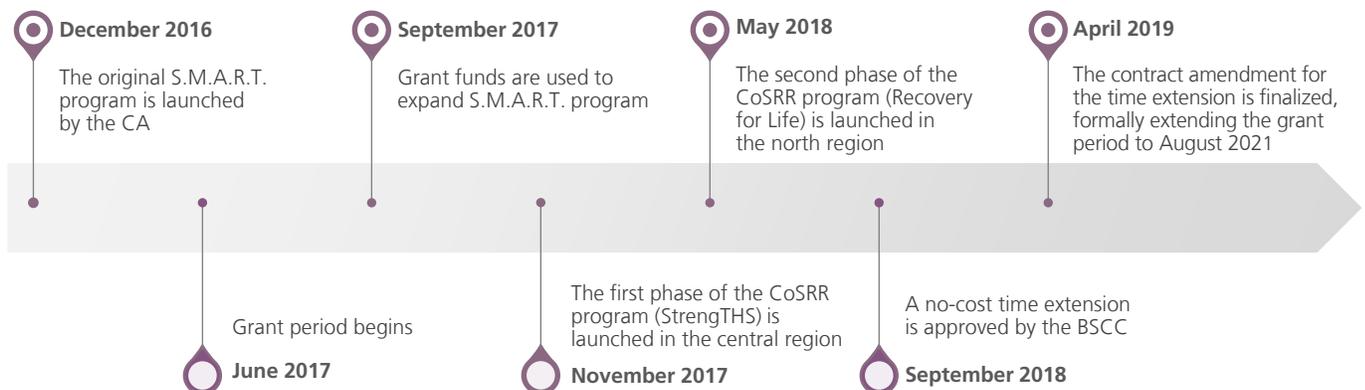
CoSRR	S.M.A.R.T.
Voluntary involvement with no associated court order to treatment.	Incentivized participation as an alternative to sentencing or incarceration. Non-incentivized will be permitted once bed-capacity increases.
CoSRR is linked to rapid rehousing and temporary housing for those clients who need assistance and help them secure transitional housing.	Provision of transitional housing. Housing is a core component for all participants and all clients must have housing through the program or personal means.
One-year program length, although the time is flexible pending the client’s needs.	Two-year program length. Clients may stay up to two years in the program housing.
Program success is defined as satisfactory completion of SUD treatment.	Program success is defined as satisfactory SUD treatment completion AND permanent housing.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

It should be noted that the timeline of implementation has varied for the different project components. As Figure 1 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 of 2017. CoSRR was implemented in two phases with the first in the central region and the second in the north region approximately seven months later. Variation in the implementation timeline for the project components may affect the data collected for each.

Figure 1

Project implementation milestones



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Prop 47 project goals and objectives

The project goals and objectives all aim to reduce recidivism of chronic, low-level misdemeanor offenders by addressing their underlying needs. The four primary goals and objectives are noted 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 400–600 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 what effect these efforts had on the participants, SANDAG is conducting a process and outcome evaluation. In August 2017, SANDAG research staff started meeting with Prop 47 project 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 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. The original proposed evaluation design included a matched historical comparison group. However, after several meetings with partners to discuss the selection process it became evident 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 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 are both qualitative and quantitative in nature. For this interim report, analyses were accomplished using frequency distributions and Chi-Square statistics for nominal measurements (e.g., prior criminal history, education, race/ethnicity), and differences of means tests for ratio level data (e.g., age). The final evaluation report will also include outcome analysis to assess recidivism on variables identified as factors predictive of recidivism (e.g., criminal history, ethnicity, risk and need level). These analyses will include bivariate comparisons using the statistics previously mentioned. These comparisons will be followed with multivariate analysis (e.g., regression) to isolate factors related to success (e.g., reduced recidivism). Process measures will provide a framework for the results for the outcome evaluation and inform the predictive analysis.

Process measures

The process evaluation will document what program components were employed and if CoSRR and S.M.A.R.T. were implemented as designed. Data are being gathered from multiple sources to describe the level of attrition, the population served, the referrals and subsequent connections, type and level of system changes, satisfaction with services and program implementation, and lessons learned. The process evaluation will address 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?³ 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 client and 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?⁴ (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 focus on how effective the project is and for whom. The outcome evaluation will address 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?

³ Due to the burden placed on providers to garner feedback on all the trainings, the following question was removed from the process measures: *What was the level of satisfaction with the trainings, including usefulness, relevance, and delivery of information?* A question will be added to the next stakeholder survey to capture part of this information.

⁴ This question was modified to reflect the language used by the program, replacing “case plan” with “treatment goals” and “case management services” with “program”.

Data collection process and collection sources

To ensure data are available to SANDAG for analysis, a Countywide collaborative agreement was finalized that was the culmination of a rigorous process and included the evaluation partner completing CORI/CLETS training, as well as extensive background checks by the San Diego County Sheriff's Department. The overall 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, how it will be retained and destroyed, and how confidentiality will be ensured. SANDAG also has an on-going data sharing agreement with the San Diego County Chiefs' and Sheriff's Association for access to local crime and arrest information and Health and Human Services Agency (HHS) data systems (SanWITS) and will be completing additional data sharing agreements for data not included in the Countywide agreement with the local CBOs.

Below is a detailed description of each of the data points and how data are being collected to address all the research goals. 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. Data dictionaries (i.e., 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 has been modified throughout implementation to better reflect the procedures seen in each geographical and programmatic system.

For CoSRR, the primary referral process is generated at the first meeting between potential participants and their public defender at their court date. The public defender informs the participant of his or her eligibility for the program and refers the person to the CoSRR court liaison (staffed by the treatment provider). While the potential participant is waiting for his/her court appearance, the court liaison will conduct a brief screening to assess an individuals' compatibility with the program, and then schedule an assessment and intake appointment at the treatment program. Both the public defender and the service provider liaison maintain a spreadsheet to document each of these encounters, which are sent to SANDAG regularly using a secure web site or encrypted emails. These forms track the referral process from offer to acceptance to measure the first efforts of engagement and inform attrition rates. Referral pathways have been expanded to include public defender referrals of persons in custody and referrals of persons in the community. The same documentation is maintained by the service provider for these referrals.

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*

For S.M.A.R.T., participants can be 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 are entered into the City Attorney's case management system, with outcomes of the referrals tracked via an Excel form by the service provider (FHCSD). SANDAG receives these logs regularly using a secure web site or encrypted emails.

SanWITS (San Diego's Web Infrastructure for Treatment Services): All demographic, program intake and exit dates, needs (e.g., SUD, mental health, housing), assessment data, as well as treatment and CoSRR completion status are entered into SanWITS (San Diego Web Infrastructure for Treatment Services). 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 reuse 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 is screened and deemed appropriate for services, the provider will administer a clinical assessment (i.e., ASAM) for the appropriate level of care. The assessment drives the case management plan and the SUD level of care and some supportive needs will be entered into SanWITS.

Crime databases: Individual-level criminal history data are collected by research staff for the periods of 36-months prior to and up to 36-months post program participation. Data collection include level and type of arrests, bookings, and convictions. The data are gathered from the Automated Regional Justice Information System (ARJIS) (i.e., arrests), the Sheriff's SD Law system (i.e. bookings), and the CA and DA systems (i.e., convictions). These data are the primary source for the outcome evaluation research question addressing recidivism.

Survey of key program partners/community members: To solicit information about program implementation, how well CoSRR or S.M.A.R.T. were implemented, and if they were implemented as designed, an electronic survey (hardcopy available as needed) is administered to key program staff, partners, and community member. The results are shared as soon as possible to address any need for corrections or midcourse changes to the program.

Treatment provider service logs: Each community provider tracks participant case plan progress using an Excel file. Information is 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 are transferred to SANDAG using an encrypted and secure web site or email.

Contract execution: Staff from the Public Safety group documents all contracts executed as part of the project to assess if the project is including a diverse group of service providers and those with staffing that reflect the target population as part of the service delivery system.

Process and outcome results

The following sections describe the preliminary Prop 47 project results from the period of September 1, 2017, through March 31, 2019. Although there are three different program partners implementing the Prop 47 project, the results are presented according to the two-core components (i.e., CoSRR and S.M.A.R.T.), similar to how data are reported in the quarterly BSCC reports. This format includes combining the data from the two CoSRR providers (NCL and ECS) into one CoSRR component. Further, because the program is still in operation, these findings may change by the time of the final report. The interim nature of the report also limits the outcome analysis that could be conducted, which will be included in the final report.

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

As of this reporting period, a total of seven different CBOs have been contracted to deliver Prop 47 program services. These seven include the aforementioned primary partners (ECS, NCL, FHCS), and additional subcontractors to provide housing for S.M.A.R.T. clients, reentry services, and job and educational supports. Each of these CBOs employ 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. Furthermore, as of the end of March 2019, the County is in the process of developing a plan for engaging additional CBOs for outreach and enrollment services.

Section A: CoSRR–StengTHs and Recovery for Life (RFL)

Process results

How many staff and stakeholder trainings and outreach were conducted?

As part of the process evaluation the number and type of training activities Prop 47 funded (either directly or in-kind) are documented by program staff. During the first two years of operations, CoSRR staff attended 19 different trainings ranging in topics that included:

- Motivational interviewing;
- Co-occurring disorders;
- Advanced group training;
- ASAM;
- Confidentiality and Cognitive Behavioral Interventions for Substance Abuse (CBI-SA);
- Homeless court; and
- Evidence-based practices.

A total of 23 unduplicated staff from each of the two community-based agencies attended the trainings accounting for 120 participants. In general, the trainings sought to strengthen the skills required when working with individuals with both criminogenic and SUD challenges.

In addition, the programs held 4 separate trainings involving approximately 50 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.

In addition to trainings, several outreach efforts were conducted to keep the community advised 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 to date, a total of ten 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 success were shared. In addition, community members have had the opportunity to share their concerns and feedback with the LAC members, which has proved crucial in the modifications made to date in program outreach and engagement (noted later in the report).

Additional outreach efforts have focused on increasing the awareness of CoSRR among the service provider community including homeless courts, other SUD treatment providers, and homeless outreach workers.

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?

Overall, the core services of CoSRR have been implemented as designed, with modifications occurring in response to challenges in meeting the target enrollment numbers and the difficulty of engaging this population. The flexibility of the program to adapt midcourse was a result of both the communication structure and evaluation design. Since its inception, PSG has designed and implemented a broad communication structure to facilitate dissemination of information and feedback from stakeholders and community members. This structure, which was noted earlier in the report, has created a valuable communication funnel to reflect upon and adapt the program model to best meet the needs of the target population. In addition, the evaluation team, by design, has been closely involved in the implementation from the beginning, 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 client progress from referral through discharge.

Primary challenges driving program modifications:

- ***Engagement of clients in services***
- ***Lower than expected target numbers enrolled***
- ***Higher housing needs and lower supply***

One measure of how the program is being implemented was gathered from feedback received from a stakeholder survey 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. The full results were summarized in a separate report attached in Appendix C. In addition to questions about overall implementation of the Prop 47 project, questions were asked about the three program components (i.e., CoSRR - RFL, CoSRR – StrengTHS, and S.M.A.R.T.). All 18 (100%) respondents who answered the questions about the CoSRR programs either **STRONGLY AGREE** or **AGREE** that it was being implemented as designed (not shown). Further, when asked to identify the top strengths and areas of improvement, most of the responses echoed what was heard at community meetings in regard to enrollment numbers.

The top strengths of the CoSRR program was the staffing and community providers, specifically their dedication, knowledge, and experience with the population (42%), followed by the provision of treatment and housing to this population (16%), and the collaborative nature and partnerships (11%). As for challenges, the eligibility criteria was noted most frequently (38%) because of the perception it limited the reach to certain Prop 47 impacted individuals (e.g., exclusion of PC 1000, individuals without a current SUD treatment need). Further, over one-quarter (26%) of responses drew attention to the challenge of engaging the population in services, and about one in 10 (12%) mentioned programmatic logistics that limited meeting clients' needs (e.g., need for a vehicle, lack of permanent housing, need to extended office hours) (Figure 2).

"I think there is still a Prop 47 community that can still be reach[ed], there are thousands of homeless men and women that have charges that are Prop 47 eligible that are not going to the courts I think a Prop 47 outreach would add to the success of the program."

- Stakeholder survey respondent, 2019

Figure 2

Top strengths and challenges

Successes	Improvements
<ul style="list-style-type: none"> • Experienced providers and dedicated and caring staff (42%) • Access to treatment and housing services (16%) • Collaboration and partnerships (11%) 	<ul style="list-style-type: none"> • The eligibility criteria exclude potential Prop 47 impacted individuals (38%) • Hard to engage population in services (26%) • Program limitation to meet all needs of the population (12%)

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Through these survey results, in combination with feedback from the meetings and the program data, three persistent challenges rose to the level that prompted 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.

The lower enrollment numbers have been attributed to the voluntary aspect of the program in absent of an incentive (e.g., dismissal of case, no jail time) or sanction and the chronic addictive nature of the population. The original design of offering the program to eligible clients at the time of his/her court appearance and acceptance is dependent on each individuals' readiness to change. Refusals for services have come at various points in the offer process, with eligible clients either directly rejecting the offer at the onset, to those accepting the program but not appearing at the first appointment. As this report will demonstrate, this population is grappling with years of addictive behavior and substance use, which is shown to impair the circuitry of the brain, including those areas involved in rewards, motivation, inhibitions, and control over behavior (National Institute on Drug Abuse [NIDA], 2018). Relapse and low rates of engagement in treatment are a common challenge in the recovery process and not unexpected by the providers. This issue has been raised at the community level (via LAC meetings), in the stakeholder survey responses, and at the monthly program/evaluation meetings. Several recruitment modifications were adopted to improve engagement, including:

- walking clients from the court room to the court liaison;
- stationing program staff within the jail to recruit in-custody clients;
- leasing a vehicle to transport clients from court or jail release to program intake;
- increased efforts by the Public Defender to alert in-custody clients of the program when they are released;
- offering a monetary incentive to attend the first appointment at the program offices; and
- contracting with another community agency to conduct outreach in the community.

The final report will examine any changes in engagement post-implementation of these changes.

Housing challenges for CoSRR stemmed from the greater need for emergency housing than anticipated. The original program expected half of CoSRR clients would need emergency or transitional housing; however, most of the clients entering the program have needed immediate housing assistance. As an adjustment, CoSRR has directed more of its funds toward emergency housing. Despite this modification, locating more stable and longer-term housing is still a barrier, especially for those individuals early in their recovery. Those clients entering with housing needs and/or who are assessed at higher level of care but not ready to commit to residential treatment are placed in sober living homes (recovery residences), but this type of housing is designed for individuals farther along in their sobriety. Therefore, relapse can result in a client being evicted, which then impacts his/her ability to participate in the program due to housing instability.

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 a persons with addiction can be sincere in their desire to and intention to stop using a drug and yet simultaneously impulsive and unable to follow through on their resolve (Volkow et. al., 2016).

A third and persistent challenge contributing to the low rate of engagement both of those who leave before 30 days or rethink their initial agreement to participate is the chronic nature of addiction, mental illness, homelessness, and disenfranchisement of the population. The voluntary nature of the program requires the individual is ready to engage in treatment, which is a known challenge with this 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). To expand the possible pool of eligible clients, CoSRR went beyond the court to outreach directly with other SUD treatment providers, the homeless population (through other agencies or homeless court), and the community by hiring an outreach worker dedicated to identifying eligible clients. In addition to expanding outreach activities, the eligibility criteria was expanded to include PC 1000⁵ (in certain areas) and individuals with DUI cases who had Prop 47 eligible charges.

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

Table 3
Major challenges and associated CoSRR modifications

Challenge	Modification
More CoSRR clients presented housing needs than anticipated	<ul style="list-style-type: none"> • Redirected program funds to provide emergency shelter and temporary housing; and • Increased use of sober living homes at the beginning of treatment.
Low program and enrollment numbers	<ul style="list-style-type: none"> • To facilitate warm hand-offs, public defenders began walking their clients to the court liaison and program leased a vehicle to transport clients to the intake appointment; • Create 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 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); • Expanded outreach beyond the courts to include community engagement; • Approved addition of outreach workers to identify eligible clients in the community; and • Approved provision of funds to smaller community-based agencies to expand outreach efforts.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

⁵ PC 1000 is a pre-trial diversion option available to qualified drug offenders that focuses on education and counseling, and which expanded as of January 1, 2018. Persons offered this diversion option can, in certain areas and pending future program changes, choose to also voluntarily participate in treatment.

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, 2019, 459 court cases were identified as potentially 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 459 potential cases, 58 percent refused the offer for services with the program, 14 percent were subsequently assessed as not appropriate (e.g., did not meet medical necessity, involved in another program, had a disqualifying charge), and 8 percent were still open referrals at the time of this report. The remaining 21 percent (96 cases) were offered the CoSRR program by the service provider, which ultimately resulted in 78 unique clients enrolled in the program.⁶ Figure 3 highlights the flow of referrals from initial identification to enrollment.

Figure 3
Referral summary



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

⁶ The 96 include those cases 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.

Enrollment and program participation

Of the 78 clients enrolled in the program, 3 have exited and reenrolled, resulting in a total of 81 treatment episodes. During this same period, 41 percent of clients have discharged at least once.⁷ These numbers are reflective of the program design that takes the cycle of recovery into consideration and encourages individuals to return even if their first episode ended without full completion of program goals (i.e. successful substance use treatment completion).

Client demographics and intake characteristics

Slightly more CoSRR clients were male (59%) and 45 years old on average (SD=11.62). Clients were ethnically diverse, with 44 percent White, 31 percent African American, 21 percent Hispanic/ Latino, 3 percent other, and 2 percent Asian.

A review of the client characteristics and living situations reflects the plethora of challenges facing the CoSRR population. At program intake, close to one-quarter (23%) were not in the workforce due to disability or inability to work and 6 percent were unemployed and not looking. As a result, only about one in five (18%) clients were employed at all and just over half (52%) were unemployed and looking for work (n=77, not shown). Addressing the underemployment is complicated when combined with the low educational level of clients. Nearly one-third (31%) did not have a high school diploma and only 4 percent had a bachelor's degree (Figure 4). Adding to the barriers to self-sufficiency is the large portion of clients who lacked housing either due to being homeless upon intake (76%) or living in an unstable housing situation (13%) (Figure 4). This need was greater than anticipated when the program was designed and one of the key process findings thus far in the evaluation.

Figure 4

CoSRR client characteristics



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

⁷ A client could enter multiple times and therefore he/she could have multiple exits.

Client substance use and needs

Even though engaging clients has been a challenge, data on clients' substance use and mental health issues indicates that the program is reaching the intended population. As eligibility for the Prop 47 project required an individual have a need for SUD treatment, all clients had a drug use history. When clients were asked about their primary drug of use, meth emerged as the most common (50%), followed by heroin (22%), cocaine (12%), alcohol (8%), marijuana (8%), and then inhalants (1%) (Table 4). 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 58% females) (SANDAG San Diego County Substance Abuse Monitoring Program, 2018). Excluding the one client whose primary drug was inhalants, clients reported it had been 18.6 to 30.9 years on average since first using their primary drug (Table 4), which is more than a third of their lives when considering the average age is 45. These drug use data support the original assumption that Prop 47 impacted individuals are involved with chronic, lifelong substance use.

Table 4

CoSRR clients' primary drug of choice and use

Drug type	Percentage	Average age of first use (SD)	Average years since first use (SD)
Meth	50%	24.8 (11.9)	20.9 (12.6)
Heroin	22%	20.9 (8.7)	18.6 (14.2)
Cocaine/crack	12%	24.3 (8.6)	30.9 (8.9)
Alcohol	8%	13.8 (1.0)	25.5 (8.8)
Marijuana/hashish	8%	16.7 (4.8)	29.6 (13.3)
Inhalants	1%	51 (-)	0.7 (-)
Total	78		1-39

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Further, 36 percent of clients indicated they had been previously diagnosed with a mental health disorder, supporting the need for co-occurring treatment options. In addition, 19 percent of clients indicated they had experience with some type of physical, emotional, or psychological abuse, of which 80 percent identified as a victim and 20 percent as a perpetrator (not shown).

CoSRR enrollment and participation numbers

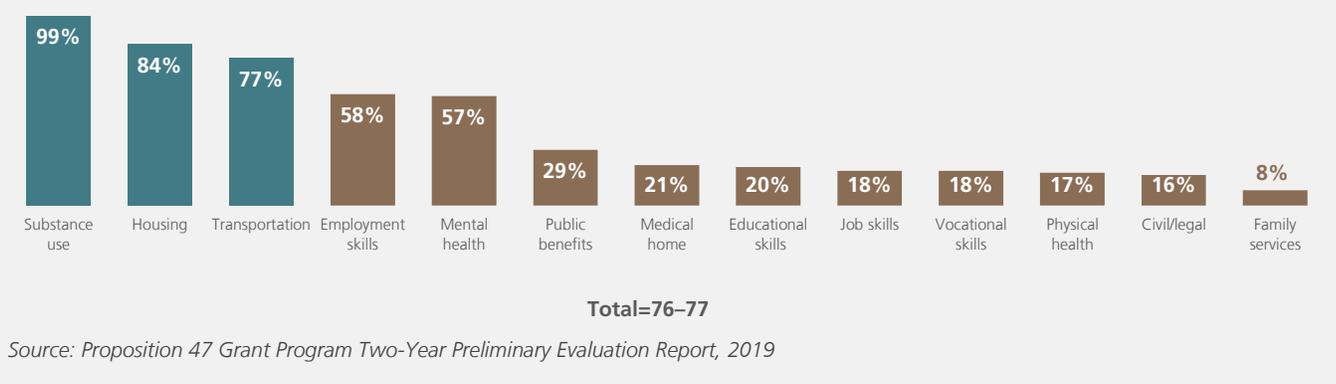
- **78** unique clients
- **81** episodes
- **32** discharged at least once
- **100.4** days client average time in program

CoSRR substance use and mental health history

- **50%** meth primary use
- **<1–30.9** years average years since using primary drug
- **36%** had a mental health diagnosis

Following the best practice of providing programming based on a risk, needs, and responsivity (RNR), clients were asked to self-report whether or not they had a specific need (“Yes/No”) that may be helped by the program.⁸ The top three needs reported by the most clients included substance use (99%), housing (84%), and transportation (77%). Clients reported having an average of 5.2 needs (SD=2.4, range 2–13), with 21 percent having 1 to 3 needs, 62 percent having 4 to 7 needs, and 17 percent having 8 or more needs (n=77).

Figure 5
CoSRR client needs



Client criminal history

To understand client length of involvement in the criminal justice system and the impact on the system, local criminal history data were collected for the instant offense and the three years prior to program intake.⁹ These data included arrest, booking, and conviction information.¹⁰

Nearly all CoSRR clients had at least one prior arrest (94%) with an average of 4.7 arrests (SD=4.7, range 0–18). Nearly half (44%) had a prior felony arrest during this period, almost all (90%) had a misdemeanor arrest, and a smaller proportion had an arrest due to an infraction (4%). The most common prior arrest type was other (71%), 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 (59%) offenses were the second most frequent type of offense, followed by property (31%), violent (21%), and weapons offenses (6%) (Figures 7 and 8). The high proportion of other and drug related charges is consistent with the program’s target population and with client data that indicates chronic drug usage. As a result of these arrests, the majority (83%) of CoSRR clients had a booking within 3 years prior to engagement in the program, with an average of 4.2 bookings during this period (SD=3.74, range 0–13).

Figure 6
CoSRR needs summary

CoSRR	
5.2	Needs on average
21%	1 to 3 needs
62%	4 to 7 needs
17%	8 or more needs

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

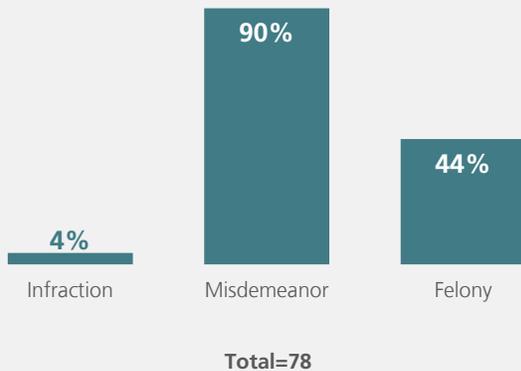
⁸ For reporting purposes, if a client had more than one treatment episode (i.e., had exited and reentered and were reassessed), needs reported for each episode are included in the percentages.

⁹ Because an individual could enter Prop 47 without an active case, instant offense is included in prior contacts.

¹⁰ 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.

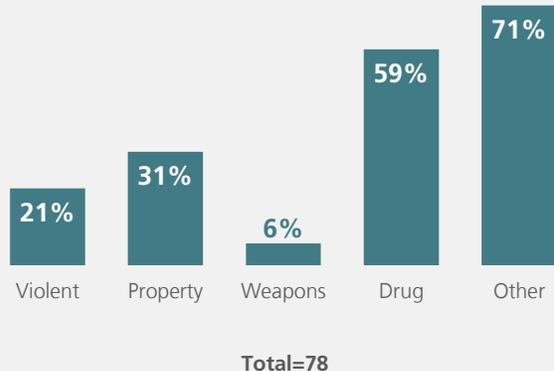
Over three-quarters of CoSRR clients had at least one prior conviction in the past three-years (78%), with an average of 2.5 convictions per client during this period (SD=2.5, range 0–9). Clients were far more likely to have been convicted of a misdemeanor (77%) than a felony (12%) and were most likely to have been convicted of a drug or other offense (58% and 32%, respectively) (Figures 9 and 10).

Figure 7
Level of prior arrests



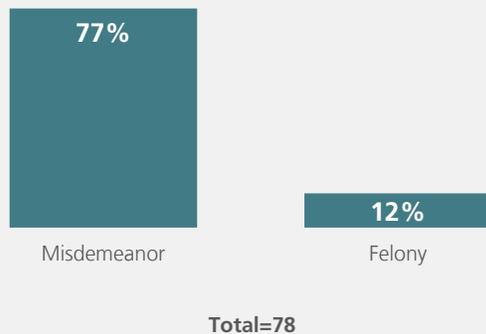
Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 8
Type of prior arrests



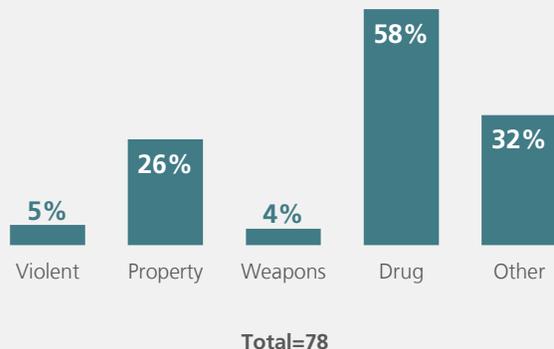
Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 9
Prior conviction level



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 10
Prior conviction type



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

It is evident by both number and type of prior criminal activity of CoSRR clients the program is serving the intended Prop 47 impacted population. Although around one in five clients had felony-level criminal activity, the preponderance of clients came in contact with the system due to misdemeanor level drug, other, or property crimes.

Figure 11

CoSRR clients' prior contact with the local justice system



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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

For analysis purposes, only CoSRR clients discharged by March 31, 2019 were included in the service provision analysis. As noted earlier, clients are allowed to return to the program, therefore individuals can have multiple treatment episodes. For clients with multiple treatment episodes, services received each time s/he was in the program were included in the analysis providing a cumulative account of his/her experience in the program.

As of March 31, 2019, there were 32 unique individuals discharged from the program, representing 35 episodes (i.e., 3 clients who reentered). As noted in Table 5, the majority of these clients (78%) engaged with the program for a total of more than 30 days.

Table 5

Discharged CoSRR clients' cumulative time in program

7 days or less	9%
8 to 30 days	13%
1 to 6 months	66%
More than 6 months	13%
Total	32

Note: Due to round percentages may not equal 100.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Service delivery outcomes

Analysis of the client needs and services shine light on the web of support this population requires to help address the deleterious effects associated with years of substance use. As part of the program design, all clients are assigned a case manager upon intake and this was true for the 32 discharged clients. In addition, 81 percent were assigned a housing navigator. While housing was not provided directly by CoSRR providers, the program was designed to link clients 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 clients; however, capacity was an on-going issue (see Appendix D for full listing of placement options and definitions).

Clients were not limited to a single housing placement during their program participation, and it was possible for a client to be placed in multiple types of housing while in the program. Of discharged clients, 13 percent had been placed in emergency housing, half (50%) were placed in transitional housing, and 6 percent achieved permanent housing (Figure 12).

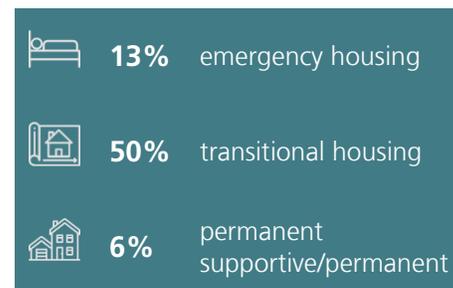
As with case management, all (100%) clients were connected to SUD treatment. While a SUD diagnosis is an eligibility requirement, CoSRR is only designed to provide outpatient (15 hours a week, three-days a week) and aftercare (4 hours a week) SUD treatment. A client who is assessed as needing a higher level of care upon intake and/or while in the program can still be enrolled or continue in CoSRR. Those clients who needed either residential or withdrawal management are enrolled and case managed while they concurrently receive SUD treatment from a different provider in the County’s system of care. This was the case for a few CoSRR clients, with 9 percent having engaged in residential treatment and 6 percent having engaged in withdrawal management during their program participation. Anecdotal feedback from program staff suggests that more clients were in need of residential treatment upon intake but were not ready to engage in that level of care and instead choose to participate in outpatient treatment.

In addition to housing and SUD treatment, there were nine supportive service options available to clients: 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., client attended the first appointment). In alignment with Maslow’s hierarchy of needs (Maslow, 1987), 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 client remained in the program. The largest proportion of clients were referred to mental health services (78%), followed by referrals to a medical home (19%), and educational services (19%). The three most common connections were to transportation (66%), mental health services (38%), and a medical home (16%) (Figure 13). On average, clients were referred to 1.6 different services (range 0–5) and connected to 1.5 different services (range 0–6).¹¹ Additionally, 9 percent of clients achieved employment and 74 percent completed mental health treatment (of those who received that treatment) during their program participation.

¹¹ Transportation services did not receive referrals, only connections. This results in a possible range for connections that is slightly higher than referrals.

Figure 12

CoSRR housing placements (n=32)

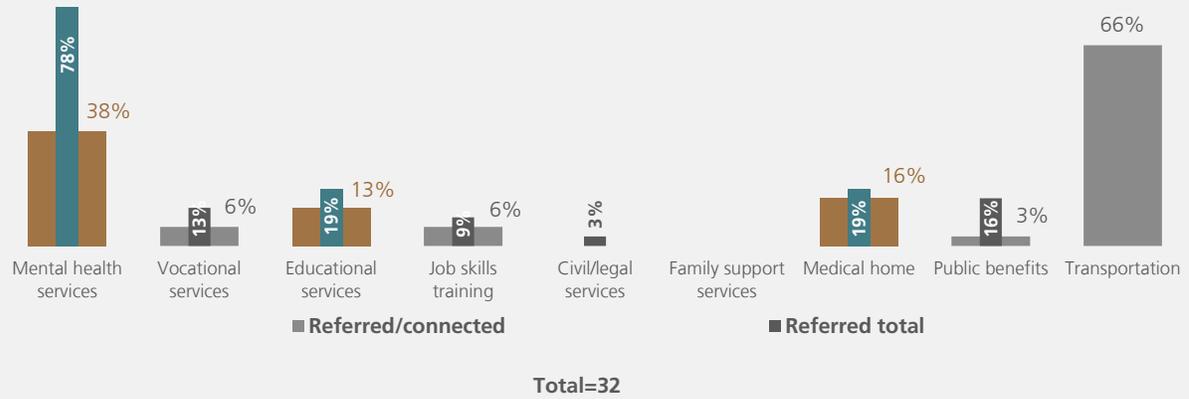


**Note: Definitions for each housing type in Appendix D. Percentages bases on multiple placements.*

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 13

CoSRR referrals and connections to services



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Further analyses were conducted to determine how closely services received by clients matched with assessed needs at intake.¹² As expected because of eligibility criteria, all (100%) clients received SUD treatment. Further, mental health was the third most noted need and had a 45 percent match rate. Regarding supportive services, the most consistently matched services were transportation (80%), educational services (60%), and medical home (57%) (Table 6).

Table 6

Matched services to needs for discharged clients

Services	Percent with need	Percent with need connected
Substance use treatment	100%	100%
Transportation	63%	80%
Educational	16%	60%
Medical home	22%	57%
Mental health	69%	45%
Job skills	13%	25%
Vocational	13%	25%
Public benefits	28%	11%
Civil/legal	16%	0%
Family support	9%	0%
Total	32	3-32

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

¹² 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 client who exits the program having completed his/her treatment goals; and
- Is no longer engaged in aftercare services.

Of the 32 clients who exited the program at least once, the average length of participation was 100.41 days (SD=70.75) days, one-quarter (25%) successfully completed the program and 22 percent were permanently housed as of their most recent exit.

When considering a client's most recent discharged episode, 13 percent of clients completed treatment goals in full, 13 percent completed treatment goals with satisfactory progress, and three in four (75%) did not complete treatment goals (Figure 14).¹³

Once again, these data reflect the nature of chronic substance use and the difficulties associated with breaking its cycle.

While not unique to these Prop 47 programs, the low completion of treatment goals has been an on-going concern among partners. Leadership, stakeholders, and providers have 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 is a vital component of the Prop 47 project and one that has allowed for various modifications and adjustments.

Figure 14

SUD completion status



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Science of addiction

Treatment dropout is one of the major problems encountered by treatment programs; therefore, motivational techniques that can keep patients engaged will also improve outcomes. By viewing addiction as a chronic disease and offering continuing care and monitoring, programs can succeed, but this will often require multiple episodes of treatment and readily readmitting patients that have relapsed (NIDA, 2018).

¹³ 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 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) during program participation or 6 months following program completion?

For this interim report, outcome data is limited to those participants who have exited the program at least once. The final report will include the full outcome data and analysis. Preliminary outcome data collected for this evaluation includes arrest, booking, and conviction information. The final evaluation will track recidivism outcomes for the periods during participation, 6, 12, 24, and if possible, 36 months post-discharge from the program. For this interim report, data are only presented for the period between initial intake and discharge for the 32 clients who had exited by March 31, 2019. During program participation, most of the clients did not have a new law enforcement contact. Around one in four clients had a new arrest (22%), booking (25%), or a new conviction (25%) during program participation (Figure 15). Pending the type of offense and sentencing, it is possible to continue in the program if a client obtains a new arrest or conviction. Clients arrested during program participation were typically arrested for drug offenses (57%) and were most likely to be at the misdemeanor level (71%).

Figure 15

Recidivism of CoSRR clients during program participation

CoSRR	
22%	Arrests
25%	Booking
25%	Conviction

Total = 32

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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 has managed to obtain his own housing and start paying his student loans. Jake is demonstrating leadership skills in his recovery meetings and is preparing to enroll in a local community college this fall 2019 to obtain his Drug and Alcohol Counselor Certification. Jake has shared that *"This program helps in a lot of areas; it works great, and helps you get back on your feet"*.

**Note: Client's name has been changed to protect their identity.*

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 clients 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 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. clients. 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?

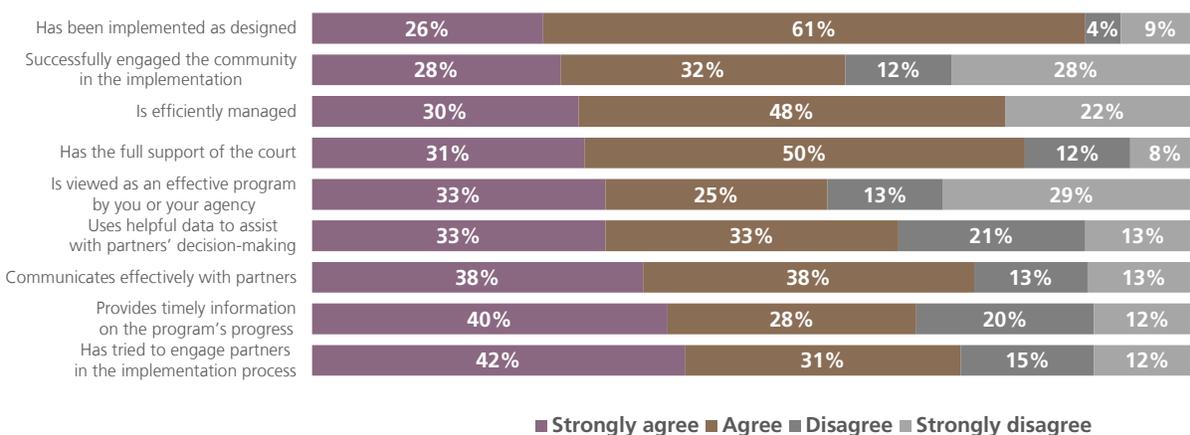
Program implementation

The same methodology as CoSRR is being used to document S.M.A.R.T. implementation. As with CoSRR the stakeholder survey provided insights on the implementation to date (Appendix C). It is not surprising, given S.M.A.R.T. had been in operation prior to the grant, that a larger percentage of stakeholder survey respondents provided information on the implementation of the program. Of the 66 total respondents, 40 percent (26) provided specific information about the implementation of S.M.A.R.T.

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. Overall, the majority agreed with positive statements related to how the program had been implemented and managed (58% to 87%). The greatest area of improvement related to the effectiveness of the program (42%) and how successful it has engaged the community in the implementation (40%) (Figure 16).

Figure 16

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



Total = 23–26

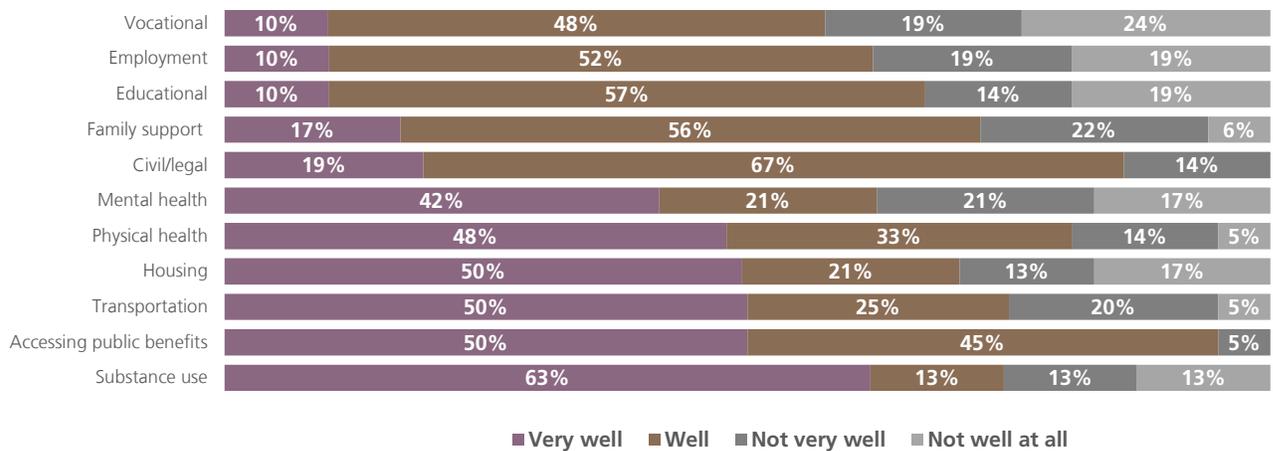
Note: Percentages may not equal 100 due to rounding. Cases with missing information not included.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

As for how well S.M.A.R.T. is meeting 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 substance abuse having the largest percentage (63%) rating it as **VERY WELL**, followed by assistance with public benefits, transportation, and housing (50% each) (Figure 17). These responses may be related to the finding where slightly less than half of the S.M.A.R.T. respondents (46%) reported the program has the necessary resources to meet its objectives (not shown).

Figure 17

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



Total = 18–24

Note: Cases with missing information or those who selected "Don't know" not included.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

When asked to identify the top three strengths and challenges of S.M.A.R.T., the provision of an array of treatment and services, including housing to this population, was most frequently noted, followed by the strong and diverse partnership among stakeholders and community providers, and the quality, caring, and experience of the program staff. In terms of challenges, even though housing was seen as a key strength of S.M.A.R.T., it was also viewed as a challenge, because of the limited capacity and locations. Another challenge noted was community relations, mostly due to the challenge of gaining support from the community to locate the program in their neighborhood. Furthermore, while partnerships were viewed positively, they were also associated with challenges, specifically for more involvement of smaller agencies in the project. A similar number of individuals mentioned the issue of engagement and retention of this population, often due to relapse (Figure 18).

Figure 18

Top strengths and challenges of S.M.A.R.T.

Strengths (n=22)	Challenges (n=24)
<ul style="list-style-type: none"> • Array of treatment and services to this population (86%) • Strong partnerships (27%) • Quality and committed staff (27%) 	<ul style="list-style-type: none"> • Community relations (support and involvement) (46%) • Housing capacity limitations (38%) • Engagement and retention of clients (38%)

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

While not rising to the top, other strengths mentioned by respondents included the general program model and the focus on removing criminal justice barriers for this population. Conversely, other challenges noted were a need for additional services (e.g., mental health, transportation), additional funding to support the program, and also expanding the program geographically.

“The limitation on the number of beds has prevented full implementation.”
 - Stakeholder survey respondent, 2019

Program modifications

By design, all clients entering S.M.A.R.T. are provided transitional housing and support towards obtaining permanent housing upon exit. However, lack of housing capacity has limited the enrollment of all eligible individuals and been a primary barrier to service delivery. S.M.A.R.T., unlike CoSRR, incentivizes 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 can initially refuse S.M.A.R.T., but change his/her mind at any point in the legal process. This continuum of engagement points and/or reengagement translates into a steady flow of individuals wanting to participate, but not enough beds to accommodate. From its inception, lack of available housing has been an issue and one of S.M.A.R.T.’s primary challenges. As the program quickly filled the initial 10 beds available for clients, it sought to expand its bed capacity by contracting with additional housing contractors while securing funding to purchase and renovate an old motel. When a location and funding was 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 is complete. 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 a projected 44 beds available starting July 1, 2019.

In addition to the housing challenges, S.M.A.R.T. has had a similar experience of engagement and retention of clients in the program as CoSRR. However, this was not an unexpected challenge given the CA’s experience working with chronic, low-level offenders and FHCS’s work in the recovery field. The response to counter this issue has been the strong communication between the CA and FHCS through monthly meetings and case reviews to evaluate the unique needs of each client and devise individualized solutions or responses. S.M.A.R.T. also allows individuals multiple opportunities to engage in the program, recognizing each individual has his/her own threshold for readiness to change. Therefore, a client may be offered the program several times before s/he agrees to participate. In addition, S.M.A.R.T. includes the San Diego Police Department’s Homeless Outreach Team in these meetings, which facilitates outreach to the individuals when back on the streets in an attempt to reengage them in the program.

Table 7

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

Challenge	Modification
Demand for program enrollment exceeds the housing availability and limits program capacity.	<ul style="list-style-type: none"> ● Increase initial 10 bed limit through contracts with two community-based organizations 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 clients.	<ul style="list-style-type: none"> ● Multiple opportunities to accept the S.M.A.R.T. program; individualized case reviews; and outreach to clients who have left the program to reengage.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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

As with CoSRR, referrals to the program, along with the associated outcomes were tracked. The CA and service provider (FHCSD) each gathered data on the number of cases screened, offered, accepted and enrolled. Between September 1, 2017, and March 31, 2019, 1,040 cases were identified as potentially S.M.A.R.T. eligible by the CA (Figure 19). These cases represented 266 unique individuals who received an average of 4.06 offers each (SD=2.61, range 1–11), illustrating the challenge associated with the chronic nature of this population, an individual’s progression through readiness to change stages (Prochaska et. al., 1992), and confirming the anticipated “revolving door” nature of this population that Prop 47 was designed to address.

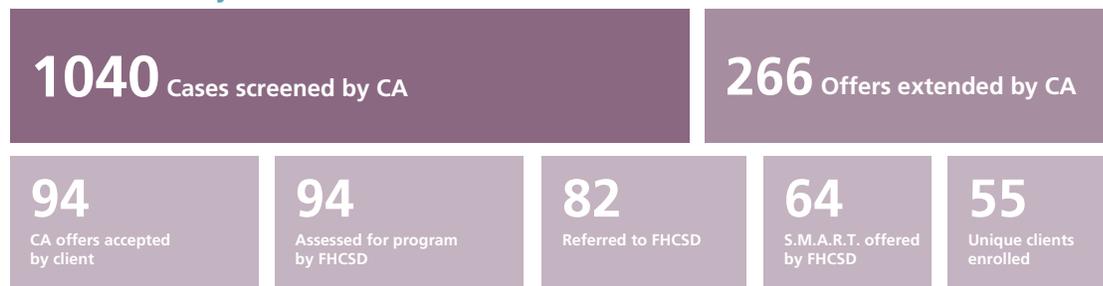
The transtheoretical model defines behavior change as progression through five stages: precontemplation (not ready), contemplation (getting ready), preparation (readiness), action, and maintenance (Prochaska et. al., 1992).

Of the cases screened by the CA, 71 percent were temporarily rejected, 26 percent were offered the program, and 3 percent 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 five (21%) of the rejected cases screened by the City Attorney. Of the 26 percent who received a S.M.A.R.T. offer, 94 cases (35%) accepted the offer to be assessed for the program.

These cases were assessed by FHCSD, and 87 percent (82) were scheduled to complete a program intake assessment, while the remaining cases refused services, either directly or indirectly (9%), were deemed not appropriate for the program (3%) or were referred to a more appropriate program (1%). Of the 82 given an intake appointment, most (78%) were formally offered S.M.A.R.T., with the remaining 22 percent either refusing services (13%) or have an appointment pending (9%) at the time of analysis (not shown). The rate of S.M.A.R.T. program enrollments from CA offers extended is 24%, or 64 cases. This rate is substantially lower than that of program enrollments from CA offers accepted (68%), 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 agrees to a screening. The 64 cases that received a S.M.A.R.T. program offer reflect 55 unique clients. Figure 19 highlights the flow of referrals from initial identification to enrollment.

Figure 19

Referral summary



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Enrollment and episode characteristics

From the beginning of the grant period through March 31, 2019, there have been 55 unique clients enrolled in the S.M.A.R.T. program. Fifteen of these individuals have exited and reenrolled in the program, resulting in a total of 70 treatment episodes. During this same period, over three-quarters (78%) of clients have discharged at least once. These numbers, including the number of reentries into the program, reflect the program design that takes the cycle of addiction into consideration and encourages individuals to return when they are ready to proceed in his/her recovery. Furthermore, as with CoSRR, those clients in need of a higher level of care (i.e., withdrawal management or residential SUD treatment) are referred to the appropriate treatment agency but continue to be case managed and enrolled into S.M.A.R.T. Pending the outcome of the his/her higher level of care, a client may return to S.M.A.R.T. to continue with the program. During this reporting period, there were two clients who engaged in residential treatment and six who engaged in withdrawal management during their program participation.

Client demographics and intake characteristics

S.M.A.R.T. clients were predominantly male (64%) and 46 years old on average (SD=11.29, range 23–65). These clients were ethnically diverse, with 42 percent being African American, 35 percent White, 11 percent Hispanic/ Latino, 7 percent other, and 5 percent Asian.

At intake, of the clients able to work (i.e., not disabled or unable to work), a similar proportion of clients were unemployed and looking for work (42%) as unemployed and not looking for work (40%). Furthermore, one in five (22%) had less than a high school degree, and most had only obtained a high school degree (67%) or equivalent (9%). None of the S.M.A.R.T. clients had a bachelor's degree or higher, with an AA (6%) or Vocational degree (6%) being the highest level of educational attainment for about one in ten clients (n=54). Again, this combination of low educational attainment and underemployment add to the difficulty of achieving self-sufficiency. Furthermore, at intake, all (100%) clients were homeless (n=54), which aligns with program design targeting those in need of housing.

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

- **55** *unique clients*
- **70** *episodes*
- **43** *discharged at least once*
- **76.4** *days client average time in program*

100% of S.M.A.R.T. clients were homeless upon intake

Figure 20

S.M.A.R.T. client characteristics



Note: Percentages may not equal 100 due to rounding.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Clients substance use and needs

As with CoSRR, when clients were asked about their primary drug of use meth emerged as the most common (51%), followed by alcohol (15%), marijuana (13%), heroin (11%), cocaine/crack (9%), and PCP (2%). Analysis of age of first use and length of use confirms the chronic nature of abuse. Overall, clients began using their primary drug between 13.4 and 34.8 years ago, with an average of 18.7 years (SD=10.4) for those who identified meth as their primary drug and an average 33.4 years (SD=13.6) for those identifying alcohol (Table 8). As with CoSRR clients, the average amount of time since clients began using their primary drug compared to the average age supports the initial assumption that the program’s population reflect chronic, lifelong substance users.

Over half (51%) of S.M.A.R.T. clients indicated they had been previously diagnosed with a mental health disorder, supporting the need for co-occurring treatment options. One-third (31%) of enrolled clients indicated they have had experience with some type of abuse, with 88 percent identifying as a victim and 12 percent identifying as a perpetrator (n=54, not shown).

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

- **51%**
meth primary use
- **13.4–34.8**
years average years since using primary drug
- **51%**
had a mental health diagnosis

Table 8

S.M.A.R.T. clients' primary drug of choice and use

Drug type	Percentage	Average age of first use (SD)	Average years since first use (SD)
Meth	51%	27.0 (12.5)	18.7 (10.4)
Alcohol	15%	14.1 (3.8)	33.4 (13.6)
Marijuana/Hashish	13%	14.9 (4.8)	32.6 (12.4)
Heroin	11%	20.2 (7.4)	13.4 (7.0)
Cocaine/crack	9%	27.8 (9.6)	32.8 (4.9)
PCP	2%	13 (-)	34.8 (-)
Total	55		1-28

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

The top three needs S.M.A.R.T. reported were housing (100%), transportation (98%), and substance use treatment (96%).¹⁴ Again, illustrating the entanglement of issues to be address, clients had an average of 8.0 needs (range 3–13), with 2 percent having 1 to 3 needs, 32 percent having 4 to 7 needs, and 67 percent having 8 or more needs (n=54). Further, half (51%) of the clients indicated they have been previously diagnosed with a mental health disorder.

Figure 21

S.M.A.R.T. needs

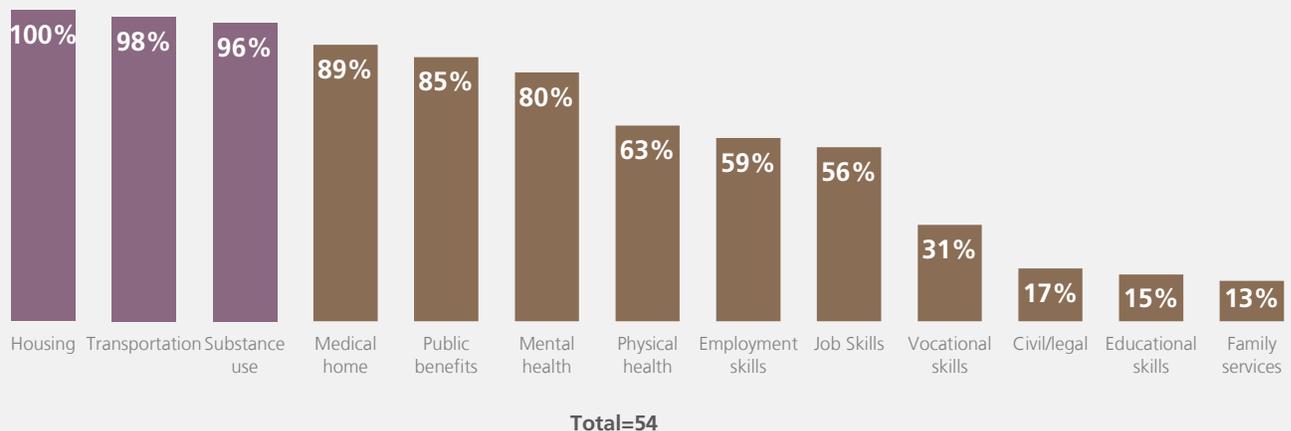
S.M.A.R.T.	
8.0	Needs on average
2%	1 to 3 needs
32%	4 to 7 needs
67%	8 or more needs

Note: Percentages may not equal 100 due to rounding.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 22

S.M.A.R.T. client needs



Note: Cases with missing information not included.

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

¹⁴ 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 considered.

Client criminal history

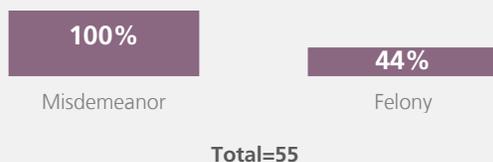
As with CoSRR clients' length of involvement in the criminal justice system and the impact on the system, local criminal history data were collected for the instant offense and three years prior to program intake.¹⁵ These data included arrest, booking, and conviction information.¹⁶

A review of the criminal involvement for the three-years prior to enrollment again confirms S.M.A.R.T. is reaching the intended population. All S.M.A.R.T. clients (100%) had at least one prior arrest with average of 9.8 arrests (SD=5.8, range 1–29). Nearly half of the cohort (44%) had a felony arrest during this period, and all (100%) had at least one misdemeanor arrest (Figure 23). The most common prior arrest type was other (95%), 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 offenses were the second most frequent type of offense (93%), followed by property (36%), violent (24%), and weapons (9%). The high proportion of property and drug related charges is consistent with the program's target population and with client data that indicates chronic drug usage.

Because of the elevated costs when an arrest results in a booking, data were gathered on the number bookings into local facilities. Nearly nine out of 10 (87%) S.M.A.R.T. clients had a booking, with an average of 9.4 bookings (SD=6.61, range 0–31). Furthermore, almost all clients (93%) had a conviction in the three-years leading up to their first program engagement, with each having an average of 6.6 convictions during this period (SD=4.4, range 0–20). Reflecting the low-level nature of the population, clients were far more likely to have been convicted of a misdemeanor (93%) than a felony (5%) (Figure 25) and were most likely to have been convicted of a drug or other offense (76% and 75%, respectively) (Figure 26).

Figure 23

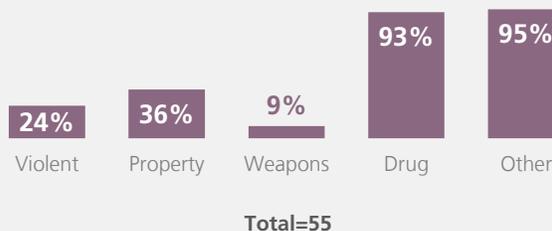
Level of prior arrests



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 24

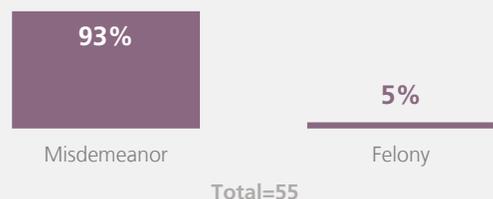
Type of prior arrests



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 25

Prior conviction level



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Figure 26

Prior conviction type



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

¹⁵ 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.

¹⁶ 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 clients reflects the target population that the Prop 47 grant funds were intended to serve: chronic, Prop 47 impacted, with quality of life or low-level offenses. Although some have cases related to felonies, clients primarily had misdemeanor cases that are drug, other, or property related. Additionally, the high averages observed at all three thresholds of criminal activity (i.e., arrest, bookings, convictions) further reflect the Prop 47 target population; individuals entrenched in the cycle of crime for low-level, drug related offenses.

Figure 27

S.M.A.R.T. clients' prior contact with the local justice system



Total=55

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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

Service data was compiled for those individuals who had at least one discharge by March 31, 2019. For clients with multiple episodes, services and outcomes across all episodes were considered in order to best describe the individual's collective experience with the program. Utilizing these parameters, there were 43 unique individuals, representing 58 treatment episodes, discharged by the program. Most of these 43 clients (70%) were enrolled in the program for a cumulative time across episodes totaling less than 30 days (Table 9). As anticipated based on the target population, over a third (35%) of exited individuals engaged in more than one program episode. These observations are consistent with research that indicates 1 in 6 clients who engage in treatment complete successfully and therefore suggests it takes about 6 treatment episodes before an individual is ready to fully engage in treatment (Volkow, 2010).

Overall, nine out of ten (93%) of those clients who discharged were assigned a case manager and the same proportion (93%) were assigned a housing navigator. Clients who were not assigned a case manager or housing navigator (7%) represent those who had been formally enrolled but never truly engaged with the program after enrollment, which is supported by the fact that all of these clients were in the program for less than seven days.

Table 9

Discharged clients' cumulative time in program

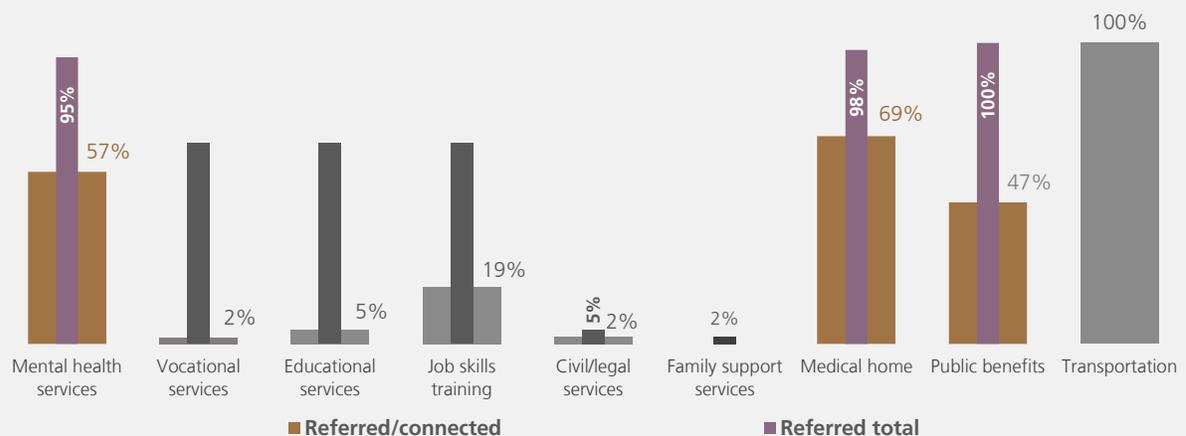
7 days or less	33%
8 to 30 days	37%
1 to 6 months	16%
More than 6 months	14%
Total	43

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Consistent with program design, all clients (100%) were connected to interim housing upon intake and of these clients, three were eventually placed in permanent housing (all of whom engaged with the program for 6 months or more) (not shown).

Similar to CoSRR, in addition to the core service of SUD’s treatment, there were nine additional supportive service options available to clients: mental health services, vocational services, education services, employment/job skill services, legal services, family services, medical services, public benefit connections, and transportation services. Aside from housing and substance use, the most common needs reported at intake for discharged clients were transportation (98%), medical home (89%), and public benefits (85%) (not shown). The three most common referrals were public benefits (100%), medical home (98%), and mental health services (95%), while the most common connections were transportation (100%), medical home (69%), and mental health services (57%) (Figure 28). Additionally, 7 percent of clients have achieved employment and 36 percent completed mental health treatment (of those who received that treatment) during their program participation. The trend in type of services more 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 assisting clients in obtaining documentation required for employment (i.e., ID, SS Card) to prepare for returning to the workforce and connections to employment and vocational services are anticipated in the upcoming period. On average, clients were referred to 5.0 different services (range 2–8) and connected to 3.0 different services (range 1–7)¹⁷ (not shown).

Figure 28
S.M.A.R.T. referrals and connections to services



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

To examine the responsiveness of the program to clients’ needs, further analysis was conducted to determine how closely services received by clients matched with assessed needs at intake. It should be noted that clients who did not initially state a specific need upon intake may have been connected to a service as rapport with program staff developed and additional needs were discovered or developed during program participation.

¹⁷ Transportation services did not receive referrals, only connections.

In alignment with program design, all (100%) clients were connected to SUD treatment upon intake. All (100%) clients needing transportation assistance received it, nearly three-quarters (73%) of those with a medical need were connected to a medical home, and about three in five (59%) who had mental health needs were connected to services during program participation (Table 10).

Table 10

Matched services to needs for discharged clients

Services	Percent with need	Percent with need connected
Substance use treatment	100%	100%
Transportation	100%	100%
Medical home	93%	73%
Mental health	79%	59%
Public benefits	81%	49%
Job skills	56%	29%
Educational	14%	17%
Civil/legal	16%	14%
Vocational	35%	7%
Family support	14%	0%
Total	42	6–42

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

Program completion status

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

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

When considering substance use treatment outcomes for a client’s most recent discharged episode, 12 percent of clients completed treatment goals in full, 26 percent completed treatment goals with satisfactory progress, and 63 percent did not complete treatment goals (n=43)¹⁸.

Of the 43 clients that exited the program at least once by March 31, 2019, the average length of participation was 76.4 days (SD=149.9) days, 7 percent were permanently housed as of their most recent exit and therefore 7 percent successfully completed the program.

Figure 28

SUD completion status



Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

¹⁸ 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) during program participation or 6 months following program completion?

As noted earlier, a more robust presentation and analysis of outcome data will be included in the final report. For this interim report, data are only presented for period between intake and discharge for the 43 clients who had exited by March 31, 2019. Recidivism analysis is based on the first episode for all clients, regardless of how many times they have entered or exited the program.

Of the 43 clients who had exited the program by the cutoff date, most had not recidivated during their program participation. Specifically, 5 percent of clients, or two clients, had a new arrest and booking (5%), and 2 percent, or one client, had a new conviction. The arrests were equally split with a misdemeanor and felony and the one conviction was for a misdemeanor (not shown).

Figure 29

Recidivism of S.M.A.R.T. clients during program participation

S.M.A.R.T.	
5%	Arrests
5%	Booking
2%	Conviction

Total = 43

Source: Proposition 47 Grant Program Two-Year Preliminary Evaluation Report, 2019

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 was scheduled to graduate from treatment at the next graduation.

**Note: Client's name has been changed to protect their identity.*

Lessons learned

Although the program is still operating, because of its transparency and use of data to inform practice throughout implementation, the leadership has already recognized some valuable lessons and made adjustments to address them. The following is a list of lessons learned for the Prop 47 project (both CoSRR and S.M.A.R.T.).

- ***Housing was a more significant issue than anticipated.*** The original program anticipated half of CoSRR clients would need emergency and transitional housing; however, most of the clients entering the program were in need of housing assistance. As an adjustment, CoSRR has directed more of its funds toward emergency and transitional housing; however, housing is still a barrier, especially for those individuals new in their sobriety. Those clients not wanting to enroll in residential treatment and who need longer term housing are placed 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 client being evicted, which then impacts their ability to participate in the program.
- ***Barriers to locating services.*** 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 reflects both the challenge of locating services in the community and the need for more education about the population.
- ***No wrong door to the Prop 47 project.*** Feedback from the community and lower than anticipated enrollment numbers revealed that connection in the court should not be the only option for program entry. In response, CoSRR has expanded its outreach to include referrals from those offenders still in jail, the homeless population, and other treatment providers where Prop 47 impacted individuals have contact in the community at large.
- ***Engagement (and relapse) is an on-going challenge.*** While not a surprise to those in the field, convincing potential participants to choose to engage in the services has been 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 clients in services has been a consistent challenge that has required increasing outreach, incentives, and transportation resources. This continues to be an on-going topic at all meetings as leadership and stakeholders work together to try and reduce the gap between those eligible and those enrolled. Educating the community and stakeholders about the readiness of change stages (i.e., precontemplation, contemplation, preparation, action, and maintenance) that individuals struggling with addiction cycle experience may be helpful to increase their understanding of why engagement numbers are low.

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 is to reduce recidivism by addressing the underlying needs of this low-level offending population, specifically substance use, mental health, housing, and other assessed needs.

This two-year interim report demonstrates that the project is serving 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 using for more than a third of their lives. Housing was more of an issue for CoSRR clients than expected with more than half needing housing at intake. Overall, engagement in services has been a challenge, but not unexpected given the lengthy drug use history, the non-linear process of recovery, and each individual's readiness to change.

Feedback from stakeholders and documentation of the implementation process show that the program is being implemented well and partners are making adjustments as lessons are learned and in response to feedback received from the Local Advisory Community, the community, and stakeholders. Future reports will include outcome analysis related to client treatment outcomes and a review of justice system contacts, including factors related to recidivism.

References

- Maslow, A.H. (1987). *Motivation and personality (Third Edition)*. New York, NY: Harper & Row.
- National Institute on Drug Abuse (NIDA). (2018, January 17). *Principles of drug addiction treatment: A research-based guide (Third Edition)*. Retrieved July 17, 2019, from drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition
- 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. Retrieved from <http://dx.doi.org/10.1037/0003-066X.47.9.1102>
- SANDAG San Diego County Substance Abuse Monitoring Program. (2018). *2017 Adult arrestee drug use in the San Diego region*. Retrieved from sandag.org/uploads/publicationid/publicationid_4526_24407.pdf
- Volkow, N.D. (2010). *Drugs, brains, and behavior: The science of addiction*. 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*, 374(4), 363-371.

Appendices

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

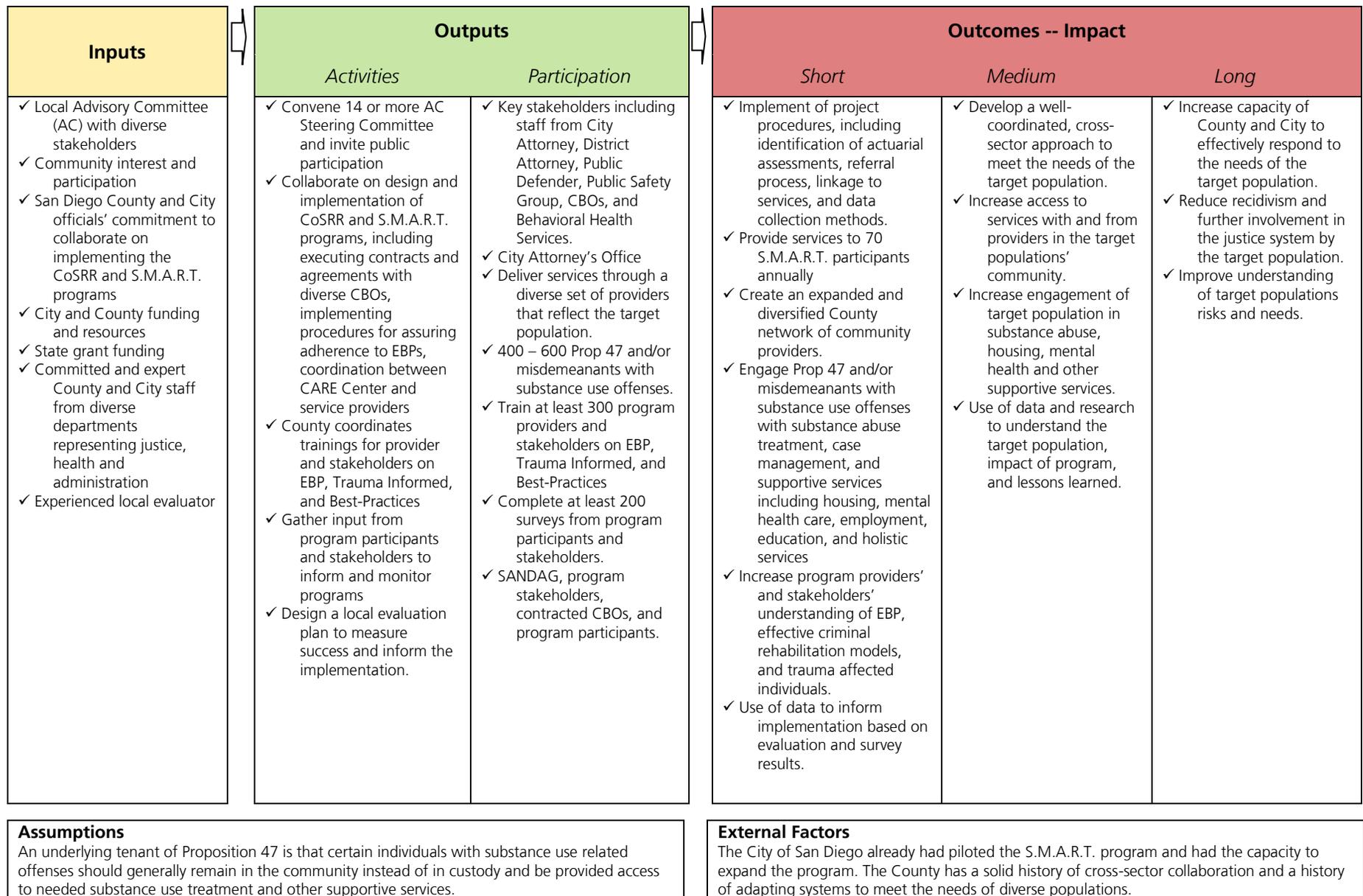
Appendix B: Data Matrix

Appendix C: Stakeholder Survey

Appendix D: Housing Category Definitions Guide

Appendix A: Program: 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.



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) Client is assessed at a higher level of care but continues to be a Prop 47 client while residing in a higher level of care or 2) If client 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 (client 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 client 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 client 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= clients who are new to the program or beginning a new treatment episode Transfer= clients who come from or are recommended to another level of care (detox/residential) ECS: Initial= Client assesses for ODF at ECS at intake, or intakes from court to ECS based on ASAM (most common) Transfer=Client 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= Client assesses for ODF at ECS at intake, or intakes from court to ECS based on ASAM (most common) Transfer=Client 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
Date of first appointment	Date of SUD appointment		Date	Case Management Log	SanWITS

Field	Label	Examples/conditions	Data values	Form	Database
SUD completion status	SUD completion status	Populate if SUD treatment is finished/terminated	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	Date SUD treatment finished/terminated		Date	Case Management Log	Service Provider
Case management					
Received case management services	Indicate if participant received service	Should be "Yes" for everyone, unless a client left program without engaging at all	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 client to receive service Referred/Connected= In addition to program referral, client actually attended 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 Clients 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				
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			

Field	Label	Examples/conditions	Data values	Form	Database
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 clientStable, 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	<p>Referred= Program generated referral for client to receive service</p> <p>Referred/Connected= In addition to program referral, client actually <u>attended</u> first service appointment.</p> <p>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.</p>	<ol style="list-style-type: none"> 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?		<ol style="list-style-type: none"> 1. Completed 2. Did not complete 	Treatment tracking	Service provider
Educational services	Indicate if participant received service	<p>Referred= Program generated referral for client to receive service</p> <p>Referred/Connected= In addition to program referral, client actually <u>attended</u> first service appointment.</p> <p>Ex. school enrollment, tutoring</p>	<ol style="list-style-type: none"> 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?		<ol style="list-style-type: none"> 1. Completed 2. Did not complete 		
Employment services					
Job skills training	Indicate if participant received service	<p>Referred= Program generated referral for client to receive service</p> <p>Referred/Connected= In addition to program referral, client actually <u>attended</u> first service appointment.</p> <p>Ex. resume creation; job search assistance; interview clothing; work boots</p>	<ol style="list-style-type: none"> 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?		<ol style="list-style-type: none"> 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		

Field	Label	Examples/conditions	Data values	Form	Database
Other services					
Connected to transportation	Indicate if participant received service	<i>Ex. Vouchers, bus passes.</i>	Yes/No (Date)	Treatment tracking	Service provider
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 client to receive service Referred/Connected= In addition to program referral, client actually <i>attended</i> first service appointment. <i>Ex. any legal aid, assistance, or service provided to the client</i>	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 client to receive service Referred/Connected= In addition to program referral, client actually <i>attended</i> first service appointment. <i>Ex. therapy, child support.</i>	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 client to receive service Referred/Connected= In addition to program referral, client actually <i>attended</i> first service appointment. <i>Ex. Center for Medicare and Medicaid Services Center for Innovation</i>	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 client to receive service Referred/Connected= In addition to program referral, client actually <i>attended</i> first service appointment. <i>Ex. CalFRESH, CalWORKS, CAPI, CMS, GR, Healthy San Diego, Medi-Cal</i>	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 African American 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 client	<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 client	<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

Appendix C: Stakeholder Survey

CJ SUMMARY

Research findings from
the Criminal Justice
Clearinghouse



June 2019

Proposition 47 – Stakeholder Survey Summary

Background

In June 2017, San Diego County, in partnership with the San Diego City Attorney's office, was awarded a three-year, Proposition 47 (Prop 47) grant from the California Board of State and Community Corrections (BSCC). Over the course of the three-year grant period, the project is employing an evidence-based approach to connect 600 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 City of San Diego City Attorney's Office (CAO) to oversee the expansion of the City's San Diego Misdemeanant 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 Criminal Justice Research Division of San Diego Association of Governments (SANDAG) is the outside 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. This summary report is an example of this "action research" and provides the results of the first of three surveys to be administered to partners, community members, and key stakeholders.

The results from this first Stakeholder Survey address program **Goal 2-Objective 4 ("Engage 200+ participants and community members in providing feedback each year")** of the Prop 47 evaluation. The survey was conducted over a period of three weeks in January 2019. SANDAG emailed the survey to 164 individuals who were identified as being a stakeholder of the Prop 47 grant-funded programs 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 community 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. Reminder emails were sent out one week before, as well as two days prior to the survey being closed. Out of the 164 surveys emailed, 66 stakeholders responded, resulting in a 40 percent response rate.

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 meeting that convenes quarterly. 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

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 of the survey focused on each of the three Prop 47 programs and respondents were directed to only answer questions about the program with which they were most familiar.

Overall, S.M.A.R.T. had the largest proportion of respondents (70%), and nearly half were familiar with StrengTHS (49%) and RFL (45%) (Figure 1). Half (51%) of all respondents were familiar with one of the programs, and over one in five were familiar with two (22%), or all three (23%) (not shown). There are many ways an individual could be involved with Prop 47. Below is a list of these different contact points that a community member, service provider, or stakeholder could participate:

- Participant on one of the Prop 47 advisory committees;
 - Local Advisory Committee
 - Project Coordinating Council
- Provision of services;
- Participant in the S.M.A.R.T. Neighborhood Advisory Committee; and/or
- Participate in a SANDAG evaluation meeting.

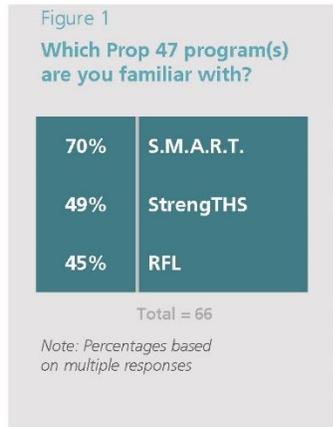
Respondents represented a wide variety of stakeholders, with the majority identifying as a service provider (35%), community member (29%), or member of the various advisory committees (5% to 17%) (Figure 2).

Figure 2

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



Note: Percentages based on multiple responses.

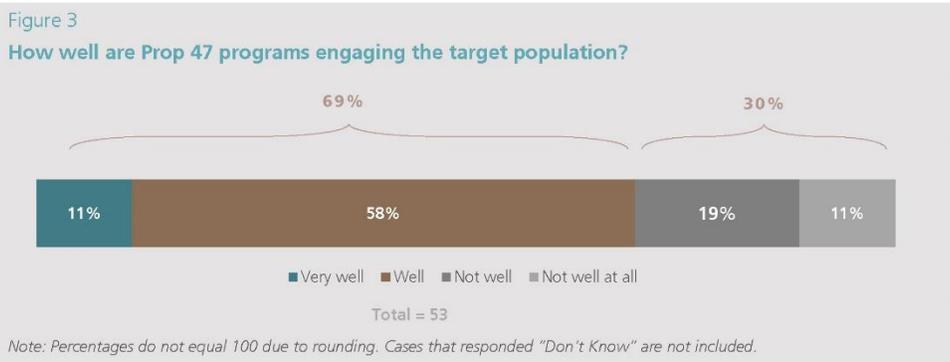


Overall, how well is the Prop 47 project engaging and providing services to the target population?

The survey asked a series of questions to gauge how well Prop 47 is targeting the appropriate population and meeting their needs. Just about half (53%) felt that “**YES**” it was focusing on the appropriate population, leaving room for growth in this area, as two in five (44%) noted that it did so “**SOMEWHAT**”, and three percent did not believe it did so at all (not shown).

Twenty-five (25) respondents provided suggestions for improvements, which included the expansion of eligibility criteria (11) (i.e., PC 1000, individuals with “alternative” offers, those without mental health issues, and 290 registrants), more focus on commonly overlooked populations (i.e., homeless, veterans, and severely mentally ill) (9), expansion of referral pathways (i.e., grassroots/ community organizations) (4), extending to those in-custody or those exiting custody (4), incorporating juveniles/adolescents (2), and taking a family focused approach (1) (not shown).

As for how Prop 47 was doing engaging the population, around two-thirds (69%) of respondents felt it was doing well (combination of “**VERY WELL**” and “**WELL**”) in engaging clients in the program. However, as reflected by the 30 percent who did not feel so, as well as comments about engagement, this is an area of continued improvement that both partners and providers are aware of and attempting to address (Figure 3).



When the 16 respondents who felt that the programs were doing “**NOT WELL**” or “**NOT WELL AT ALL**” were asked what would help the programs improve engagement, responses included expanding program criteria to include a larger target population (4), improving service quality and delivery (4), modifying the program model to be more appropriate for the target population (3), engaging participants through community or grassroots organizations (3), improving staffing ratios (2), and engaging more service providers (1) (not shown).

Key survey takeaways about the target population

- The project is serving the correct target population but could be expanded. Suggestions of how to do so included:
 - Expand the eligibility criteria
 - Expand referral pathways to include smaller community providers
- Around two-thirds of respondents felt the programs were doing well or very well in its engagement of clients, yet about a third felt it could be improved.

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. Around one-in-five (19%) respondents had not attended any of the Prop 47 meetings. Figure 4 denotes the percent of those who attended the various meetings.

Most respondents (50% 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 5 to 9). Project Local Advisory Committee meetings and Prop 47 Community meetings were identified as having the most room for improvement, as 28 to 50 percent of respondents indicated "SOME OF THE TIME" or "SELDOM" across the four metrics, whereas the other meetings received these ratings by less than 20 percent of attendees.

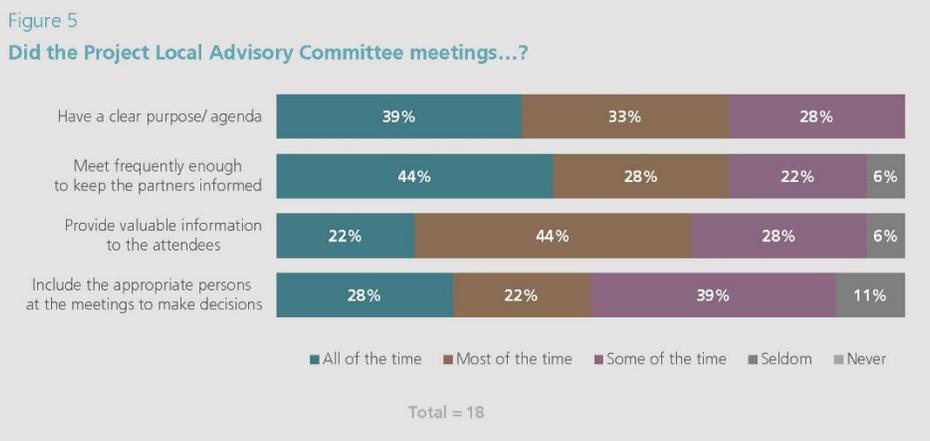
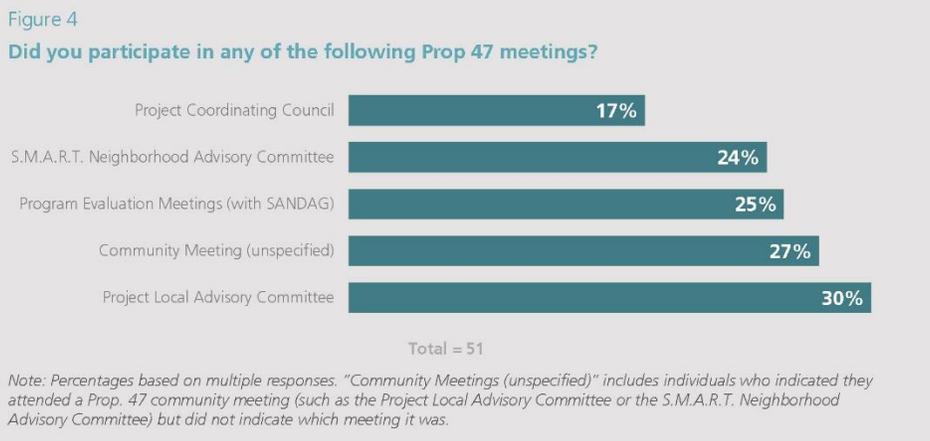
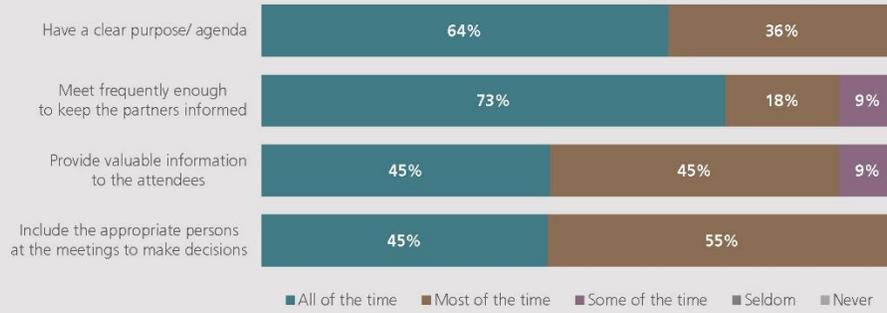


Figure 6

Did the Project Coordinating Council meetings...?

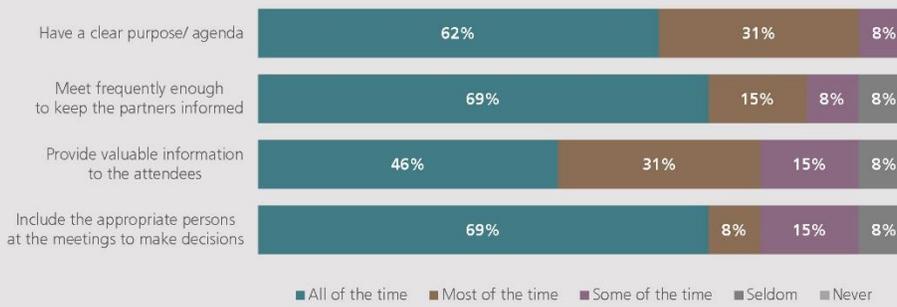


Total = 11

Note: Percentages may not equal 100 due to rounding.

Figure 7

Did the S.M.A.R.T. neighborhood advisory committee meetings...?

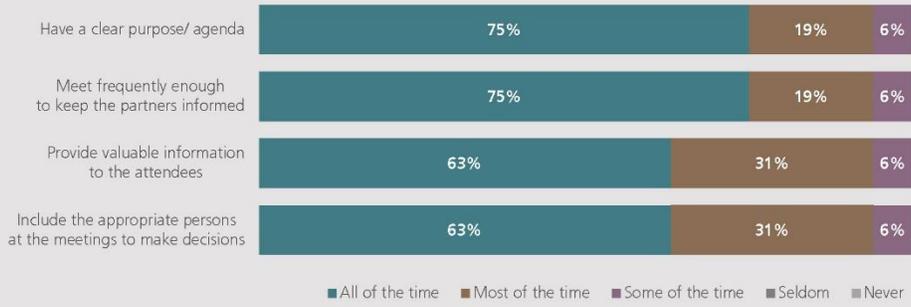


Total = 13

Note: Percentages may not equal 100 due to rounding.

Figure 8

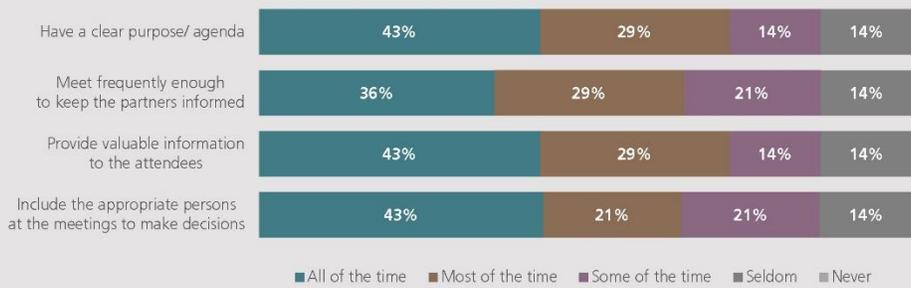
Did SANDAGs program evaluation meetings...?



Total = 16

Figure 9

Prop 47 community meetings



Total = 14

Note: Percentages may not equal 100 due to rounding.

Key survey takeaways about implementation structure

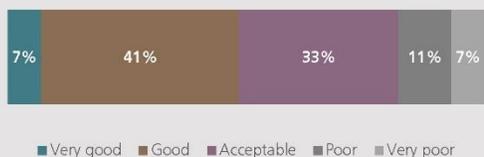
- Opinions about the Prop 47 meetings varied according to the meeting attended, with the majority of respondents rating them favorably.
- Meetings that showed the largest area of growth were ones that included community members, providing a perspective from those not directly involved in the implementation.

How well is the project being implemented?

Respondents were asked how well the project overall has been implemented thus far and to explain their rating. Nearly half (48%) believe the grant implementation has been “GOOD” or “VERY GOOD”, 33 percent rated the implementation as “ACCEPTABLE”, and the remaining 18 percent believe it had been “POOR” or “VERY POOR” (Figure 10).

Figure 10

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



Total = 54

Note: Cases with missing information not included. Cases that responded “Don’t know” are not included.

When asked to elaborate on their lower ratings, respondents noted the long and changing implementation processes was a barrier (4), low enrollment numbers (4), lack of service resources (3), important partnerships missing (3), and a perception of a lack of transparency/communication regarding grant/program related projects and lack of accountability/outcome metrics (2). Suggestions on how to improve grant implementation were the need for more community involvement/input in grant/program related projects (5), expansion of the target population (5), and expansion of referral pathways to include community referrals (1). As this survey is intended to inform practice, comments about how to improve are noted in Figure 11.

Figure 11

Comments on areas of improvement

Key survey takeaways about implementation structure

Expand population served

- “Stronger collaborative with court system to relate Prop 47 information to those who are impacted while incarcerated.”
- “There could be an increase in outreach directly to the population and greater follow-up with individuals.”

Community involvement

- “Listen to your community...It was surprising to sit in all those meetings to hear your community and [then] you just did what you wanted to do with it.”
- “More community involvement about the location choice.”
- “Needs to be community driven and open to innovation and new approaches.”
- “A liaison whom understands the demographics, targeted population and has the respect of grassroots leaders to serve as a go-between the Prop 47 reps, and their respective organization, would be very valuable...these are precious funds to grassroots, and a Prop 47 rep should come into the community and personally connect/meet with grassroots...”

More outreach/referrals

- “I think there is still a Prop 47 community that can still be reach[ed], there are thousands of homeless men and women that have charges that are Prop 47 eligible that are not going to the courts I think a Prop 47 outreach would add to the success of the program.”
- “Widening the eligibility criteria so that the program can serve more individuals.”

Service/treatment improvements

- “Programs may need to be more comprehensive and not just focus on treatment.”
- “Rethinking the ‘harm reductions’ model and quicker implementation.”
- “Streamlining services, more of a system of care approach.”

Better communication

- “More communication and cooperation between agencies, the public, and service providers to strengthen and build relationships in the community.”
- “More input from the people working with this population daily could have made the target population more identifiable in the beginning.”

More housing

- “Housing and treatment beds, these individuals need a place to stay to take that worry away so the focus can be on the recovery and future. More housing needs to be established.”
- “The limitation on the number of beds has prevented full implementation.”

Respondents were also asked what they believe the **THREE GREATEST SUCCESSES** of program implementation overall had been thus far. The top three successes indicated by the most respondents included providing clients access to treatment and services (27), the positive partnerships in place (16), and offering housing to clients (13) (Figure 12). Other responses included client success stories (12), promoting awareness and education in the community (10), program modifications and developments (10), perceived reduction of recidivism (8), program outreach to clients (7), facilitation of employment for clients (5), and involvement of the community (4).

Figure 12

Top three Prop 47 successes and areas of improvements

<p>Successes (n=50)</p> <ul style="list-style-type: none"> • Access to treatment services • Positive partnerships • Housing component 	<p>Improvements (n=55)</p> <ul style="list-style-type: none"> • Expand the service population • Increase community involvement in decisions • Increase engagement strategies
---	--

Overall, 93 percent of respondents agreed the grant implementation could be improved. Specific suggestions echoed responses noted earlier, with an emphasis on expanding who Prop 47 serves and how they are engaged, as well as increasing community engagement (Figure 12). More specifically, suggested areas of improvements included:

1. Expand the service population (13)
2. Increase the community involvement in the decision process (11)
3. Expand the strategies of engaging the population (11)
4. Improve communication between partners and with the community about goals and direction of the project (6)
5. Provision of additional services such as transitional work, harm reduction, or having a system of care approach (6)
6. Provide more housing (5)
7. Increase partners (i.e., private business, additional jurisdictions) (3); and
8. Expand locations of operation (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, the positive partnerships, and the inclusion of housing in the service provision.
- Room for improvement included increasing the overall numbers, expanding the eligibility criteria, and improving communication with the community.

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 s/he was most familiar with rather than Prop 47 overall. The majority of respondents selected to answer questions about S.M.A.R.T. (60%), followed by RFL (24%), and then StrengTHS (16%). The following sections are summaries of responses by program.

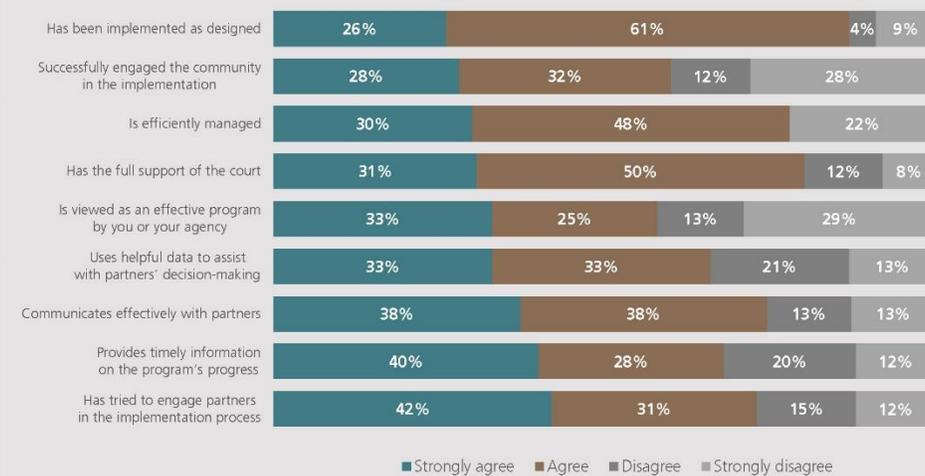
S.M.A.R.T

Implementation and Management of S.M.A.R.T.

Overall, the majority of respondents felt S.M.A.R.T. has been implemented and managed well, with the greatest area of improvement related to the effectiveness of the program (42%) and how successful it has engaged the community in the implementation (40%) (Figure 13).

Figure 13

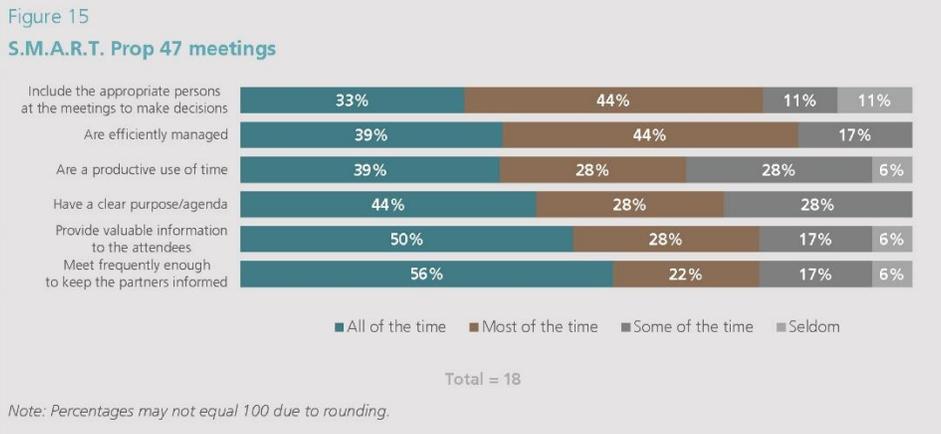
How well has S.M.A.R.T. been implemented and managed?



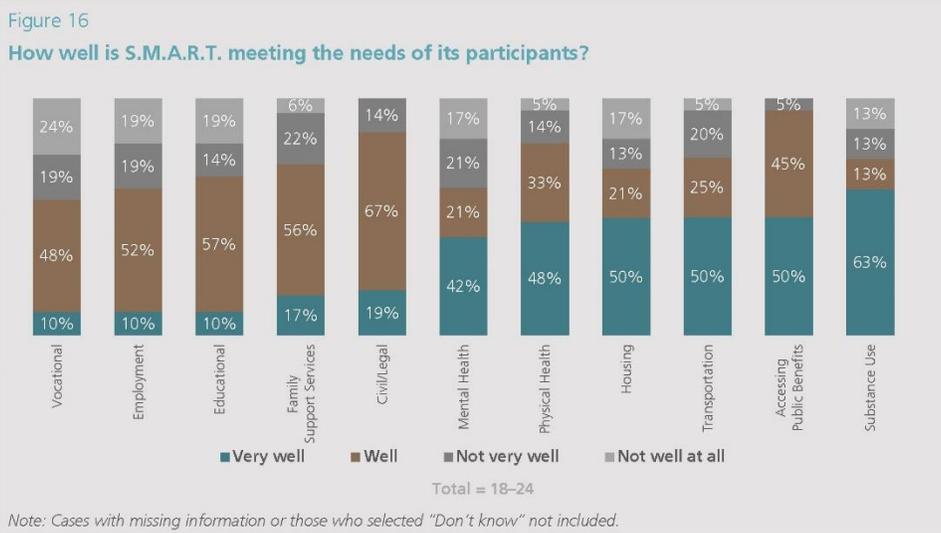
Total = 23-26

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

Eighteen respondents attended at least one of the two primary meetings used to communicate and discuss implementation of S.M.A.R.T. Agreement with the statements about the meetings showed the majority (72% to 83%) felt positively about the productivity, the purpose, and the value of the meetings. However, results also suggested room for improvement in all areas of meeting management (17% to 34%, disagreeing with statements) (Figure 15).



As for how well S.M.A.R.T. is meeting participants needs, the responses varied with substance abuse having the largest percentage (63%) rating it as "VERY WELL", followed by assistance with public benefits, transportation, and housing (50% each) (Figure 16). These responses maybe related to the finding of less than half of the S.M.A.R.T. respondents (46%) reported the program has the necessary resources to meet its objectives (not shown).



When asked to identify the top three strengths and challenges of S.M.A.R.T., the provision of an array treatment and services, including housing to this population, was most frequently noted, followed by the strong and diverse partnership among stakeholders and community providers, and the quality, caring, and experience of the program staff. Housing also was viewed as a challenge, specifically the limited capacity and locations. Another challenge noted was community relations, mostly due to the challenge of gaining support from the community to locate the program in their community. However, this category also included calls for the community, specifically smaller agencies to be more involved in the project. A similar number of individuals mentioned the issue of engagement and retention of this population, often due to relapse (Figure 17).

Figure 17

Top strengths and challenges of S.M.A.R.T

Strengths (n=22)	Challenges (n=24)
<ul style="list-style-type: none"> • <i>Array of treatment and services to this population</i> • <i>Strong partnerships</i> • <i>Quality and committed staff</i> 	<ul style="list-style-type: none"> • <i>Housing issues</i> • <i>Community relations</i> • <i>Engagement and retention of clients</i>

While not rising to the top, other strengths mentioned by respondents included the general program model and the focus on removing criminal justice barriers for this population. Conversely, other challenges noted were a need for additional services (e.g., mental health, transportation), additional funding to support the program, and also expanding the program geographically.

S.M.A.R.T. takeaways
<ul style="list-style-type: none"> • <i>81% would recommend SMART to those who are eligible.</i> • <i>87% agreed that the program is being implemented as designed.</i> • <i>Provision of substance abuse treatment and access to public benefits received the highest ratings of how well the program was providing services.</i>

StrengTHS

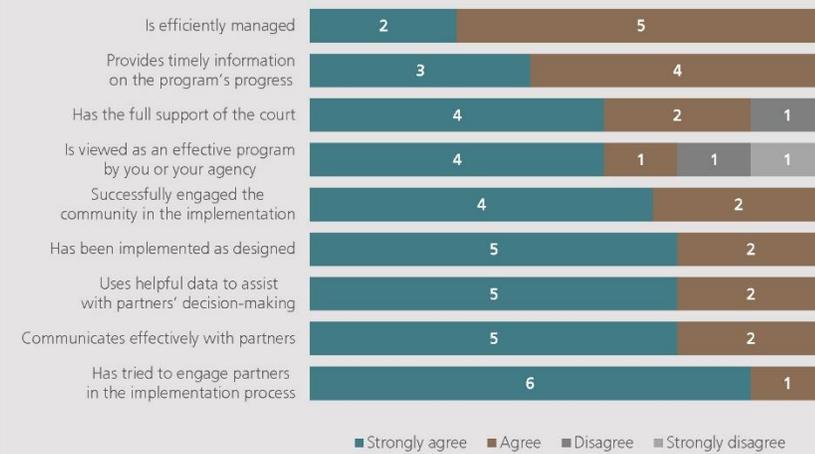
Seven respondents selected StrengTHS as the program they were most familiar, and only four attended any of the key meetings. The small number limits any type of conclusions or generalization, however provide a baseline moving forward.

Implementation and management of StrengTH

The four respondents who attended at least one StrengTHS meeting all (100%) agreed (either “**STRONGLY AGREE**” or “**AGREE**”) they were a productive use of time, provide valuable information to the attendees, met frequently enough to keep the partners informed, and have a clear purpose or agenda (not shown). As for its implementation and management, respondents agreed with all but two of the nine indicators measuring how well the program was being implemented and managed (Figure 18).

Figure 18

How well has StrengTHS been implemented and managed?



Total = 6-7

Note: Cases with missing information note included.

Responses about how the program is doing in meeting its goals and clients' needs indicate that it is doing well. Six out of the seven respondents reported the program had the needed resources to meet its objectives, although additional funds for housing and incentives were noted as a need. This sentiment was also reflected in answers to a series of questions about how well the program was doing in addressing the different type of client's needs, with all respondents rating the program as doing "WELL" or "VERY WELL" in all areas (not shown).

The top strengths of the program was the access to treatment and housing for the population, followed by the staffing, and the client-centered approach. Similarly, engaging the service population, as well as expanding the eligible criteria were identified as the two greatest barriers of the StrenGTHS program (Figure 19).

Figure 19

Top strengths and challenges of StrenGTHS

<p>Strengths (n=6)</p> <ul style="list-style-type: none"> • Access to treatment & housing services • Experienced, dedicated, and caring staff • Client centered approach 	<p>Challenges (n=7)</p> <ul style="list-style-type: none"> • Engaging the population in services • The eligibility criteria limits those that can receive services • Not meeting all the needs of the population (e.g., long term housing)
--	--

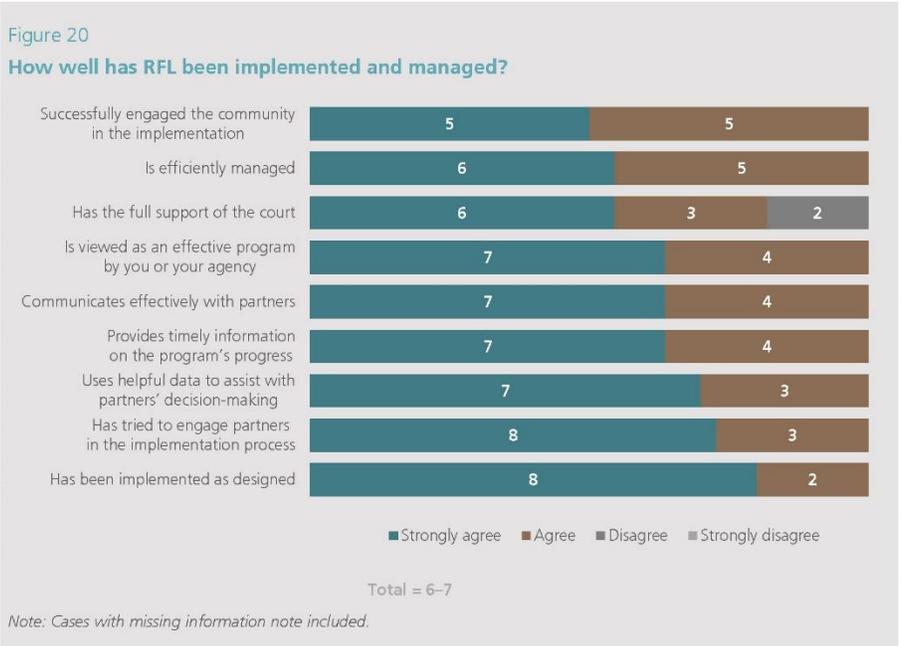
Additional strengths of the program noted by respondents, albeit not as frequently, were the overall program model, the service provider implementing the program, and its experience working with homelessness. The only other challenge was not having an outreach worker to help increase program participation.

<p>StrenGTHS takeaways</p> <ul style="list-style-type: none"> • 100% would recommend StrenGTHS to those who are eligible. • All thought the program was implemented as designed. • Provision of treatment to this population with housing and the staff were viewed as key successes.

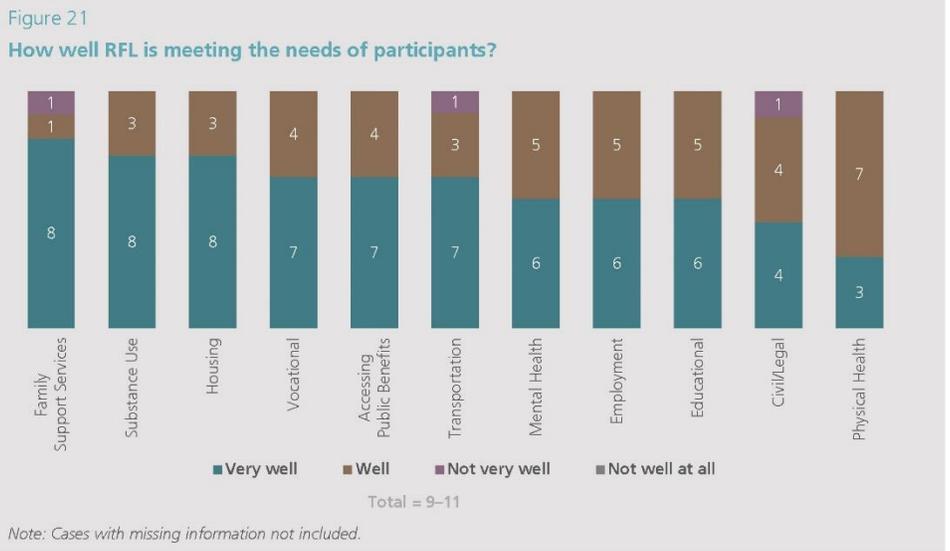
Recovery For Life (RFL)

Eleven respondents chose to answer questions specific to the RFL program. Six of the eleven respondents had attended either a monthly advisory meeting or data meeting. All (100%) of these respondents felt that the meetings were efficiently managed and met frequently enough to keep the partners informed “ALL OF THE TIME” or “MOST OF THE TIME” (not shown).

As Figure 20 illustrates, respondents generally agreed with positive statements related to RFL’s implementation and management, with the program being implemented as designed and engagement of partners receiving the strongest support. Not having full support of the court was the only area that arose needing improvement (Figure 20).



In regard to meeting the needs of the clients, while RFL had the fewest number of clients at the time of the survey, respondents generally felt that the program was doing a good job meeting their various needs (either “**VERY WELL**” or “**WELL**”), with only three areas (civil or legal, transportation, and family support) noted as being met “**NOT VERY WELL**” by one respondent each (Figure 21). These responses align with the 10 out of 11 respondents who felt the program had the resources needed to meet the clients’ needs (not shown).



When asked to list the top three strengths of RFL, comments on the dedicated and diverse staff garnered the most responses, followed by the provision of a broad array of services, and the long-standing partnership both with community-based agencies and law enforcement. The top challenges echoed similar concerns of the other two programs, with current eligibility criteria limiting who could be included in the target population, followed by the need to increase enrollment numbers.

Figure 22

Top strengths and challenges of RFL

Strengths (n=7)	Challenges (n=10)
<ul style="list-style-type: none">• <i>Dedicated and diverse staff</i>• <i>Access to a range of supports and services</i>• <i>Strong partnerships in the community</i>	<ul style="list-style-type: none">• <i>Limited service population (expand to DUI and PC 1000)</i>• <i>Outreach to increase program enrollment</i>• <i>Programmatic logistical limitations (e.g. lack of a vehicle, program hours)</i>

Three additional strengths of RFL that were noted included utilizing data to make decisions and long-term planning, RFL’s positive and respected relationship in the community, and outreach to community. Other challenges mentioned were managing the interests of all the partners, and employee burnout.

RFL takeaways
<ul style="list-style-type: none">• <i>100% of those surveyed would recommend RFL to those who are eligible.</i>• <i>10 out of 11 respondents felt the program had the necessary resources to meet clients’ needs.</i>• <i>The diverse and caring staff was reported as the greatest strength.</i>• <i>Expansion of eligibility criteria and outreach was viewed as a top challenge related to increasing the numbers served.</i>

Summary

As part of the Prop 47 evaluation, SANDAG distributed the first of three surveys 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 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 was room for continued growth and improvement. Some of the greatest strengths were the provision of treatment services, as well as housing for the population. Staff were also called out as a strength along with the partnerships, and overall the program was viewed as being implemented well and as designed. Overall and program specific, areas of improvement were the need to increase engagement of the target population, expanding eligibility criteria, and additional communication with partners, especially smaller community providers.

The purpose of this survey goes beyond metric to measure implementation and serves as a tool to guide discussion and modifications as needed. Another survey will be administered in a year to note and changes or new challenges and successes.

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 client from sleeping on the street in an emergency	1 night (nightly)	Client 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 client 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 client waits for housing	120 days (no max)	Any Interim situation if client 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 clients 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 client 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 client, 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 client	Rent responsibility fully assumed by client Expectation between client 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 client is paying rent independent of program)