



PROPOSITION 47 COHORT II

STATEWIDE EVALUATION

FEBRUARY 2024



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Executive Summary

The Proposition 47 grant program administered by the Board of State and Community Corrections provides funding to public agencies that supports mental health services, substance use disorder treatments and/or diversion programs for those in the criminal justice system.

Grantees and Funding

For Cohort II, BSCC awarded a total of \$92,779,390. By grant conclusion, a total of \$81,151,583 of the grant funds were spent with \$64,012,661, or 78 percent, passed through to Community Based Organizations (CBOs).

Participants and Services Provided

Over the course of the grant period, **21,706 participants** received services through the Proposition 47 Cohort II grant program. Most participants were either Hispanic, Latino or Spanish (36.9%), Black or African American (23.6%) or White (20.6%); male (72.3%); and between the ages of 26 and 35 (35.0%). Sixty percent of participants had a high school diploma or less. At the time of enrollment, 31 percent of participants were unhoused, and 65 percent were unemployed.

Grantees were required to provide either mental health or substance use disorder treatment or diversion program services to participants. The required service most commonly reported was mental health treatment (see graphic below). Grantees also provided a wide range of support services including assistance with food, basic necessities, case management, housing, legal services, employment services, education services, social services, and transportation. Case management was the most frequently reported support service provided to participants.



Approximately 19 percent of participants received one-time intervention services, such as mental health crisis intervention or diversion to a sobering center. At the end of the grant period, 22 percent of participants were still receiving services. Statewide, 32.5 percent of participants completed the program requirements¹.

¹ The definition of what constituted program completion varied by grantee. Program completion rates were greatly influenced by this definition, the target population being served, and program requirements.

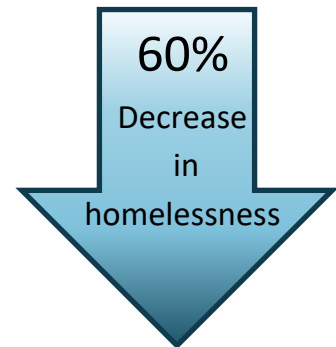
Program Outcomes

BSCC examined three of the outcome measures reported by Cohort II Proposition 47 grantees: housing status, employment status, and recidivism.

Housing Status

Housing status at program enrollment and completion were compared for participants who identified housing as a goal *and* completed the program requirements. For those participants, between enrollment and completion:

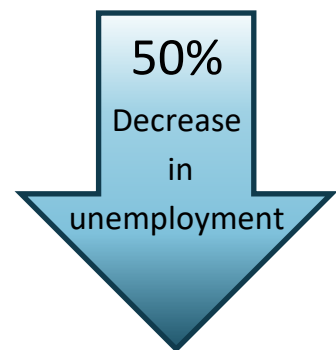
- The proportion of participants who were **homeless decreased by 60 percent**.
- The proportion of participants living independently nearly doubled.



Employment Status

Employment status at program enrollment and completion were compared for participants who identified employment as a goal *and* completed program requirements. For those participants, between enrollment and completion:

- The proportion of participants who were **unemployed decreased by 50 percent**.
- The majority of employment gains were in part-time employment, although the proportion of participants who were employed full-time also increased.



Recidivism Rates

Recidivism rates were examined for all participants, regardless of whether they completed the program requirements. For the purpose of evaluating program effectiveness, the definition of recidivism used for this report was the conviction of a misdemeanor or felony after enrolling in the Proposition 47 program. Grantees were unable to obtain recidivism information for 14.5 percent of participants. For the participants where recidivism data were available:

15.3 percent of participants were convicted of a new felony or misdemeanor after enrolling in a Proposition 47 Cohort II program, which is lower than other reported statewide recidivism estimates which range from 35 to 45 percent², although it is important to note that the data from these reports may not be equitable comparison groups.

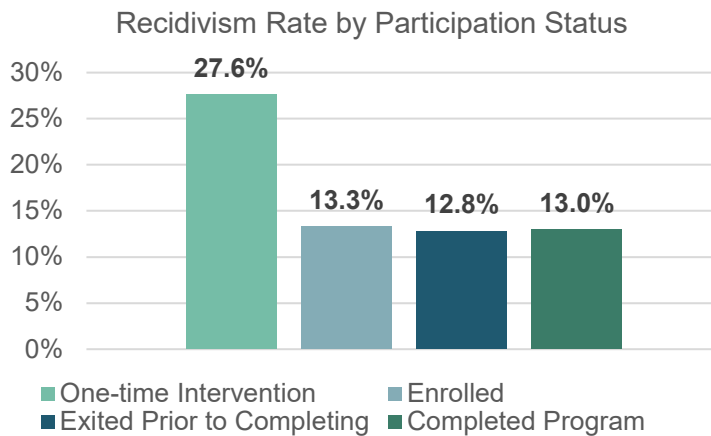
² Bird, Goss & Nguyen (2019); California Department of Corrections and Rehabilitation (2023).

Recidivism Rates by Demographic Variables

- **Participants over the age of 45 (7.7% - 13.3%) and juveniles (5.0%) were less likely to recidivate relative to participants between the ages of 18 – 45 (16.3% - 17.8%).**
- **Females were less likely to recidivate (13.9%) relative to males (16.3%).**
- **Participants who identified as black or African American were less likely to recidivate (11.0%) relative to other race/ethnicities (12.4% - 16.7%).**

Recidivism Rates by Participation Status at Grant Conclusion

Recidivism rates were lower for participants who received ongoing services, regardless of whether they were still enrolled (13.3%), had exited prior to completing program requirements (12.8%), or completed program requirements (13.0%), when compared to participants who received one-time intervention services (27.6%).



Recidivism Rates by Employment and Housing Status at Program Completion

- **Participants who were employed either part-time (12.5%) or full-time (12.3%) were less likely to recidivate than those who were unemployed (15.4%).**
- **Participants living independently were less likely to recidivate (11.1%) relative to those who were homeless (18.1%) or living with family or relatives (18.9%).**

Challenges and Accommodations

While all grantees encountered challenges – including the COVID-19 pandemic, staffing shortages, and lack of affordable housing – grantees were still able to accomplish most of their goals. The biggest challenge all grantees encountered was the COVID-19 pandemic, which started five months into the grant period, when many grantees were preparing to or had just started providing services to participants. The pandemic led to delays in start times, reduced participant capacities, and reductions in referrals. Grantees adapted to this challenge by providing telehealth options, providing personal protective equipment to staff working in the field, adhering to social distancing guidelines when meeting participants, and meeting outdoors.

Many grantees also noted challenges surrounding availability of housing, particularly low-income housing, and the complexity of obtaining subsidized or permanent supportive housing. Another common theme reported by the majority of grantees included issues related to recruiting and retaining quality staff. These shortages impacted grantees' ability to provide comprehensive services to participants, particularly when the vacant position was for a key role such as licensed clinical staff, substance use specialists, or therapists. As with the COVID-19 pandemic, grantees found creative ways to address these challenges, allowing them to provide services to participants and achieve or partially achieve the majority of their goals.

Moving Forward

As the Proposition 47 grant program continues, BSCC staff continue to refine the program. For Cohort II, this included enhanced data collection procedures to strengthen conclusions about the effectiveness of the Proposition 47 grant program at reducing recidivism rates for program participants. BSCC staff plan on using local arrest and conviction data as reported to the California Department of Justice (DOJ) in order to create an equivalent comparison group for the statewide evaluation of Proposition 47 Cohort III. As such, recidivism rates for participants were compared to other published recidivism rates for California, which may not be an equivalent comparison group. BSCC staff will continue to work with DOJ to obtain local data so a more equitable comparison group should be available for the Cohort III final report.

Note that five grantees accepted a one-year, no-cost extension and their grant period will end May 15, 2024. For those five grantees, some of their data has been included in this report, such as participant information for the first three years and the services provided. Other data from these grantees will be added to this report as an addendum at the conclusion of the extension, such as participation status at grant conclusion and recidivism rates.

Benefits of Grant Funding

Overall, the findings presented in this report suggest that the Proposition 47 grant funds benefited California in several ways. More importantly, thousands of participants received mental health or substance use disorder treatments or were diverted away from the criminal justice system. These individuals also received other supportive services, including case management, legal, housing and employment services. The benefits of these services are reflected in the lower recidivism rates of participants. The benefits are also reflected in a reduction in homelessness and unemployment levels of program participants who identified those as goals. The findings also provide additional support for the importance of stable housing and employment at reducing recidivism rates. For the thousands of participants whose life trajectory has taken a positive turn as a result of these services, the benefits are immeasurable.

Introduction

Proposition 47, also known as the Safe Neighborhoods and Schools Act of 2014 (Appendix A), was a voter-approved initiative. Its primary purpose was to reduce low-level felonies (non-serious, nonviolent property and drug crimes) to misdemeanors. The net savings to the state realized from fewer individuals being arrested, convicted and sentenced to jail would be used to fund mental health and substance use treatment programs. The ultimate goal of the initiative was to reduce recidivism among individuals involved in the legal system, fund crime prevention and support programs in K – 12 schools, and promote trauma recovery services for crime victims. Funds reallocated through Proposition 47 are distributed annually across three state agencies:

- **Board of State and Community Corrections (BSCC)** – Receives 65 percent to provide mental health and substance-use disorder treatments to individuals who are or were justice involved, with an emphasis on reducing recidivism.
- **Department of Education** – Receives 25 percent to fund truancy and dropout prevention programs.
- **Victim Compensation and Government Claims Board** – Receives 10 percent to fund trauma recovery centers for victims of crime.

With the net savings to the state, Section 7599 of the Government Code requires the BSCC to “administer a grant program to public agencies aimed at supporting mental health treatment, substance abuse treatment, and diversion programs for individuals involved in the legal system, with an emphasis on programs that reduce recidivism of people convicted of less serious crimes, such as those covered by this measure, and those who have substance abuse and mental health problems.” Assembly Bill 1056 (Chapter 438, Statutes of 2015) (Appendix B) provided additional programmatic priorities for the types of recidivism-reduction services that would be funded, including housing assistance, employment related services, and civil legal services.

Instead of developing a new Request for Proposals (RFP) for the second funding cycle (Cohort II), the Proposition 47 Cohort I RFP was re-issued with only non-substantive changes³. In January 2019, the RFP for the Proposition 47 Grant Program was released with applications due by March 2019. The RFP identified two project categories: small scope proposals were applicants requesting up to \$1,000,000; large scope proposals were applicants requesting between \$1,000,000 and \$6,000,000, with a special set aside of \$18,616,627 for Los Angeles County in the large scope funding category. In April 2019, a BSCC Scoring Panel was convened. It was composed of statewide subject matter experts and stakeholders representing both the public and private sectors (Appendix C), who read and rated proposals, and developed grant award recommendations. The grant period began on August 15, 2019, and ended May 15, 2023, or May 15, 2024⁴ for those who accepted the one-year, no- cost extension.

³ An example of a non-substantive change was the addition of a four-month implementation period.

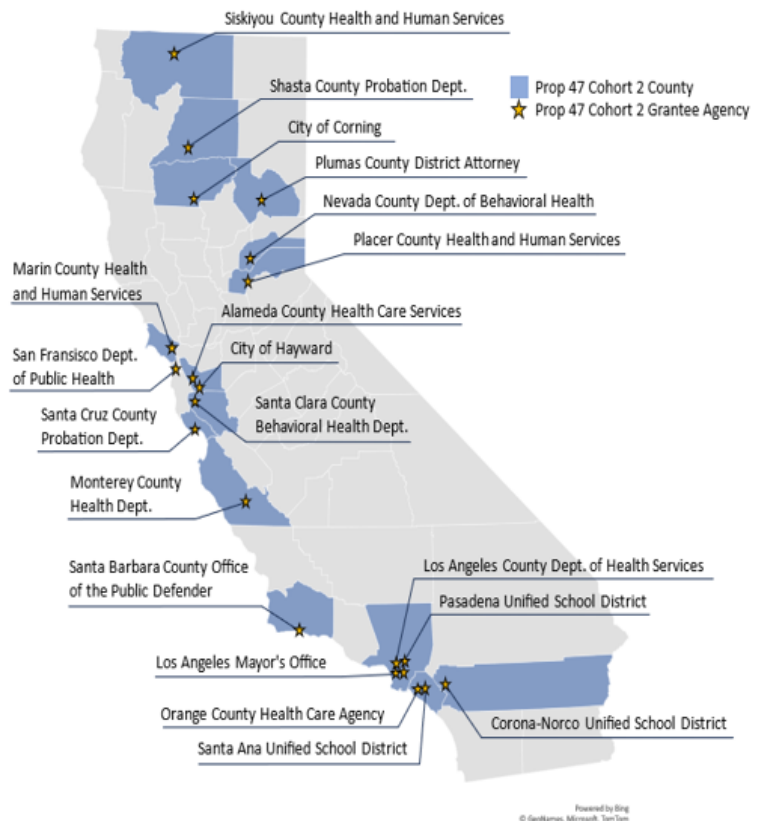
⁴ In Summer 2022, a 1-year, no-cost extension was offered to grantees who had not been awarded Proposition 47 Cohort III grant funds; five of the grantees accepted the offer extending these programs through May 15, 2024.

To apply for Proposition 47 funding, local government agencies were required to submit a proposal which described the need for funding, how community input would be incorporated into all stages of the project, a detailed description of the proposed project, the evaluation plan, and budget. The eligible populations included adults and/or juveniles who have been arrested, charged with, or convicted of a criminal offense and have a history of mental health or substance-use disorders. Proposals must also demonstrate how a minimum of 50 percent of funds would be passed through to Community-Based Organizations (CBOs) that had a proven track record of working with the target population and the capacity to support data collection and evaluation efforts.

Proposition 47 projects were required to provide mental health treatment, substance-use disorder treatment, diversion programs, or some combination thereof. In addition, AB 1056 established housing and other support services as priorities. The RFP encouraged the use of both evidence-based approaches into proposed projects, and the use of promising, data-driven, and innovative approaches.

In June 2019, the BSCC Board approved a total of \$96,434,500 awarded to 23 grantees across the state. Successful applicants included 15 counties, five cities and three school districts. Two grantees, both county agencies, declined to accept the funding award. Unfortunately, these decisions were made late enough into the grant period that the funds were not able to be reallocated to applicants further down the ranked award list. This resulted in a total of 21 grantees receiving a total of \$92,779,390 in Cohort II funding (see Figure 1).

Figure 1. Proposition 47 Cohort II grantees.



During the Proposition 47 Cohort II grant period, excluding the one-year, no-cost extension, a total of \$81,851,583 was spent, with \$64,012,661, or 78 percent being passed through to CBOs. For each grantee, Table 1 provides the grant award, grant funds spent, and the amount passed through to CBOs over the duration of the grant period. For grantees who accepted the one-year extension, these values reflect the amount spent through May 15, 2023. At the conclusion of the no-cost extension, an addendum will provide updated totals to include funds expended during the extension.

Table 1. Grant award, funds spent, and amount passed through to CBOs by grantee.

Grantee	Grant Award	Grant Funds Spent	Funds Passed Through to CBOs
Alameda County, Health Care Services	\$ 6,000,000	\$ 4,963,344	\$ 3,669,569
Corning, City of	\$ 3,535,485	\$ 3,216,397	\$ 3,030,626
Corona-Norco Unified School District	\$ 1,000,000	\$ 715,350	\$ 386,159
Hayward, City of	\$ 999,881	\$ 963,849	\$ 817,401
Los Angeles City Attorney's Office	\$ 6,000,000	\$ 5,431,709	\$ 4,095,174
Los Angeles Mayor's Office, Office of Reentry	\$ 5,999,304	\$ 5,403,546	\$ 4,321,934
Los Angeles County Dept. of Health Services	\$ 18,616,627	\$ 18,616,369	\$ 15,968,803
Marin County Health and Human Services	\$ 999,965	\$ 495,448	\$ 396,125
Monterey County Health Dept.	\$ 6,000,000	\$ 5,545,262	\$ 3,951,104
Nevada County Dept. of Behavioral Health	\$ 1,000,000	\$ 989,307	\$ 880,879
Orange County Health Care Agency	\$ 6,000,000	\$ 5,354,329	\$ 4,823,302
Pasadena Unified School District	\$ 999,528	\$ 307,177	\$ 201,850
Placer County Health and Human Services	\$ 6,000,000	\$ 4,766,769	\$ 3,417,904
Plumas County District Attorney	\$ 1,000,000	\$ 994,976	\$ 700,000
San Francisco Dept. of Public Health	\$ 6,000,000	\$ 4,494,255	\$ 3,473,737
Santa Ana Unified School District	\$ 2,756,857	\$ 1,713,962	\$ 1,354,455
Santa Barbara County, Office of the Public Defender	\$ 5,998,511	\$ 5,804,950	\$ 4,007,638
Santa Clara County, Behavioral Health Dept.	\$ 5,999,171	\$ 5,229,953	\$ 4,082,265
Santa Cruz County, Probation Dept.	\$ 5,998,164	\$ 5,258,043	\$ 3,381,676
Shasta County, Probation Dept.	\$ 1,000,000	\$ 906,010	\$ 596,529
Siskiyou County, Health and Human Services	\$ 875,897	\$ 680,578	\$ 455,531
TOTAL	\$ 92,779,390	\$ 81,851,583	\$ 64,012,661

This report includes a summary of the Proposition 47 grant projects, participant information, services provided, statewide evaluation of changes in housing and employment status for participants who identified these as goals, a statewide evaluation of effectiveness at reducing recidivism in program participants, challenges and accommodations, and grantee highlights. This report does not evaluate the specific local projects, as each grantee is required to complete their own final local evaluation⁵.

⁵ Proposition 47 Cohort II grantees' Final Local Evaluation Reports are available on the BSCC's Proposition 47 grant program web page (https://www.bscc.ca.gov/s_bsccprop47/).

Data Collection Approach

Information included in this report was compiled from grantees' original proposal submissions in response to the RFP; Quarterly Progress Reports (QPR) across the duration of the grant, which included de-identified, individual-level, participant data; annual recidivism reports; and the Final Local Evaluation Reports.

Proposals

Each grantee submitted a proposal in response to the Proposition 47 RFP. In addition to the description of the proposed project, the proposals also included a description of the need for the project within the community and the level of community engagement, an evaluation plan, and a project budget⁶.

Quarterly Progress Reports

Quarterly Progress Reports (QPR) were submitted to the BSCC six weeks after the close of each quarter, for a total of 14 quarters. Those grantees who accepted the one-year, no-cost extension received up to an additional four quarters, however, data for those additional four quarters are not included in this report. Once the additional year has expired, a report addendum will provide the additional information for these grantees.

QPRs comprised of two separate components: 1) narrative responses describing grantees progress, and 2) de-identified, individual level participant data. QPRs were standardized across all grantees. Narrative responses included progress towards goals, challenges encountered and how they were addressed, accomplishments, spending of grant and leveraged funds, staffing and training, fidelity assessments, local advisory committee meetings, and training. De-identified participant data, which was the primary source of information for this report, included demographic information; assessment, program enrollment, and completion dates; housing, employment and education status at program enrollment and completion; and services received during the quarter.

Annual Recidivism Reports

Once a year, grantees submitted recidivism information for all participants who received services since the beginning of the grant. AB 1056 defines recidivism as the conviction of a felony or misdemeanor within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction. To better assess the effectiveness of the interventions funded by the Proposition 47 grant, the definition was modified to focus on the conviction of a felony or misdemeanor *after enrolling in the Proposition 47 program*, as many participants were not entering the program directly from custody. If a participant recidivated based on this definition, the date of the recidivism was reported. Grantees obtained recidivism data from various sources. Some grantees, such as probation departments, had access to this information directly. Other grantees, such as behavioral health departments, did not have direct access to this information, and so developed data sharing agreements with local law

⁶ Copies of each grantee's proposal in response to the RFP can be found on the BSCC website using the following link: https://www.bscc.ca.gov/s_bsccprop47/.

enforcement agencies who could provide the information. As such, the vast majority of recidivism data is limited to the county where services were provided.

Final Local Evaluation Report

Each grantee was required to complete a Final Local Evaluation Report (FLER) at the conclusion of the grant to determine project results and document evidence of the project's efficacy and overall impact, including recidivism rates for participants enrolled in the project. Requirements for the report included a description of the project, the research methodology and data collection process, process and outcome evaluations, including recidivism rates of participants, and a project logic model.⁷

Limitations

Each grantee endeavored to provide accurate QPR, de-identified participant, and recidivism data, and quality FLERs. However, data collection processes and evaluation expertise varied across projects. Due to project-specific limitations, some projects were limited in terms of the data they could collect, or the quality of data with which they could report. BSCC does not evaluate or audit data collection or reporting processes. The data presented in this report are descriptive. No causal statements related to program effectiveness can be made.

Grantee Project Features

While there were similarities between grantee projects, there was also a great deal of variability. Each project was unique with respect to the array of services provided, how they were implemented, the population served, and the project goals.⁸














Project Services

One of the grant requirements was that grantees provide mental health services, substance use disorder treatment, and/or diversion programming. The majority of grantees provided more than one of the required services in addition to multiple support services. While there is extensive overlap in the services provided, each grant project was uniquely designed to serve the identified target population within the community. Ninety-five percent of grantees provided mental health services; 91 percent of grantees provided substance use disorder (SUD) treatment, and 62 percent of grantees provided diversion programs (see Table 2). It is important to note that these are broad categories that encompass a wide range of approaches. For example, most grantees providing SUD services provided outpatient SUD treatment; however, San Francisco Department of Public Health provided a wide array of SUD services, including withdrawal management, residential treatment, and outpatient SUD services.

⁷ Copies of the Final Local Evaluation Reports prepared by each grantee can be found on the BSCC website using the following link: https://www.bscc.ca.gov/s_bsccprop47/.

⁸ Proposition 47 Cohort II project descriptions for each grantee can be found on the BSCC website using the following link: https://www.bscc.ca.gov/s_bsccprop47/.

Table 2. Services provided and percent of grantees providing service.

Proposition 47 Services	
Required Services	
	Mental Health Services 95% of grantees Participant receives any type of mental health service from a trained, mental health professional. This may include services such as individual counseling, psychiatric care, or group therapy.
	Substance Use Disorder Treatment 91% of grantees Participant receives any type of substance use disorder treatment from a trained professional. This may include services such as withdrawal management, residential treatment, outpatient treatment or medication-assisted treatment (MAT).
	Diversion Program 62% of grantees Participant engages in any type of program that deters them from entering the criminal justice system and avoid prosecution if the participant successfully completes the program.
Support Services	
	Assistance with Food 91% of grantees Participant receives services to secure food. This may include gift cards to grocery stores, snacks/meals, or referrals to food banks.
	Basic Necessities 91% of grantees Participant receives basic necessities (excluding food). This may include items such as clothing, hygiene kits, phone chargers, etc.
	Case Management 100% of grantees Participant meets with someone who assesses, plans, implements, coordinates, monitors, and/or evaluates services and progress towards goals.
	Education Services 91% of grantees Participant receives education related services or support. This may include GED preparation, vocational training, and college planning or enrollment.
	Employment Services 100% of grantees Participant receives services or support to increase the likelihood of securing employment. This may include assistance with preparing resumes, mock interviews or job placement.
	Housing Services 95% of grantees Participant receives housing related support. This may include motel vouchers, referral to a shelter, rental or security deposit assistance, and landlord disputes.
	Legal Services 95% of grantees Participant received services or support to address legal issues. This may include assistance with obtaining social security cards or driver's license, record expungement, and reclassification of prior Proposition 47 convictions.
	Social Services 91% of grantees Participant received assistance with enrollment in government funded programs such as MediCal and CalFresh.
	Transportation Assistance 91% of grantees Participant received some form of transportation assistance. This may include bus passes, Uber rides, or gift cards to gas stations.
	Other Services 100% of grantees Participant received some other type of service that did not fall in any of the above categories. Common services falling into this category included medical services, family assistance, and social skills training.

The most commonly reported support service provided by grantees included case management and employment services (see Table 2). “Other” services were services that were only being provided by a few grantees and included services such as medical care, family advocacy, and jail in-reach. See Appendix D for a breakdown of required services provided by each grantee, and Appendix E for support services provided by each grantee. As with the required services, the categories of support services are broad and may vary by grantee. For example, housing services may include assistance finding housing, assistance with rental payments or security deposits, addressing disputes with landlords, providing a referral to a shelter, or providing participants with hotel vouchers.

Target Population

AB 1056 required eligibility to be restricted to projects designed to serve people who have been arrested, charged with, or convicted of a criminal offense and also have a history of mental health and/or substance use disorders. It further specifies that funds can be used for both adults and juveniles. Table 3 provides a summary of the target population for each of the Proposition 47 Cohort II grantees. The majority of grantees focused on the adult population (81%), however 38 percent of grantees targeted transition age youth⁹, while 24 percent targeted the juvenile population. Additionally, 38 percent focused on individuals who were unhoused or had insecure housing, and 29 percent of grantees focused on underserved populations¹⁰.

Project Goals

As part of the application process, grantees identified at least three goals and corresponding objectives for their project (see Table 4). Overall, the goals aligned with the intent of the Proposition 47 grant program, with 95 percent of grantees identifying a reduction in recidivism as a project goal. Additionally, 76 percent of grantees identified addressing mental health or substance use disorder needs of participants

95% of grantees identified a reduction in recidivism as a project goal.

as a goal. Increasing participation in diversion programming was a goal for 29 percent of grantees. Other commonly-identified goals included increasing system capacity and/or collaboration (29%), reducing homelessness or improving housing stability (43%), and connecting individuals with supportive services (38%). One-third of grantees included a goal that was unique to their project or that only one other grantee identified as a goal; these comprise the “Other” category in Table 4. A review of grantees’ FLERs indicated that most goals were either partially or fully achieved at the conclusion of the grant period.

⁹ Transition age youth are individuals between the ages of 16 to 25 (9 CA Code of Regs 3200.280).

¹⁰ Underserved populations refer to groups of individuals who face barriers in accessing and using mental health or substance use disorder services. This includes populations underserved because of geographical location, sexual orientation, gender identity, underserved racial and ethnic populations, or populations underserved because of special needs (such as language barriers, disabilities, immigration status, or age).

Table 3. Target populations served by grantees.

Grantee	Mental Health Needs	Substance Use Disorder	Juveniles	Transition Age Youth	Adults	Unhoused/ Housing Insecure	Underserved Populations
Alameda County Health Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Corning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corona-Norco Unified School District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
City of Hayward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles City Attorney's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles County Dept. of Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles Mayor's Office of Reentry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marin County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monterey County Health Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nevada County Dept. of Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Orange County Health Care Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pasadena Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Placer County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plumas County District Attorney	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Francisco Dept. of Public Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Ana Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Barbara County, Office of the Public Defender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Santa Clara County Behavioral Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Santa Cruz County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shasta County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siskiyou County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Table 4. Project goals identified by grantees.

Grantee	Address Mental Health or Substance Use Disorder Needs	Increase Participation in Diversion Programming	Reduce Recidivism Rates	Increase System Capacity and/or Collaboration	Reduce Homelessness or Improve Housing Stability	Connect Individuals With Supportive Services	Other
Alameda County Health Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
City of Corning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corona-Norco Unified School District	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
City of Hayward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles City Attorney's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles County Dept. of Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles Mayor's Office of Reentry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marin County Health and Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monterey County Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nevada County Dept. of Behavioral Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Orange County Health Care Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pasadena Unified School District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placer County Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plumas County District Attorney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Francisco Dept. of Public Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Santa Ana Unified School District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Barbara County, Office of the Public Defender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Clara County Behavioral Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santa Cruz County Probation Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shasta County Probation Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siskiyou County Health and Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Participants

Throughout Cohort II, a total of 21,706 participants received services through Proposition 47 grant projects (see Table 5 for breakdown by grantee). Given the unique characteristics of each Proposition 47 grant project, any comparisons between the number of participants served should not be made. Any interpretation of the number of participants served should only be made within the context of the project requirements, services provided, service implementation, and the population being served. Please refer to the grantees' Final Local Evaluation Reports for this information. For grantees who accepted the no-cost, one-year extension, participant data is included through quarter 14. Updated participant totals will be added to this report as an addendum at the conclusion of the extension period. Note that any individual who was assessed, screened, or received referrals, but did not enroll, was not included in this total.

Table 5. Total number of participants served by grantee.

Grantee	Total Participants
Alameda County, Health Care Services	490
Corning, City of	288
Corona-Norco Unified School District	233
Hayward, City of	188
Los Angeles City Attorney's Office	1,045
Los Angeles Mayor's Office, Office of Reentry	384
Los Angeles County Dept. of Health Services	11,070
Marin County Health and Human Services	133
Monterey County Health Dept.	1,469
Nevada County Dept. of Behavioral Health	91
Orange County Health Care Agency	2,643
Pasadena Unified School District	106
Placer County Health and Human Services	249
Plumas County District Attorney	246
San Francisco Dept. of Public Health	449
Santa Ana Unified School District	192
Santa Barbara County, Office of the Public Defender	1,146
Santa Clara County, Behavioral Health Dept.	475
Santa Cruz County, Probation Dept.	631
Shasta County, Probation Dept.	127
Siskiyou County Health and Human Services	51
TOTAL	21,706

Demographics

The typical Proposition 47 participant was a 38-year-old Latino or Hispanic male who was unemployed and homeless, with some high school education. More specifically, approximately 72 percent of participants were male (see Figure 2). The majority of participants identified as either Hispanic, Latino or Spanish (36.9%); black or African American (23.6%) or white (20.6%) (see Figure 3). The average age of participants was 38 years ($SD = 12.6$ years). One third of participants were between the ages of 26 and 35 years old, and 58 percent were between 26 and 46 years old (see Figure 4). At the time of enrollment, 42.6 percent of participants were on probation, parole, or post-release community supervision (PRCS).

Relative to the population of California¹¹, a disproportionate number of males and blacks received Proposition 47 funded services. However, the demographics of Proposition 47 participants better align with the demographics of crime statistics¹² in California. Specifically, 76 percent of individuals arrested for a misdemeanor were male, and 60 percent were between the ages of 20- and 39-years age. However, the race/ethnicity of participants differs from misdemeanor arrests in 2022. While there is no expectation of proportional racial distribution relative to the Proposition 47 grant projects, a higher-than-expected proportion of participants who identify as black or African American (23.6%) received services relative to the proportion arrested for

Figure 2. Gender of participants.

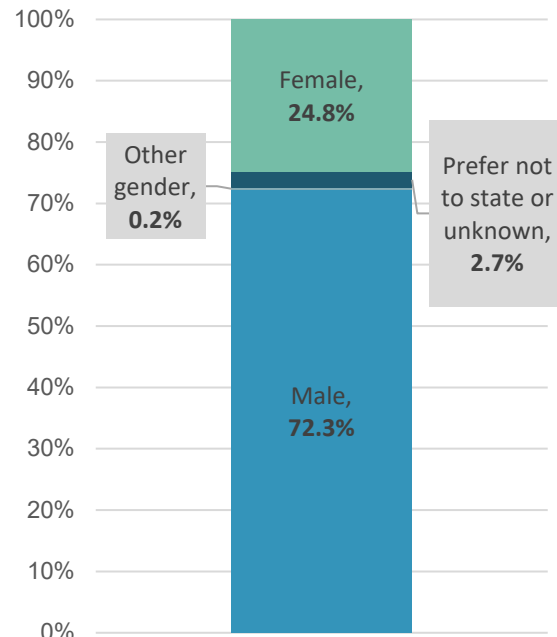
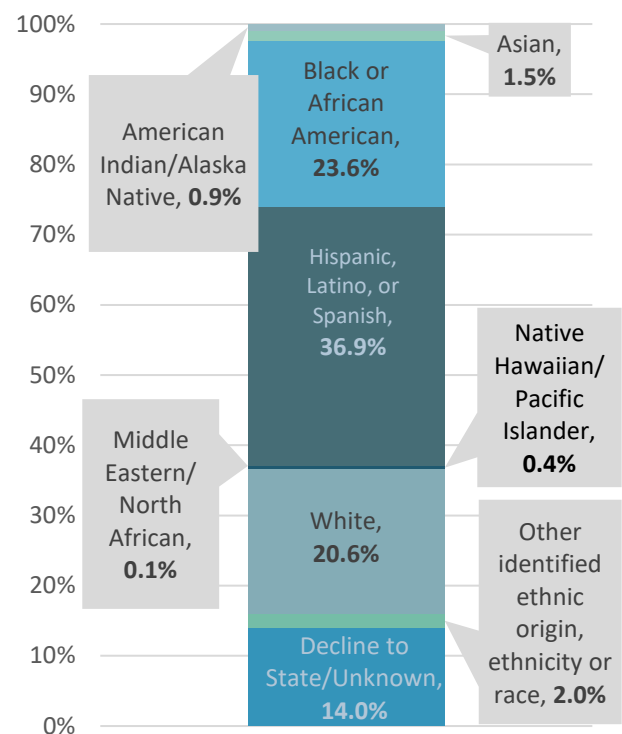


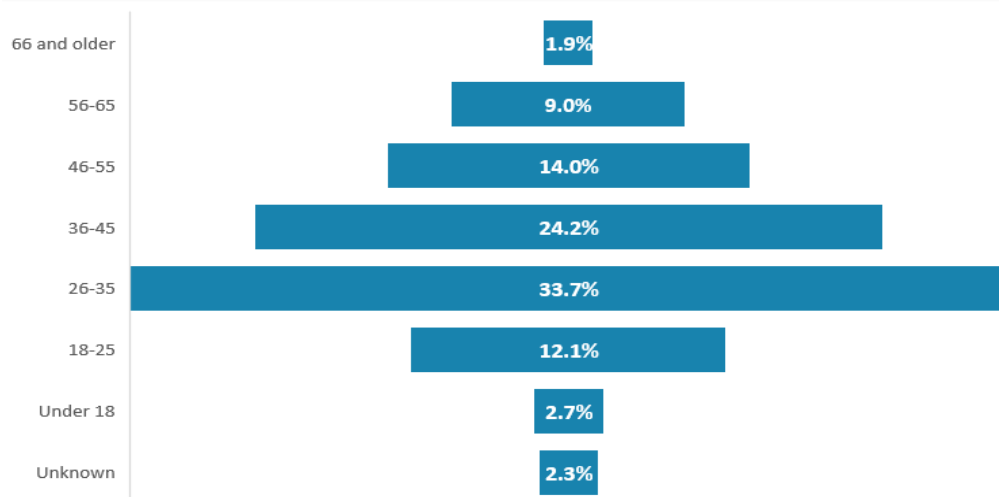
Figure 3. Race/ethnicity of participants.



¹¹ California population data based on American Community Survey (ACS) 5-year estimates (2022).

¹² California Department of Justice (2022).

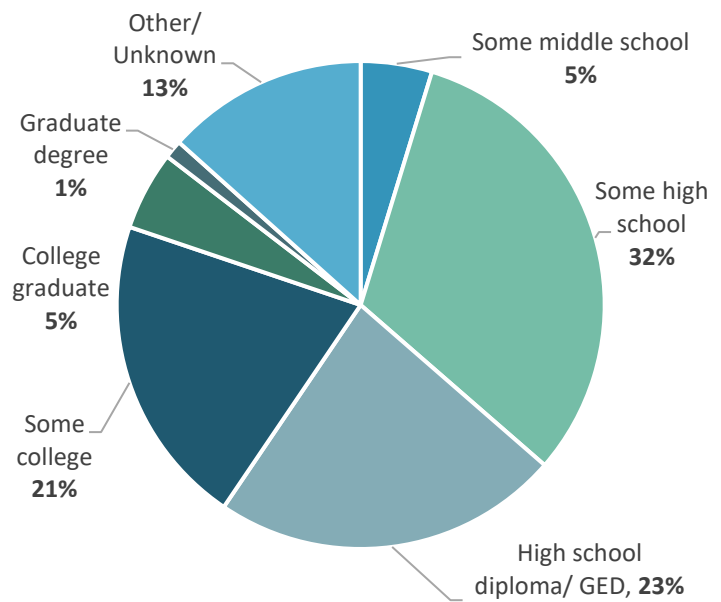
Figure 4. Age of participants.



misdemeanors (12.0%). The proportion of Hispanics receiving services (36.9%) is lower than relative to the proportion arrested for misdemeanors (45.0%). There are several possible explanations for this discrepancy including the target population selected by grantees; legal status; finding culturally competent care; or cultural stigma around receiving mental health or substance use disorder treatments.

The highest level of education completed, housing status and employment status at the time of enrollment were collected for participants who enrolled in the Proposition 47 grant program. Participants who received one-time intervention services were not required to provide this information, although some did. These three demographics are intimately intertwined and associated with obtaining a higher quality of life. Higher education is associated with higher paying jobs making it easier to maintain a safe and stable household. For those participants who provided this information, 32 percent completed some high school, while 60 percent of participants had a high school diploma/GED or less (see Figure 5). In comparison, 84.2 percent of adults over the age of 25 graduated high school in California¹³.

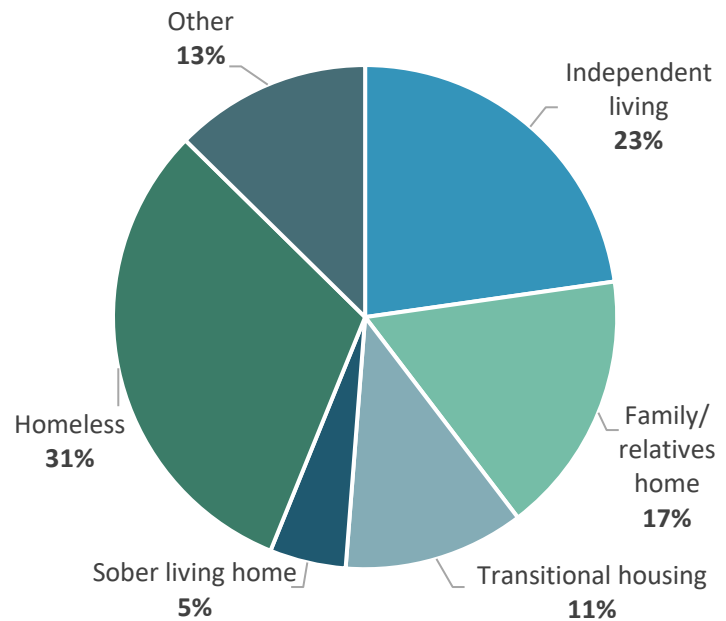
Figure 5. Highest level of education completed at enrollment.



¹³ U.S. Census Bureau (2022).

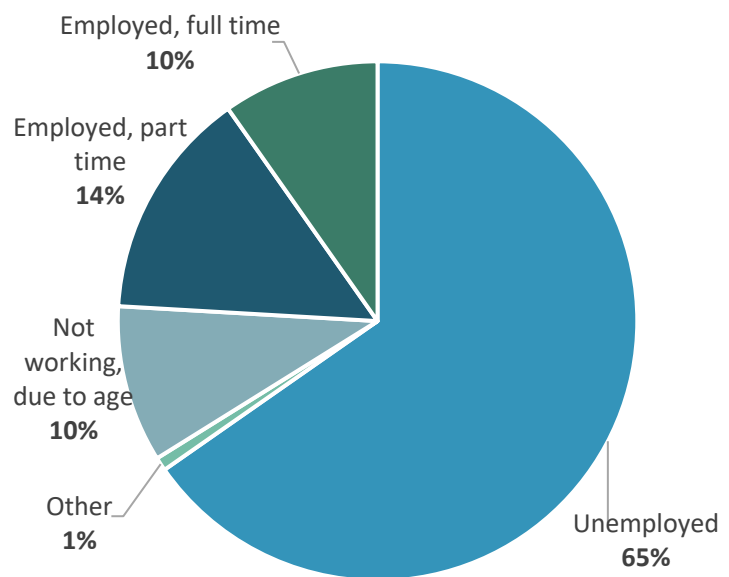
Nearly one-third of participants were experiencing homelessness at the time of enrollment, 23 percent were living independently, and 17 percent were living with family or relatives (see Figure 6). Individuals who are unhoused is an ongoing issue in California with 44 in every 10,000 individuals experiencing homelessness¹⁴. Based on this data, a disproportionate number of Proposition 47 participants were experiencing homelessness relative to the population.

Figure 6. Housing status at enrollment.



Finally, 65 percent of enrolled participants were unemployed at the time of enrollment, and only 10 percent were employed full-time (see Figure 7). Given that the COVID-19 pandemic began early in the Proposition 47 Cohort II grant program, statewide unemployment rates have fluctuated greatly throughout the duration of the grant. However, even at its peak of 16.1 percent, the statewide unemployment rate¹⁵ was substantially lower than the unemployment rate of participants. These data indicate that participants likely experienced a lower quality of life, which is not uncommon for individuals experiencing mental illness¹⁶ or substance use disorders¹⁷.

Figure 7. Employment status at enrollment.



¹⁴ U.S. Department of Housing and Urban Development (2022).

¹⁵ Allegretto and Liedtke (2020).

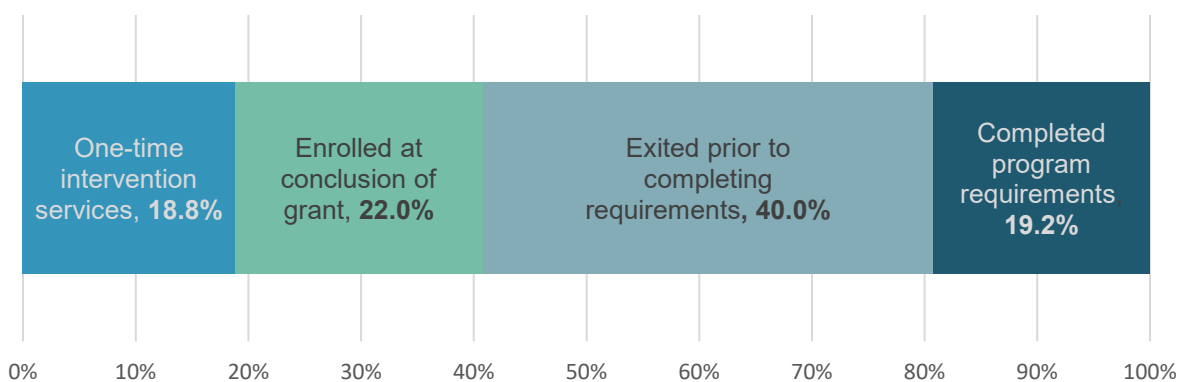
¹⁶ Berghofer, Martin, Hence, Weinmann, & Roll (2020).

¹⁷ Vederhus, Pripp, & Clausen (2016).

Participation Status

The status of each participant was reported to the BSCC on a quarterly basis until the services were terminated, either by exiting the program or completing the program requirements. Participation status was not provided for eight percent of participants. Of the participants whose status was provided ($n = 19,962$), 22.0 percent were still receiving services at the conclusion of the grant period (see Figure 8). Although the grant ended, these participants should continue to receive services, through other funding streams. Many Proposition 47 Cohort II grantees received additional Proposition 47 funds in Cohort III and transitioned these participants into their Cohort III project.

Figure 8. Participation Status at grant conclusion.



One-Time Intervention Services

Nearly 19 percent of participants received one-time intervention services but did not subsequently enroll in the Proposition 47 grant program¹⁸. One example of these types of services includes Monterey County’s Sobering Center located in Salinas. Individuals detained by law enforcement agencies with DUI infractions (PC 32152[a/b]) or Public Intoxication (647[f]) were diverted from jail to the Sobering Center. The Sobering Center allowed these individuals to recover from intoxication under the supervision of trained facility personnel. They also received information related to available substance use disorder treatment programs. This diversion model “improv[es] care and health outcomes for individuals while reducing costs to the local criminal justice system and hospitals.”¹⁹ Over the course of the grant period, 676 individuals were diverted away from jail to Monterey County’s Sobering Center.

A second example of a one-time intervention service is Santa Barbara County’s Co-Response team. The Co-Response team was comprised of a mental health clinician and a Sheriff’s deputy trained in crisis intervention who responded to mental health crisis calls.

¹⁸ Not all grantees provided one-time intervention services.

¹⁹ Monterey County Health Department, Behavioral Health Bureau, Proposition 47 Cohort II Final Evaluation Report, page 11. <https://www.bscc.ca.gov/wp-content/uploads/Monterey-County-Prop-47-C2-FLER.pdf>

Members of the team were trained to identify severe mental illness and substance use disorder. The goal was to divert individuals away from the criminal justice system and provide referrals and/or warm handoffs to services such as mental health stabilization support, long-term mental health treatment, social services, and housing services. Over the course of the grant period, Santa Barbara County's Co-Response team responded to 460 encounters, serving 367 unique individuals.²⁰

Program Completion

At the conclusion of the Cohort II grant term, 19.2 percent of participants had successfully completed the program requirements. There was no common definition for program completion; each grantee defined program completion differently depending on the services provided and the target population. A breakdown of how each grantee defined program completion is located in Appendix F.

For participants who enrolled in an ongoing Proposition 47 program, the program completion rate across all grantees was 32.5 percent. Program completion rate was calculated using the following formula:

$$\text{Program completion rate} = \frac{\text{Number of participants who successfully completed}}{\text{Total participants – currently enrolled - one time intervention participants}}$$

The program completion rate varied greatly by grantee (see Table 5). Target population, project requirements, and definitions of successful program completion can greatly impact program completion rates. Given the unique characteristics of each Proposition 47 grant project, comparisons between grantees' program completion rates should not be made. Any interpretation of the program completion rates should only be made within the context of the project requirements, definition of program completion, and the population being served. Please refer to the grantees' Final Local Evaluation Reports for this information.

The broad target population of the Proposition 47 grant program is individuals with a history of substance use disorder (SUD) and/or mental health conditions. Research consistently reports challenges treating these conditions. For example, Evans, Grella, Washington and Upchurch (2017) observed high levels of SUD persistence three years after treatment, with 40 percent of women and 52 percent of men having a persistent SUD. Individuals with mental health conditions, particularly those with severe mental illness, also have low rates of recovery/remission. Salzer, Brusilovskiy, and Townley (2018) found that only one-third of individuals with severe mental illness reported being in recovery/remission. Santa Clara County's Behavioral Health Services Department was one of the Proposition 47 grantees whose target population included individuals with moderate to severe mental illness, for which they provided outpatient treatment, case

²⁰ Santa Barbara County Proposition Cohort II Final Local Evaluation Report, page 19. <https://www.bscc.ca.gov/wp-content/uploads/Santa-Barbara-Prop-47-C2-FLER.pdf>

management, and housing navigation. In addition, they also targeted individuals with co-occurring mental health and SUD diagnoses. For this population, treatment challenges are compounded. The Substance Abuse and Mental Health Administration SAMSHA (2023) reports that more than 25 percent of individuals with a serious mental health condition also have a SUD. San Francisco Department of Public Health's Proposition 47 grant project focused primarily on individuals with co-occurring SUD and mental health conditions by providing wraparound services including withdrawal management, residential treatment, and outpatient case management.

Project requirements and definitions of program completion can also influence program completion rates. For example, the City of Corning's

Proposition 47 grant project focused on adolescents and transition-age youth and included an evidence-based diversion program that was 12 months long for transition-age youth (18-26 years) and 18 weeks long for juveniles. In contrast, the Los Angeles City Attorney's Office provided an extremely low-barrier, outreach program to individuals experiencing homelessness, substance dependence and mental illness. A mobile team comprised of a licensed vocational nurse, mental health therapist, and substance use specialist met participants where they were and provided assessments and services to participants. After eight weeks of engagement, participants are deemed to have completed program requirements, although they may continue to receive services beyond those eight weeks. Based on the duration of the projects alone, it would be expected that the program completion rates would be higher in Los Angeles than Corning.

Table 6. Program completion rate by grantee.

Grantee	Program Completion Rate
Alameda County, Health Care Services	62.9%
Corning, City of	39.3%
Corona-Norco Unified School District	84.2%
Hayward, City of	62.5%
Los Angeles City Attorney's Office	60.9%
Los Angeles Mayor's Office, Office of Reentry	70.8%
Los Angeles County Dept. of Health Services	25.3%
Marin County Health and Human Services	39.5%
Monterey County Health Dept.	64.8%
Nevada County Dept. of Behavioral Health	54.4%
Orange County Health Care Agency	38.1%
Pasadena Unified School District	70.0%
Placer County Health and Human Services	24.2%
Plumas County District Attorney	79.0%
San Francisco Dept. of Public Health	13.2%
Santa Ana Unified School District	40.8%
Santa Barbara County, Office of the Public Defender	66.7%
Santa Clara County, Behavioral Health Dept.	33.2%
Santa Cruz County, Probation Dept.	48.6%
Shasta County, Probation Dept.	29.6%
Siskiyou County, Health and Human Services	23.7%
TOTAL	32.5%

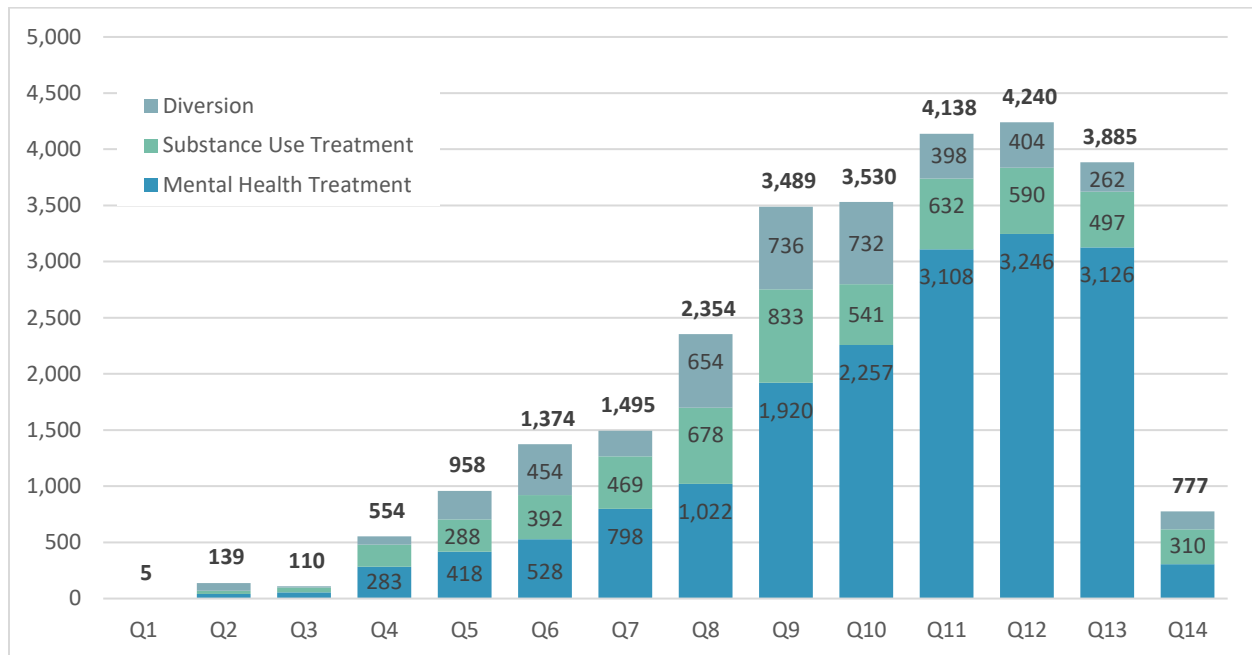
Services

Proposition 47 grantees provided a wide array of services to program participants. For reporting purposes, these services were assigned to one of thirteen categories: three required services (mental health treatment, SUD treatment, and diversion programs) and ten support services (assistance with food, basic necessities, case management, education, employment, housing, legal, social services, transportation, and other).

Services by Quarter

Proposition 47 grantees reported the required and supportive services that participants received on a quarterly basis. Note that these are not unduplicated counts, as participants may be receiving multiple services in a quarter. Additionally, if a participant received services across multiple quarters, they are counted in each quarter they received the service. Figure 9 shows the total number of participants who received required services by quarter, and Figures 10 and 11 show the number of participants who received support services by quarter.

Figure 9. Required services provided by quarter.



To provide additional context, Quarter 1 was an implementation period, and there was no expectation of grantees to provide services to participants. The first quarter was an opportunity for grantees to secure contracts and hire and train staff. However, if grantees were able to, they could choose to serve participants in Quarter 1. Two grantees, City of Hayward and Placer County Health and Human Services provided services during Quarter 1.

As can be seen in the graphs, services were slow to start up. The greatest factor that contributed to delays in start-up was the COVID-19 pandemic. Stay-at-home orders were established during Quarter 2. Virtually all aspects of the grantees' projects were impacted by the pandemic and are discussed in greater detail later in this report.

Figure 10. Support services provided by quarter.

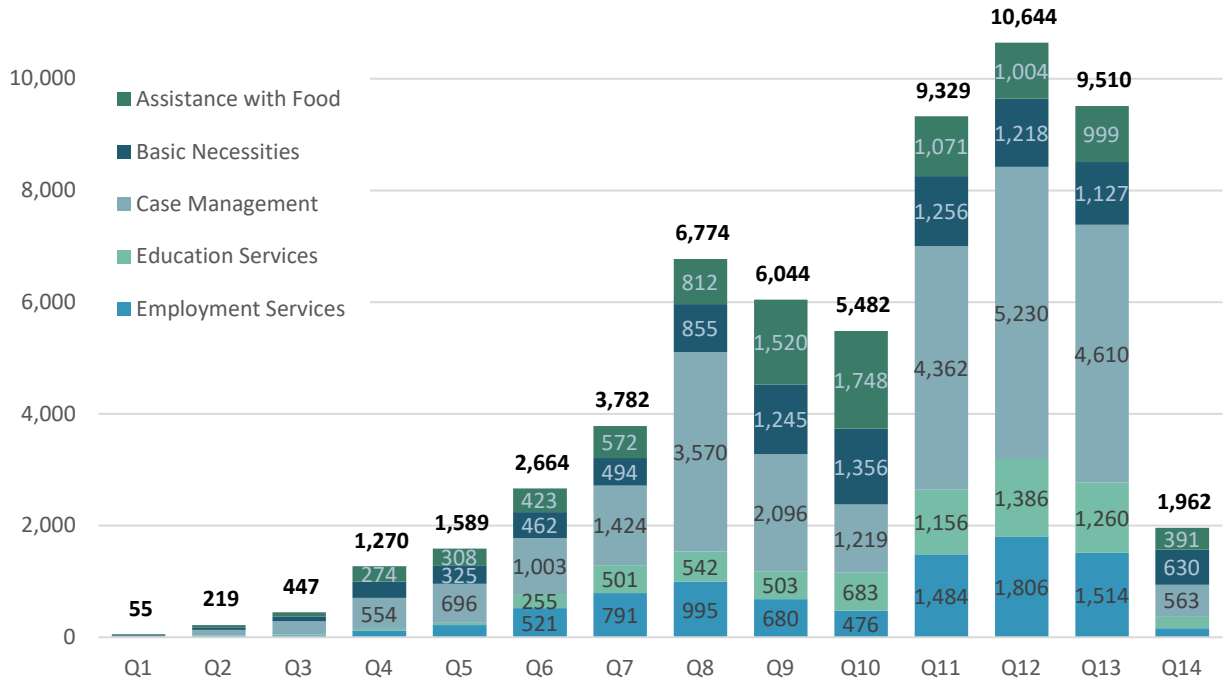
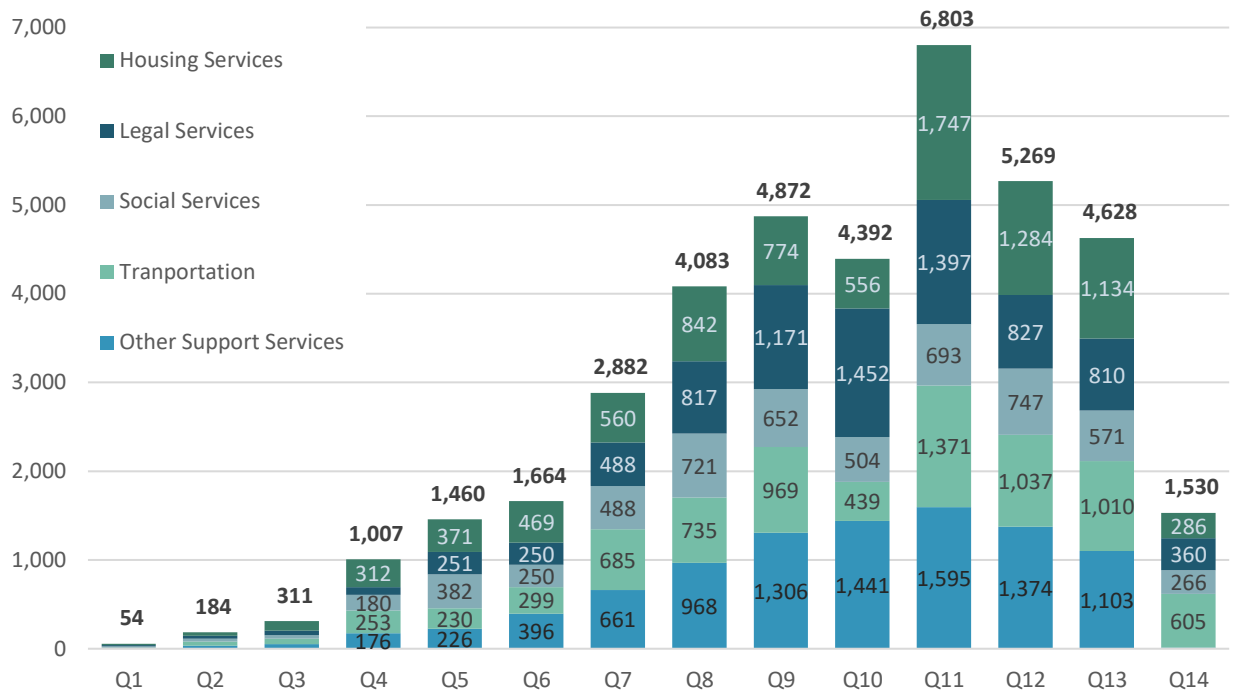


Figure 11. Support services provided by quarter.



Another factor that contributed to the slow start was the overlap in funding between Proposition 47 Cohort I and Cohort II. During Cohort I, grantees were offered a one-year, no-cost extension; eleven Cohort I grantees, who were also awarded Cohort II funding, accepted the extension. This extended Cohort I funding until August 2021, leading to an 18-month overlap between the two Cohorts. These grantees were provided clear instructions by BSCC staff to ensure all aspects of the two funding streams were kept separate. Keeping the funding streams separate was easier for some grantees than others. For example, during Cohort I, Placer County's target population was limited to transition age youth. For Cohort II, they expanded their target population to all adults. To ensure the funding streams were kept separate, any transition-age youth who enrolled during the overlapping period were assigned to Cohort I and all related expenses were billed to Cohort I. All other adults enrolled during this time were assigned to Cohort II. This resulted in fewer participants assigned to Cohort II during the first 18 months of the grant. For grantees where there was no clear distinction between Cohort I and Cohort II projects, many chose to delay the start of Cohort II until they had exhausted their Cohort I funding. As such, some overlapping grantees did not start serving Cohort II participants until Quarters 5 or 6.

A dramatic decrease in services was also observed for Quarter 14. With the exception of the grantees who accepted the one-year, no-cost extension, Quarter 14 was truncated, with the time frame running from January 1, 2023, to February 15, 2023. This quarter also overlapped with the beginning of the service period for the Proposition 47 Cohort III grant, and many Cohort II grantees received Cohort III funding. Given this, many grantees chose to end Cohort II services at the end of Quarter 13 (December 31, 2022).

Outcomes

For the Proposition 47 Cohort II statewide evaluation, three outcome measures were examined: housing, employment, and recidivism. Because not all participants sought housing or employment services, those outcomes were only evaluated for participants who identified them as a goal and completed program requirements, as post-enrollment housing and employment information were only collected at program completion. However, recidivism data was collected for all participants, regardless of their participation status at the end of the grant period.

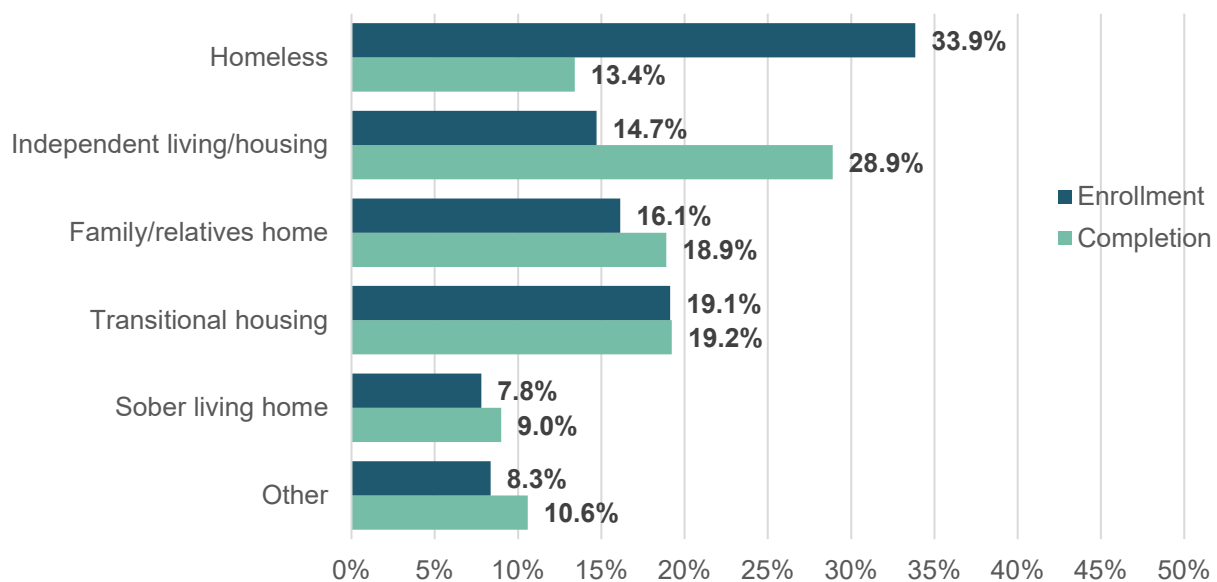
Housing Goal

The housing shortage in California is an ongoing issue that disproportionately impacts low-income individuals. Additionally, individuals with a criminal history are further impacted by the housing shortage. California Department of Housing and Community Development (CDHCD) estimates that 2.5 million housing units, with one million being low-income housing, need to be developed in each of the next eight years to address the

current shortage²¹. This shortage has resulted in increases in housing costs. Between October 2020 and September 2021, the average rent in California for a two-bedroom apartment was \$2,030. A household must earn over \$80,000 per year to afford this rental rate without being cost-burdened¹⁷. With 65 percent of Proposition 47 participants unemployed at program enrollment, finding affordable housing is challenging, particularly in regions where average rent is higher than the statewide average.

Across all grantees, 5,888 participants identified housing as one of their goals. Housing status at enrollment and completion were compared for those participants who identified housing as a goal and completed the program requirements ($n = 2,168$). For these participants, the proportion of participants who were experiencing homelessness at program completion was reduced by 60 percent relative to program enrollment (see Figure 12). Additionally, the proportion of participants living independently nearly doubled.

Figure 12. Housing status at program enrollment and completion for participants who completed program requirements.



Employment Goal

Employment is an important component to successfully reintegrating into society after incarceration and in recidivism. However, the unemployment rate among formerly incarcerated individuals is nearly five times higher than the general population²². Research has found that employment reduces recidivism of non-violent offenders by one-third²³. Many Proposition 47 grantees provided employment services either directly or through referral to participants. And for some grantees, the project focus was on

²¹ California Department of Housing and Community Development (2022).

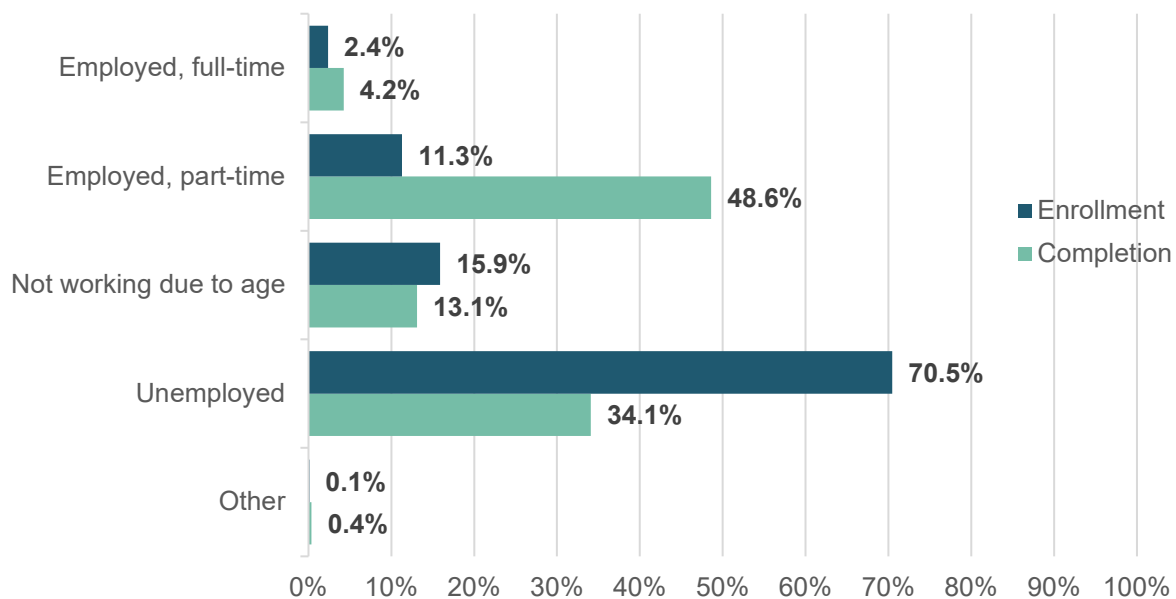
²² Couloute, Lucius, and Daniel Kopf. 2018.

²³ Yelowitz, Aaron, and Christopher Bollinger. 2015.

employment services. For example, one of Los Angeles County’s Office of Diversion and Reentry’s projects was designed to “connect individuals to training opportunities that provide a livable wage, career advancement opportunities, and benefits for participants”²⁴. Within one year of enrolling in the project only four percent of participants had new convictions.

Across all grantees, 6,162 participants identified employment as one of their goals. Employment status at enrollment and completion were compared for those participants who identified employment as a goal and completed the program requirements ($n = 1,871$). As can be seen in Figure 13, the proportion of participants who were unemployed at program completion was half of what it was at program enrollment. However, the majority of employment gains were in part-time employment, suggesting that program participants were likely underemployed at program completion.

Figure 13. Employment status at program enrollment and completion for participants who completed program requirements.



Recidivism

To analyze the recidivism data, participant data from three grantees²⁵ who accepted the one-year, no-cost extension were excluded, as they have not yet submitted their final recidivism data. Two other grantees, Orange County Health Care Agency and Nevada County Department of Behavioral Health, did accept the extension, but did not use the

²⁴ Los Angeles County Office of Diversion and Reentry. Not Just a Job: A Career Implementation of a Sectoral Training Program for People Impacted by the Criminal Legal System. <https://www.bscc.ca.gov/wp-content/uploads/LA-County-Prop-47-C2-FLER-SECTOR-Employment.pdf>

²⁵ The three grantees excluded from recidivism analysis include City of Corning, Pasadena Unified School District, and Santa Ana Unified School District.

entire year. Since their final recidivism data were available, they were included in the analysis. In addition, one grantee, Siskiyou County Health and Human Services, had not provided final recidivism at the time of this report and was also excluded from the recidivism analyses. Recidivism data for these grantees will be added to this report as an addendum once they are available.

AB 1056 defines recidivism as the conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction. However, many grantees reported that some participants' release from custody or placement on supervision was greater than three years prior to enrolling in the Proposition 47 grant program. As such, in order to evaluate recidivism rates as a means to measure program effectiveness, the definition of recidivism was modified to the conviction of a new felony or misdemeanor committed within three years of program enrollment. It is important to note that the duration between program enrollment and the end of the grant (when final recidivism reports were submitted to the BSCC) is less than three years. Delays in start-up discussed previously resulted in the majority of participants having approximately 12 to 18 months between enrollment and the end of the grant. In addition to the limited amount of time between program enrollment and obtaining recidivism data, it is also important to note that the majority of data are from county-level sources, meaning that if participants recidivated in other counties, it would not be reflected in the recidivism data.

Recidivism Rates by Grantee

Of the participants included in the recidivism analysis ($n = 20,370$), grantees were unable to determine the recidivism status for 3,063 (15.0%) of participants. Of the remaining participants, 2,648 (15.3%) of participants were convicted of a new felony or misdemeanor between the time of enrollment into the program and the conclusion of the grant program. Recidivism rates vary greatly by grantee (see Table 8), ranging from a low of 0 percent to a high of 36.9 percent. As with program completion rates, recidivism rates should not be compared across grantees as unique characteristics associated with each grant project may affect recidivism rates. For example, the target population of some grantees included individuals with severe mental illness and/or dual diagnoses. It would not be appropriate to compare recidivism rates for that population to a grantee project whose target population was juveniles, who are more likely to be diverted away from the criminal justice system. Detailed information about each grantee's project is located in their FLERs which can provide the necessary context when interpreting recidivism rates.

15.3%

*of participants were convicted of
a new misdemeanor or felony*

Table 7. Recidivism rate by grantee.

Grantee	Recidivism Rate
Alameda County, Health Care Services	21.2%
Corona-Norco Unified School District	3.0%
Hayward, City of	0.0%
Los Angeles City Attorney's Office	5.6%
Los Angeles Mayor's Office, Office of Reentry	7.1%
Los Angeles County Dept. of Health Services	13.5%
Marin County Health and Human Services	8.3%
Monterey County Health Dept.	7.5%
Nevada County Dept. of Behavioral Health	6.6%
Orange County Health Care Agency	36.9%
Placer County Health and Human Services	23.7%
Plumas County District Attorney	17.6%
San Fransisco Dept. of Public Health	2.7%
Santa Barbara County, Office of the Public Defender	15.1%
Santa Clara County, Behavioral Health Dept.	10.9%
Santa Cruz County, Probation Dept.	19.6%
Shasta County, Probation Dept.	18.3%
TOTAL	15.3%

An overall statewide recidivism rate for Proposition 47 Cohort II participants of 15.3 percent is substantially lower than other statewide recidivism rates²⁶, which generally range from 35 to 45 percent. However, the reporting duration for the Proposition 47 grant program is between 12 and 18 months for most program participants, much shorter than most recidivism evaluations. While not an ideal comparison group, the California Department of Corrections and Rehabilitation (2023) does provide one- and two-year recidivism rates. For the cohort of individuals released from state prison during FY 2017-18, 21.8 percent were reconvicted within one year and 38.1 percent were reconvicted within two years, both higher than the recidivism rates of Proposition 47 Cohort II participants.

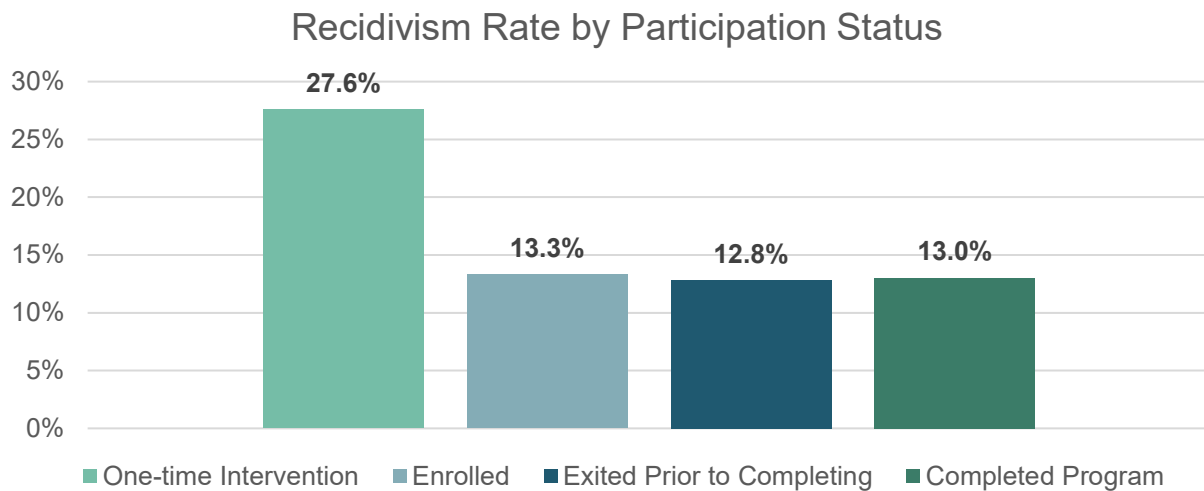
Recidivism Rate by Participation Status

Another approach to evaluating effectiveness of the Proposition 47 grant program at reducing recidivism is by comparing the recidivism rates of participants based on their participation status at the end of the Cohort II grant program. Participants were included

²⁶ Bird, Goss & Nguyen (2019); California Department of Corrections and Rehabilitation (2023).

in this analysis if 1) they had a participation status of one-time intervention, enrolled, exited prior to completion, or completed program requirements, and 2) their recidivism status was known. This resulted in a total number of 16,804 participants included in the analysis. The chi-square analysis was significant, $\chi^2(3) = 415.6, p < 0.001$, with one-time intervention service participants having higher recidivism rates relative to participants who were enrolled, exited prior to completing, and completed program requirements (see Figure 14).

Figure 14. Recidivism rate by participation status at the end of the grant program.



These data suggest that the statewide recidivism rate for program participants is influenced by participants who received one-time intervention services. When focusing on participants who received ongoing services and were either still enrolled in the program, completed the program requirements, or exited prior to completion, the recidivism rates are even lower than the statewide rate across all participants. While the recidivism rate was slightly higher for participants who completed program requirements relative to those who exited prior to completing, based on Chi-Square analysis, the groups were not significantly different. This analysis provides further evidence suggesting the Proposition 47 grant program effectively reduces recidivism rates in program participants, particularly for participants who received ongoing services, even if they had not completed the program requirements.

Recidivism Rates by Demographics

Recidivism rates were also examined by participant demographics. To maximize reliability and validity of the data, only those demographic categories that included more than one percent of the total number of participants were included (see Figure 15). Participants under the age of 18 were the least likely to be convicted of a new crime. This is not surprising as the preferred approach to addressing illegal behavior in juveniles is through diversion and rehabilitation in lieu of formal adjudication. The highest recidivism rates based on age were participants between the ages of 18 and 45 years. Male participants were more likely to recidivate. When comparing race/ethnicity, participants who identified as black or African American were less likely to recidivate (11.0%) than other races/ethnicities (12.4% - 16.7%).

Participants who identified as Black or African American were less likely to recidivate than other races/ethnicities (11.0% vs. 12.4% - 16.7%).

Stable employment and housing have been associated with a reduction in recidivism²⁷. Given this, recidivism rates were examined by housing and employment status at program completion, and level of education in adult participants (18 years and over). Juveniles were excluded due to little variability in the measures; most juveniles were not working, enrolled in school, and living with family. It is important to note that employment and housing status at completion are small subsets of participants; only those who completed the program requirements, reported employment ($n = 3,792$) and/or housing ($n = 4,526$) status at completion, and had recidivism data were included (see Figure 16). Note that the number of participants in these analyses were higher than the evaluation of change in housing and employment status between program enrollment and completion because that evaluation only included participants who identified housing and/or employment as goals.

Recidivism rates for participants who were employed, regardless of whether it was full-time or part-time, were lower than those who were unemployed. Participants who were living independently or identified their housing status at program completion as “other”, had the lowest recidivism rates, with rates 60 percent lower than participants who were homeless or living with family/relatives at program completion. These data support the notion that housing, and employment are important factors related to recidivism reduction. Finally, recidivism rates for college graduates were lowest (11.4%) and participants who completed some high school had the highest recidivism rates (16.2%).

Participants living independently had recidivism rates 60% lower than those who were homeless or living with family/relatives.

²⁷ Jacobs & Gottlieb (2020); Yelowitz, A., & Bollinger, C. (2015).

Figure 15. Recidivism rate by age, gender, and race/ethnicity.

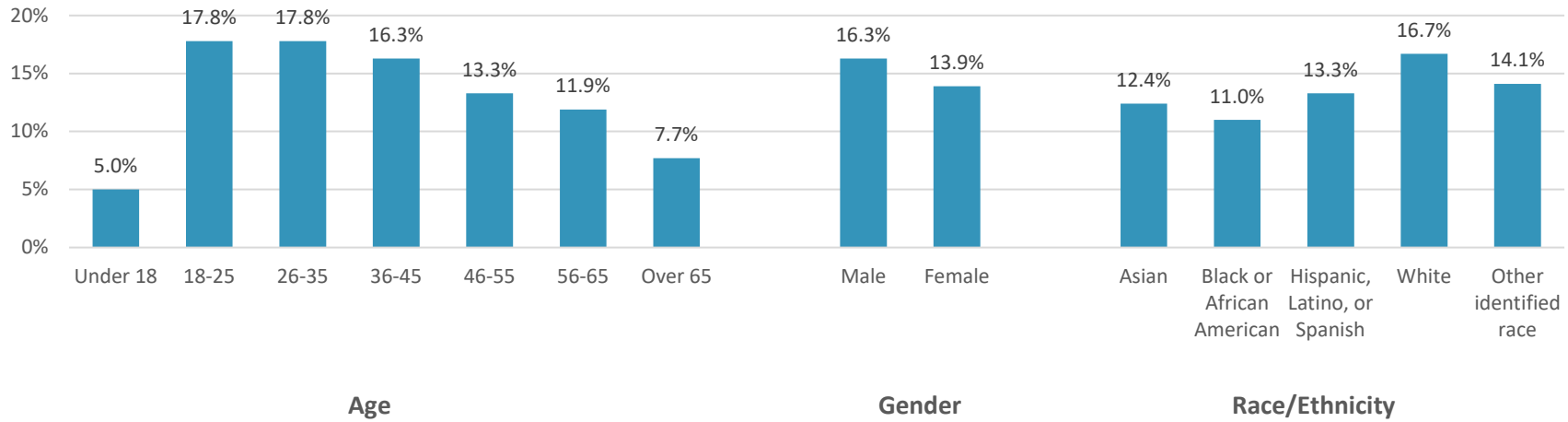
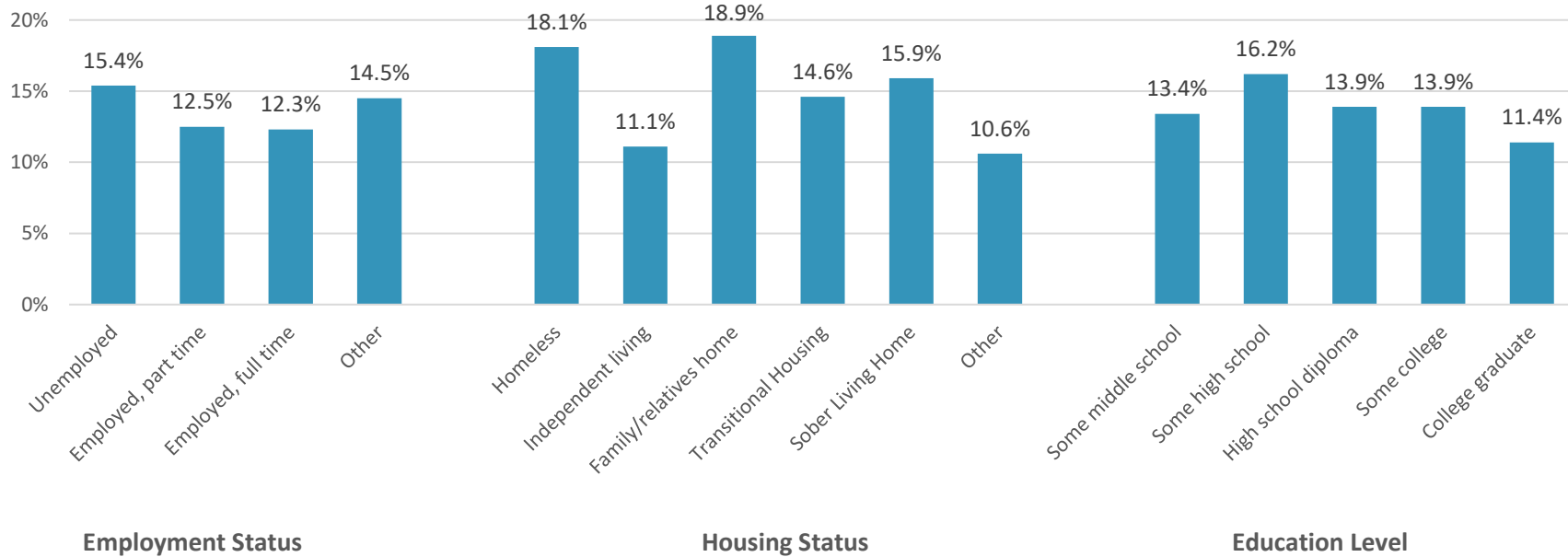


Figure 16. Recidivism rate by employment and housing status at program completion and level of education at enrollment.



Challenges and Accommodations

Grantees encountered several challenges during the grant period including challenges related to housing and staffing shortages. However, the greatest challenge that impacted all grantees was the onset of the COVID-19 pandemic. In spite of these challenges, grantees were able to adapt as needed and achieved, partially or fully, most of the goals and objectives identified in their original proposals.

COVID-19 Pandemic

Stay-at-home orders for all Californians were implemented early in the grant period (Quarter 2) when many grantees were preparing to or had just started serving participants. Grantees needed time to modify their implementation plans to adhere to the new COVID-19 guidelines and acquire personal protective equipment (PPE) for staff working in the field. Some grantees were required to pause services temporarily, others continued to provide services as best as possible in challenging conditions. Many grantees were still in the process of hiring staff and finalizing contracts, which were also delayed by the pandemic.

Once grantees made the necessary modifications to their programs to adjust for the pandemic, participation rates were also impacted by the pandemic for many participants. School districts, such as Corona-Norco Unified School District, noted that “without the connections formed at school, and the relationships that encourage program participation, families and students already under stress retreated from services rather than reaching out”²⁸. Changes to policies and procedures in the criminal justice system also affected participation rates. Several grantees relied on the courts for referrals to their projects; with the courts closed, those referrals stopped. Grantees also relied on referrals from local law enforcement agencies. With most law enforcement agencies targeting only more serious crimes to reduce the number of individuals in detention facilities, those referrals also slowed down or stopped. These grantees were required to find a new source for participants. Marin County Health and Human Services initially designed their project to rely on referrals from the jail and other court system partners. To address this issue, their project started to provide more direct outreach to individuals experiencing homelessness²⁹.

Finally, grantees providing housing or residential treatment programs reported significant impacts as a result of the COVID-19 pandemic. Many reported that during the first year of the pandemic they were operating live-in type facilities at reduced capacity, affecting the number of participants they were able to serve. The San Francisco Department of

²⁸ Corona-Norco Unified School District Proposition 47 Cohort II Final Evaluation Report. Page 18.

<https://www.bscc.ca.gov/wp-content/uploads/Corona-Norco-USD-Prop-47-C2-FLER.pdf>

²⁹ Marin County Health and Human Services Proposition 47 Services Cohort II: Final Local Evaluation Report. Page 3. <https://www.bscc.ca.gov/wp-content/uploads/Marin-County-Prop-47-C2-FLER.pdf>

Public Health’s Proposition 47 project provided all levels of substance use treatment, including withdrawal management, residential inpatient, and outpatient treatment programs. Limited quarantine space for individuals entering withdrawal management created a bottleneck, further impacting services. In addition, during Quarter 6, they reported a COVID-19 outbreak at the withdrawal management facility resulting in the inability to enroll new participants for nearly two months³⁰.

Grantees relying on partner agencies for group housing opportunities also experienced a decrease in available beds as a result of reduced capacity levels. This occurred at the same time that there was an increase in the number of individuals being released from jails and prisons for the same reason. Even when beds were available, additional challenges were encountered. Participants were often reluctant to accept congregate living arrangements due to health concerns surrounding COVID-19, required quarantine periods, or proof of a negative COVID-19 test.

In spite of the challenges encountered by the COVID-19 pandemic, grantees were able to modify how their services were provided and continue to meet the needs of participants, as can be seen in the services provided by quarter in Figures 9 – 11. Many grantees initially turned to telehealth options to maintain contact and provide services for participants. Some grantees were able to provide in-person services in a way that reduced the health risks for staff and participants. For example, Orange County Health Care Agency initially had peer navigators meeting individuals being released from jail in the lobby of the facility. Early in the pandemic, the peer navigators moved outdoors wearing personal protective equipment and maintaining a socially appropriate distance. Once COVID-19 case rates declined, the peer navigators were allowed to return to the lobby, with the Sheriff’s Office providing them a more formal space than what they previously had, with dedicated tables and chairs.

Housing

In addition to the housing issues related to the pandemic, many grantees reported that finding stable, affordable housing for participants was challenging. Many areas within the state have a lack of available rental units, especially in areas with low vacancy rates. For example, Placer County noted that the vacancy rate within the county is less than one percent. Screening barriers, especially for individuals with felony convictions, and the discouraging housing application process also hindered participants’ progress towards obtaining stable housing.

Other avenues to obtain housing were equally challenging. In their FLER, Santa Clara County noted that “staff, stakeholders, and clients described the system and process of

³⁰ San Francisco Department of Public Health. Supporting Treatment and Reducing Recidivism (STARR): Final Evaluation Report. Page v. <https://www.bscc.ca.gov/wp-content/uploads/San-Francisco-Prop-47-C2-FLER.pdf>

obtaining permanent supportive housing as lengthy, cumbersome, and frequently resulting in a lack of successful placement”³¹. Similar feedback was obtained from participants in the Los Angeles City Attorney’s Office. Participants that were interviewed described being frustrated by the “convoluted process associated with finding housing”³². Participants who had successfully obtained Section 8 housing described the process as long and difficult, often taking more than two years. For participants who received housing vouchers, finding a landlord that would accept the voucher was difficult. Grantees also reported that waiting lists for subsidized apartments were long.

Grantees developed strategies to help participants obtain stable housing, including working with community partners to identify available options, build rapport with local landlords, helping participants develop clear responses to inquiries about their past legal challenges, addressing negative items on credit reports, and ensuring they submit applications for waiting lists at subsidized apartment complexes. One strategy developed to provide temporary housing by Santa Barbara County³³ was through the utilization of their Stabilization Center. The Center was designed to provide sobering services in a safe, supportive environment for up to 24 hours. However, due to delays in treatment, shelter and housing facilities, some participants were allowed to stay longer than 24 hours until they were able to be placed in the appropriate setting.

Staffing

Another common theme across many grantees was challenges related to staffing shortages and turnover which impacted service delivery. Grantees in rural areas were particularly challenged to recruit and retain quality staff with the appropriate skillset. An inability to fill key positions, such as licensed clinical staff, substance use specialists, and therapists, hindered grantees’ ability to provide comprehensive services to participants. Some grantees reported difficulty hiring bilingual staff which can impact communication and providing culturally appropriate services. Grantees also reported high turnover rates for case managers/peer navigators, which negatively affected program workflow and coordination. Several grantees noted that these positions often carry high caseloads and burnout is common. Los Angeles City Attorney’s Office noted in their FLER that their partner CBO was addressing this concern by providing a class to staff on “self-care in times of burnout”³⁴.

³¹ Santa Clara County Final Local Evaluation Report. <https://www.bscc.ca.gov/wp-content/uploads/Santa-Clara-County-Prop-47-C2-FLER.pdf>

³² Los Angeles City Attorney’s Office. Final Local Evaluation Report. <https://www.bscc.ca.gov/wp-content/uploads/Los-Angeles-City-Attorney-Prop-47-C2-FLER.pdf>

³³ Santa Barbara County Final Local Evaluation Report. <https://www.bscc.ca.gov/wp-content/uploads/Santa-Barbara-Prop-47-C2-FLER.pdf>

³⁴ Los Angeles City Attorney’s Office. Final Local Evaluation Report. Page 43. <https://www.bscc.ca.gov/wp-content/uploads/Los-Angeles-City-Attorney-Prop-47-C2-FLER.pdf>

Limitations to the Evaluation

When interpreting the findings from this statewide evaluation, it is important to keep several limitations in mind. These include:

- First, outcome data related to housing and employment are limited to a small sub-sample of all participants: those who indicated these were goals and completed the program requirements. Participants who exited prior to completing were excluded due to the challenges obtaining that information as it was unlikely they provided updated housing and employment status prior to exiting.
- Second, recidivism rates for Proposition 47 Cohort II participants are compared to recidivism rates in other published reports. While this does provide some insight into what participants' recidivism rates might have been had they not enrolled in the Proposition 47 program, it is likely not an equivalent comparison.
- Third, the duration between program enrollment and obtaining recidivism data was approximately 12 to 18 months for most participants. Additionally, the duration varied across participants; some participants may have as many as three years between enrollment and obtaining the recidivism data, while others may have as little as three months. As such, evaluation of the effectiveness of the Proposition 47 grant programs is limited to short-term outcomes whereas mental health conditions and substance use disorders are often long-term, ongoing conditions. Having a longer duration between when services are received, and extraction of recidivism data would provide a clearer understanding of the benefits of the Proposition 47 grant program at reducing recidivism in program participants, especially for those experiencing mental health or substance use issues.
- Finally, the majority of grantees obtained recidivism data from a local source, such as local law enforcement agencies or county courts. Given this, recidivism data is limited to the county in which the services were provided. It is possible that participants may have recidivated in another county, but not included due to the limited source of recidivism data.

Moving Forward

With Cohort I, the BSCC was unable to calculate a statewide recidivism rate due to the different approaches grantees took to reporting the data. For the Proposition 47 Cohort II grant program, enhanced data collection procedures were implemented. These procedures provide a clearer picture of what services are being provided and some outcome information, including recidivism rates, at the statewide level. Being able to calculate a statewide recidivism rate strengthens our ability to draw conclusions about the effectiveness of the Proposition 47 grant program at reducing recidivism rates for program participants. However, there is still room for improvement.

As previously mentioned, the recidivism rates for program participants were compared to recidivism rates reported in other published reports, which are likely not equivalent comparisons. BSCC staff are currently working with DOJ staff to obtain recidivism data

to create an equitable comparison group for the evaluation of the Proposition 47 Cohort III.

Demographic data on Proposition 47 Cohort II participants indicate that while Latino and Hispanic individuals were the largest racial/ethnic group receiving Proposition 47 services, at the county level (based on where they received services) they were receiving services at rates lower than would be expected based on the proportion of Latino and Hispanics within the county and the proportion arrested. This pattern is not unique to the Proposition 47 grant program. According to the National Alliance on Mental Illness (NAMI), Hispanic/Latino adults with mental illness were less likely to receive mental health care when compared to the U.S. average (34% versus 45%)³⁵. Similarly, less than 9 percent of Hispanic/Latinos with a SUD received treatment, relative to the U.S. average of 12.2 percent³⁶. However, this pattern was not universal across all grantees; three grantees were serving Latino and Hispanic participants at rates higher than expected based on the proportion of Latino and Hispanic individuals within their county and proportion arrested in their county. The BSCC is working with these grantees to better understand the characteristics of their projects that afforded them greater success with the Hispanic/Latino population and plans to share the findings with BSCC grantees and other interested stakeholders.

Conclusions

The purpose of the Proposition 47 grant program is to provide rehabilitative services as an alternative to incarceration to individuals involved in the justice system with mental health and/or substance use disorders. Proposition 47 Cohort II grantees made substantial progress toward this goal. Over 21,000 unduplicated participants received mental health and/or substance use disorder treatment services, diversion programming, and a wide range of support services.

In spite of the challenges grantees encountered during the grant period, including the COVID-19 pandemic, lack of affordable housing, and staffing shortages, grantees achieved, either partially or fully, the majority of goals identified in their original proposals. Across the state, there was a 60 percent reduction in homeless participants at program completion for those participants who identified housing as a personal goal. Similarly, there was a 50 percent reduction in unemployed participants at program completion for those participants who identified employment as a personal goal. However, many of those participants were employed part-time, suggesting they were likely underemployed. Recidivism rates further emphasize the importance of housing and employment when working to reduce recidivism rates. Across all participants who received services, the

³⁵ <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>, retrieved May 17, 2022.

³⁶ <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>, retrieved May 19, 2022.

recidivism rate was 15.3 percent, which is lower than other reported statewide recidivism rates.³⁷ However, the recidivism rate for participants who were living independently at program completion was lower at 11.1 percent. Additionally, recidivism rates for those employed both full-time and part-time were lower at 12.3 percent and 12.5 percent, respectively. Conversely, recidivism rates were higher for participants who were homeless (18.1%) or living with family/relatives (18.9%).

With Proposition 47 Cohort III grantees entering their second year and Cohort IV starting up soon, these projects will continue to provide much needed mental health and substance use disorder treatment, along with other support services, to Californians who have been involved in the criminal justice system. Based on the data from the first two Cohorts of the Proposition 47 grant program, these types of services appear to be effective at reducing recidivism rates in program participants. BSCC will continue to monitor these projects and collect data that can further our understanding of the benefits of these types of programs at reducing criminal behavior in individuals committing low-level offenses.

³⁷ Bird, Goss & Nguyen (2019); California Department of Corrections and Rehabilitation (2023).

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Grantee Highlights

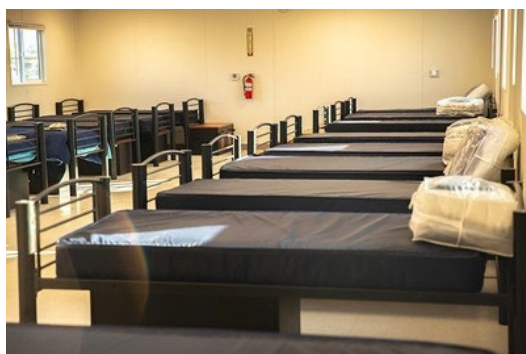
Proposition 47 Cohort II grantees were invited to submit a one-page project highlight or success story to include in this report. The following pages present these grantee highlights. Additional details about each Cohort II grantee's success can be found in their Final Local Evaluation Reports posted on the BSCC's website.

Corona- Norco Unified School District

A 16-year-old participant entered the Youth Diversion Team (YDT) program following interaction with the Corona Police Department. Initially they were apathetic, pushing adults away with a tough exterior and clear communication that they thought the whole process was "stupid." After initial assessment, it became clear the student did not have reliable adults in their life and was not attending classes consistently. Despite an interest in music, the student was not connected to any opportunities to pursue this passion as a positive outlet. They were referred to Big Brothers Big Sisters to fulfill their diversion contract and were successfully matched with a mentor in October 2021. Their mentor saw the student's apathy as a protective behavior to keep themselves from being let down by adults and worked hard to earn their trust and build rapport. That trust is still budding, and the participant remains closed off when it comes to their mom, holding things inside rather than sharing freely. But they are letting their excitement about hanging out with their new mentor show. They are avoiding criminal and delinquent behavior and living up to their end of the contract. It is still early in the process with this student, but the value of positive interaction, encouragement, and accountability is definitely on display with this participant.

GRANTEE HIGHLIGHT – HAYWARD NAVIGATION CENTER PROP 47 (HNCP47)

Opened in November 2019 as a response to the growing homelessness crisis, HNCP47 is a transitional housing site that provides comprehensive, evidence-based, trauma-informed diversion services for the local homeless population. It is operated by Bay Area Community Services (BACS) and referrals are made by the Hayward Police Department (HPD), BACS outreach staff, and community members through 211. HNCP47 residents are part of the Re-Entry Team, which provides clinical-level behavioral health care and services that center the experience of individuals with a history of justice involvement. Below are key program accomplishments for HNCP47.



- **Continued service through a global pandemic.** HNCP47 remained fully operational during the continued COVID-19 pandemic, despite capacity restrictions.
- **All participants received assessments to determine proper treatment paths to provide wrap-around services.** Even with the challenges of the pandemic and initial start-up barriers, 100% of HNCP47 participants received temporary housing. Almost all participants (98.9%) received mental health, substance use, or diversion assessments. Nearly 70% of participants who finished the program exited to permanent housing, reflecting positively on the wrap-around services provided.
- **Positive participant experience.** HNCP47 clients reported a positive experience through the referral and transitional housing process. Participants felt safe and supported by BACS staff and outlined the quality of the facilities and programs available to them.
- **Reduction in homelessness.** The 2022 point-in-time (PIT) count showed a 21.8% decrease in homelessness in the City of Hayward, while there was a 21.5% increase in the overall Alameda County homeless population (Everyone Counts, 2022a; Everyone Counts, 2022b). The HNCP47 program was one of several important investments made by the City of Hayward that helped contribute to the reduction in homelessness in Hayward.
- **Low recidivism rates.** The local definition of recidivism, including when an arrest was made for a new crime, was 9.6%. The BSCC definition of recidivism, including prosecution for a new crime, was 0% for all participants. The average recidivism rate within three years of release from prison is 68% (Alper et al., 2018), with crimes being up to 514 times more likely to be committed by those who are homeless when compared to the non-homeless population (San Diego County District Attorney's Office, 2022).

Paving the Way in Partnership with Center for Living and Learning

"I've been doing this work for a long time and being able to be a pioneer with the SECTOR program is truly an honor," said Janie Hodge, the Executive Director of Paving the Way. "I can't wait to see all the people we will help get to that next step as well as the doors we'll help open for them." (SECTOR Press Release)

Paving the Way in partnership with **Center for Living and Learning (PTW/CLL)** is one of the five community-based organizations delivering SECTOR services under the Los Angeles County Proposition 47 Cohort 2 Grant. Founded in 2006, PTW provides employment and supportive services to individuals transitioning from incarceration, homelessness, and addiction in the Antelope Valley. Likewise, CLL, which was founded in 2001, is a nonprofit organization providing similar services to individuals in the San Fernando Valley. Under the SECTOR program, both organizations aimed to serve a total of 100 participants in Year 1. Through the integration of employment readiness services, sectoral training, and Cognitive Behavioral Interventions–Employment Adult (CBI-EA), PTW/CLL continues to work toward placing individuals with past legal system involvement in careers in high-growth employment sectors. The main sectors include green jobs, healthcare and social assistance, and construction.



Participation

Within one year of enrollment, PTW/CLL participants have shown positive engagement in SECTOR:

90% attended a career coaching meeting^a

41% completed a skills training program

71% started CBI-EA and **18%** completed the curriculum

26% received a mental health service from the Los Angeles County Department of Mental Health

7% received substance use disorder services from Los Angeles County Substance Abuse Prevention and Control

Reflections

"That's the part that I think is the **biggest success**, that we can see that we're helping, that their lives are **growing**, that they're doing more than they thought they could do."
—Staff person

"I'm planning on staying here at Center for Living and Learning for a while. I love this place, this organization. I think I'll still be here a year from now, but eventually I want to go back to school to learn more about substance abuse."
—Participant

"If it wasn't for **Paving the Way**, I don't know where I'd be right now because they've been my number one supporter, my number one backer, my number one on everything."—Participant

^aThe Reentry Division and the California Board of State and Community Corrections define career coaching meetings and CBI-EA as a mental health service. Participation in mental health services as defined by the Reentry Division and the California Board of State and Community includes one-on-one meetings with a SECTOR program staff person, one-on-one therapy sessions, other internal mental health services, mental health services received in the community, utilization of county Mental Health Services Act-funded mental health services, and participation in Cognitive Behavioral Interventions–Employment Adult (CBI-EA).

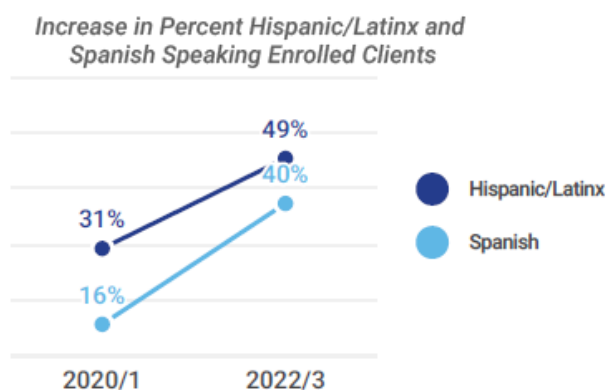
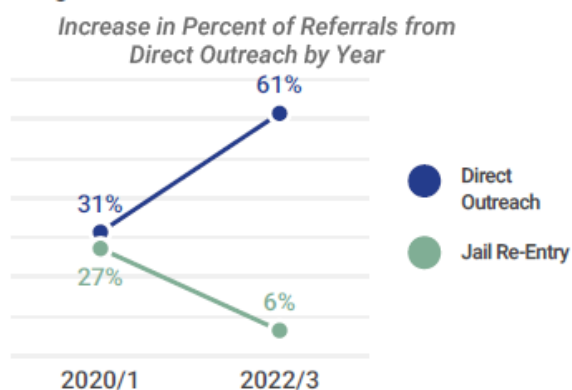
Marin County Health and Human Services

Program Description






Prop 47 Cohort 2 aimed to provide services to individuals with criminal justice involvement and behavioral health issues, particularly transitional aged youth (aged 18-26), Spanish speakers, and individuals experiencing homelessness. From April 1, 2020 to February 15, 2023, 233 individuals were referred to Prop 47 Cohort 2 services, and 133 clients enrolled in the program. Two (1.5 FTE) Recovery Coach/Case Managers (RC/CMs), both bilingual Spanish speakers, met the needs of this population through providing case management services with a particular focus on substance use recovery. RC/CMs collaborated with community service providers and justice-system partners to identify individuals who were eligible for Prop 47 services and to assist clients in meeting their own goals.

Responding to Changing Needs

Although the program was initially designed to primarily rely on referrals from the jail and other court system partners, due to COVID-19 impacts on the court system and Marin County jail, and changing needs in the community, the program pivoted to providing more direct outreach to people experiencing homelessness. This increased the proportion of clients who identified as Hispanic/Latinx and/or spoke Spanish. Additionally, many unhoused clients were oriented towards getting basic needs met and finding stable housing, before seeking substance use treatment and/or mental health services.



Top Services Provided by RC/CMs

-  65% of clients had recovery-oriented conversations with RC/CMs
-  52% of clients received basic necessities
-  28% of clients received received transportation assistance
-  27% of unhoused clients moved to more stable housing
-  14% of clients completed a referral to community mental health and/or substance use treatment services

Recidivism

Among the 93 clients enrolled prior to July 1, 2022, 11.8% (n=11) were convicted of a new misdemeanor or felony committed within two years after enrollment in Prop 47 services.

The count of booking per client reduced by 56% comparing the 365 prior to enrollment (1.26 bookings/client) to 365 days post discharge (0.55 bookings/client).

56% reduction in jail bookings

Client Story

" Before your services, I had just lost my mom to cancer, I was drinking every day, getting in trouble, in and out of jail, but since Prop 47 has helped, it got me sober living, I've been living clean and sober, I've been taking care of everything I messed up one day at a time. I'm now trying to go from sober living into housing, my own place, is what I'm hoping for. "

Report prepared by Bethany Dominik Consulting LLC

Monterey County Health Department, Behavioral Health Bureau

The following lines were written by a client that received case management services from the NZLB Prop 47 project. We include it as a highlight because it clearly reflects that clients' needs are often multi-faceted and services are scarce and, when available, are usually fragmented.

Before I got into Sun Street Centers I was drinking and homeless and didn't know how I was going to pick myself back up. I was beginning to lose hope because all of the rehabilitation centers and homeless shelters in my county were telling me that they were all filled up with no beds available. Then Sun Street Centers answered and they were willing to take me in. At first, I was very hesitant to turn myself into a rehabilitation center because I was afraid that I was going to just waste my time by doing the program and then after I graduate just end up right back in my homeless situation and most likely that would lead to me drinking again. I was then notified by a job that I applied for that they were going to hire me and my thinking process was to take the job, be homeless, save up, and then get back on my feet from there. I was going to take the job and go that route but I just couldn't trust myself. I knew that my urge to drink was too powerful at that time and I would never get out of that situation, so as much as I didn't want to, I chose to go to Sun Street Centers because it was the right thing to do and I needed discipline. Once I got into Sun Street Centers counselors started talking to me about Prop. 47 and how, after successful completion of the program, it helps you with housing and pays for your rent for a year. I was so relieved when I found out about this because my fears of just being left back out on the streets after graduating the program were gone and I actually had a path to look forward to. Fast forward to today, I have completed the entire program and currently have my own place. HRC has been so helpful with the entire process from the start. They contacted me about a place that was available because it lined up with the location of where I wanted to live. From there, the entire process was so quick and so smooth. Everything from the paperwork to them transporting me to my new place. I hate asking for help, but HRC has gone above and beyond to making sure my move in transition was smooth. They've helped me out with things that I thought I was going to have to pay for myself such as a bed, pillows and blankets, towels, and even a tv which was very unexpected. Sun Street Centers, Prop. 47, and HRC saved my life. They have sparked a new life in me and have given me an opportunity to get back on my feet and I feel so motivated. I'm so thankful for all of the help I've received and words are not enough to express my gratitude.—



OC Health Care Agency Proposition 47 Grantee Highlight (Cohort 2)

The State of California's Proposition 47 aims to reduce the number of people with mental health or substance use disorders incarcerated in county jails by reducing recidivism. To meet this goal, the OC Health Care Agency (HCA) established the Community Support and Recovery Center (CSRC)—a hub for people returning from jail in the County of Orange (County) to receive supportive services and referrals/linkages to other community resources. Project Kinship, a local community organization, operates the CSRC. The HCA received additional Proposition 47 funding under Cohort 2, which allowed Project Kinship to continue and expand housing services and housing support for clients.



Project Kinship offers clients direct services, such as case management; mental health and substance use; counseling; access to basic needs such as food and clothing; "Kinship Kits" packed with toiletries and other essential items; and onsite computer access. Project Kinship also provides referrals and linkages to other services and resources; restorative services; housing; employment training and support; public assistance programs; legal services; and other programs to serve basic needs. Project Kinship also maintains strong ties with housing providers across the county.

Project Kinship is recognized by clients, staff, and others in the county for providing trauma-informed services and a welcoming environment in which the

reentry population can access crucial services. Project Kinship's staff includes Peer Navigators who were hired for their lived experience and exceptional ability to forge trusting and successful connections with clients and provide ongoing social support.

Project Kinship is getting me into a healthier atmosphere and willing to actually go to any lengths to get me the help that I need, whether it be mental, physical, emotional, or spiritual. They are going to every length, they are really trying.

— Project Kinship client

Evaluation Findings:

- 1) As part of a broader goal to improve Orange County's reentry system, the HCA's Proposition 47 initiative helped strengthen access to and coordination of reentry services across the county.
- 2) Project Kinship was able to adapt to the federal and state health-related guidelines around the COVID-19 pandemic and continued providing critical support to Proposition 47 clients.
- 3) Project Kinship successfully provided a variety of behavioral health and substance use disorder services and referrals to meet the varying needs of its target population, including referrals to housing service providers.
- 4) Although recidivism analyses throughout the evaluation show mixed results, earlier analyses relying on more robust data sources suggest that Proposition 47 services were successful in reducing recidivism and keeping participants out of the justice system.

Placer County Health and Human Services

The Placer County ACTion Team Cohort 2 began delivering services in November 2019 and has achieved many positive outcomes for individuals enrolled in the program. The ACTion Team is a multidisciplinary team that offers an array of services and resources, including substance use disorder (SUD) and mental health (MH) treatment services, to promote health and well-being and to reduce criminal recidivism in justice-involved individuals, with histories of SUD and/or MH issues.

The ACTion Team is a collaboration between Granite Wellness Centers (GWC), Placer County Probation Department (PD), and Placer County Health and Human Services (HHS). Services were available at GWC's sites in Roseville, Auburn, and Lincoln, as well as in community settings including the member's home. This collaboration has proved to work well to deliver services to this complex, high-risk population. Staff regularly received referrals of potential new members to the program and members achieved positive outcomes, which included placement in and successful completion of residential SUD treatment; receiving outpatient SUD and MH services; maintaining stable housing; obtaining education and/or employment; and reducing criminal recidivism.

While the ongoing COVID-19 pandemic presented new and unexpected challenges in the implementation of the Cohort 2 program, the ACTion Team quickly adapted new strategies and processes to continue to deliver services while ensuring the safety of everyone involved in the program. Extra precautions were taken regarding admitting new members as well as delivering services to team members. These precautions included, but were not limited to, increased telehealth services, and expanding the use of ride-share programs, to support members to attend needed appointments. Services were also enhanced to provide additional support for persons with increased symptoms as a result of extended isolation, prolonged shelter in place, and an inability to visit with family and friends.

Management and staff planned and implemented new and revised strategies to modify services to ensure the safety, health, and welfare of both staff and members.

The success of this program is evident in the outcomes for its members. As of February 15, 2023, a total of 249 unduplicated individuals had been enrolled in the ACTion Team. Of those 249 members enrolled in the program, 178 members (71.5%) had maintained or achieved stable housing; 159 members (63.9%) had obtained or maintained employment; and 83 of the 92 members (90.2%) who entered SUD residential treatment successfully completed residential SUD treatment. Only 59 of the 249 unduplicated members (23.7%) have had new offenses or convictions.

The achievements of the ACTion Team are best illustrated with a member success story. One of our many success stories was a male who was 40 years of age. He started ACTion Team services during the summer of 2021. He had a history of substance use, lost custody of his two elementary age daughters, and was unemployed. During his time with the ACTion Team, he had two successful residential treatment episodes; lived in a recovery residence; graduated from Placer County Drug Court; and completed the requirements of his probation. From the ACTion Team he received outpatient substance use treatment and mental health therapy services, and vocational education services. He learned to develop healthy boundaries with family members. Through all of his hard work, this member has been substance free since winter 2022. He is employed; living in a permanent independent home through Volunteers of America's Home Start Program; and has connected to a local 12-step community program where he gives back to others in recovery.

This member also participated in the Child Advocates of Placer County Parent Empowerment Group, which supports reunification and provides a peer support group for parents who are navigating the child welfare system. As a result of this important program, he has successfully reunified with his two daughters, and been awarded custody. As a part of the McKinney Vento program through the Placer County Office of Education, which supports homeless students and their families, this member has learned to be a strong advocate with the school district to ensure his daughters have the education they need.

As a result of his hard work with the ACTion Team, he has achieved many positive outcomes and is successful in this new chapter of life. He has a safe and stable place to live, is employed full-time, and has custody of his children. He is in recovery and is supporting others to also be successful in their recovery. We all celebrate his continued success!



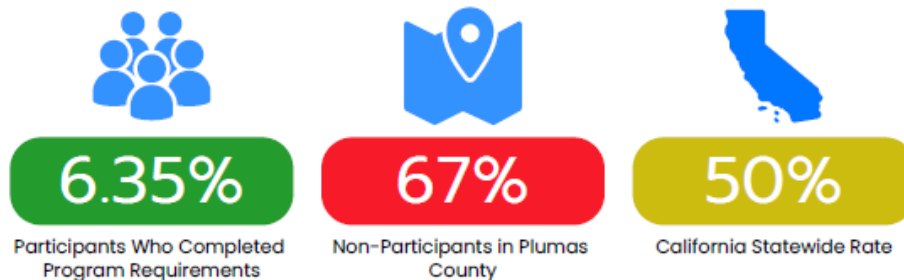
Creating Change: Reducing Recidivism

Plumas County Office of the District Attorney - Alternative Sentencing Program

Incorporating the principals of restorative justice, trauma-informed care, and recidivism reduction, and providing early identification and engagement through intensive wraparound case management, the Alternative Sentencing Program encourages strategic system changes to reduce recidivism and improve the lives of transitioning offenders, their families and community.

Alternative Sentencing Diversion & Support Services Delivered!

Recidivism Rates



- Mental Health
- Alcohol & Drug
- Transitional Housing
- Life-Skills Education
- Workforce Development

Plumas County Office of the District Attorney | 520 Main St Quincy CA 95971 | 530-283-6303

San Francisco Department of Public Health

In 2019, the San Francisco Department of Public Health (SFDPH) received three years of funding to initiate its Supporting Treatment and Reducing Recidivism (STARR) Program. The program provided case management, withdrawal management, and residential treatment services to San Francisco County residents with prior justice-system involvement and co-occurring substance use disorder (SUD). Felton Institute (FI) provided outpatient case management, while Salvation Army Harbor Light Center (SA-HLC) provided inpatient withdrawal management and residential treatment. While the program was initially greatly impacted by the pandemic, STARR eventually achieved a majority of the original objectives outlined in the grant.



126 individuals met with a case manager once or more

“One of the most significant changes I have noticed is that clients start to take care of their mental health, stay focused, and stay sober. They begin to believe in themselves and have faith in the program.” – Felton Institute Case Manager



52% success rate for withdrawal management



1.8% recidivism rate across three years of programming

*“My quality of life is so much better now, I’m sober and clear-headed.”
– STARR Residential Treatment Participant*

“My life is improving from the life I once had. I’m learning new stuff I can use in the future, I’m thankful that this program is in my life, that I can live and look forward to the future.” – STARR Residential Treatment Participant

*“On the outside it is better, getting better, on the inside it is slowly getting better.”
– STARR SA-HLC Participant*

*“What keeps me here is the idea of going back to the same madness. A lot of things that keep me here besides the court, ankle monitor; the idea of going back to same lifestyle, I don’t want to do it. I want to recreate my life.”
– STARR Residential Treatment Participant*

*“I’m glad I got into the program, because it’s helping me get back my life again, make me back to a good citizen again, functioning in society not homeless on drugs.”
– STARR Residential Treatment Participant*

**STARR CASE
MANAGEMENT
TESTIMONIAL**

“My client since 2021 was released on parole with several strict requirements that he needed to meet on a weekly, monthly, and quarterly basis. When he was released, he had very little resources and support; he was homeless, unemployed, and had less than a couple hundred dollars to his name. We were able to secure temporary housing with the help of his parole officer for up to 12 months which gives him time to find and secure long-term housing. He enrolled in a two-year union work-study program to be an iron worker and has made outstanding progress towards completing all the requirements, both in the field work and in the classroom... He has been working with a counselor to manage his finances and learn personal finances, which includes that he saves 30% of each paycheck (which is being held in a trust account for him that

Santa Barbara County CREDO47 Program

Santa Barbara County's Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program diverts individuals with a history of SMI and/or SUD from the criminal justice system to trauma-informed, community-based treatment services. The program includes four key components:



Pre-Arrest Diversion Through Co-Response

From January 2020 through December 2022, **Co-Response served 360 unique clients across 479 encounters**. Of these encounters, only **3% resulted in arrest**. Instead, **the team provided referrals, warm service handoffs, and/or facilitated** appropriate placements.



Pre-Filing and Post-Filing Diversion

From May 2020 through December 2022, **281 clients were referred to pre- or post-filing diversion and 24 successfully completed and had their cases dismissed by the District Attorney** (5 clients were still enrolled at the time of reporting). Clients engaged in behavioral health and other services.



CREDO47 Stabilization Center

From February 2020 through December 2022, **the Center served 703 unique clients across 975 encounters**. Clients were medically monitored and received sobering services. They also received support transitioning into treatment and out of jail into the community.



Step Down Housing

From February 2020 and December 2022, Step Down Housing served **63 unique clients**, including **27 who successfully completed** the program. Clients received case management services; life skills education; and medical, behavioral, and sobriety support.

Program Highlight: Step Down Housing

Of the 27 clients who successfully completed Step Down Housing at the time of reporting:



100% Secured Stable Housing

All were unhoused prior to program engagement



63% Advanced Employment

Of the 19 clients who were employed while enrolled



33% Furthered Education

Of the 9 clients who were engaged in educational programming while enrolled





Santa Clara County Prop 47 Program Highlights

Santa Clara County's Prop 47 program was designed to increase outpatient co-occurring and substance use treatment, expand transitional housing units, fund case management services, and facilitate referrals to employment services and housing navigation. The program is a partnership between the County Behavioral Health Services Department, the Office of Supportive Housing, the Office of Reentry Services, the Probation Department, and community-based organizations: Community Solutions, Family and Children Services of Silicon Valley-Caminar, Pathway Society, Momentum for Mental Health, Goodwill Industries, and Abode Services. Data presented is from April of 2020 through February of 2023.

Co-occurring Services (COD)



254 participants served. Of them, 94 (37%) successfully completed the program, 4 (1%) had a neutral discharge, and 156 (61%) exited unsuccessfully.

Substance use Treatment Services (SUTS)



227 participants served. Of them, 130 (57%) successfully completed the program, 4 (2%) had a neutral discharge, and 93 (41%) exited unsuccessfully.

Housing Navigation Services



98 participants served. Of them, 18 (18%) were housed, 59 (60%) were unhoused, and 21 (21%) refused to provide their ending housing status.

Employment Services



29 participants served. Of them, 14 (48%) secured employment, including three clients hired by the employment services provider.

Transitional Housing and Recovery Residence Units



171 transitional housing placements were made for 148 clients receiving COD, and **113 recovery residence placements were made** for 93 clients receiving SUTS. Of these, 7 COD clients and 33 SUTS clients exited to permanent housing.

1. Outpatient co-occurring program offers case management, crisis services, individual and group therapy, medication support, and a variety of evidence-based practices, including cognitive behavioral therapy.
2. Substance use outpatient and intensive outpatient program provides case management, crisis and peer services, individual and group therapy, and evidence-based practices including dialectical behavior therapy.
3. Housing navigation program assists with connection to housing resources, Emergency Assistance Program enrollment for immediate and short-term housing support, and other housing case management needs.
4. Employment program provides job readiness training, transitional employment, peer support, and educational opportunities, using evidence-based practices such as Moral Reconnection Therapy.
5. Transitional housing units are offered through the outpatient co-occurring services program, and recovery residences are offered through the outpatient substance use treatment services.

Prop 47 Impact

Post-program enrollment date recidivism (felony or misdemeanor conviction) rates for clients who received COD, SUTS, housing navigation, employment, transitional housing services, and recovery residence services were 22%, 21%, 13%, 14%, 27%, and 30%, respectively. These rates are lower than 3-year and 5-year recidivism rates for comparable County and State populations. A 2022 report revealed that five-year recidivism rates for those in SCC released under AB 109 was 48%, and California has seen three-year recidivism rates for the general population over the last 15 years range from 44.6% to 54.3%.

"Without the [Prop 47] services, I would not have progressed the way that I have. I don't consider myself a success yet, but I have progressed tremendously. My family and kids notice it. The services of Prop 47 have been invaluable. I would not be where I am without it." – Prop 47 Participant

Client Story

At the time of his enrollment into SCC's Prop 47 program, Michael was homeless and using substances to cope with years of life stressors and struggles. During his last period of confinement, Michael made the decision to work toward a better life by trying to find a job and obtain housing. After enrolling in Prop 47, Michael did everything asked of him and never missed an appointment. He worked to overcome initial employment barriers by engaging with the Prop 47 program to obtain his birth certificate, social security card, and ID. Although he faced challenges, Michael never gave up and always worked with the Prop 47 team to provide any additional signatures or information needed to progress to the next step. Through all his effort and perseverance, Michael successfully completed the Prop 47 program and graduated to a lower level of care. Since then, he has remained clean and sober for over a year.

Santa Cruz County Probation Department

COORDINATED ACCESS FOR EMPOWERING SUCCESS (CAFES) PROJECT

Santa Cruz County's CAFES project engaged project partners in prevention and diversion activities to reduce recidivism and engagement in the justice system, while improving the health and well-being of adults who committed low-level crimes. Led by the Probation Department, the CAFES project was based on a multi-agency continuum of care model that included the Superior Court, the District Attorney's Office, County Behavioral Health, and multiple community-based organizations (CBOs).

The project model was designed to address specific gaps in services for people who were first-time offenders or are ineligible for county behavioral health services. By dedicating upstream support early in the judicial process, CAFES intended to reduce further downstream engagement in the justice system. CAFES clients were referred to the project by attorneys, judges, probation staff, collaborative court staff, local CBOs, and self-referral. Clients were eligible to participate in restorative justice programs, receive mental health treatment, substance use treatment, case management, and housing support.

PROJECT GOALS:

- **GOAL 1:** Increase Diversion Opportunities
- **GOAL 2:** Reduce Recidivism and Improve Individual and Community Health and Wellbeing
- **GOAL 3:** Improve Existing Systems and Collaborative Efforts for those in the Criminal Justice System.

Ultimately, the goal of CAFES was to reduce the number of people who entered the justice system by providing necessary treatment and support before they committed a serious offense rather than after.

On what has been the most meaningful part of volunteering:

"Helping people know that they are more than their mistakes."

- NHC Volunteer Panelist

"I learned what impact my actions can have on the community members and people around me."

- NHC Participant

"I have found that the NHC Program can be a vital and necessary part of a more effective, encompassing and valued judicial system for a community."

- NHC Volunteer Panelist

PROGRAM SPOTLIGHT:

Neighborhood Courts Successes & Community Impact

The CAFES project supported the establishment of a Neighborhood Courts (NHC) program in 2019, making it Santa Cruz County's first pre-plea/pre-filing diversion program for low-level, first-time offenders. The [District Attorney's Office](#), and local nonprofit, the [Conflict Resolution Center](#), worked in partnership to develop and implement the NHC program. Volunteer panelists were recruited and trained to support the process and act as protectors for the broader community and those harmed. As part of the NHC process, participants worked with volunteer panelists and staff to develop agreements that were part of the restitution for their offense to try to repair the harm they may have caused as a result of their actions. Participants were given two months to complete their agreements. Program representatives worked with participants regarding additional voluntary services to support their success. Upon completion, participants were referred to the Clean Slate Program to explore record clearance options.

Program Successes: During the grant period the NHC program recruited and trained **34 community volunteers** and held **110 conferences** (virtually or in-person). By the end of the grant period, **77% of participants successfully completed the program**, 18% of participants were still in the process of completing their agreements, and 5% (or 5 participants) chose not to continue in the program.

Impact on Community Volunteers: Post-conference surveys and focus groups conducted at the end of the grant period revealed a great sense of community connection, appreciation for this new path in the local criminal justice system, and hope for long-term sustainability and growth of the program.

NHC program had been featured in several publications:

- [Santa Cruz Neighborhood Courts program aims to expand in year two](#), Santa Cruz Sentinel, October 26, 2021
- [Santa Cruz Neighborhood Courts diverts 93 cases in two years](#), Santa Cruz Sentinel, November 14, 2022

Shasta County Probation Department

The Shasta County Misdemeanor Community Engagement Program (CEP) aimed to reduce rates of recidivism and reentry into the criminal justice system by helping misdemeanor offenders navigate the court system and access community-based services and resources to address unmet housing, mental health, and substance use disorder (SUD) treatment needs.

About the Program

The CEP program model was implemented through a partnership between Shasta County Probation and Hill Country Health and Wellness Center (HCHWC)—a Federally Qualified Health Center (FQHC). The project funded a Probation Assistant (PA) who served as a liaison between justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA identified and engaged eligible clients based on failure to appear (FTA) lists, jail release lists, and contact lists from local defense attorneys and the District Attorney's office. The information was shared with HCHWC case managers who conducted direct outreach and recruitment to initiate the enrollment process. Hill Country offered case planning and assessment services, transportation assistance, court advocacy, and referrals to an array of community services based on identified needs.

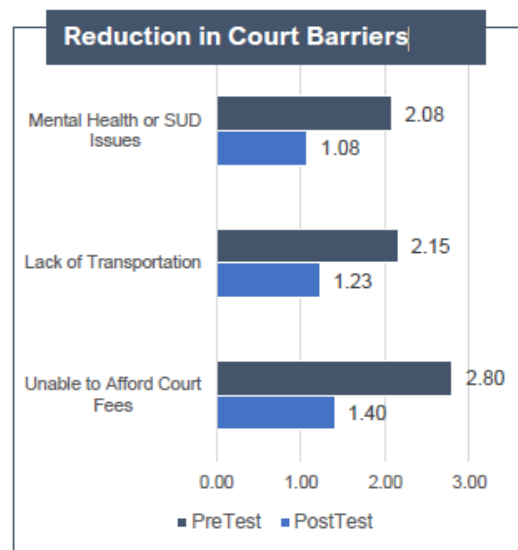
CEP Client Services and Outcomes

The CEP Program successfully recruited and enrolled 115 clients over the three-year grant period. Case managers completed more than 1,974 in-person or telephone contacts with CEP clients addressing a broad range of service needs.

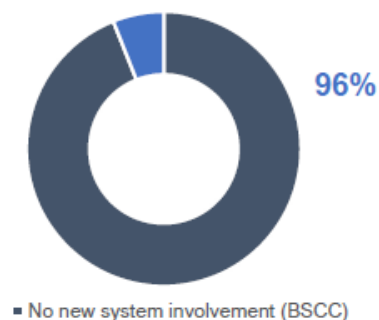
- Clients had 14.8 case management contacts on average and had an average duration of enrollment of 9.6 months.
- One in five CEP clients completed all program requirements and 23% were still active at the close of the grant.
- Nineteen percent of clients accessed SUD treatment and 4% enrolled in mental health services in the community.

CEP Successes

The CEP program had a transformative impact on the Shasta County justice system by removing barriers to court participation and changing the way that system and community partners collaborate and collectively advocate for the needs of misdemeanor offenders. The project has also impacted individual lives in profound ways. As part of a BSCC site visit, CEP clients were invited to share their stories. One young woman with a history of drug use and court involvement spoke about actively using and being pregnant and homeless at the time of CEP enrollment. After working with case managers, she was able to access and complete SUD treatment, find employment and permanent housing, and retain full custody of her newborn. She and her baby are now thriving, she is in recovery, and she credits CEP for a new life trajectory.



No New System Involvement (BSCC)



Siskiyou Revive Grantee Highlights

Siskiyou Revive gave each participant the opportunity, resources, and advocacy to improve their mental health and SUD outcomes and to reduce or eliminate actions that cause recidivism through supportive transitional housing and evidence-based practices.

Revive offered paid housing, a case manager, an SUD counselor, mental health and SUD treatment, job readiness training, basic life skills development, and as appropriate, any other services to foster wellness and rehabilitation.

Outcomes

Revive had 102 applicants and 47 people were accepted into the program. We made excellent progress toward meeting the program's goals and objectives. Sixteen participants successfully graduated from the program. Other highlights include:

- Average attendance rate for scheduled services was 91%.
- Data shows that clients participating in their treatment planning.
- 93% of all drug tests were negative.
- All participants who are not working are referred to participate in community service.
- Although the participants had moderate to high risk for recidivism, the program only had two minor incidents with local law enforcement.

Revive Homes

The men's home (left) has seven bedrooms, and the women's home (right) has five bedrooms. Both homes are located within walking distance to services and include an office, outdoor gardening area, shared kitchen and living room spaces, fenced yards, and private bedrooms.



My name is Thomas, and I was released from federal prison in 2021 with only the clothes on my back. My counselor at SCBH told me about the Revive program, but I thought it was another recovery program that just wanted money I didn't have. I learned that it was a FREE program that only required me to attend a few SUD classes, trauma classes, and AA meetings; this program changed my life. I seriously don't know where I would be if it weren't for Revive. I nervously attended my first job fair and went to every booth, and I got a job! The company I worked for then asked me to run the booth at the next job fair! It was truly amazing to be a part of that, and I owe it to the Revive program! Revive gave me an opportunity to save up money and get on my feet. The day I graduated Revive, the SCBH Director asked me if I would like to apply to be an SUD counselor, and I did! I get emotional when I talk about this because it really means a lot to me and where my life is today. I know I put in the work, but I had the support that I needed every step of the way, and I am forever grateful for that. Thank you for helping me change my life because now I am making an impact on other people's lives!

Featured Participant



Appendix A: Proposition 47

Proposition 47 – In Pertinent Part

THE SAFE NEIGHBORHOODS AND SCHOOLS ACT

SEC. 4. Chapter 33 (commencing with Section 7599) is added to Division 7 of Title 1 of the Government Code, to read:

Chapter 33. Creation of Safe Neighborhoods and Schools Fund

7599. (a) A fund to be known as the “Safe Neighborhoods and Schools Fund” is hereby created within the State Treasury and, notwithstanding Section 13340 of the Government Code, is continuously appropriated without regard to fiscal year for carrying out the purposes of this chapter.

(b) For purposes of the calculations required by Section 8 of Article XVI of the California Constitution, funds transferred to the Safe Neighborhoods and Schools Fund shall be considered General Fund revenues which may be appropriated pursuant to Article XIII B.

7599.1. Funding Appropriation.

(a) On or before July 31, 2016, and on or before July 31 of each fiscal year thereafter, the Director of Finance shall calculate the savings that accrued to the state from the implementation of the act adding this chapter (“this act”) during the fiscal year ending June 30, as compared to the fiscal year preceding the enactment of this act. In making the calculation required by this subdivision, the Director of Finance shall use actual data or best available estimates where actual data is not available. The calculation shall be final and shall not be adjusted for any subsequent changes in the underlying data. The Director of Finance shall certify the results of the calculation to the Controller no later than August 1 of each fiscal year.

(b) Before August 15, 2016, and before August 15 of each fiscal year thereafter, the Controller shall transfer from the General Fund to the Safe Neighborhoods and Schools Fund the total amount calculated pursuant to subdivision (a).

(c) Moneys in the Safe Neighborhoods and Schools Fund shall be continuously appropriated for the purposes of this act. Funds transferred to the Safe Neighborhoods and Schools Fund shall be used exclusively for the purposes of this act and shall not be subject to appropriation or transfer by the Legislature for any other purpose. The funds in the Safe Neighborhoods and Schools Fund may be used without regard to fiscal year.

7599.2. Distribution of Moneys from the Safe Neighborhoods and Schools Fund.

(a) By August 15 of each fiscal year beginning in 2016, the Controller shall disburse moneys deposited in the Safe Neighborhoods and Schools Fund as follows:

(1) Twenty-five percent to the State Department of Education, to administer a grant program to public agencies aimed at improving outcomes for public school pupils in kindergarten and grades 1 to 12, inclusive, by reducing truancy and supporting students who are at risk of dropping out of school or are victims of crime.

(2) Ten percent to the California Victim Compensation and Government Claims Board, to make grants to trauma recovery centers to provide services to victims of crime pursuant to Section 13963.1 of the Government Code.

(3) Sixty-five percent to the Board of State and Community Corrections, to administer a grant program to public agencies aimed at supporting mental health treatment, substance abuse treatment, and diversion programs for people in the criminal justice system, with an emphasis on programs that reduce recidivism of people convicted of less serious crimes, such as those covered by this measure, and those who have substance abuse and mental health problems.

(b) For each program set forth in paragraphs (1) to (3), inclusive, of subdivision (a), the agency responsible for administering the programs shall not spend more than 5 percent of the total funds it receives from the Safe Neighborhoods and Schools Fund on an annual basis for administrative costs.

(c) Every two years, the Controller shall conduct an audit of the grant programs operated by the agencies specified in paragraphs (1) to (3), inclusive, of subdivision (a) to ensure the funds are disbursed and expended solely according to this chapter and shall report his or her findings to the Legislature and the public.

(d) Any costs incurred by the Controller and the Director of Finance in connection with the administration of the Safe Neighborhoods and Schools Fund, including the costs of the calculation required by Section 7599.1 and the audit required by subdivision (c), as determined by the Director of Finance, shall be deducted from the Safe Neighborhoods and Schools Fund before the funds are disbursed pursuant to subdivision (a).

(e) The funding established pursuant to this act shall be used to expand programs for public school pupils in kindergarten and grades 1 to 12, inclusive, victims of crime, and mental health and substance abuse treatment and diversion programs for people in the criminal justice system. These funds shall not be used to supplant existing state or local funds utilized for these purposes.

(f) Local agencies shall not be obligated to provide programs or levels of service described in this chapter above the level for which funding has been provided.

Assembly Bill No. 1056

[Approved by Governor October 02, 2015. Filed with Secretary of State
October 02, 2015.]

AB 1056, Atkins. Second Chance Program.

(1) Existing law, until January 1, 2020, establishes the Social Innovation Financing Program, and requires the Board of State and Community Corrections to administer the program. Existing law, among other things, authorizes the board, upon appropriation of funds by the Legislature for deposit into the Recidivism Reduction Fund, to award grants in amounts of not less than \$500,000 and not more than \$2,000,000 to each of 3 counties, selected as specified, for the purpose of entering into a pay for success or social innovation financing contract, pursuant to which private investors agree to provide financing to service providers to achieve social outcomes agreed upon in advance and the government agency that is a party to the contractual agreement agrees to pay a return on the investment to the investors if successful programmatic outcomes are achieved by the service provider. Existing law limits the total amount of the grants awarded to \$5,000,000. Existing law requires each county receiving an award to report annually to the Governor and Legislature on the status of its program. Existing law requires the board to compile the county reports and submit a summary report to the Governor and the Legislature annually.

This bill would extend the operation of that program and the reporting requirements until January 1, 2022.

This bill would also require the board to administer a competitive grant program that focuses on community-based solutions for reducing recidivism. The bill would establish minimum criteria for the grant program and would require the board to establish an executive steering committee, as specified, to make recommendations regarding the design, efficacy, and viability of proposals and to make recommendations on guidelines for the submission of proposals for the grant program, including threshold or scoring criteria, or both. Among other things, the bill would require those guidelines to prioritize proposals that advance principles of restorative justice while demonstrating a capacity to reduce recidivism, and that leverage certain other federal, state, and local funds or social investments. The bill would define recidivism, for the purposes of these provisions, as a conviction of a new felony or misdemeanor committed within 3 years of release from custody or committed within 3 years of placement on supervision for a previous criminal conviction.

(2) The Safe Neighborhoods and Schools Act establishes within the State Treasury the Safe Neighborhoods and Schools Fund to receive moneys transferred from the General Fund in an amount equal to the savings resulting from the implementation of the act, as specified. The act requires that 65% of the moneys in the Safe Neighborhoods and Schools Fund be allocated the Board of State and Community Corrections to administer a grant program to public agencies aimed at supporting specified types of

programs, including diversion programs, for people in the criminal justice system with an emphasis on programs that reduce recidivism, as specified.

This bill would create the Second Chance Fund in the State Treasury for the purpose of funding the above-described recidivism reduction program. The bill would require the Controller, upon order of the Director of Finance, to transfer the moneys available to the Board of State and Community Corrections from the Safe Neighborhoods and Schools Fund into the Second Chance Fund. The bill would also authorize the Second Chance Fund to receive moneys from any other federal, state, or local grant, or from any private donation. The bill would prohibit the board from using the moneys in the fund to supplant existing programs and from spending more than 5% per year of the total moneys in the fund for administrative purposes.

The bill would require the board to administer these provisions, and moneys in the fund would be continuously appropriated to the board for expenditure for these purposes. By creating a continuously appropriated fund, this bill would make an appropriation.

(3) The Safe Neighborhoods and Schools Act provides that its provisions may be amended by a statute, passed by a $\frac{2}{3}$ vote of each house of the Legislature and signed by the Governor, that is consistent with and furthers the intent of the act.

This bill would declare that its provisions further the intent of the Safe Neighborhoods and Schools Act.

Bill Text

The people of the State of California do enact as follows:

SECTION 1.

The Legislature finds and declares all of the following:

(a) California voters approved Proposition 47, known as the Safe Neighborhoods and Schools Act of 2014. The measure was enacted to ensure that prison spending is focused on violent and serious offenses, to maximize alternatives for nonviolent and nonserious crime, and to invest the resulting savings into prevention and support programs.

(b) Research has shown that people in the criminal justice system disproportionately suffer from mental health issues and substance use disorders. Nationally, over one-half of all people in prisons or jails have experienced a mental health issue within the last year, and over one-half of women and 44 percent of men in jail have a drug or alcohol dependency.

(c) People in the criminal justice system and formerly incarcerated individuals have difficulty securing housing and employment following their incarceration. These challenges are compounded for people living with mental health issues or substance use disorders. As a result, many formerly incarcerated people, especially those with mental health issues or substance abuse disorders experience homelessness. Experiencing homelessness greatly increases the likelihood that a formerly incarcerated person will recidivate.

(d) Offering people in the criminal justice system and formerly incarcerated individuals meaningful access to mental health services, substance use treatment services, housing, housing-related job assistance, job skills training, and other community-based supportive services has been shown to decrease the likelihood of future contact with law enforcement and the criminal justice system.

(e) Prioritizing the state savings realized by the implementation of the Safe Neighborhoods and Schools Act of 2014 for projects that combine mental health services, substance use treatment services, housing, housing-related job assistance, job skills training, and other community-based supportive services will help the state meaningfully reduce recidivism.

(f) By prioritizing projects that offer comprehensive interventions, the Legislature intends for public agencies, nonprofits, and other community-based providers of services to people in the criminal justice system and formerly incarcerated individuals to leverage additional federal, state, and local funds for social investment resources.

(g) The Legislature intends to promote the use of restorative justice principles in addressing recidivism.

SEC. 2.

Section 97013 of the Government Code is amended to read:

97013.

(a) Each county receiving an award shall report annually to the board on the status of its ongoing social innovation financing program. The report shall also contain an accounting of the moneys awarded.

(b) The board shall compile the county reports and submit a summary report to the Governor and Legislature annually.

(c) A report made pursuant to this section shall be made in accordance with the requirements of Section 9795.

(d) This section shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SEC. 3.

Section 97015 of the Government Code is amended to read:

97015.

This title shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SEC. 4.

Article 5 (commencing with Section 6046) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 5. Second Chance Program

6046.

(a) The purpose of this article is to build safer communities by investing in community-based programs, services, and initiatives for formerly incarcerated individuals in need of mental health and substance use treatment services.

(b) The program established pursuant to this article shall be restricted to supporting mental health treatment, substance use treatment, and diversion programs for persons in the criminal justice system, with an emphasis on programs that reduce recidivism of persons convicted of less serious crimes, such as those covered by the Safe Neighborhoods and Schools Act of 2014, and those who have substance use and mental health problems.

(c) The Board of State and Community Corrections shall administer a grant program established pursuant to this article.

6046.1.

For the purposes of this article, the following definitions shall apply:

(a) "Board" means the Board of State and Community Corrections.

(b) "Fund" means the Second Chance Fund established pursuant to Section

6046.2.

(c) "Public agency" means a county, city, whether a general law city or a chartered city, or city and county, the duly constituted governing body of an Indian reservation or rancheria, a school district, municipal corporation, district, political subdivision, or any board, commission, or agency thereof, entities that are legislative bodies of a local agency pursuant to subdivision (c) or (d) of Section 54952 of the Government Code, a housing authority organized pursuant to Part 2 (commencing with Section 34200) of Division 24 of the Health and Safety Code, a state agency, public district, or other political subdivision of the state, or any instrumentality thereof, which is authorized to engage in or assist in the development or operation of housing for persons and families of low or moderate income.

(d) "Recidivism" means a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction.

6046.2.

(a) The Second Chance Fund is hereby created in the State Treasury. The board shall be responsible for administering the fund. Moneys in the fund are hereby continuously appropriated without regard to fiscal year for the purposes of this article.

(b) (1) The Controller, upon order of the Director of Finance, shall transfer moneys available to the Board of State and Community Corrections pursuant to paragraph (3) of subdivision (a) of Section 7599.2 of the Government Code into the Second Chance Fund.

(2) The Second Chance Fund may receive moneys from any other federal, state, or local grant, or from any private donation or grant, for the purposes of this article.

(c) The board shall not spend more than 5 percent annually of the moneys in the fund for administrative costs.

6046.3.

(a) The board shall administer a competitive grant program to carry out the purposes of this article that focuses on community-based solutions for reducing recidivism. The grant program shall, at minimum, do all of the following:

(1) Restrict eligibility to proposals designed to serve people who have been arrested, charged with, or convicted of a criminal offense and have a history of mental health or substance use disorders.

(2) Restrict eligibility to proposals that offer mental health services, substance use disorder treatment services, misdemeanor diversion programs, or some combination thereof.

(3) Restrict eligibility to proposals that have a public agency as the lead applicant.

(b) The board shall form an executive steering committee that includes, but is not limited to, a balanced and diverse membership from relevant state and local government entities, community-based treatment and service providers, and the formerly incarcerated community. The committee shall have expertise in homelessness and housing, behavioral health and substance abuse treatment, and effective rehabilitative treatment for adults and juveniles. The committee shall make recommendations regarding the design, efficacy, and viability of proposals, and make recommendations on guidelines for the submission of proposals, including threshold or scoring criteria, or both, that do all of the following:

(1) Prioritize proposals that advance principles of restorative justice while demonstrating a capacity to reduce recidivism.

(2) Prioritize proposals that leverage other federal, state, and local funds or other social investments, such as the following sources of funding:

(A) The Drug Medi-Cal Treatment Program (22 Cal. Code Regs. 51341.1, 51490.1, and 51516.1).

(B) The Mental Health Services Act, enacted by Proposition 63 at the November 2, 2004, general election, as amended.

(C) Funds provided for in connection with the implementation of Chapter 15 of the Statutes of 2011.

(D) The Community Corrections Performance Incentives Act (Stats. 2009, Ch. 608; Chapter 3 (commencing with Section 1228) of Title 8 of Part 2).

(E) The tax credits established pursuant to Sections 12209, 17053.57, and 23657 of the Revenue and Taxation Code.

(F) The federal Department of Housing and Urban Development funds, such as the Emergency Solutions Grant program (42 U.S.C. Sec. 11371 et seq.).

(G) The federal Department of Veterans Affairs Supportive Services for Veteran Families program (38 U.S.C. Sec. 2044).

(H) Social Innovation Funds established by the Corporation for National and Community Service pursuant to Section 12653k of Title 42 of the United States Code.

(I) The Edward Byrne Memorial Justice Assistance Grant Program (42 U.S.C. Sec. 3750 et seq.).

(3) Prioritize proposals that provide for all of the following:

(A) Mental health services, substance use disorder treatment services, misdemeanor diversion programs, or some combination thereof.

(B) Housing-related assistance that utilizes evidence-based models, including, but not limited to, those recommended by the federal Department of Housing and Urban Development. Housing-related assistance may include, but is not limited to, the following:

(i) Financial assistance, including security deposits, utility payments, moving-cost assistance, and up to 24 months of rental assistance.

(ii) Housing stabilization assistance, including case management, relocation assistance, outreach and engagement, landlord recruitment, housing navigation and placement, and credit repair.

(C) Other community-based supportive services, such as job skills training, case management, and civil legal services.

(4) Prioritize proposals that leverage existing contracts, partnerships, memoranda of understanding, or other formal relationships to provide one or more of the services prioritized in paragraph (3).

(5) Prioritize proposals put forth by a public agency in partnership with a philanthropic or nonprofit organization.

(6) Prioritize proposals that promote interagency and regional collaborations.

(7) Consider ways to promote services for people with offenses identical or similar to those addressed by the Safe Neighborhoods and Schools Act of 2014, without precluding assistance to a person with other offenses in his or her criminal history.

(8) Consider geographic diversity.

(9) Consider appropriate limits for administrative costs and overhead.

(10) Consider proposals that provide services to juveniles.

(11) Permit proposals to expand the capacity of an existing program and prohibit proposals from using the fund to supplant funding for an existing program.

SEC. 5.

The Legislature finds and declares that this act furthers the intent of the Safe Neighborhoods and Schools Act enacted by Proposition 47 at the November 4, 2014, general election.

Appendix C: Proposition 47 Scoring Panel Membership Roster

	Name	Title / Organization	Geographic Location (County)
1	Gordon Baranco, Scoring Panel Chair	Retired Judge, BSCC Board Member	Alameda
2	Michelle Scray Brown	Chief Probation Officer, San Bernardino County	San Bernardino
3	Edgar Campos	Principal Manager, EC Consulting	Los Angeles
4	Sharon Green	Founder and Executive Director, Victor Valley Family Resource Center	San Bernardino
5	Curtis Hill	Board Member, California Victim Compensation Board	San Benito
6	Tony Hobson, Ph.D.	Behavioral Health Director, Plumas County Behavioral Health	Plumas
7	Stephanie Kozofsky	Regional Impact Coordinator, Leadership for Educational Equity	Los Angeles
8	Kelly Martin	Custody Supervisor, El Monte Police Department	Los Angeles
9	Karen McDaniel	Co-Founder and Executive Director, The Place4Grace	Riverside
10	Lois Perkins	CEO, Life Community Development	San Bernardino
11	Patrick Rowe	Deputy, Sacramento County Sheriff's Department	Sacramento
12	Sarah Ruby	Deputy Public Defender, Santa Clara County Public Defender's Office	Santa Clara
13	Dorthea "Lynn" White	Employee Relations Officer, California Department of Corrections and Rehabilitation, Valley State Prison	Merced

Appendix D: Required Services Provided by Grantee

Grantee	Mental Health Treatment	Substance Use Disorder Treatment	Diversion Program
Alameda County Health Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
City of Corning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Corona-Norco Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
City of Hayward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles City Attorney's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles County Dept. of Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Los Angeles Mayor's Office of Reentry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marin County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Monterey County Health Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nevada County Dept. of Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Orange County Health Care Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pasadena Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Placer County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plumas County District Attorney	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
San Francisco Dept. of Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Ana Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Barbara County, Office of the Public Defender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Clara County Behavioral Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Santa Cruz County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shasta County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Siskiyou County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Appendix E: Support Services Provided by Grantee

Grantee	Assistance with Food	Basic Necessities	Case Management	Education Services	Employment Services	Housing Services	Legal Services	Social Services	Transportation Services
Alameda County Health Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
City of Corning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Corona-Norco Unified School District	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Hayward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles City Attorney's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles County Dept. of Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Los Angeles Mayor's Office of Reentry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marin County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Monterey County Health Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nevada County Dept. of Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Orange County Health Care Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pasadena Unified School District	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placer County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plumas County District Attorney	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
San Francisco Dept. of Public Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Ana Unified School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Barbara County, Office of the Public Defender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Clara County Behavioral Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Cruz County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shasta County Probation Dept.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Siskiyou County Health and Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Appendix F: Grantee Definitions of Program Completion

Grantee	Program Completion Definition
Alameda County, Health Care Services	The individual exits the program having met all treatment plan goals or made significant progress on goals.
Corning, City of	When a participant has met the goals identified in the individualized Case Plan.
Corona-Norco Unified School District	<u>Mental health and substance use treatment</u> : The individuals providing services will indicate whether or not each participant met his/her goals, based on the objectives from the intake process.
	<u>Diversion</u> : based on individual dispensation and whether or not the terms of the diversion program are fulfilled.
Hayward, City of	No definition provided.
Los Angeles City Attorney's Office	LA DOOR is an extremely low-barrier program. Program completion is any two-month period of engagement in any client-directed social services.
Los Angeles Mayor's Office, Office of Reentry	Fellow has reduced mental health-related barriers to obtaining and retaining employment as identified on the treatment plan or has completed one year in Project imPACT.
Los Angeles County Dept. of Health Services	<u>Mental health</u> : when participants have completed all required sessions of the program.
	<u>Substance use disorder: Interim recovery housing</u> – Program completion is defined as their exit from interim housing.
	<u>Substance use disorder</u> : will vary depending on the needs of the participant and program requirements
Marin County Health and Human Services	Completion of program requirements of the program referred to (diversion, mental health or substance use treatment). Or completion of 6 months of an ongoing program.
Monterey County Health Dept.	<u>Mental health and substance use treatment</u> : participant completes the services as outlined in the service plan and successfully meets their treatment goals.
	<u>Diversion</u> : Up to two years or per court's decision that clients have successfully completed.
Nevada County Dept. of Behavioral Health	<u>Mental Health and substance use treatment</u> : continued engagement in mental health/substance use treatment on some level, for a continuous 6-month period.
	<u>Diversion</u> : will be defined as the date that the court determines that the participant has successfully completed all components set forth at the onset of enrollment in the diversion program.
Orange County Health Care Agency	An individual who makes satisfactory progress towards one or more stated treatment goals.

Grantee	Program Completion Definition
Pasadena Unified School District	<u>Mental health and substance use treatment</u> : The individuals providing services will indicate whether or not each participant met his/her goals, based on the objectives from the intake process.
	<u>Diversion</u> : individual completes requirements based on the recommendations from the court and law enforcement.
Placer County Health and Human Services	Successful completion of a treatment plan for inpatient or outpatient treatment program.
Plumas County District Attorney	<u>Mental health and substance use treatment</u> : Participants will meet a minimum of three individualized goals prior to completion.
	<u>Diversion</u> : will attend all required sessions and court appearances and have their case dismissed or adjudicated.
San Francisco Dept. of Public Health	Client will have successfully met all program goals.
Santa Ana Unified School District	Individuals will participate in a minimum of eight sessions.
Santa Barbara County, Office of the Public Defender	<u>Mental health and substance use treatment</u> : Successfully discharged from program after their first diversion encounter.
	<u>Diversion</u> : The first date that the client (1) encountered the diversion program, (2) determined to be eligible for diversion, and (3) was diverted.
Santa Clara County, Behavioral Health Dept.	Individual partially or fully completed program goals.
Santa Cruz County, Probation Dept.	<u>Mental health and substance use treatment</u> : completion of client's self-identified treatment goals.
	<u>Diversion</u> : Once diversion is granted, a completion for a pre-filing case = "no-filed;" for a pre-conviction case = "dismissed."
Shasta County, Probation Dept.	<u>Mental health</u> : when the participant is enrolled and maintaining treatment services according to their treatment plan.
	<u>Substance use treatment</u> : when the participant completes all tasks and has made satisfactory progress outlined in the criteria of completion.
	<u>Diversion</u> : completion of assignments given by the District Attorney's Office.
Siskiyou County, Health and Human Services	<u>Mental health</u> : the participant successfully meeting all treatment plan goals and no longer meeting criteria for a moderate to severe level of care.
	<u>Substance use treatment</u> : the participant meeting all treatment plan goals and objectives.
	<u>Diversion</u> : the participant successfully meeting the Court requirements pursuant to PC 1001.36 and having the Judge dismiss the criminal charges that were the subject of the criminal proceedings at the time of the initial diversion.