

## FY 2022-23 Community Corrections Partnership Survey

# San Diego County

### CCP Membership

<b>Tamika Nelson</b> Chief Probation Officer	<b>Nick Macchione, Director</b> Department of Social Services
<b>Honorable Michael T. Smyth</b> Presiding Judge or designee	<b>Nick Macchione, Director</b> Department of Mental Health
<b>Kathleen Flannery, Chief Operations Officer</b> County Supervisor or Chief Administrator	<b>Shaina Gross, VP Client Services</b> Department of Employment
<b>Summer Stephan</b> District Attorney	<b>Nick Macchione, Director</b> Alcohol and Substance Abuse Programs
<b>Randy Mize</b> Public Defender	<b>Gloria Ciriza, Assistant Superintendent</b> Head of the County Office of Education
<b>Anthony Ray</b> Sheriff	<b>Charlene Autolino</b> Community-Based Organization
<b>Magda Fernandez</b> Chief of Police	<b>Linda Pena, Director</b> Victims' Interests

**How often does the CCP meet?**

As needed

**How often does the Executive Committee of the CCP meet?**

As needed

**Does the CCP have subcommittees or working groups**

Yes



## Goals, Objectives, and Outcome Measures

### FY 2021-22

<b>Goal</b>	Enhance prevention, diversion and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes.
Objective	1. Maximize prevention and diversion opportunities to divert individuals with primary behavioral health conditions, including substance use disorders, away from justice involvement by connecting them to behavioral health care and housing services.
Objective	2. Maximize use of alternative custody options and explore opportunities for growth in areas such as Pretrial Services, the County Parole and Alternative Custody Unit, Home Detention, the Residential Reentry Center, Collaborative Court referrals, the District Attorney (DA) Community Justice Initiative, the DA Juvenile Diversion Initiative, the Community Transition Center, the Public Defender Defense Transition Unit, and the Public Defender Substance Abuse Assessment Unit.
Outcome Measure	1. Number of clients served through prevention and diversion opportunities and the outcomes for these programs
Outcome Measure	2. Number of clients served through alternative custody options and the outcomes for these programs
Progress toward stated goal	<p>1. Prevention and Diversion</p> <ul style="list-style-type: none"> <li>- Behavioral Health Services Mobile Crisis Response Teams served 1,774 unique clients.</li> <li>- Behavioral Health Services Crisis Stabilization Units provided crisis care to 12,102 clients.</li> <li>- Behavioral Health Services Psychiatric Emergency Response Teams conducted 42,000 emergency assessments and referrals including 10,164 Crisis Intervention contacts and 23,029 Community Service Interventions.</li> <li>- Behavioral Health Services Inebriate Sobering Services and Prosecution and Law Enforcement Assisted Diversion Services programs served 3,697 individuals.</li> <li>- Behavioral Health Services Serial Inebriate Program served 141 clients.</li> <li>- The District Attorney's Juvenile Diversion Initiative served 260 youths. As of 6/30/22, 114 youth out of 143 participants successfully completed the diversion program.</li> <li>- The District Attorney's Community Justice Initiative served 68 participants, of which 56 successfully completed the program resulting in a dismissal of their criminal cases.</li> <li>- The Department of Homeless Solutions and Equitable Communities made close to 18,000 engagements with persons at risk or experiencing homelessness countywide. Nearly 3,300 self-sufficiency program applications were completed.</li> </ul>

	<ul style="list-style-type: none"> <li>- The Department of Homeless Solutions and Equitable Communities provided housing to over 1,500 individuals throughout the region.</li> </ul> <p>2. Alternatives to Custody</p> <p>The Sheriff's Pretrial Services Unit released 1,155 individuals on Supervised Own Recognizance with an annual success rating average of 94%.</p> <ul style="list-style-type: none"> <li>- The Sheriff's County Parole and Alternative Custody Unit had 2,320 participants.</li> <li>- Behavioral Health Court provided services to 141 clients.</li> <li>- Drug Court provided services 309 clients</li> <li>- Reentry Court provided services 71 clients.</li> <li>- The Community Transition Center (CTC) provided services to 319 clients who were referred to the CTC in lieu of custody, saving an estimated 2,233 jail days.</li> <li>- The Public Defender's Substance Abuse Assessment Unit assessed approximately 2,100 clients and placed 70% into residential treatment programs.</li> </ul>
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<b>Goal</b>	Enhance reentry interventions in custody and the community.
Objective	1. Provide direct and support services to the inmate population in San Diego County detention facilities including screening and assessment; services for behavioral health conditions; services for individuals who rapidly cycle in and out of custody; public health interventions including immunizations; and housing services for those experiencing or at risk of homelessness.
Objective	2. Provide services to individuals as they are transitioning back to the community upon release including discharge planning; intensive case management where appropriate; coordinated release with community partners; mentoring using community members with lived experiences; addressing behavioral health care and homelessness; medical health screenings and linkages to a medical home; and public health services for HIV-positive individuals and other communicable diseases.
Objective	<p>3. Provide services to clients in the community after a period of incarceration to avoid recidivism including:</p> <ul style="list-style-type: none"> <li>-A widened scope of services for clients on Mandatory Supervision</li> <li>-Use of the District Attorney (DA) Community, Action, Resource, Engagement (CARE) Center</li> <li>-DA Tattoo Removal Program</li> <li>-DA Community Grant Program</li> <li>-Public Defender Defense Transition Unit and Substance Use Assessment Unit</li> <li>-Community Transition Center</li> </ul>

	<p>-Increased utilization of resources for education, employment, financial literacy, and housing</p> <p>-Improved physical and behavioral health coordination through new opportunities provided by California Advancing and Innovating Medi-Cal initiative.</p>
Outcome Measure	1. Number of direct and support services provided to clients in San Diego County detention facilities and the outcomes for these programs
Outcome Measure	2. Number and types of services provided to clients as they are transitioning back to the community upon release and the outcomes for these programs
Outcome Measure	3. Number and type of services provided to clients in the community after a period of incarceration and the outcomes of these programs
Progress Toward Stated Goal	<p>1. Direct and Support Services Provided to Clients in Custody</p> <ul style="list-style-type: none"> <li>- Reentry interventions were provided to 4,470 individuals through the Sheriff's Department Reentry Services Division.</li> <li>- Behavioral Health Services provided behavioral health care to 9,431 adults in a jail setting and to 720 youth who were justice-involved.</li> <li>- 930 total annual contacts were made with participants in the Sheriff's - Supporting Individual Transitions (S-SIT) program.</li> <li>- 470 participants moved through Behavioral Case Management services provided by the Sheriff's Department.</li> <li>- Behavioral Health Services Project In-Reach enrolled 90 clients.</li> <li>- Behavioral Health Services Wellness Ministry enrolled 119 clients.</li> <li>- The Public Defender's Defense Transition Unit processed over 2,200 attorney referrals.</li> </ul> <p>2. Reentry Services for Clients Transitioning from Custody</p> <ul style="list-style-type: none"> <li>- The Sheriff's Department conducted 2,744 coordinated releases.</li> <li>- The Intensive Case Management program that works with HIV positive individuals during and post incarceration in County detention facilities showed that 75 (32%) of clients were released with a medical appointment scheduled and a 30-day supply of medication, 39 (16%) of clients were released to another agency and did not require ongoing care coordination, and 125 (52%) of clients were released without advance notification so that care coordination couldn't be provided.</li> <li>- The Community Transition Center (CTC) screened and assessed 1,556 clients and provided reentry services to 647 clients on Post Release Community Supervision and 119 clients on Mandatory Supervision.</li> <li>- Clients at the CTC received 1,810 referrals to services including 662 referrals to residential treatment for substance use disorders, 600 referrals to</li> </ul>

	<p>mental health treatment, 254 referrals to Cognitive Behavioral Therapy, and 294 referrals to Outpatient Treatment Programs.</p> <p>3. Services Provided to Clients in the Community after a Period of Incarceration</p> <ul style="list-style-type: none"> <li>- The District Attorney Community, Action, Resource, Engagement (CARE) Center conducted 132 assessments, including 34 assessments for individuals currently supervised on probation or parole and 75 for individuals who were previously incarcerated.</li> <li>- The District Attorney Tattoo Removal Program served 44 clients.</li> <li>- The Sheriff's Peer Reentry Leaders Academy graduated 38 individuals and conducted 16 speaking engagements.</li> <li>- The Department of Homeless Solutions &amp; Equitable Communities - Office of Homeless Solutions (HSEC-OHS) Community Care Coordination (C3) program served 93 individuals.</li> <li>- 100% of participants in the C3 program who exited custody had a housing option available to them on the day they were released from jail.</li> <li>- 82% of participants in the C3 program who had been released from custody for a year had reduced justice involvement as measured by an increase in the number of days lived out of custody and in the community compared to the prior 12 months.</li> <li>- The HSEC-OHS Community Care Coordination for Veterans (C3V) program served 69 individuals.</li> <li>- 88% of participants in the C3V program who exited custody had a housing option available to them on the day they were released from jail.</li> <li>- 87% of participants in the C3V program who had been released from custody for a year had reduced justice involvement as measured by an increase in the number of days lived out of custody and in the community compared to the prior 12 months.</li> <li>- 93% of participants in the HSEC-OHS Community Care Coordination Straight to Home (C3STH) program who exited custody had a housing option available to them on the day they were released from jail.</li> <li>- 92 individuals were placed in a home by the Sheriff's Department Housing Services.</li> <li>- Over 837 clients utilized temporary housing at the Community Transition Center.</li> </ul>
<b>Goal</b>	Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients.

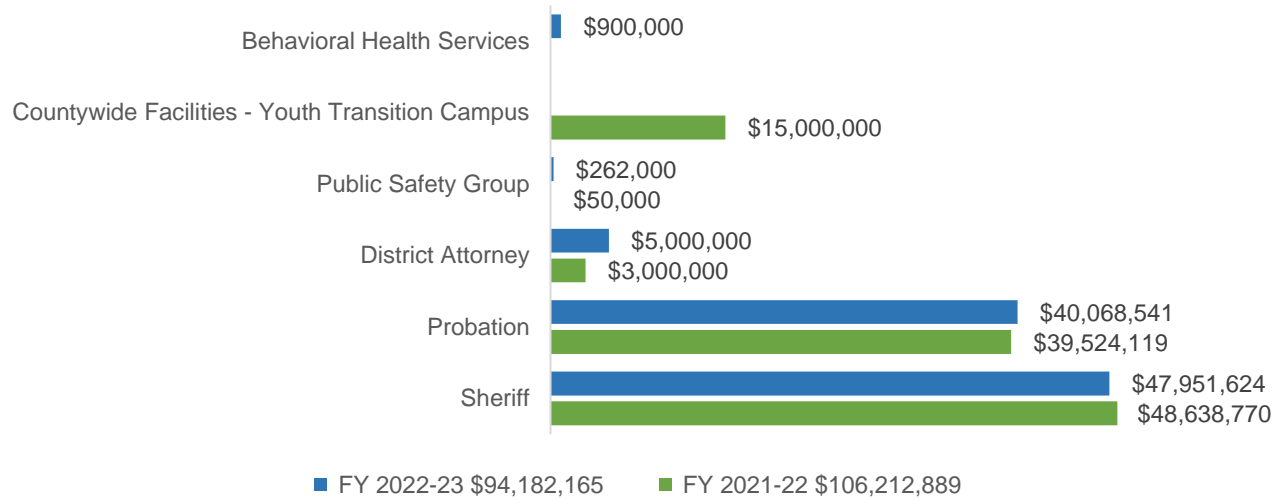
Objective	1. Incorporate evidence-based practices, trauma-informed care, and multi-disciplinary team approaches into supervision and case management of clients placed on Post Release Community Supervision and Mandatory Supervision.
Objective	2. The District Attorney's Collaborative Justice Division will continue to staff the Collaborative Courts, MS Court, and Parole and PRCS Revocation Court with specialized Deputy District Attorneys who have expertise on evidence-based practices and alternatives to incarceration.
Objective	3. Connect individuals with behavioral health conditions and who have justice involvement to existing services within the system of care to support them in successfully re-entering the community.
Outcome Measure	1. Number and type of evidence-based supervision and intervention services and the outcomes of these programs
Outcome Measure	2. Number of days before engaging in a new violation for participants in the District Attorney's Post Release Community Supervision Multi-Disciplinary Team
Outcome Measure	3. Number of individuals with behavioral health conditions and who are justice involved who are connected to services
Progress Toward Stated Goal	<p>1. Evidence-Based Supervision and Intervention Services</p> <ul style="list-style-type: none"> <li>- 98% of eligible clients on Mandatory Supervision and Post Release Community Supervision were referred to services through the Community Resource Directory. Clients of different races/ethnicities were referred to services at similar rates, including 97% of Black clients, 97% of Hispanic clients, 98% of White clients, and 98% of other clients.</li> <li>- 46% of clients on Post Release Community Supervision successfully completed supervision within twelve months.</li> <li>- 92% of clients on Mandatory Supervision terminated from supervision without new convictions.</li> <li>- 70% of clients on Post Release Community Supervision terminated from supervision without new convictions.</li> <li>- 97% of clients on Mandatory Supervision did not have new convictions one year after termination from supervision.</li> <li>- 99% of clients on Post Release Community Supervision did not have new convictions one year after termination from supervision.</li> <li>- The District Attorney Community Grant Program awarded 82 grants and the District Attorney K-12 Community Grant Program awarded 17 grants.</li> <li>- Six Homeless Court Pop-up Resource Fairs were sponsored across the County.</li> <li>- The Public Defender's Fresh Start Program opened 2,722 cases.</li> </ul> <p>2. District Attorney's Post Release Community Supervision Multi-Disciplinary Team Outcomes</p>

	<ul style="list-style-type: none"> <li>- The District Attorney's Post Release Community Supervision Multi-Disciplinary Team (MDT) evaluated 33 cases, which resulted in an increase in the number of days before engaging in a new violation from a pre-MDT average of 20 days to a post-MDT average of 124 days.</li> </ul> <p>3. Services for Individuals with Behavioral Health Conditions who are Justice Involved</p> <ul style="list-style-type: none"> <li>- The AB 109 Strength-Based Case Management program served a minimum of 465 clients.</li> <li>- The Post Release Outpatient Program Services Assertive Community Treatment program served 96 clients.</li> <li>- The Center Star Assertive Community Treatment program served 207 clients.</li> <li>- The Vida Assertive Community Treatment program served 129 clients.</li> </ul>
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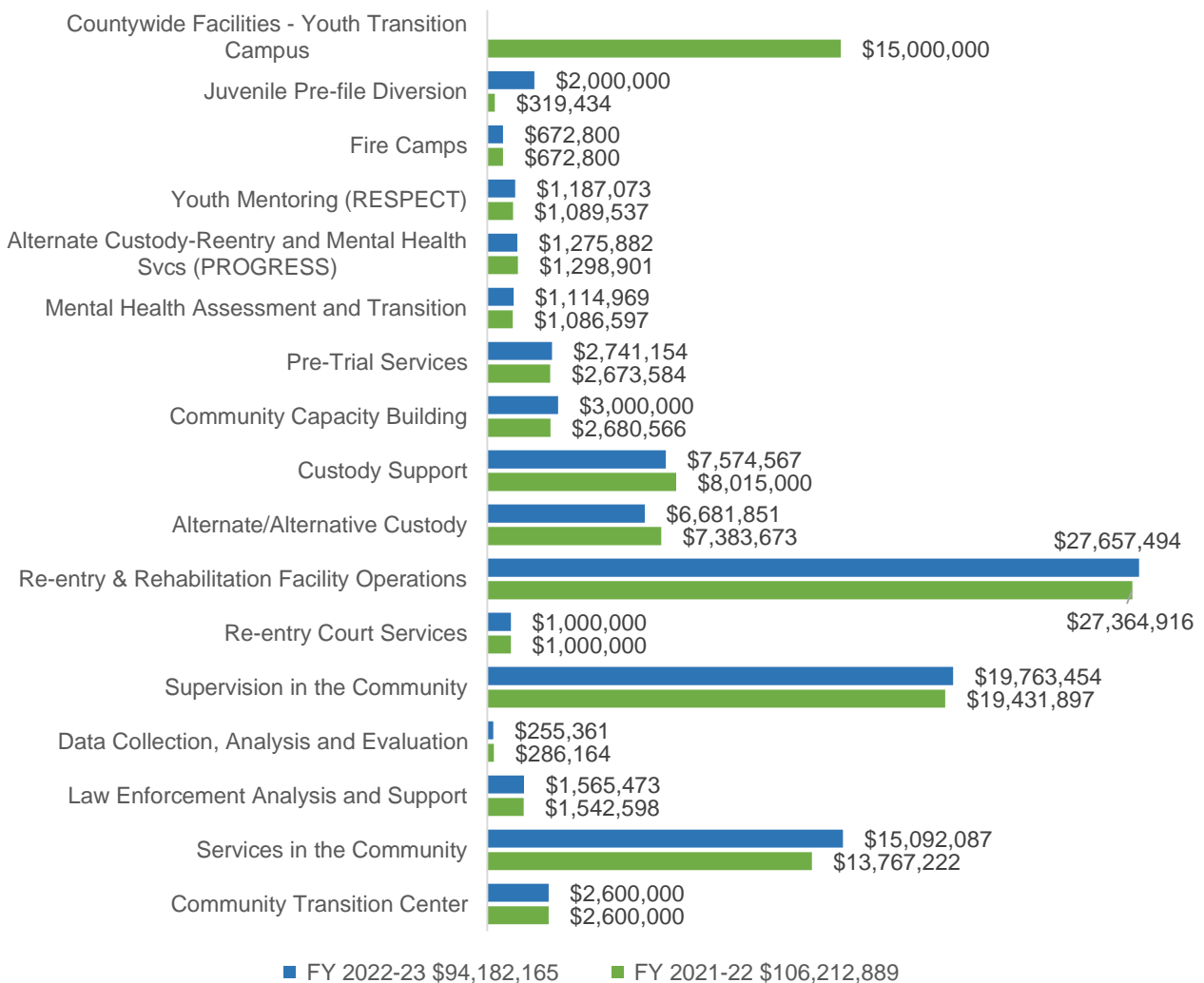
**The San Diego County CCP reports it will use the same goals, objectives, and outcome measures identified above in FY 2021-22.**

# FY 2021-2022 and FY 2022-23 Allocation Comparison

## FY 21-22 and 22-23 Allocations

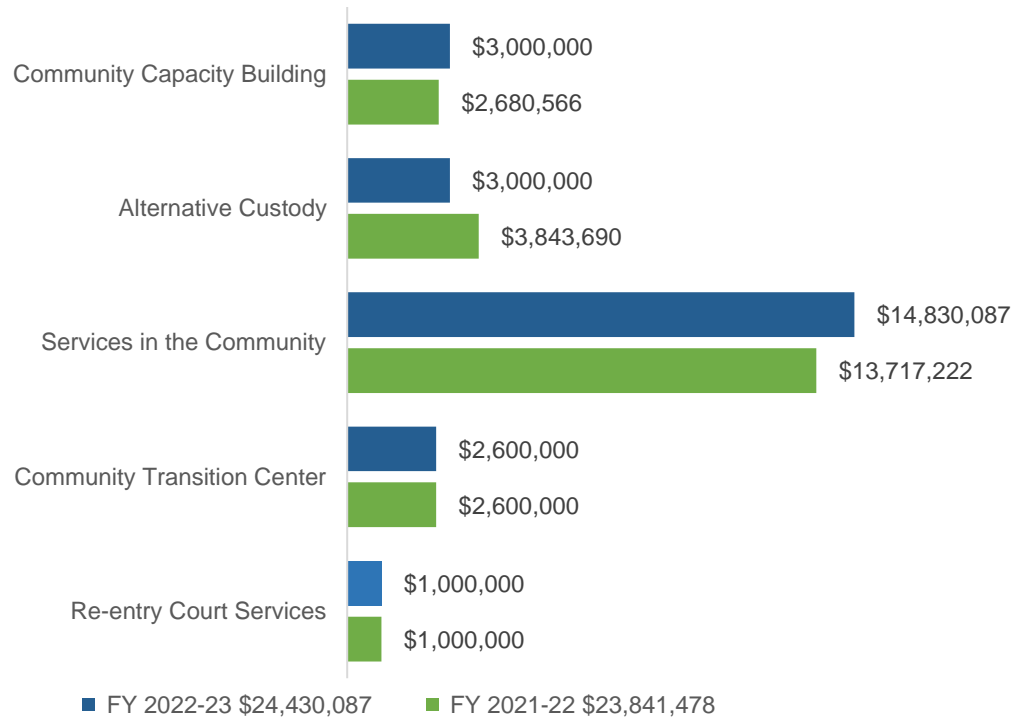


## FY 21-22 and 22-23 Allocations to Public Agencies for Programs & Services





## FY 21-22 and 22-23 Allocations to Non-Public Agencies for Programs & Services



## Optional Questions

### **Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds?**

The San Diego County Board of Supervisors accepted the San Diego County Community Corrections Partnership Plan which includes three goals:

1. Enhance prevention, diversion, and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes.
2. Enhance reentry interventions through transition from custody to the community.
3. Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients.

The San Diego County Board of Supervisors has and continues to consider recommendations for programs and services that are consistent with this plan and with these principles, which address the impact of realignment and are responsive to the changing criminal justice landscape, including new state legislation, voter initiatives, and local criminal justice conditions and priorities.

During 2022, the County updated its CCP Plan through six community meetings of a working group that included representatives of the CCP Executive Committee. The plan reflects stakeholder and community participation, including guidance from individuals with prior justice system involvement. Future meetings will continue to gather community input.

The updated plan shows that San Diego County's approach to AB 109, the broader justice system, and the people who touch it has evolved significantly in the last eleven years since Public Safety Realignment passed. Additionally, the policy priorities expressed by the Board of Supervisors, including equity, behavioral health connections, performance outcomes, and alternatives to incarceration, are reflected in the plan. The Fiscal Year 2022-23 CCP Plan provides an updated framework for San Diego County justice partners and stakeholders to plan, monitor and report on San Diego County's criminal justice system.

### **Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation?**

Yes

#### **If yes, how?**

The County utilizes a performance measurement system with targeted outcomes for relevant indicators to gauge the implementation of evidence-based practices and to monitor key outcomes such as successful completion of programs, implementation of risk-based supervision, early termination from supervision, etc. The County monitors the recidivism rates and return to prison rates for the clients on Mandatory Supervision and Post Release Community Supervision as an indicator of the outcomes of programs and services provided to the realigned populations. In addition, contracted services for the realigned populations have performance indicators built into the contract pay points.

### **Does the county consider evaluation results when funding programs and/or services?**

Yes

**If yes, how?**

County service contracts include explicit direction and language to providers in the specific targets of treatment for this population and the importance of adhering to evidence-based principles and practices.

**Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data?**

Yes	No	
X		Average daily population
X		Conviction
X		Length of stay
	X	Recidivism
X		Treatment program completion rates

**What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)?**

N/A

**We would like to better understand your county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?**

San Diego County partners, including the Probation Department, the Sheriff's Department, the District Attorney's Office, the Public Defender's Office, Health and Human Services Agency (HHSA), and the Superior Court, continue to closely collaborate in meeting the mental health, substance use disorder, and housing needs of individuals who are Medi-Cal eligible, including individuals with justice-involvement.

HHSA's Behavioral Health Services (BHS) department offers an array of mental health and substance use disorder prevention, treatment and recovery services, including permanent supportive housing, through County-operated and community-based providers to connect children, youth, adults, older adults and families who have behavioral health conditions, including individuals with justice involvement, to ongoing care. BHS collaborates with the Courts, the Sheriff's Department, Probation, and other local law enforcement agencies to divert and connect individuals with behavioral health conditions and who have justice involvement into behavioral health treatment in lieu of incarceration, when possible, as they are entering or exiting detention, jails, or courts. During FY 2021-22, BHS served nearly 73,000 unique individuals across the treatment system, over 36% of whom had justice system involvement within the preceding two years.

In Fiscal Year 2018-19, BHS opted into the Drug Medi-Cal Organized Delivery System (DMC-ODS), to enhance and expand services for individuals with substance use conditions, including individuals with justice involvement. DMC-ODS expanded services, including

those targeted for individuals with justice-involvement, and increased service standards, oversight, and improved care coordination.

Other agencies provide access to behavioral health, outreach, engagement, and treatment services at various points in the justice system process. For example, the Public Defender's Office operates a Defense Transition Unit that includes licensed mental health clinicians who assess clients who have screened positive for substance use and/or mental health needs. The clinicians work in conjunction with housing navigators and substance abuse assessors to link seriously mentally ill clients to treatment at all levels of clinical care, countywide. Annually, the Defense Transition Unit processes over 2,200 attorney referrals while participating in Behavioral Health Court, advocating for diversion motions, and educating justice partners daily concerning Behavioral Health Services program criteria.

When clients are placed on community supervision, treatment services are included in the supervision process. For example, San Diego County's Community Transition Center (CTC) addresses the mental health, substance use disorder, and other needs of clients on Post Release Community Supervision upon release from state prison. After arriving at the CTC, each PRCS client is assessed using the Reentry COMPAS assessment and screened by the Behavioral Health Screening Team. Through the assessment and screening process, the clients' criminogenic and behavioral health needs are identified. Clients are then linked to appropriate community-based treatment intervention programs as indicated by their assessed needs. The services range from strength-based mental health case management, full-service partnership/Assertive Community Treatment programs, outpatient substance use disorder programs, residential substance use disorder programs, withdrawal management programs, co-occurring programs, Cognitive Behavioral Therapy (CBT), and employment services. Clients also have immediate access to short-term interim housing provided on-site, pending placement in long-term programs. The CTC is co-located with a large residential substance use disorder treatment program that provides a culture of recovery and resiliency, as well as treatment education for those residing at the CTC. During FY 2021-22, the CTC provided over 1,810 referrals to services including residential treatment programs, mental health, CBT, and outpatient treatment programs.

### **What challenges does your county face in meeting these program and service needs?**

The San Diego region continues to struggle with the availability of affordable housing, which is a significant challenge for the justice-involved population. Housing production rates in the region have not kept pace with population growth and demand at nearly all income levels. This is particularly the case for households in the extremely low-, very low-, low-, and moderate-income categories, resulting in purchase and rental prices of housing that are disproportionately high. The median home price in the region is \$893,508, which would require an income of \$268,000, but the median income per household in the region is just under \$107,000. Of the over 1.16 million households in unincorporated San Diego County, less than 20% can afford the median home price.

This issue of housing affordability contributes to other social issues such as the homelessness crisis which continues to grow. According to the Regional Task Force on Homelessness, Homeless Management Information System 12-Month Overview, for the period of October 2021 through September 2022, for every 10 people experiencing homelessness who secured housing, 13 people experienced homelessness for the first time. In 2022, the We All Count Annual Homeless Census identified 8,427 individuals as living on the streets or in shelters throughout San Diego County.

Of the 4,106 who were unsheltered, 25% were 55 years of age or older, and 47% of those shared that they were experiencing homelessness for the first time. San Diego County's 55 or older population is projected to grow faster than any other age group with the number of adults age 55 or older in San Diego County expected to increase to more than 1.1 million by 2030. This data highlights the region's urgent need to accelerate the production of affordable housing, especially for vulnerable populations like seniors.

The County of San Diego's Health and Human Services Agency (HHSA) leads efforts to implement strategies to address housing. HHSA established a department, Homeless Solutions and Equitable Communities (HSEC), that includes the Office of Homeless Solutions (OHS). OHS is focused on building coordinated robust services, community outreach, and County cross-threading to assist people experiencing homelessness, as well as engaging in upstream, equitable prevention efforts. OHS is leading several collaborative programs with the Public Safety Group partners, including the Public Defender and Sheriff, to engage individuals while they are in custody to begin making connections to services and developing a housing plan prior to release. The goal is to provide participants immediate housing options, connections to services on the day of their release, intensive case management, and housing assistance for up to twelve months in the community to ensure connections to services and placement into permanent housing.

OHS currently oversees three Community Care Coordination programs that serve individuals who are reentering the community from local jails and are experiencing or at-risk of experiencing homelessness: 1) The Community Care Coordination program serves individuals who have a serious mental illness; 2) the Community Care Coordination for Veterans program serves veterans; and 3) the Community Care Coordination Straight to Home program which was launched in April 2022 and serves individuals with high needs such as behavioral and/or physical health needs.

In January 2023, the Community Care Coordination Re-entry Support program is expected to launch, which will provide intensive care coordination and service navigation to individuals who are at risk of or experiencing homelessness, are justice-involved, and have a history of mental illness or a substance use disorder, with additional complex factors such as physical health, social, income, and legal needs.

**What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?**

The County is currently focusing on supporting care coordination for justice-involved individuals through development of an integrated data infrastructure which will include development of a plan to advance data management/governance, integration, and data sharing. The improved data integration and management will support justice-involved individuals in receiving assistance and services across and among law enforcement, correctional agencies, community and health information exchanges, health plans, and providers of behavioral health, social services, and health-care.

**Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.**

One example of a local best practices that has produced positive results is the Community Care Coordination Program (C3) administered by the Department of Homeless Solutions & Equitable Communities, Office of Homeless Solutions. The C3 Program provides up to twelve months of comprehensive care coordination, service navigation, and housing assistance to adults who have a serious mental illness, are homeless or at-risk of homelessness, and are incarcerated or recently released from custody. All participants have a housing option available to them on the day they are released from jail. During FY 2021-22, 93 individuals were served in the program. All participants who exited custody had a housing option available to them on the day they were released from jail and 82% of participants who had been released for a year experienced reduced justice involvement as measured by an increase in the number of days lived out of custody in the community compared to the number of days in the 12 months prior to program enrolment. The C3 Program was selected by California State Association of Counties to be honored as one of the 2020 Challenge and Merit Award recipients.