



RESEARCH REPORT

Evaluation of Orange County's Proposition 47 Grant-Related Services (Cohort 2)

Interim Evaluation Report

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Executive Summary

In November 2014, California voters approved Proposition 47, which reduced some low-level felonies in the state to misdemeanors. The proposition required the Board of State and Community Corrections (BSCC) to use a portion of the annual savings realized through Proposition 47 to administer grant programs for diversion, mental health services, or substance abuse treatment. Assembly Bill 1056 added priorities to the grant program to include housing-related assistance and community-based supportive services, such as job skills training, case management, and civil legal services. In November 2016, the BSCC released a Proposition 47 grant program request for proposals. Orange County's proposal was accepted, and the county received \$6 million to develop and launch its Proposition 47 grant-related services. Orange County submitted a subsequent proposal in 2019 to expand on services provided under the initial grant and to increase housing capacity. Orange County received an additional \$6 million grant award.

The OC Health Care Agency (HCA) is a recipient of the BSCC grant and partners with various departments and organizations to implement the grant, including the Behavioral Health Services (BHS) Adult and Older Adult Behavioral Health Services (AOABH) division which manages the Proposition 47 grant. BHS also contracts with Project Kinship (a community-based organization in Orange County) to implement the bulk of the services identified in the grant. The Orange County Proposition 47 Local Advisory Committee helps to identify county residents' reentry needs and offers strategic guidance for the implementation of the Proposition 47 grant program. Correctional Health Services (CHS) identifies individuals in the target population while they are incarcerated and provides a list of these individuals to members of the Project Kinship inreach team. And through a competitive process, HCA selected the Urban Institute as the grant's independent research partner and technical assistance provider.

The overall goal of Orange County's Proposition 47 Cohort 2 grant-related services is to reduce the number of people with mild-to-moderate mental health and/or substance use disorders incarcerated in the county jail by reducing recidivism through intensive case management, linkages to treatment, housing and behavioral health services, and community supports upon release. To that end, the county's Proposition 47 initiative includes several core programmatic components, including field engagement services provided by the CSRC peer navigators and a Community Support and Recovery Center (CSRC) that provides peer support, case management, and navigation for behavioral health and housing services.

This report assesses the interim findings on implementation and impact of Orange County's Proposition 47 grant-related services from August 2019 through June 2021. The Urban Institute research team draws these findings from its observations of Proposition 47 activities and services, a review of program materials, interviews with program staff members and stakeholders, and analyses of various program and criminal justice data. A logic model of the Proposition 47 services is provided in the appendix. The findings in this report address program activities and implementation, preliminary recidivism outcomes among the target population compared with a comparison group, and program successes and challenges.

Key findings include the following:

- **Orange County has continued the progress it made under Cohort 1 services.** Orange County strengthened existing partnerships across county agencies and organizations to continue supporting service delivery under Cohort 2 to the Proposition 47 target population. These partnerships include BHS clinicians, the Correctional Health Services division, the Orange County Sheriff's Department (OCSD), Project Kinship, the Proposition 47 implementation team, and system navigators.
- **Likewise, Project Kinship has enhanced the Community Support and Recovery Center developed under Cohort 1.** Through centering people with lived experience in its reentry work, Project Kinship has continued to build its reputation among its clients, staff, and others in Orange County for providing a supportive and welcoming environment through which the reentry population can access essential supports immediately after release. Project Kinship has also focused on building additional relationships with housing providers to address a critical limitation of service provision identified in Cohort 1: adequate housing for its clients. Through these partnership-building efforts, Project Kinship established relationships with several housing providers, and beds are now reserved and readily available for Proposition 47 clients with a multitude of needs.
- **Findings from logistic regression analyses show significantly lower rates of arrest among Proposition 47 participants versus those in the comparison group after three months and six months from their baseline date.** Urban researchers matched a group that received services from Project Kinship at the CSRC after being released from jail (treatment group) to a similar group that did not receive such services (comparison group). Those in the treatment group had significantly lower rates of arrest than those in the comparison group. Although these trends were similar in the conviction and incarceration models, those results were not statistically significant.

- **Despite the challenges introduced by the COVID-19 pandemic, Proposition 47 service providers were able to adapt and continue providing critical support.** The rapid onset of the COVID-19 pandemic in March 2020, which occurred before Cohort 2 services began in Orange County, significantly affected day-to-day service operations as service providers attempted to minimize in-person contact and to adhere to Centers for Disease Control and Prevention (CDC) guidelines to reduce transmission of the virus. Despite the challenges the pandemic posed, Proposition 47 service providers adapted swiftly to adhere to proper social distancing and personal protective equipment mandates, remote work mandates, and restrictions at the county jail's Intake/Release Center (IRC). Project Kinship staff members quickly adjusted service delivery to ensure client needs were met without compromising either parties' safety. Throughout the pandemic, services provided at the CSRC have met the needs of a population highly affected by the pandemic's economic, social, and health consequences.

Evaluation of Orange County's Proposition 47 Grant-Related Services

In November 2014, California voters approved Proposition 47, which reduced some low-level felonies in the state to misdemeanors. The proposition required the Board of State and Community Corrections (BSCC) to use a portion of the annual savings realized through Proposition 47 to administer grant programs for diversion, mental health services, or substance abuse treatment. Assembly Bill 1056 added priorities to the grant program to include housing-related assistance and community-based supportive services, such as job skills training, case management, and civil legal services. In November 2016, the BSCC released a Proposition 47 grant program request for proposals. Orange County's Cohort 1 proposal was accepted, and the county received \$6 million to develop and launch its Proposition 47 grant-related services. Orange County submitted a subsequent proposal in 2019 to expand on services provided under the initial grant and to increase housing capacity and received an additional \$6 million.

This report assesses the implementation and initial impact of Orange County's Proposition 47 grant-related services for Community of Hope: Gateway to Successful Reentry (referred to as Cohort 2 throughout the report). Findings presented here draw from program activities and data collected between August 2019 and June 2021. Cohort 2 funding began in August 2019, and Cohort 2 service delivery began in the fourth quarter of the grant, on July 1, 2020. The findings address program activities and implementation, final recidivism outcomes among the target population compared with a comparison group, and other program successes. These findings are drawn from observations of the Proposition 47 services, a review of program materials, interviews with program staff members and stakeholders, and analysis of program and criminal justice data.

Orange County's Proposition 47 Initiative

Orange County's Proposition 47 initiative was created to address critical reentry needs within the county. The county's original proposal to the BSCC noted that only a fraction of individuals in county jail with mental health and substance use disorders were receiving in-custody services or linkages upon release. Moreover, the county solicited direct feedback from community stakeholders on the proposed

Proposition 47 service model through a variety of methods. First, they established the Proposition 47 Local Advisory Committee (LAC) by drawing upon existing partnerships and collaboratives consisting of other county agencies and community organizations, including the Community Corrections Partnership, the Orange County Criminal Justice Coordinating Council, the Catholic Diocese Office of Restorative Justice/Detention Ministry, and the Orange County Re-Entry Partnership, which represented over 350 organizations that provide employment, education, housing, and faith-based in-custody and reentry services. The county further organized a community forum, conducted numerous one-on-one meetings with key stakeholders, and created and disseminated a dedicated Proposition 47 email address to obtain additional community input.

Through this process, community stakeholders identified the need for better reentry planning and coordination in the county, as well as linkages and supportive services immediately upon release from custody. Stakeholders noted a lack of housing, transportation, and other basic needs and support for people in the Proposition 47 target population. To that end, the aim of the county's Proposition 47 grant-related services is to reduce the number of people with mild-to-moderate mental health or substance use disorders incarcerated in the county jail by reducing recidivism through intensive case management, linkages to treatment, and community supports immediately upon release.

As noted in Orange County's final evaluation report of Orange County's Cohort 1 Proposition 47 grant-related services, the county was able to meet this goal and significantly reduced recidivism among program participants. Through the additional grant funding for Cohort 2 services, the county aims to both continue and expand on service provision. Specifically, the county, with input from members of the Proposition 47 LAC and other partners, identified the need to extend services offered at the CSRC and expand services around housing for Proposition 47 clients. To that end, the Cohort 2 initiative has the following three objectives:

1. Enhance successful reentry by increasing the number of people receiving peer engagement and assistance with basic needs at release, as well as daytime services at the CSRC.
2. Reduce homelessness among people reentering the community after incarceration by expanding access to emergency, short-term, and permanent housing for justice-involved people with substance use disorders (SUDs) or co-occurring mental health disorders.
3. Reduce the risk of recidivism by expanding access to and provision of community-based reentry focused SUD and mental health or co-occurring services by providing SUD treatment coordination, peer navigation, and support to improve participation in SUD treatment.

The Orange County Proposition 47 Cohort 2 target population is transitional-aged youth (ages 18 to 26) and adults (ages 18 and older) diagnosed with a substance use disorder or mild-to-moderate mental health condition who are in jail or recently released from jail for a misdemeanor or nonviolent felony offense.

Proposition 47 Grant Management and Partners

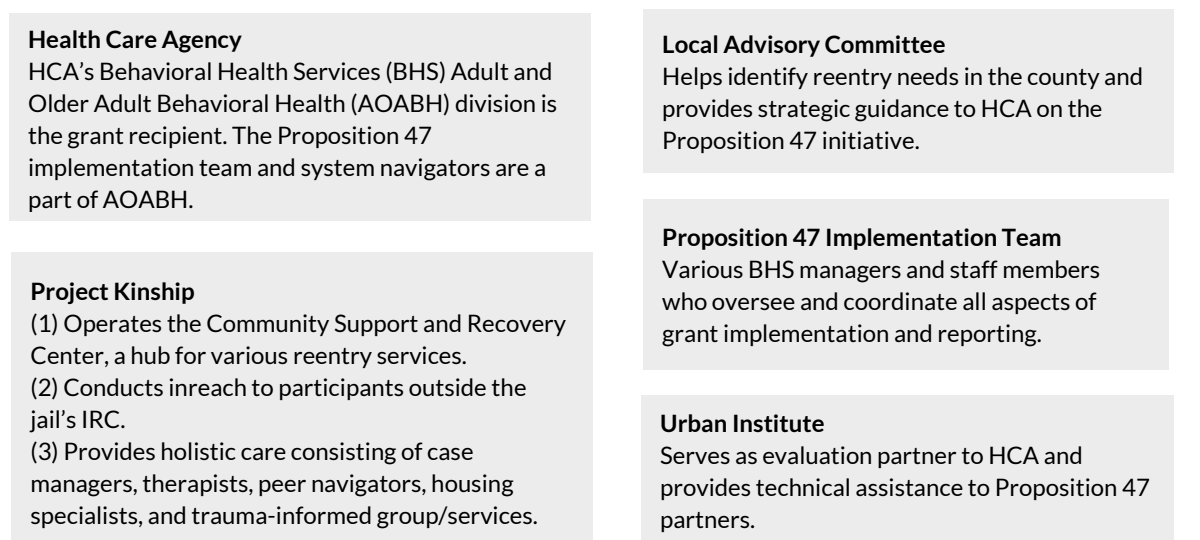
The management and partners involved in the county's Proposition 47 initiative are depicted in figure 1. The OC Health Care Agency (HCA) is a recipient of the BSCC Proposition 47 grant. The agency's Behavioral Health Services (BHS) Adult and Older Adult Behavioral Health (AOABH) division manages the grant. Most direct services and referrals to Proposition 47 clients come from Project Kinship, with whom HCA has partnered to operate a Community Support and Recovery Center (CSRC) for people leaving the county jail system.

HCA also collaborates with the Urban Institute as the grant's independent research partner and technical assistance provider and with the Orange County LAC. The LAC provides an avenue for ongoing community feedback and engagement with the program, which has helped agencies share knowledge about events affecting service delivery to the target population and about the broader landscape of reentry services and challenges in Orange County. Current LAC membership comprises many of the same agencies, organizations, and individuals who provided input on the initial design of the Proposition 47 program and the county's application to the BSCC. LAC members include county justice partners (e.g., OCSO Custody Operations and Inmate Services, the probation department, and representatives from the Orange County Public Defender's Office), the Orange County Executive Office, BHS, CHS, the Orange County Collaborative Courts, the Orange County Social Services Agency, and nonprofit partners serving or representing justice-involved populations. LAC membership also includes peer board members—people with direct experience in the criminal justice system—who are selected by other LAC members and the Proposition 47 implementation team. LAC meetings for Cohort 1 and Cohort 2 occurred at the same time, with dedicated sections for each cohort included in the agenda. This allowed for efficient meetings and provided an opportunity for stakeholders to discuss the overall performance of Proposition 47 grant-related services.

Under Cohort 1, HCA regularly convened implementation meetings to facilitate oversight of the Proposition 47 initiative and communication among relevant partners. Attendees included leaders from

key county agencies, such as AOABH Proposition 47 program managers, service chiefs and contract monitors, HCA program support and contract departments, CHS, OCSD Inmate Services, and the system navigator team. HCA later invited staff members from Project Kinship and Urban to attend these meetings and regularly invited other key stakeholders as the need arose. These meetings helped identify and coordinate service delivery, solve problems, and maintain consistent monitoring of the program's budget and expenditures, service administration, and other facets of implementation. During the period of overlap between Cohort 1 and 2, these meetings also focused on how Proposition 47 services should be expanded under Cohort 2 and included updates on progress toward accessing housing and behavioral health resources. These meetings will continue with relevant program partners now that Cohort 1 services have ended.

FIGURE 1
Organization of Orange County's Proposition 47 Initiative



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Proposition 47 Services Provided under Cohort 1 Funding

The county's Proposition 47 Cohort 1 service model included several core components, such as inreach and field engagement services provided by BHS system navigators and Project Kinship peer navigators and case managers, reentry planning and postrelease community linkages through the CSRC, and behavioral health services.

Proposition 47 Cohort 1 services ended in spring 2021 and, as a result, were still being implemented during the reporting period covered in this report. Although Cohort 2 funding expands

upon many of the services and goals under Cohort 1, the program components have distinct differences. For instance, the Cohort 1 service model also included inreach services provided by Behavioral Health Services (BHS) system navigators and behavioral health clinical services. Because these services were ongoing during the implementation of Cohort 2, Project Kinship staff members providing Cohort 2 services were still able to use these services and benefit from their support in providing behavioral health services and inreach to people incarcerated in the county jail. Although these services were not originally designed to continue under Cohort 2, the county is now planning to extend these services into Cohort 2 to facilitate continued collaboration and warm handoffs from the county jail to the CSRC. We briefly explain the role of these Cohort 1 programmatic components below. For further information on the roles and services provided by these two program components, refer to the Cohort 1 final evaluation report

SYSTEM NAVIGATOR INREACH

The Behavioral Health Services division created system navigator positions through which county representatives provided inreach services to people in the Proposition 47 target population shortly before they were released from the Orange County jail system. Correctional Health Services staff members provided system navigators a list of people who met the target-population eligibility criteria—that is, those who were diagnosed with a mild-to-moderate mental health or substance use disorder and were in jail for misdemeanor or nonviolent felony offenses—and were within two weeks of their expected release from custody. System navigators provided inreach services at the county jail's Intake/Release Center (IRC)—the county jail system's primary release location—during which they met with people in the facility's visiting booths.

During inreach, system navigators asked people in the target population about their immediate reentry needs, including whether they had someone to call, transportation, and a place to stay upon release from jail. They also asked about the types of services or support people needed once they returned to the community. System navigators then provided information on available reentry resources, including a booklet with the names, locations, and contact information of dozens of service providers in the county.

System navigators' primary function was to link people in the target population to the appropriate Proposition 47 services in the county. To that end, they used the information collected about people's reentry needs to make specific service referrals to the CSRC operated by Project Kinship and to BHS clinical mental health services (described below). They also provided the names and contact information of the people they referred directly to Project Kinship and the BHS clinicians so staff members from

these organizations could follow up with these potential clients. In addition to targeted inreach and referrals, system navigators waited in the lobby of the IRC during part of the day to provide everyone released from jail information on reentry resources in the county. In a limited capacity, the system navigators also offered people being released from jail some direct services (e.g., phone charges and personal hygiene items) and provided bus passes to people in the target population that were placed with the person's property and were available to them upon release.

BEHAVIORAL HEALTH CLINICAL SERVICES

Grant funds were allocated to provide behavioral health services to the Proposition 47 population through BHS clinicians that serve people with behavioral health needs. These services were initially offered in the Community Counseling and Supportive Services clinic, a BHS-operated facility. But these services were eventually integrated with the clinical services offered by Project Kinship at the CSRC in early 2019 to further centralize reentry services and resources. BHS clinicians also linked people ineligible for the Proposition 47 initiative to more appropriate services. They screened clients referred from Project Kinship or the system navigators and either enrolled them on their caseload or linked them to outside services, such as County Mental Health Outpatient Clinics, the Beneficiary Access Line, or County Substance Use Clinics if they required a higher level of care than the Proposition 47 initiative can provide. The BHS clinicians received training in trauma-informed approaches and effective therapeutic modalities, such as Moral Reconation Therapy and motivational interview. The BHS clinicians also were instrumental in developing the comprehensive resource list used during jail inreach. Project Kinship also offers numerous clinical services that will continue under the Cohort 2 service model. These are described below.

Components of Proposition 47 Cohort 2 Service Model

The county's Proposition 47 Cohort 2 service model includes several core components, such as field engagement services provided by the CSRC peer navigators and a CSRC that provides peer support and navigation for behavioral health and housing services. These components are described in greater detail in the following sections.

INREACH AND FIELD ENGAGEMENT SERVICES

Project Kinship peer navigators and case managers began providing jail inreach services under Cohort 1 in October 2019. This was partially funded by leveraged funds through the California Community Reinvestment Grants (CalCRG) program, which the county specifically applied for and used to improve warm handoffs between jail inreach and the CSRC. Project Kinship staff members receive the list of

people in jail who meet Proposition 47 eligibility criteria from CHS and meet with them in the jail's visiting booths. Staff members also receive referrals for jail inreach through the Theo Lacy Facility's Provider Fair and through partnerships with other programs (e.g., the Community Health Initiative of Orange County and the Catholic Ministry). During inreach, the staff member conducts a preliminary screening of the person and refers them to Project Kinship services.

In addition to inreach, Project Kinship peer navigators are stationed in the IRC lobby and just outside the facility to provide field engagement services to people as they are released from custody. They use this opportunity to describe the services that Project Kinship offers at the CSRC and conduct quick screenings to determine eligibility for the Proposition 47 initiative. If the people released from custody are eligible, peer navigators ask for contact information and refer them to the program. In April 2019, Project Kinship rented a van that peer navigators use to transport people directly from the jail IRC to the CSRC to immediately begin the process of providing services and support. In 2021, Project Kinship embedded a case manager in the field engagement team to provide more in-depth onsite eligibility screening and triaging to facilitate a warm handoff to the CSRC or other appropriate services.

Project Kinship Van



Source: Project Kinship.

The time immediately after release from custody is critical in the reentry process, as a lack of resources and support can lead to recidivism, homelessness, victimization, or overdose. Thus, peer navigators aim to address the immediate reentry needs of people as they are released from the IRC by

providing clothing, food, hygiene products, phone calls, phone charging, connections to shelter, and information about other services. This support is offered to everyone leaving the jail.

The provision of these immediate items and services, as well as the professional set-up and strategic placement outside IRC doors, helps peer navigators establish instant rapport with people leaving the IRC. Moreover, all peer navigators have relevant lived experience and center their work in trauma-informed practices. This further facilitates meaningful connections and trust with people as they are released from jail and mitigates some of the anxiety, uncertainty, and fear people experience during this period. Peer navigators are also stationed within the CSRC, where they provide services and warm handoffs to case managers, clinicians, and other support staff. This creates a seamless transition between screening, enrollment, and program participation.

I think what makes us unique is that we are individuals that understand the population, and we're really able to relate to them. We could come up with stories every day, every week there's a new story. I think what makes it unique is us understanding the population that's coming out and knowing the obstacles they're going to face. We've all been there, and we know what it takes to put those relationships back together, and we're able to relate with them and bring the mental health aspect to it.

—Raymond, Peer Navigator

REENTRY PLANNING AND POSTRELEASE SERVICES

One of the critical functions of the Proposition 47 grant was to provide holistic reentry planning and postrelease services and linkages. Therefore, most grant funds were used to develop the Community Support and Recovery Center, which began operation in July 2018. The CSRC was designed as a hub where people in the target population can go immediately after release from custody (or at any subsequent time) to receive various onsite supportive services and linkages to other community services and resources.

Through a competitive solicitation, HCA selected Charitable Ventures of Orange County, a California nonprofit corporation acting through its fiscally sponsored Project Kinship, to develop and operate the CSRC. Cohort 2 funding maintains and expands upon the services provided at the CSRC under Cohort 1. Project Kinship offers clients onsite case management; clinical mental health and

substance use counseling; supportive services that include “Kinship” and supportive circles for a variety of challenges including grief, recovery, and healing; and linkages to other services and resources. Linkages include ongoing clinical mental health services through the county BHS, housing placements, rental assistance, employment training and support, Medi-Cal and public assistance programs, civil legal services, and transportation assistance. To support these linkages, BHS and Project Kinship built partnerships with housing providers, recovery residences, and other treatment providers in Orange County to enhance Project Kinship staff members’ ability to engage in warm handoffs with their clients. In addition, the drop-in nature of the CSRC provides an opportunity for all clients, people returning from jail, and others in the community to have a place to rest, obtain needed services, and have their basic needs met.

Entrance to the CSRC



Source: Project Kinship.

The effectiveness of the CSRC is rooted in Project Kinship’s philosophy and approach to service provision. Project Kinship’s mission is to provide support and training to lives affected by incarceration, gangs, and violence through hope, healing, and transformation. All their services and programs center

trauma-informed practices by acknowledging the role trauma plays in their clients' decisions and behaviors and providing a road map for holistic services that promote healing and empowerment. Additionally, more than 50 percent of Project Kinship's staff, including members of its executive team, are themselves resilient survivors of trauma. This affords the Project Kinship team unique qualifications and compassion for the people they serve. More importantly, this keen understanding of trauma improves the efficacy of services by bridging cultural gaps and enhancing engagement in a population that has historically not engaged in services. Project Kinship's trauma-informed practice has positively impacted the county system of care. For example, Project Kinship staff members have provided trainings on trauma and trauma-informed practices to other county stakeholders and providers.

Project Kinship Peer Navigators



Source: Project Kinship.

Clients are engaged and referred to the CSRC primarily by system navigators, Project Kinship peer navigators (described above), other county agencies (e.g., the public defender's office or the probation department), and word of mouth from other Project Kinship clients. A key component of Cohort 2 funding was the addition of dedicated housing staff and services for clients, which is described further below. Project Kinship staff members hold triage meetings daily to review potential clients' case files and determine which level of service provision best suits each client's needs. Clients can also be reassigned to another level of service if their needs change. The primary focus is to identify the participant's current needs while preparing for longer-term support for sustainable success. Staff

members also want to ensure that clients are appropriately matched to the service provider, even if Project Kinship is not the organization providing the service.

BEHAVIORAL HEALTH SERVICES

Project Kinship offers several behavioral health services at the CSRC. In addition to integrating trauma-informed practices into their work, they specifically hired their own clinicians to serve people with lower-level behavioral health needs. They offer group-based restorative circles, which build a sense of community and create a safe space for participants that promote a sense of belonging and healing. Project Kinship case managers provide individualized attention to the unique needs of people in the target population as they help clients overcome barriers to reentering the workforce and other formal institutions. The clinical staff and case managers work together to build out and help clients execute their treatment and case plan.

CSRC HOUSING COORDINATION

A core component of Cohort 2 funding is increasing dedicated housing and housing assistance for people in the target population. This includes increasing capacity to provide housing navigation and peer support to access and maintain housing and behavioral services. To meet this goal, Project Kinship case managers and the housing coordinator have built relationships with housing providers across the county. This includes a partnership with Grandma's House of Hope, which provides long-term transitional housing, to dedicate beds for Proposition 47 clients. Project Kinship staff members meet with staff members at Grandma's House of Hope biweekly to maintain this relationship. Project Kinship staff members have also built relationships with the county's sober living providers and regularly refer clients to OC Sober House, Step House Sober Living, and Agape Sober Living. To improve Project Kinship staff members provide peer support and housing navigation for clients. The relationships with housing providers ensure that Project Kinship staff members are aware of and can support clients' needs, regardless of where they are staying.

IMPACTS OF COVID-19 PANDEMIC

On March 16, 2020, and again on January 7, 2021, inreach services were halted to comply with the Centers for Disease Control and Prevention's (CDC) and the State of California's guidelines on reducing in-person contact and maintaining social distancing because of the COVID-19 pandemic. The COVID-19 pandemic also forced Project Kinship to adapt their programmatic components to ensure the safety of both clients (a particularly vulnerable population) and staff members. Peer navigators moved their services from inside the IRC lobby to the courtyard immediately outside the facility and maintained social distancing and other protective measures when conducting field engagement with people

released from jail. Project Kinship implemented remote work policies and limited the number of staff members in the CSRC offices. In addition, staff members were provided with personal protective equipment, including masks to wear in the office and when interacting with clients.

The COVID-19 pandemic continues to hinder in-person service delivery. Clients may be wary of in-person programming, which could reduce the likelihood people attend services. Project Kinship moved swiftly to adapt many of their in-person services, such as Kinship Circles, to remote settings. This included providing clients with technology, such as tablets or phones, for the ability to log into sessions or reach their case managers. This shift from in-person services to remote services required an immense amount of flexibility and coordination on the part of Project Kinship. Not only did Project Kinship identify ways to offer existing services in remote settings, the organization also expanded service offerings, which mitigated existing barriers to reentry and further encouraged ongoing participation. Project Kinship now offers group sessions on such topics as mental health and substance use five days a week via a Webex platform and has plans to implement in-person meetings in the upcoming quarter. But it may be difficult for clients to access remote options because of limited access to technology or a private place.

During the COVID-19 pandemic, HCA's cross-agency implementation meetings shifted to a virtual format. Because agencies were highly motivated to stay informed during the pandemic, implementation meetings were held more consistently, and agencies communicated more frequently. These regular opportunities to share updates have helped stakeholders stay informed about reentry efforts.

In addition to the impacts on the service model, the COVID-19 pandemic affected the Urban researchers' ability to carry out their planned research activities. Because of travel restrictions, and to protect staff and client safety, Urban was able to conduct only virtual site visits in 2020 and 2021. In consultation with Proposition 47 stakeholders, Urban researchers also delayed their summer 2020 virtual site visit until fall 2020 so as not to overload service providers during the first months of the pandemic. The Urban researcher team determined that it was not feasible or safe to conduct virtual focus groups with Project Kinship clients during these visits, as it would have placed an unreasonable burden on staff members to arrange these meetings and may have put clients at risk. The researchers' inability to gather input from Project Kinship clients in 2020 and 2021 is a significant omission from this report. Urban researchers intend to resume in-person program observations and focus groups with Project Kinship clients when in-person site visits become possible and will include findings from these activities in the final evaluation report to provide valuable insights into how the program met its clients' needs during the grant period.

Evaluation Data and Methodology

As the independent research partner on Orange County's Proposition 47 grant, Urban researchers are conducting a process evaluation to document program implementation—including successes, challenges, and lessons learned—and an outcome evaluation to determine whether the services improved outcomes for people in the target population. This approach relies on qualitative and quantitative data sources and methods.

Qualitative Data

The evaluation team has conducted two virtual site visits during the COVID-19 pandemic (in fall 2020 and summer 2021). During these visits, Urban researchers observed program operations and conducted semistructured interviews and focus groups with Proposition 47 program staff members. Qualitative data were drawn from the following three primary activities:

- **Semistructured interviews.** Between August 2020 and August 2021, Urban researchers conducted semistructured interviews via Zoom or by telephone with HCA staff members, OCSD, Project Kinship, and the Proposition 47 program managers. .
- **Observations of program services.** Although Urban researchers could not observe most program services because of the COVID-19 pandemic, they observed virtual Project Kinship staff meetings in September 2020.
- **Meetings with key stakeholders.** Urban researchers held in-person meetings and phone calls with members of the Local Advisory Committee and other key criminal justice agencies in Orange County, including CHS and the BHS clinicians.

Quantitative Data

To document program operations and assess early outcomes, Urban researchers collected quantitative data from OCSD, the California Department of Justice, CHS, and Project Kinship.

- **The Orange County Sheriff's Department (OCSD)** provided comprehensive booking data on all booking events in the Orange County jail system between January 1, 2018, and April 26, 2021. Some people were booked into jail multiple times and were thus represented multiple times in the dataset (i.e., there were 164,121 booking events across 86,586 unique individuals). These data included information about people's booking and release dates, as well as personal identifiers and other demographic information. Urban researchers linked these data to the

CHS, Criminal Offender Record Information (CORI) data, and Project Kinship data for the recidivism analysis.

- **California Department of Justice CORI** data include information on a person's entire criminal history in California. CORI is a repository of data and records provided by criminal justice agencies across the state, representing a summary of people's lifetime arrests, pretrial proceedings, criminal charges, sentencing, incarceration, rehabilitation, and release. Through a CORI data-sharing agreement and in partnership with OCSD, Urban researchers received CORI criminal records data through July 20, 2021, on all the unique individuals in the OCSD dataset.
- **Correctional Health Services** provided data on the diagnoses of all people booked into the Orange County jail system between January 1, 2018, and June 30, 2021. Diagnosis data were available for anyone who self-disclosed a mental health disorder to CHS staff during intake at the IRC or had a history of mental health diagnoses known to CHS staff (e.g., from a previous jail stay). People without a self-disclosed or otherwise known mental health diagnosis were not included in these data. Diagnoses were reported using International Statistical Classification of Diseases and Related Health Problems (ICD)-10 codes. The CHS data also included an identifier that allowed Urban researchers to link them to the OCSD and CORI data used for the recidivism analysis.
- **Project Kinship** maintains data on all the referrals it receives and clients it serves. These data include information about client identifiers and demographics, client referral details (including referral sources), and records of services provided by Project Kinship onsite, at the IRC, and of referrals and linkages to other service providers.

Methodology for Recidivism Analysis

A critical component of Urban's Proposition 47 evaluation was the recidivism analysis, which aimed to generate information about the success of the county's Proposition 47 services. Urban researchers created a treatment group for the recidivism analysis following these steps:

- The research team requested data on everyone enrolled in Project Kinship's Cohort 2 Proposition 47 initiative between July 1, 2020 (the beginning of Cohort 2 services), and April 20, 2021. After removing duplicates (i.e., people with multiple enrollments into Proposition 47 services), this produced a dataset of 156 unique Project Kinship clients.

- Because Project Kinship data did not routinely capture identifiers the county or state used, Urban researchers linked these data to the OCSD booking data using name, date of birth, and other personal identifiers. More than 70 percent of the clients were linked to the OCSD data, limiting the dataset to 108 people who were served by Project Kinship and confirmed to have been booked into the county jail at some point during the Proposition 47 initiative's implementation period for Cohort 2.
- Finally, using the CORI data, Urban researchers further reduced the treatment group to the people who had any criminal event (i.e., an arrest) recorded in the year before receiving services from Project Kinship. This ensured the treatment group included people who had recent involvement in the justice system. The final treatment group sample was 84 people.

Next, Urban researchers constructed a comparison group using propensity score matching (PSM) techniques and drawing from the large pool of people who were booked into county jail since January 1, 2018, but who had not been served by Project Kinship. PSM is a statistical technique that creates a comparison group that is similar to a treatment group by accounting for the covariates that predict receiving treatment. For example, because people in the Proposition 47 treatment group were more likely to have had a recorded ICD-10 diagnosis than the full comparison pool of people booked into jail, it was important to control for these differences. By using PSM, Urban researchers could better estimate the effects of Proposition 47 services.

Covariates included in the PSM model were age (in years), race, primary offense type (i.e., the most serious charge at the time of arrest), baseline date (i.e., date of arrest or enrollment into the Proposition 47 initiative), number of prior arrests, most recent ICD-10 diagnosis, and whether the person had a single diagnosis (e.g., an anxiety disorder) or multiple diagnoses (e.g., an anxiety disorder and a mood disorder). Table 1 provides the balance diagnostics of the treatment and comparison groups on these variables. Overall, the two groups were well balanced (i.e., similar to one another across covariates), and there were no statistically significant ($p < 0.05$) differences between the groups on any of the variables.

The final analytic sample consisted of 84 Proposition 47 participants and 84 matched counterparts ($n = 168$). Urban researchers used Stata statistical software and conducted logistic regression analyses to determine whether people in the treatment group had better recidivism outcomes than people in the comparison group, controlling for demographic and case-level factors. The combination of PSM techniques and regression analyses to control for group differences is sometimes referred to as doubly robust estimation, and it is more effective at estimating the effects of treatment than either method used independently. A detailed description of the cases in the final analytic sample, the measures of

independent and dependent variables, and the results of the recidivism analyses are presented below on page 35.

TABLE 1

Differences between the Treatment Group and the Comparison Group

	Treatment Group (n = 84)	Comparison Group (n = 84)	P value from t- test or chi- squared test of significance	Effect size (Cohen's d or Cramer's V)
	Percent/mean (SD)	Percent/mean (SD)		
Sex			0.27	0.09
Female	19.0%	26.2%		
Male	81.0%	73.8%		
Age	31.3 (8.2)	32.1 (9.2)	0.53	0.10
Race or ethnicity			0.51	0.12
White	32.1%	35.7%		
Hispanic	57.1%	54.8%		
Black	6.0%	8.3%		
Other	4.8%	1.2%		
Offense			0.98	0.17
Kidnapping	1.2%	1.2%		
Robbery	5.4%	4.8%		
Assault	11.3%	9.5		
Weapons	8.3%	8.3%		
Other violent	11.3%	11.9%		
Arson	0.6%	0.0%		
Burglary	11.3%	13.1%		
Fraud	4.8%	4.8%		
Auto theft	2.4%	2.4%		
Theft	1.2%	1.2%		
Other property	1.2%	3.6%		
Drug crime	16.7%	22.6%		
DUI/DWI	2.4%	1.2%		
Offense–Other/public	21.4%	15.5%		
Number of prior arrests	23.1 (19.9)	26.2 (21.1)	0.32	0.16
Primary diagnosis			0.39	0.16
None	39.3%	48.8%		
Anxiety	13.1%	10.7%		
Mood	6.0%	9.5%		
SUD	32.1%	20.2%		
Other	9.5%	10.7%		
Number of diagnoses			0.43	0.10
No diagnosis	39.3%	48.8%		
Single diagnosis	9.5%	9.5%		
2+ diagnoses	51.2%	41.7%		

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, Correctional Health Services, and Criminal Offender Record Information data.

Notes: DUI = driving under the influence; DWI = driving while intoxicated; SD = standard deviation; SUD = substance use disorder.

Evaluation Findings

This section describes the preliminary findings from Urban's evaluation of Cohort 2 of the Orange County Proposition 47 initiative, drawing from the data collection and analysis strategies described above. These takeaways highlight the challenges the Proposition 47 project partners faced during program implementation and noteworthy successes toward project goals. As part of its role as the evaluation partner and technical assistance provider, Urban regularly provided feedback to Orange County based on its data collection activities and worked with HCA to make recommendations for improvements across the initiative. Urban researchers also met biweekly with Project Kinship and HCA staff members to support the selection and integration of the new case management and data system and to troubleshoot data entry questions. As such, findings also highlight project modifications, including programmatic improvements made during the project period.

As noted in the following sections, Orange County made rapid and substantial progress in developing new system components and linking existing ones to coordinate provision of Proposition 47 grant-related services. The result is an established inreach, system navigation, and case management program and expanded availability of integrated supportive and holistic services. Collectively, these components of the Proposition 47 service model resulted in meaningful, significant reductions in recidivism among program participants.

Collaboration and Coordination

The development of Orange County's Proposition 47 initiative necessitated strong coordination and collaboration. Cohort 2 services have benefited from the strong infrastructure of communication and collaboration between partners that was developed under Cohort 1. In stakeholder interviews, people from across program components cited the strong relationships between agencies as foundational to the program's success. This deliberate collaboration across stakeholders is reflected in the many conversations on Cohort 2 service provision that occurred before initiating service delivery.

BOX 1

Lessons from Cohort 1: Interagency collaboration

The Proposition 47 initiative also fostered coordination between county agencies and community organizations. For instance, the referral process developed under Cohort 1 has created constant communication channels between CHS, Project Kinship, the Proposition 47 implementation team, OCSD, BHS clinicians, and system navigators. The Proposition 47 initiative has enhanced how Orange County reentry providers interact, making collaboration more routine and supporting those efforts with funding that previously did not exist. This successful collaboration is particularly evident in the partnership between BHS and Project Kinship. In keeping with the BSCC's requirement that counties share the award with local community organizations to ensure shared partnership and community engagement, BHS prioritized partnering with a community-based organization, and through a competitive bidding process, Project Kinship was selected as the service provider to develop and operate the CSRC. BHS invested a considerable amount of time and leveraged resources working with Project Kinship and its fiscal sponsor, Charitable Ventures of Orange County, to build up their capacity for managing such a contract. The grant infused Project Kinship with enough funding to transform it from a small agency of a dozen staff members to one five times that size and enhanced the organization's visibility to stakeholders across the county. It also meant bringing people who had experienced reentry to the table as co-owners of the initiative. This has prompted new opportunities for collaboration.

Cohort 2 officially began in August 2019, but direct services did not begin until July 1, 2020. Service providers spent the nearly 10 months from funding approval to service delivery building relationships with county service providers and planning the specifics of Cohort 2 delivery and the wind-down of Cohort 1. As a result, service providers were able to immediately begin providing comprehensive support for Cohort 2 clients in July 2020.

To see that we can all come to the table and share information is just incredible. That is one of the great successes, in my opinion: that we can freely exchange information for the same cause.

—Ana Hernandez, Service Chief II, Adult & Older Adult Behavioral Health Services

Service Linkage and Provision

A central goal of Orange County's Proposition 47 grant is to build and strengthen links among the services that eligible people receive and to improve service delivery to the target population. In particular, the program aims to facilitate "warm handoffs" between the jail, the CSRC, and the county's broader network of community services and treatment providers to ensure clients receive the services they need for successful reentry. In addition to extending the behavioral health and reentry services offered at the CSRC, Cohort 2 funding focuses on increasing dedicated housing and housing assistance for Proposition 47-eligible people with SUD needs and people experiencing homelessness. This includes increasing capacity to provide housing navigation and peer support to access and maintain housing and behavioral services.

Project Kinship

The original program design imagined the Community Support and Recovery Center (CSRC) as a one-stop shop for people to access case management and various supportive services. Orange County successfully executed this vision by supporting Project Kinship's expansion and increased service capacity. Project Kinship relocated to a larger space and hired new staff members for service provision, including case managers, clinicians, and peer navigators. Moreover, its hiring process considered the target population's needs. Its staff includes a certified drug and alcohol counselor, and its peer navigators were selected for their lived experience of incarceration and ability to connect with clients, which many stakeholders have lauded as one of Project Kinship's greatest strengths.

Project Kinship's reentry service model is centered on the provision of multiple services, a holistic approach, and a seamless transition between field engagement and the CSRC. Project Kinship is unique in that more than 50 percent of its workforce, including the executive team, and 100 percent of its peer navigators have lived experience. Peer navigators successfully build rapport with potential clients as they are released from jail through a deep understanding and shared histories of trauma and generational incarceration. Their ability to connect with clients facilitates a smooth assessment and referral process for further Proposition 47 services. Peer navigators, case managers, or other staff trained in trauma-informed practices are also the first point of entry at the CSRC. These characteristics create a welcoming environment that engenders hope and leads to positive changes among clients.

The CSRC began providing services under Cohort 1 in 2018 and received subsequent funding from the BSCC to expand upon existing services and increase services dedicated to housing and SUD support. The first three-quarters of Cohort 2 funding were dedicated to planning and capacity building

at Project Kinship to support the target population's needs. This included hiring and training more staff members and building relationships with housing providers across the county. As a result, Project Kinship began serving Cohort 2 clients in the fourth quarter of the grant, on July 1, 2020. The following sections illustrate enrollment in Cohort 2 services, services provided, and referrals and links from July 1, 2020, through March 31, 2021 (quarters 4 through 6, or Q4 through Q6). During this period, Cohort 1 services were ongoing, which posed some challenges in providing and tracking services, such as determining which clients were eligible for each cohort and tracking client outcomes between cohorts.

To address this challenge, Project Kinship and BHS staff members strategically planned to begin enrolling some clients into Cohort 2 services before executing a full transition from Cohort 1 to Cohort 2. This prevented clients from being dually enrolled into the two Cohorts and allowed the county to spend down Cohort 1 funding. Over the first two quarters of Cohort 2 service provision, Project Kinship enrolled people with housing needs into Cohort 2, while others continued to be enrolled into Cohort 1. In winter 2021, Project Kinship staff members then began rolling over eligible Cohort 1 clients to Cohort 2 services as the initial grant began to wind down services. This rolling over of eligible clients is reflected in an uptick in services and referrals in Q6.

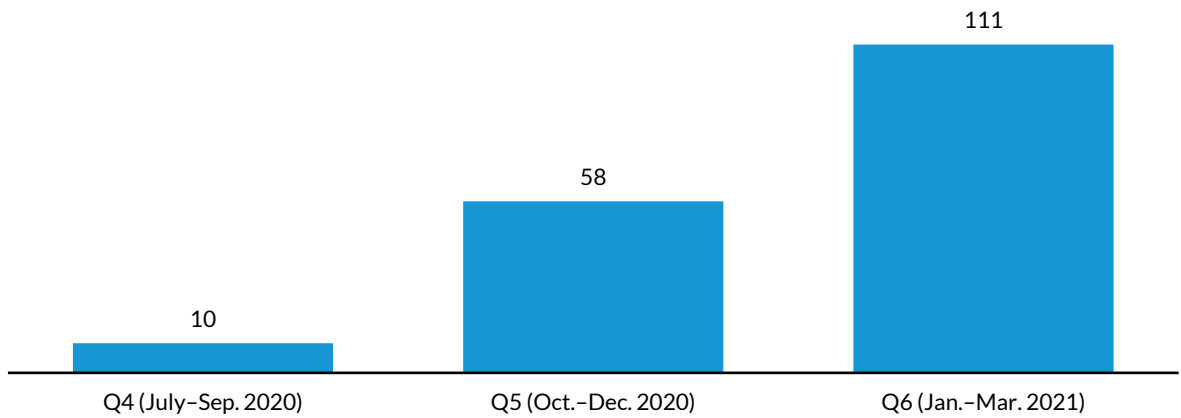
If a client comes in with a need for a new service we've never done before, we make it something that we do.

—Jeff, Peer Navigator

CLIENT ENROLLMENT

Figure 2 illustrates the number of enrolled clients served per quarter. Project Kinship served 179 enrolled clients between July 2020 and March 2021. Enrollments increased from a low of 10 in Q4 to a high of 111 in Q6. The large uptick in clients enrolled in Q6 likely reflects the rollover of Cohort 1 clients to Cohort 2 services and an increased focus on enrolling new clients into Cohort 2 directly. Clients enrolled in services receive a wide range of support depending on their needs and priorities, which Project Kinship case managers help identify.

FIGURE 2
Clients Enrolled in Proposition 47 Services, by Quarter

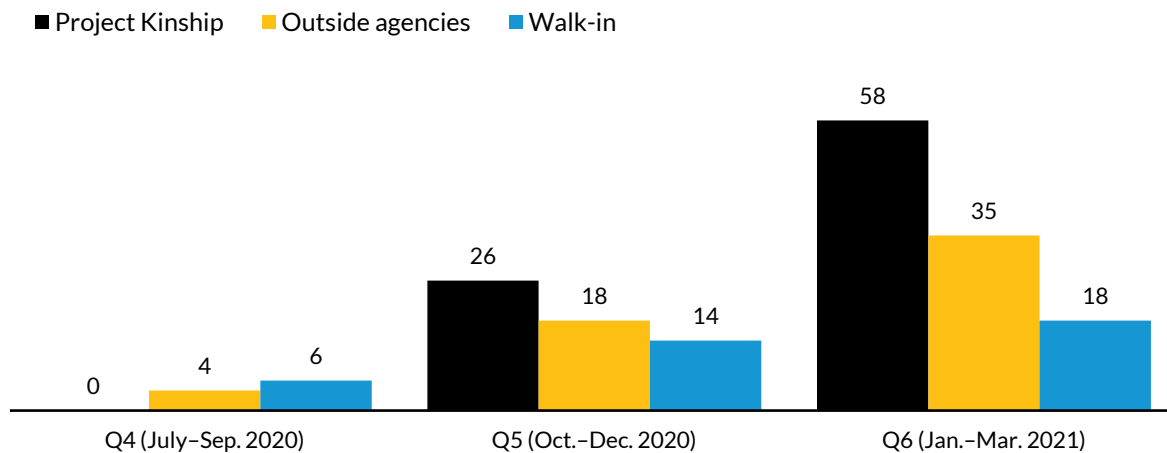


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Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Figure 3 shows referral sources for enrolled clients by quarter. The largest source was Project Kinship, with 84 (or 47 percent of) total referrals. Most of these referrals occurred in Q6, which aligns with the timeline for rolling over clients from Cohort 1. Other Project Kinship referral sources include staff members and other Project Kinship programs. Fifty-seven referrals were also received from outside agencies, which includes HCA system navigators, CHS, probation officers, and public defenders. An additional 38 clients were enrolled via walk-ins, demonstrating the spread of information via word of mouth about Project Kinship services.

FIGURE 3**Referral Source, by Quarter**

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Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Throughout the grant period, Proposition 47 stakeholders addressed the challenge of reaching people referred to the program by improving procedures to increase warm handoffs between referral sources and Project Kinship staff members. This included embedding a case manager in the CSRC team performing field engagement at the jail and working with other referral sources to ensure they could provide accurate and up-to-date information on Proposition 47 services to potential clients.

Table 2 provides the demographic characteristics of the 179 people who were enrolled in Project Kinship's program during the reporting period. Project Kinship most often served men; people identifying as Hispanic, Latino, or Spanish; and people ages 26 to 39.

TABLE 2

Demographic Characteristics of Enrolled Project Kinship Clients

	Frequency	Percent
Age		
18–25	40	22.4%
26–39	96	53.6%
40–59	40	22.4%
60+	3	1.7%
Gender		
Male	132	73.7%
Female	47	26.3%
Unknown	0	0.0%
Race or ethnicity		
Hispanic, Latino, or Spanish	105	58.7%
White	35	19.6%
Black or African American	24	13.4%
Asian	7	3.9%
Native Hawaiian or Pacific Islander	0	0.0%
American Indian or Alaska Native	6	3.4%
Two or more races	1	0.6%
Unknown or declined to state	0	0.0%
Total	179	100.0%

Source: Urban Institute analysis of Project Kinship data.

DIRECT SERVICES

Project Kinship staff members provide several types of direct services. Peer navigators on the field engagement team, for example, provide services meant to address people’s basic needs upon their release from custody (figure 4). This is a pivotal point in the reentry process, as people are at risk of recidivism, victimization, and homelessness when they do not have these vital resources, such as clothing and food. The Orange County jail system operates like most other systems across the country. People are released in the clothes they were wearing at the time they were booked into jail. On occasion, these clothes are soiled or inadequate. In these cases, peer navigators can offer supplemental articles of clothing, such as a jacket if the person was booked in warm weather but released during cold weather. Through these services, the peer navigators addressed an important reentry service gap. Further, by offering people released from jail with these essential items, peer navigators are better able to engage potential members of the target population and conduct quick eligibility screenings. Therefore, this type of support is offered to everyone leaving the jail.

FIGURE 4A

Direct Services Project Kinship Provided to Address Basic Needs

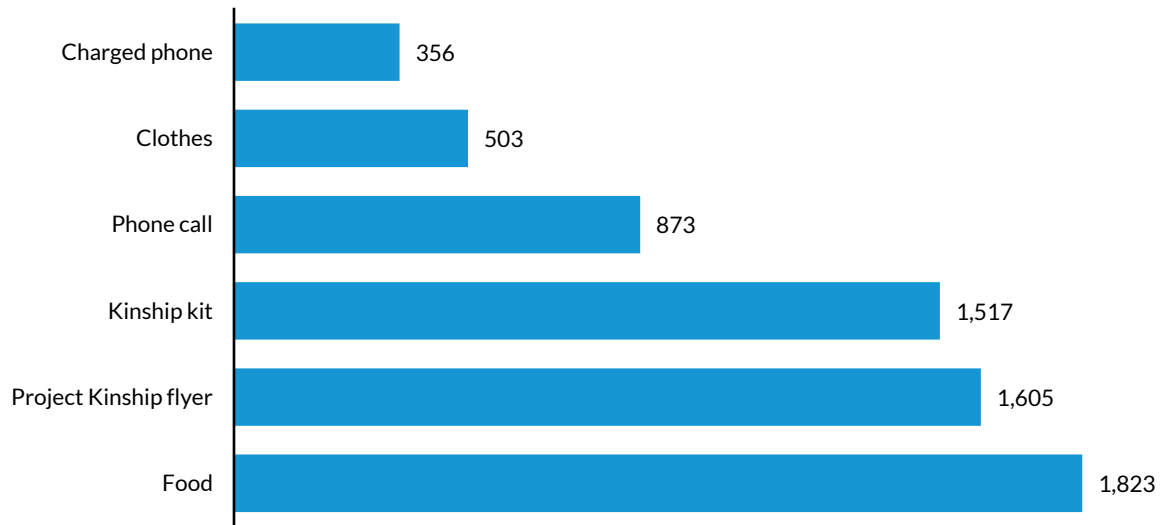
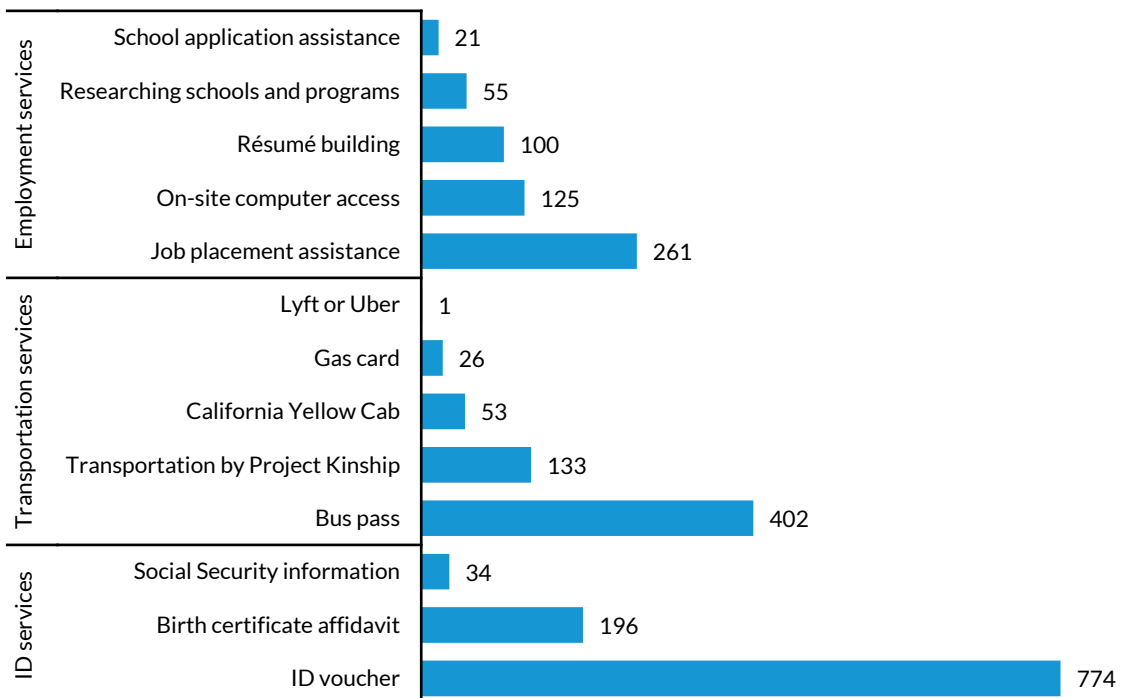


FIGURE 4B

Other Direct Services Project Kinship Provided



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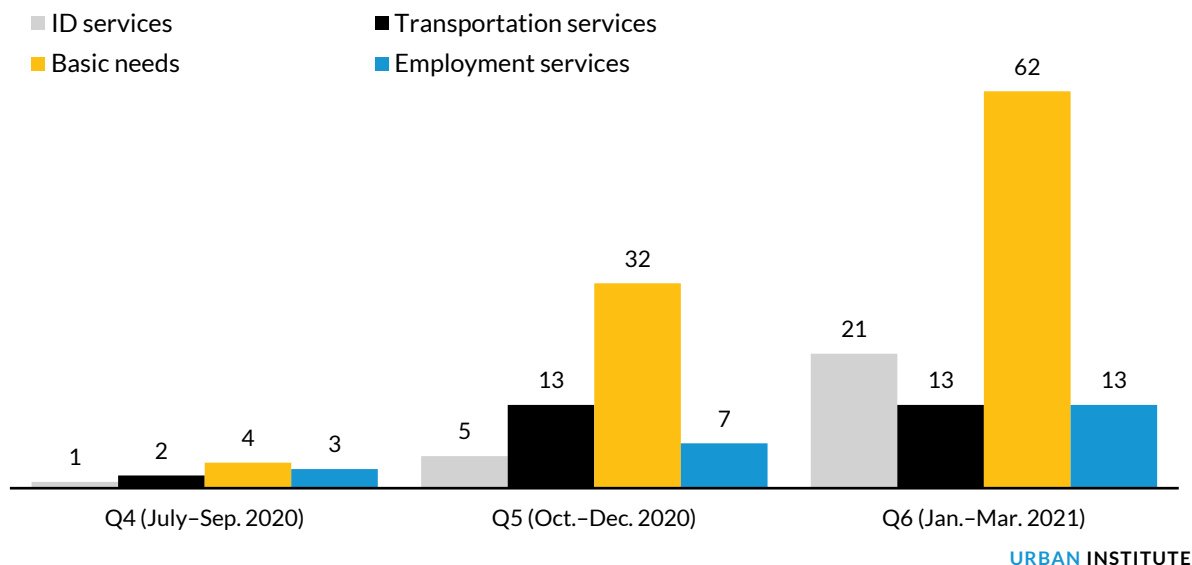
Source: Urban Institute analysis of Project Kinship data.

Project Kinship provided 176 services to enrolled clients during this time period. The most common services Project Kinship provided from July 2020 to March 2021 are shown in figure 4. These include meeting people's basic needs upon release from the IRC and employment, transportation, and identification services. Notably, Project Kinship provided 22 ID vouchers and 18 bus passes and provided job placement assistance to 19 people. Project Kinship also met a high number of basic needs, including providing 21 food items, 26 clothing items, and 19 "kinship kits" (i.e., packages with hygienic and other essential products). Most of the basic needs were provided by peer navigators stationed in the IRC courtyard doing field engagement with people upon release from the jail.

Figure 5 shows the number of services provided in each category by quarter. All service types increased over the three quarters in this report period, with ID services growing at the fastest rate from Q4 to Q6. Basic needs remained the largest category of services provided.

FIGURE 5

Services Project Kinship Provided, by Quarter



Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Project Kinship faced additional barriers to providing adequate transportation services. Although Project Kinship purchased a van in April 2019 under Cohort 1 to offer clients rides, which expanded transportation availability, the pandemic restricted Project Kinship's ability to use the van because of concerns about transmitting the virus in enclosed spaces. To address this, Project Kinship expanded a county transportation contract to have a cab waiting outside the IRC to transport clients to the CSRC. Peer navigators reported that people released may decline the taxi transportation to Project Kinship, as

they are either anxious to leave the premises to return to family, have other responsibilities, or have other commitments they need to attend to before going to Project Kinship. The pandemic also limited some of the opportunities Project Kinship staff members had to engage with potential clients about services. Orange County began operating its bus system without collecting fares during the pandemic, and Project Kinship staff members noted that, without the incentive of free bus bases, people released from jail were less interested in speaking with the peer navigators about other available services.

Peer navigators noted that people leaving jail were often wary about speaking with them during the pandemic, so they developed strategies for making quick connections, such as asking “Can we help you make a phone call?” or “Can we provide a service for you?” In that limited time, they found it challenging to explain what Project Kinship is and offers and to clarify that they are not affiliated with OCSD. The field engagement team also wore personal protective equipment, maintained social distance, and stationed themselves outdoors in the IRC courtyard, rather than in the lobby, during the pandemic to mitigate fears around transmitting the virus.

Although there was an initial spike in releases from the IRC at the onset of the pandemic because of state mandates, admissions to the IRC decreased as officials sought to reduce the number of incarcerated people to protect against the transmission of the virus, leading to fewer releases and fewer opportunities to engage people.

We only have a few seconds, that door to the front gate, and they see that gate, and they want to be gone. If they're waiting for a ride, we may go talk to them. Once they take a few free breaths out, they may be more interested.

—Gilbert, Peer Navigator

Another step Project Kinship staff members took in recent quarters to address difficulties providing warm handoffs to Project Kinship services was to embed a case manager in the field engagement team outside the IRC. The case manager can provide intakes on site to determine eligibility and begin helping clients receive services. Project Kinship staff members continued to provide services such as the recovery and kinship circles remotely. Case managers also reached out to clients via telephone or performed check-ins outdoors at a safe distance and with masks on to reduce the risk of

virus transmission. As a result, Project Kinship staff members could link people being released to critical services despite the barriers to service delivery the pandemic presented.

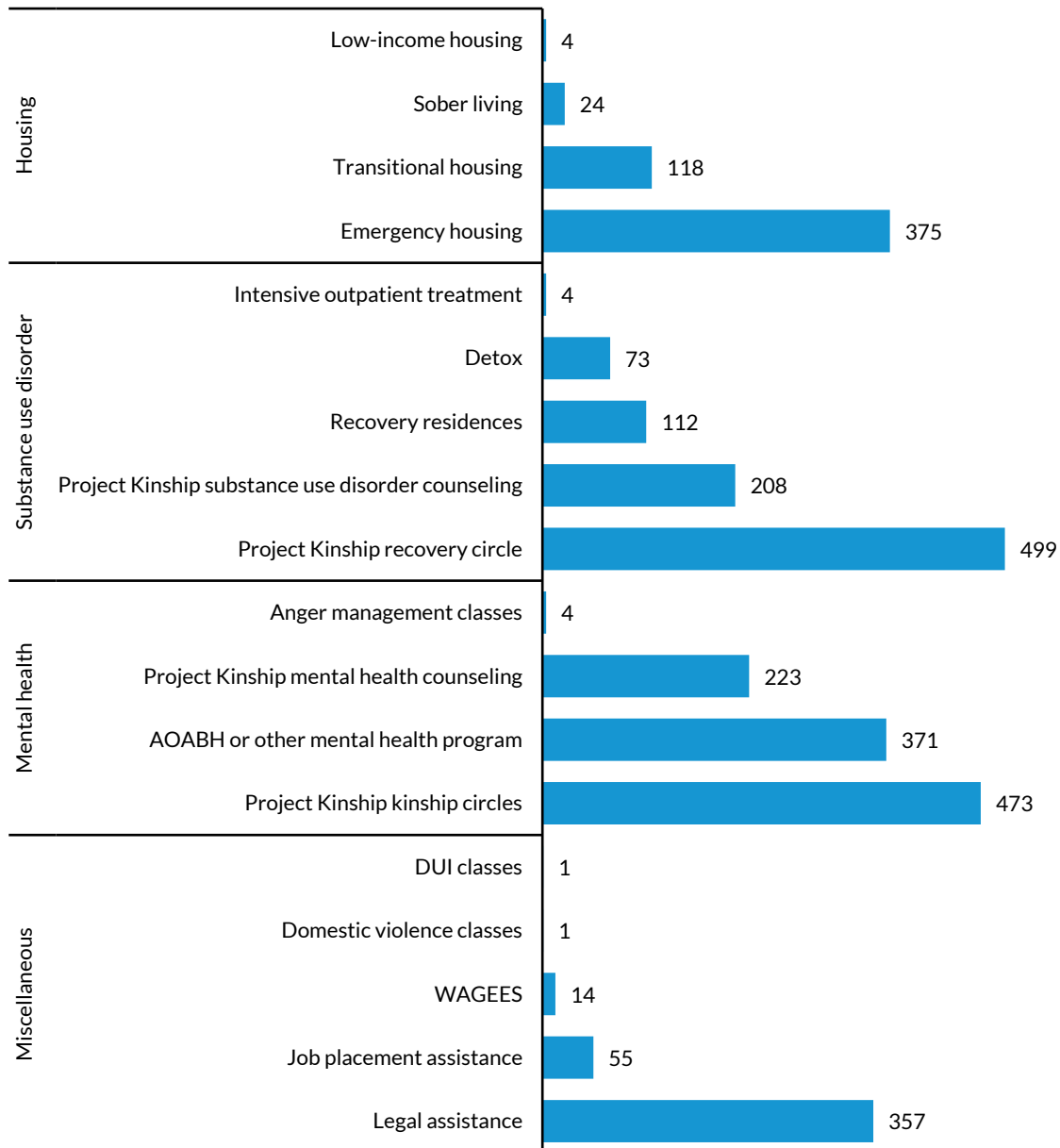
REFERRALS TO SERVICES

In addition to the services highlighted in figures 4 and 5, Project Kinship also provided many referrals and links to both in-house and outside services to meet clients' mental health, substance use disorder, and housing needs. Figure 6 shows the number of referrals Project Kinship made to these services. In addition to their own onsite staff and infrastructure, Project Kinship hosts other service providers and agencies on site to consolidate services at a single location and improve access. For example, the public defender's office, which also provides referrals to Project Kinship, began sending a paralegal to work at the CSRC one day a week to provide legal services. This was transitioned to phone support one day a week during the pandemic.

Project Kinship provided several in-house behavioral health supports (figure 6). During the reporting period, the CSRC made 34 referrals to Project Kinship circles and 58 to Project Kinship mental health counseling. Similarly, the CSRC made 51 referrals to the Project Kinship recovery circles and 37 referrals to Project Kinship SUD counseling. The SUD and mental health counselors provide targeted support in conjunction with case managers to build out a treatment and case plan for each client. In Cohort 2, Project Kinship created a stronger peer-led SUD support group. The circles provide a group setting for people to discuss their behavioral health needs and progress toward meeting goals. Many of these services are supported by peer navigators, and in staff interviews, many commented on the integral role staff members with lived experience play in service delivery by encouraging peer buy-in. This is a program component that stakeholders highlighted during interviews as having a large benefit to the credibility of the CSRC and Proposition 47 services.

FIGURE 6

Referrals Project Kinship Made



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Source: Urban Institute analysis of Project Kinship data.

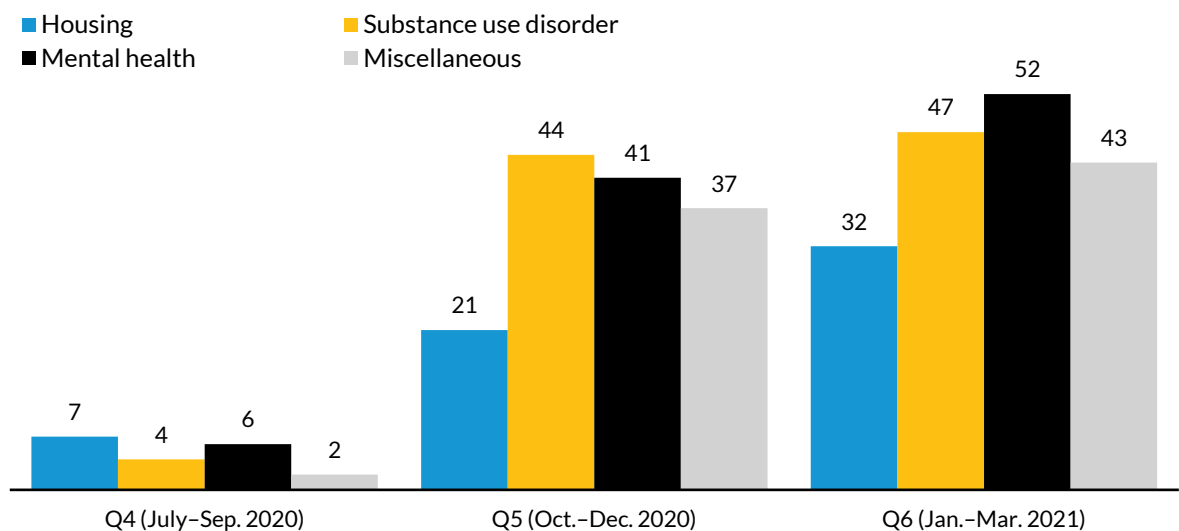
Notes: AOABH = Adult and Older Adult Behavioral Health; DUI = driving under the influence. WAGEES (Work and Gain Employment and Education Skills) is an employment preparation program run by Project Kinship.

Figure 7 shows the number of referrals Project Kinship made to each category of service type per quarter. As with the services, referrals to both in-house and external services steadily increased from

Q4 to Q6. Referrals to miscellaneous services, which covers areas such as job placement assistance and legal assistance, increased from 2 services in Q4 to 43 services in Q6, or nearly 22 times the original amount of people served. Referrals to mental health services increased by greater than 7 times the original number of referrals (6 in Q4 to 52 in Q6). Similarly, referrals to substance use services increased 12 times, from 4 in Q4 to 47 in Q6. The increase in referrals to substance use services over time may indicate that Project Kinship has improved at identifying and referring people to appropriate services. The overall upward trend in referrals reflects the increased capacity to provide support under Cohort 2 as well as the rollover of eligible Cohort 1 clients to the second cohort of funding.

FIGURE 7

Referrals Project Kinship Made, by Quarter



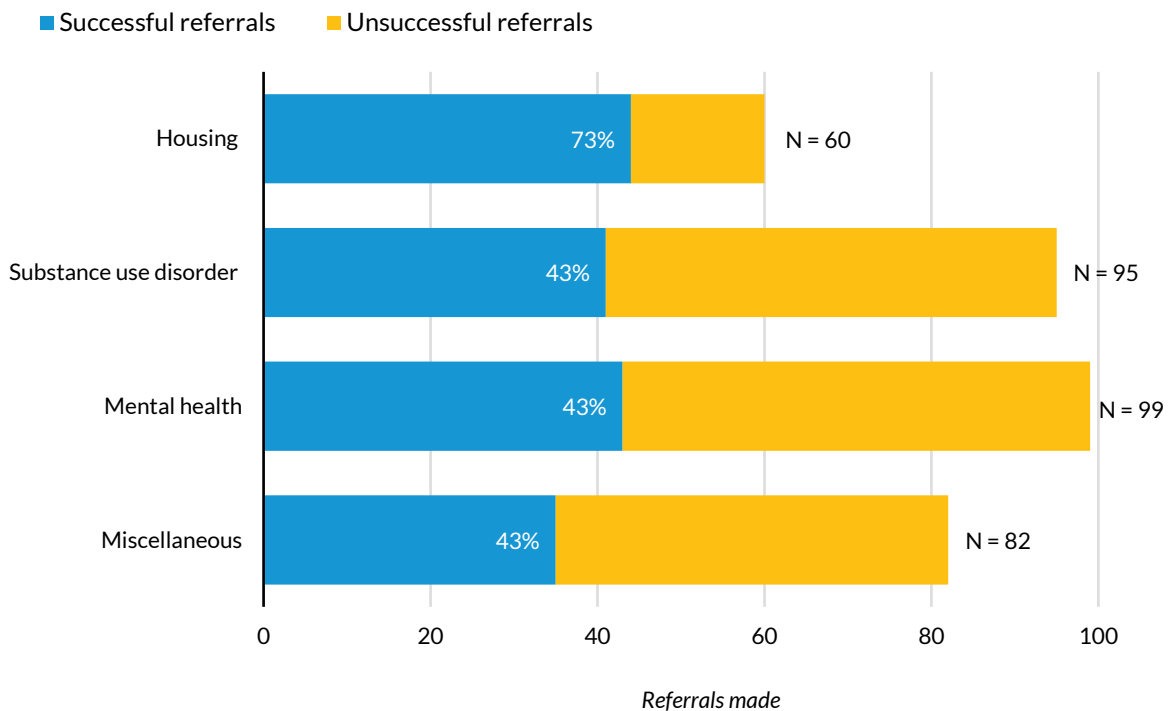
URBAN INSTITUTE

Source: Urban Institute analysis of Project Kinship data.

Note: Q = quarter.

Although referrals to services increased, CRSC staff members continued to face barriers to successful links to services. Figure 8 shows the share of referrals made by category that resulted in a successful link, or the proportion of referrals that led to a client participating in the services to which they were referred. The successful-referral rate for SUD, mental health, and miscellaneous services was 43 percent. Similarly, 73 percent of referrals to housing services were successful, indicating that Project Kinship is successfully linking most clients who come in with housing needs to appropriate services. Housing success rates are further examined below.

FIGURE 8
Successful Referrals Project Kinship Made, by Category



URBAN INSTITUTE

Source: Urban Institute analysis of Project Kinship data.

CSRC staff members noted an increased interest in support for more immediate services such as employment and housing, rather than behavioral health, at the onset of the pandemic. This is likely because of ongoing difficulties accessing housing and employment, making both an immediate priority over behavioral health services.

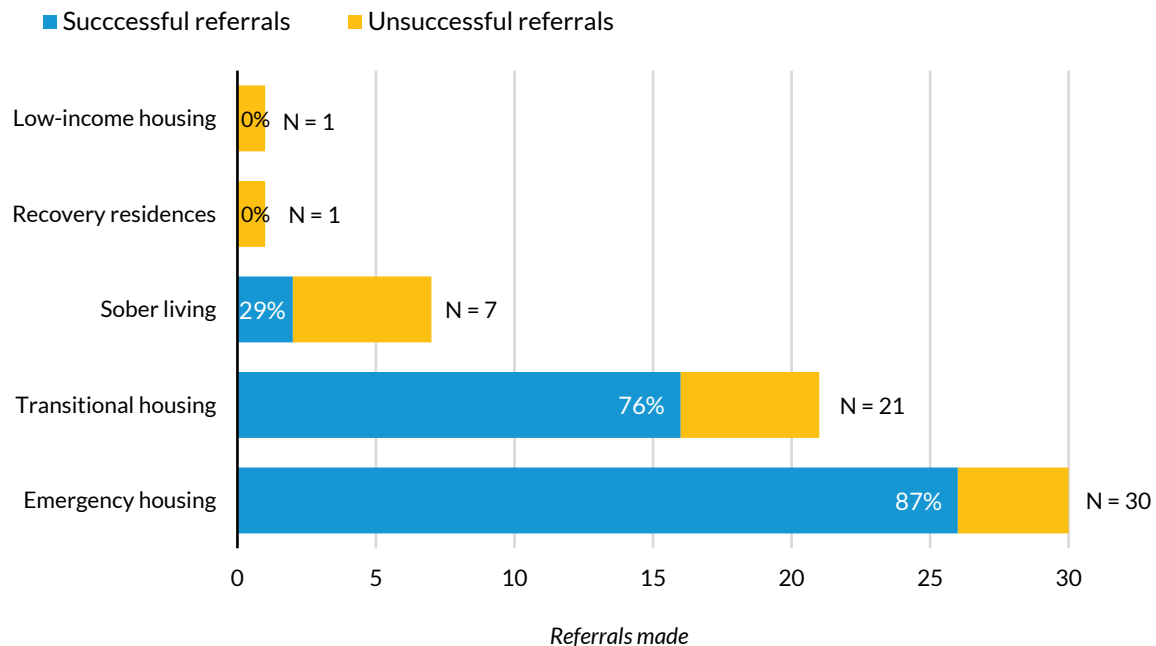
HOUSING SERVICES

One of the greatest needs of the reentry population is housing, which is often exacerbated in urban areas such as Orange County by a lack of affordable options. A key component of Cohort 2 funding is an increased focus on housing coordination. In Cohort 1, this included hiring a dedicated housing coordinator at Project Kinship to research housing availability and potential partnerships with county housing providers. Staff members report that having a housing coordinator focused on building relationships with providers and securing beds for Project Kinship clients has increased bed availability for Proposition 47 clients. Project Kinship also partnered with the county Housing and Supportive Services office to increase housing accessibility. Housing and Supportive Services provided Project Kinship with support in accessing and navigating the county's housing system, which increased housing

opportunities for the reentry population in Cohort 1. Continuing to solve these challenges is a major focus of the Proposition 47 grant's second round of funding.

Project Kinship staff members invested substantial time into building relationships with the county's housing providers to increase access to housing resources. Project Kinship staff members provided peer support and housing navigation for clients to increase links to appropriate housing resources. Project Kinship provided 30 referrals to emergency housing, 21 to transitional housing, 1 to recovery residences, 7 to sober living homes, and 1 to low-income housing (figure 9). Figure 9 also illustrates the share of successful referrals for each of these housing services. Eighty-seven percent of referrals to emergency housing were successful, and 76 percent of referrals to transitional (bridge) housing were successful. Referrals to sober living had a lower success rate, with just 29 percent of referrals, or two, leading to linkage.

FIGURE 9
Share of Successful Housing Referrals Project Kinship Made



URBAN INSTITUTE

Source: Urban Institute analysis of Project Kinship data.

Despite an overall referral success rate of 73 percent, accessing the county's housing system can be a challenge as the overall need for housing outnumbers the amount of housing available. Urban researchers heard from Project Kinship staff members during interviews that they sometimes invest extensive time calling housing providers in search of beds. In some cases, there are simply not enough

beds for the number of clients who need housing; in others, the type of housing available does not meet those clients' needs. But establishing stronger relationships with county housing providers has alleviated some of the barriers to providing appropriate housing for clients. CSRC staff members plan to continue to cultivate new relationships with county housing providers throughout Cohort 2.

These housing shortages have been further exacerbated during the pandemic because shelters and other housing providers with communal living spaces had to serve at a reduced capacity in accordance with CDC and state requirements. Staff members have noted an increased need for emergency housing among people who are referred. It continues to be difficult to link clients to short-term housing services and emergency shelters for several reasons, including closed shelters, required quarantine periods, or proof of a negative coronavirus test. In addition, most shelters require a form of ID when placement takes place, and many clients do not have ID. With the DMV working off appointments only, there have been challenges for clients seeking to obtain photo identification. The other way to gain identification verification for placement is via the police department, but many clients are reluctant to use this avenue even with peer navigator and case manager support. All referrals to shelters are vetted via CityNet, HCA, or the police department, which has added an extra hurdle in the past for gaining access to shelter for clients.

To address barriers to emergency shelter, CSRC staff members increased the number of ID vouchers they provided to clients. But clients still must schedule an appointment and get to the DMV to obtain an ID. Administratively, the BHS team is coordinating with social services and OCSD to find alternative ways for clients to obtain an ID in a timely manner. To address challenges with referring people to shelter, Project Kinship staff members have begun to collaborate directly with CityNet to support those in need of emergency shelter and have observed great success with this partnership. CityNet staff members often respond to requests in person, allowing for a warm handoff to services for a client.

Recidivism

Recidivism is an important metric of participant-level success and one of the primary objectives of Orange County's Proposition 47 initiative. This section provides information on the final analytic sample used for the recidivism analyses, describes the measures of variables included in the models, and presents findings on the initiative's impact on recidivism. In the final evaluation report for Cohort 2 services, Urban researchers will further examine participant satisfaction with the program and other individual-level findings. But because the COVID-19 pandemic prevented the research team from

traveling to Orange County and conducting client interviews or focus groups, these findings are not reflected in the current interim report.

Although it is impossible to identify which specific component of the county's service model may have affected recidivism, this analysis is limited to people who were enrolled into Project Kinship's Proposition 47 services. As noted above, Project Kinship provided comprehensive and holistic support to their clients and addressed numerous short- and long-term reentry needs through direct service provision and referrals. Collectively, these elements likely had the greatest impact on the success of the initiative and the recidivism rates of program participants.

Measures and Sample Descriptives

For this report, recidivism is measured in three ways: arrest for a new crime, conviction of a new crime, and a sentence of prison or jail for a new criminal conviction. Across all three measures, Urban researchers created measures of three-month and six-month recidivism rates for six distinct recidivism outcomes. The recidivism measures were limited to six months because of the time frame in which Project Kinship began providing Cohort 2 services. That is, because clients were not enrolled into the program until July 1, 2020, not enough time had passed to allow the research team to examine more long-term outcomes. The final evaluation report will include recidivism measures with longer follow-up periods (i.e., up to two years).

For each recidivism measure, the subsequent analysis was limited to only people with a "time at risk" that was longer than the recidivism measure. Time at risk is the amount of time that has passed between a person's baseline date—the date of arrest for comparison group members and the Proposition 47 program enrollment date for treatment group members—and the time of CORI data collection for this report (July 20, 2021). For example, the "six-month arrest" analysis included only people from the final analytic sample whose baseline date was at least six months before July 20, 2021. Further, all six outcomes use arrest date as the date of the recidivism event. For example, in the "three-month incarceration" analysis, someone is considered to have recidivated if they were arrested for a new crime within three months of their baseline date that ultimately resulted in a conviction and sentence to time in jail or prison. If instead that person was convicted of a crime but received probation, this would be counted as a recidivism event in the "three-month conviction" outcome, but not the "three-month incarceration" outcome. Likewise, an arrest without any eventual conviction would be counted only as a recidivism event in the "three-month arrest" outcome.

Descriptive statistics for the six outcomes are provided in table 3. More than 30 percent of people in the final analytic sample were arrested within three months of their baseline date, while nearly half were arrested within six months. These percentages are substantially lower in the other recidivism measures. Only 6 percent of people committed a crime within three months of their baseline date that resulted in a conviction or incarceration, while fewer than 12 percent committed a crime within six months that resulted in a conviction or incarceration term. Also of note, the three-month recidivism measures include 135 of the 168 people from the final analytic sample based on their time at risk, and this number drops to 97 for the six-month outcomes.

TABLE 3
Descriptive Statistics of Recidivism Variables

	Frequency	Percent
Three-month arrest (n = 135)		
No	91	67.4%
Yes	44	32.6%
Six-month arrest (n = 97)		
No	51	52.6%
Yes	46	47.4%
Three-month conviction (n = 135)		
No	127	94.1%
Yes	8	5.9%
Six-month conviction (n = 97)		
No	86	88.7%
Yes	11	11.3%
Three-month incarceration (n = 135)		
No	127	94.1%
Yes	8	5.9%
Six-month incarceration (n = 97)		
No	86	88.7%
Yes	11	11.3%

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, Correctional Health Services, and Criminal Offender Record Information data

Table 4 provides descriptive information on the demographic and case-level covariates included in the logistic regression models. On average, people in the final analytic sample were about 32 years old, and over three-quarters were male. More than half were Hispanic, one-third were white, and the remaining were Black or from another racial or ethnic group. The group's criminal histories were varied, with an average of 25 arrests before their primary offense arrest, ranging from 0 to 95 prior arrests.

People's primary offense, based on the most serious charge at the time of arrest, encompassed various categories. The largest shares of primary offense categories were for property offenses (e.g., fraud, burglary, theft, auto theft, and other property crimes), drug crimes, and other or public offense

crimes (e.g., immigration offenses, disturbing the peace, general traffic offenses, and other typically minor crimes).

There was also a noteworthy share of people charged with more serious violent crimes, such as kidnapping, sexual assault, robbery, and assault. This seems to contradict the eligibility criteria for Proposition 47 services, which were meant to focus on less serious and nonviolent crimes. But there are two possible explanations for their inclusion in the program. First, these offense categories are derived from the initial charges at the time of arrest. These charges are often amended or dropped. Thus, it is likely that many people initially charged with a violent crime were ultimately charged with less serious, eligible offenses. Second, eligibility for Proposition 47 services was determined by Project Kinship staff members and relied on potential participants self-disclosing their criminal histories. It is therefore possible that some people misstated or simply did not know what offense they were being charged with at the time of their intake and enrollment into the Proposition 47 program.

Table 4 also provides details on the sample's ICD-10 diagnoses. CHS staff members captured these diagnoses as people were booked into the county jail system. As a result, CHS staff members typically relied on people to disclose during intake whether they had ever been diagnosed with a mental health disorder. Alternatively, if a person had previously spent time in a county jail, CHS staff members could look at their medical history to see if they had previously received a mental health diagnosis. Because of this process, many people with mental health issues, particularly those with the mild-to-moderate disorders at the focus of Proposition 47, would not have been flagged at their booking. In other words, if a person chose not to self-disclose their mental health struggles, or staff members had not otherwise known of a previous diagnosis, they would not be included in the CHS data.

Given this, it is no surprise that more than 40 percent of the people in the sample did not have a known ICD-10 diagnosis. But client focus groups indicated that people felt more comfortable sharing information about their mental health with Project Kinship staff members during the eligibility screening process than disclosing that information to CHS staff members while being booked into jail. Thus, it is likely these people had a mental health disorder that made them eligible for Proposition 47 services, but CHS staff members did not know about it at the time of booking. Of those with a diagnosis, the largest share had been diagnosed with a mental or behavioral disorder caused by psychoactive substance use (SUD diagnoses, 26.2 percent), followed by anxiety disorders (11.9 percent), mood disorders (7.7 percent), and other disorders (10.1 percent). Moreover, 46.4 percent of people were diagnosed with two or more disorders versus 9.5 percent being diagnosed with a single disorder, underscoring the complexity of these issues and the needs of this population.

TABLE 4A

Descriptive Statistics of Continuous Independent Variables

	Mean	Standard deviation	Minimum–maximum
Age	31.7	8.7	18–64
Number of prior arrests	24.6	20.3	0–95

TABLE 4B

Descriptive Statistics of Other Independent Variables

	Frequency	Percent
Proposition 47 status		
Treatment	84	50.0%
Comparison	84	50.0%
Sex		
Female	38	22.6%
Male	130	77.4%
Race or ethnicity		
White	57	33.9%
Hispanic	94	55.9%
Black	12	7.1%
Other	5	3.0%
Primary offense		
Kidnapping	2	1.2%
Robbery	9	5.4%
Assault	19	11.3%
Weapons	14	8.3%
Other violent	19	11.3%
Arson	1	0.6%
Burglary	19	11.3%
Fraud	8	4.8%
Auto theft	4	2.4%
Theft	2	1.2%
Other property	4	2.4%
Drug crime	33	19.6%
DUI/DWI	3	1.8%
Offense–Other/public	31	18.5%
Primary diagnosis		
None	74	44.1%
Anxiety	20	11.9%
Mood	13	7.7%
Substance use disorder	44	26.2%
Other	17	10.1%
Number of diagnoses		
No diagnosis	74	44.1%
Single diagnosis	16	9.5%
2+ diagnoses	78	46.4%

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, Correctional Health Services, and Criminal Offender Record Information data.

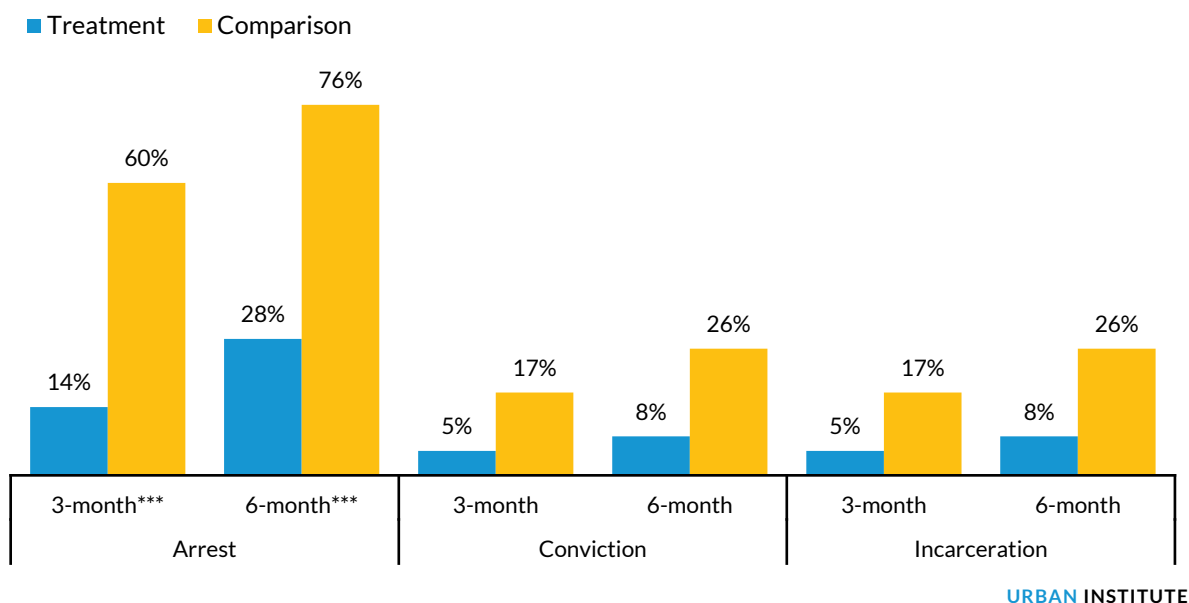
Note: DUI = driving under the influence; DWI = driving while intoxicated.

Recidivism Findings

Figure 10 provides the marginal summary results from the logistic regression analyses examining the impact of being in the treatment group on the six recidivism measures. These analyses included the covariates described in table 4 as control variables in the model (the statistical results of the full logistic regression models can be found in appendix table A.2).

FIGURE 10

Recidivism Rates for People in the Treatment and Comparison Groups



Source: Urban Institute analysis of Project Kinship, Orange County Sheriff's Department, and Criminal Offender Record Information data.

Note: Regression results control for demographic, offense, and diagnosis characteristics.

*** $p < 0.001$.

Across all six models, people in the treatment group had significantly lower recidivism rates than their comparison counterparts. For instance, only 14 percent of Project Kinship clients were arrested for a new crime within three months of enrolling in the Proposition 47 program, compared with 60 percent of people in the comparison group over the same period ($p < 0.001$). This difference remains stark at the six-month mark, with 28 percent of those in the treatment group being arrested compared with 76 percent of those in the comparison group ($p < 0.001$). Similar trends are present across all models, with 12 to 18 percentage-point differences between the two groups, but these failed to reach statistical significance. This is likely because the sample size was small, and consequently, the analyses were underpowered.

These findings, particularly the three-month and six-month arrest models, underscore the continued success of Orange County's Proposition 47 initiative into Cohort 2. But the analyses and subsequent results have some limitations. First, the PSM procedure produced a comparison group that was statistically equivalent to the treatment group on observable demographic and case characteristics, but there were likely several unobservable characteristics that could lead to critical differences between the groups. For instance, the people Project Kinship served had to be sufficiently motivated to visit their offices, go through the intake process, and agree to be enrolled in services. It is impossible to account for varying levels of motivation between members of the treatment and comparison groups.

Second, issues with the timing of the recidivism measures could have biased the results. For some Proposition 47 participants, several months passed between their primary offense arrest and their program enrollment. To account for this, the baseline date for treatment group members was the date of their program enrollment, while the baseline date for comparison group members was the date of their primary offense arrest. But it is likely that the treatment group was disproportionately composed of people who were unlikely to be rearrested in the first few months after their primary offense arrest. This could be because of their motivation or for some other unmeasurable reason. Despite these limitations, Urban researchers employed rigorous quasi-experimental methods to a robust dataset, and the findings in this report offer support for the effectiveness of the county's Proposition 47 grant-funded services.

Conclusion

The Urban research team draws the following conclusions from its observations of Proposition 47 activities and services, a review of program materials, interviews with program staff and stakeholders, focus groups with program participants, and analyses of program and criminal justice data. First, this section summarizes the challenges the Proposition 47 implementation team and partners faced while implementing services.

- **There were initial considerations implementing Cohort 2 services because they overlapped with Cohort 1 services.** Project Kinship began serving Cohort 2 clients on July 1, 2020, even though it continued serving Cohort 1 clients through spring 2021. This overlap presented challenges for Project Kinship staff members, as they had to determine which clients were best suited for each cohort. To address this, Project Kinship and HCA developed a strategic plan that would involve enrolling only a few people into Cohort 2 services (i.e., those with housing needs) before fully transitioning all Proposition 47 clients into Cohort 2 in early 2021. This prevented clients from being dually enrolled into the two Cohorts and allowed the county to spend down Cohort 1 funding.
- **Proposition 47 service providers face challenges providing clinical services to people with mild-to-moderate mental health or substance use disorders.** Because of the stigma associated with behavioral health disorders, people with mild or moderate cases may not seek treatment, particularly in the long term. Even if they are open to treatment, they may consider it less urgent than their other needs, such as securing a job or housing. But Project Kinship's peer-based model has reduced the stigma associated with therapy and clinical services.
- **Project Kinship's success as a hub for reentry services has led referring agencies to send people there for services even if they do not fall within the Proposition 47 target population.** Project Kinship has earned a reputation for not turning anyone away. Some agencies may refer people to Project Kinship because they do not know whether their clients are eligible for Proposition 47 services, lack awareness about other community services, or lack the capacity to match clients to specific services. As a result, Project Kinship must quickly assess clients' needs and link them to the resources that will best position them for success. They have worked tirelessly with agency partners to minimize the extent to which people are shuffled around the county before receiving services that meet their needs.

- **There was a lack of a shared data system and personal identifiers across Proposition 47 service providers and partners.** Each provider maintained its own database with unique indicators and metrics. This makes it difficult for Orange County to identify and report unduplicated numbers related to program participation and to share client information. It also created challenges for Urban researchers, as they had to develop a process to link participant data to the other criminal justice databases used in their evaluation. But Project Kinship's upgraded data management system has made it easier and more efficient to track people and link them to other sources of data.

Despite these challenges, the Proposition 47 implementation team and service provider partners made great accomplishments and progress toward project goals. These are summarized below.

- **Orange County has continued the progress it made under Cohort 1 services.** Orange County strengthened existing partnerships across county agencies and organizations to continue supporting service delivery under Cohort 2 to the Proposition 47 target population. These partnerships include BHS clinicians, the Correctional Health Services division, the Orange County Sheriff's Department (OCSD), Project Kinship, the Proposition 47 implementation team, and system navigators.
- **Likewise, Project Kinship has enhanced the Community Support and Recovery Center developed under Cohort 1.** Through centering people with lived experience in its reentry work, Project Kinship has continued to build its reputation among its clients, staff, and others in Orange County for providing a supportive and welcoming environment through which the reentry population can access essential supports immediately after release. Project Kinship has also focused on building additional relationships with housing providers to address a critical limitation of service provision identified in Cohort 1: adequate housing for its clients. Through these partnership-building efforts, Project Kinship established relationships with several housing providers, and beds are now reserved and readily available for Proposition 47 clients with a multitude of needs.
- **Findings from logistic regression analyses show significantly lower rates of arrest among Proposition 47 participants versus those in the comparison group after three months and six months from their baseline date.** Urban researchers matched a group that received services from Project Kinship at the CSRC after being released from jail (treatment group) to a similar group that did not receive such services (comparison group). Those in the treatment group had significantly lower rates of arrest than those in the comparison group. Although these trends

were similar in the conviction and incarceration models, those results were not statistically significant.

- **Despite the challenges introduced by the COVID-19 pandemic, Proposition 47 service providers were able to adapt and continue providing critical support.** The rapid onset of the COVID-19 pandemic in March 2020, which occurred before Cohort 2 services began in Orange County, significantly affected day-to-day service operations as service providers attempted to minimize in-person contact and to adhere to Centers for Disease Control and Prevention (CDC) guidelines to reduce transmission of the virus. Despite the challenges the pandemic posed, Proposition 47 service providers adapted swiftly to adhere to proper social distancing and personal protective equipment mandates, remote work mandates, and restrictions at the county jail's Intake/Release Center (IRC) for inreach activities. Project Kinship staff members quickly adjusted service delivery to ensure client needs were met without compromising either parties' safety. Throughout the pandemic, services provided at the CSRC have met the needs of a population highly affected by the pandemic's economic, social, and health consequences.

It's easier when I build that rapport with somebody and put them at ease. I'm not trying to tell you what to do, I've been there. If we had something like this when I was doing time, things for me may have been different. I'm trying to help you before you get to where I was.
—David, Peer Navigator

In Memoriam

Near the end of Orange County's Proposition 47 grant implementation period, Project Kinship lost two of its peer navigators to the COVID-19 pandemic. The peer navigators were critical to the operation and success of the county's Proposition 47 initiative. The following was written by the Project Kinship executive team in remembrance of these two exceptional individuals.

It is with great sadness that we report the loss of two of our Safe Haven Team members, Angelito "Lito" Rualo and David Ortiz. We are very grateful to have known and walked with both men. While it is difficult to wholly summarize who they were and what they meant to our Project Kinship (PK) Family, we'll try to do so.

Lito began his service with PK as a Driver without any previous experience with the reentry population. He was hesitant at first, but over time it became clear that he found his calling and even shared that his dream was to become a Peer Navigator. Thankfully, he was able to fulfill this dream.

In remembering Lito, we recall his kindness, generosity, and humble spirit. Lito showed up as himself every day. In every interaction, with every client, these qualities shined. He made everyone feel like they were at home and that they were genuinely important.

Lito approached his duties as both a Peer Navigator and a Driver with integrity and pride. Our van was well maintained, had gas, and was kept clean and safe for staff and participants. He ensured that the Field Service Team at the Intake and Release Center (IRC) was fully equipped with supplies. He hated to see anyone do without – clients and coworkers alike.

Lito loved food and shared his love by making sure everyone in our office was fed. If Lito had the means to meet a need, he would meet it, even if it was the last bite of food on his own plate.

Lito often did the jobs no one else wanted to do. More importantly he completed them with integrity, and he did them better than anyone else. If someone needed help putting shoes or a pants belt on at the IRC, he would assist them without hesitation. If the supply closet needed to be organized, Lito was on it. His work in service to others truly felt like love in action.

When COVID hit, we all struggled with fear, uncertainty, and as many of us began to work remotely in compliance with the governor's statewide mandate, Lito willingly volunteered to go to the IRC with Raymond and the IRC team. Lito said he knew his presence was needed more than ever—especially as early releases took shape.

Everyone Lito met was his friend.

David Ortiz was also Lito's friend.

When Lito passed, David stated that he lost his best friend. It was difficult to witness the depth of David's grief for Lito. David was also highly devoted to his work as a Peer Navigator and Case Manager. He was devoted to providing hope to those with lived experiences such as his own. Like many of whom we serve, David was involved with the justice system throughout his life and overcame addiction. He had a bachelor's degree in Human Services and had planned to return to school for his master's degree. His lived experience and education made him a powerful force for change. He treated people with kindness, respect, and patience. He did not give up on folks easily. He was intelligent, not afraid to speak his mind, and loved a good honest conversation, whether he agreed with the viewpoint or not.

David began as a Peer Navigator with the Safe Haven team and eventually became the Lead Peer Navigator before being promoted in 2020 to a Case Manager. In his work with the Field Service Team at the IRC, David used his own experiences to connect with potential clients and those needing services. David offered himself as an example that change is possible and he also offered the tools for folks to make these changes.

When COVID hit, he also volunteered, without hesitation, to join Raymond, Peer Navigator Coordinator, and the Field Service Team as he knew people being released would need services more than any other time. While most of us worked from home, David chose to continue our service in the field.

When the position for Case Manager presented itself, David interviewed and was immensely proud when he got the position. David shined as a Case Manager, empowering clients with tools to help themselves. When reading his case notes, his compassion for them and his passion for giving back to his community was evident. Many of David's clients requested to be put back on his caseload as soon as he returned to work.

In conversations after he became ill, David was concerned for his clients and for his position as a Case Manager despite being assured that both were safe and being taken care of until he returned. David and the office team jokingly agreed that his clients would be told that he was scouting sober living locations in the Caribbean so they would not worry about him. David will be missed by the PK Family for many reasons – among them for his joyful devotion to decorating for holidays, his diverse taste in music, his sense of humor and his willingness to take the hardest cases.

In losing David and Lito, we not only mourn them as friends and coworkers, but we also mourn the ability to witness their work, their growth, and the unique manner in which they planted seeds of hope in those around them. To honor David and Lito, we will carry the lessons we learned from them with us and continue to do the work they both loved with humility, kindness, generosity, and patience.

Thank you for the opportunity to acknowledge their impact on our lives and our Project Kinship mission.

David (left) and Lito (right)





Source: Project Kinship.


Appendix

TABLE A.1


Program Logic Model


TYPE	INPUTS	ACTIVITIES	OUTPUTS		OUTCOMES	
			DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Mission & Vision 	All Project Kinship Staff	Training • Trauma-informed care (TIC) • Kinship Culture	Training • Direct service staff and community partners will receive training on best practices for trauma-informed care • Direct services staff will participate in team-building activities to learn about the culture of Kinship	Training • # of staff that participated in TIC trainings • # of community members/partners that attended TIC presentations • # of team-building events offered	Training • Provide opportunities to expand knowledge of TIC to better tailor re-entry services to system-impacted individuals • Provide opportunities to participate in team-building activities that enforce the culture of Kinship	• To provide <i>trauma-informed</i> trainings to the community at large, and create <i>partnerships</i> based on the <i>culture of Kinship</i>
TYPE	INPUTS	ACTIVITIES	OUTPUTS		OUTCOMES	
			DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Peer Navigation 	Peer Navigators Guest Speakers Volunteers	One-on-One Sessions • Check-ins • Ongoing coaching	One-on-One Sessions • Peer Navigators will complete one check-in per client a week • Peer Navigators will attempt to contact clients on assigned caseload once per week	One-on-One Sessions • # of check-ins completed • # of clients receiving a minimum of 4 attempts of contact	One-on-One Sessions • Clients are able to overcome challenges and reach personal goals with relational peer support • Provide peer navigation and support to facilitate access to appropriate level of care & improve engagement in treatment.	• Enhance successful reentry by increasing the number of individuals receiving <i>peer engagement</i> and assistance with basic needs <i>at release</i> , and <i>daytime</i> services at the CSRC • Reduce recidivism, by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing SUD treatment coordination, <i>peer navigation</i> , and support to improve participation in SUD treatment.
		Group Sessions • Kinship Circles	Group Sessions • One circle offered per week – the duration of each circle will be 1.5 hr.	Group Sessions • # of Kinship Circles held • # of individuals (unduplicated) who attended Kinship Circles	Group Sessions • Increase opportunities for peer interaction to expand client's social support network	
		Outreach • Engagement • Basic Needs (including Kinship Kits) • Presentations • Peer Navigators • Guest Speakers • Re-engagement home visits/community-based appointments*	Outreach • Peer Navigators will provide a minimum of 10 individuals with basic needs per week • Eight presentations offered per year • Peer Navigators will conduct a minimum of two home visits or community-based meetings with clients who have enrolled and disengaged from services and within two weeks following two missed appointments*	Outreach • # of individuals that received basic needs per week • # of presentations provided per year • # of home visits/community-based meetings conducted with client within two weeks following two missed appointments*	Outreach • Continue supporting operation of the CSRC daytime services • Expand CSRC staffing to provide expanded hours and better meet the needs of individuals with SUD and/or experiencing homelessness • Create awareness of Safe Haven services available to service providers • Use presentations as a platform for recruitment of clients and staff • Increase retention rates via home visits/community-based appointments*	
		Transportation • IRC to Project Kinship office • Critical appointments • i.e., check-in with housing, parole, or other agencies	Transportation • Peer Navigators will offer shuttle* and California Yellow Cab (CYC) services from IRC to facility and will also assist getting individuals to critical appointments Monday through Friday	Transportation • # of individuals transported to Safe Haven from IRC via shuttle* and CYC • # of individuals transported to critical appointments via shuttle* and CYC	Transportation • Eliminate a common barrier for clients to meet mandates and access critical services such as housing	


*Activity currently postponed until further notice pending guidelines from the Center for Disease Control (CDC)

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Case Management 	Case Managers Peer Navigators Certified Alcohol & Drug Counselors Community Partners	One-on-One Sessions <ul style="list-style-type: none"> Case Management Needs Assessment Behavioral Health Diagnosis and Treatment Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File Review/Case Closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed within first session Behavioral Health Diagnosis and Treatment Plan completed within 30 days Case Managers will attempt to contact clients on assigned caseload once per week Case will be reviewed on a weekly basis during case review meetings Case will be reassessed at a minimum of two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> # of Needs Assessments completed # of Behavioral Health Diagnosis and Treatment Plans completed # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify basic needs of individuals to anticipate and address barriers to re-entry Establish and monitor re-entry goals and action steps to achieve success Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. Create awareness of resources and skill-building that allows individuals to navigate resources efficiently 	<ul style="list-style-type: none"> Enhance successful reentry by increasing the number of individuals receiving peer engagement and assistance with basic needs at release, and <i>daytime services</i> at the CSRC Reduce homelessness among individuals reentering the community after incarceration by <i>expanding access to emergency, short term, and permanent housing</i> for justice-involved individuals with substance use disorders and/or co-occurring mental health disorders. Reduce recidivism, by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing <i>SUD treatment coordination, peer navigation, and support</i> to improve participation in SUD treatment.
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow up with individual and referral agency within 48 hours of linkage Individuals will be linked to services outlined on their initial service plan (ISP) within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to mental health services # of individuals linked to substance abuse treatment # of individuals linked to housing services # of individuals linked to employment services # of individuals linked to other services (i.e., legal, medical, government benefits, etc.) 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to services for clients to increase likelihood of re-entry success Cultivate collaborative relationships with providers throughout the county to increase access to resources for re-entry individuals 	
		Outreach <ul style="list-style-type: none"> Resource fairs* Site visits to referral agencies* Establish lead contact at referral agencies 	Outreach <ul style="list-style-type: none"> Case Managers will attend resource fairs and conduct site visits* Case Managers identify lead contact at each agency 	Outreach <ul style="list-style-type: none"> # of resource fairs attended* # of site visits conducted* # of lead contacts included in resource directory 	Outreach <ul style="list-style-type: none"> Cultivate collaborative relationships with providers throughout the county to increase access for re-entry individuals 	

*Activity currently postponed until further notice pending guidelines from the Center for Disease Control (CDC)

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Mental Health Services 	Recovery Center Clinicians System Navigators AOABHS Clinicians	One-on-One Sessions <ul style="list-style-type: none"> Mental Status Exam Biopsychosocial Assessment Mental Health Treatment Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File review/Case closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Mental Status Exam completed Mental Health Treatment Plan completed Biopsychosocial assessment completed Clinicians will attempt to contact clients on assigned caseload once per week 	One-on-One Sessions <ul style="list-style-type: none"> # of Mental Status Exams completed # of Mental Health Treatment Plans completed # of Biopsychosocial Assessments completed # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify eligibility of individuals prior to program enrollment to ensure client is connected to the appropriate level of care Identify needs of individuals to anticipate and address barriers to mental health and re-entry Establish and monitor re-entry goals and action steps to achieve success Link clients to professionals that can identify mental health needs 	<ul style="list-style-type: none"> Reduce recidivism, by <i>expanding access</i> to and provision of community based, reentry focused SUD and <i>mental health/co-occurring</i> services by providing <i>SUD treatment coordination, peer navigation, and support</i> to improve participation in SUD treatment.
		Group Sessions <ul style="list-style-type: none"> Support groups with a mental health focus <ul style="list-style-type: none"> i.e., Kinship Circle, anger management, domestic violence, trauma Presentations <ul style="list-style-type: none"> Guest speakers 	Group Sessions <ul style="list-style-type: none"> Kinship Circles offered weekly Clinicians will provide warm hand-off to other providers offering support groups Guest speakers will attend support groups 	Group Sessions <ul style="list-style-type: none"> # of Kinship Circles provided <ul style="list-style-type: none"> # of individuals who attended Kinship Circles # of individuals linked to other support groups # of guest speakers that participated in support groups 	Group Sessions <ul style="list-style-type: none"> Increase opportunities for peer interaction to expand client's social support network 	
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow-up with individual and referral agency within 48 hours of linkage Clients will be linked to services outlined on their Mental Health Treatment Plan within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to mental health services with Recovery Center Clinicians # of individuals linked to mental health services with AOABHS Clinicians # of individuals linked to other mental health support groups 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to mental health services for individuals to increase likelihood of re-entry success Embed dedicated staff in outpatient programs to provide treatment that uses an integrated behavioral health-reentry approach Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. 	

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Substance Abuse Treatment 	Certified Alcohol & Drug Counselors Peer Navigators Case Managers Recovery Center Clinicians Guest Speakers	One-on-One Sessions <ul style="list-style-type: none"> Addiction Severity Index (ASI) Assessment Recovery and Relapse Prevention Plan Ongoing implementation and monitoring <ul style="list-style-type: none"> Check-ins/Follow-up/Needs Assessment (Referrals) File review/Case closure/Reassessment 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed Recovery and Relapse Prevention Plan completed Substance Abuse Counselor will attempt to contact clients on assigned caseload once per week Case will be reviewed on a weekly basis during case review meetings Case will be reassessed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> # of ASI assessments completed # of Recovery and Relapse Prevention Plans created # of clients receiving a minimum of 4 attempts of contact # of cases reviewed at two weeks, 30 days, 90 days, and/or 180 days 	One-on-One Sessions <ul style="list-style-type: none"> Identify needs of individuals to anticipate and address barriers to sobriety Establish and monitor re-entry goals and action steps to maintain sobriety Monitor progress and increase level of motivation regarding re-entry goals Increase client's awareness of community resources Increase client's awareness of triggers and risk factors associated with relapse 	<ul style="list-style-type: none"> Reduce recidivism by expanding access to and provision of community based, reentry focused SUD and mental health/co-occurring services by providing SUD treatment coordination, peer navigation, and support to improve participation in SUD treatment.
		Group Sessions <ul style="list-style-type: none"> Recovery Circle using a recovery and relapse prevention curriculum Presentations <ul style="list-style-type: none"> Guest Speakers 	Group Sessions <ul style="list-style-type: none"> Recovery Circles offered weekly Guest speakers will attend Recovery Circles 	Group Sessions <ul style="list-style-type: none"> # of Recovery Circles provided <ul style="list-style-type: none"> # of individuals who attended Recovery Circle # of guest speakers that participated in Recovery Circles 	Group Sessions <ul style="list-style-type: none"> Increase opportunities for peer interaction to expand client's social support network Increase opportunities for exposure to system-impacted role models/mentors to foster hope and improve future outlook 	
		Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Follow-up with individual and referral agency within 48 hours of linkage Clients will be linked to services outlined on their Recovery and Relapse Prevention Plan within stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to substance abuse treatment services with CADC # of individuals linked to substance abuse treatment services with other provider # of individuals linked to detox # of individuals linked to intensive outpatient treatment # of individuals linked to recovery residences # of individuals linked to AA/NA groups 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to substance use treatment for individuals to increase likelihood of re-entry success Provide peer navigation and support to facilitate access to appropriate level of treatment and improve engagement in treatment. 	

TYPE	INPUTS	OUTPUTS			OUTCOMES	
		ACTIVITIES	DOSAGE	MEASURES (INDICATORS)	SHORT	LONG
Housing Services 		One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment Follow-up on placement and needs 	One-on-One Sessions <ul style="list-style-type: none"> Needs Assessment completed HCA Housing Request form completed CaseMGR Housing Placement form completed Direct Service Staff will attempt to contact clients on assigned caseload once per week to check in/follow-up on housing placement 	One-on-One Sessions <ul style="list-style-type: none"> # of Needs Assessments completed # of Housing Request forms submitted to County <ul style="list-style-type: none"> # of housing requests approved # of Housing Placement forms completed 	One-on-One Sessions <ul style="list-style-type: none"> Identify needs of individuals to anticipate and address barriers to housing and re-entry Provide housing coordination, conduct eligibility assessments Provide housing navigation and peer support to access and maintain housing. 	
	Housing Coordinator	Warm Hand-off/Linkages <ul style="list-style-type: none"> Referral Follow-up 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Any individual deemed non-eligible will receive warm hand-off within 48 hours Individuals will be linked to housing services by stated goal date 	Warm Hand-off/Linkages <ul style="list-style-type: none"> # of individuals linked to emergency shelter # of individuals linked to transitional housing # of individuals linked to recovery residence # of individuals linked to residential treatment 	Warm Hand-off/Linkages <ul style="list-style-type: none"> Provide immediate access to housing services for individuals to increase likelihood of re-entry success Link individuals to appropriate housing supports 	
	Case Managers					
	Recovery Center Clinicians					
	Certified Alcohol & Drug Counselors	Engagement with Provider <ul style="list-style-type: none"> Coordination with housing manager or staff Site visits to existing and potential providers* Establish Lead Contact at partnering housing agencies Payment 	Engagement with Provider <ul style="list-style-type: none"> Weekly contact with housing managers on existing clients' behavior and treatment Weekly contact with housing staff on bed availability, vacancies, and early terminations Reassess need for housing on a biweekly basis Monthly site visits to existing and potential providers* 	Engagement with Provider <ul style="list-style-type: none"> # of housing managers that received a minimum of 4 attempts of contact # of beds provided to clients # of extensions provided to client # of clients exiting before target date # of site visits* 	Engagements with Provider <ul style="list-style-type: none"> Cultivate collaborative relationships with housing providers throughout the county to increase access to resources for re-entry individuals Foster relationships with housing agencies to increase the number of beds and vacancies available for Project Kinship clients Increase dedicated housing and housing assistance for individuals referred from the CSRC 	<ul style="list-style-type: none"> Reduce homelessness among individuals reentering the community after incarceration by expanding access to emergency, short term, and permanent housing for justice-involved individuals with substance use disorders and/or co-occurring mental health disorders.

*Activity currently postponed until further notice pending guidelines from the Center for Disease Control (CDC)

TABLE A.2

Logistic Regression Analysis Results of Recidivism

	Arrest				Conviction				Incarceration			
	3-month		6-month		3-month		6-month		3-month		6-month	
	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P
Treatment group	0.04	0.00	0.07	0.00	0.19	0.20	0.11	0.11	0.19	0.20	0.11	0.09
Age	0.93	0.11	1.00	0.95	0.94	0.37	1.10	0.26	0.94	0.37	1.10	0.25
Sex												
Male	1.92	0.34	0.53	0.42	1.34	0.85	0.36	0.51	1.34	0.85	0.37	0.52
Race or ethnicity												
Hispanic	1.35	0.63	1.51	0.55	0.60	0.61	0.12	0.15	0.60	0.61	0.12	0.14
Black	0.47	0.56	0.92	0.95	-	-	-	-	-	-	-	-
Other	8.39	0.17	-	-	-	-	-	-	-	-	-	-
Offense												
Kidnapping	-	-	-	-	-	-	-	-	-	-	-	-
Robbery	0.17	0.68	0.28	0.71	-	-	-	-	-	-	-	-
Assault	1.11	0.98	0.86	0.97	-	-	-	-	-	-	-	-
Weapons	0.24	0.74	0.73	0.92	-	-	2.00	0.74	-	-	2.02	0.74
Other violent	0.45	0.85	0.95	0.99	-	-	2.24	0.71	-	-	2.25	0.71
Arson	-	-	-	-	-	-	-	-	-	-	-	-
Burglary	0.65	0.92	1.70	0.87	1.16	0.93	1.58	0.80	1.16	0.93	1.58	0.80
Fraud	0.17	0.71	1.16	0.97	1.01	1.00	14.24	0.26	1.01	1.00	14.54	0.26
Auto theft	-	-	-	-	-	-	1.00	-	-	-	-	-
Theft	-	-	-	-	-	-	1.00	-	-	-	-	-
Other property	2.26	0.86	-	-	0.85	0.94	27.24	0.18	0.85	0.94	26.32	0.18
Drug crime	0.44	0.84	0.63	0.89	3.00	0.43	87.89	0.05	3.00	0.43	91.91	0.04
DUI/DWI	10.80	0.60	-	-	-	-	-	-	-	-	-	-
Offense-Other/public	0.32	0.78	0.99	1.00	-	-	-	-	-	-	-	-
Number of prior arrests	1.05	0.00	1.04	0.03	1.05	0.09	1.08	0.02	1.05	0.09	1.08	0.02
Number of diagnoses												
Single diagnosis	0.54	0.63	0.73	0.82	1.22	0.93	0.38	0.72	1.22	0.93	0.38	0.72
2+ diagnoses	4.02	0.19	1.85	0.61	1.02	0.99	0.08	0.34			0.08	0.34
Primary diagnosis												
Anxiety	0.64	0.71	0.87	0.92	1.00		13.38	0.47	-	-	13.70	0.47
Mood	6.40	0.17	11.73	0.18	1.00		1.00		-	-	-	-

	Arrest				Conviction				Incarceration			
	3-month		6-month		3-month		6-month		3-month		6-month	
	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P
SUD	1.03	0.98	1.59	0.70	1.14	0.94	0.39	0.68	1.14	0.94	0.38	0.68
Other	-	-	-	-	-	-	-	-	-	-	-	-
N	131		88		57		62		57		63	
LR chi-squared	63.44 (p=0.000)		38.54 (p=0.005)		9.1 (p=0.695)		20.26 (p=0.162)		9.1 (p=0.695)		20.58 (p=0.151)	
Pseudo R ²	0.38		0.32		0.21		0.21		0.21		0.37	

Source: Urban Institute analyses of Project Kinship, Orange County Sheriff's Department, and Criminal Offender Record Information data.

Notes: LR = likelihood ratio; SUD = substance use disorder. Bold text indicates significance at $p < 0.05$; blank cells indicate that variables were omitted from analysis.

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