San Bernardino County Department of Public Health
Proposition 47 Two-Year Preliminary Evaluation Report
August 15, 2019

Executive Summary

This two-year preliminary evaluation report reflects San Bernardino County Department of Public Health's (SBDPH) efforts to combat recidivism among those the formerly incarcerated population with substance abuse or mental health problems by working with private organizations in the High Desert region of the county to provide peer navigation and life awareness services, substance and mental health counseling, and transportation to individuals reentering the community after being incarcerated. The Prop 47 program's utilization of the BSCC grant funding toward this end is working as intended. The evaluation team comes to this conclusion based upon the data provided in monthly progress survey reports, via regular participation in grantee meetings with SBDPH, and from information shared by with the service providers.

Qualitatively, we observed how there were many big and small challenges in getting program services up and running, yet each of the providers were truly committed toward achieving success, mainly as a result of their deep concern and interest in helping this particularly troubled population. We witnessed firsthand how providers worked out differences and adjusted to the challenges, how they sought out consensus where necessary, and how they were open and honest about the challenges they faced and what they could do individually and in coordination with the team to effectively provide the services they were hired to provide. Moreover, because service providers also regularly sought out meetings and responded to requests of the evaluators, they demonstrated a willingness to make modifications where change was necessary. From a statistical standpoint, the numbers derived from the data provide a preliminary indication that the service providers are having a positive effect on clients as demonstrated by the increasing number of clients who are enrolling in services and subsequently completing them, going from. In addition, analysis of the data leads us to offer a preliminary inference that there has likely been a positive effect on recidivism where only about 4% of new clients have been found to have reoffended (new crime) after enrolling in services. Although more time is necessary to see how utilizing more sophisticated measurement to make a statistical determination about any reductive effects on recidivism, the current numbers are encouraging.

With respect to the evaluators' goals, much has been learned from the past two years regarding what is necessary toward providing a thorough, critical, and objective evaluation of the project. In addition to providing input in helping SBDPH and the service providers solve implementation problems and addressing concerns among the clientele regarding barriers to successful reentry, we have made progress toward getting the data collected that we will need for the final analysis. Our overriding goal is to provide a culturally sensitive evaluation that

makes both a qualitative and quantitative determination about the success of the SBDPH and service provider effort in a way that can inform San Bernardino County and State of California residents and officials

Project Description

Objectives: Provide 240 unduplicated adult males and females with substance abuse and mental health disorder treatment and other supportive services and reduce recidivism among participants by 30% (from a baseline of 57%) by the end of the 38-month program.

1) *Substance abuse and mental health disorder services* including individual and group counseling, residential treatment, intensive outpatient treatment, partial hospital programs, medication, and recovery support services. Three providers have been selected in the High Desert region of San Bernardino County.

2) *Peer-Navigation services* including reentry planning within 60 days of release, comprehensive case management and service navigation. Peer-Navigators will meet with clients within the first 24 hours after release to ensure a 'warm hand-off,' coordinate delivery of priority services (e.g., transportation), and conduct initial and follow-up case meetings to review and/or conduct needs and risk assessments. Peer-Navigators will coordinate with other SAFE-T Net reentry providers and refer clients to services outside of the SAFE-T Net project. Peer-Navigators will each have weekly contact with a caseload of approximately 240 clients per year.

3) *Job skills training services* including outpatient job training skills and employment services from providers in the High Desert region. The project will provide job training services to SAFE-T Net clients throughout the 38-month project.
This section should include an overview of the project and the project goals and objectives as stated in the "Project Evaluation Plan" section of the proposal.

Project Goals

Objectives: Provide 65% of funding to community-based providers and provide ongoing training on behavioral health approaches and strategies to increase knowledge, skills, abilities, and support sustainability.

1) Increase capacity of SAFE-T Net community-based providers.
2) Improve and expand post-release reentry services via the new SAFE-T Net project.

Central to the San Bernardino County Department of Public Health's (SBDPH) Proposition 47 ("Prop 47") recidivism reduction effort has been to get qualifying individuals returning to the community post-incarceration into mental health and substance abuse treatment programs, and job skills programs, while providing transportation to get clients to and from these services. Mental health and substance abuse treatment, jobs skills training, and transportation, are several among a larger cluster of critical factors known to have significant positive effects on the probability of successful reintegration into the community. With recidivism rates reaching upwards of seventy-percent nationally within the first thirty-six months post-release, this population of individuals is likely to need more than one form of assistance to be successful in their reintegration. The SBDPH's effort toward this end has been to employ a "Best Practices" framework shown to work in the past in order to help combat recidivism in San Bernardino County.

Specifically, the Prop 47 Reentry project, named SAFE-T Net, seeks to reduce high recidivism rates among this underserved population offering substance abuse and mental health disorder services, and transportation. It is expected that unmet needs for this population will be addressed, while reducing the temptation for clients to engage in criminal activity. Approximately 240 unduplicated clients, adult men and women, who express an interest, motivation, and a readiness to participate, will be served over the course of the 38-month project.

The SAFE-T Net project's community-based providers, provides voluntary, comprehensive, culturally-competent, and peer-driven services, including:

1) *Substance abuse and mental health disorder services* to 100% of clients, including individual and group counseling. Three providers were selected in the High Desert region of San Bernardino County.⌐SEP⌐

2) *Peer-Navigation services* including reentry planning within 60 days of release, comprehensive case management and service navigation for 100% of clients. Peer-Navigators meet with clients within the first 24 hours after release to ensure a 'warm hand-off,' coordinate delivery of priority services (e.g., transportation), and conduct initial and follow-up case meetings to review and/or conduct needs and risks assessments. Peer-Navigators coordinate with other reentry providers and refer clients to additional services as needed. Peer-Navigators each have a caseload of approximately 60 clients contacted on a weekly basis.

3) *Job skills training services* for 52% of clients, respectively, with providers selected in the high desert region of the county. The project is currently providing job training services to clients throughout the 38-month project.

The providers will 1) incorporate evidence-based programs or "best practices" whenever feasible, 2) include approaches that are trauma-informed and culturally- and

linguistically-appropriate, 3) ensure services are inclusive for race, ethnicity, gender, sexual orientation, etc., and 4) ensure staff are qualified and experienced.

Project Evaluation Plan

The evaluation plan for the Prop 47 Reentry project follows an evaluation framework and plan used by researchers at California State University (San Bernardino) for the evaluation of the BRIDGES pilot project. The project has made adaptations to the BRIDGES' data collection tools, procedures, and online database. The San Bernardino County Probation and Sheriff Departments have committed to providing timely arrest data, on the project's clients, to the Research Partners.

Research Design

The research design is based on the objective that the research partners conduct both a Process Evaluation and an Outcome Evaluation as part of the overall evaluation. Process evaluations are employed to determine "how well the program is working", the extent to which the program is being implemented as designed, and whether the program is accessible an acceptable to its target population (Center for Disease Control, 2018). Process evaluations are useful for detecting problems early on in program implementation and for monitoring programs throughout the duration of their existence.

Outcome evaluations are used to determine whether a program has the intended effects on the target population's behaviors and in determining whether a program is meeting its objectives (Center for Disease Control, 2018). In this case, the primary objective of an outcome evaluation, beyond providing assistance to clients in need of public health services, is to reduce recidivism among this population as a way to improve their lives and the public health of the San Bernardino County community.

Plan for Collecting and Evaluating Baseline and Outcome Data

Four data collection instruments have been used to aid in conducting a process evaluation of the SAFE-T Net program implementation and execution, and an outcome evaluation analyzing the effects of SAFE-T Net on reducing recidivism. They are as follows:

1) *Client Intake Form:* This instrument was adapted from the intake form used in the BRIDGES pilot project. In its current form it is a seventy-three question battery asking clients questions about their criminal and substance abuse histories, employment history and household information among other relevant questions. The intake form will be tailored to fit the clientele that will use SAFE-T Net community-based reentry services and will provide baseline data in which to analyze recidivism and evaluate the effectiveness of SAFE-T Net services across different client demographics.

2) *Client Progress Report:* This instrument was created to monitor the progress of individual clients using SAFE-T Net services. This instrument will aid in understanding the needs and challenges faced by clients and service providers with regard to using SAFE-T

Net reentry services and to better understand underlying factors and circumstances that might contribute to individual client reoffending.

3) *Proposition 47 Monthly Progress Report:* This instrument is used by service providers who will be required to complete a monthly progress report. The monthly progress report will be comprised of aggregate numbers regarding clients use of each of the three primary provider services (Substance Abuse and Mental Health Counseling, Peer Navigation, and Transportation and Job Skills Training) and can be used in evaluating the effectiveness of the services and in determining program factors that might be associated with reduction in offending among clients.

4) *Qualitative Data Collection Instruments:* The Research Partners will develop two new instruments as follows: 1) a qualitative instrument to track program implementation, 2) focus group protocols for collecting qualitative feedback (annually) from providers and clients. Following the BRIDGES pilot project, and best practices in research and evaluation, a mixed-methodology approach that includes a qualitative component can be beneficial in better understanding the challenges both service providers and clients face in providing and using services, respectively.

Process and Outcome Measures

Process measures are those the research partners can use to evaluate the implementation and maintenance of services. Determining the effectiveness of the provided services, not limited to whether it only reduces repeat offending behavior, but whether the services clients receive have other benefits and thus effective in other ways (for example, if drug treatment reduces drug use or dependency) and the services provided are implemented and executed as designed.

Outcome measures are used to determine whether programs were effective in helping change target population behaviors. California Penal Code § 6046.1(d) defines recidivism as "a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction". Based on this definition, violations of probation or parole pursuant to stated conditions that are not criminal do not qualify as recidivism under this definition. Thus, the main recidivism measure will comprise only new felonies or misdemeanors as determined by the overall arrest rate of individuals receiving reentry services compared to the overall recidivism rate in San Bernardino County.

Process Measures

1) *Peer Navigation*: Peer Navigation services are responsible for contacting individuals returning to the community after release and will be measured in multiple ways: 1) as a count of new clients contacted, 2) as count of new clients who are given a risk assessment, and 3) as a count of new clients enrolled in substance abuse and mental health services.

2) *Substance Abuse and Mental Health Treatment*: Individual or group meetings with a

qualified professional contracted by the San Bernardino County of Public Health. Per the framework, each client will receive six sessions. SAMHT will be measured in multiple ways: 1) as a count of individual sessions completed from 0-6, 2) as a count of group sessions completed, 3) as a count of any other treatment services completed.

3) *Job Skills Training*: Is training to help clients prepare for and obtain gainful employment. Job Skills will be measured as a count of the number of training sessions attended.

4) *Transportation*: Transportation provided to clients to and from services and will be measured as a count of how often a client used services.

5) *Comparison Group*: The recidivism rates for San Bernardino County residents as estimated by the California Forward: Justice System Change Initiative-San Bernardino County Jail Utilization Report will be used for comparison to the recidivism rates of the population of clients served in SAFE-T NET.

Quantitative Outcome Measures

The following variables are those that will be employed in statistical models to measure recidivism reduction in San Bernardino County:

1) *Recidivism:* This project employs the State of California definition of recidivism, defined as a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement or supervision for a previous criminal conviction (Please see PC Sec. 6046.2(d)). Recidivism will be measured as a 0/1 dichotomous variable where zero means "did not recidivate" and 1 means "did recidivate." The primary outcome measure is conceptualized as a key determinant in which to evaluate the effectiveness of SAFE-T Net in reducing criminal recidivism in San Bernardino County. To establish this measure, individual arrest data will be obtained through agreements with the San Bernardino County Probation and Sheriff Departments over the three-year study period. Data will then be aggregated in order to make a comparative determination of the recidivism rate of service clients as a group relative to the overall recidivism rate for San Bernardino County, as determined through the Jail Utilization Study (MacDonald and O'Connell, 2016).

2) *Other Outcome Measures:* Additional measures, compiled from information provided by SAFE-T Net providers, will permit a more detailed analysis of effects associated with the services provided. Moreover, additional data on each arrest incident such as Offense Type, Offense Severity, and Time to Rearrest will make it possible to analyze the effects of key determinants associated with reoffending. For instance, knowing offense type and severity will allow researchers to evaluate the seriousness of the recidivism thereby permitting a more nuanced determination of changing offending behaviors. This in turn will provide a greater ability to make determinations about program effectiveness beyond whether individual client's reoffended or not by getting at the nature and context of any reoffending.

Qualitative Outcome Measures

Qualitative Data: Inclusion of non-numeric data, collected through interviews and focus groups with service providers, will aid in making determinations about what worked and what did not, and how things can be improved in the future. Qualitative measures are useful for exploring themes and social interactions that are beneficial toward achieving insight into the challenges and processes associated with providing the various SAFE-T Net services. Inclusion of qualitative data can also supplement gaps in quantitative data analysis by giving voice to the knowledge, expertise, and experiences of service providers as they go about trying to serve their clients.

Project Performance

1) *What modifications, if any, have been made to the project since its start; and problems or unexpected events that were encountered and how they were addressed?*

   Outlined in the Local Evaluation Plan discussed above and the grant application, the initial plan for SBDPH was to provide services to any willing participant who qualified. In the original grant proposal, there were several service items that SBDPH planned to utilize that were subsequently modified afterward based on various obstacles and challenges the grantee team encountered. They are as follows:

i.   *Peer Navigation and Life Skills Awareness:* As proposed in the grant, the service provider contracted to meet returning individuals for a "warm handoff" while providing reentry planning assistance and comprehensive case management, experienced several different if related difficulties. The first challenge was getting individuals enrolled.

   According to the Peer-Navigation provider, many individuals did not know why they were being approached and thus declined services right away. Based on discussions occurring during regular progress meetings, we would surmise that that the lack of contact prior to release from incarceration inhibited the ability to raise awareness among the population of returning individuals about the benefits of the services available to them. From the perspective of a returning individual, this would make sense since many of them are thinking about their immediate needs and wants, such as getting home to family. From this perspective, strangers approaching them upon release might seem odd or suspicious to many of them.

   To overcome this obstacle, it appears that the service provider began working closely with the facilities to better determine if returning individuals were in need of services and thus the service provider could target these individuals prior to release. In addition, a sub-contractor working in the prison facilities with short-time incarcerated individuals who were preparing to be released. This new development is one that is well-supported by academic research on reentry where contact and assistance prior to release has been shown to be important in improving the probability of successful transition back to the community. As discussed below, we believe this change was beneficial in significantly increasing the

number of contacted individuals ultimately signing up to utilize the services provided through this grant.

In addition, a decision was made to focus attention on those who were incarcerated for substance abuse issues related to the offense (or was the offense) that led to their incarceration. The upside of this change is that the Peer-Navigation service provider was able to better target those who would qualify for services.

Although not a modification to services, over the course of the first two years, various internal changes were made to better coordinate the communication and interaction between service providers, who based on the model employed in this grant, must work together to effectively provide the services to those need them. For example, the way transportation services were allocated based on budget and need, was an early source of frustration among the team, primarily due to the unevenness in which services were being provided. As the program got up and running and changes made to how Peer-Navigation would approach facilities to provide assistance in returning to the community, and how and when enrolled clients would receive their services, it seems that this challenge has largely been overcome.

ii. *Changes to Substance Abuse and Mental Health Services:* The grantee originally planned on having six providers spread two-apiece out across the West, Central, and High Desert regions of San Bernardino County. However, given the magnitude of providing services across such a large area, multiple facilities, and employing different service providers for the same task, the plan was changed to focus only upon the High Desert Region, where suitable service providers were located. This would overcome the barrier by targeting an area of the county that experiences a high rate of individual returning from incarceration who need services provided through SBDPH. In addition, it was quickly realized that providing twelve substance abuse and mental health sessions would be too be a challenge, both in terms of scheduling and transportation. It appears that best practices require six sessions, thus the service provider pared down to six sessions. This also allowed for the inclusion of more individuals who would be able to receive mental health and substance abuse services funded through this grant.

Second, several of the treatment options have been set aside or are not being utilized. This includes 1) Group Counseling, which has not been utilized since Quarter 5 ending September 30, 2018, 2) Residential Treatment, 3) Intensive Outpatient Treatment, which was only used in Quarter 4 ending June 30, 2018, and 4) Medical/Recovery Services. In addition, other than temporary quarters provided through Peer-Navigation and Life Skills Awareness service provider, longer-term housing was eliminated as part of the services provided through this grant. The modifications to services were based on services that were never offered in the first place or only very early on where it became apparent that due to other changes and the situation on the ground as faced by the services providers, would not be possible to continue as the program moved forward.

2) *Describe factors that have affected the progress of project goals. This may include factors which resulted in achieving goals more quickly or impeded your progress.*

Prior knowledge and awareness regarding services:

Although some of the factors were mentioned in answering the modification question, it bears repeating. Beginning with Peer Navigation, successful enrollment of new clients clearly requires an effort to raise awareness about the relevancy and benefits of the services provided through SBDPH. At this mid-point, early indications are that the changes to how Peer-Navigation and Life Skills Awareness provider approached individuals and the effort to raise awareness prior to release and to target those who would be eligible for services has been beneficial to increasing success in outcomes.

Targeting Substance Abuse and Mental Health Treatment

Another factor that has positively affected progress is better tailoring of mental health and substance abuse treatment. As discussed above in the modifications section, SBDPH has planned on providing a variety of different types of counseling and medical assistance. However, given the reality of the conditions on the ground among the population of returning individuals, and within the budget constraints of the graph, rather than trying to cover every major aspect of treatment that might be necessary, tailoring mental health and substance abuse treatment increased the likelihood of individuals not only enrolling, but being able to get their sessions and subsequently successfully completing the program.

Factors negatively affecting success

Among the factors that have impeded success, the first one we observed is funding. The grantee team would benefit tremendously had SBDPH been provided the full funding. For instance, the various treatment options proposed early on are not in our opinion feasible under current funding. There is simply no way to provide the amount of services proposed despite that these other services are critical to the individual success of clients.

Second, there are a cluster of factors centering on the lived-reality of reentry into the community. This is a population of individuals who are often poor or less affluent, in need of many different practical and mental health services, where the intensity and depth of need is a constant factor inhibiting or threatening to inhibit successful reintegration. For instance, in one example experienced by the Peer Navigation provider, through their work on the grant, they came across an individual who was released from prison a few months prior but had been staggering around the High Desert region, homeless, foodless, and without any reasonable ability to get back on his feet and change his situation. This to us is emblematic of the troubles faced by many similarly situated individuals, even if they might have a home or some relatively permanent shelter.

3) *Include a description of the degree to which the goals and objectives have been achieved. Provide preliminary data to support your achievements. Total number of participants, both duplicated and unduplicated, must be included. Include your definition of unduplicated counts.*

According to the grant proposal, SBDPH had anticipated being able to assist three-hundred unduplicated clients across the full three-year funding period. In light of the much reduced funding amount awarded and the several challenges discussed above, this number was adjusted to sixty-clients across the full period. Based on this modification, given that a total of thirty-two individuals (28% of all clients receiving individual counseling and 16% of all new unduplicated Peer-Navigation clients) have completed the full array of mental health and substance abuse services and an additional seventy who have yet to complete but are expected to, we posit that the SBDPH team has at the midterm point thus far achieved their goal.

The context for this determination is provided above, but it is necessary to mention that the team responded to a variety of different challenges in getting the program up and running, and toward ensuring that those who would benefit from the services provided would have that opportunity. It is because this grant allowed the flexibility to change course where needed, and the skills and eagerness, and deep concern about the well-being of the population of clients that the necessary changes were made and the results of those changes bearing fruit. Our observations lead us to thus far conclude a main reason is because the grantee team met regularly and discussed at length the obstacles to success that centered not only on what each provider was doing and how they can improve individually and in coordination with each other, but that we all share a deep recognition and interest in determining what individual clients, whether they enrolled in services or not, and the challenges they faced as they sought to reintegrate into the community.

4) *Describe the project's progress and performance towards reducing recidivism over the last two years of the grant. Discuss your progress as it relates to the BSCC definition of recidivism and any definition used by the grantee. Include the definition being used when different from the BSCC definition.*

The clear overriding outcome and goal for which these grants were awarded is to reduce recidivism through assisting former offenders and returning individuals so that they can be in a position to not offend again. Toward that end, based on the BSCC definition of recidivism only about 4% of the clients served have committed another office that would count as recidivating. Our definition follows the BSCC definition and therefore we do not need to clarify any difference. However, given that we are only at year two and that it took a few quarters to get up and running, we believe that any interpretation of the numbers must come with heavy qualification. First, the 4% is based on information provided by the follow-up calls to clients by the Peer Navigation provider and Sheriff's Department information provided the service provider and therefore might leave out individuals who might have offended but were not contacted or where they might have committed crimes elsewhere thus outside the current

capability to make such a determination. Second, with the project midterm, the evaluation team as not fully implemented or have requested (or will request) changes to the data collection process that will service as the basis for the final report. Last, many of the clients are still in the process of receiving services and while it is presumable that at least a few will recidivate, the time period is short. It could be that given another year, the final numbers will look different, however, thus far the 4% would be a considerable reduction relative to the San Bernardino Jail Utilization study that had found 59% recidivism based on new offenses (MacDonald, S., and O'Connell, K. 2016).

5) *Report data that was collected to demonstrate project progress and performance. Provide any additional information relevant to the project's progress and performance* (Please See Data Grid Below)

Data used to determine and demonstrate progress came from 1) the quarterly progress reports filed by the service providers, and 2) separate reports from data collection by Peer-Navigation service provider to include information provided by the Sherriff regarding recidivism of those were Peer-Navigation and/or Counseling clients. Below you will find a summary table showing a breakdown of enrollment numbers for each quarter beginning April 1, 2018 through June 30, 2019. Based on the numbers, we found that although there is variation between quarters, progress has been made regarding the number of new clients receiving Peer-Navigation services and for those that received mental health and substance abuse counseling services. We base this on what happened in the first three quarters where although 119 New Peer Navigation Clients, only thirteen of them received counseling, with twelve completing program services. Yet, in Quarters 7 and 8, despite only eighty-eight New Peer Navigation Clients, forty-nine were enrolled in counseling, and twenty of them completed program services. Coupled with the seeming reduction of recidivism among these clients, it is the conclusion of the evaluation team thus far that progress has been made among service providers and is improving as time goes on.

References

FindLaw for Legal Professionals (2018). California Code, Penal Code - PEN § 6046.1. http://codes.findlaw.com/ca/penal-code/pen-sect-6046-1.html.

MacDonald, S., and O'Connell, K. (2016). California Forward: Justice System Change Initiative San Bernardino County Jail Utilization Report.

San Bernardino County Reentry Collaborative (SBCRC) (2014). Strategic Plan. Funded by a grant from the U.S. Department of Justice, Second Chance Act Adult Offender Reentry Planning Grant Program (2011).

Proposition 47 Program Services: San Bernardino County Department of Public Health Q4 2018 - Q8 2019

Program Services	Q4 (04/01/18 - 06/30/18)	Q5 (07/01/18 - 09/30/18)	Q6 (10/01/18 - 12/31/18)	Q7 (01/01/19 -03/31/19)	Q8 (04/01/19 - 06/30/19)	Avg. (Q4-Q8) (04/01/18 - 06/30/19)	Total (Q4-Q8) (04/01/18 - 06/30/19)
New Peer Navigation Clients	**2**	**111**	**6**	**32**	**48**	**39.40**	**199**
Number of new enrollments (Unduplicated participants)	0	4	1	27	48	16.00	80 (41%)
Number of clients that received risk and need assessments	0	27	6	27	48	21.60	108
Number of clients that were connected to priority services (e.g. transportation and housing)	0	0	2	5	18	5.00	25
Number of clients that exited services without completing	0	0	0	12	0	2.40	12
Number of Clients: Individual Counseling	**2**	**5**	**6**	**49**	**49**	**22.20**	**111**
Number of new enrollments (Unduplicated participants)	2	3	6	29	24	12.80	64
Number of clients that completed their case plan or treatment plan	0	0	0	6	9	3.00	15
Number of clients that exited services without completing	1	2	1	14	23	8.20	41
Number of Clients: Group Counseling	**0**	**5**	**0**	**0**	**0**	**1.00**	**5**
Number of new enrollments (Unduplicated participants)	0	3	0	0	0	0.60	3
Number of clients that completed their case plan or treatment plan	0	0	0	0	0	0.00	0
Number of clients that exited services without completing	0	0	0	0	0	0.00	0
Number Clients: Job Skills Training	**0**	**3**	**6**	**0**	**0**	**1.80**	**9**
Number of new enrollments (Unduplicated participants)	0	0	6	0	0	1.20	6
Number of individuals that completed job skills training requirements	0	1	0	0	0	0.20	1
Number of individuals that were employed	0	2	0	0	0	0.40	2
Number of individuals that exited job skills training without completing	0	0	0	0	0	0.00	0
Number of Clients: Intensive Outpatient Treatment	**2**	**0**	**0**	**0**	**0**	**0.40**	**2**
Number of new enrollments (Unduplicated participants)	0	0	0	0	0	0.00	0
Number of new enrollments who comleted Case Plan or Treatment Plan	0	0	0	0	0	0.00	0
Number of individuals that exited without completing Intensive Outpatient Treatment	1	0	0	0	0	0.20	1
Number of Clients: Transportation Assistance	**0**	**3**	**3**	**10**	**43**	**11.80**	**59**
Number who completed Program Services To Date	**0 (0%)**	**0 (0%)**	**12 (10%)**	**23 (16%)**	**32 (17%)**	**6.00**	**32 (16%)**

Data for Table based on the Board of State and Community Corrections Proposition 47 Quarterly Progress Reports through June 30, 2019

Percent in the Number who completed Program Services To Date indicates the percentage of individuals who completed services vs the number of New Peer Navigation clients at the end of the particular quarter and overall.

Logic Model: Proposition 47 Recidivism Reduction: San Bernardino County Department of Public Health

Incarceration → Release → Peer-Navigator Services

- Peer Navigation
- Substance Abuse Counseling
- Mental Health Counseling
- Job Skills Training
- Transportation

Recidivism Rate

Safe, Healthy, Productive Community