



# Santa Barbara County Proposition 47 Cohort 2 Evaluation



# Santa Barbara County Proposition 47

## Cohort 2 Final Local Evaluation Report

This report was developed by RDA Consulting  
under contract with Santa Barbara County  
Department of Behavioral Wellness.

RDA Consulting, 2023







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# Executive Summary

## Background and Context

Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. Prop 47 requires the Board of State and Community Corrections (BSCC) to allocate 65% of these savings to local agencies for mental health and substance use disorder (SUD) treatment that is aimed at reducing recidivism.

In 2019, the Santa Barbara County Office of the Public Defender, District Attorney's Office, Behavioral Wellness (BWell), Sheriff's Office, Good Samaritan, and Family Services Agency, obtained a \$5,998,511 three-year grant from the BSCC to develop and implement the Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program. This grant, funded through Prop 47 Cohort 2 funds, began in January 2020 and concluded in December 2022.<sup>1</sup> The CREDO47 program diverts individuals with a history of serious mental illness (SMI) and/or SUD from the criminal justice system to community-based services, including crisis stabilization, comprehensive mental health and SUD wraparound services, case management support, and housing assistance. Santa Barbara County contracted RDA Consulting (RDA) as the external evaluator of the County's Prop 47 program.

## Evaluation Overview

This final CREDO47 program summative evaluation report provides a review of the client outcomes for Santa Barbara County's three-year Prop 47 program.

At the outset of the grant, Santa Barbara County identified three goals for the CREDO47 program:

- **Goal 1:** Reduce the number of individuals in the target population who are booked in jail.
- **Goal 2:** Connect individuals in the target population to the right level and type of care to meet their individualized needs and prevent hospitalization or jail.
- **Goal 3:** Improve CREDO47 clients' housing status.

To assess progress toward these program goals and impact, RDA developed the following process and outcome evaluation questions:

### Process Questions

1. How has the CREDO47 program been implemented? To what extent has implementation followed the original program model? What changes, if any, were necessary?
2. What successes and challenges have partners experienced implementing the CREDO47 program?
3. Who is being served by the CREDO47 program and what services are they receiving?

### Outcome Questions

1. To what extent does the CREDO47 program contribute to reductions in criminal justice involvement?
2. To what extent does the CREDO47 program contribute to reductions in crisis episodes and psychiatric hospitalizations?
3. What proportion of CREDO47 clients who engage in Step Down Housing obtain permanent housing?

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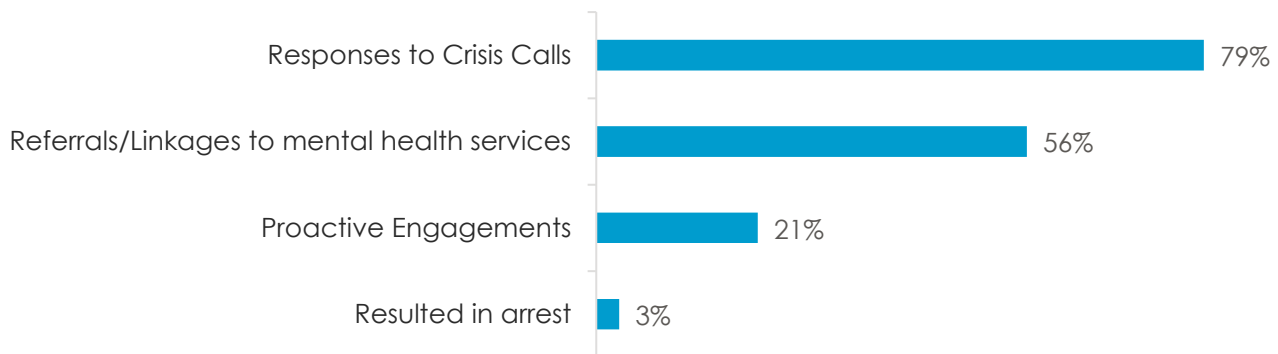
<sup>1</sup> The Cohort 2 grant was supposed to end February 28<sup>th</sup>, 2023; however, the County was also awarded Cohort 3 funding which required Cohort 2 services to end in December 2022.

# Key Evaluation Findings

## Pre-Arrest Diversion (Co-Response)

Between January 2020 and December 2022, the **Co-Response team served 367 clients across 460 encounters<sup>2</sup>**. Most Co-Response encounters were responses to crisis calls (79%, 362) and approximately one-fifth (21%, 98) were proactive engagements. The team provided direct service referrals or resource linkages to mental health services during one-third (32%, 146) of encounters. In line with the Co-Response team's goal of diverting individuals from the criminal justice system, only a few encounters (3%, 13) resulted in arrest.

**Figure 1. Co-Response Findings (N=460)**



### Strengths

- **Partnerships.** The team strengthened and expanded partnerships to connect clients to mental health services and other supports.
- **Flexible service delivery.** Flexibility in the Co-Response model allowed the team to engage with clients in a way that best meets their needs.

### Challenges

- **Staffing.** Behavioral Wellness experienced staffing changes and challenges between January 2020 and December 2022. The assigned clinician changed three times during the grant period whereas the same Co-Response deputy worked with this team for the whole of Cohort 2.

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<sup>2</sup> The number of Co-Response encounters was lower than expected because of staffing challenges Behavioral Wellness experienced as a result of COVID. During those times, the deputy worked without a partner, so the Co-Response team was not a complete unit and consequently activities were not counted as Co-Response.



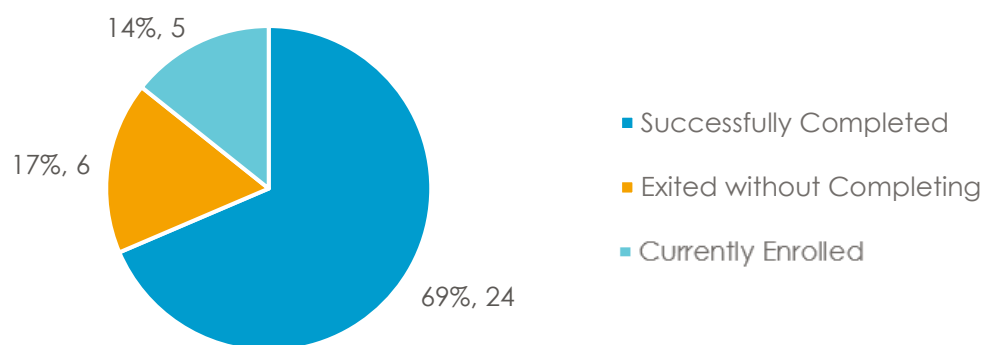
## Pre-Filing and Post-Filing Diversion

Between May 2020 and December 2022, 281 clients were referred to the pre- and post-filing diversion program. Of the 116 individuals with detailed referral data,<sup>3</sup> most were referred to the program by public defenders (61%, 71). A quarter of individuals were self-referred (22%, 26); the remainder were referred by district attorneys (9%, 11) or Community-Based Organizations (CBOs)/treatment providers (7%, 8).

In all, **35 (12%) of referred individuals enrolled** in the diversion program, approximately two-in-three enrolled in mental health services (66%, 23) and about half enrolled in substance use disorder services (51%, 18). Of those who enrolled in services, approximately two-thirds (66%, 23) received services from Behavioral Wellness. The other third of clients enrolled in mental health and/or substance use services with out-of-county or alternative providers (e.g., private, CBO).

**Approximately four-in-five individuals (80%, 24) who had exited the diversion program by December 2022 successfully completed the program requirements.** A small proportion of clients (20%, 6) exited without completing the program requirements. Five individuals remained enrolled in December 2022. Of the 24 clients who successfully completed the program requirements, 20 (83%) had their case dismissed by the District Attorney (post-filing); the District Attorney chose not to file charges (pre-filing) for four individuals.

**Figure 2. Pre- and Post-Filing Diversion Client Status (N=35)**



### Strengths

- **Connections and information sharing.** The Holistic Defense Advocate effectively connected justice-involved individuals with the District Attorney's Office to be considered for diversion and served as a CREDO47 resource for the community.
- **Coordination.** The Public Defender's Office established clear processes for receiving and reviewing cases, defined staff roles, and facilitated cross-sector collaboration.
- **Refined processes.** The District Attorney's Office refined the process for reviewing cases for pre-filing and post-filing diversion, which allowed cases to be assessed more expediently and for increased understanding among partners about which cases to recommend for diversion.

### Challenges

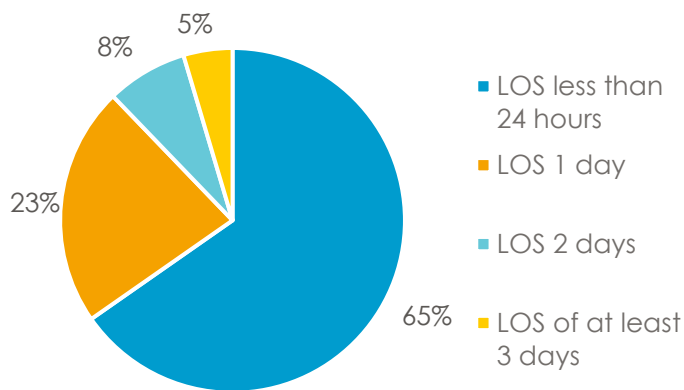
- **COVID-19.** COVID-19 impacts and restrictions required program partners to quickly modify the diversion component of the CREDO47 program from the original model.
- **Eligibility and participation criteria.** At times there has been confusion about the eligibility criteria and participation requirements among program partners and potential clients.

<sup>3</sup> Referral data wasn't collected for 165 of 281 (59%) of referrals; detailed information was often not captured when it was clear that a client was not eligible or interested.

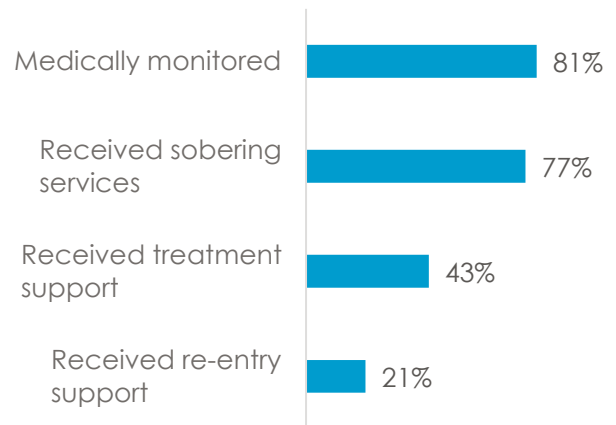
## CREDO47 Stabilization Center

Between February 2020 and December 2022, the CREDO47 Stabilization Center (“the Center”) served **703 clients across 975 encounters**. Most clients arrived from, or were transported by, Cottage Hospital, the police, jail, the Public Defender’s Office, the Sheriff’s Office, the Probation Department, and other community partners. There were **952 encounters with an intake date and time, a discharge date and time, and a calculated positive length of stay** (the discharge date is after the intake date). Approximately two out of every three encounters (65%, 622) had a length of stay (LOS) at the Center of less than 24 hours. Less than one-quarter of encounters (23%, 214) at the Center lasted between one and two days, 8% (72) had a LOS of between two and three days, and 5% (44) of encounters lasted at least three days. Most encounters resulted in the client being **medically monitored** (81%, 790) and/or the client receiving **sobering services** (77%, 752). Less than half (43%, 420) of the Center encounters resulted in the client being transitioned to treatment and over 20% (21%, 204) of the Center encounters resulted in the client receiving support **transitioning to the community after being released from jail**.

**Figure 3. Length of Stay at the Center (N=975)**



**Figure 4. Client Results at the Center (N=975)**



### Strengths

- **Service linkages.** The CREDO47 Stabilization Center effectively facilitated service linkages and successful client outcomes.
- **Safe sobering services.** The Center provided effective sobering services and continues to serve as a safe, supportive space for individuals under the influence of drugs and/or alcohol.
- **Outreach and awareness.** Staff conducted extensive community outreach when the CREDO47 Stabilization Center opened, and throughout the Cohort period, which effectively generated awareness and referrals.

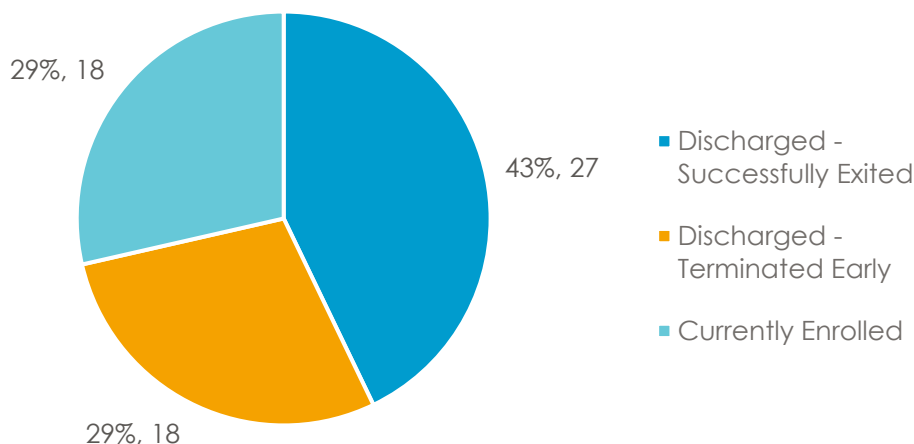
### Challenges

- **Length of stay.** Two-in-five individuals (40%) housed by the Center had a length of stay longer than 24 hours, which led to some confusion in the community about the role of the CREDO47 Stabilization Center.
- **Role Clarity.** The CREDO47 Stabilization Center has updated their policies and procedures over time, adding to the confusion in the community about the intent and role of the Center.

## Step Down Housing

Between February 2020, when Step Down Housing opened and December 2022, the program served **63 individuals** who were referred from the Public Defender's Office, behavioral health providers, Probation, or CBOs. **All clients participated in behavioral health services** through Behavioral Wellness or a private provider. Altogether, 45 clients exited Step Down Housing program by December 2022 and 18 clients were still actively housed. **Nearly two-thirds (60%, 27 out of 45) of discharged clients successfully completed the program** and about one-third (40%, 18 out of 45) were terminated early.

Figure 5. Step Down Housing Client Status (N=63)



Most clients (70%, 19 out of 27) who successfully completed were unhoused prior to entering Step Down Housing. Upon program exit, **all of these clients successfully transitioned to stable housing**. Of the 19 clients who were employed at the time of enrollment, **two-thirds (63%, 12) advanced their employment**. Of the nine clients who were in educational programming at the time of enrollment, **one-third (33%, 3) furthered their education**.

### Strengths

- **Client-centered.** Staff adopted a client-focused approach to working with clients.
- **Supportive staff.** Clients felt supported by housing staff while they were living in the house and after they transitioned to a new residence.
- **Collaboration.** Housing staff developed collaborative relationships with CREDO47 partners, CBOs, and community stakeholders to meet clients' needs.

### Challenges

- **Population served.** Step Down Housing may not be reaching all individuals who can benefit from the program, particularly women and individuals experiencing mental health challenges.
- **Staff turnover.** Staff turnover makes it challenging for housing staff to fulfill their many responsibilities. Clients indicated they perceived staff frustrations and clients held mixed perceptions of staff.





# Outcomes and Impact

## Ongoing Behavioral Health Services

- **Pre-Arrest Diversion (Co-Response).** Over half (59%, 263) of the Co-Response encounters with referral data available resulted in the team providing direct service referrals or resource linkages to mental health services.
- **Pre- and Post-Filing Diversion.** Most (83%, 29) of the 35 eligible and enrolled diversion clients participated in behavioral health services.<sup>4</sup> Approximately 66% of clients (23) received services from Santa Barbara County Behavioral Wellness, 17% of clients (6) received services in other counties, and 17% (6) of clients were receiving services from an alternative provider (e.g., private, CBO).
- **CREDO47 Stabilization Center.** Most encounters (72%, 651) resulted in a referral to SUD treatment, while a smaller proportion of encounters (18%, 166) were referred to mental health services. Most behavioral health referrals were for the County's Access Line<sup>5</sup> (60%, 541).
- **Step Down Housing.** Most of the 63 Step Down Housing clients engaged in SUD services (86%, 54) and/or mental health services (76%, 48).

## Recidivism Outcomes

- **Crisis episodes.** Engagement with crisis services significantly decreased six months after program engagement for clients who successfully completed Step Down Housing (100% decrease) as well as those that successfully completed Pre-and-Post Filing Diversion (92% decrease).
- **Jail bookings.** Jail stays significantly decreased six months after program engagement for clients who successfully completed Step Down Housing (94% decrease) as well as those that successfully completed Pre-and-Post Filing Diversion (90% decrease).
- **Criminal convictions.** The proportion of clients who recidivated in terms of criminal convictions for offenses that took place after engagement with the CREDO47 program varied significantly by program. Pre-and-Post Filing Diversion, Step Down Housing, and Co-Responses clients had very low rates of recidivism (6%, 7%, and 8% respectively), while recidivism rates for CREDO47 Stabilization Center were higher (20%).

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<sup>4</sup> The remaining clients (17%, 6) were accepted and enrolled but never engaged in treatment.

<sup>5</sup> The Access Line is provided by the Department of Behavioral Wellness to individuals who have or are eligible for Medi-Cal. Individuals can call a 24-hour toll-free number and complete an intake assessment over the phone to be referred to appropriate behavioral health and supportive (e.g., housing, basic needs) services.

## Racial Equity Analysis

As part of the evaluation, race and ethnicity data was analyzed to understand how different racial and ethnic groups were affected by the CREDO47 program relative to the overall target population of individuals whose cases were filed by the Office of the District Attorney (i.e., cases where the DA filed charges). Overall, a smaller proportion of clients involved with CREDO47 are Hispanic/Latinx and a larger proportion are White (non-Hispanic) relative to the target population. However, results varied significantly by program. Race and ethnicity disparities are greatest for Co-Response, while clients served by Step Down Housing more closely resemble the race and ethnicity distribution of the target population.

## Cost Analysis

The evaluation also explored potential cost savings to the county by operating the CREDO47 Program. First, the savings in court hearing costs for individuals diverted out of the court system in the pre-arraignment diversion component were calculated and show that each case diverted out of the court system saves the County approximately \$2,398 in court related costs. Second, the cost analysis evidenced that while the CREDO47 Stabilization Center is a more expensive placement than jail, it is more cost effective than serving individuals in the emergency department with an estimated cost savings of \$43,000 per client diverted from the emergency department to the CREDO47 Stabilization Center.

## Overarching Themes

- **Progress towards goals and objectives.** The CREDO47 program provides important support to individuals with SUD and SMI. The program made significant progress towards the program's goals and objectives, including reducing the number of people booked into jail, connecting individuals to appropriate services, and improving clients' housing status.
- **Capacity limitations.** The County's limited short- and long-term housing capacity created challenges throughout the CREDO47 program.
- **Collaboration.** CREDO47 partners are developing systems and processes to work together to make decisions, develop workflows, and meet clients' needs.



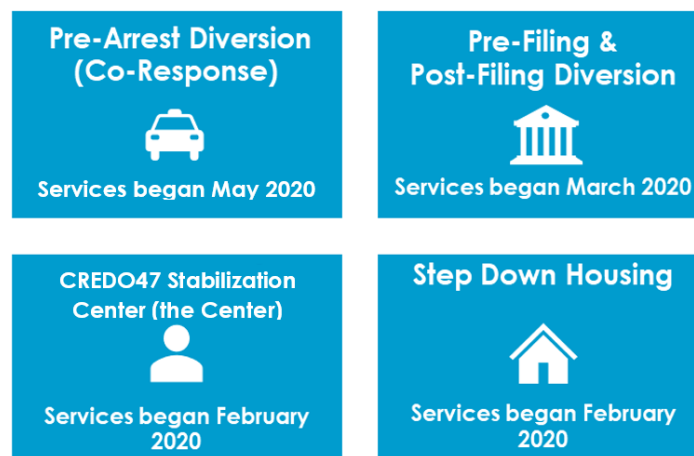
## Introduction

Approved by California voters in November 2014, Proposition (Prop) 47 reclassified certain nonviolent, non-serious drug and property crimes from felonies to misdemeanors and generated millions of dollars in state savings from the reduction of the state prison population, state hospital commitments, and court caseloads. Prop 47 requires these savings to be placed in the Safe Neighborhoods and Schools Fund and mandates the Board of State and Community Corrections (BSCC) to allocate 65% of the fund for mental health and substance use disorder treatment that is aimed at reducing recidivism, 25% for crime prevention and support programs in schools, and 10% for trauma recovery services for crime victims. Funds are allocated to local agencies through a competitive grant process administered by the BSCC to provide services to justice-involved individuals with behavioral health needs.

## Project Overview

The Santa Barbara County Office of the Public Defender, in partnership with the Santa Barbara County Department of Behavioral Wellness, the Santa Barbara County District Attorney's Office, the Santa Barbara Sheriff's Office, Good Samaritan, and Family Services Agency, obtained a Prop 47 Cohort 2 \$5,998,511 grant from the BSCC to develop and implement the Crisis, Recovery, Engagement, Diversion, and Outreach (CREDO47) program.<sup>6</sup> The CREDO47 program diverts individuals with a history of SMI and/or SUD from the criminal justice system to trauma-informed, community-based treatment services, including crisis stabilization, comprehensive mental health and SUD wraparound services, case management support, and housing assistance (see Appendix A for the program's logic model, which depicts inputs, activities, outputs, and outcomes). Specifically, Santa Barbara County is using Prop 47 funds to implement the diversion activities and services illustrated in Figure 6.

**Figure 6. CREDO47 Program Components**



<sup>6</sup> The program was formerly called the Crisis Intervention, Diversion and Support (CIDS) Program.

## Diversion

- **Pre-arrest diversion through a Co-Response team.** The team includes a mental health clinician and a Sheriff's deputy who respond to behavioral health crisis calls in lieu of arrest for minor crimes (e.g., low-level misdemeanors). The Co-Response team may provide referrals and/or facilitate warm handoffs to subsequent services, including mental health stabilization support, sobering services, longer-term behavioral health treatment, social services, basic needs assistance, and housing support.
- **Pre- and post-filing diversion for individuals who have been cite-released or booked into custody.** Individuals who have been cite-released or booked into custody undergo a thorough, three-stage screening process to determine their eligibility for the CREDO47 program. Individuals with cases that are approved by the Holistic Defense Advocate, Public Defender (or private attorney if an individual has their own counsel), and, ultimately, the District Attorney, are approved for diversion and formally enrolled in the program. Clients can have their charges dropped or dismissed pending successful completion. Completion requirements are tailored to each individual based on their substance use and/or mental health treatment needs.

## Services

- **CREDO47 Stabilization Center.** The CREDO47 Stabilization Center (formerly the Sobering Center) is led by a local community-based organization (CBO), Good Samaritan. The CREDO47 Stabilization Center ("the Center") provides short-term sobering services and serves as a temporary transition space for individuals who are stepping down from jail to the community and/or entering a behavioral health residential program. Individuals typically remain at the Center for approximately 24 hours, although longer stays are permitted on a case-by-case basis. The Center offers case management, alcohol and drug counseling, transition support, and medical care.
- **Step Down Housing.** The Step Down Housing program is led by Good Samaritan and offers four supportive housing facilities with the capacity to house up to 20 individuals with SMI and/or SUD. Individuals can reside in houses for six to 12 months and receive case management, behavioral health services (e.g., individual and group support), life skills assistance (e.g., financial literacy classes, cooking classes, in-vivo individual coaching), and housing support (e.g., securing housing vouchers) to encourage residents' long-term housing and behavioral health stability.

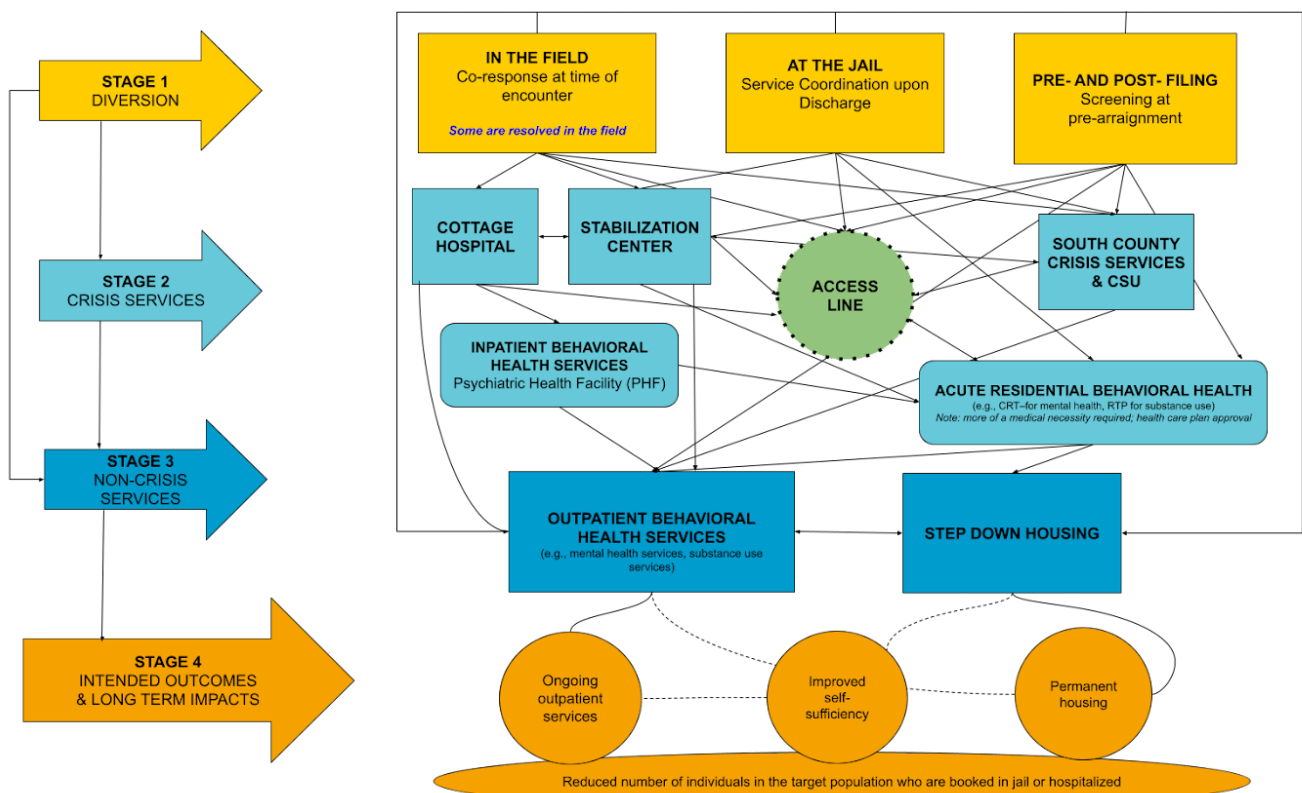


# Santa Barbara CREDO47 Program Systems Map

Clients enter and move through the CREDO47 system in a wide variety of ways. Figure 7 below visualizes the various paths clients may take as they move through up to four key stages.

In **Stage 1—Diversion**, clients are initially reached in one of three ways: (a) in the field by Co-Response teams, (b) at the jail—where service coordination occurs upon discharge, or (c) during pre- and post-filing where a screening occurs at pre-arraignment. Some proportion of encounters in the field by Co-Response are resolved in the field. Clients who are connected to or first interact with **Stage 2—Crisis Services**, may access and receive support through one or more of the following: Cottage Hospital, the CREDO47 Stabilization Center, Access Line, and South County Crisis Services & Crisis Stabilization Unit (CSU). In some cases, clients are directly referred to Acute Residential Health Services. These clients may then be referred to Step Down Housing and Outpatient Health Services in **Stage 3—Non-Crisis Services**. Clients may also be referred to outpatient behavioral health services directly via Cottage Hospital, the CREDO47 Stabilization Center, Access Line, South County Crisis Services & CSU or Inpatient Behavioral Health Services. Ultimately, the CREDO47 program is designed to, and has proven to contribute to, **Stage 4—Intended Outcomes & Long-Term Impacts**, including ongoing outpatient services, permanent housing, and improved self-sufficiency.

Figure 7. CREDO47 Program Systems Map





## Evaluation Overview and Methodology

Santa Barbara County contracted RDA Consulting (RDA) as the external evaluator of the County's Prop 47 Cohort 2 program. This final evaluation report provides a review of the of CREDO47 program from its start in January of 2020 until December of 2022.<sup>7</sup>

The County established the following goals and objectives listed in Table 1 to measure CREDO47 program success.<sup>8</sup>

**Table 1. CREDO47 Goals and Objectives**

Goals	Objective
<b>Goal 1:</b> Reduce number of individuals in the target population who are booked in jail.	Co-Response team to direct CREDO47 clients to the South County Crisis Services (SCCS) Hub <sup>9</sup> or CREDO47 Stabilization Center, preventing bookings in jail.
<b>Goal 2:</b> Connect individuals in the target population to the right level and type of care to meet their individualized needs and prevent hospitalization or jail.	Provide immediate support and engagement to successfully transition individuals to the right level of care and services for their individual needs.
<b>Goal 3:</b> Improve CREDO47 clients' housing status.	Partner with CBOs to transition adults with SMI/SUD who come into contact with law enforcement to housing and continuum of support programs.

<sup>7</sup> The County also received Cohort 3 funding which required that Cohort 2 services be completed by December 31<sup>st</sup>, 2022 instead of February 28<sup>th</sup>, 2023.

<sup>8</sup> Some of the language in the goals and objectives changed from the original proposal to reflect updated names.

<sup>9</sup> The SCCS Hub is the centralized location for crisis services in southern Santa Barbara County and includes the Crisis Stabilization Unit (CSU), South County Crisis Services (SCCS), the CREDO47 Stabilization Center, and the Substance Use Disorder Wellness and Recovery Access Point (SUD WRAP). The SCCS Hub offers support for individuals experiencing a mental health crisis, including intake assessments and referrals and warm hand-offs to treatment.

To assess progress toward the goals and objectives, and the implementation and impact of the CREDO47 program more broadly, RDA developed the following process and outcome evaluation questions:

**Table 2. CREDO47 Process and Evaluation Questions**

Evaluation Type	Evaluation Questions
Process	<ol style="list-style-type: none"> <li>1. How has the CREDO47 program been implemented? To what extent has implementation followed the original program model? What changes, if any, were necessary?</li> <li>2. What successes and challenges have program partners experienced implementing the CREDO47 program?</li> <li>3. Who is being served by the CREDO47 program and what services are they receiving?</li> </ol>
Outcome	<ol style="list-style-type: none"> <li>1. To what extent does the CREDO47 program contribute to reductions in criminal justice involvement? What proportion of program clients recidivate?</li> <li>2. To what extent does the CREDO47 program contribute to reductions in crisis episodes and psychiatric hospitalizations?</li> <li>3. What proportion of CREDO47 clients who engage in Step Down Housing obtain permanent housing?</li> </ol>

## Quantitative Data Collection and Analysis

### Data Collection

RDA requested individual-level administrative data for individuals participating in each of the CREDO47 program components (pre-arrest diversion, pre- and post-filing diversion, the CREDO47 Stabilization Center, and Step Down Housing) from the beginning of program implementation, approximately January 2020,<sup>10</sup> through December 2022. RDA received the following quantitative data:

- Program participation and client demographics
- Step Down Housing and pre- and post-filing diversion client outcomes
- Behavioral health services
- Client jail bookings and convictions

Demographic information (e.g., age, gender, race/ethnicity), behavioral health service receipt, and recidivism outcomes<sup>11</sup> were assessed for all clients. The key quantitative data elements outlined in .

<sup>10</sup> Each program component began on a different date, as described in the *Findings* section.

<sup>11</sup> Recidivism was assessed in two ways: (1) using the definition of a new booking and (2) using the definition of a new conviction for a misdemeanor and/or felony offense that was committed after program enrollment or engagement.

**Table 3** were also used to assess each of the program components.

**Table 3. Key Quantitative Data Elements**

Program Component	Data Element
Pre-Arrest Diversion (Co-Response)	<ul style="list-style-type: none"> <li>• Call date</li> <li>• Call source</li> <li>• Call type (e.g., proactive engagement, crisis response)</li> <li>• Call outcome</li> <li>• Service referrals</li> </ul>
Pre- and Post-Filing Diversion	<ul style="list-style-type: none"> <li>• Date screened</li> <li>• Diversion recommendation, approval, and rationale</li> <li>• Diversion outcome</li> <li>• Behavioral Health needs</li> <li>• Service participation</li> </ul>
CREDO47 Stabilization Center	<ul style="list-style-type: none"> <li>• Service date</li> <li>• Service type</li> <li>• Discharge date</li> <li>• Service referrals</li> </ul>
Step Down Housing	<ul style="list-style-type: none"> <li>• Intake date</li> <li>• Number of bed days</li> <li>• Behavioral health needs</li> <li>• Service participation</li> <li>• Discharge date/status</li> <li>• Client education, employment, housing outcomes</li> </ul>

## Data Analysis

**Data Preparation and Quality Assurance.** When necessary, data were merged on one or more identifiers. Program and client data from Vertical Change<sup>12</sup> and behavioral health service data from Behavioral Wellness's Electronic Health Record system (EHR) utilized a common client identification number, which allowed RDA to match distinct datasets utilizing the client identification number and service date.

**Descriptive Statistics.** RDA calculated descriptive statistics (e.g., means, frequencies, percentages) to examine client demographic characteristics, program participation, behavioral health service receipt,

<sup>12</sup> In February 2020, Santa Barbara County's Department of Behavioral Wellness implemented a new software, Vertical Change, to support data collection and program monitoring for Prop 47 and other inter-agency efforts.



and preliminary client outcomes, including recidivism, housing, education, and employment outcomes. Demographic characteristics, program participation, and behavioral health service details were examined within each program component for all clients. Preliminary housing, education, and employment outcomes were calculated for Step Down Housing clients.

## Qualitative Data Collection and Analysis

### Data Collection

RDA interviewed a total of 24 CREDO47 stakeholders in the spring of 2021 in preparation for the Preliminary Evaluation Report (PER) and 27 CREDO47 stakeholders in the fall of 2022 in advance of the Final Local Evaluation Report (FLER). Some individuals were interviewed at both points in time. Table 4 provides a list of all programs and agencies represented and the number of individuals engaged from each.

**Table 4. Qualitative Data Collection Activities**

Program / Agency	Spring 2021	Fall 2022
Behavioral Wellness	3	2
Public Defender's (PD) Office	3	2
District Attorney's (DA) Office	2	1
Sheriff's Office	1	1
Holistic Defense Advocate	1	2
Co-Response Staff	3	2
CREDO47 Stabilization Center Staff	3	3
Step Down Housing Staff	2	3
Step Down Housing Clients	5	11
Wellpath Staff	1	0
<b>Total</b>	<b>24</b>	<b>27</b>

### Data Analysis

RDA employed thematic analysis to examine interview transcripts and identify common trends in perspectives across the different stakeholders. The data were categorized into high-level themes, including program implementation, associated strengths and challenges, and recommendations for improvements to future service delivery. These trends were then synthesized into key findings.

# Limitations and Considerations

**Inter-Agency Data Collection.** In February 2020, Santa Barbara County's Department of Behavioral Wellness implemented a new software, Vertical Change, to support data collection and program monitoring for Prop 47 and other inter-agency efforts. Staff from each program component capture and document client data (e.g., demographics) and program component activities (e.g., encounter date, services provided) in Vertical Change. These data elements and reporting processes have evolved over time in response to feedback and to reflect changing needs and activities of each CREDO47 program component. Some data elements were available from the start of implementation while others are newer additions.

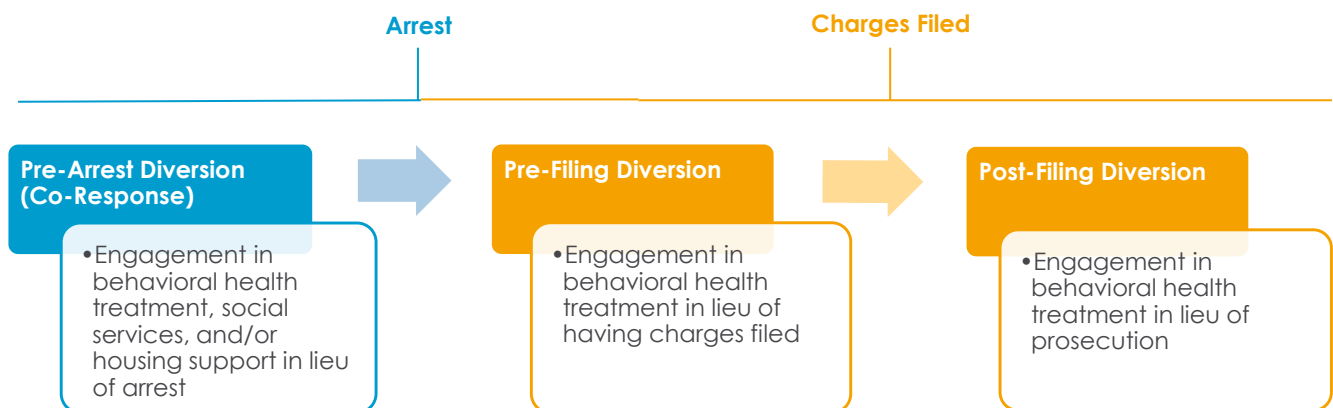
RDA worked closely with Behavioral Wellness to undergo an extensive data quality assurance process for the Preliminary Evaluation Report (PER) to ensure the data from Vertical Change presented in the PER and in this current report accurately reflect Prop 47 program activities in Santa Barbara County. RDA limited the reporting period for most analyses through December 2022 to allow sufficient time for data review and cleaning.



## Findings: Diversion Entry Points

The CREDO47 program diverts individuals with a history of SMI and/or SUD from the criminal justice system to a variety of community-based treatments and services. Individuals can be diverted at one of two points, including (1) in the field prior to arrest through the Co-Response team or (2) through the District Attorney's Office after a citation or arrest and either before or after charges are filed, as depicted in Figure below.

**Figure 8. CREDO47 Diversion Entry Points**



### Pre-Arrest Diversion (Co-Response)

Santa Barbara County's Prop 47 program includes one Co-Response team that responds to behavioral health crises and diverts individuals from jail to appropriate treatment prior to arrest.<sup>13</sup> The Co-Response team includes a mental health clinician who is a member of Behavioral Wellness' (BWell's) Mobile Crisis Response (MCR) team<sup>14</sup> and a Sheriff's deputy who is trained in Crisis Intervention Team (CIT) programming. The Co-Response team conducts proactive engagements, in which they follow up with an individual for whom they previously responded to a crisis call or who could be at risk of experiencing a future crisis. Team members are trained to identify symptoms of SMI and SUD. The Co-Response team may divert clients away from the criminal justice system through 5150 or crisis voluntary treatment services (e.g., CSU, the CREDO47 Stabilization Unit, current treatment providers or resolve the crisis call in the field). The Co-Response team is co-managed by BWell and the Sheriff.

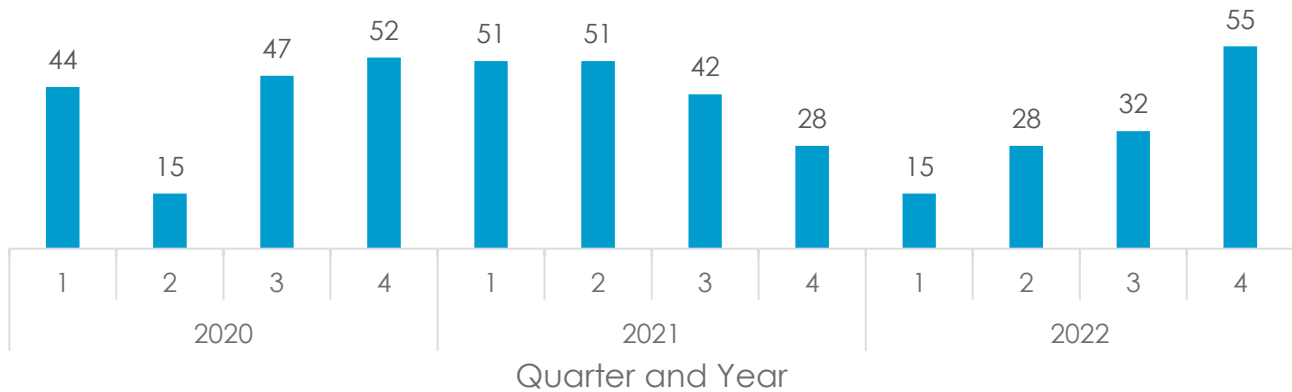
<sup>13</sup> Santa Barbara County has three additional Co-Response teams that serve other areas of the County - two of which were funded by another grant in partnership with BWell and the Sheriff's Office and one in partnership with BWell and the Santa Barbara Police Department.

<sup>14</sup> MCR is a Behavioral Wellness program composed of mental health clinicians who respond to requests for involuntary psychiatric hold assessments from law enforcement, families, hospitals, and others.

## Co-Response Services

From January 2020 through December 2022, the Co-Response team served 367 clients across 460 encounters (362 crisis responses, 98 proactive engagements). On average, the Co-Response team engaged in 38.3 encounters per quarter (see Figure 9 below).

**Figure 9. Co-Response Crisis and Proactive Encounters (N=460)**



Most Co-Response encounters were responses to crisis calls (79%, 362), while about one-fifth (21%, 98) of encounters were proactive engagements. Nearly all the crisis calls (95%, 344) originated from 911 dispatch, whereas proactive engagements were requested from the Co-Response team (53%, 52), law enforcement agencies (34%, 33), and/or from Behavioral Wellness (34%, 33).

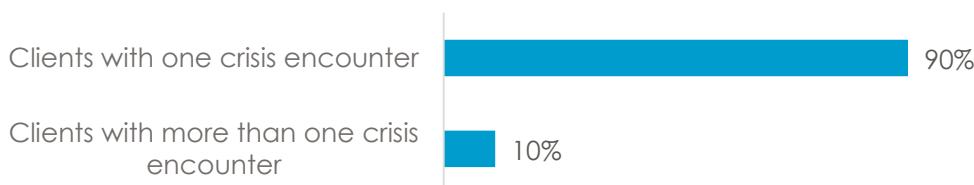
**Figure 10. Origin of Proactive Engagements (N=98)**



Most clients interacted with the Prop 47 Co-Response team once (85%, 311), however clients may have also interacted with other non-Prop 47 Co-Response teams available in the County (e.g., CIT 2, CIT 3, CIT Z) not detailed in this report.

Of 367 Co-Response clients, 317 clients had a crisis encounter with the Co-Response Team. These 317 clients accounted for 362 crisis encounters. 32 (10%) clients had more than one crisis encounter with the Co-Response Team (see Figure 11 below).

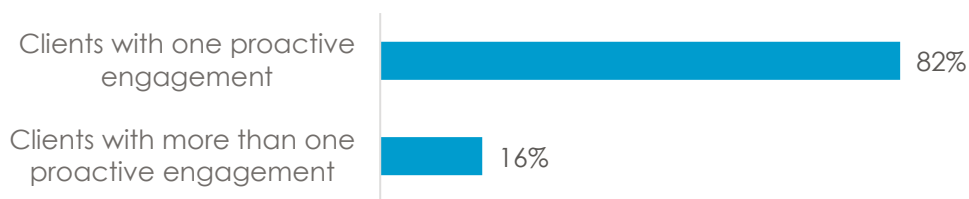
**Figure 11. Crisis Encounters (N=317)**





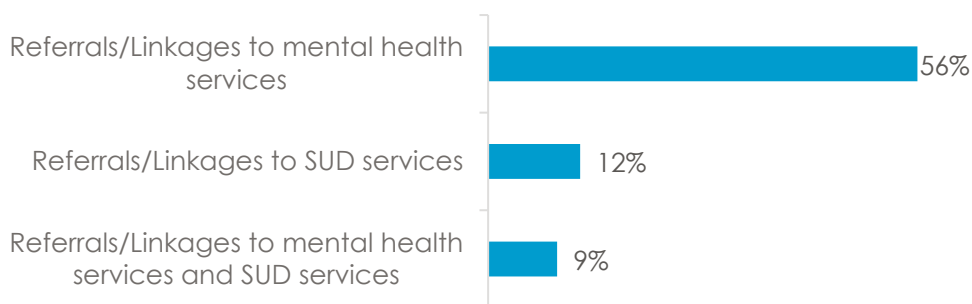
Of the 367 Co-Response clients, 73 (20%) clients had a proactive engagement encounter with the Co-Response Team. These 73 clients accounted for 98 proactive engagements. 11 (15%) clients had more than one proactive engagement encounter with the Co-Response Team (see Figure 12 below).

**Figure 12. Proactive Engagement Encounters (N=98)**



Of the 263 (59%) Co-Response encounters in which referral data were available, the team provided direct service referrals or resource linkages to mental health services during approximately one in every two (56%, 146) interactions. The Co-Response team also referred clients to substance use services (12%, 32) or substance use and mental health services (9%, 23). Both mental health and substance use referrals included direct service linkages when applicable, where the team would transport the client to the referral agency. Mental health and/or substance use providers to which clients were referred were County crisis services (24%, 64), the client's current treatment provider (14%, 38), or the Access Line (30%, 78).

**Figure 13. Pre-Arrest Diversion (Co-Response) Encounter Referrals (N=263)**



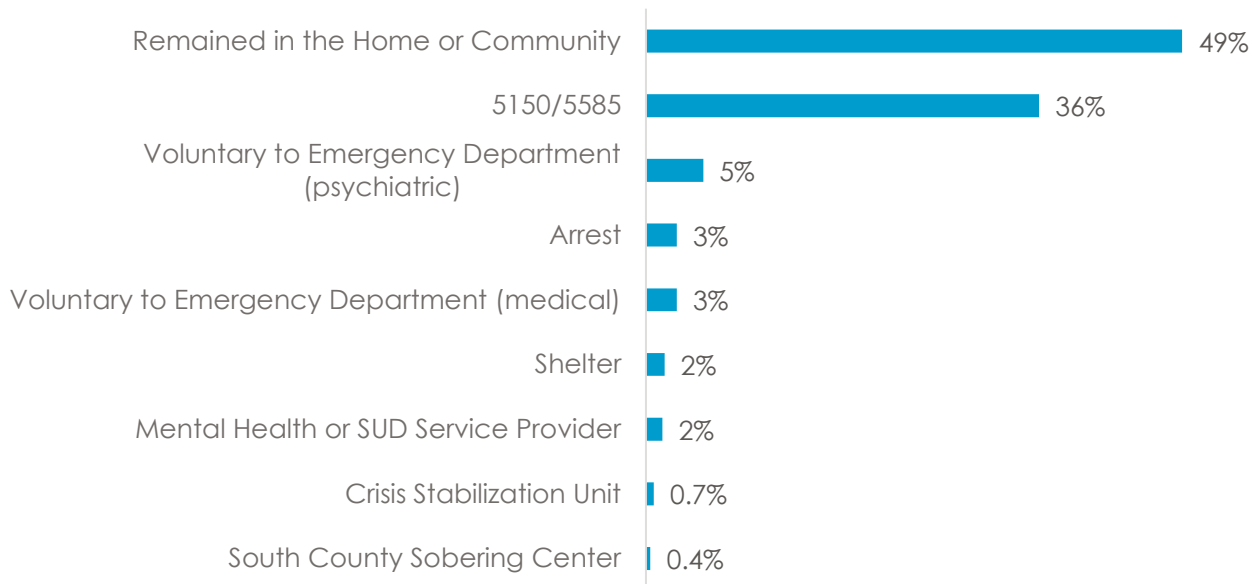
The Co-Response team offered other support services during approximately one in five encounters (19%, 88). The Co-Response team connected clients with social services (11%, 51), basic necessities (6%, 27), and medical/healthcare services (5%, 23). While the Co-Response team attempted to refer clients to subsequent services, overall, more than 10% (12%, 54) of encounters resulted in the client denying referrals offered by the team. Refusal of service referrals could be due to the client's disinterest in services, the client already receiving services, or any other extraneous factors. Among the 103 (22%) encounters in which the client was unhoused, 10% (10) resulted in a referral to a shelter or housing resource such as the Salvation Army, Recovery Way, Rescue Mission, and PATH.

Aside from providing referrals and warm hand-offs to services, Co-Response encounters resulted in other outcomes such as case management, education about the risks associated with firearms, mental illness, and crisis situations, weapons confiscation, and Safety planning.

## Call Dispositions

Over one-third (36%, 164) of encounters resulted in the team placing the client on an involuntary psychiatric hold (i.e., 5150 or 5585). Encounters also resulted in the client being hospitalized (37, 8%). Finally, in line with the Co-Response team's goal of diverting individuals away from the criminal justice system, 3% (13) of encounters resulted in an arrest. Encounter dispositions can be seen below in Figure 14.

**Figure 14. Pre-Arrest Diversion (Co-Response) Crisis Call and/or Proactive Engagement Encounter Disposition (N=460)**



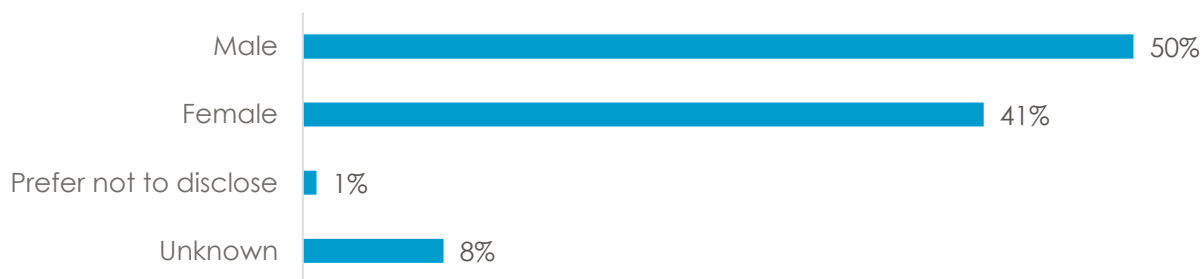
## Client Profile

Of the 367 Co-Response clients, 150 clients (41%) identified as female, 183 (50%) identified as male, and 3 clients (1%) preferred not to disclose their gender. The remaining 31 (8%) clients did not have a gender captured in the available data. On average, Co-Response clients were 42.1 years old, ranging in age from 10 years old to 83 years old<sup>15</sup>.

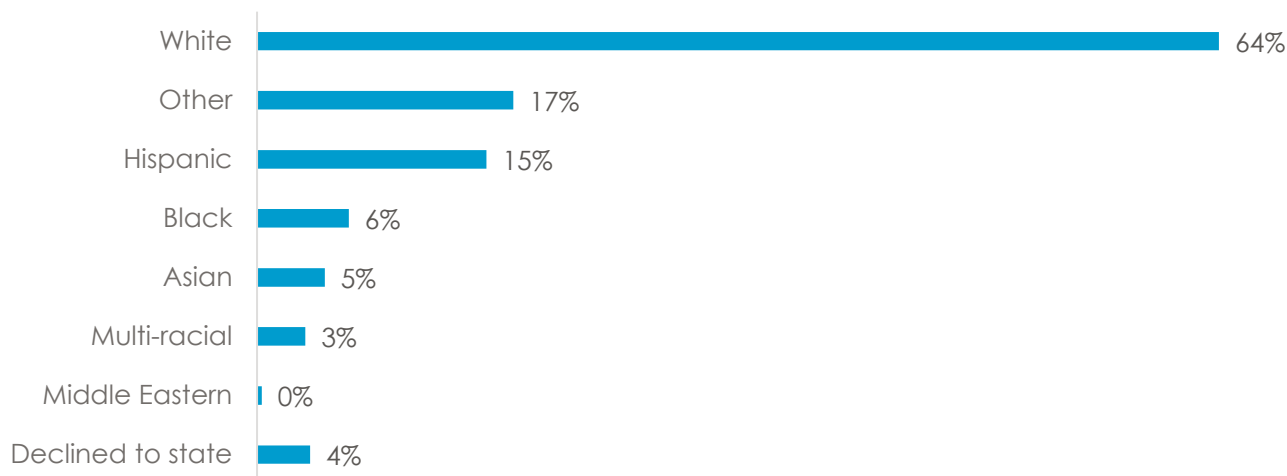
85% (311) of clients did not identify as Hispanic and of those clients, 64% (199) identified as White, 5% (14) identified as Asian, 6% (19) identified as Black, less than 1% (1) identified as Middle Eastern, and 17% (53) identified as some other race ("Other"). Less than 5% (4%, 11) did not disclose a race. Those who had more than one race reported were reported as "Multiracial" (3%, 10). Client profile results can be seen in Figure 15 (gender) and Figure 16 (race/ethnicity) below.

<sup>15</sup> Ages greater than 0 and less than 100 were included for analysis.

**Figure 15. Pre-Arrest Diversion (Co-Response) Gender (N=367)**



**Figure 16. Pre-Arrest Diversion (Co-Response) Race/Ethnicity (N=311)**



## Strengths & Challenges

The findings below describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

### Strengths

**The Co-Response team has successfully diverted eligible individuals away from the criminal justice system.** 3% (12) of encounters with the Co-Response team resulted in arrest, meaning individuals who encounter the Co-Response team are provided opportunities to receive services in an environment other than incarceration. Many clients express their gratitude for the Co-Response teams.

**The Co-Response team continues to strengthen existing partnerships and expand partnerships to divert clients and connect clients to mental health supports and other services.** Within co-response, the law enforcement and clinician relationship are beneficial. Outreach and trainings with law enforcement/sheriff's department emphasized the importance of crisis intervention, de-escalation, and diversion opportunities.

*"I first looked more to be helpful [to my (Sheriff's deputy) Co-Response partner], then he said this is more your ball. As we got to know each other better, he would say, 'that is mental health' sooner [than he previously did]. Having that regular partnership; I felt more comfortable being assertive...."*

*- Co-Response Team Staff*

The team connects eligible individuals to County behavioral health services through the County Access Line. If an individual does not meet eligibility criteria for County services or is uninsured, the Co-Response team works with the individual and, as appropriate, their family, to connect them with services. Co-Response staff recounted the lengths they went through to place a client in a “safe space”, including reaching out to family and friends when other options were not available.

**Flexibility in the Co-Response model allows the team to engage with clients in a way that best meets their needs.** The Co-Response team's approach allows either the Sheriff's deputy or the clinician to take the lead when responding to a crisis call or proactive engagement. Team staff noted that clients may require law enforcement intervention if they are a danger to themselves or others, whereas in instances in which safety is not a concern, intervention by the clinician may be more appropriate. Additionally, some individuals may be more responsive to law enforcement or mental health providers based on past experiences. The team's responsivity to clients' needs and preferences helps diffuse crises, build rapport between the team and the client, and ultimately connect clients to supports.

## Challenges

**Staffing.** Behavioral Wellness experienced a few staffing changes and extended absences due to COVID-19 and a staff medical leave, while the same Co-Response deputy worked with this team for the whole of Cohort 2. During a clinician's medical leave another clinician filled in part-time, but this is not a reliable solution for the Co-Response unit.

*“The Co-Response clinician has had a lot of staffing changes over time (e.g., medical leave, job duty transitions, (to) part time position). No one fully dedicated to the team for the entirety of the grant. There were vacations, COVID leaves, and other leaves.”- CREDO47 Partner*

During the times when the deputy worked without a partner, the co-response team was not a complete unit and consequently the deputy's activities were not counted as Co-Response or tracked in Vertical Change.

## Stakeholder Recommendations<sup>16</sup>

- Continue to explore opportunities to increase the number of Co-Response teams to improve response times and ensure at least one team is in the field at any given point in time.
- Hire additional co-response staff, including a co-response supervisor and co-response clinicians. Relatedly, one stakeholder suggested creating a new job description for co-response clinicians (given the unique skillset required) and providing hazard pay to co-response staff.
- Provide additional training for co-response teams and patrol officers, including additional 40-hour CIT training<sup>17</sup> for mobile crisis response and training on trauma-informed care.

*“More Co-Response teams. Two teams 24-7. North (Santa Maria) and South County (Santa Barbara). One team for each. It is hard for [for the Santa Barbara Co-Response team] to get to Santa Maria because it is an hour away.” – CREDO47 Partner*

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<sup>16</sup> Due to confidentiality, specific stakeholders are not identified.

<sup>17</sup> [https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs)



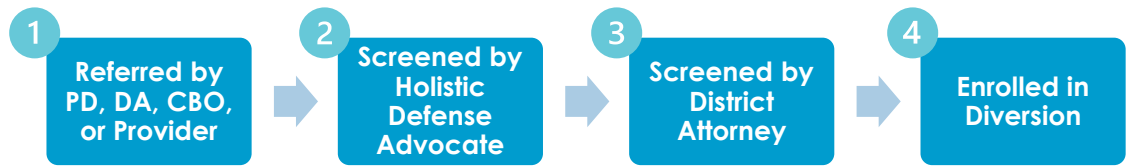
# Pre- and Post-Filing Diversion

The CREDO47 program provides Pre- and Post-Filing Diversion opportunities for individuals who have been cite-released or booked into custody for minor crimes and have a history of serious mental illness (SMI) and/or substance use disorder (SUD). The original program model included a Holistic Defense Advocate housed in the jail to screen individuals before they were booked into custody and divert eligible individuals from custody to treatment and CREDO47 program services. However, due to COVID-19 restrictions, most individuals eligible for the program were cited and released. Therefore, the County restructured the diversion program and physically relocated the Holistic Defense Advocate to the Public Defender's Office.

When the diversion program was first implemented, individuals were also required to be residents of Santa Barbara County and to be Medi-Cal eligible; however, eligibility criteria has expanded over time to serve a greater number of individuals and a more diverse population. The program is now open to residents from any county who (1) received a citation, were arrested, or charged with a non-violent misdemeanor or low-level felony in Santa Barbara County, (2) display symptoms or have a history of SMI/SUD, and (3) are willing to engage in SUD/SMI treatment. Individuals are also eligible for diversion regardless of their Medi-Cal eligibility, which has opened the program to Santa Barbara County's undocumented population as well as those with private insurance.

Individuals can be referred to the program through the Public Defender's Office or the District Attorney's Office. Program staff have also engaged in outreach efforts to promote the diversion program to providers and CBOs that serve individuals with mental health issues and/or substance use disorders, and clients can be referred to the diversion program through these individuals and organizations as well. Once an individual is referred to the program the Holistic Defense Advocate conducts an in-depth screening to determine eligibility and to provide resources and referrals for needed services (e.g., housing, behavioral health services, social services) to individuals as appropriate. Eligible cases are then submitted to the District Attorney's Office for final review. The District Attorney ultimately determines whether an individual is approved to participate in diversion through the CREDO47 program.

**Figure 17. Case Review Process from Referral to Enrollment**



Cases can be approved both before and after charges are filed—referred to as pre- and post-filing, respectively. The charges of clients enrolled pre-filing are held in abeyance and dropped upon successful program completion or filed if program requirements are not met. Alternatively, the charges of clients enrolled post-filing are dismissed upon successful program completion or their cases are tried if program requirements are not met. Program requirements are tailored to the needs of each individual client and generally include participation in behavioral health treatment.

## Pre- and Post-Filing Diversion Services

Santa Barbara County's Prop 47 diversion services were slated to begin on March 11, 2020, at the onset of the COVID-19 pandemic. As a result, screenings for diversion appropriateness were postponed until May. Between May 2020 and December 2022, 282 individuals were referred to the program: 68 passed pre-screening (e.g., were initially found eligible), and 35 were subsequently enrolled.

Of the 68 clients who passed pre-screening, most were referred by the Public Defender (71%, 48) with the remainder of client referrals coming from the District Attorney's Office (9%, 6), a CBO and/or treatment provider (6%, 4). A small proportion of clients (12%, 8) referred themselves to the program. Referral data was not available for two clients (3%).

After passing pre-screening, these 68 clients were offered direct linkages or assistance to services. Almost all clients (90%, 61) received direct assistance and/or linkages (i.e., warm handoff to a service, direct assistance provided). For additional information, see Table 5. Because clients could be referred to multiple services, totals may be larger than the number of pre-screened clients.

**Table 5. Direct Assistance or Linkages Provided for Pre- and Post-Filing Diversion Pre-Screened Clients (N=68)**

Assistance Provided	Count	Percent of Clients
Case Management	61	90%
Social Services	38	56%
Legal Services	37	54%
Transportation Assistance	12	18%
Housing Support/Services	10	15%
Basic Necessities	10	15%
Assistance with Food	4	6%
Medical Monitoring	3	4%
None	3	4%
Education Services	1	2%

Additionally, clients were offered referrals to outside services (i.e., a resource was shared with the client, but a direct linkage or warm handoff did not occur). Most clients (87%, 59) were provided with external referrals. Five clients (7%) were offered referrals but declined, one client (2%) did not need a referral because they were already connected to or engaging in appropriate services, and data was missing for the remaining three clients (4%). Most referrals out for service were to mental health (75%, 51) and/or substance use services (53%, 36). Of these clients with behavioral health referrals, over one-third (37%, 25) were connected to the Behavioral Wellness Access Line. For additional information, see Table 6. Because clients could be referred to multiple services, totals may be larger than the number of pre-screened clients.

**Table 6. Referrals out for Service for Pre- and Post-Filing Diversion Pre-Screened Clients (N=68)**

Referrals out for Service	Count	Percent of Clients
<b>Mental Health Services</b>	51	75%
<b>Substance Use Services</b>	36	53%
<b>Case Management</b>	30	44%
<b>Social Services</b>	18	27%
<b>Housing Support/Services</b>	17	25%
<b>Legal Services</b>	8	12%
<b>Medical/Healthcare Services</b>	7	10%
<b>Basic Necessities</b>	6	9%
<b>Individual declined all referrals</b>	6	9%
<b>Transportation Assistance</b>	3	4%
<b>Assistance with Food</b>	3	4%
<b>Education Services</b>	2	3%
<b>Employment Services</b>	1	2%
<b>Other Support Services</b>	1	2%

Clients also received referrals to existing services and resources, including the CREDO47 Stabilization Center (4%, 3), Crisis Stabilization Unit (3%, 2), Crisis Residential Treatment (9%, 6), Step Down Housing (6%, 4), and/or other providers (47%, 32). Among the 31 clients who were unhoused, eight clients (26%) received direct assistance with housing and 12 clients (39%) received a referral to housing support or other housing resources.

Of the 68 clients who passed pre-screening, half (51%, 35) were deemed eligible, following review and approval by the District Attorney's Office (DA), and enrolled in diversion. Of the 35 eligible and enrolled clients, eight (23%) were enrolled in the program before the District Attorney filed charges (i.e., pre-filing, held in abeyance) and 27 (77%) were enrolled in the program after charges were filed (i.e., post-filing). The 24 clients who successfully exited the program were enrolled for an average of six months.<sup>18</sup>

**Table 7. Pre- and Post-Filing Diversion Pre-Screened Clients (N=68) - Diversion Status as of December 2022**

Diversion Status	Count	Percent
<b>Not Enrolled</b>	<b>28</b>	<b>41%</b>
<b>Declined - Ineligible<sup>19</sup></b>	23	34%

<sup>18</sup> Minimum of 47 days; maximum of 577 days.

<sup>19</sup> Reasons for client ineligibility included an improper charge, a violent offense, criminal record concerns, or other reasons such as victim desire for prosecution or numerous open cases.

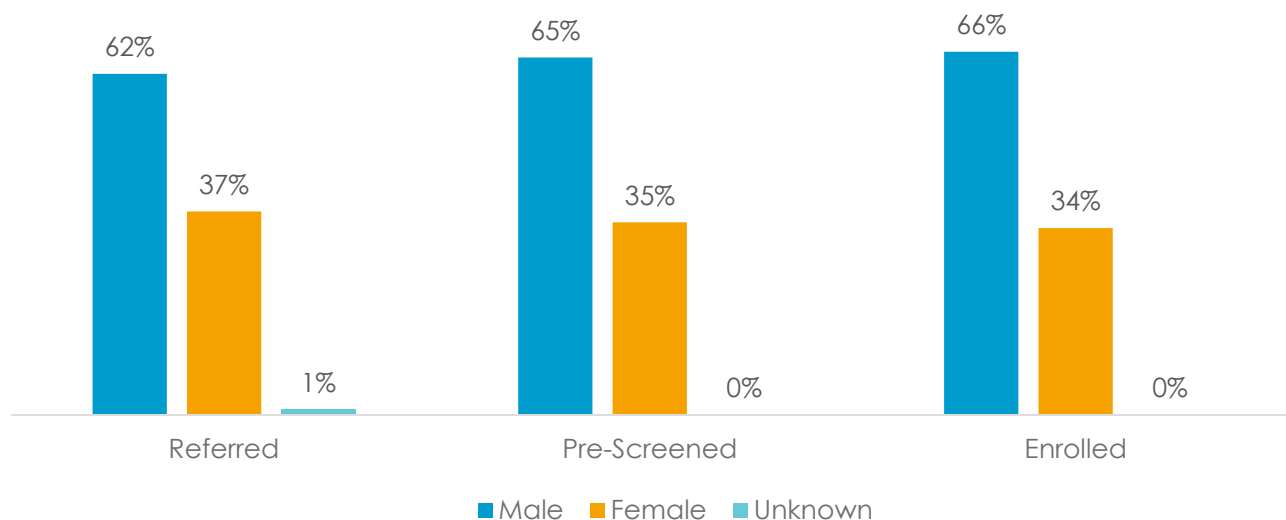
Diversion Status	Count	Percent
DA chose not to file	5	7%
Enrolled	35	51%
Completed program requirements	24	35%
Exited without completing program requirements	6	9%
Still enrolled	5	7%
Other	5	7%
Status unknown	3	4%
Awaiting request to file	1	1%
Status pending	1	1%

Per the program requirements, all 35 diversion clients participated in behavioral health treatment (data was missing for one client). Most clients (80%, 28) received mental health services (54%, 19) and/or substance use services (40%, 14). Twenty-three clients (66%) received services from Santa Barbara County Behavioral Wellness, six clients (17%) received services in other counties, and six clients (17%) were receiving services from an alternative provider (e.g., private, CBO).

### Client Profile

Among the 68 individuals who passed pre-screening, 44 were male (65%) and 24 were female (35%). Clients ranged in age from 19 to 72 years old, with an average age of 40 years old. Gender and age were similar between referred clients who were denied and those who were enrolled, however race/ethnicity differed between the two groups as depicted in Figure 18. While approximately a third (29%) of pre-screened clients identified as Hispanic/Latino/Spanish, they made up less than 17% of the enrolled population.

**Figure 18. Pre- and Post-Filing Diversion Services Enrollment Status by Gender Status (N=282)**



## Strengths and Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

### Strengths

**The Holistic Defense Advocate effectively connects justice-involved individuals with the Public Defender's Office to be considered for diversion and serves as a CREDO47 resource for the community at large.** The Holistic Defense Advocate was originally going to be located in the jail but was moved to the Public Defender's Office due to COVID-19 restrictions on jail visitors. Program partners emphasized that the Advocate's close physical proximity to and personal connections with public defender staff have helped establish processes for referring clients to the program and consistent follow up, as well as supported information sharing between clients and public defender staff to advance clients through the diversion process.

Program partners also noted that having the Holistic Defense Advocate as a point of contact for all clients, attorneys, and CBOs streamlines communication and provides an efficient process for connecting clients to services. Having one person explain the CREDO47 program, conduct screenings, and connect individuals to services (e.g., calling the Access Line with clients) makes it easy for partners to know where to refer individuals who are seeking more information. The Advocate's strong community partnerships also help link clients to other services and supports as needed.

*"My client felt really supported.... They went from being alone to having a team of providers they could reach out to."*

*– Holistic Defense Advocate*

**The Public Defender's Office established clear processes for receiving and reviewing cases, defined staff roles, and facilitated cross-sector collaboration.** At the start of program implementation, the Public Defender's Office designated a deputy public defender to oversee CREDO47 activities for the agency. The deputy public defender established process flows for key program activities, such as receiving referrals and recommending cases for diversion to the District Attorney. Other processual changes included (1) the creation of a website for the community where people can submit their own referrals, thereby making services and self-referrals more accessible,<sup>20</sup> (2) outreach and trainings surrounding referrals and eligibility criteria, (3) and stronger communication about the benefits of the program (e.g., short-term program engagement, possibility of charges dismissed).

Program partners noted that the establishment of clear protocols has increased efficiencies in client screenings and referrals and made it easier to review and improve processes when something is not working. Additionally, collaborating with CBOs increased awareness about the program and led to additional referrals from the community, which have been particularly important given that COVID-19 limited referrals from jail.

**The District Attorney's Office has refined the process for reviewing cases for Pre- and Post-Filing Diversion, which has allowed cases to be assessed more expediently and increased understanding among partners about which cases to recommend for diversion.** The District Attorney's Office appointed a deputy district attorney to manage the agency's CREDO47 activities. Partners noted that having a point person at the District Attorney's office has resulted in faster case reviews and, in some cases, made it easier to get post-

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<sup>20</sup> <https://www.thrivesbc.com/>

filing cases approved for the program, as they can be referred to the deputy district attorney rather than having to go through the court. The District Attorney's Office also developed a standard operating procedure (SOP) document that outlines the referral process, eligible offenses, and diversion participation process, which stakeholders noted has helped clarify the District Attorney's Office's expectations at this stage of the program. As a result, clients are diverted from court and a wider population of individuals are served.

## Challenges

**COVID-19 restrictions required program partners to quickly modify the diversion component of the CREDO47 program from the original model.** The original model planned that most referrals to the diversion program would come through the jail. When COVID-19 drastically decreased the jail population, program partners were required to adapt to this change while managing other impacts of the pandemic. In addition to moving the Holistic Defense Advocate to the Public Defender's Office, stakeholders also refined and expanded the eligibility criteria over time to make the diversion component available to a greater number of individuals, including those who live outside of Santa Barbara County and those who are not Medi-Cal eligible. However, these updates were not uniformly communicated across partners, which may have resulted in missed diversion opportunities.

*"The program was built to catch people who are flooding into the system at a low level, but with COVID we got to zero bail and all of our low-level folks stopped coming through the arraignment process at all. We built a program to catch in-custody people being booked on low level things and they just disappeared."*

*– CREDO47 Partner*

**A shared understanding of eligibility criteria and participation requirements among program partners and potential clients is needed.** Several partners shared that there is debate regarding whether certain charges should be eligible. Additionally, some referrers are hesitant to refer individuals to the program because they don't know which charges are eligible or ineligible. One partner voiced that individuals with minor charges must undergo the same time-intensive review process as individuals with more complex or severe charges. Other partners have noted an overabundance of referrals are for people experiencing homelessness.

*"Early on, there was so much confusion about what pre-arraignment diversion was and what it was not. This causes confusion between service providers and clients."*

*- Pre-Arraignment Staff*

Partners also shared that while it is helpful to have participation requirements tailored to individuals' needs, this flexibility also makes it challenging to explain the requirements to potential clients and manage their expectations about how to successfully complete diversion. Some partners expressed concern that the program is open to individuals with a history of SMI and/or SUD, and that the eligibility criteria does not include individuals with mild to moderate mental illness who could benefit from CREDO47 services.

*"It's hard to advise a client on what it means if they get diverted because it depends on what they need. This is a challenge and strength. It's not one size fits all. ...It can be hard to explain to an outside agency, like the court, that wants to know what [diversion] means."*

*– Program Partner*



**At times, language barriers and eligibility requirements have made it challenging to place diversion clients into appropriate services.** Some stakeholders raised concerns about the lack of supports available in Spanish. Additionally, while some providers offer free or sliding fee scale services to undocumented individuals who are ineligible for Medi-Cal, identifying and accessing these services can be challenging.

**Processes for sharing data across partner organizations have evolved over time, however limitations remain.** While the County has adopted Vertical Change for data collection and reporting purposes, the Office of the Public Defender and the Office of the District Attorney manage independent databases to track client referrals and diversion participation. Historically, there have been some discrepancies in the data tracked by each agency, and some concerns persist about which partners can access sensitive and protected client data (e.g., criminal justice involvement, behavioral health services).

*"When you send someone somewhere...and you don't know what treatment they're getting, it doesn't exactly fill you with the most confidence to send people there because it's kind of like almost you're sending them to an abyss... So, I would say more oversight and more communication between the defense and the prosecution." - Pre-Arrestment Staff*

### **Stakeholder Recommendations**

- Disseminate information about ways that undocumented individuals who are ineligible for Medi-Cal can access treatment services. Additionally, disseminate program information to increase awareness, and thereby referrals. Given the low number of referrals and enrollments during Cohort 2, increasing referrals may further necessitate broadening program eligibility criteria.
- Identify ways to streamline the referral process by further clarifying eligibility criteria for Pre- and Post-Filing Diversion, including criminal charges and behavioral health needs and diagnoses.
- Identify ways to streamline the case review process, particularly for cases more likely to qualify for diversion, such as those with minor charges brought on individuals with no priors. Also, consider different levels of case review based on case individual characteristics.
- Develop a system for timely sharing of program updates (e.g., new referral forms, different eligibility criteria) including a description of the changes and the date of implementation.
- The original program model included a Holistic Defense Advocate housed in the jail to screen individuals before they were booked into custody and divert eligible individuals from custody to the CREDO47 program. However, due to COVID-19 restrictions, most individuals eligible for the program were cited and released. Therefore, the County restructured the diversion program and relocated the Holistic Defense Advocate to the Public Defender's Office. With the removal of COVID-19 restrictions, considerations should be made for housing the Holistic Defense Advocate in the jail, as originally intended, to screen for program eligibility.
- Continue engaging in ongoing community outreach to inform clients and community partners to inform stakeholders of the Pre- and Post-Filing Diversion.

*"One thing I have done is communicate with attorneys and explain the purpose of the program and applicability. There is opportunity for judges, mainly, to have more information on what pre-arrestment diversion is. If judges can understand the process (South County explains the program to North County) there may be more eligibility and enrollment in North County." - CREDO47 Partner*



## Findings: Services

The CREDO47 program offers a continuum of supports to meet individuals' immediate and longer-term needs. The CREDO47 Stabilization Center (the Center) offers short-term (e.g., approximately 24 hours) sobering services and transitional services out of custody and/or into treatment and does not require Medi-Cal or any form of insurance to access services. The Center has an open-door policy to anyone in need of sobering or transitional services, including those who decide to independently seek Center services, people who have recently engaged in a Co-Response encounter, or individuals enrolled in the diversion or Step-Down Housing components of the CREDO47 program. The program also connects people experiencing mental health crises to the Crisis Stabilization Unit (CSU); however, there have been fewer placements at this facility than anticipated because the CSU has faced ongoing challenges related to the COVID-19 pandemic and capacity issues (e.g., staffing shortages, limited hours of operation, and ultimately a temporary closure due to staffing and restructuring). As a result, the Center has taken on a greater number of clients/individuals with more acute mental health needs and co-occurring needs than anticipated.

The Step Down Housing component offers up to one year of supportive housing, including wraparound services for homeless individuals with mental health and/or substance use disorder needs and current involvement in the criminal justice system.<sup>21</sup> Both Step Down Housing and the CREDO47 Stabilization Center offer case management services, which aim to support clients to voluntarily engage in services and to link them to the County's broader network of social supports (e.g., housing, social services) and behavioral health treatment (e.g., psychiatry, medication-assisted treatment (MAT), residential, outpatient).

### CREDO47 Stabilization Center

The CREDO47 Stabilization Center is managed by Good Samaritan and provides short-term sobering and transition services. The Center offers a safe place for individuals acutely under the influence of alcohol or drugs who need a supportive intervention without fear of arrest. Additionally, the Center provides temporary housing and assistance for individuals who have been released from custody and are awaiting their next destination and/or for individuals who have been assigned a bed in a residential program within the next few days. The Center has ten beds: 4 for female clients and 6 for male clients; beds reserved for female clients are sometimes used for "overflow" of male clients and vice versa. Before receiving Center services, clients are medically screened to determine their needs and service eligibility. While designed to last 24 hours, individuals can remain at the Center for up to 72 hours. The services available are case management, alcohol and drug counseling, and medical care. Staff include a program manager, an Alcohol and Other Drugs (AOD) certified counselor, a recovery assistant, four medical support staff/emergency medical technicians (EMT) one registered nurse (RN), and three case workers.

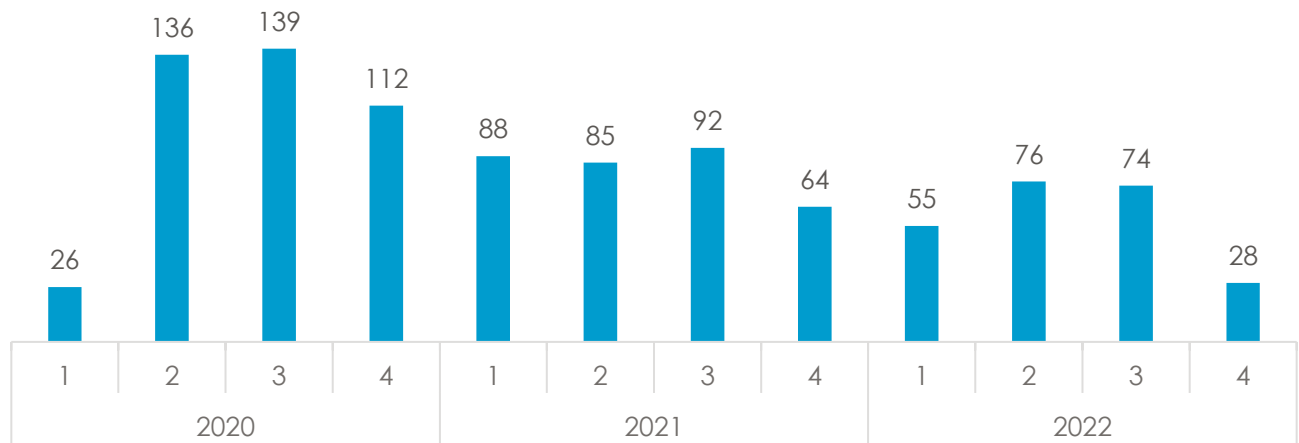
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<sup>21</sup> Involvement in the criminal justice system includes having a criminal conviction and/or an open case, being in a diversion program or on probation/parole.

**CREDO47 Stabilization Center Services**

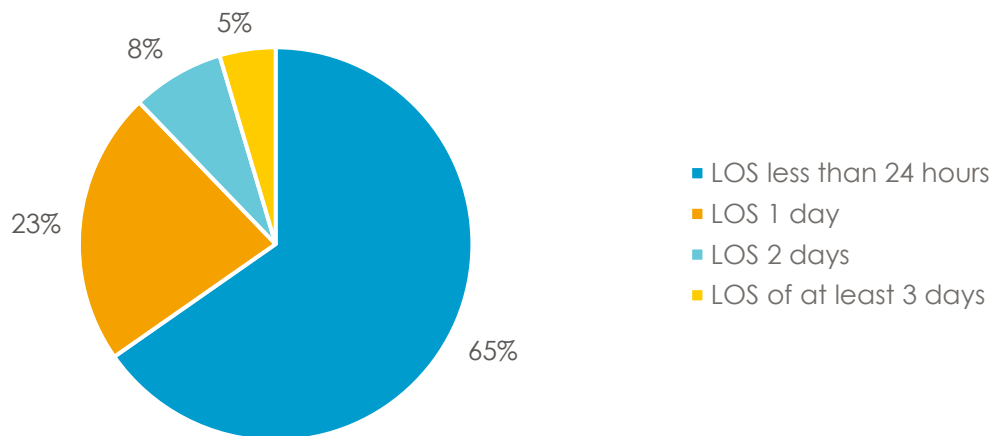
The Center began serving clients on February 2, 2020. Between February 2020 through December 2022, the Center served 703 clients across 975 encounters. On average, the Center staff engaged in 81 encounters per quarter. The majority of clients (79%, 553) were served by the CREDO47 Stabilization Center once and more than 10% of clients (12%, 86) were served by the Center twice. A smaller number of clients were served by the Center more than twice (9%, 63), with one client engaging in Center services twelve times over the reporting period.

**Figure 19. CREDO47 Stabilization Center Encounters, by Year, by Quarter (N=975)**



After clients were screened and found eligible for Center services, they received sobering and/or transitional support. The Center is intended to house clients for up to 72 hours. Approximately two out of every three encounters (65%, 622) had a length of stay (LOS) at the Center of less than 24 hours. Less than one-quarter of encounters (23%, 214) at the Center lasted between one and two days, 8% (72) had a LOS of between two and three days, and 5% (44) of encounters lasted at least three days. Length of stay (LOS) data can be seen in Figure 20 below.

**Figure 20. CREDO47 Stabilization Center Encounter Length of Stay (LOS) (N=952)**



Of the 975 total encounters with the Center, the majority of client encounters (81%, 790) were medically monitored by Center staff and/or received sobering services (77%, 752). Less than half (43%, 420) of

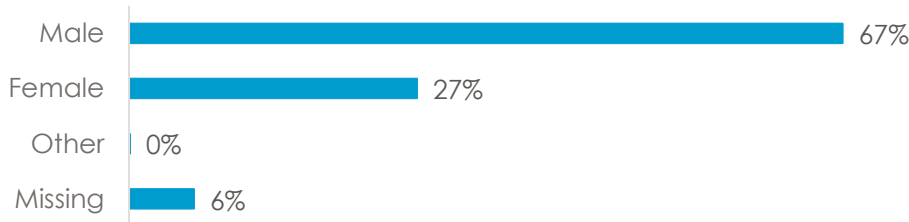
encounters resulted in the client receiving support transitioning to treatment and about 20% (21%, 204) of encounters resulted in the client receiving support transitioning to the community after being released from jail.

Most encounters (68%, 661) resulted in a referral to substance use treatment, while a smaller proportion of encounters (17%, 167) were referred to mental health services. Most behavioral health referrals were for the County's Access Line (56%, 546).<sup>22</sup> Clients were also referred to housing support (28%, 270), services to support their basic needs (28%, 268), and food assistance (27%, 267). Regardless of the client's next location, CREDO47 Stabilization Center staff transported clients following most encounters (73%, 715).

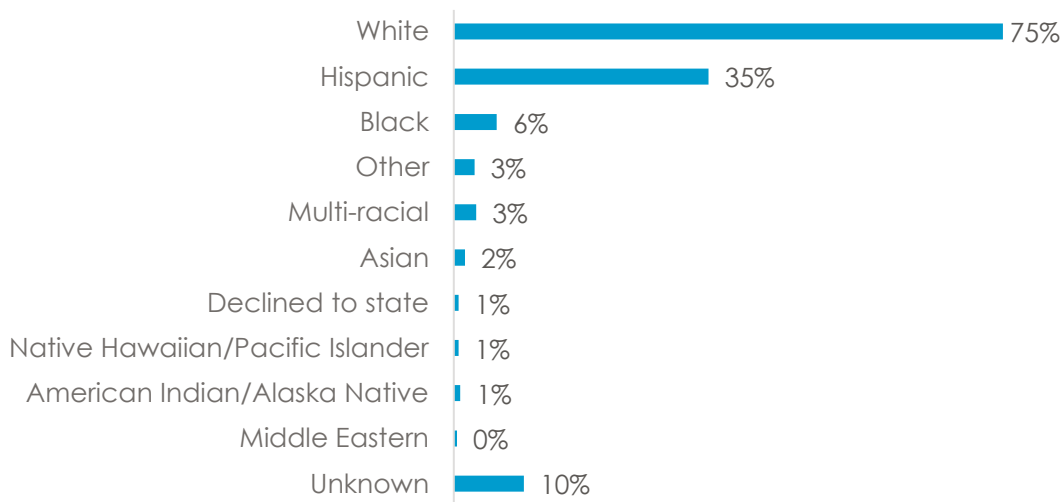
**Client Profile**

Clients who interacted with the CREDO47 Stabilization Center were primarily male (67%, 470). The Center's clients were between the ages of 18 and 81 with an average age of 40.9 years old. Over one-third (36%, 233) of clients identified as Hispanic. About one out of every four clients (74%, 312) identified as White, 6% (25) identified as Black/African American, and less than 5% (3%, 12) identified with at least two races. Overall client gender and race/ethnicity data are displayed below in Figure 21 and Figure 22, respectively.

**Figure 21. CREDO47 Stabilization Center Gender (N=703)**



**Figure 22. CREDO47 Stabilization Center Client Race/Ethnicity (N=703)**



<sup>22</sup> The Access Line is a centralized hotline that CREDO47 staff assist clients with calling to get screening for behavioral health services, including residential treatment. Behavioral health referral data was unavailable for 77 encounters. Clients could receive multiple referrals per encounter.

## Strengths and Challenges

The findings below describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals concerning the CREDO47 Stabilization Center.

### Strengths

**The CREDO47 Stabilization Center has relationships with law enforcement, Step Down Housing and clean and sober homes, that often refer clients.**

Law enforcement is heavily involved in making referrals to the Center instead of jailing individuals. When law enforcement informs people of the CREDO47 Stabilization Center, people are excited and motivated to engage in the program.

*"I like seeing people get excited about this when people are in jail and get motivated as early as possible. Seeing people get housed through Step Down Housing is great. Seeing people with law enforcement who are being referred to The Center instead of jail is huge. It is all beneficial. If someone does pick up a charge, seeing them do well after 6-12 months and seeing charges getting dismissed is a huge deal."*

*- Pre-Arrest Staff*

**The CREDO47 Stabilization Center provides effective sobering services and serves as a safe, supportive space for individuals under the influence of drugs and/or alcohol and the clients see the program as a success.** Stakeholders shared that the Center provides an alternative to jail by offering a safe, short-term space for individuals who are under the influence. In addition to keeping people out of custody, the Center temporarily supports Step Down Housing clients who relapse and are unable to stay in the house. Since sobriety is one of the house conditions, clients who relapse must temporarily leave the residence until they are no longer under the influence. The Center gives Step Down Housing clients the ability to continue in the program, while being supported by staff who understand the challenges they face and who support their recovery.

*"We know people, when they relapse... the Center allows for some place to at least land ... and then maybe get them connected to like outpatient services or Medication Assisted Treatment, if needed, to be able to at least provide some type of services during that process." – Stabilization Center Staff*

*"(I heard) someone say my name, (and they told me) 'I'm 10 months clean & sober, I got a job, about to get my apartment.' (They) said 'I owe you.'"*

*- Stabilization Center Staff*

### Challenges

**At times, the CREDO47 Stabilization Center houses individuals for longer than 24 hours to account for delays in transitions to treatment or housing facilities, which creates confusion in the community about the Center's role.** As noted above, the CREDO47 Stabilization Center was originally envisioned as a sobering center intended to help divert individuals who are under the influence of drugs or alcohol from jail while providing services and supports; however, the purpose of the Center has expanded to include a temporary space for clients exiting jail and/or transitioning to treatment or the community. The change occurred because of the need to release clients from jail due to COVID-19 coupled with placement delays in treatment, shelter, and housing facilities. The Center has allowed clients to stay for longer than 24 hours on a case-by-case basis to account for these delays. This adjustment leads partners to believe

the Center operates as a shelter, which the Center is not equipped for. The intent and the purpose of the shelter needs to be clear to all who are referring clients and all who are referred.

**Eligibility requirements and behavioral health needs can limit the types of support clients receive through the CREDO47 Stabilization Center.** Clients who are on Medi-Cal in Santa Barbara County can be connected to services through the County's Access Line. However, it can be difficult to link clients who are on Medi-Cal in another county or who do not have Medi-Cal to subsequent services. Placement options for uninsured clients are even more limited and typically involve taking them to social services or a shelter. Staff are also unable to adequately serve severely mental ill clients who are not on medication and/or using substances that make their behavior unpredictable (e.g., methamphetamine). In these situations, clients are typically referred to the CSU or Cottage Hospital to receive appropriate medication and/or stabilization services, which can be challenging given the CSU's capacity issues.

### Stakeholder Recommendations

- Explore opportunities to further integrate and involve hospital staff in the CREDO47 program. More clients are being referred to the Center from the hospitals than originally expected.
- Strengthening community awareness about sobering services and education about alcoholism could increase the likelihood that community members access the Center.

*"A lot of people could benefit from sobering services or education on what alcoholism is.... There are so many people since pandemic that need help." – CREDO47 Stabilization Center Staff*

- Additional resources, such as a shower and a washing machine at the Center would be helpful to Center staff and clients. Center staff noted that at times they are scrambling to get clean clothes for clients.

## Step Down Housing

Step Down Housing (SDH) is overseen by Good Samaritan and offers supportive housing for up to 20 individuals at a time with SMI and/or SUD.<sup>23</sup> Following stabilization, individuals are typically "stepped down" from higher level of care settings, such as residential treatment, to one of four homes where they can reside for six to twelve months to facilitate reentry into the community. Individuals living in the house receive case management, behavioral health services (individual and group support), life skills education (e.g., financial literacy, managing personal property), and housing support (e.g., securing housing vouchers, locating long-term housing) as appropriate. SDH staff include four live-in house assistants (one per house), one program manager, and one behavioral health case manager, all of whom are trained in trauma-informed approaches to client engagement. House assistants are part-time positions for which individuals with lived SUD recovery experience receive housing and a modest stipend. These house assistants live onsite. Both the behavioral health case manager and program manager are full-time positions. The behavioral health case manager is required to be a licensed practitioner of the healing arts (LPHA).

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<sup>23</sup> Due to COVID-19 restrictions, capacity was reduced to 16 beds for most of Cohort 2.



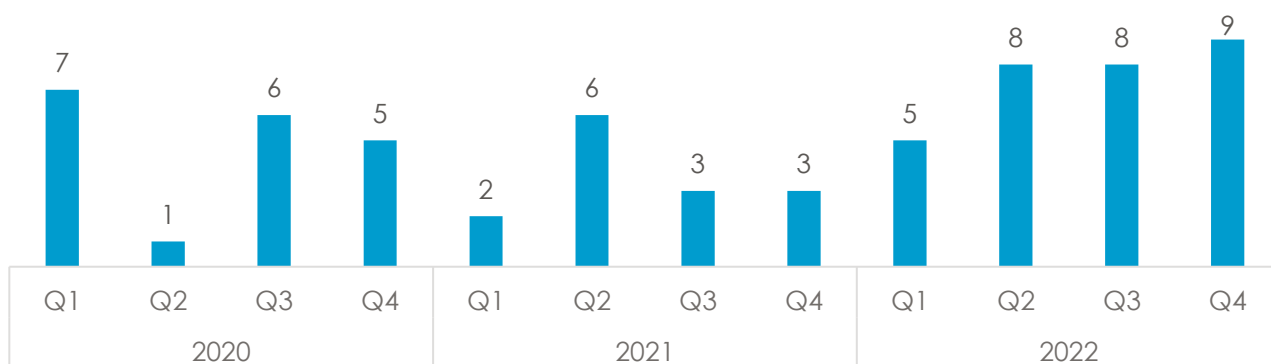
## Step Down Housing Services

Step Down Housing opened on February 19, 2020. During the 35-month period between February 2020 and December 2022, the program served 63 unique individuals, with two clients who exited and later re-entered the house. Step Down Housing enrolled an average of five new clients per quarter, with the number of clients increasing in 2022. On average, Step Down Housing served 14 active clients per quarter. Individuals were referred to Step Down Housing from the Public Defender's Office, behavioral health providers, Probation, or CBOs. Those identified as a good fit for the program were expediently connected to services, with an average wait time of 25 days from referral to date of entry.

**Table 8. Referral Wait Time for Step-Down Housing**

Referral Wait Time	Days
<b>Average</b>	25
<b>Minimum</b>	0
<b>Maximum</b>	89

**Figure 23. Year and Quarter New Enrollments for Step-Down Housing Clients (N=63)**



All Step Down Housing clients participated in behavioral health services through Behavioral Wellness or a private provider. Most clients (86%, 54) participated in substance use services and/or mental health services (76%, 41). In December 2022, of the 63 clients enrolled in Step Down Housing, 45 (71%) had exited and 18 (29%) remained active and were living at Step Down Housing.

**Table 9. Service Data for Clients who Successfully Exited Step Down Housing (N=45)**

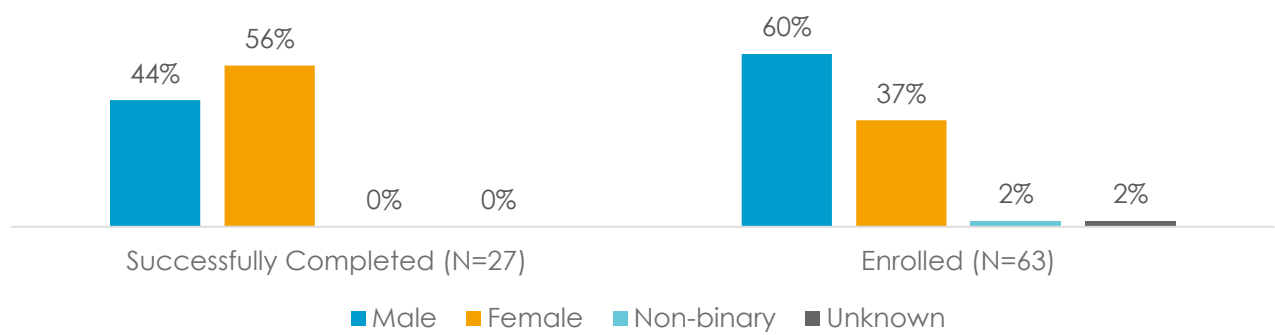
Services Received	Count	Percent of Clients
<b>Case Management</b>	45	100%
<b>Legal Services</b>	45	100%
<b>Housing Support/Services</b>	45	100%
<b>Social Services</b>	45	100%
<b>Basic Necessities</b>	44	98%
<b>Transportation Assistance</b>	42	93%
<b>Employment Services</b>	31	69%
<b>Other Support Services</b>	24	53%
<b>Education Services</b>	15	33%
<b>Medical Monitoring</b>	8	18%

While a majority (60%, 27) of discharged clients successfully completed the program, 40% (18) were terminated early (i.e., clients left the program against staff recommendation or left the program without satisfactory progress). Of the 27 clients who successfully completed Step Down Housing, participants remained in the program for an average of five months. Nineteen of these 27 clients (70%) were unhoused prior to enrollment in Step Down Housing. Other housing statuses at client intake included sober living homes (15%, 4), family/relative homes (4%, 1), transitional housing (7%, 2), or some other housing (4%, 1). All clients (100%, 27) successfully transitioned to stable housing and/or were housed upon program exit. Of the nine clients who stated they had educational goals, three (33%) advanced their education. Additionally, of the 19 clients with employment goals, 12 (63%) met their employment goals.

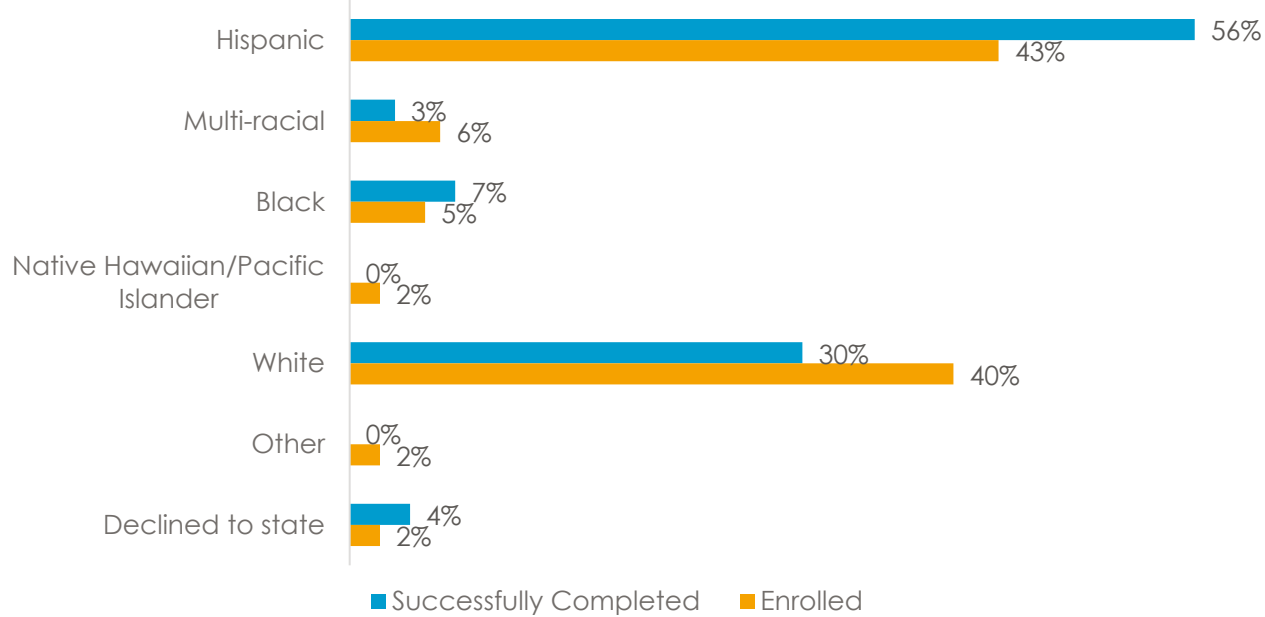
**Client Profile**

Step Down Housing clients ranged in age from 21 to 71 years old, with an average age of 42 years old. A majority of clients identified as male (60%, 38) as compared to female (37%, 23) or non-binary/third gender (2%, 1). Most clients self-identified as White (40%, 25) or Hispanic/Latino (43%, 27), as compared to other categories of race/ethnicity. See Figure 25, Figure 26, and the Racial Equity Analysis beginning on page 46 for more detailed client demographic information for both enrolled clients and clients who successfully completed Step Down Housing programming.

**Figure 24. Step Down Housing Client Enrollment Status by Gender (N=63)**



**Figure 25. Step Down Housing Client Race/Ethnicity by Enrollment Status (N=63)**



## Program Strengths and Challenges

The findings below, based on data collection and analysis, describe strengths that lead to program success as well as challenges that create barriers to fully achieving program goals.

### Strengths

**Staff have adopted a client-focused and trauma-informed approach to working with clients.** From the moment clients enter the house, housing staff support them to achieve stability and independence, and regularly seek out new ways to meet their needs. At the time of preliminary reporting, staff began exploring more efficient and engaging strategies to interview and orient new clients to the home for smoother transitions. One response to the needs that arose in the house was the introduction of training for staff on harm reduction and supporting clients with a history of trauma. This has made it easier for clients to get the help they need and ensure they feel supported by housing staff despite any challenges they experience. Step Down Housing staff report that they collectively screen and review clients' needs as a team from a trauma-informed and non-judgmental standpoint. In turn, clients report positive perceptions of staff and generally report feeling respected and cared for by staff. Clients also shared that the program ultimately helped them stay on the right track while providing them this opportunity from a place of stability and keeping them out of trouble with the legal system.

*"They [housing staff] talk to you like a person." – Current Step Down Housing Client*

*"[We love] people exactly as they are; expecting that they had trauma." – Step Down Housing Staff*

*"I had a relapse when I first came here and I was in the house, and I was high. I got in trouble for it. The house [assistant] was very stern with me; he was not rude, he wasn't mean, but he was very stern. I feel safe because of that because basically it says we're not allowed to have drugs in the house, it has to be drug free to be safe, so I feel good because of that."  
– Current Step Down Housing Client*

**Clients feel supported by housing staff while they are living in the house and after they transition to a new residence.** Most clients praised both the Step Down Housing program and the housing staff. One client emphasized how welcome they felt at Step Down Housing after experiencing discrimination at another agency due to their sexual orientation. Multiple clients shared examples of how they were supported by Step Down Housing staff while they were living in the house and after they transitioned to a new residence—staff encouraged clients to choose their own path to recovery, provided rides as needed, and taught financial literacy skills (e.g., opening a bank account) and basic life skills (e.g., taking care of personal property).

*"[SDH staff] help me to make it to probation, make it to programs, get psychiatric help, stay sober. Don't have to worry about rent, etc. when you're really trying to sober up. Big old blessing. Big old help to get everything on track. Incentive to stay on track." – Current Step Down Housing Client*

*"I like [living in the house]. My experience so far has been pleasurable.... I feel very comfortable and free here. Also, I feel like there's structure to it; it's not just like whatever you want to do here.... [and] I feel like I have enough freedom to be myself." – Current Step Down Housing Client*

**The Step Down Housing program and staff simultaneously provided clients with structure and the opportunity to get on the right path towards housing, as well as a stable job and income.** For example, clients could save money while being connected to resources, including housing vouchers, rent deposits,

and furniture. As a result, clients reported feeling not only a sense of relief while they worked to “get back on their feet” but pride in their efforts toward improving themselves.

*“It [housing assistance] had changed my life, absolutely, it has reduced my stress level, I don't have to be out there, worry, going back to my old lifestyle, old ways, talk to those people. [I] have my own space, my own shit, don't gotta bother anyone or go back to my old lifestyle”  
- Former Step Down Housing Client*

**Housing staff have developed collaborative relationships with CREDO47 partners, CBOs, and community stakeholders to meet clients’ needs.** Housing staff interact frequently with the CREDO47 Stabilization Center, Housing Authority, Behavioral Wellness, and the Public Defender's Office to address clients' behavioral health, housing, and criminal justice needs. Given that a number of clients are on probation, housing staff have also developed strong relationships with the Probation Department and clients' probation officers. Housing staff continue to build rapport with local landlords to help ease the difficult process of securing long-term housing.

Staff also coordinate with local CBOs that provide important services to clients while they are in the house and after they have exited. One of their strongest partnerships is with the Mental Wellness Center, which offers additional case management, a full kitchen to provide lunches and dinners, a music room, arts and crafts, and some housing. Other community partners include People's Self-Help Housing, Rescue Mission, Salvation Army, Sanctuary Centers, Isla Vista foot patrol, and sober living homes. In turn, clients felt they had access to an abundance of resources which ensured clients received what they needed to succeed. Examples of resources and service connections clients reported receiving include Sanctuary Centers, PathPoint, Department of Rehabilitation, Good Samaritan, Section 8 Vouchers, MediCal, local bicycle shops, job support, and disability support.

## Challenges

**Step Down Housing may not be reaching all individuals who can benefit from the program.** Program stakeholders and clients raised concerns that Step Down Housing serves a greater number of clients with substance use disorder than with mental illness. Staff emphasized that certain house requirements are more appropriate for individuals with substance use disorder (e.g., mandatory drug testing). Additionally, program staff shared that there are challenges with the referral process and difficulties communicating with providers. For example, housing staff shared that external partners might not know the criteria or exclusionary criteria for living in the house, which may impact referrals.

*“There are more people referred [to Step Down Housing] that have substance use rather than mental health [challenges]. A lot of times people think substance use is more approachable. ...Whereas mental health issues are more complicated. ...[It's] much further out of peoples' wheelhouses and familiarity.”– CREDO47 Partner*

*“We can't take complex wound care. Probation brought someone in with an urgent medical issue. We had to deny him because we can't care for that. Communication with the hospital is not always the best.” – Step Down Housing Staff*

There is also a discrepancy between the number of male and female clients being served. Staff noted that female referrals to Step Down Housing have decreased and as a result staff decided to convert one of two female houses to a male house, leaving only one female house and three male houses. Some stakeholders noted that, generally, current placement options do not meet the needs of women and clients who require a high level of care.

### **Programmatic and structural barriers contributed to clients' mixed experiences in Step Down Housing.**

Due to COVID-19 and limited bed space (temporary reduction from 20 to 16 beds), clients reported lengthy wait times for placement, during which they lost savings due to paying rent elsewhere.

*"It took a long time to get in there. It took at least four to five months to wait...I was like, 'God, if I was able to get in sooner, it would help me a lot' because I was paying a lot of money at the other house I was living at so it took a lot of my finances." – Former Step Down Housing Client*

Once enrolled in the program, clients experienced challenges including contracting COVID-19 in the program homes due to living with multiple people, frustration with the program rules and, at times, staff, and difficulties associated with accessing virtual services. Additionally, some clients had negative experiences with Step Down Housing because they felt pressured to leave even when they felt unprepared to exit the program.

*"Indirectly, I was threatened, 'you need to find your place or otherwise you will need to leave'. I couldn't take it anymore. I told staff I found a shitty place, but it is a room to myself." – Former Step Down Housing Client*

**Despite seeing many successes, program staff identified client self-sufficiency and willingness to improve their lives as key components for positive programmatic outcomes.** Staff noted that, while most clients are willing to take steps to better themselves, some clients are not ready to step down or work towards stated goals.

*"If we set a small expectation, they want to meet it. We had three clients that weren't ready to be in Step Down. One went to prison. We give them the same amount of care and some thrive and some do not." – Step Down Housing Staff*

### **Stakeholder Recommendations**

- Identify opportunities to best serve individuals with mental health needs. Consider expanding Step Down Housing staff to include more individuals outside the behavioral health case manager who are formally trained to support clients with mental illness. CREDO47 stakeholders noted that having staff on-site who are equipped with the best practices to meet clients' mental health needs will help ensure all clients feel supported.
- Consider adjusting participation requirements based on each individuals' unique needs (e.g., less frequent drug testing for clients without substance use disorder).
- Explore strategies to help retain housing staff, including the house assistants and the behavioral health case manager positions.
- Improve and increase communication between Step Down Housing staff and clients, which may foster stronger interpersonal relationships among housing staff and clients.

*"Each house is autonomous. Residents are autonomous of each other. I don't really know what is going on in these houses. As a manager, it would be helpful to have a little more insight. Maybe a shift report each week." – Step Down Housing Staff*

- Make changes to the program structure and housing environment to improve client experiences and better address their needs. Recommendations from clients concerning changes they would like to see in housing: a later curfew, more outings, televisions in rooms, more visitations with family and friends, and emotional support animals in the houses. From a programmatic standpoint, clients expressed a desire to connect with more resources and services outside of the houses, access to—and education about—housing vouchers, and longer stays in program housing.



# Findings: Outcomes and Impact

## Behavioral Health Services

The following data reflects the proportion of clients from each program component who went on to receive behavioral health services through Behavioral Wellness after initial engagement with the CREDO47 program. These analyses are based on service receipt data from January 2020 through December 2022.

As described below, all diversion and Step Down Housing clients who successfully completed the program received behavioral health services through County or private providers after enrolling in the CREDO47 program. A smaller proportion of Co-Response (13%) and CREDO47 Stabilization Center (26%) clients received County behavioral health services after program engagement; however, data was not available on Co-Response or Center clients who received services from private providers. These findings are expected given the Pre- and Post-Filing Diversion and Step Down Housing requirements, which indicate that clients must engage in mental health and/or substance use treatment. Additionally, Co-Response and Center services are short-term interventions, ranging from 1 hour to approximately 24 hours, whereas diversion and Step Down Housing are long-term services that can last up to a year. Overall, the following results are promising but preliminary given the narrow implementation period.

- **Pre-Arrest Diversion (Co-Response).** Referrals were made for more than one out of every two encounters (59%, 263) with the Prop 47-funded Co-Response team. Of these 263 encounters, more than half (56%, 146) received referrals to mental health treatment and approximately 10% (12%, 32) of encounters resulted in substance use treatment referrals. Less than 10% (9%, 23) of these encounters resulted in referrals to both mental health and substance use treatment services.
- **Pre- and Post-Filing Diversion.** All 35 Pre- and Post-filing diversion clients enrolled in the program participated in behavioral health services. Twenty-three clients (66%) received services from Santa Barbara County Behavioral Wellness, six clients (17%) received services in other counties, and six clients (17%) were receiving services from an alternative provider (e.g., private, CBO). Of these 23 Behavioral Wellness clients, 35% (15) participated in mental health treatment and 37% (13) participated in SUD treatment.
- **CREDO47 Stabilization Center.** Most encounters resulted in the client being medically monitored (84%, 768) and/or the client receiving sobering services (76%, 693). Nearly half (44%, 403) of the Center encounters resulted in the client being transitioned to treatment and over 20% (22%, 202) of the Center encounters resulted in the client receiving support transitioning to the community after being released from jail.
- **Step Down Housing.** All 63 Step Down Housing clients (100%) received behavioral health services while staying in the house. Most of the 63 clients participated in mental health treatment (76%, 48) and SUD treatment (86%, 54).



# Recidivism

In addition to ongoing behavioral health services, this evaluation also assessed the proportion of crisis episodes and bookings six months before and after program engagement. Behavioral health and jail booking data was available through April 30, 2023, so clients were included in the analysis if their program participation ended on or before October 31, 2022. Table 10 depicts the proportion of clients with pre- and post-engagement crisis episodes, psychiatric hospitalizations, and bookings.

## Crisis Services and Jail Bookings

The **recidivism rate (in terms of jail bookings) for unique clients** who successfully completed Step Down Housing or Pre-and-Post Filing Diversion was significantly lower than those clients who were unsuccessful in completing these programs (4% vs. 33% for Step Down Housing; 5% vs. 50% for Diversion). The **recidivism rate (in terms of crisis services) for unique clients** who successfully completed Step Down Housing was significantly lower than those clients who were unsuccessful in completing these programs (0% vs. 27%), though it was higher for Pre-and-Post Filing Diversion (10% vs. 0%). The proportion of clients who engaged with **crisis services** decreased after program engagement for clients who successfully completed Step Down Housing as well as those that successfully completed Pre- and Post-Filing Diversion. Additionally, the proportion of clients who experienced **jail stays** decreased significantly (by nearly 100%) for both clients who successfully completed Step Down Housing as well as those that successfully completed Pre- and Post-Filing Diversion. Results for clients who were unsuccessful in completing the two program components were mixed, but in nearly every instance there was notably less improvement, if any.

**Table 10. Pre- and Post-Engagement Crisis Episodes and Bookings for Clients Who Engaged with a CREDO47 Program Component on or Before July 31, 2022<sup>24</sup>**

6 months Pre-admission and 6 months Post-discharge from Program Participation

	Crisis Services			Jail Bookings						Unique clients:	
				Jail Stays			Jail Days			Recidivism Rate	
	Pre	Post	% change	Pre	Post	% change	Pre	Post	% change	Crisis Services	Jail Bookings
<b>SDH (N=40)</b>	16	4	-75%	34	10	-71%	763	528	-31%	10% (4 of 40)	18% (6 of 40)
<b>Successful (n=25)</b>	15	0	-100%	18	1	-94%	286	1	-100%	0% (0 of 25)	4% (1 of 25)
<b>Unsuccessful (n=15)</b>	1	4	300%	16	9	-44%	477	527	11%	27% (4 of 15)	33% (5 of 15)
<b>Pre-and Post-Filing Diversion (N=25)</b>	39	2	-95%	22	4	-82%	71	37	-48%	8% (2 of 25)	12% (3 of 25)
<b>Successful (n=21)</b>	25	2	-92%	19	2	-90%	64	4	-94%	10% (2 of 21)	5% (1 of 21)
<b>Unsuccessful (n=4)</b>	14	0	-100%	3	2	-33%	7	33	371%	0% (0 of 4)	50% (2 of 4)

<sup>24</sup> Voluntary or Involuntary Hospitalizations are not included as there was insufficient pre/post data looking 6 months pre-admission and 6 months post-discharge.

# Criminal Convictions

The proportion of clients who **recidivated in terms of criminal convictions for offenses** that took place after engagement with the CREDO47 program varied significantly by program. Pre- and Post-Filing Diversion, Step Down Housing and Co-Response clients had very low rates of recidivism (6%, 7% and 8% respectively), while recidivism rates for CREDO47 Stabilization Center clients were notably higher (20%).

Given that the Step Down Housing and Pre- and Post-Filing Diversion programs have longer length of stays and behavioral health service engagement requirements to maintain housing or avoid criminal charges, it is encouraging that corresponding recidivism rates were low. This is a likely testament to the efficacy of long-term treatment engagement.

Table 11. Board of State and Community Corrections (BSCC) Recidivism Results

	Count Recidivated	Percent Recidivated
Pre- and Post-Filing Diversion (n=36)	2	6%
Step Down Housing <sup>25</sup> (N=61)	4	7%
Co-Response <sup>26</sup> (N=363)	28	8%
CREDO47 Stabilization Center (N=685)	139	20%

NOTE: The denominator includes all participants whose participation status was anything other than “Assessed/engaged/screened/linked to services, but not currently enrolled”

<sup>25</sup> One individual also received services at the Stabilization Center, and was counted in Step-Down Housing and not the Stabilization Center.

<sup>26</sup> One individual also received services at the Stabilization Center, and was counted in Co-Response and not the Stabilization Center.



## Findings: Racial Equity Analysis<sup>27</sup>

As part of the CREDO47 Program Cohort 2 evaluation, race and ethnicity data was analyzed to understand how different racial and ethnic groups were affected by the CREDO47 program relative to the overall target population of individuals whose cases were filed by the Office of the District Attorney (i.e., cases where the DA filed charges).<sup>28</sup> The CREDO47 program seeks to divert individuals in the target population from the criminal justice system. Figures 26 – 30 depict the breakdown of clients enrolled in the four arms of the program by race/ethnicity<sup>29</sup> compared to the overall target population.

A smaller proportion of clients involved with CREDO47 are Hispanic/Latinx and a larger proportion are White (non-Hispanic) relative to the target population. However, results varied significantly by program. Race and ethnicity disparities are greatest for Co-Response, while clients served by Step Down Housing more closely resemble the race and ethnicity distribution of the target population.

While the proportion of clients who identify as Hispanic/Latinx and are involved with Pre- and Post-Filing Diversion, the Center, and Step Down Housing is somewhat lower (36 - 44% compared with 54% of the target population), the proportion of clients who identify as Hispanic/Latinx who are involved with Co-Response is significantly lower (16% compared with 54% of the target population). Additionally, the proportion of Pre- and Post-Filing Diversion clients who are Black is notably higher than the target population and other programs (9% compared with 4% – 5% of all other programs and 6% of the target population, and the proportion of Co-Response clients who are Asian is notably higher than the target population and clients of other programs (4% compared with 0% - 1% of other programs and 1% of the target population).

### Racial Equity Analysis Methodology

For the purposes of the racial equity analysis, the following methodology was used:

- Clients who identified as Hispanic/Latino/a were counted as Hispanic/Latino/a, even if they also identified as White, Black, Asian, or another race.
- Clients who identified as a singular race (and did *not* identify as Hispanic/Latino/a) were counted as part of that racial group.
- Clients who identified as being more than one race (and did *not* identify as Hispanic/Latino/a) were counted as “Other” for the purposes of analysis, to mirror the categories provided for the *target population* (cases the DA files charges against).

<sup>27</sup> By rounding to the nearest whole number, some categories with a few observations might be displayed as 0%.

<sup>28</sup> Demographic data was requested by BWell on behalf of RDA for racial demographics of cases filed between 1/2020 – 12/31/2022. This information was provided by the County of Santa Barbara Office of the District Attorney in March 2023.

<sup>29</sup> Although data were provided for individuals identifying as Native American, given the small number of Native American-identifying clients enrolled in program services (0% when rounded), we elected to not visually depict this information. The “something else” race/ethnicity category refers to individuals identifying as two or more races.

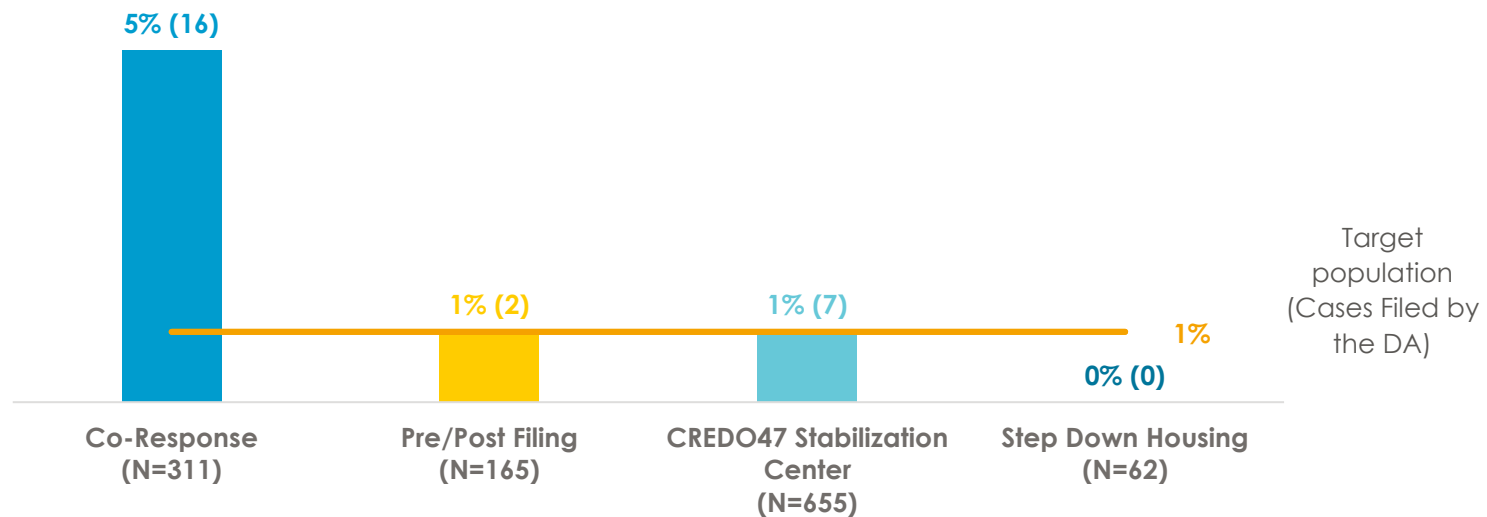
It's important to note that the identification of "something else/other" is higher across all programs than the target population. This likely reflect a growing number of multiracial individuals who do not wish to pick one racial identity, and is a reminder of the continued need to find ways to serve and describe this growing minority.

Most racial/ethnic groups appear to be reached by the CREDO47 program. However, White-identifying individuals may be overserved which may potentially adversely impact Hispanic-identifying individuals, who have lower enrollment rates than would be expected. It is important for stakeholders to consider why these racial/ethnic groups are affected differently and how equitable opportunities can be promoted to limit the possibility of further inequality of services as the program begins Cohort 3.

## Racial Equity Analysis: Asian-identifying individuals

Pre/Post Filing Diversion and CREDO47 Stabilization Center serve the same proportion of Asian-identifying individuals as Asian individuals who would have had charges filed against them had they not been diverted from the criminal justice system and into the CREDO47 program. In contrast, Step Down Housing did not serve any Asian-identifying clients and Co-Response served a higher percentage of Asian-identifying individuals (5%) than the target population. Figure 26 depicts individuals identifying as Asian who enrolled in the four CREDO47 programs during Cohort 2 compared to the percentage of Asian-identifying individuals within the target population (1%).

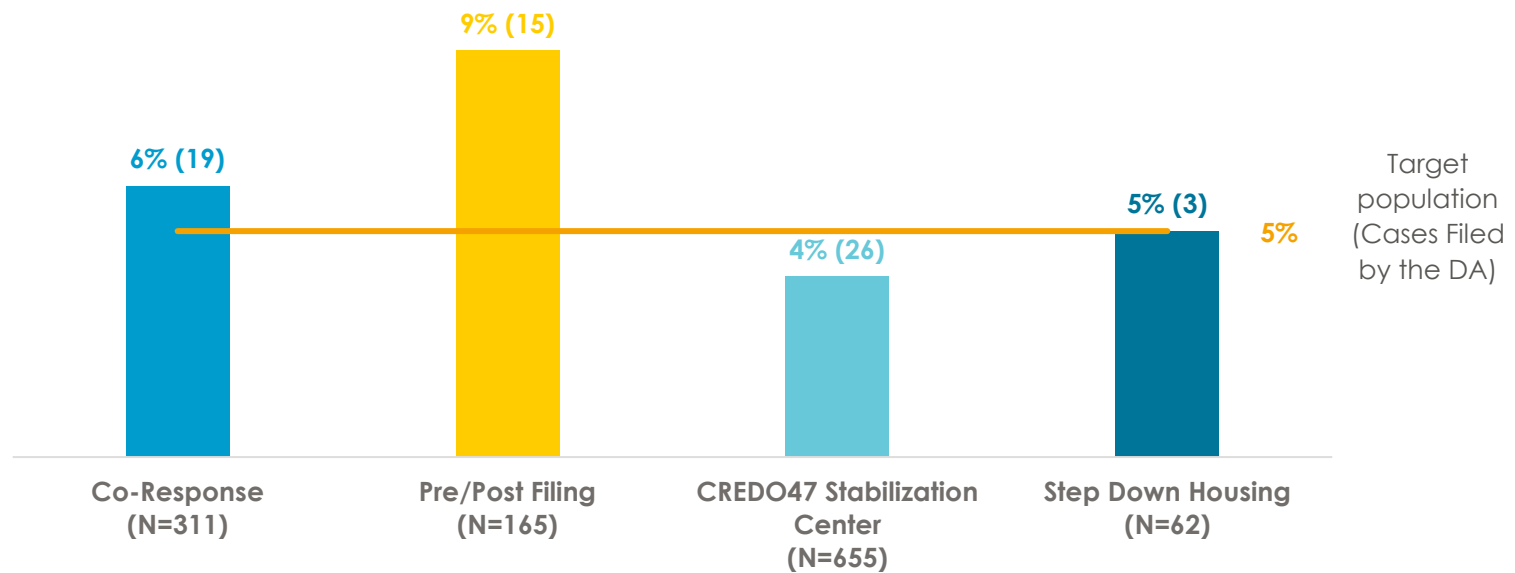
**Figure 26. Racial Equity Analysis Findings: Asian**



## Racial Equity Analysis: Black-identifying individuals

Almost all programs appear to serve the same proportion of Black-identifying individuals as Black individuals who would have had charges filed against them had they not been diverted from the criminal justice system and into the CREDO47 program. Although the CREDO47 Stabilization Center was a percentage point shy of serving the same proportion of Black-identifying individuals from the target population (i.e., 4% served vs. 5% targeted), Pre/Post Filing Diversion served a higher percentage of Black-identifying individuals (9%) than the target population. Figure 27 depicts individuals identifying as Black who enrolled in the four CREDO47 programs during Cohort 2 compared to the percentage of Black-identifying individuals within the target population (5%).

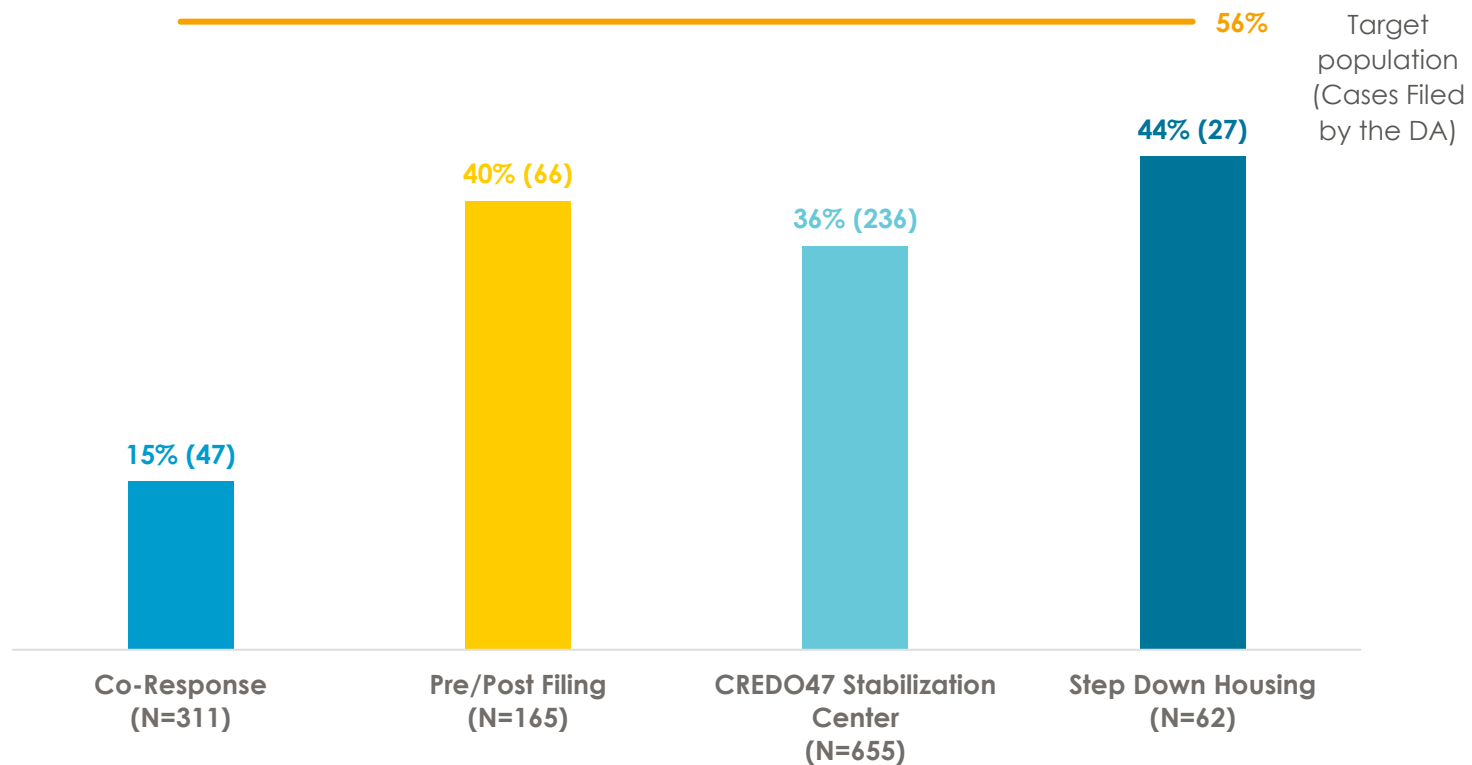
Figure 27. Racial Equity Analysis Findings: Black



## Racial Equity Analysis: Hispanic-identifying individuals

All programs appear to serve a smaller proportion of Hispanic-identifying individuals than Hispanic individuals who would have had charges filed against them had they not been diverted from the criminal justice system and into the CREDO47 program. Figure 28 depicts individuals identifying as Hispanic who enrolled in the four CREDO47 programs during Cohort 2 compared to the percentage of Hispanic-identifying individuals within the target population (56%).

Figure 28. Racial Equity Analysis Findings: Hispanic

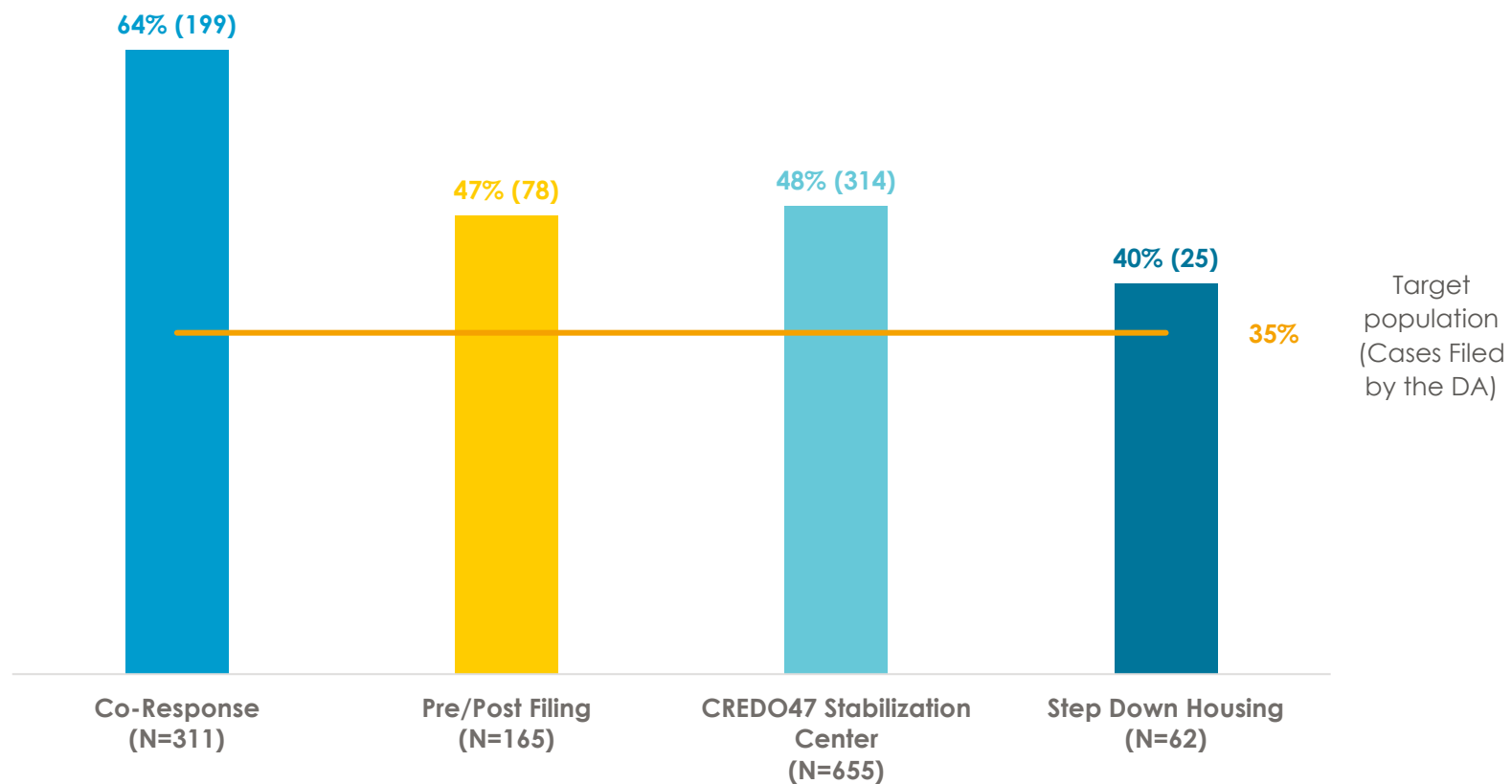




## Racial Equity Analysis: White-identifying individuals

All programs appear to serve a higher proportion of White-identifying individuals than White individuals who would have had charges filed against them had they not been diverted from the criminal justice system and into the CREDO47 program. Figure 29 depicts individuals identifying as White who enrolled in the four CREDO47 programs during Cohort 2 compared to the percentage of White-identifying individuals within the target population (35%).

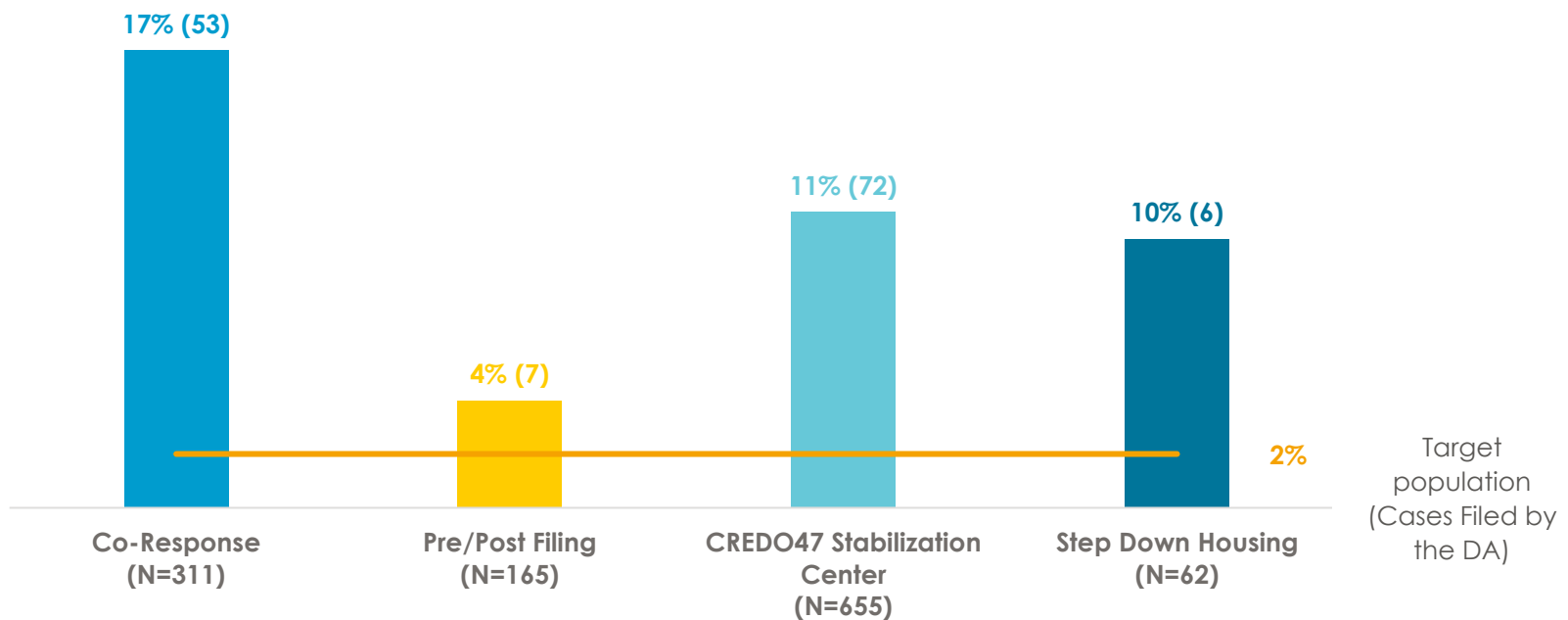
Figure 29. Racial Equity Analysis Findings: White



## Racial Equity Analysis: Individuals who identify as “something else”

All programs appear to serve a higher proportion of individuals who identify as “something else” compared with those who have had charges filed against them had they not been diverted from the criminal justice system and into the CREDO47 program. However, it is important to recognize that enrolled clients identifying as “something else” race/ethnicity may be classified differently in the target population. For reporting purposes, clients who identified as more than one race were categorized as “something else,” which may explain the large discrepancies between the target population (2%) and enrolled clients (ranging from 4% to 17%). Figure 30 depicts individuals identifying as “something else” who enrolled in the four CREDO47 programs during Cohort 2 compared to the percentage of individuals who identify as “something else” within the target population (2%).

**Figure 30. Racial Equity Analysis Findings: “something else”**





## Findings: Cost Analysis

Finally, this evaluation explored the impacts to the County concerning the cost savings achieved through the CREDO47 program. Working with the County, RDA explored cost savings in two areas - (1) the savings to the County concerning court hearing costs and (2) the savings concerning placing individuals at the CREDO47 Stabilization Center compared to the jail or the local emergency department.

### Court Hearing Cost Savings

CREDO47 participants do not have court hearings, as they are diverted out of the system. One way to explore cost savings is to estimate the costs of in- and out-of-court time saved by not serving these individuals through the formal court system.

The County provided the costs associated with staffing a typical courtroom that would normally process CREDO47 diversion cases (i.e., misdemeanor cases). Costs associated with the courtroom include: *court staff* (i.e., one judge, clerk, one court reporter, one court administrative staff, and one interpreter); *Sheriff staff* (i.e., two custody deputies); *Public Defender staff* (i.e., one attorney, one Community Defense Division (CDD) advocate, and one clerical staff); *District Attorney staff* (i.e., one attorney and one clerical staff); and *Probation staff* (i.e., one Deputy Probation Officer). In-court time per case was estimated to be 20 minutes per hearing with an average number of seven hearing per case. These seven court hearings are estimated to be four in-person court hearings and three virtual court hearings per court case. RDA then calculated the total in-court cost for one case by dividing the annual salary of each staff person into a per minute rate and multiplied that by the number of minutes per hearing and the average of seven hearings. In-court costs for one case totaled \$2,396.56.

In addition to the in-court costs, the County provided the out-of-court costs for a typical misdemeanor case. Costs associated with out-of-court costs: Public Defender staff (one attorney, one CDD advocate, and one clerical staff); District Attorney staff (one attorney and one clerical staff); Sheriff's Office (cost of transporting one person from jail to court or to a virtual courtroom); and Probation staff (one Pre-Trial Services Probation Officer). The County also calculated the average number of minutes and weeks (or hearings) each staff position spent on each case. The time spent per week on each case ranged from 11 minutes (CDD Advocate) up to 30 minutes (Pre-trial Services Probation Officer). The number of minutes per week or hearing was then multiplied by the average number of weeks each staff member participated in the case (ranging from three to 12 weeks/hearings depending on staff position). Out-of-court costs for one case totaled \$1,989.88. RDA then combined in-court and out-of-court costs which totaled \$4,386.44 per case.

Lastly, the County provided the out-of-court costs for clients diverted through pre-arraignment (i.e., the CREDO47 participants). These costs include Public Defender staff (one CDD Advocate responsible for screening, short-term case management, and long-term case management) and District Attorney staff (one attorney responsible for screening and case review). The time spent in minutes per week on each case was estimated (ranging from 10 minutes for case screening to 120 minutes for short-term case management). The average number of weeks each position spends per case ranged from one week (screening) to 22 weeks (long-term case management). RDA then calculated the total pre-arraignment diversion costs by dividing the annual salary of each staff person into a per minute rate and multiplied

that by the number of minutes spent per week on the case and the expected number of weeks working on the case. Out-of-court costs for one participant in Pre-Arrestment Diversion totaled \$1,988.38.

The evaluation team added the in- and out-of-court costs for a client who was not diverted at pre-arrestment and who went through the formal court process (\$4,386.44) and subtracted the costs for the CREDO47 Pre-Arrestment Diversion program (\$1,988.38). This amounts to \$2,398.06 in savings per diverted client. Please note that these costs do *not* include courtroom operational costs, only personnel.



Next, we multiplied the projected savings per client by the number of clients who were successfully diverted at pre-arrestment during this reporting period (24). This resulted in a total of \$57,553.44 in court cost savings. It is important to note that the Pre-Arrestment Diversion program saw far less referrals and participation than expected due to both the COVID-19 pandemic and recent legislative changes. If the County were to see an increase in the number of referrals, this would result in larger cost savings. For example, the County estimated about 100 cases per year would have participated in the Pre-Arrestment Diversion component of CREDO47, which would have resulted in \$719,418 in in- and out-of-court savings.

### **CREDO47 Stabilization Center Cost Savings**

Another way to explore cost savings is to compare the new placement option, in this case the CREDO47 Stabilization Center, to the typical placement these individuals would have experienced, in this case either the jail or the local emergency room.

### **CREDO47 Stabilization Center Costs**

Based on data provided by the County, the cost per hour per client at the Center amounted to \$76.06. This cost was multiplied by the average length of client stay (35.50 hours) for an average cost per client stay at the Center of \$2,700.13.

### **Jail Costs**

Data provided by the Sheriff indicates that the cost to stay at the main jail in the county for one day is \$291 and the average length of stay is 5.36 days. The evaluation team multiplied the daily jail cost (\$291) by the average length of stay (5.36) for a total average cost of \$1,559.76 per stay. Therefore, each individual who is diverted from jail saves the County on average \$1,559.76.

### **Emergency Department (ED) Costs**

The Cottage Hospital ED is where most individuals in need of sobering services would go if there wasn't a sobering center in South County. Cottage Hospital estimated that individuals who may otherwise be discharged to the CREDO47 Stabilization Center would stay an average of seven (7) hours in the ED were the Center closed. Calculating the cost savings to the ED is challenging because hospitals don't bill for individuals by the hour but instead by the individual's presenting needs and acuity. Therefore, these cost estimates are not specific to Santa Barbara's local hospitals and uses statewide ED cost estimate data.

The statewide estimate of the operational cost of an ED (\$6,540<sup>30</sup> per hour) was then multiplied by the average length of ED stay for sobering services (7 hours) for a total average of \$45,700 per stay in an ED.

**Table 12. Average Cost per Client per Stay**

Location	Cost
<b>CREDO47 Stabilization Center (the Center)</b>	\$2,700.13
<b>Jail</b>	\$1,559.76
<b>ED</b>	\$45,700.00

### **Comparison Cost Savings**

As can be seen in Table 12, the cost per client per stay at the CREDO47 Stabilization Center is \$2,700.13, the jail is \$1,559.76, and the ED is \$45,700.00. As such, no cost savings are achieved by diverting individuals from the jail and placing them at the Center. While a diversion from jail to the CREDO47 Stabilization Center is more expensive, there are many benefits to the client and the County as it is a less restrictive environment, decriminalizes addiction, and links clients to treatment rather than jail.

There is, however, a large cost savings by diverting individuals from the ED and placing them at the CREDO47 Stabilization Center. By subtracting the per stay cost of the Center to the ED, a per stay cost savings of \$42,999.87 is achieved. Given data collection limitations, it is hard to determine exactly how many clients were diverted directly from the ED to the Center as this is a lower level of care compared to the ED. However, 392 individuals were referred to the CREDO47 Stabilization Center from the ED at Cottage Hospital and this potentially resulted in cost savings of \$16,855,949.04 over the course of the evaluation period.

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<sup>30</sup> This estimate was based on data from the annual financial disclosures with the California Department of Health Care Access & Information, provided to the County by the Hospital Association of Southern California.



## Findings: Overarching Themes

The following overarching themes reflect key findings across all components of the CREDO47 program.

### Strengths

**The CREDO47 Program is providing important support to individuals with SUD and SMI.** Between January 2020 and December 2022, the program served a total of 1,424 unique clients with SUD and/or SMI. Partners and clients across the program components emphasized the positive impact the CREDO47 program has had on clients' lives. Stakeholders shared that short-term interventions, including the Co-Response team and CREDO47 Stabilization Center, prevented people from being booked into custody and connected them to behavioral health services. They also noted that longer-term interventions, including Pre- and Post-Filing Diversion and Step Down Housing, reduced the number of jail bookings, crisis episodes, and hospitalizations; helped clients engage in ongoing behavioral health treatment; and supported improved housing, education, and employment outcomes. Program partners also highlighted client success stories and relayed multiple instances where they were thanked by former clients and their family members. Additionally, multiple clients expressed their gratitude for the program, particularly that it helped them become sober, access therapy, locate stable housing, secure employment, and reunite with their families. They acknowledged Step Down Housing staff's willingness to work with them to find suitable housing and to advance personal and professional areas of their lives despite having prior involvement with the justice system.

*"I was [previously] never sober, so [when I became sober] I got to know myself. I spent six months knowing my health, my mind, what I was thinking, everything about me that I never knew before or didn't care for." – Step Down Housing Client*

*"I have worked with many clients that have been successful ... clients who were the most challenging, chronically homeless, severely mentally ill. Now they have reached stability and permanent housing through this program. – CREDO47 Partner*

**CREDO47 partners are building trust as they continue to streamline process flows and refine policies, data collection methods, and reporting procedures.** The grant has provided a communication platform for the different agencies to start collaborating and has led to greater trust and partnerships in other areas as well. The agencies involved in the CREDO47 program are collaborating in new ways and some partners are working together for the first time. Ultimately, all partners agree with the behavioral health diversion principles that underlie the CREDO47 program and are committed to improving and expanding the program to make it more accessible and effective for those in need.

*"Weekly meetings with partners where we bounce things around with each other, communicate, that has made a difference to me. The most important part is how can we make [the program] work better. In turn they tell us, "What do you need from us?" That's made a big difference." – CREDO47 Partner*

**The CREDO47 program has made significant progress towards the program's goals and objectives, including reducing the number of people booked into jail, connecting individuals to appropriate services, and improving clients' housing status.** The program aims to prevent jail bookings by directing clients to services and supports through the Co-Response team. Given that only 3% of Co-Response interactions resulted in jail bookings and, instead, most encounters resulted in referrals and/or linkages to behavioral health, social, housing, and other services, the program has effectively prevented jail bookings.

The CREDO47 program also intends to connect individuals to the right level and type of care to meet their needs and prevent hospitalization or jail. All diversion and Step Down Housing clients received behavioral health services aligned with their mental health and/or substance use needs and Co-Response and CREDO47 Stabilization Center clients were often assessed through the Behavioral Wellness Access Line and/or directly linked to subsequent behavioral health services. Additionally, there were fewer crisis services and fewer jail bookings across clients served by both Step Down Housing and Pre- and Post-Filing Diversion.

Finally, the program's third goal is to improve clients' housing status. Of the 27 clients who successfully completed Step Down Housing, all were unhoused prior to Step Down Housing and successfully transitioned to stable housing upon exit from the program.

**The CREDO47 program evidences cost saving benefits to the County.** First, by diverting individuals out of the court system through pre-arraignment diversion, a savings of approximately \$2398 in court related costs is achieved per case. Second, the CREDO47 Stabilization Center was designed as an alternative placement to both jail and the emergency department. Comparing the Center to the emergency department, large cost savings are realized in placing individuals in the Center compared to the emergency department (approximately \$43,000 per case). While the Center has a slightly more expensive placement cost per case than the jail, there are benefits to the client and the county that cannot be monetized and should be considered in the long-term viability of the Center.

## Challenges

**COVID-19 significantly impacted program implementation and fidelity to the original model, requiring a high level of coordination and flexibility across partners.** The CREDO47 program launched in January 2020 and two months later California initiated shelter-in-place and other COVID-19 pandemic response protocols throughout the state. As a result, the program was unable to serve clients in many of the ways initially envisioned and processes were quickly revised to meet federal, state, and local regulations. Given that the CREDO47 program was in the early months of implementation and the uncertainty surrounding the pandemic, redesigning many aspects of the service delivery model was a challenging process and required stakeholders to be nimble and collaborative.

While the program did not operate at full capacity, all components adapted to continue to support clients with SUD and mental health challenges. Under the direction of the CREDO47 program manager, leadership and staff across the county, including individuals from Behavioral Wellness; the Offices of the Public Defender, District Attorney, and the Sheriff; the jail; the Co-Response team; the Holistic Defense Advocate; Good Samaritan; and CBOs, coordinated to design new processes to respond to crisis calls; divert individuals from the criminal justice system pre-arrest, pre-filing, and post-filing; and provide step-down, sobering, and housing services, all while adhering and adapting to COVID-19 regulations.

*"We did a really good job pivoting when COVID hit. We have all these different elements, each of which is a massive program lift on its own." – CREDO47 Partner*



**At times, capacity limitations prevented the CSU from accepting new clients, which strained the CREDO47 program and the County's mental health system more broadly.** The CSU was intended to play a key role in the CREDO47 model, both screening and assessing individuals prior to admission to the CREDO47 Stabilization Center and stabilizing individuals experiencing behavioral crises prior to being connected to treatment. However, many program partners were unable to transfer clients to the CSU and suggested this was due to COVID-19 capacity limits and budget and staffing challenges. As a result, the CREDO47 Stabilization Center was required to provide screenings and assessments and, at times, support individuals experiencing mental health crises although they were not fully trained and equipped to provide these services. The CREDO47 Stabilization Center began conducting screenings and assessments, and absorbed clients who might otherwise have been placed at the CSU due to their mental health needs. The Co-Response team, unable to place clients at the CSU, had to search for alternative placements (e.g., family, friends, CBOs) for clients experiencing mental health crises. Finally, although Cottage Hospital was experiencing COVID-related limitations, the facility accepted a greater number of clients, including individuals with stabilization needs more appropriately served by the CSU.<sup>31</sup>

*"Crisis stabilization [the CSU] could have been more effective, but because of COVID and COVID restrictions we couldn't put people there. And for staffing and budget reasons it wasn't fully operating." – CREDO47 Partner*

**The County's limited short- and long-term housing capacity creates challenges throughout the CREDO47 program.** At each stage of the program, partners experienced barriers and delays locating beds and securing housing for clients. Staff spent a significant amount of time securing housing for clients, although that was often not the primary purpose of their program component; clients experienced longer than anticipated stays at the CREDO47 Stabilization Center while waiting for beds to become available at other facilities; and Step Down Housing clients prolonged their stay in the house as they struggled to identify alternative long-term housing options. These housing barriers delayed exits out of the CREDO47 program and, in turn, prevented new clients from entering. While COVID-19 has limited the capacity of some group residential settings, the County ultimately lacks sufficient housing for all residents in need of shelter (a prevalent need across California).

*"It's really hard [to find long-term housing]. I have a client with a housing voucher and am struggling to find them housing." – Step Down Housing Staff*

**There are systematic challenges with sharing and reporting data across program stakeholders.** Given the complex model of the CREDO47 program and the number of agencies involved, the program requires a significant staffing investment to support data sharing and reporting. Reporting discrepancies between partners have been challenging to address because partners have different understandings regarding the types of personal client information (e.g., criminal justice involvement, behavioral health services) they are legally permitted to share. Additionally, there are multiple software systems (e.g., Vertical Change, Smartsheet, Behavioral Wellness's EHR) that must communicate with one another to fully assess program impacts and client outcomes.<sup>32</sup> Facilitating this communication requires a great deal of time and high levels of technical expertise and coordination across staff.

*"[CREDO47 is] a program but it's really like four programs. That piece of trying to keep every single situation straight and describe all participant statuses is a lot to [manage]." – CREDO47 Partner*

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<sup>31</sup> In addition to COVID-19, there were disagreements about eligibility. Specifically, CSU staff turned people away because they didn't feel they were appropriate/eligible.

<sup>32</sup> Additionally, information must frequently be double entered in each agency's own data systems, which increases the administrative burden of data entry.



## Conclusion

The CREDO47 program effectively adjusted to developing community and client needs and diverted individuals from the criminal justice system to a variety of supports. The four CREDO47 program components—(1) pre-arrest diversion (Co-Response), (2) Pre- and Post-Filing Diversion, (3) the CREDO47 Stabilization Center, and (4) Step Down Housing—have become integrated into the larger County system that aims to meet peoples' behavioral health, housing, and social needs. Moving forward, expanded inter-agency and cross-sector collaboration can help support a more efficient and effective system. Stakeholders involved in the Pre- and Post-Filing Diversion component can also review strategies to increase coordination and streamline the case review process to ultimately enroll a greater number of individuals in diversion. Similarly, Step Down Housing can expand outreach efforts, enroll more diverse clients with a variety of mental health and substance use needs, and identify staff retention strategies to expand and enhance the program. Finally, the Co-Response team and CREDO47 Stabilization Center can continue to strengthen relationships with CBOs and other partners to facilitate referrals and linkages to ongoing treatment and supports. While the CREDO47 program has been successful, these recommendations and the findings outlined throughout this report should be considered to further enhance diversion opportunities and services in the future.

# Appendix A: Santa Barbara County CREDO47 Logic Model

Process			Outcome	
Inputs <i>What do we contribute to accomplish our activities?</i>	Activities <i>What activities does our program offer to accomplish our goals?</i>	Outputs <i>Once we complete our activities, what is the evidence of service delivery?</i>	Short- & Middle-Term <i>What changes do we expect to see during engagement period?</i>	Long-Term <i>What changes do we expect to see during engagement period?</i>
<b>Funding</b> <ul style="list-style-type: none"> <li>BSCC Prop 47 grant funding</li> <li>Leveraged funds</li> </ul> <b>Leadership, Oversight, &amp; Staffing</b> <ul style="list-style-type: none"> <li>Partnerships <ul style="list-style-type: none"> <li>Public Defender</li> <li>Behavioral Wellness</li> <li>Sheriff's Office</li> <li>District Attorney</li> <li>Good Samaritan</li> <li>Family Service Agency</li> </ul> </li> <li>Local Advisory Committee</li> </ul> <b>Evidence-Based Practices</b> <ul style="list-style-type: none"> <li>Trauma-Informed Care</li> <li>Cognitive Behavioral Therapy</li> <li>Motivational Interviewing</li> <li>Grounding Techniques</li> </ul> <b>Existing Services &amp; Resources</b> <ul style="list-style-type: none"> <li>Crisis Stabilization Unit (CSU)</li> <li>Co-Response Teams (not funded by Prop. 47) &amp; Mobile Crisis Response (MCR)</li> <li>Psychiatric Health Facility (PHF)</li> <li>Crisis Residential Treatment (CRT) program</li> <li>Residential Treatment Facilities (RTF)</li> <li>Individualized outpatient services</li> <li>Contracted Behavioral Health Providers</li> <li>CBOs (e.g., Good Samaritan, Family Services Agency)</li> <li>BWell</li> </ul>	<b><u>Engagement and Screening</u></b> <p><b>Co-Response</b></p> <ul style="list-style-type: none"> <li>Engagement and screening in the field</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li>Holistic Defense Advocate, PD, DA engagement and screening</li> </ul> <p><b><u>Services &amp; Supports</u></b></p> <p><b>Co-Response</b></p> <ul style="list-style-type: none"> <li>Linkages to services/resources</li> </ul> <p><b>CREDO47 Stabilization Center</b></p> <ul style="list-style-type: none"> <li>Alcohol and drug counseling</li> <li>Transition support from jail and/or to treatment</li> <li>Case management</li> <li>Medical care</li> <li>Transportation</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li>Linkages to services/resources</li> <li>Diversion monitoring</li> <li>Charges reviewed and dismissed as appropriate</li> </ul> <p><b>Step Down Housing</b></p> <ul style="list-style-type: none"> <li>Housing</li> <li>Case management</li> <li>Crisis intervention</li> <li>Linkages to services/resources</li> <li>Transportation</li> </ul>	<b><u>Engagement &amp; Screening</u></b> <p><b>Co-Response</b></p> <ul style="list-style-type: none"> <li># calls received &amp; source</li> <li># encounters</li> <li># individuals screened &amp; results</li> <li># individuals found eligible</li> <li># choosing to participate</li> <li># referred to services</li> </ul> <p><b>Pre- and Post-Filing Diversion</b></p> <ul style="list-style-type: none"> <li># individuals screened by Holistic Defense Advocate/PD/DA &amp; results</li> <li># individuals found eligible</li> <li># choosing to participate</li> <li># individuals who complete diversion</li> </ul> <p><b><u>Services &amp; Supports</u></b></p> <p><b>CREDO47 Stabilization Center</b></p> <ul style="list-style-type: none"> <li># receiving services &amp; type of services provided</li> <li># of linkages to services/resources</li> </ul> <p><b>Step Down Housing</b></p> <ul style="list-style-type: none"> <li># receiving housing</li> <li># bed days</li> <li># receiving services &amp; type of services provided</li> </ul> <p><b><u>Services &amp; Supports (Not Prop. 47-Funded)</u></b></p> <p><b>Other County Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li># receiving services &amp; type of services received</li> </ul>	<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Reduced crisis episodes and psychiatric hospitalizations</li> <li>Reduced substance use</li> <li>Improved behavioral health functioning</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Increased housing stability</li> </ul> <p><b>Criminal Justice</b></p> <ul style="list-style-type: none"> <li>Reduced recidivism, including new criminal charges and jail bookings</li> </ul> <p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li>Increased collaboration between County and community service providers</li> </ul>	<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Positive outcomes related to behavioral health treatment</li> <li>Improved quality of life</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Maintained housing stability</li> </ul> <p><b>Criminal Justice</b></p> <ul style="list-style-type: none"> <li>Reduced recidivism, including new criminal charges and jail bookings</li> <li>Reduced burden on jail system</li> </ul> <p><b>Community Partnerships</b></p> <ul style="list-style-type: none"> <li>Expanded and sustained diverse network of County and community service providers</li> <li>Reduced burden on community service providers by linking to appropriate care</li> </ul>

# Appendix B: Grantee Highlight

## Santa Barbara County CREDO47 Program

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



### Pre-Arrest Diversion Through Co-Response

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



### Pre-Filing and Post-Filing Diversion

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



### CREDO47 Stabilization Center

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



### Step Down Housing

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

## Program Highlight: Step Down Housing

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



### 100% Secured Stable Housing

All were unhoused prior to program engagement



### 63% Advanced Employment

Of the 19 clients who were employed while enrolled



### 33% Furthered Education

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



