



RESEARCH REPORT

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

[Interim Evaluation Report](#)

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Executive Summary

In November 2014, California voters approved Proposition 47 (Prop 47), which reduced some low-level felonies in the state to misdemeanors. The proposition required the Board of State and Community Corrections (BSCC) to use a portion of the annual savings realized through Prop 47 to administer grant programs for diversion, mental health services, and/or substance abuse treatment. In November 2016, the BSCC released a request for proposals for the Prop 47 grant program. Orange County submitted a successful proposal and received \$6 million in funding to develop and launch their Prop 47 grant-related services.

The Orange County Health Care Agency (HCA) is the prime recipient of the BSCC grant. The HCA's Behavioral Health Services (BHS) division manages the Prop 47 grant (Prop 47 program managers) and provides services to Prop 47 clients through its system navigators and Community Counseling and Supportive Services (CCSS) program. Another HCA division—Correctional Health Services (CHS)—is responsible for identifying people in the target population and providing a list of those people to the BHS system navigators. The HCA also contracts with Project Kinship (a community-based organization in Orange County) and partners with several local providers to support and implement the grant-related services, and the Orange County Prop 47 Local Advisory Committee collaboratively identifies county residents' reentry needs and offers ongoing strategic guidance for the Prop 47 grant program. The HCA selected the Urban Institute as the grant's independent research partner and technical assistance provider.

The overall goal of Orange County's Prop 47 grant-related services is to reduce the number of people with mental health and/or substance use disorders incarcerated in county jail by reducing recidivism through intensive case management and linkages to treatment and community supports upon release. To that end, the county's Prop 47 initiative includes several core programmatic components, including (1) inreach services provided by BHS system navigators, (2) a community support and recovery center (CSRC) that provides peer support and navigation services, and (3) dedicated behavioral health clinical services.

This report assesses the implementation and initial impact of the Prop 47 program activities occurring between the beginning of the grant and March 30, 2019. The Urban research team draws these preliminary findings from its observations of Prop 47 activities and services, a review of program materials, interviews with program staff and stakeholders, focus groups with program participants, and analyses of various program and criminal justice data. **The findings (1) address the initiative's**

implementation progress, (2) identify major accomplishments and progress toward project goals, and (3) describe the barriers Orange County and Prop 47 program partners have faced and their strategies for overcoming these barriers.

Key findings at this stage include the following:

- **Orange County has made substantial progress toward its goal of developing new system components and linking existing ones to coordinate provision of Prop 47 grant-related services.** The HCA has rapidly forged strong partnerships across county agencies and organizations to support and deliver an array of services to their Prop 47 target population. The referral process has created constant communication channels between CCSS, CHS, the Orange County Sheriff's Department (OCSD), Project Kinship, the Prop 47 program managers, and system navigators. The result is an established system-navigation and case management program, and expanded availability of integrated supportive services.
- **Although the infrastructure for Prop 47 services is largely in place and operational, Orange County has room for improvement and has demonstrated commitment to closing gaps in service provision.** Specifically, communication and collaboration between some partners was insufficient early in the implementation process, creating confusion regarding roles and responsibilities and some overlap in outreach and service provision. As the program developed, improved communication helped partners clarify and revise their roles, collaborate to improve service delivery, and ensure overlapping service provision does not create confusion or competition for resources.
- **In line with project goals, the county's system navigators have identified the immediate reentry needs of many in the target population, and provided them with several direct services and referrals either before or upon release.** However, system navigators still face several constraints that may limit the impact of their work, including difficulties remaining fully staffed and limited opportunities to ensure warm handoffs to Prop 47 service providers. Orange County is working to keep the system navigator team fully staffed and is exploring ways to improve linkages (e.g., by allowing service providers to meet with potential participants in jail before release).
- **Working closely with HCA, Project Kinship has developed and launched the community support and recovery center, a hub for reentry resources and services in the county.** Project Kinship has become recognized by its clients, staff, and others in Orange County for providing a supportive and welcoming environment through which the reentry population can access the

essential supports it needs immediately after release. However, Project Kinship has also struggled to efficiently monitor its service delivery and client outcomes because of its current data system's limitations.

- **The Prop 47 initiative has also raised awareness about reentry issues, generating major policy changes in the Orange County jail system.** The OCSD is changing its longstanding practice of releasing people from jail in the late night/early morning hours. Moreover, the County Executive Office and the Orange County Board of Supervisors is working to create a more comprehensive reentry system for everyone being released from jail in Orange County. Project Kinship is involved in planning this reentry system, and is being used as a model program for facilitating successful reentry.
- **Preliminary findings from logistic regression analyses show no statistically significant differences in recidivism between the treatment and comparison groups.** Although there is a trend toward lower recidivism rates for people in the treatment group at the 30-day and 90-day marks, there is little difference in recidivism rates at the 6-month and 1-year marks between the treatment and comparison groups.
- **However, the majority of people in the treatment group had only received inreach services and referrals from system navigators; only those who had been released more recently had received services from Project Kinship at the CSRC.** This makes it difficult to estimate the initiative's full impact on recidivism. In the final evaluation report, Urban will include a larger group of Prop 47 participants and incorporate data from additional sources to expand its measure of recidivism.

Based on these interim findings, Urban proposes the following recommendations:

- Invest time and funding in selecting and purchasing a data system that adequately meets Project Kinship's data management needs and expand data-support staffing.
- Reform the Prop 47 initiative's inreach component to strengthen and emphasize the warm handoff from incarceration to supportive services.
- Increase opportunities for cross-organization trainings among system navigators and staff and stakeholders from CCSS and Project Kinship.

Project Description

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

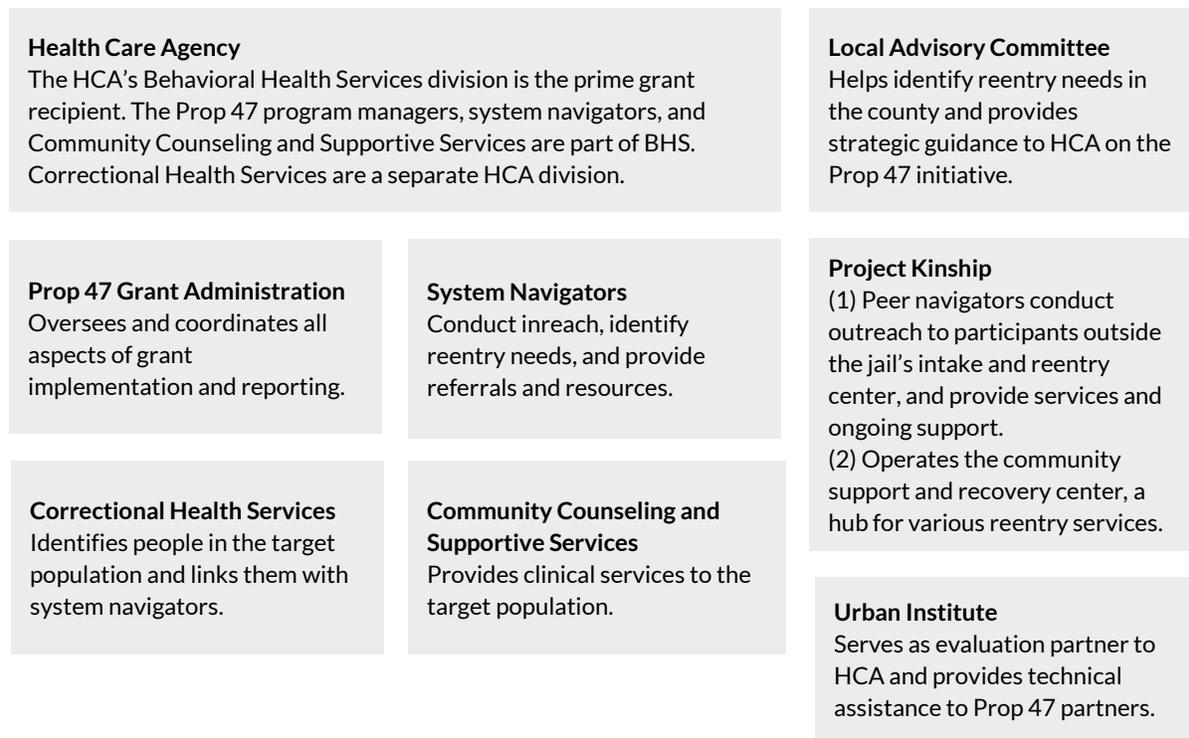
This report assesses the implementation and initial impact of Orange County's Prop 47 grant-related services during the first two years of the grant. Findings presented here draw from data collected between April 2018 and June 2019, and program activities occurring between the beginning of the grant and March 30, 2019. The preliminary findings presented in this report will address (1) **program activities and implementation progress**, (2) **initial recidivism outcomes among the target population compared with a historical comparison group**, and (3) **other successes of the program**. These findings are drawn from observations of the Prop 47 services, a review of program materials, interviews with program staff and stakeholders, focus groups with program participants, and analysis of program and criminal justice data.

Orange County's Prop 47 Services

The Orange County Health Care Agency (HCA) is the prime recipient of the BSCC Prop 47 grant. The agency's Behavioral Health Services (BHS) division manages the grant (Prop 47 program managers) and provides services to Prop 47 clients through its system navigators and Community Counseling and Supportive Services (CCSS) program. The HCA's Correctional Health Services (CHS) division is responsible for identifying people in the target population and passing on a list of those people to the BHS system navigators. The HCA also has contracts with Project Kinship and has partnered with several local providers to support and implement the grant-related services, and the Orange County Prop 47 Local Advisory Committee (LAC) collaborates in identifying reentry needs in the county and offer ongoing strategic guidance for the Prop 47 grant program. Finally, the HCA selected the Urban Institute as the grant's independent research partner and technical assistance provider. The organization of the initiative is depicted in figure 1 below.

FIGURE 1

Organization of Orange County's Prop 47 Initiative



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Orange County Prop 47 target population: adults and transitional-aged youth (ages 18 to 26) diagnosed with a substance use disorder and/or mild to moderate mental health condition who are in jail for a misdemeanor or nonviolent felony offense.

The overall aim of Orange County's Prop 47 grant-related services is to reduce the number of people with mental health and/or substance use disorders incarcerated in county jail by reducing recidivism through intensive case management, linkages to treatment, and community supports upon release. The grant has the following three primary objectives:

1. Reduce recidivism by providing intensive community-based case management upon release.
2. Enhance jail inreach, reentry planning, and linkage to community-based postrelease services.

3. Expand counseling and bridge (i.e., transitional) housing, and improve access to transportation, employment, and other supportive services.

To achieve these objectives, the county's Prop 47 initiative includes several core programmatic components, including (1) inreach services provided by BHS system navigators, (2) a community support and recovery center (CSRC) that provides peer support and navigation services, and (3) dedicated behavioral health clinical services.

Inreach System Navigators

The Behavioral Health Services division created **system navigator** positions through which county representatives provide inreach services to people in the Prop 47 target population shortly before they are released from the Orange County jail system. Correctional Health Services staff provide system navigators with a list of people who meet the target-population eligibility criteria—that is, those who are diagnosed with a mild to moderate mental health or substance use disorder and are in jail for misdemeanor or nonviolent felony offenses—and are within two weeks of their expected release from custody. System navigators then meet with these people in jail to identify their reentry needs, provide information about various county resources, and make referrals to appropriate programs and services. They also provide bus passes that are placed with the person's property and therefore available upon release. Most service referrals made by system navigators are to the county's new community support and recovery center and CCSS clinical mental health services (both are described below). System navigators also wait in the lobby of the county jail's Intake/Release Center (IRC)—the county jail system's primary release location—during part of the day to provide reentry resources and direct services (e.g., phone charges, bus passes) to people as they are released.

Community Support and Recovery Center

The majority of grant funds were used to develop a **community support and recovery center** that began operating in July 2018. The CSRC was designed as a hub where people in the target population can go immediately after release from custody (or at any subsequent time) to receive various onsite supportive services and linkages to other community services and resources. Through a competitive grant, HCA selected Project Kinship (a community organization based in Orange County) to develop and operate the CSRC. Project Kinship offers clients onsite case management, some clinical mental health and substance use counseling, and supportive services and provides linkages to several other services and resources, including clinical mental health services through CCSS, housing and housing assistance, employment training and support, Medi-Cal and public assistance programs, civil legal services, and

transportation assistance. To support these linkages, BHS and Project Kinship have been building partnerships with housing providers, sober living homes, and other treatment providers in Orange County to enhance Project Kinship staff's ability to engage in warm handoffs with their clients.

Clients are engaged and referred to the CSRC primarily by system navigators, Project Kinship peer navigators (described below), other county agencies (e.g., the public defender or the probation department), and word of mouth from other Project Kinship clients. Project Kinship has implemented the following three tiers that offer clients different levels of services at the CSRC:

- **Tier 1** clients are those who receive any level of service within 48 hours of their engagement with Project Kinship (e.g., a snack as they are leaving jail, or an immediate service or linkage after their first visit to the CSRC).
 - » Project Kinship created **tier 1b** in the most recent quarter of the program for people with treatment needs of a higher intensity than Project Kinship can address. Project Kinship provides these clients interim clinical services until they can be linked to an intensive outpatient county program.
- **Tier 2** clients receive services and support for up to 90 days.
- **Tier 3** clients receive services and support for up to 6 months.

Project Kinship staff hold triage meetings twice weekly to review potential clients' case files and determine which level of service provision best suits each client's needs. Clients can also be reassigned to another tier if their needs change.

CSRC PEER NAVIGATORS

In addition to the services provided onsite at the CSRC, Project Kinship has hired and trained **peer navigators** to help engage with potential Prop 47 clients and support those who receive Project Kinship services. Peer navigators are stationed in the IRC lobby and just outside the facility to address the immediate needs of people being released from custody. For example, they offer everyone leaving the IRC clothing, snacks, drinks, personal hygiene products, and options for charging their cell phones. During this time, they also describe the services that Project Kinship offers and conduct quick screens to determine eligibility for the Prop 47 program.

For years, nearly all releases from the IRC occurred very early in the morning (i.e., 12:00–3:00 a.m.). Before Prop 47 services were implemented, the only support available upon release was provided by a volunteer-run organization that operated a mobile camper parked outside the IRC at night, providing

people with coffee, food, and clothing as they left the facility. However, these services were dependent on the availability of volunteers and were therefore offered sporadically. The introduction of Project Kinship's peer navigators provided much-needed stability and consistency in the provision of these critical services. As described later in this report, the Orange County Sheriff's Department (OCSD) changed its policy in early April 2019 and began releasing people at 7:00 a.m. rather than at midnight, reducing the need for nighttime services.

Dedicated Behavioral Health Clinical Services

The grant also allocated funding for two clinical positions to provide **dedicated behavioral health services** to the Prop 47 population at CCSS, an existing BHS clinic that serves people with mild to moderate behavioral health disorders. Although CCSS originally offered these services out of their own clinic, they eventually integrated their services with those offered by the Project Kinship clinicians and began providing services out of the CSRC in early 2019. This further centralized the reentry services and resources available to the target population. During the reporting period for this report, CCSS received client referrals primarily from system navigators. However, they have since begun receiving additional clients through their partnership with Project Kinship. Both clinicians have received training in various trauma-informed approaches and therapeutic modalities, and were instrumental in translating the comprehensive resource list used during jail inreach.

Evaluation Data and Methodology

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

Qualitative Data

To date, the evaluation team has conducted three site visits to Orange County (in June 2018, October 2018, and June 2019). During these visits, Urban researchers observed program operations and conducted semistructured interviews and focus groups with Prop 47 clients and program staff. Qualitative data were drawn from the following five primary activities:

- **Review of program documents.** Urban received and reviewed key program documents from stakeholders at the outset of its evaluation. These included Project Kinship’s intake form and the informational packet provided to clients, the referral and discharge forms used by Community Counseling and Supportive Services, and the screening tools Correctional Health Services uses to identify mental health and substance use needs.
- **Semistructured interviews.** Between April 2018 and June 2019, Urban researchers conducted more than two dozen semistructured interviews (in person and over the phone) with CCSS, CHS, the OCSD, Project Kinship, and the Prop 47 program managers. Urban conducted in-person interviews during its three site visits and held follow-up calls in the intervening months.
- **Client focus groups.** Urban’s evaluation team also conducted four focus groups during its site visits, each with between two and four Project Kinship clients.
- **Observations of program services.** During Urban’s October 2018 and June 2019 site visits, the evaluation team took guided tours of the IRC. In October 2018, Urban researchers observed inreach activities in the IRC with a system navigator and with Project Kinship peer navigators stationed in the IRC lobby and outside the facility at night.
- **Meetings with key stakeholders.** Urban also held in-person meetings and phone calls with members of the local advisory committee and other key criminal justice agencies in Orange County, including the Diocese of Orange, the OCSD Inmate Services Division, the Orange County Re-Entry Partnership, the probation department, and the public defender.

Quantitative Data

To document program operations and assess early outcomes, Urban collected quantitative data from BHS system navigators, CCSS, CHS, OCSD, and Project Kinship.

- **BHS system navigators.** System navigators maintain a database tracking everyone CHS identifies as eligible for Prop 47 grant-related services (i.e., those diagnosed with a mild to moderate mental health or substance use disorder and in jail for an eligible offense) with an expected release date within two weeks. The database includes demographic information, jail housing information, anticipated release date, a unique booking identifier used to link the various Prop 47 partner databases, *Diagnostic and Statistical Manual* diagnostic codes, and whether the criminal offense is a misdemeanor or felony. Correctional Health Services updates these lists and provides them to the system navigators on a biweekly basis. These data were used to create a treatment group of people who (1) were deemed eligible for Prop 47 services, and (2)

met with a system navigator between the start of program operations in December 2017 and March 31, 2019. The system navigators also use a database that houses all information provided by CHS as well as information gathered during inreach, including people's immediate reentry needs, the level of engagement system navigators established with possible clients, and the referrals and resources they provided (e.g., print materials, bus passes).

- **Community Counseling and Supportive Services** maintains a database where they log referrals to the dedicated behavioral health clinical services, track CCSS clinicians' attempts to contact potential clients and their reasons for not enrolling them, and record information about the provision of clinical services to clients.
- **Correctional Health Services** provided data on booking events that occurred during the three years before the Prop 47 program began (i.e., 2015–2017) involving people who would have otherwise been eligible for Prop 47 services based on their mental health or substance use diagnosis. These data were linked to OCSD data to create a historical comparison group that is similar to the treatment group, but includes people who were released from the Orange County jail system before the program began operations.
- **Orange County Sheriff's Department.** The OCSD provided comprehensive booking data on everyone determined to be part of the treatment and comparison groups, including information about the booking offense and the dates of the booking and subsequent release. These data were linked with the CHS data to (1) develop a comprehensive measure of criminal history for the treatment and comparison groups (i.e., jail bookings dating to June 1989), and (2) track recidivism through June 26, 2019.
- **Project Kinship.** Project Kinship maintains data on all the referrals they receive and clients they serve. These data include information about client identifiers and demographics, client referral details (including referral sources), and records of services provided by Project Kinship and at the IRC and of referrals to other service providers.

METHODOLOGY FOR RECIDIVISM ANALYSIS

For the recidivism analysis, Urban constructed a **comparison group** using the CHS and OCSD data sources described above. First, Urban linked the OCSD data to the system navigator data (treatment group) and the CHS data on cases from 2015 to 2017 that would have met the program's eligibility criteria. Next, the research team generated a list of all charges from the cases in the treatment group to identify which charges were eligible for Prop 47 services. Finally, the team removed all cases from the CHS comparison group file with an ineligible offense (e.g., a charge for a felony violent crime), leaving a

final sample of everyone who passed through the jail system in the three years before the Prop 47 program who had an eligible diagnosis *and* an eligible offense. The team combined the treatment group and the refined comparison group into the **final analytic sample**.

Urban used Stata and R statistical software to clean, link, and analyze the final analytic sample. For the recidivism analysis, the team conducted **logistic regression analyses** to determine whether people in the treatment group had better recidivism outcomes than people in the comparison group, controlling for several demographic and case-level factors. A detailed description of the cases in the final analytic sample, the measures of independent and dependent variables, and the results of the recidivism analysis are presented in the “Participant-Level Findings” section.

Evaluation Limitations and Next Steps

A few limitations to this interim evaluation are worth noting. First, although the grant has been in effect for two years, many of the county’s Prop 47 services have been operating for just over one year and are still being changed and improved. It often takes longer than this for an initiative to mature and for its full impacts to become accurately measurable. The final evaluation report (due in 2020) will provide more robust measures of the program’s implementation and performance.

Moreover, Urban encountered several data issues that limited the scope of the analyses presented in this report. For example, Urban received additional data on criminal convictions from the **Orange County Superior Courts**, but was unable to link these data to the other datasets, rendering them unusable for measuring recidivism for this report. Similarly, Urban is in the process of obtaining data from the California Department of Justice’s **criminal offender record information (CORI) system**, but was unable to link these data to the final analytic sample in time for this interim report. Urban will explore ways to better match these data sources with local data, and plans to incorporate the court data and CORI data to expand measures of recidivism in the final evaluation report. Urban will then also refine its process for creating a comparison group using methods such as propensity score matching or coarsened exact matching.

Project Performance

This section describes the performance of the Orange County Prop 47 services to date, drawing from Urban’s key takeaways from the qualitative and quantitative data collection and analysis strategies described above. The findings highlighted in this section are organized into two sections: (1) systems- and program-level findings, and (2) participant-level findings.

These findings include the **challenges the Prop 47 project partners have faced while implementing the program, as well as noteworthy successes toward project goals**. As part of its role as the evaluation partner and technical assistance provider, Urban regularly provides feedback to Orange County based on its data collection activities, and works with HCA to make recommendations for improvements across the initiative. As such, findings also **highlight modifications that have been made to the project since it began**, including programmatic improvements made during the project period.

Systems- and Program-Level Findings

Orange County has made rapid and substantial progress in developing new system components and linking existing ones to coordinate provision of Prop 47 grant-related services. The result is an established system-navigation and case management program, and expanded availability of integrated supportive services. Though the infrastructure for these services is largely in place and operational, Orange County has room for improvement and has demonstrated commitment to closing these gaps. The following subsections describe the implementation statuses of the program’s various components, challenges the county has successfully addressed, and areas with additional room for growth.

Program Management

The Prop 47 grant program developed coordinating bodies to facilitate program management, namely a local advisory committee and regular implementation meetings.

LOCAL ADVISORY COMMITTEE

Orange County initiated and regularly convenes a local advisory committee to provide updates on program implementation and receive feedback from stakeholders. Committee members include county justice partners (e.g., OCSD Custody Operations and Inmate Services, probation department, public defender) as well as the County Executive Office, HCA Behavioral Health Services, HCA Correctional Health Services, the Orange County Collaborative Courts, and the Orange County Social Services

Agency. Nonprofit partners serving or representing justice-involved populations—including the Roman Catholic Diocese of Orange Office of Restorative Justice/Detention Ministries and the Orange County Re-Entry Partnership—as well as people with lived experience of incarceration also participate in the LAC. The committee not only guided the development of Orange County’s Prop 47 proposal and the scope of the initiative’s efforts but also provides an avenue for community feedback and engagement with the program. This has helped agencies share knowledge about events impacting the delivery of services to the target population and about the broader landscape of reentry services and challenges in Orange County.

IMPLEMENTATION MEETINGS

The program regularly convenes implementation meetings with leaders from key county agencies (i.e., Prop 47 program managers and contracts staff, CCSS, CHS, OCSD Inmate Services, and the system navigator team) to maintain consistent monitoring of the program’s budget and expenditures, service administration, and other facets of implementation. **Project Kinship leaders were not included in these meetings early in the program, and BHS staff provided service updates on Project Kinship’s behalf.** Urban attended an early implementation meeting and noted that service updates would be more accurate and current if service providers delivered them directly, and recommended that Project Kinship be invited to future meetings. **The Health Care Agency responded to this feedback, and representatives from Project Kinship now regularly attend implementation meetings.**

Interagency Collaboration

The development of Orange County’s Prop 47 grant-related services has fostered the interagency collaboration that the program design necessitates. The referral process (described in detail in the following section) has created constant communication channels between Community Counseling and Supportive Services, Correctional Health Services, Project Kinship, Prop 47 program managers, the sheriff’s department, and system navigators.

The initiative’s basic underlying structure was quickly built and functional, but still experienced several challenges typical of new programs. Communication and collaboration between some partners was insufficient early in the implementation process, creating a lack of clarity around roles and responsibilities and some overlap in outreach and service provision. As the program developed, improved communication among partners helped them clarify and revise their roles, leverage effective collaboration to improve service delivery, and ensure overlapping service provision does not create confusion or competition for resources. **For example, early on in program operations, whenever a system navigator indicated that a client was interested in clinical services, CCSS and Project Kinship both received**

referrals for that client. This likely resulted in duplicate outreach efforts, meaning potential clients would have received communications from separate agencies offering overlapping services. Furthermore, it was unclear whether the two agencies were offering similar clinical services, or whether each agency specialized their services based on diagnosis type and severity.

The research team learned through discussions with CCSS and Project Kinship staff that communication between the two providers was minimal. **Urban provided this feedback to the county, and as the program developed, communication between Project Kinship and CCSS improved, helping them proactively collaborate to resolve these issues.** The CCSS clinicians are now included in Project Kinship's triage meetings, where relevant staff from both agencies discuss each referred client and collectively decide who from each agency ought to work with each client. The CCSS clinicians now also provide clinical services onsite at Project Kinship's CSRC to centralize reentry and clinical services, thereby reducing transportation barriers to accessing the services and creating a more integrated service approach.

BOX 1

Policy Highlights

The impact of interagency collaboration on nighttime releases. As a direct result of the interagency collaboration the Prop 47 initiative created, the Orange County Sheriff's Department decided in April 2019 to stop releasing people from jail late at night and early in the morning. Aside from "cite and release" cases, people are held in the Intake/Release Center until at least 7:00 a.m. and are provided a full breakfast before being released. Community members initially offered input about this issue during the planning efforts for the county's Prop 47 grant application. Ultimately, the need for the nighttime services that a volunteer-run organization and Project Kinship's peer navigators had been providing brought attention to the challenges associated with late night/early morning releases. Program staff identified several difficulties for people released at those times, most critically the logistical and safety concerns related to the scarcity of housing and affordable transit options available in the middle of the night. This change provides opportunities for better connecting people to programs, as services are open and available during most release times.

The development of a comprehensive reentry system in Orange County. Establishing the Project Kinship CSRC has shed light on the critical need for centralized reentry services and a coordinated reentry process for people being released from custody in Orange County. The County Executive Office and the Orange County Board of Supervisors have begun an initiative to create a more comprehensive reentry system for everyone being released from jail in Orange County. Project Kinship is involved in planning this reentry system, and is being used as a model program for facilitating successful reentry.

Referrals and Case Flow

Prop 47 program managers have invested substantial effort into clarifying and simplifying the case flow for grant-related service provision to streamline the process by which people are referred to the program. Besides ensuring that providers are not providing redundant services, this has helped referring agencies (e.g., system navigators, the probation department, and the public defender) understand how best to direct Prop 47-eligible people toward the services appropriate for them. Urban has supported this effort by interviewing program stakeholders to delineate program partners' respective roles and to clarify the pathways by which participants may access services. Based on this information, Urban created a case flow map for Prop 47 grant-related services in Orange County (see appendix B).

During this time, Urban and the Prop 47 program managers identified several other areas that could be improved to facilitate referrals. One was to ensure that program materials contained the information that the referring agencies and potential participants needed. Early in the implementation process, system navigators were providing potential participants with outdated resource documents during their jail visits; critical Project Kinship and CCSS services were buried at the end of a multipage list of county service providers, and an incorrect address was listed for Project Kinship. To address this, Orange County developed a Prop 47 service pamphlet profiling the primary services provided through the initiative (i.e., inreach, clinical services, and Project Kinship services) and contact information for each program component. This pamphlet is now given to people during inreach, along with a Project Kinship flyer that details the array of services it provides. Furthermore, the referral and screening process was standardized for system navigators and Project Kinship, and other agencies that provide referrals to Prop 47 programs (e.g., the public defender and probation department) now use this process.

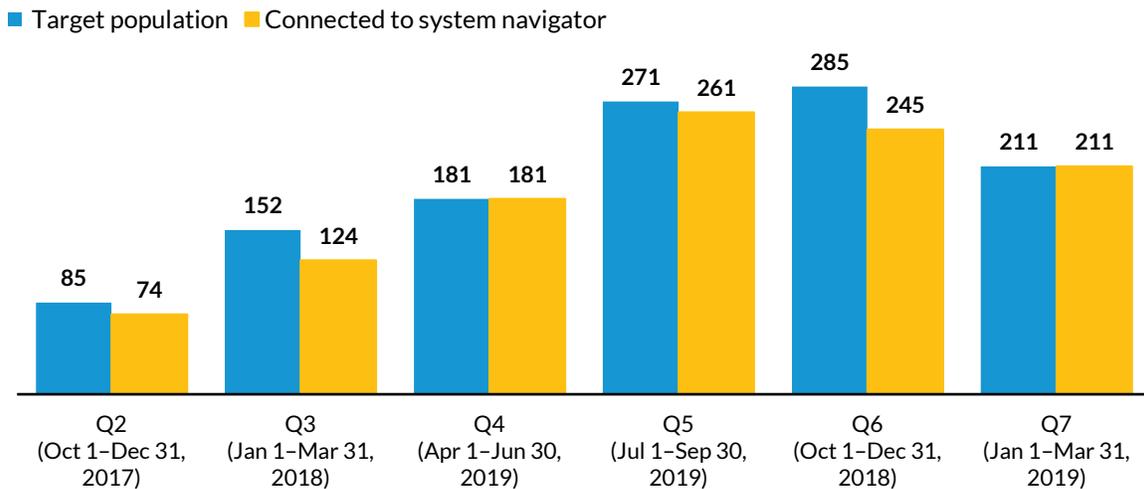
Service Linkage and Provision

A central goal of Orange County's Prop 47 grant is to build and strengthen linkages among the services that eligible people receive and improve the delivery of necessary services to the target population. In particular, it is a program priority to facilitate "warm handoffs" between the jail, the CSRC, and the county's broader network of community services and treatment providers to ensure clients are receiving the services they need for successful reentry.

SYSTEM NAVIGATORS

Through jail inreach, the system navigators serve a crucial function by ensuring Prop 47-eligible people are informed of the resources available through CCSS, the CSRC, and other community-based providers. Figure 2 shows the quarterly numbers of people in the target population who CHS identified and successfully connected to a system navigator. The total number of people identified and connected increased steadily between quarters two and six of the project. This indicates that, on average, CHS is becoming more effective at identifying people in the target population and ensuring they are connected to system navigators. There was a slight dip during quarter seven, though more recent data indicates this is likely a seasonal trend.

FIGURE 2
People Identified and Connected to System Navigators, by Project Quarter



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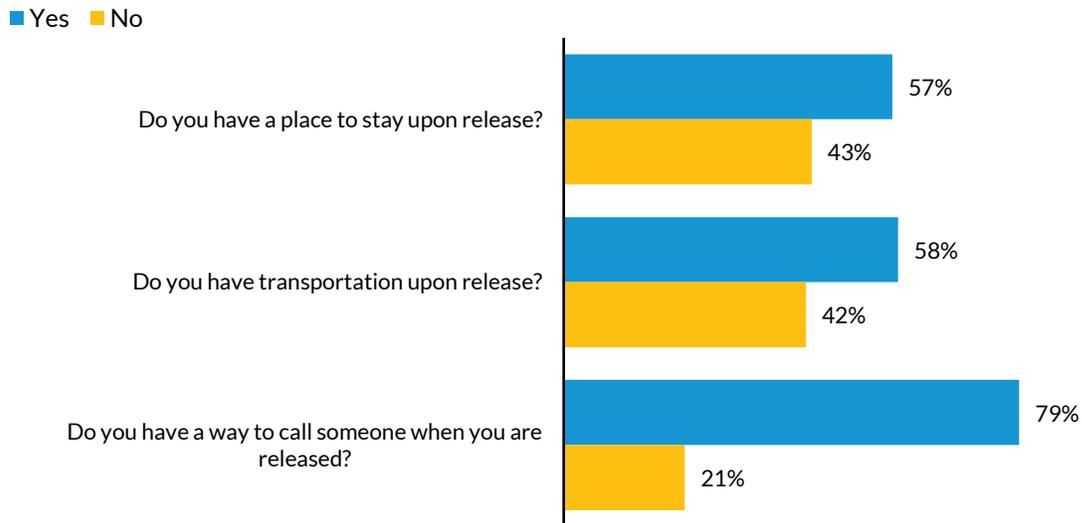
Source: Quarterly Orange County Prop 47 progress reports submitted to the BSCC.

Note: Program services did not begin until the second quarter (Q2) of the project grant.

System navigators also typically perform the first steps of identifying needs and making referrals for people in the Prop 47 target population. They identify whether people have immediate needs for (1) a means of calling someone upon release, (2) transportation upon release, and (3) a place to stay upon release. As indicated in figure 3, these needs were high among the target population. More than 40 percent of those contacted by system navigators lacked transportation or a place to stay upon release, and more than 20 percent lacked a means of calling someone.

FIGURE 3

Immediate Needs Identified by System Navigators During In-Reach



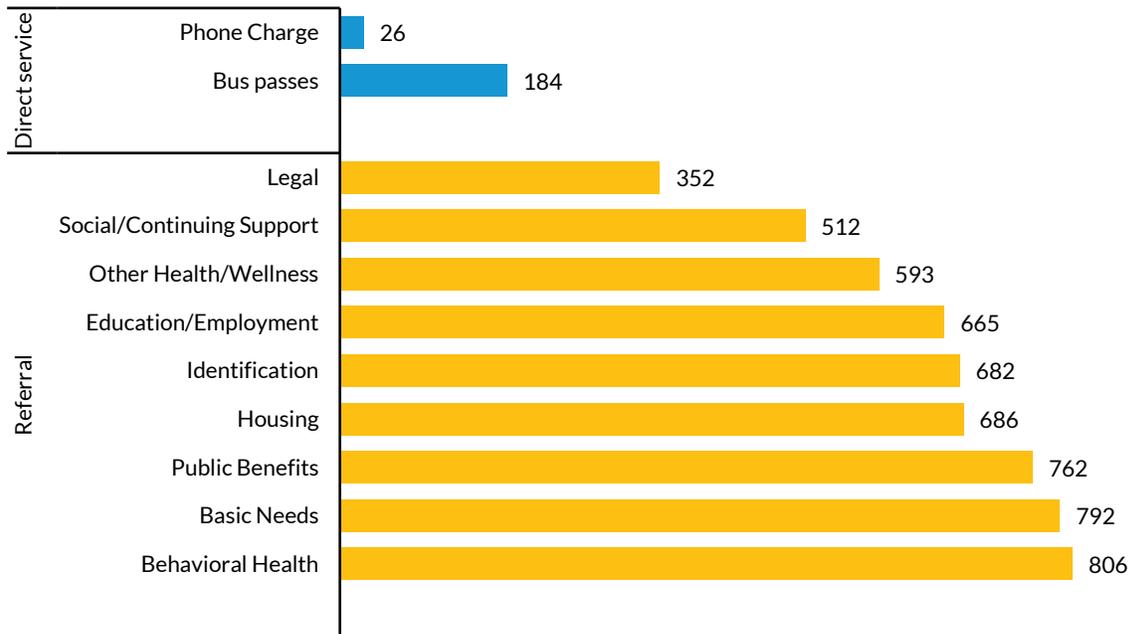
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Source: Urban analysis of system navigator data.

To address these needs, system navigators provided several **direct services** to the target population. For example, figure 4 shows that system navigators provided bus passes to 184 people either before release (i.e., passes were placed with their property) or upon release in the lobby of the IRC, and a phone charge to 26 people upon release. They also provided people with **referrals to several programs and services** during the inreach process, most notably around behavioral health (mental health and substance use services), basic needs (e.g., food, clothing, transportation), public benefits, and housing.

FIGURE 4

Services and Referrals Provided by System Navigators During In-Reach



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Source: Urban analysis of system navigator data.

Despite these promising findings, **system navigators still face several constraints that may limit the impact of their work.** Because they can only meet with potential participants during formal “visitor windows,” their opportunities to reach the target population are limited. Difficulties keeping the system navigator team fully staffed also mean system navigators are spread thin and unable to make repeated visits to the same people before release. System navigators currently meet with people just once in the 14 days before their release, and these meetings may not be long enough for system navigators to build sufficient rapport and understand potential participants’ unique needs and preferences or concerns they may have about the reentry process.

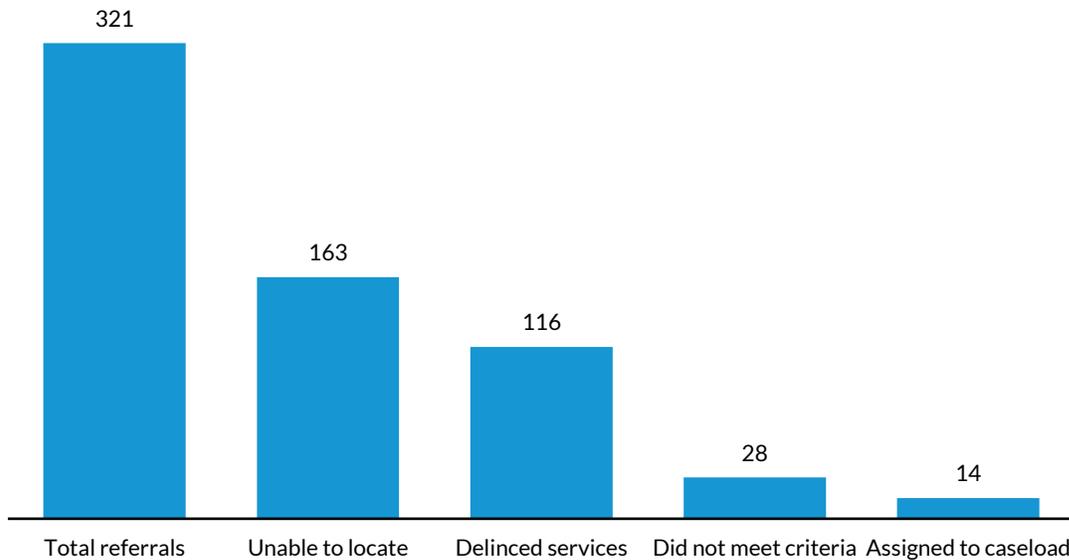
In addition, although the use of system navigators helps bridge the divide between release from jail and program participation, it does not necessarily ensure a warm handoff between the jail and the CSRC. Under the current model, the people who inform potential participants of available services (system navigators) are not the same people who ultimately provide those services (Project Kinship staff and other service providers). Urban identified this as a missed opportunity for building credible relationships that could motivate potential participants to seek out the services upon release.

DEDICATED CLINICAL SERVICES PROVIDED BY CCSS

During the reporting period, Community Counseling and Supportive Services provided the dedicated BHS clinical services to the Prop 47 target population. Most of the people referred to CCSS were referred by system navigators, though a few were also referred directly by Project Kinship, other agencies in Orange County, or through word of mouth. The CCSS clinicians tried to contact every person referred to them and tracked the results in an internal database.

As indicated in figure 5, CCSS received 321 referrals during the full reporting period. **However, only 14 people were eventually assigned to a caseload and received services from the Prop 47 clinicians, owing largely to the challenges CCSS staff encountered reaching the target population.** They could not locate half of the referred people because of incomplete or outdated contact information in the referral form. Another 116 people were contacted but declined to receive services, and the remaining 28 were determined to be ineligible for Prop 47 clinical services after CCSS staff completed an eligibility screening. Those people were linked to other treatment programs as appropriate.

FIGURE 5
Number of People Referred to BHS Clinical Services and Results of CCSS Contact



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Source: Urban analysis of CCSS data.

In response to some of these challenges, Urban and the Prop 47 program managers recommended that CCSS collaborate with Project Kinship to identify a larger pool of potential clients and supplement

the clinical services offered at the CSRC. In early 2019, CCSS clinicians began providing clinical mental health services to the Prop 47 target population at Project Kinship offices rather than the CCSS clinic. This has increased the number of people CCSS clinicians serve.

PROJECT KINSHIP

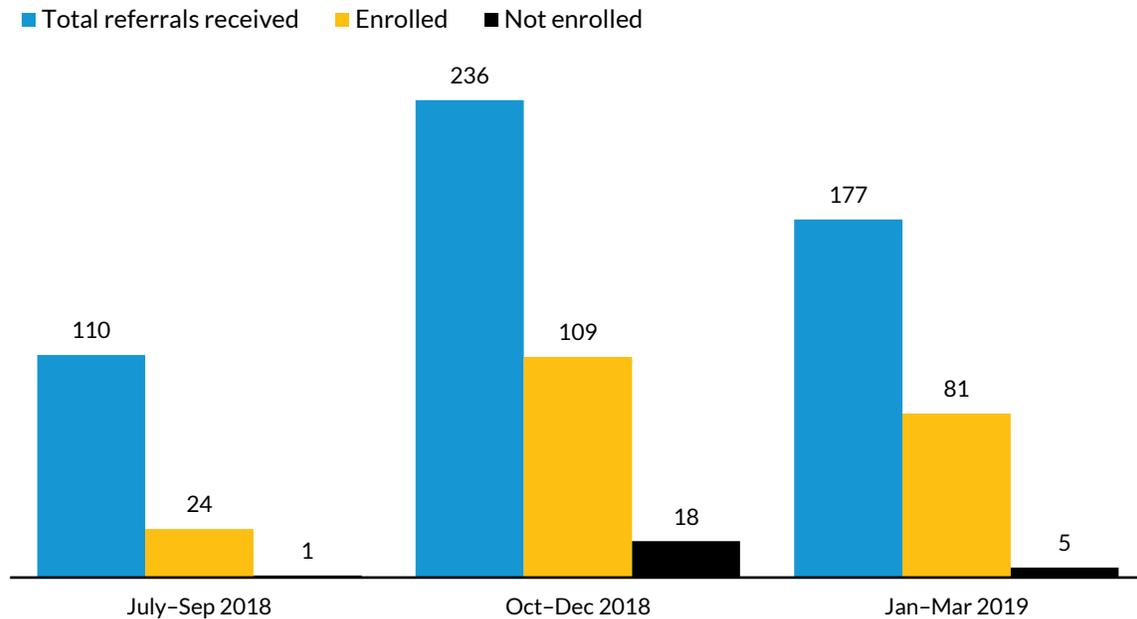
The original program design imagined the community support and recovery center as a one-stop shop for people to access case management and various services. Orange County has made great strides in implementing this vision by supporting the expansion and increased service capacity of Project Kinship. Project Kinship relocated to a larger space and hired new staff to operationalize service provision, including case managers, clinicians, and peer navigators. Moreover, its hiring process carefully considered the target population's needs. Their staff includes a certified drug and alcohol counselor, and their peer navigators were selected for their lived experience of incarceration and ability to connect with clients, which many stakeholders have lauded as one of Project Kinship's primary strengths. Project Kinship has become recognized by its clients, staff, and others in Orange County for providing a supportive and welcoming environment where the reentry population can access services they may not otherwise find.

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Project Kinship received hundreds of referrals since the CSRC opened in July 2018, and they enrolled many of these people in their program. Figure 6 below shows the number of people eligible for Prop 47 services who were referred to Project Kinship each quarter, as well as the number who were eventually enrolled in one of the three tiers of service delivery or who received a service but declined to be enrolled.

FIGURE 6

Number of Prop 47 Eligible People Referred to Project Kinship and Number of People Enrolled or Provided Services by Referral Quarter



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Source: Urban analysis of Project Kinship data.

Note: “Enrolled” comprises people who actively received Project Kinship services at some point in the quarter.

Of the 523 people referred to Project Kinship, 214 were enrolled in the program at some point during the three quarters represented in figure 6, and another 24 received a service but declined to be enrolled. Project Kinship was unable to contact the remaining 309 people to determine their interest in or suitability for the program. Notably, Project Kinship was able to provide services to less than one-fourth of the people referred to the program in its first quarter of operation (July through September 2018), but provided services to nearly one-half of those referred in the subsequent two quarters.

Table 1 provides the demographic characteristics of the 214 people who were enrolled in Project Kinship’s program during the reporting period. Project Kinship most often served men, people of Hispanic ethnicity, and people between the ages of 26 and 39.

TABLE 1

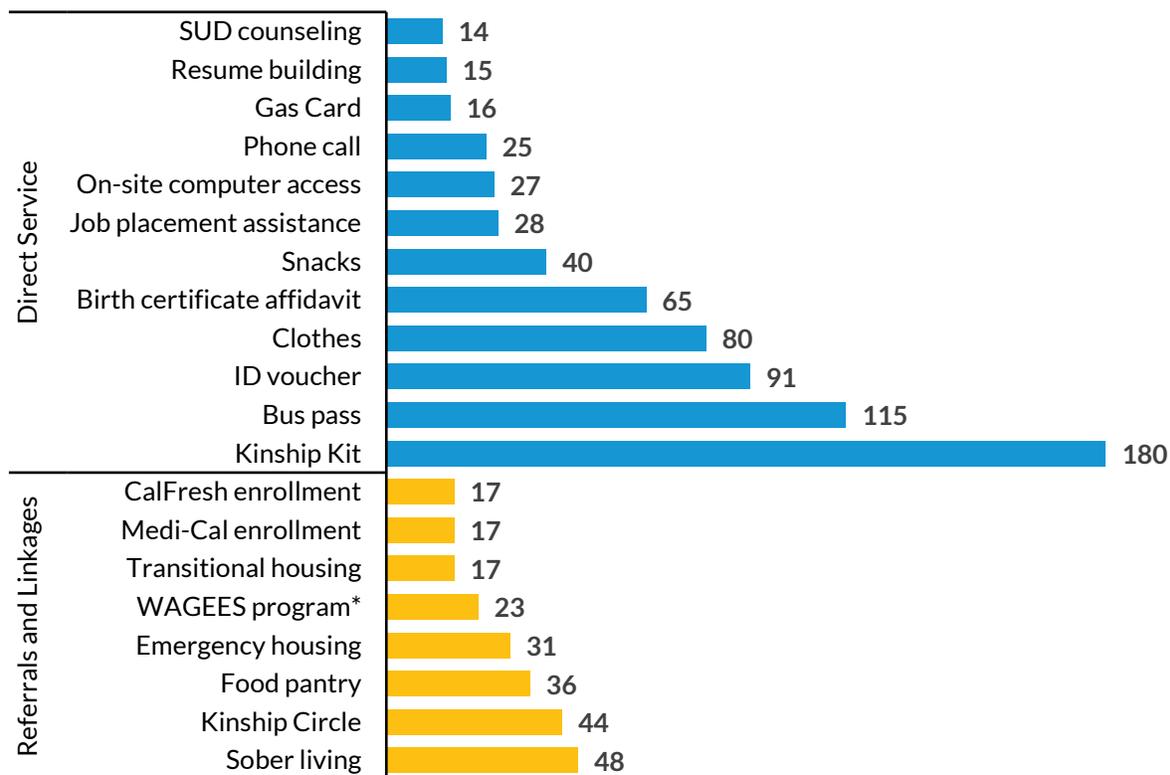
Demographic Characteristics of Enrolled Project Kinship Clients

	Frequency	Percent
Age		
18-25	48	22.4%
26-39	93	43.4%
40-59	70	32.7%
60+	3	1.4%
Gender		
Male	158	73.8%
Female	50	23.4%
Unknown	6	2.8%
Race		
Hispanic, Latino, or Spanish	114	53.3%
White	48	22.4%
Black or African American	14	6.5%
Mixed race/ethnicity	9	4.2%
Asian	3	1.4%
Native Hawaiian or Pacific Islander	3	1.4%
American Indian or Alaska Native	1	0.5%
Unknown	22	10.3%
Total	214	100%

The most common services and referrals/linkages that Project Kinship provided to their Prop 47 clients are shown in figure 7 below. Notably, Project Kinship provided 91 ID vouchers, 115 bus passes, and 180 “kinship kits” (packages with hygienic and other essential products) to people in this population. They also provided several referrals to housing, treatment, employment, and public benefit programs and services.

FIGURE 7

Number of Services Provided by Project Kinship to Prop 47 Eligible Clients by Service Type



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Source: Urban analysis of Project Kinship data.

Notes: Project Kinship provides several other services; those displayed here are those most frequently provided to the Prop 47-eligible population. Other services not listed here include linkages to detox facilities, food gift cards, referrals to mental health counseling, referrals for tattoo removal, and linkages to medical and dental services, among others.

*WAGEES is an employment preparation program run by Project Kinship.

In addition to their own staff and infrastructure, Project Kinship hosts other service providers and agencies on-site to consolidate services at a single location and improve ease of access. For example, as previously discussed, the presence of CCSS clinicians now increases the number of clinical services that are available at Project Kinship. Similarly, **the public defender’s office, which also provides referrals to Project Kinship, has recently begun sending a paralegal to work at Project Kinship one day a week to provide legal services.**

One hurdle Project Kinship has experienced is the limited housing available in Orange County for reentry populations, and project staff report that housing is one of their clients’ greatest needs. As shown in figure 7, Project Kinship provided 17 linkages to transitional housing, 31 to emergency housing, and 48 to sober living homes. However, their staff has struggled to access the county’s housing

system, frequently investing extensive time into calls to housing providers in search of beds. In some cases, there are simply not enough beds for the number of clients who need housing; in others, the type of housing available does not meet those clients' needs. Program staff have expressed frustration that their ability to provide housing referrals is only as good as the quantity of beds and the kind of housing available.

The HCA has acknowledged this challenge and is actively seeking solutions to incorporate Project Kinship into various county housing initiatives. **For example, HCA has proposed dedicating 40 to 50 beds in recovery residences and bridge housing specifically for Project Kinship referrals.** The Prop 47 program managers are also working to get Project Kinship invited to Orange County's coordinated entry system, which would open access to permanent supportive housing for this reentry population. Solving these challenges will be a major focus of the Prop 47 grant's second round of funding.

Project Kinship also faced barriers to providing sufficient transportation services to their clients. Figure 7 shows that Project Kinship provided 115 bus passes to their clients during the interim reporting period. However, clients indicated in focus groups with Urban researchers that the bus passes did not always meet their daily transportation needs. **In response, Project Kinship purchased a van in April 2019 to offer rides directly to their clients, which will expand availability of transportation services in future quarters.**

Finally, figure 7 demonstrates that Project Kinship has only been able to provide limited in-house support for substance use issues, and counseling for substance use disorders was only provided to 14 clients during the reporting period. However, **Project Kinship hired their certified drug and alcohol counselor in January 2019 to expand the substance use services they can offer clients onsite.**

Performance Monitoring

As the initiative's lead service provider, Project Kinship's data tracking and collection efforts are pivotal to monitoring service delivery and client outcomes. **It is therefore significant that building data capacity has been a challenge for Project Kinship.** Project Kinship initially purchased software to support the construction and maintenance of a client tracking database, but determined after numerous communications with its chosen data system provider that the system did not meet its needs.

Project Kinship's data analyst has been receiving training in Microsoft Access and has begun building a database. However, the startup time required to obtain the expertise necessary for constructing and maintaining such a database—one that would meet Project Kinship's complex data management needs—makes using this solution challenging. In the interim, Project Kinship tracks data

using paper files that are eventually entered into a series of Microsoft Excel spreadsheets. This method impacts daily operations by limiting Project Kinship staff's ability to easily access current records on their clients and by forcing staff to expend valuable time entering data. Furthermore, monitoring and evaluation efforts are also hampered: although Project Kinship's data analyst has used the current system to track referrals and the metrics of service provision that the Board of State and Community Corrections and Orange County require, the system is still plagued by data entry backlog, unstandardized fields, and difficulty linking to data from other partner agencies. Urban and the Prop 47 program managers have recommended that the program invest funds in selecting and purchasing a data system that meets Project Kinship's needs.

Participant-Level Findings

This section outlines the barriers Orange County's Prop 47 program has encountered and the progress it has made improving the lives and outcomes of people in the target population.

Identifying the Target Population

A crucial first step in the Prop 47 program is identifying people in the target population. As outlined in the case flow diagram in appendix B, people booked into the Orange County jail system undergo an intake process where clinical staff ask them to report any mental health needs. People who self-identify a mental health or substance use need, or who have a history of a mental health diagnosis or substance use issue, are assigned to a Correctional Health Services caseload. Then, CHS staff flag people who have an eligible diagnosis and charge and who are within two weeks of their expected release as the Prop 47 target population. They then provide a list of these people to the system navigators.

GAPS IN IDENTIFICATION AND CONNECTIONS

Correctional Health Services still faces challenges in identifying the full target population. For instance, **some people have very short stays in jail, making it difficult for CHS to capture them in their biweekly data extracts and for system navigators to provide inreach services before they are released.** Also, the current process of identifying people eligible for Prop 47 services requires that they self-identify a mental health or substance abuse need, have a documented diagnosis from a previous episode of incarceration in the county jail system, or are recognized by jail staff as displaying symptoms of a mental health or substance use issue during incarceration. Many people choose not to disclose this information, particularly those who only have a problem with substance use who may not flag this issue during the mental health screening process. Thus, CHS has begun looking for additional ways to identify these

people, including by receiving referrals through the substance use programming that will begin in county jails in the coming months.

In addition, **CHS is considering expanding their eligibility criteria to include people who are severely depressed.** Initially, CHS did not consider people with severe depression eligible for Prop 47 services because of the focus on people with “mild to moderate” mental health or substance use diagnoses. However, CHS believes these people may be well-suited for the project.

Project Kinship clients also suggested during focus groups that work remains to be done in raising awareness among the target population in the jail about the available Prop 47 services. **Few of the program participants Urban interviewed said they had heard of Project Kinship while incarcerated; most had learned of it through word of mouth after release.** Some clients expressed concern that information about community services is not disseminated evenly across the jail population, noting that it is often contingent upon jail staff to share this information and that relevant announcements may not be heard by everyone who could benefit from them. These participants suggested alternative means of spreading information, such as hanging posters and/or placing informational flyers among people’s belongings upon release.

Finally, there are several challenges to successfully linking clients to services postrelease. **Though system navigators conduct inreach to potential clients while they are still in jail, Project Kinship and CCSS staff may struggle to contact them after they are released.** One way to address this is to provide Project Kinship and CCSS access to the jail so they can engage potential clients directly. Furthermore, Project Kinship and Orange County should continue encouraging other agencies (such as the probation department and public defenders) to make referrals to the CSRC.

INTEGRATE DATA SYSTEMS

Currently, CHS does not have an automated process for identifying people in the target population. After CHS generates the list of people who are within two weeks of their expected release and who self-identified an eligible mental health or substance use diagnosis, they must link these people separately to OCSD data to obtain information about past criminal charges. They then narrow the list to people who also meet the offense eligibility criteria.

To streamline this time-consuming process, **OCSD data on criminal charges will soon be routinely pulled into the CHS electronic health record.** This will expedite the process of identifying the Prop 47 target population and simplify the process of identifying various subpopulations of incarcerated people with particular behavioral health disorders and charges (e.g., people with violent felonies versus those

with misdemeanors or nonviolent felonies). Correctional Health Services plans to add risk-need-responsivity results to the electronic health record to further specify people's levels of risk. Being able to easily classify people by severity and type of behavioral health disorder, charge, and level of risk will help program staff better determine program eligibility and appropriate services while people are in custody as well as appropriate linkages to services and supports upon release.

Another overarching challenge for the Prop 47 initiative is the lack of a shared data system across all service providers. Each partnering provider maintains its own database with unique indicators and metrics. This makes it difficult for Orange County to identify and report unduplicated numbers related to program participation and to share client information.

Participant Satisfaction

Urban has conducted a limited number of focus groups with program participants, and results regarding participant satisfaction with Orange County's Prop 47 grant-related services are only preliminary.

WHAT'S WORKING?

Early evidence suggests high levels of satisfaction among people receiving services through Project Kinship. Nearly all Project Kinship clients in Urban's focus groups spoke highly of the program and expressed sincere appreciation for the services they had received. Clients repeatedly remarked that Project Kinship feels **truly unique** among Orange County's reentry service providers, citing its staff's ability to make clients feel **safe and comfortable** at a time when they are vulnerable. One focus group participant shared that he had previously been formally enrolled in more than 15 programs in Orange County and that Project Kinship was the first where he felt truly comfortable. "From day one, they welcomed me as a member of the family," he said. "I was skeptical at first, but they've been consistent. Everyone knows my name here, and everyone keeps each other accountable and on track. It feels like home."

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—Project Kinship client

Many focus group participants noted that Project Kinship staff seem genuinely invested in their clients' well-being and make themselves available at all times. Peer navigators, in particular, were identified as exhibiting **empathy** and an understanding of their clients' needs, often based on their own experiences. One client spoke about how staff had immediately identified the type of housing that would work best for her based on her past experiences. "They knew me without even having to describe the services I needed," she said. Program staff with past justice system involvement also serve as role models for current clients. As another participant noted, "When I got here, I happened to know some of the staff as people I grew up with. I was inspired that they were here doing good work and doing well. I figured if they could change, I could change." Project Kinship's model seems to be effective at **building trust** with clients and providing them with the essential supports they need immediately after release from incarceration. The fact that many of Project Kinship's clients found the program through word of mouth supports this finding.

When I got here, I happened to know some of the staff as people I grew up with. I was inspired that they were here doing good work and doing well. I figured if they could change, I could change.

—Project Kinship client

WHAT NEEDS IMPROVING?

Focus group participants also noted some systemic reentry issues facing Orange County. Many emphasized the **lack of available housing** as one of their most pressing concerns. They also remarked that the **lack of access to transportation** severely limits their ability to reach the services they are referred to. Many commented that Project Kinship is only able to offer a limited number of bus passes, and because they are one-day passes, clients must try to schedule all meetings and activities requiring travel on the same day. "I'm job-searching, helping my mom, going to see my probation officer, and doing it all by bus," one client said. "The day pass isn't enough—I don't have enough hours in the day." Many noted that simply not having a bus pass can determine whether they experience a major setback in their recovery. One client said, "If I had a seven-day bus pass, I would be able to make appointments without having to worry about not making them or asking favors of others—especially certain people I'm trying to avoid because they might put me at risk of a setback."

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—Project Kinship client

Recidivism

Recidivism is an important metric of participant-level success. This section provides information on the final analytic sample used for the recidivism analyses, describes the measures of variables included in the models, and presents initial findings on the Prop 47 program's impact on recidivism.

MEASURES AND SAMPLE DESCRIPTIVES

For this report, recidivism is defined as a return to county jail within a 30-day, 90-day, 6-month, or 1-year window. **In the final evaluation report, Urban plans to expand this measure and better address the BSCC and Orange County definitions of recidivism, both of which include a longer follow-up period and alternative metrics of criminal involvement (e.g., conviction of a crime or supervision violation based on new crime).**

Using the data sources and methods described earlier in this report, and after losing some cases because of unsuccessful data-linking and missing data, the final analytic sample includes 901 booking events involving people connected to system navigators between December 2017 and March 2019 (the treatment group) and 5,536 booking events involving people who otherwise met the program's eligibility criteria but were released from jail between January 2015 and December 2017 (the comparison group). Table 2 below provides information on both groups' diagnoses (from ICD-10-CM codes). Notably, cases in the comparison group were more likely to have a substance use disorder as the primary diagnosis (47 percent) than those in the treatment group (31 percent); the treatment group was more likely to have a mood disorder or anxiety disorder as the primary diagnosis.

TABLE 2

Primary ICD-10-CM Diagnoses in Treatment and Comparison Groups

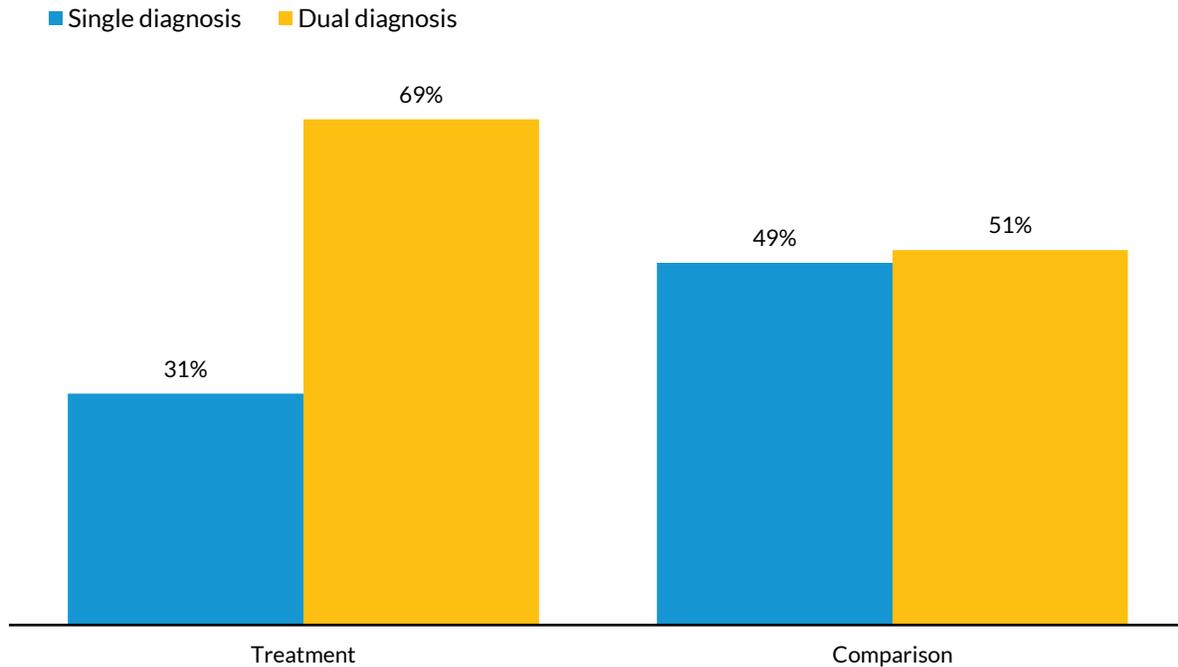
	Treatment		Comparison	
	Frequency	Percent	Frequency	Percent
Substance use disorders	275	30.52%	2591	46.80%
F.10: Alcohol disorders	55	6.10%	626	11.31%
F.11: Opioid disorders	16	1.78%	578	10.44%
F.12: Cannabis disorders	10	1.11%	421	7.60%
F.13: Sedative/hypnotic/anxiolytic disorders	0	0.00%	45	0.81%
F.14: Cocaine disorders	2	0.22%	9	0.16%
F.15: Other stimulant disorders	108	11.99%	649	11.72%
F.16: Hallucinogen disorders	0	0.00%	1	0.02%
F.17: Nicotine dependence	0	0.00%	59	1.07%
F.19: Other psychoactive substance disorders	84	9.32%	203	3.67%
Mood disorders	246	27.30%	904	16.33%
F.31: Bipolar disorder	13	1.44%	0	0.00%
F.32: Major depressive disorder, single episode	201	22.31%	224	4.05%
F.33: Major depressive disorder, recurrent	23	2.55%	370	6.68%
F.34: Persistent mood disorder	2	0.22%	1	0.02%
F.39: Unspecified mood disorder	7	0.78%	309	5.58%
Anxiety disorders	379	42.06%	2011	36.33%
F.40: Phobic anxiety disorders	0	0.00%	1	0.02%
F.41: Other anxiety disorders	38	4.22%	178	3.22%
F.42: Obsessive-compulsive disorder	1	0.11%	0	0.00%
F.43: Stress and adjustment disorders	340	37.74%	1832	33.09%
Other disorders	1	0.11%	30	0.54%
F.06: Other disorder due to physiological condition	1	0.11%	8	0.14%
F.60: Specific personality disorders	0	0.00%	9	0.16%
F.63: Impulse disorders	0	0.00%	3	0.05%
F.69: Unspecified disorder: personality/behavior	0	0.00%	2	0.04%
F.91: Conduct disorders	0	0.00%	1	0.02%
F.95: Tic disorder	0	0.00%	1	0.02%
F.99: Other behavioral/emotional disorder	0	0.00%	6	0.11%
Total	901		5536	

Source: Urban analysis of CHS data.

In addition to their primary diagnoses, people in both groups may have received a dual mental health–substance use disorder diagnosis. Figure 8 indicates that nearly 70 percent of the treatment group had both a mental health and substance use diagnosis, compared with just 51 percent of the comparison group.

FIGURE 8

Shares of People Included in Recidivism Analyses with Single or Dual Diagnoses



URBAN INSTITUTE

Source: Urban analysis of CHS data.

Notes: “Single diagnosis” refers to a primary diagnosis of either a mental health or substance use disorder; “dual diagnosis” refers to diagnoses that included both a mental health and a substance use disorder.

Table 3 provides demographic information for cases included in the final treatment and comparison groups. The treatment group has a slightly higher share of females than the comparison group (28 percent versus 21 percent), but there are few differences between the groups’ shares of clients by age and race.

Table 3 also provides information on the primary charges for the booking events in both groups, divided into four categories: violent, property, drug, and public order/other. Urban created these categories using the first charge in a single booking event. In other words, if someone was originally booked for theft but was later also charged with drug possession, their primary charge would be categorized as a property offense. Findings indicate that the comparison group had slightly higher rates of violent offenses (12 percent) than the treatment group (7 percent) and lower rates of property offenses (19 percent versus 23 percent).

TABLE 3**Demographic and Offense Characteristics of Treatment and Comparison Groups**

Age	Treatment		Comparison	
	Mean	Std. Dev	Mean	Std. Dev
	36.46	11.23	35.76	11.31
	Frequency	Percent	Frequency	Percent
Sex				
Female	254	28.19%	1162	20.99%
Male	651	72.25%	4374	79.01%
Race				
White	450	49.94%	2963	53.52%
Black	69	7.66%	405	7.32%
Hispanic	335	37.18%	1835	33.15%
Other	51	5.66%	333	6.02%
Offense				
Violent ^a	67	7.44%	687	12.41%
Property	210	23.31%	1059	19.13%
Drug	243	26.97%	1482	26.77%
Public Order/Other	369	40.95%	2253	40.70%
Total	901		5536	

Source: Urban analysis of CHS and OCSD data.

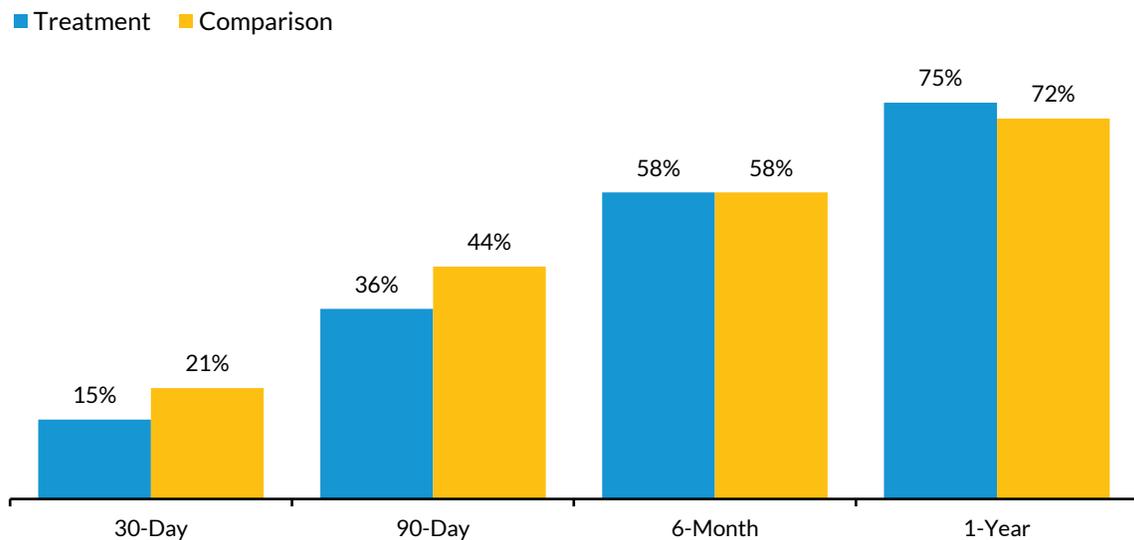
^a Though people charged with felony violent offenses were not eligible for Prop 47 services, some people were facing misdemeanor violent charges, such as low-level battery or assault.

RECIDIVISIM FINDINGS

Figure 9 provides the marginal summary results from logistic regression analyses examining the impact of being in the treatment group on 30-day, 90-day, 6-month, and 1-year recidivism rates. These analyses included *age, sex, race, offense category, primary diagnosis, and dual versus single diagnoses* as control variables in the model (the statistical results of the full logistic regression model can be found in appendix C).

FIGURE 9

Recidivism Rates for People in the Treatment and Comparison Groups



URBAN INSTITUTE

Source: Urban analysis of CHS and OCSD data.

Notes: Regression results controlled for demographic, offense, and diagnosis characteristics. Differences between the treatment and comparison group were not statistically significant at the $p < 0.10$ level in any model.

There were no statistically significant differences in the recidivism rates of the treatment and comparison groups, based on the logistic regression analyses. However, **there was a trend toward lower recidivism rates for people in the treatment group at the 30-day and 90-day marks**, but little difference in recidivism rates at the 6-month and 1-year marks between the treatment and comparison groups. It is worth noting that only a quarter of the cases in the treatment group had been out of jail for at least one year, making the sample size for that analysis relatively small. Moreover, **the majority of people in the treatment group had only received inreach services and referrals from system navigators, but few had received warm handoffs upon release or Prop 47 services after release.** Only people who were released more recently had participated in Project Kinship services at the CSRC. Therefore, it is not surprising that the long-term impacts of Prop 47 services on recidivism are not evident at this time.

Conclusion

The findings presented in this interim report demonstrate that the **HCA has rapidly forged strong partnerships with agencies and organizations across Orange County to support and deliver an array of services to their Prop 47 target population.** They have worked closely with Project Kinship to develop and launch a hub for reentry resources and services, and have begun encouraging cross-agency collaboration to facilitate more seamless and effective service delivery. The awareness this initiative has raised has also led to major policy changes in the Orange County jail system, where the OCSD is changing its long-standing practice of releasing people during late night/early morning hours.

There are also several areas for improvement, many of which HCA and Orange County are already addressing. The sections below outline these recommendations that stemmed from Urban’s evaluation.

Recommendations

Orange County has proactively sought and responded to Urban’s feedback as part of its ongoing technical assistance provision and action research model. The following recommendations are drawn from feedback that Urban has already provided to the county and that merit further or ongoing action.

Enhance Project Kinship’s Analytic Capacity

Invest time and funding in selecting and purchasing a data system that meets Project Kinship’s data management needs and expand data-support staffing. As discussed in this report’s “Performance Monitoring” section, Project Kinship does not have an operational data system for tracking referrals and service provision. Project Kinship tracks much of its data on paper and subsequently populates it in a series of Microsoft Excel spreadsheets. This strategy restricts Project Kinship staff’s ability to easily access orderly and current records about their clients (and to update them in real time), and forces staff to expend valuable time on data entry. It is also a significant hindrance to monitoring and evaluation efforts.

Improve Inreach and Warm Handoff Processes

Reform Prop 47 services’ inreach component to strengthen and emphasize the warm handoff from incarceration to supportive services. The system navigators are intended to (1) prepare the Prop 47-eligible population by informing them of available resources , and (2) document the needs of people

nearing release and link them to service providers. In practice, eligible people are provided with information, and referral forms are transmitted to Project Kinship to enable them to conduct outreach to these people once they are released. This system lacks the warm handoff intended to encourage people to engage with services. As program partners and clients recognize Project Kinship peer navigators' ability to forge meaningful and trusting connections with clients, Urban has recommended that peer navigators play a more active role in inreach activities. This could be accomplished through regular meetings between peer and system navigators, peer navigators shadowing system navigators to witness the existing inreach practices and provide feedback, and/or peer navigators actively conducting inreach to eligible people identified by CHS. Prop 47 program managers have already taken steps to ensure that Project Kinship and CCSS staff have clearance to access Orange County jails.

Increase Cross-Organization Training Opportunities

Increase opportunities for cross-organization trainings among staff and stakeholders from Project Kinship and CCSS as well as the system navigators. Urban and the Prop 47 program managers have discussed the possibility of asking Project Kinship and CCSS staff to train system navigators and provide feedback on the referral process (e.g., how best to describe the services Project Kinship and CCSS offer). Such trainings have several benefits, including strengthening cross-organizational relationships and communication and identifying opportunities to scope programming roles. Cross-organization trainings between key Prop 47 partners could bolster referral processes and service provision.

Appendix A: Program Logic Model

TABLE A.1

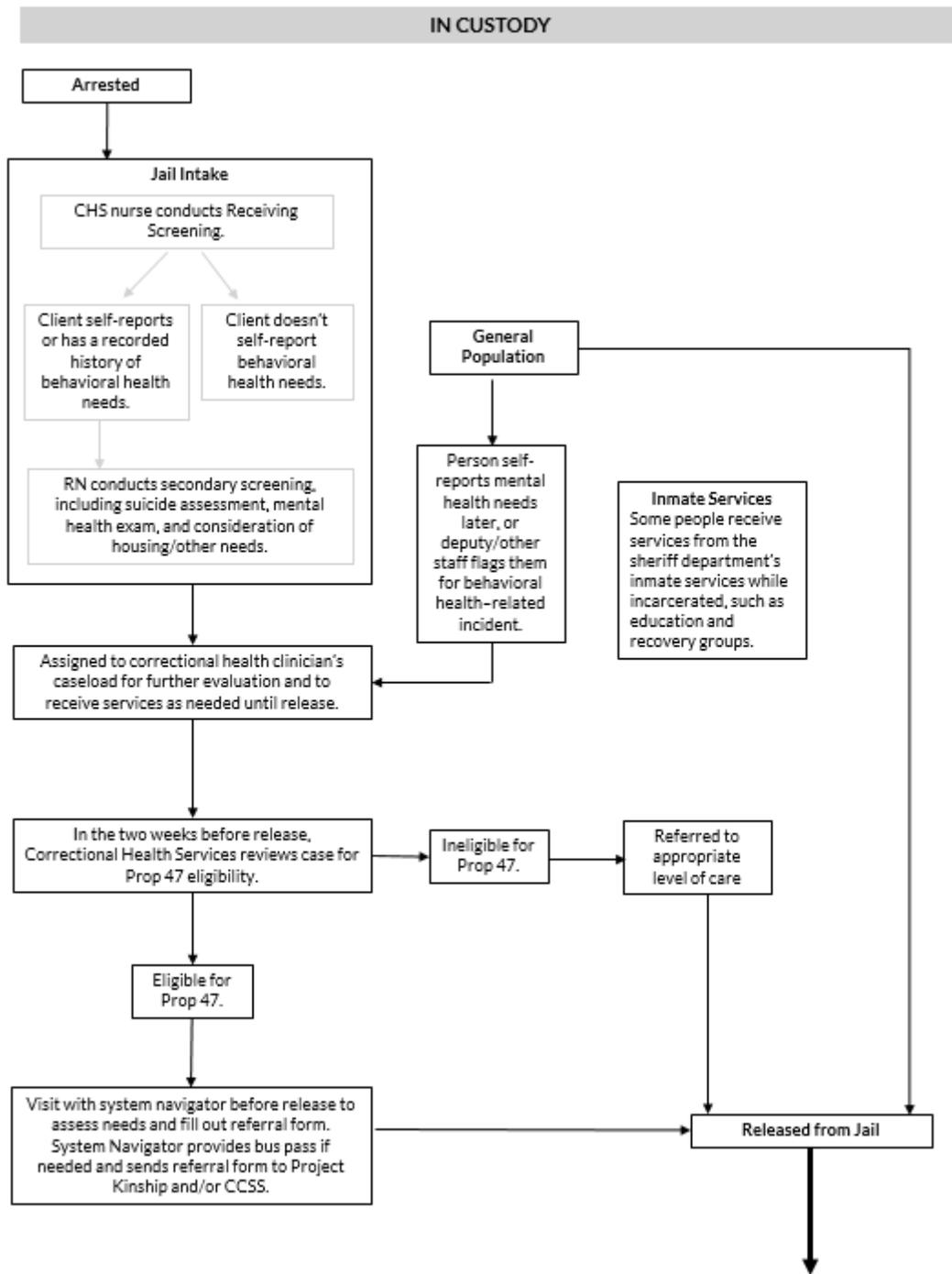
Prop 47 Grant Program Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
<ul style="list-style-type: none"> ▪ County and contracted staff ▪ County resources and trainings (e.g., trauma-informed care) ▪ Community collaborators: Prop 47 Local Advisory Committee (LAC), Orange County Community Corrections Partnership (CCP), Orange County Criminal Justice Coordinating Council (CCJCC) ▪ Prop 47 grant funds ▪ Leveraged funds (e.g., Public Safety Realignment, MHSA, OCSD, Public Defender) 	<p>Identification of target population at booking and in custody by CHS</p> <ul style="list-style-type: none"> ▪ administer booking screens to assess behavioral health severity, risk level, and offense charges <p>Jail inreach engagement and linkage to services upon release</p> <ul style="list-style-type: none"> ▪ hire 3 system navigators to conduct jail inreach ▪ train in trauma-informed care ▪ identify postcustody needs ▪ provide referrals and linkages <p>Community Support and Recovery Center (CSRC)</p> <ul style="list-style-type: none"> ▪ hire culturally diverse team, skilled in providing reentry services ▪ train staff in trauma principles ▪ offer peer support and navigation ▪ engage people at time of release ▪ provide other services and linkages 	<ul style="list-style-type: none"> ▪ # people screened during booking or while in custody ▪ #/% identified as target population ▪ # system navigators hired and trained ▪ # connected to system navigators ▪ #/% target population engaged ▪ #/% receiving referrals/resources ▪ #/% linked to services upon release ▪ #/% linked to other services ▪ #/% provided direct services ▪ CSRC location, times of operation, and distance from IRC ▪ Safe environment (trauma-informed) ▪ # CSRC staff hired and trained ▪ # individuals referred to CSRC ▪ # individuals served in lobby/outside of IRC (by service) ▪ # people served at CSRC (by service) ▪ #/% completing case management ▪ # clinicians hired and trained ▪ # people referred to clinicians ▪ # clients served and type of service 	<p>More individuals who need services and supports in-custody and post-custody are identified</p> <p>Individual reentry needs are better identified and more individuals are linked to support services immediately upon release</p> <p>People served by main components of the county's Prop 47 initiative will show:</p> <ul style="list-style-type: none"> ▪ reduced recidivism ▪ reduced homelessness ▪ increased employment ▪ reduced substance use ▪ improved behavioral health functioning ▪ high service engagement and completion rates ▪ high satisfaction with services <p>LAC and community maintain strong collaboration</p> <p>Strengths, barriers and areas of improvement identified</p>	<ul style="list-style-type: none"> ▪ Justice-involved people with behavioral health issues served better ▪ Enhanced public safety ▪ Improved residential stability ▪ Increased employment and financial stability ▪ Reduced burden on jail system ▪ Reduced need for crisis interventions ▪ Improved quality of life ▪ Diverse network of community and county service partners expanded and maintained ▪ Expanded reentry system capacity (counseling, case management, housing) ▪ Improved service delivery

Inputs	Activities	Outputs	Outcomes	Impacts
	<p>BHS clinical services</p> <ul style="list-style-type: none"> ▪ hire two dedicated licensed clinicians ▪ train in trauma informed care ▪ provide clinical mental health services <p>Increase access to and availability of housing</p> <ul style="list-style-type: none"> ▪ develop partnerships with housing providers ▪ make linkages to housing services <p>Collaboration and community input</p> <ul style="list-style-type: none"> ▪ maintain lac ▪ develop partnerships with community-based service agencies 	<ul style="list-style-type: none"> ▪ # completing treatment ▪ # linked to other services ▪ # receiving housing assistance or linked to housing (type of housing) ▪ # of LAC meetings held ▪ Attendance at LAC meetings ▪ #/type of community partners engaged ▪ # opportunities for community input 		

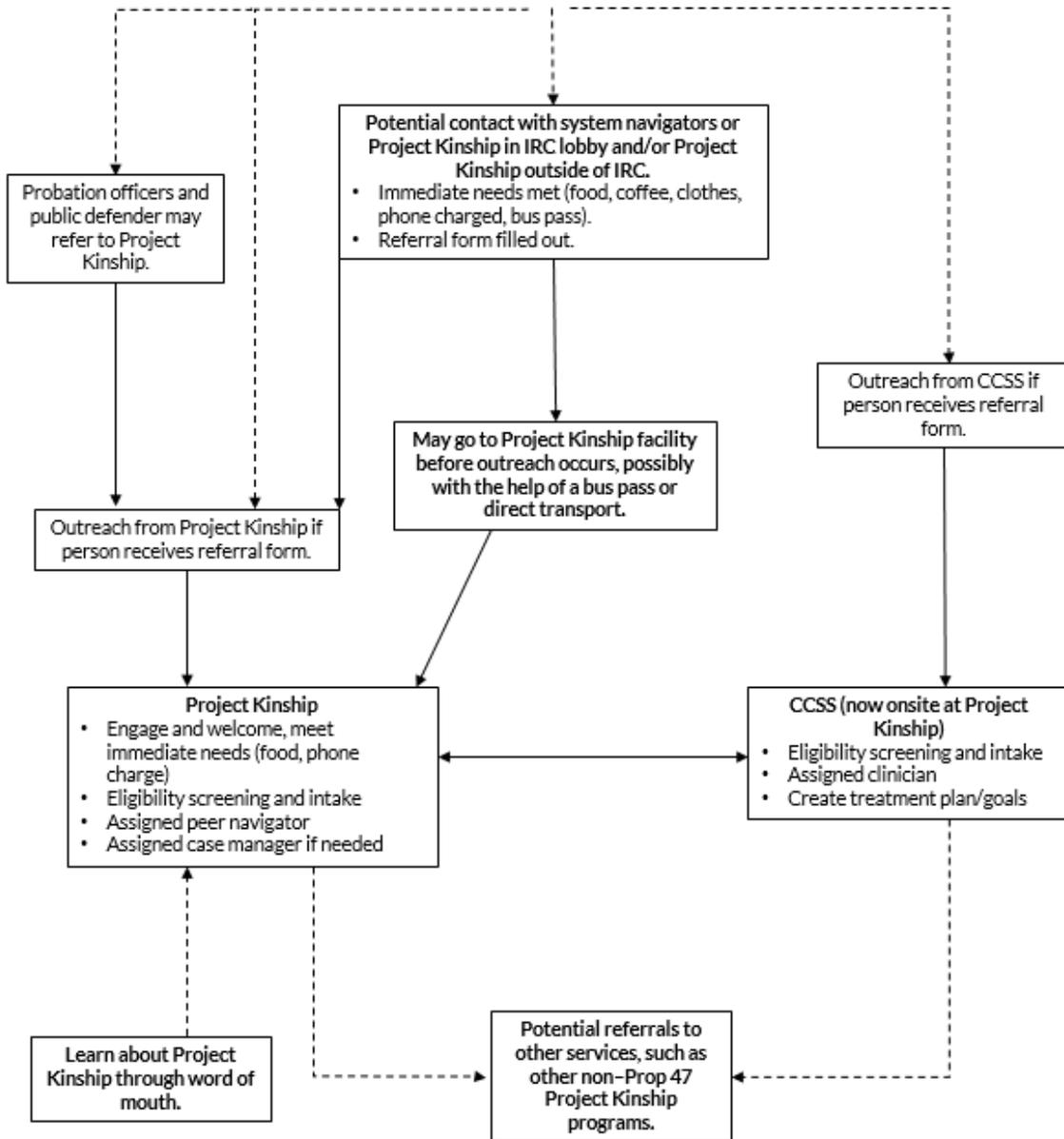
Appendix B: Case Flow Diagram

FIGURE B.1
Orange County Prop 47 Grant-Related Services Case Flow



IN COMMUNITY

Upon release from custody, people may continue contact with Prop 47-related agencies (and ultimately receive services) through one or several of the paths outlined below.



Appendix C: Recidivism Analyses

TABLE C.1

Logistic Regression Analyses of Recidivism for Prop 47 Target Population and Comparison Group

	30-day		90-day		6-month		1-year	
	Odds ratio	P	Odds ratio	P	Odds ratio	P	Odds ratio	P
Treatment								
No ^a	-	-	-	-	-	-	-	-
Yes	0.64	0.138	0.71	0.132	0.98	0.927	1.19	0.528
Primary diagnosis								
Anxiety disorders ^a	-	-	-	-	-	-	-	-
Mood disorders	0.90	0.316	0.82	0.013	0.81	0.008	0.73	0.000
Substance use	1.48	0.000	1.53	0.000	1.75	0.000	2.21	0.000
Other disorders	2.69	0.014	1.25	0.564	2.47	0.028	2.84	0.026
Dual diagnosis								
No ^a	-	-	-	-	-	-	-	-
Yes	1.14	0.092	1.21	0.004	1.40	0.000	1.75	0.000
Offense								
Violent ^a	-	-	-	-	-	-	-	-
Property	1.24	0.088	1.21	0.049	1.31	0.005	1.46	0.000
Drug	1.11	0.361	1.13	0.171	1.25	0.014	1.17	0.105
Public order/other	1.67	0.000	1.62	0.000	1.96	0.000	2.00	0.000
Race								
White ^a	-	-	-	-	-	-	-	-
Black	1.06	0.659	1.03	0.793	1.03	0.750	0.85	0.175
Hispanic	0.95	0.482	1.01	0.914	1.01	0.917	0.94	0.407
Other	0.96	0.753	1.03	0.800	1.10	0.429	0.87	0.289
Sex								
Female ^a	-	-	-	-	-	-	-	-
Male	1.87	0.000	1.50	0.000	1.27	0.000	1.10	0.198
Age	1.00	0.453	0.99	0.002	0.99	0.000	0.99	0.000
Booking year								
2015	-	-	-	-	-	-	-	-
2016	1.00	0.987	1.09	0.270	1.16	0.060	1.30	0.003
2017	1.07	0.477	1.19	0.024	1.22	0.010	1.35	0.000
2018	1.09	0.797	1.20	0.467	0.93	0.781	0.80	0.520
2019	0.95	0.915	0.82	0.652				
N	6361		6337		6162		5703	
LR Chi-square	170.28 (P<0.000)		208.56 (P<0.000)		258.65 (P<0.000)		279.5 (P<0.000)	
Pseudo R2	0.03		0.02		0.03		0.04	

Source: Urban analyses of CHS and OCSD data.

^a Reference category; bold text indicates significance at $p < 0.10$.

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