

San Bernardino County Department of Public Health  
Board of State and Community Corrections Prop 47 Grant  
Final Evaluation Report

September 30, 2021





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### **Executive Summary**

This final evaluation report reflects San Bernardino County Department of Public Health's (SBDPH) efforts to combat recidivism among the formerly incarcerated population with substance abuse or mental health challenges. By partnering with community-based service organization in the High Desert region of San Bernardino County, SBDPH was able to provide peer navigation case management and life skills substance and mental health counseling, and transportation services to individuals reentering the community after being incarcerated.

The Prop 47 "SAFE-T Net" program's utilization of the Board of State and Community Corrections (BSCC) grant funding in providing these services worked as intended, despite several challenges associated with recruitment, data collection, state-imposed legislation and restrictions related to the legalization of marijuana and Covid-19, respectively. We are pleased to report peer navigation and life skills counseling goals and objectives were met and that a 43% reduction in recidivism was achieved for SBDPH Life Skills "Completers" during the 38-month program, a decrease that exceeded the 30% expectation set as a goal at the outset of this project.

The evaluation team comes to this conclusion based upon data gathered from multiple data collection sources, information shared during team meetings with SBDPH, and the qualitative and quantitative data reported by the service providers. Qualitatively, we observed the many big and small challenges related to the implementation and deliverance of treatment and program services, yet each of the service providers were truly committed towards achieving success in the best interests of the clients they served. Their deep concern and interest in helping this underserved population that struggles with unmet and competing needs were clearly evident throughout the entirety of the project.

Evaluators witnessed firsthand how service providers worked out differences and adjusted to the challenges for the sake of delivering safe and comprehensive services to the client population. They sought out consensus where necessary and were open



and honest about the obstacles faced and what they could do individually, and in

coordination with the team, to effectively provide the services they were hired to provide. Additionally, at requests of the evaluators, they demonstrated a willingness to make the recommended modifications where change was necessary, without compromising the integrity of the project.

With respect to the evaluators' goals, much has been learned throughout the life cycle of this project, providing insight and guidance, which are critical when delivering a thorough and objective evaluation. In summary, we met our overriding goal of providing a culturally responsive evaluation, making both a qualitative and quantitative

determination about the success of SBDPH's and the service providers' efforts in a way that can better inform San Bernardino County and the State of California residents and officials.

*Did the project work as intended? If not, explain why*

The Prop 47 SAFE-T Net project worked as intended. The primary objective of this outcome-driven evaluation, beyond providing substance abuse and mental health services to at least 60 clients, was to reduce recidivism among this underserved population. Although the pandemic caused unprecedented disruption in the delivery of services in the second half of the of the program, 217 SBDPH unduplicated clients were served in some capacity, with 61 clients completing at least six Life Skills sessions (which was the goal), and with an overall recidivism rate of 15% among SBDPH Life Skills Completers during the 38-month program.

*What were the project accomplishments?*

SBDPH's project accomplishments were as follows:

1. Obtained board approval for the grant and effectively completed the RFP process
2. Recruited culturally responsive, community-based service providers who worked together, using a team-based approach to accomplish the project's goals and objectives, in spite of recruitment, programmatic, legislative, and Covid-19 restrictions challenges
3. Successfully served 217 clients in some capacity, with 61 Completers within the 38-month timeframe and another 96 clients received between one to five counseling sessions or life skills classes
4. Experienced a 43% reduction in recidivism among those who completed six SBDPH Life Skills counseling sessions.



### *What goals were accomplished?*

As outlined in the original local evaluation plan, the following goals were accomplished through SBDPH's Prop 47 SAFE-T NET project:

1. Increased capacity to community-based service providers by providing 65% of the BSCC funding to Abundant Living Family Church High Desert, Life Skills Awareness, and Faith Advisory Council Community Transformation (FACCT). This collaborative effort allowed the providers the opportunity to continue serving this underserved population in a more timely and comprehensive manner. More specifically, it allowed immediate access to treatment options and comprehensive services upon release from prison and removed access barriers usually encountered by this population when navigating the traditional county-level resources, which can be complex and time-consuming.
2. Improved and expanded post-release reentry services for this underserved population. These comprehensive services, including case management, service navigation, substance abuse treatment, mental health disorder services, job training skills, employment development, and transportation were provided by the community-based service providers. As a result, 217 SBDPH clients were served in some capacity, 61 SBDPH clients completed at least six Life Skills sessions, and an overall 43% reduction in recidivism for SBDPH Life Skills Completers during the 30-month program.

### *What problems/barriers were faced and how where they addressed?*

The following problems or barriers were faced during the course of the Prop 47 project:

1. The initial funding posed a barrier as the anticipated award amount was decreased, which caused SBDPH to scale down the initial proposed plan, adjusting specific components of the project and staffing.
2. Initially, the structure of the grant was challenging because the three different community-based service providers were expected to come together and work collaboratively on a joint project, without any prior knowledge of the providers selected for the project nor working relationships. In the beginning, this was especially challenging because each partner, operating under a different system, was expected to work as a team and deliver seamless care for individuals being released from prison, which came with their own unique challenges as a population. Additionally, HIPAA laws and other policy-driven regulations affected the communication, flow of information, and delivery of services between the providers.



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This barrier was addressed and resolved within the first six months of the project. In partnership, SBDPH, community-based service providers Abundant Living, Life Skills Awareness, and FACCT, and the evaluation team from California State University San Bernardino met on a regular basis, throughout the course of the project, to discuss the challenges interfering with the implementation of every component, and identified culturally relevant solutions to ensure the timely delivery of services to the clients being served.

3. Client resistance to receiving substance abuse treatment due to marijuana legalization posed a problem to recruitment and retention efforts. This issue was first recognized by the Peer Navigation team and noted below in the Data Collection section of this report.
4. The sudden emergence of Covid-19 pandemic and subsequent state and county-level regulations were major and unprecedented barriers faced in the last year of the project. These barriers made it challenging to provide services across the three service providers, but more importantly, they were extremely challenging for individuals to take advantage of these services. The disrupted services forced providers to modify, and in some case, create new processes and methods for service delivery, which impacted their staffing, budgeting, technology, and ability to delivery services timely and in a safe environment. As mentioned by the service providers, the effects of the pandemic were extremely overwhelming for the client population. Many encountered problems accessing technology, which delayed access to treatment options.

This population traditionally faces competing needs. The pandemic forced them to forgo any interest in self-care treatment outside of staying physically safe. Unfortunately, many of the clients returning to their communities lost the support of family and friends, as well as the traditional support provided at the county and community levels, due to resources being discontinued or unavailable. The Peer Navigation Team reported during the pandemic how arrested individuals were released from prison due to the courts not being in session. This caused many clients to lose interest in treatment services because the incentive had been removed due to the closed courts. In addition, the pandemic severely hampered the ability for all involved parties to regularly meet as they had been doing across the prior two years. To this end, the barriers were addressed in a timely and effective manner to ensure the safety of the clients and all parties involved in this project were not jeopardized, nor the integrity of the project compromised.

*What unintended outcomes (positive and negative) were produced?*

An unintended, yet positive outcome produced from this project was the creation and



implementation of an online infrastructure used to continue the communication and flow of information between the service providers and delivery of services to the clients during the pandemic. Although challenging for the providers and clients with limited access to technology and/or technical experience, this level of innovation allowed the project to remain in place, while providing much needed services to this underserved population and signals to the creative and dedicated effort of the service providers as professionals aspiring to the highest ideals in serving others.

### *Where there any lessons learned?*

The lesson learned from SBDPH's Prop 47 project are:

1. Given the initial challenges experienced by the service providers, a pre-planning phase should be incorporated into the timeline of any future RFPs. Unplanned collaborations take a lot longer to establish with multiple community partners involved. This is particularly true when the identification of collaborative partners is unknown. Furthermore, meeting performance measurements and goals from the initiation of the funding cycle can be negatively impacted.
2. In considering the unexpected disruption due to the Covid-19 pandemic, SBDPH and community partners learned the valuable lesson of building a multi-faceted infrastructure to better meet the needs of the population being served, particularly underserved populations. Utilizing both in-person and online options for enrollment and delivery of services. This would increase access to services, while minimizing disruption in the delivery of services. From a grantee's perspective, additional funding allocated to improving technological access and resources warrants consideration for the benefit of all individuals involved in the program.
3. A final lesson learned was the need to incorporate more rewards and incentives to increase the level of motivation and participation from the client population. This underserved population experiences a high level of competing needs that interferes with their desire to prioritize self-care in the forms of substance abuse and mental health treatment and services. In our favor, mandatory court sentencing was the main factor motivating our client population to participate and complete the program. Unfortunately, during the pandemic, the enrollment numbers decreased due to many clients losing interest in treatment services because the incentive had been removed due to the closed courts.

### **Project Description**

Central to SBDPH's Prop 47 recidivism reduction efforts have been focused on getting qualifying individuals returning to the community post-incarceration into mental health



and substance abuse treatment, and job skills programs, while providing transportation to shuttle clients to and from these services. Mental health and substance abuse treatment, jobs skills training, and transportation, are several among a larger cluster of critical factors known to have significant, positive effects on the probability of successful reintegration into the community. With recidivism rates reaching upwards of 70% nationally within the first thirty-six months post-release and San Bernardino County experiencing persistently high recidivism rates, this population of individuals undoubtedly needs more than one form of assistance to be successful in their reintegration. The SBDPH's effort toward this end has been to employ a "Best Practices" framework shown to work in the past in order to help combat recidivism in San Bernardino County.

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

The SAFE-T Net project's community-based service providers, will provide voluntary, comprehensive, culturally competent, and peer-driven services, which will include:

1. **Peer-Navigation Services:** Comprehensive case management and service navigation for 100% of clients, including reentry planning within 60 days of release. Peer-Navigators will meet with clients within the first 24 hours after release to ensure a 'warm hand-off,' coordinate delivery of priority services (e.g., transportation), and conduct initial and follow-up case meetings to review and/or conduct needs and risks assessments. Peer-Navigators will coordinate with other SAFE-T Net reentry providers, and refer clients to services outside of the SAFE-T Net project, as needed. Peer-Navigators will each have a caseload and have weekly contact with their clients. These services will be provided by Abundant Living Family Church High Desert.
2. **Substance Abuse and Mental Health Treatment Services:** Individual and group counseling, residential treatment, intensive outpatient treatment, partial hospital programs, medication, and recovery support services will be delivered to 100% of clients and provided by Life Skills Awareness.
  - **Job Skills Training Services:** In addition to substance abuse and mental health services, Life Skills Awareness will also provide job training skills and employment development services to SAFE-T Net clients throughout the 38-month project.



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3. **Transportation Services:** Faith Advisory Council Community Transformation will offer round trip transportation services to 100% of clients, to assist in their efforts to engage in programs services and secure employment, including individual and group counseling, residential treatment, intensive outpatient treatment, partial hospital programs, medication, and recovery support services.

The goals for the SAFE-T Net Reentry project are:

- 1) Increase capacity of SAFE-T Net community-based service providers.

*Objective: Provide ongoing training substance abuse or mental health counseling and other training to increase knowledge, skills, abilities, and support sustainability.*

- 2) Improve and expand post-release reentry services via the new SAFE-T Net project.

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

## **Research Design**

The original research design for this evaluation was based on the objective that the research partners conduct both a Process Evaluation and an Outcome Evaluation as part of the overall evaluation. Process evaluations are employed to determine how well the program worked to the extent to which the program was implemented as designed, and whether the program is accessible and acceptable to its target population (Center for Disease Control, 2018). Process evaluations are useful for detecting problems early on in program implementation and for monitoring programs throughout the duration of their existence. Process measures are those the evaluators used to assess the implementation, delivery, and maintenance of program services. Determining the effectiveness of the provided services is not limited to whether services only reduce repeat offending behavior, but whether the services clients received had any other benefits such as improving mental health or reducing substance abuse. More generally, as part of this evaluation, simply getting people into services and helping them navigate reentry would in the minds of the evaluators be additional evidence of success.

Outcome evaluations are employed to determine whether a program had the intended effects on the target population's behaviors and in determining whether a program is



meeting its objectives (Center for Disease Control, 2018). In this undertaking, the primary objective of the outcome evaluation was to determine how successful completion of life skills might have differed among the population of clients who utilized services offered by the SBDPH and secondly, what effects services had in reducing recidivism among this population. Outcome measures are used to determine whether programs were effective in helping change target population behaviors.

The evaluation team relied upon California Penal Code § 6046.1(d) in defining recidivism. The State of California defines recidivism as “a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction”. Based on this definition, violations of probation or parole pursuant to stated conditions that are not criminal do not qualify as recidivism under this definition. Thus, the main recidivism measure will comprise only new crimes as determined by the overall arrest rate of individuals receiving reentry services compared to the overall recidivism rate in San Bernardino County.

### *Process Measures*

1. **Peer Navigation Services:** Peer Navigation services were provided by Abundant Living Family Church High Desert. Abundant Living was responsible for contacting individuals returning to the community after release to provide a “warm handoff” for those returning from incarceration. This process was measured in several ways: 1) as a count of new clients contacted and 2) as a count and percentage of new clients enrolled in substance abuse and mental health services.
2. **Substance Abuse and Mental Health Treatment Services:** Treatment was delivered by a qualified counseling professional at Life Skills Awareness in Hesperia in the form of Individual or group meetings. According to the plan, each client was eligible to receive six or more sessions and classes. Life Skills Awareness was measured by the total number of individual sessions and group classes that clients received and by how many of those receiving services completed at least six individual or class sessions.
3. **Transportation Services:** Transportation was provided to clients by service providers from FACCT to shuttle clients to and from services. Transportation was measured as a count of how many clients utilized transportation services.

### *Outcome Measures*

1. **Peer Navigation and Life Skills Services Utilization and Completion:** To measure factors that might be associated with differences in accepting peer



2. navigation assistance and completion of the mental health or substance abuse “life skills” treatment sessions and classes, evaluators utilized demographic data including race and ethnicity, age, and gender of each contact. Evaluators did not have data on the socioeconomic status or educational achievement of clients, or important factors that might further elucidate further understanding of any differences between successful completion of services and barriers to successful completion.

To measure any potential effects, the evaluators employed two different statistical models. The first model was a logistic regression predicting a binary outcome in whether demographic factors differed in significantly predicting the completion of six or more sessions or not. In other words, if clients successfully completed Life Skills Awareness mental health or substance abuse sessions or not. The second model employed a linear regression statistical model to measure whether demographic characteristics were associated with the number of sessions clients completed. The outcome measure was a continuous variable measured between 0 and 18.

3. **Recidivism:** This project employed the State of California definition of recidivism, defined as a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement or supervision for a previous criminal conviction (see PC Sec. 6046.2(d)). To establish the recidivism measure, the initial plan was to obtain individual arrest data through the San Bernardino County Probation or Sheriff Departments over the three-year study period. This would be followed by aggregating the data comparing group differences between those who received services and those who did not as a determinant of recidivism reduction.

Secondly, evaluators would compare the recidivism rate of those who received services to the recidivism rate for San Bernardino County in 2015 that had been calculated in the Jail Utilization Study (MacDonald and O’Connell, 2016). In addition, evaluators located recidivism rates for State of California (California Department of Corrections and Rehabilitation, 2021) and national rates (Alper, Durose, and Markman, 2018) for further comparative purposes. Recidivism was measured as a 0/1 binary variable where zero means “did not recidivate” and 1 means “did recidivate.” The primary outcome measure is conceptualized as a key determinant in which to evaluate the effectiveness of SAFE-T Net services in reducing criminal recidivism in San Bernardino County.

### *Data Collection*

The data collection instruments described below were used to aid in conducting a



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process evaluation of the SAFE-T Net program implementation and execution, and an outcome evaluation analyzing the effects of SAFE-T Net on reducing recidivism.

1. **Client Screening Form:** This short assessment was created by the Peer Navigation team to determine whether potential clients were eligible to receive the services.
2. **Client Intake Form:** This instrument was tailored to fit the clientele that will use SAFE-T Net community-based reentry services and will provide baseline data in which to analyze recidivism and evaluate the effectiveness of SAFE-T Net services across different client demographics.
3. **Client Progress Report:** This instrument was created to monitor the progress of individual clients using SAFE-T Net services. This instrument assisted in understanding: 1) the needs and challenges faced by clients and service providers with regard to using SAFE-T Net reentry services and 2) underlying factors and circumstances that might contribute to individual clients reoffending such as frequency of using services.
4. **Proposition 47 Monthly Progress Report:** This instrument is used by service providers who will be required to complete a monthly progress report. The monthly progress report will be comprised of aggregate numbers regarding clients use of each of the three primary provider services (Substance Abuse and Mental Health Counseling, Peer Navigation, and Transportation and Job Skills Training) and can be used in evaluating the effectiveness of the services and in determining program factors that might be associated with reduction in offending among clients.
5. **Qualitative Data Collection:** Qualitative data were provided by the peer navigation and life skills service providers. They served as a reliable voice, providing an in-depth perspective of what occurred, what worked, and the challenges faced by the population being served, given their hands-on experience with the clients. This mixed-methodology approach that includes a qualitative component is beneficial in better understanding the challenges both service providers and clients face in providing and using services, respectively.

### *Data Analysis*

Data Analyses were performed using Microsoft Excel and IBM SPSS software programs. Basic descriptive statistics were analyzed to characterize the overall population and Completers of the program. Bivariate and multivariate analyses were conducted to determine the relationship between process and measures, specifically with regard to analyzing demographic effects on session completion outcomes to determine the effects of the SAFE-T Net program on reducing recidivism among this



underserved population.

### *Data Collection Challenges and Final Analysis Impact*

In addition to the qualitative data collection challenges noted in the research design section, it is important to note the following modifications/challenges and their potential impact on the final analysis:

1. Although not directly linked to a specific data collection tool, the timing of connecting with potential clients, post release, may have affected the enrollment numbers. The Peer Navigation Team noticed potential clients who initially refused services, were following up requesting to enroll in the program. This observation was noted some 90-120 days after the initial contact, and
2. A client eligibility form was created by the Abundant Living Peer Navigation team to assess eligibility during the “warm hand-off” process. The most important component of this form was clarifying substance abuse history and marijuana use. The Peer Navigation team noticed potential clients were refusing services and did not connect their marijuana use to abuse, given the legalization of marijuana. This additional data collection tool assisted in streamlining the recruitment process and helped potential clients better understand the purpose and goals of the program, and decide whether they were in need of the services. Additionally, this revelation potentially impacted the number of clients who did not complete the program. These observations were identified and addressed in the early stages of the evaluation, allowing for modifications and adjustments to be made in a timely manner.

### *Qualitative Outcome Measures*

**Contextual Data:** Qualitative measures are useful for exploring themes and social interactions that are beneficial toward achieving insight into the challenges and processes associated with providing the various SAFE-T Net services. Additionally, inclusion of qualitative data can supplement gaps in quantitative data by giving voice to the knowledge, expertise, and experiences of service providers as they go about serve their clients.

Inclusion of non-numeric data collected through interviews and focus groups with the clients and service providers was originally planned as a way to aid in making determinations about what worked and what did not, and how processes could be improved in the future. However, given the clientele involved and the challenges that such persons face even when there is not an infectious disease pandemic, evaluators were unable to collect qualitative interview data on individual clients as proposed. They thus relied upon the service providers to be a voice for these clients in providing an important qualitative context.



## Results and Conclusions

### *Background Demographics on Contacts and Completers*

Table 1 and Figures 1 through 3 below present the demographic data on 217 post-incarceration persons managed by Abundant Living as well as data on those who completed mental health or substance abuse services through Life Skills Awareness services, to include the percentage clients who received counseling or took classes and of Completers relative to the overall number of peer navigation contacts.

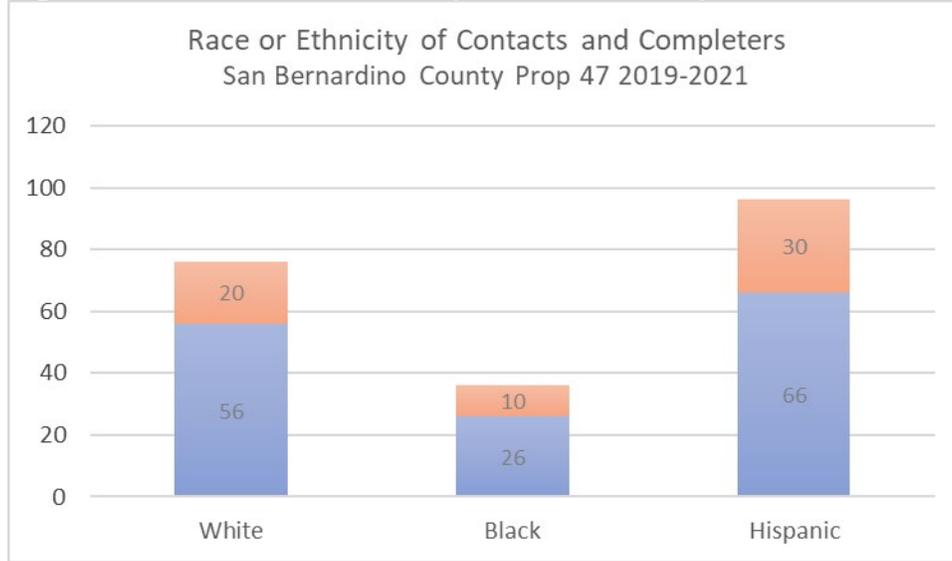
The goal of San Bernardino County Department of Public Health's Prop 47 SAFE-T Net program was to provide peer navigation case management to approximately 240 unduplicated clients and mental health and substance abuse treatment and other services such as job skills training to a minimum of sixty unduplicated clients returning to society post-incarceration. In keeping with its primary duty of promoting public health and setting public health policy in San Bernardino County, SBDPH's program services were

focused firstly on transitioning formerly incarcerated persons into mental health and substance abuse services with closely associated goal of the Prop 47 grant, to reduce recidivism by at least 30% among the population of clients receiving services.

Table 1. Demographics

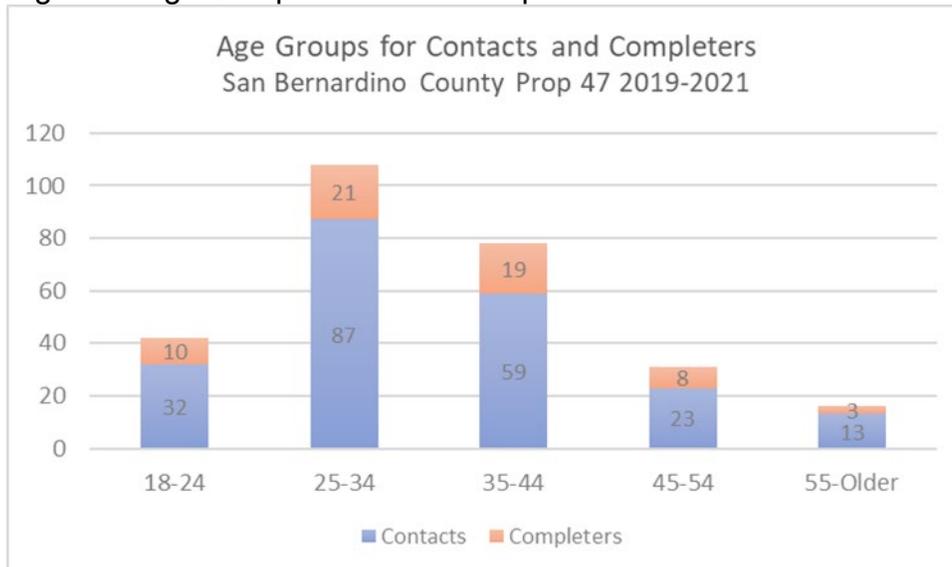
Item	Contacts	Completers
<b>Gender</b>		
Male	121	42 (35%)
Female	34	19 (56%)
<b>Age</b>		
18-24	32	10 (31%)
25-34	87	21(24%)
35-44	59	19 (32%)
45-54	23	8 (35%)
55-Older	13	3 (23%)
<b>Race &amp; Ethnicity</b>		
White	56	20 (35%)
Black	26	10 (38%)
Hispanic	66	30 (45%)
Mixed	1	1 (100%)
No Race/Ethnicity Indicated	6	0 (na)

Figure 1. Race and Ethnic Composition of the Population



The racial and ethnic demographic composition of the population consisted primarily of Hispanics, blacks, and whites, with several persons who did not identify any race or ethnicity and two who identified as mixed. Percentages in Table 1 are based on the race or ethnicity specific population, not based on a proportion of the entire population. Hispanics comprised the largest number of those contacted at release with 96 (44%) and of Completers at 30 (31%). This was followed by whites with 76 (35%) contacted and 20 (26%) Completers, and blacks with 36 (17%) contacted and 10 (28%) Completers.

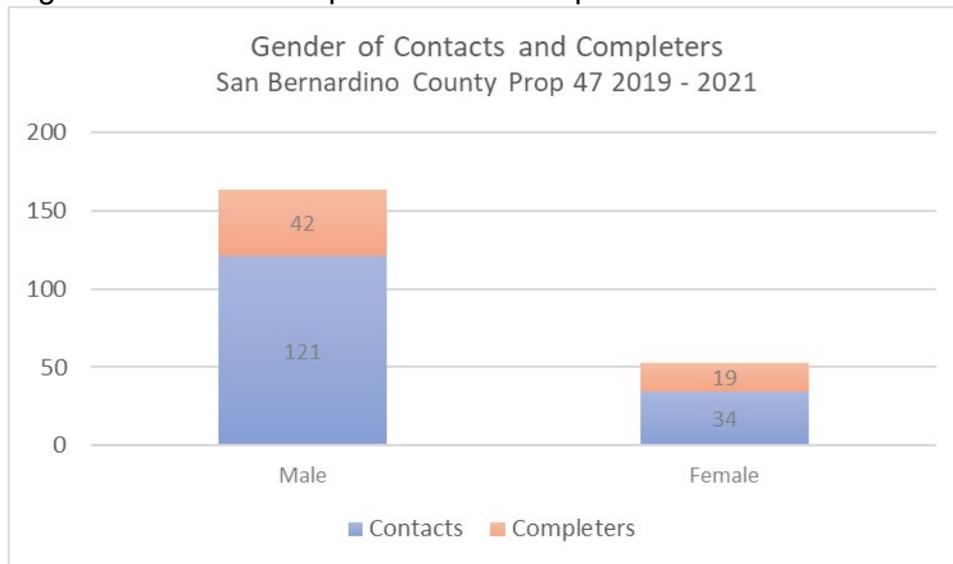
Figure 2. Age Composition of the Population





As presented in Figure 2 above, the age range of the overall population spanned from 18-82, with an average of 35 years old. Of the Completers, the average age was 36 years old with the same range as the overall population. This population was like other similar offending populations in skewing younger.

Figure 3. Gender Composition of the Population



The gender distribution of the population illustrated in Figure 3 above was predominantly male who comprised 163 (75%) of the 217 contacted compared to females at 54 (25%). There were 42 (69%) males who completed six sessions compared to 19 (31%) of females.

Evaluators did not have access to information on contacts or Completers socioeconomic status, educational level or other any other demographic or other characteristic that could be measured for potential differences in recidivism rates. However, nearly every client whether they completed all, none, or some of the sessions, indicated that they required transportation to and from services. This information along with the qualitative information obtained through the peer navigation service provider led evaluators to believe that nearly all of the population of clients contacted during this period came from and returned to the lower socioeconomic strata of society. This indirect observation aligns with prior research and data on incarcerated persons such that low SES status and all that it encompasses presents a formidable barrier to successful reintegration into society after incarceration.



Table 2. Peer Navigation and Life Skills Contacts and Completers

Life Skills Awareness Sessions	Persons/Sessions (%/avg.)	Total
Total Peer Navigation Contacts 2019-2021	217 (100%)	217
Transportation Services	1,382 (100%)	1,382
*Completed Six or More Sessions 2019-2021	61 (28%)	217
*Completed 6 or more Sessions 2019	34 (71%)	136
*Completed 6 or more Sessions 2020	26 (71%)	73
*Completed 6 or more Sessions 2021	1 (12%)	8
*Completed 11 -18 Sessions	11 (7%)	157
*Completed 6-10 Sessions	50 (32%)	157
Completed 1 - 5 Sessions	96 (61%)	157
Completed at least 1 Session	157 (72%)	217
Completed 0 Sessions	60 (28%)	217
Number of Sessions Completed 2019	387 (4.0 avg.)	96
Number of Sessions Completed 2020	276 (5.2 avg.)	53
Number of Sessions Completed 2021	28 (3.5 avg.)	8
Total Sessions 2019-2021	230 (avg.)	691
Average Number of Sessions per Client	4.5 (avg.)	na
Total Sessions	691	691

*\*Those who completed at least six sessions completed the Life Skills Awareness program*

Table 2 above presents data on Peer Navigation services provided by Abundant Living and substance abuse, mental health, and other services provided by Life Skills Awareness counseling services over the thirty-month observation period from January 2019 through June 2021. The SBDPH's goal was to contact approximately 240 unduplicated persons after release from incarceration, which included meeting with clients after initial contact within 24 hours after release, coordinating the delivery of priority services such as transportation, conducting initial and follow-up case meetings to monitor the needs of each client, and to coordinate with the other SAFE-T net service providers in getting each client into needed services. The second stated goal for this project was to provide a minimum of six "life skills" sessions to a minimum of 60 persons over the observation period. Services ranged from individual mental health and substance abuse counseling to life and job skills classes, and anger management and DUI classes, depending on the needs of the client.

As illustrated in Table 2, the San Bernardino County Department of Public Health contacted 217 unduplicated persons for a warm handoff after release over the observation period, or over 90% of the intended contacts. Of the 217 persons, 157 (72%) attended at least one Life Skills session, with 96 completing between 1 and 5 Life Skills sessions, and 61 (28%), or more than 1 in every 4 persons contacted by Peer Navigation



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service providers completing at least 6 individual or class sessions, or other training such as jobs skills or anger management. Of the 61 Completers, 35 (57%) completed above the minimum requirement of six sessions, including 14 (18%) who completed 10 or more sessions.

The average number of individual or class sessions for those completing at least six sessions was 8, with one individual completing 18 sessions and 14 clients completing 10 or more sessions. Most completions and contacts occurred within the first two years of the observation period with 34 completions of 135 contacts (25% of contacts, 55% of completions) occurring in 2019, 26 completions of 72 contacts (35% of contacts, 39% of completions) occurring in 2020, and 1 completion out of 8 contacts (12% of contacts, 1% of completions) occurring in 2021. Evaluators conclude that the goal of 240 unduplicated clients set out in the grant proposal was not a hard goal but an approximate number, and therefore reaching over 90% of that number despite the severe challenges presented by the Covid-19 pandemic is a notable achievement, signaling to the perseverance of Abundant Living in providing peer navigation services during an unprecedented situation.

## **Recidivism Analysis**

Well-documented in the academic literature on prison reentry is that those returning to society from prison face numerous barriers to successful reintegration. These are individuals who tend to exist among the lowest socioeconomic strata prior to incarceration, with imprisonment worsening their economic prospects after release. Many of those incarcerated lack portable job skills, and due to their criminal past, are often unemployable (for both legal and non-legal reasons). Likewise, many have drug or alcohol addiction and preexisting health problems, and tend to struggle to find suitable permanent housing and transportation. They also face many challenges in reconnecting to with family and others in the community. Even getting a driver's license or other government issued identification is an obstacle. Last, as a condition of their sentencing or of their release, many face post-incarceration parole or probation periods that while in some ways might help reintegration, the formal social controls expose them to possible violations of their conditions that can lead to their being reincarcerated for conduct that does not involve new law violations.<sup>1</sup>

The above factors help explain why recidivism rates in the United States remain high (Alper et al., 2018). Research has consistently found that within the first 36 months of release, upwards of two-thirds of persons returning from prison are rearrested for new

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<sup>1</sup> Evaluators conducted statistical analysis (binary and linear regression models) to measure the effects of demographic variables to determine whether demographics might explain any differences in course and program completion. Due to the limited background data available and that both models produced no significant results, they were not included in this final evaluation report.



crimes (“front door” arrests) with more being rearrested for probation or parole violations (“side door”) (MacDonald and O’Connell, 2016). Recent longer-term studies on recidivism have found that upwards of 80% of all formerly incarcerated offenders in state prisons are arrested at least once after their return (Alper et al., 2018). In California,

recidivism rates are roughly around 68% (as of 2016) for arrests for new crimes (State of California Division of Correctional Policy Research, 2021). According to the Jail Utilization Study on San Bernardino County, the recidivism rate was 58% in the first year after release from jail in 2015 (MacDonald and O’Connell, 2016). While there is still plenty to be learned, it is conventional wisdom that imprisonment itself and the barriers to successful reintegration combine to ensure that the formerly imprisoned will continue to face a high likelihood of rearrest within the first three years after release, with an overwhelming majority being rearrested within eight years after release.

The primary objective with the Prop 47 grant was thus to provide life skills services (e.g. mental health counseling, job skills training and anger management among others) to as many persons as possible with sixty persons over two years not only to serve a population that has many needs, but because successful reintegration means that recidivism rates for formerly incarcerated will decline. As part of evaluating the “success” of the services provided through the Prop 47 grant, a key quantitative metric for most criminal justice intervention efforts, and established by the BSCC, is whether treatment services had any effects in reducing recidivism rates. Insofar as services might have had a role in reducing arrests for new offenses unrelated to parole or probation violations, it would be fair to consider any significant reduction a success. However, in the proposal and in the mid-term report, SBDPH stated goal of a 30% or greater reduction in rearrest remained the benchmark in this final evaluation.

To measure recidivism, the evaluation team relied upon self-reported data collected by the Peer Navigation and Life Skills service providers. These data assisted in measuring success and any reduction in recidivism. Additionally, the evaluation team sought to work with SBDPH and the service providers to obtain contextual qualitative understanding of the obstacles both clients and providers faced. But like many thoughtful aspirations, ours was subject to a reality that imposed upon us several practical limitations in the data collection process. These limitations include challenges relating to obtaining new offending data from the Sheriff’s Department specific to every person contacted by the service providers whether they completed a session or not; the emergence of Covid-19 and subsequent regulations from the Governor’s office and from SBDPH itself as San Bernardino’s public health authority that not only made it tougher to provide services, but it was also more of a challenge for individuals to take advantage of these services. In addition, the pandemic severely hampered the ability for all involved parties to regularly meet as they had been doing across the prior two years.



Finally, as previously mentioned, evaluators were unable to collect qualitative interview data on the clients as proposed. Nevertheless, evaluators had several options that could serve as comparison groups, including using State of California and national level recidivism rates, and as mentioned in in grant proposal and the midterm, recidivism rates for San Bernardino County as determined by the San Bernardino County Jail study

(2016) that had found a 58% recidivism rate among jail inmates.

Table 3. Recidivism Rates of SBDPH Completers to Other Populations

Population	Recidivism Rate	Time	Difference
SBDPH Life Skills Completers (2021)	15%	30 months	na
San Bernardino Jail Utilization Study (2015)	58%	12 months	43 (74%)
State of California Recidivism Rates (2016)	68%	36 months	53 (77%)
United States-State Prisons only (2019)	67%	36 months	52 (77%)

*\*Difference compares SBDPH Completers to the other three populations*

As illustrated in Table 3, the reduction in recidivism for SBDPH Life Skills Completers was stark compared to the recidivism rates for the three other populations. According to the statistical data, SBDPH saw a 43% drop in reoffending among those who completed Life Skills training compared to offenders released from the San Bernardino County Jail in 2015. It should be mentioned here that the Jail Study time-period was only 12 months while SBDPH period was 30 months (note that the full grant period was 38 months, but the observation period from first client to last client was 30 months). The difference in rates might have been even larger had the Jail study had a longer time such as there was with the State of California and US rates, which were measured across a 36-month time-period and where the difference was a -77% decrease compared to both populations. Once again, it needs to be mentioned that the limitations of the data do not allow the evaluators to draw any more certain or detailed conclusions. However, we are confident that only 9 Completers were arrested in the 30-month period and that based upon qualitative feedback, many of those Completers felt they benefited from the services. Without better data, we cannot know but it might explain why the SBDPH recidivism numbers not only exceeded expectations, but did so by a considerable margin.

## Conclusion

As part of the State of California's broader effort at criminal justice reforms, the SAFE-T Net program initiated by the San Bernardino County Department of Public Health in coordination with service providers in the High Desert Region of San Bernardino County and evaluators from California State University San Bernardino, aspired to help



an underserved population of formerly incarcerated offenders navigate their return to society. Each of the service providers were truly committed toward achieving success in the best interests of the clients they served. Their deep concern and interest in helping this underserved population that struggles with unmet and competing needs was clearly evident throughout the entirety of the project.

Evaluators witnessed firsthand how service providers worked out differences and adjusted to the challenges for the sake of delivering safe and comprehensive services to the client population. They sought out consensus where necessary and were open and honest about the obstacles faced and what they could do individually, and in coordination with the team, to effectively provide the services they were hired to provide. Additionally, at requests of the evaluators, they demonstrated a willingness to make the recommended modifications where change was necessary, without compromising the integrity of the project.

With respect to the evaluators' goals, much has been learned throughout the life cycle of this project, providing insight and guidance, which are critical when delivering a thorough and objective evaluation. In summary, the SBDPH SAFE-T Net team met the overriding goal of providing a culturally responsive evaluation. Qualitative evidence revealed service providers commitment to the task of assisting clients in navigating their return to society and providing important mental health, substance abuse, and job skills training.

Quantitative evidence revealed that the SBDPH SAFE-T Net team met its goal of serving approximately 240 unduplicated clients and seeing through that a minimum of 60 clients completed the full program in Life Skills Awareness counseling. Of equal importance is that based on offending data and comparative measurement, the 43-point reduction in recidivism relative to several different recidivism rates that evaluators measured the decrease against provides encouraging potential for future endeavors that focus on both assistance in navigating post-prison release and on substance abuse and mental health treatment.

The effort by all involved in achieving most of the goals set out in the original plan is admirable. As noted in detail above and as captured in a considerable literature on prison reentry and reintegration, the barriers to success are formidable for this population and successfully staying out of jail or prison after returning from incarceration often looks very dim given the persistently high recidivism rates. This undertaking, like the rest of the projects around the state, began without any inkling of what was in store in 2020. As evaluators noted several, despite the massive disruption from Covid-19, the SAFE-T Net team persevered by adapting to sudden changes and emergence of numerous challenges, and again all in service of assisting a particularly disadvantaged population. In summary, while there were plenty difficulties and challenges evaluators observed that



in retrospective consideration could have been improved, they should not detract from the determined effort and successes of the dedicated individuals who collaborated on this important project to successfully serve a vulnerable and disadvantaged population while holding strong to the highest ideals in service of others.



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## References

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### **Client Success Story:**

A female client, addicted to substances, was very thankful for the services she received at Abundant Living Family Church High Desert and Life Skills Awareness. She shared how eager she was to begin her classes on 4/9/2020, along with her boyfriend. She stated although they were the only participants in the class, it was more intense, but she very appreciative. She texted one of the Peer Navigation team members on 4/17/2020, sharing she was 17 days sober and was so proud of herself.

She consistently attended her classes without fail. The next week, she texted one of the Peer Navigation team members to let me know that she and her boyfriend could not attend their classes scheduled for the week due to their job. She shared that although she needed money, her sobriety came first--that was the moment the Peer Navigation team member noticed a change in the client. Instead of taking the easy route of selling drugs, she decided to make a better decision. We are proud to report that she and her boyfriend finished their classes and were extremely happy they graduated. On June 1, she texted one of the Peer Navigation team members and shared she was 62 days sober, and couldn't help but thank the program for their services--someone being there for them during this process.



## Current Logic Model

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

